

Overview and use of the book

▶ Who was this book written for?

This book has been written for clinicians working in the field of substance misuse. It will also be useful to other professional groups such as clinicians in mental health, staff in general health services, and students of psychology, counselling and related disciplines.

1. In the UK, staff working in the substance misuse field come from a range of professional backgrounds and expertise as far as psychosocial interventions for substance misuse are concerned. Depending on the nature of the role (professional background and setting), staff might find themselves using psychotherapeutic approaches as a primary intervention, alternatively, psychotherapeutic intervention may be used in conjunction with other interventions. Today, the majority of clinicians and other health care professionals working within substance misuse services have some understanding of cognitive-behaviour theory and its application in the field, and have some training in related therapeutic models, for example motivational interviewing.

This book will facilitate theoretical understanding of cognitive theory, but for the most part, it is a handbook for use in everyday clinical practice. Basic training or knowledge of cognitive-behaviour therapy (CBT) in the treatment of substance use although not necessary, will enhance the potential of the clinical use of the book. Regular supervision by a professional trained in the application of CBT (preferably with experience in substance misuse) is crucial.

2. For clinicians who are trained and have experience in the application of psychological interventions, particularly cognitive-behavioural interventions, but have limited experience in the treatment of substance misuse, this book will bridge that gap. It provides a model and treatment planner of how to work with individuals with either a primary substance misuse problem or co-morbidity (mental health and substance misuse) using cognitive-behavioural approaches applied to substance misuse.
3. Health service staff (primary or secondary, community or inpatient) treat people with substance misuse problems. Such problems might not be the presenting

condition/problem, but might influence overall treatment progress. The book will facilitate the acquisition of a more comprehensive psychological understanding of addictions and skills to work with such clients, within the treatment setting in which they work.

4. Whilst this book does not claim to be a comprehensive textbook on the subject, it can be used as a practical guide and in conjunction with other CBT texts. In this sense, it can be used as a training tool for psychology students, psychiatrists, counsellors and therapists.

In this book, the term ‘substance misuse’ includes alcohol misuse, whereas the term ‘drugs’ refers to illicit substances. The terms ‘misuse’ and ‘abuse’ are used interchangeably. The term client is used instead of patient as it is more widely accepted across professionals in the field.

► Sources and development of the book

This book was developed from the treatment manual used in the UKCBTMM study (United Kingdom Cognitive-Behaviour Therapy study in Methadone Maintenance treatment), funded by the Department of Health Substance Use Initiative from 2000 to 2004. This was a pragmatic study of the effectiveness and cost effectiveness of CBT as an adjunct to regular keyworking of methadone substitution treatment for opioid dependence. Staff from services across the UK (nurses, social workers, psychiatrists and psychologists), with minimum or no training in CBT in substance misuse settings were trained and accredited on the theory and application of CBT delivered according to the manual. They also received regular supervision provided by CBT-trained clinical psychologists or psychiatrists. All sessions were tape-recorded. Adherence to the protocol and quality of CBT was monitored using appropriate instruments.

The model presented in this book is not new in the sense that it does not propose new concepts. It does attempt to bring together two different cognitive-behavioural applications: the relapse prevention and skills training models based on social learning theory; and Beck’s cognitive model based upon his earlier models of depression and anxiety. As will become apparent, these models have a lot in common, but they differ as far as structure, focus and emphasis is concerned (Figure 1.1).

► How to use the book

This book is designed to provide a structured programme, which can be adapted to the needs of individual clients. The overall programme, the topics covered and session structure, is standard and should be closely adhered to. However, the time devoted to particular topics (number of sessions) and techniques used can be varied and adapted to the needs of individuals. An outline of what is covered in each chapter of the book is described below.

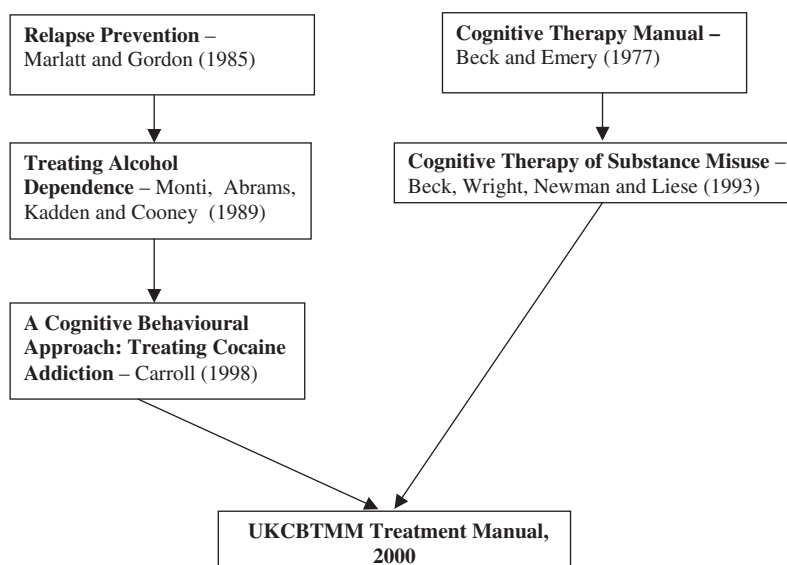


Figure 1.1 Development of this CBT model.

Part I

- General overview of cognitive-behaviour therapy, the cognitive model of addiction and review of the current research evidence.
- Description of cognitive and behavioural techniques used in therapy. Each technique will be described generally under the following headings: definition, case example, when it should be used (topics/problems for which the technique might be used), and problems (types of problems/things that go wrong and solutions to put them right). Topics are divided into ‘core topics’ (e.g. dealing with stimulus conditions, problem solving) which apply to most clients with substance abuse problems, and ‘elective topics’ (such as depression and compulsive criminal behaviour) which only apply to certain clients. The selection of elective topics is based upon the formulation of the individual client’s problem at the beginning of treatment. However, as the formulation can be adapted and changed through treatment, these may change. The therapist may use a variety of techniques in one topic, or adhere to a few specific techniques as required. Although techniques are recommended for use in different topics, these are only recommendations, and the technique/intervention used should be the one that works best for the client. This may mean that in practice a number of different techniques are tried.

Part II

- A detailed description of the session structure, time allocation and length of treatment. The discussion about session structure is relevant to all sessions and topics (core and elective) covered in the treatment programