

COGNITIVE BEHAVIORAL  
APPROACHES FOR TREATING  
JUSTICE-INVOLVED ADULTS  
LIVING WITH SUBSTANCE USE  
DISORDER

# Disclaimer

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# MAJOR CATEGORIES OF TREATMENT

01 Motivation

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02 Insight

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03 Skills

# DEFINING CBT

Cognitive behavioral therapy (CBT) is a psychosocial intervention that is the most widely used evidence-based practice for treating mental disorders.

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CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions (e.g. thoughts, beliefs, and attitudes), behaviors, and emotional regulation.

# ORIGINS OF CBT

0 1

Cognitive  
Therapy

0 2

Behavioral  
Therapy

0 3

Psychotherapy

# FEATURES OF CBT

Thoughts cause behaviors, not external stimuli

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Corrects behavior from the “inside/out”

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Briefer, more directive, and more structured than previous therapies such as psychoanalysis

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Collaborative approach between therapist and client

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Effectiveness is judged on clients' learning to think differently and acting on that learning

# HOW DOES CBT WORK

- Changing behaviors and beliefs
  - Learning coping skills
- Clients make personal progress
- Clients solve problems: historical and current

# CBT DELIVERY

- Individual counseling
- Small group counseling
- Client focused structured requirements—assignments, homework





# CBT DELIVERY

- Implemented and researched with diverse categories of clients (genders, races, ethnicities, social economic statuses, etc.)
- Length depends on client's assessment of risk and need
- Complete structured modalities delivered in 3 to 6 - month time frames
- Specific modalities delivered to address identified targets for treatment



# CBT OUTCOMES

Enhancing recovery

Creating permanent behavioral change

Sustaining post program effects and reducing recidivism to fit any objective or topic. Make it your own by customizing it with text and photos.



# CBT OUTCOMES

Cognitive behavioral approaches consistently appear to be the most effective treatment therapy for those with substance use disorder.

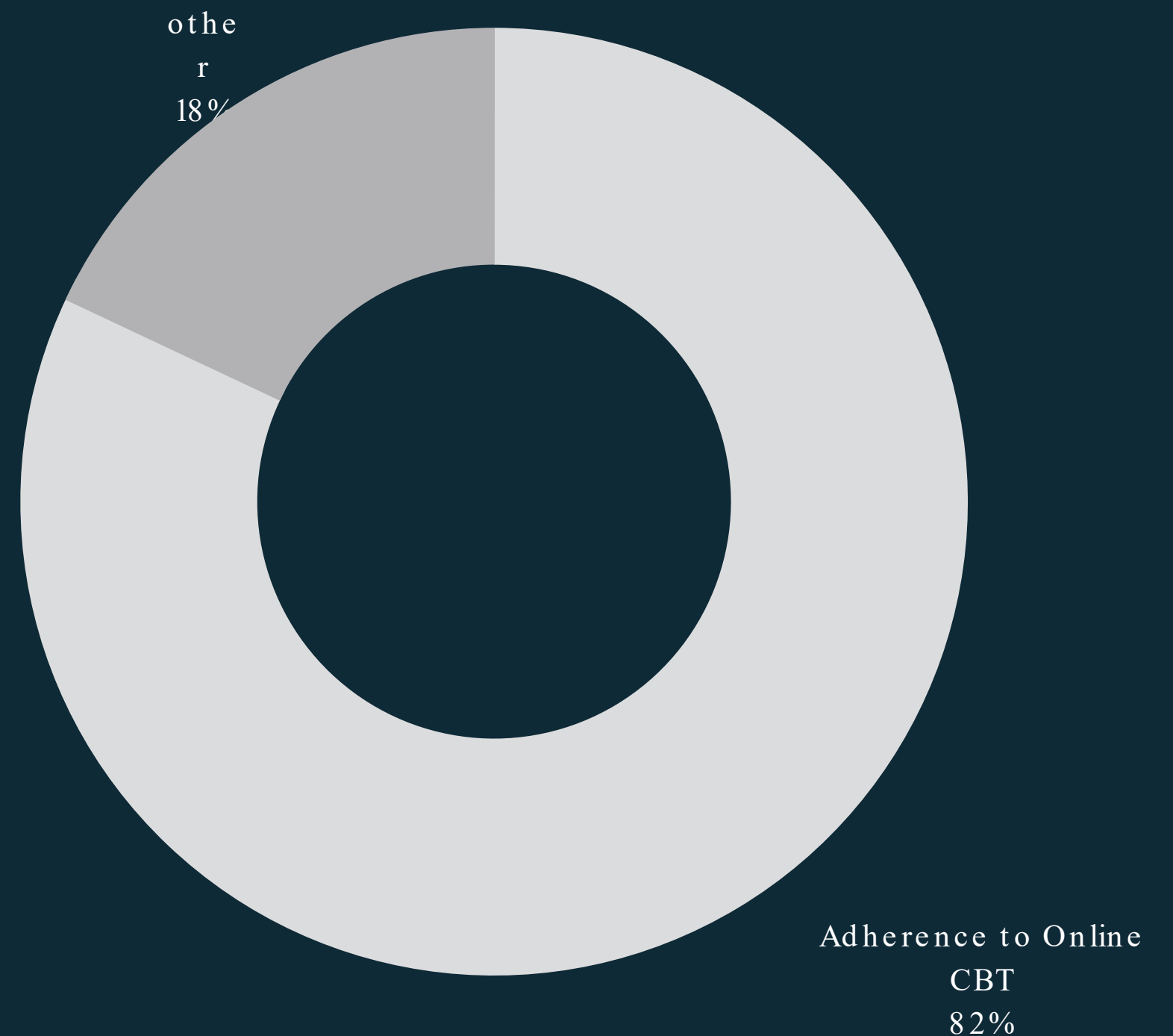
- Programs that include the cognitive component are more than twice as effective as programs that do not

(Gottfredson, 1997; Mackenzie, 1997; MacKenzie et al., 1998; Andrews, et al., 1995; Andrews & Bonta, 1990; Gendreau, et al., 1993; Palmer, 1995)

# THE EFFECTIVENESS OF ONLINE CBT

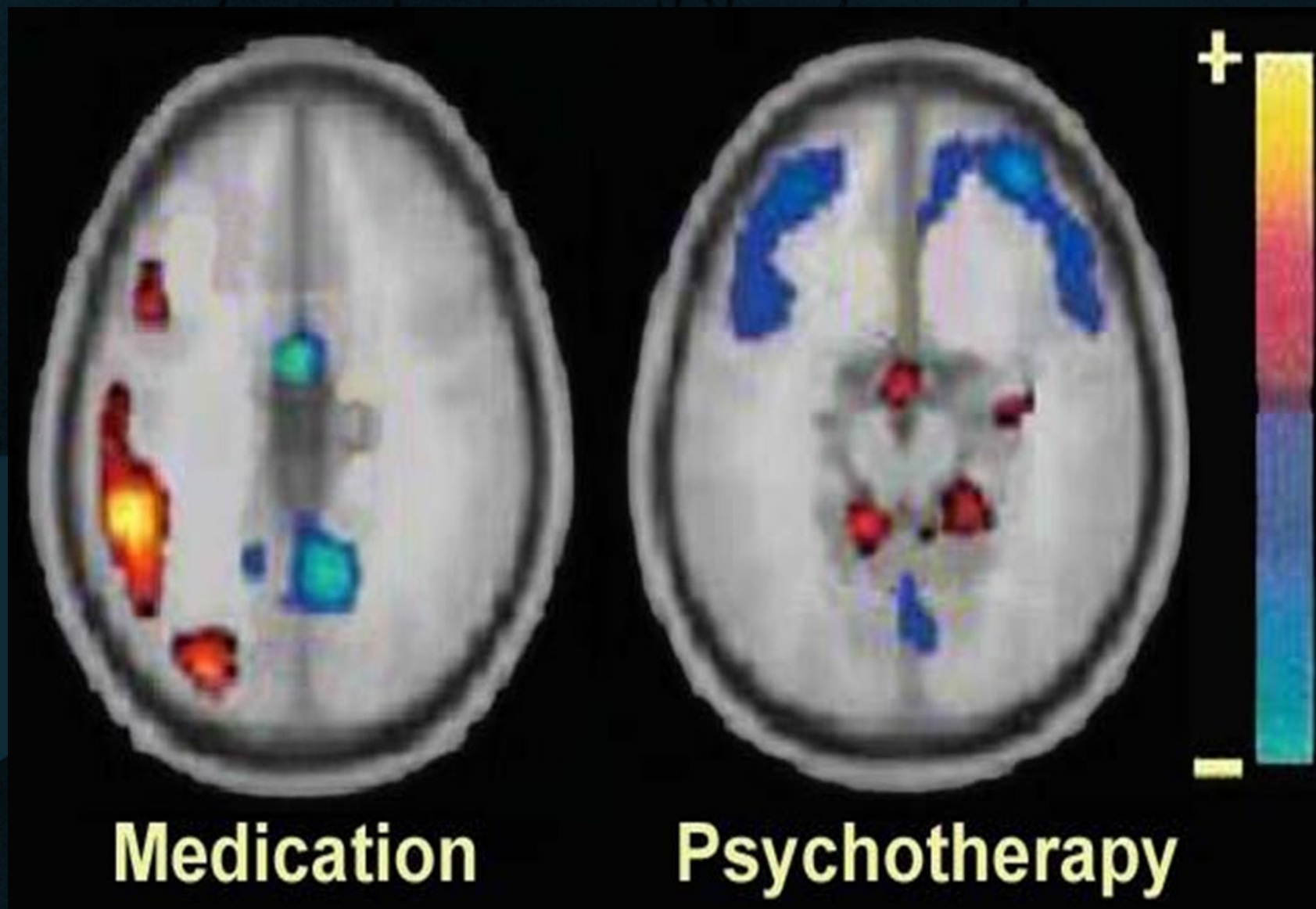
After studying 3,876 people, self-guided online CBT is found to be significantly more effective in lowering depression symptoms compared to face-to-face treatment. Other study findings show that the treatment adherence of online Cognitive Behavioural Therapy is 82%.

CBT alone is 50 - 75% effective after 5 – 15 modules.



# HOW TREATMENT WORKS

- Medications + psychosocial therapy (and likely CBT) both benefit brain function and recovery.
- Each affects different parts of brain and in opposite ways.
- Medication and psychotherapy in study used to treat depression; results also likely true for medication, psychotherapy and CBT used to treat addiction.



# COGNITIVE BEHAVIORAL THERAPY IMPROVES TREATMENT OUTCOMES FOR Prescription Opioid Users in Primary Care Buprenorphine Treatment

- Primary prescription opioid use patients assigned to PM- CBT had more than twice the mean number of weeks of abstinence for all drugs (7.6) than those assigned to 8M only (3.6;  $p = .02$ ).
- Source: B.A. Moore et al. Journal of Substance Abuse Treatment, August 2016

# CBT INTERVENTIONS AND INTERVENTIONS THAT INCORPORATE OR COMPLEMENT CBT

Moral  
Reconciliation  
Therapy (MRT)

Thinking for a  
Change

Matrix Model

Relapse  
Prevention  
Therapy (RPT)

Seeking Safety

TCU Mapping -  
Enhanced  
Counseling

Family Behavior  
Therapy

Eye Movement  
Desensitization and  
Reprocessing (EMDR)

# EXAMPLE: CBT COGNITIVE RESTRUCTURING



- Analyzes thoughts, feelings, and actions (behavior)
- Thoughts drive emotions
- Emotions drive behavior
- Identify thinking patterns and stop thinking “errors” from leading to emotional reactions that produce problem behaviors.



**BEHAVIOR**

**THOUGHTS AND FEELINGS**  
**PHYSICAL SENSATIONS**

**COGNITIVE STRUCTURE**  
(Thinking Patterns Beliefs  
and Attitudes)

# COGNITIVE SELF CHANGE

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- Pay attention to our thoughts and feelings.
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2. Recognize when there is risk of our thoughts and feelings leading us into trouble.

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3. Interrupt the thought

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4. Replace thought with new thinking that reduces that risk.

# Group Exercise:

Take a moment to think about and draw pictures that represent each of the following:

- Something important from your past
- Something you're good at
- Something you enjoy doing



# ANTS: AUTOMATIC NEGATIVE THOUGHT

Take a moment to think about and draw pictures that represent each of the following:

- Something important from your past
- Something you're good at
- Something you enjoy doing



# ORIGINS OF CBT

0 1

Give a brief, objective description of the situation.

0 2

List all the thoughts you had in that situation.

0 3

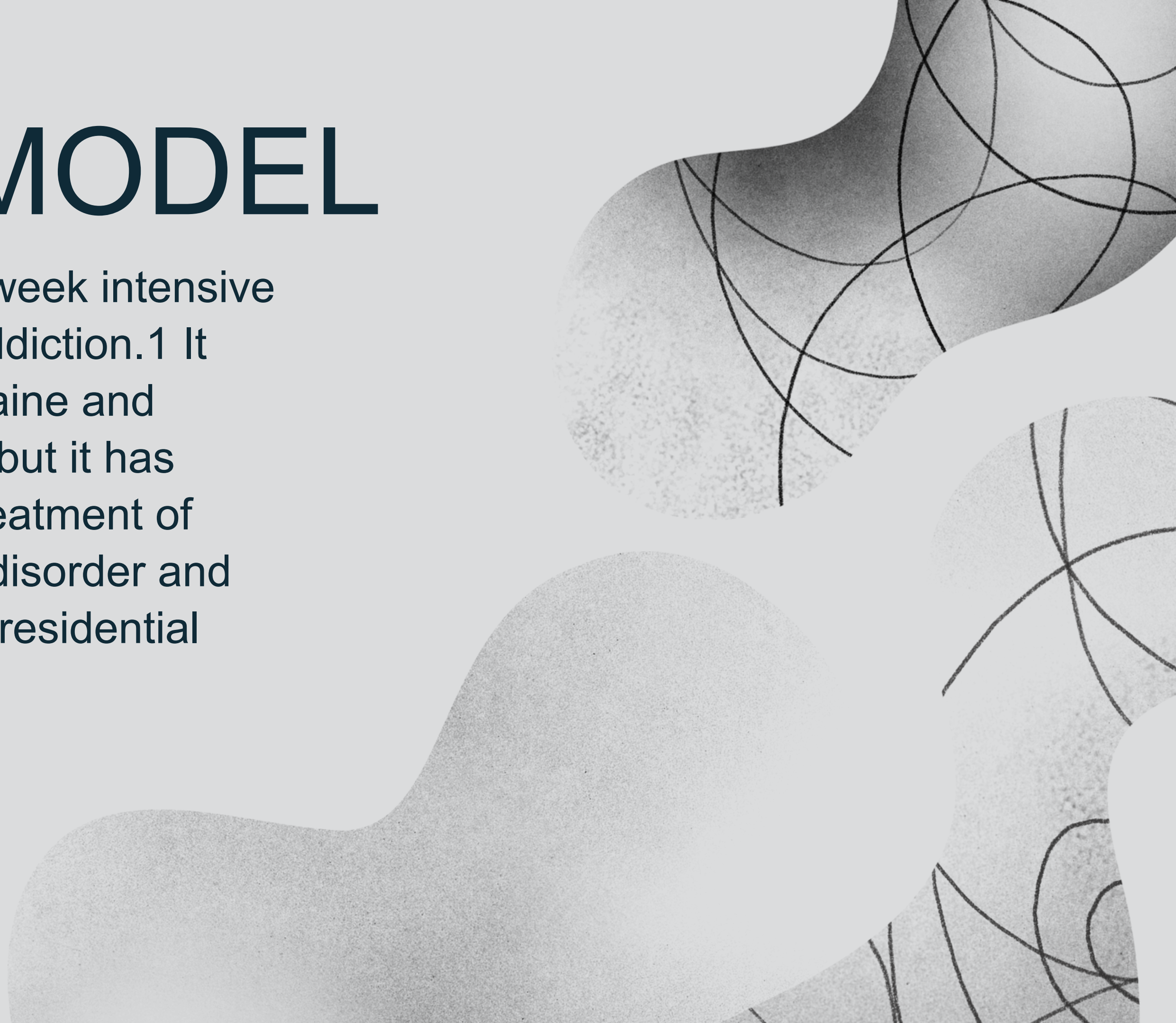
List all the feelings you had in that situation.

0 4

What are some beliefs, fears, or expectations that underlie the thoughts and feelings?

# MATRIX MODEL

The Matrix Model is a 16 - week intensive treatment model for drug addiction.<sup>1</sup> It was developed to treat cocaine and methamphetamine users,<sup>1</sup> but it has been implemented in the treatment of any type of substance use disorder and has even been adapted for residential inpatient settings.



# THERAPEUTIC GOALS MATRIX MODEL

The goals or desired outcomes for patients who go through the Matrix Model program are the following:

- Become educated on addiction: discover how the brain is affected by drug use and how drug use impacts the life of the user and their family.
- Learn about the recovery process: understand how the recovering individual's brain heals and the stages they can expect to go through as they remain abstinent.
- Understand cravings and triggers: learn how they lead to relapse and how to manage them before they get out of control.

- Build a sober support network: realize the importance of being involved with drug-free peers and figure out how to meet and connect with these people.
- Stay clean: avoid a relapse and, in the case of a lapse, understand the reasons behind it and move forward in recovery with new insight.

# TCU MAPPING

All TCU Interventions rely on a cognitive - based visual representation strategy for counseling —that is, TCU Mapping - Enhanced Counseling (Dansereau, Joe, & Simpson, 1993; Dansereau, Dees, & Simpson, 1994) — shown to enhance client communication, planning, and decision - making skills. As a clinical technique, node - link mapping incorporates visual tools (e.g., guide maps, free - form maps, information maps) that clients and counselors use to more readily identify and address the variety of concepts covered during treatment.





# TCU MAPPING

Guides for counselor applications of mapping are listed below, which typically serve as reference materials for counselor training events. Following the TIC interventions and mapping guides, there are four groups of interventions listed —treatment induction, engagement, early recovery, and retention/re - entry



# RELAPSE PREVENTION THERAPY (R)

- Relapse as a process
- Identify and cope with high - risk situations such as negative emotions, conflict, and social pressure
  - Cope with urges and craving
- Implement damage control procedures during a lapse
  - Stay engaged in treatment even after a relapse
    - A more balanced lifestyle

# RELAPSE PREVENTION THERAPY (RPT)

For information about implementation of RPT:

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# FAMILY BEHAVIOR THERAPY

- Family Behavior Therapy (FBT) is a cost - effective intervention and evidence - based treatment which utilizes innovative, easily learned, behavioral therapies to accomplish goal performance within family context. FBT focuses on optimizing thoughts and behaviors through performance programming that typically consist of 12 to 16 outpatient sessions of approximately 60 to 90 minutes that are scheduled to occur across 4 - to - 6- month period.
- It is a method of improving enlistment and attendance.

# THE MRT® MODEL

MRT® is a cognitive -behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. Moral Reconciliation Therapy® (MRT®) addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The program has 16 steps. It is effective in substance abuse as well as criminal justice programs.

MRT® was developed during the 1980s by Drs. Greg Little and Ken Robinson. After years of designing and delivering programming to alcohol and drug offenders at the Shelby County Correction Center, they were dissatisfied with the program impacts that they were achieving. They sought to create an intervention to address the faulty thinking of offenders and increase their levels of moral reasoning. In addition, they sought to develop programming that would decrease the chronically high dropout rates and poor completion rates for criminal justice programs as well as improve outcomes with minority offender populations.



# MRT® FOCUS

- Confrontation of beliefs, attitudes, and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism
- Development of frustration tolerance
- Development of higher stages of moral reasoning

# REASONING AND REHABILITATION (R&R)

- Ross and Fabiano (1985) developed R&R based on the premise that offenders are delayed in the development of certain cognitive skills. They came to this conclusion after examining the correctional rehabilitation research literature and identifying a substantial number of studies that indicated significant reductions in recidivism.
- R&R was developed to focus on changing the impulsive, egocentric, illogical, and rigid thinking of delinquents and offenders. They are taught to stop and think before acting, to consider the consequences of their behavior to conceptualize alternative ways of responding to interpersonal problems, and to think how their behavior impacts other people.
- The program is designed to assist offenders in developing more effective problem solving and coping skills and more positive social attitudes, values, and beliefs ( Ross & Fabiano, 1985; Porporino & Robinson, 1995).

# THINKING FOR A CHANGE

Thinking for a Change 4.0 (T4C) is an integrated cognitive behavioral change program authored by Jack Bush, Ph.D., Barry Glick, Ph.D., and Juliana Taymans, Ph.D., under a cooperative agreement with the National Institute of Corrections (NIC). T4C incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem-solving skills.

T4C is comprised of 25 lessons that build upon each other and contains appendices that can be used to craft an aftercare program to meet ongoing cognitive behavioral needs of your group. Not all lessons can be completed in one session, so a typical delivery cycle may take 30 sessions. Sessions should last between one and two hours. Ideally, the curriculum is delivered two times per week, with a minimum recommended dosage of once per week and a maximum of three times per week. Participants must be granted time to complete mandatory homework between each lesson.



# SEEKING SAFETY: A PSYCHOTHERAPY FOR TRAUMA/PTSD AND SUBSTANCE ABUSE



- Seeking Safety is a present - focused therapy to help people attain safety from co -occurring PTSD and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians.
- Seeking Safety consists of 25 topics that can be conducted in any order



# EMDR

- Eye Movement Desensitization and Reprocessing (EMDR) therapy is an interactive psychotherapy technique used to relieve psychological stress. It is an effective treatment for trauma and post-traumatic stress disorder (PTSD).
- A typical EMDR session lasts from 60 to 90 minutes. The type of problem, life circumstances, and the amount of previous trauma will determine how many treatment sessions are necessary.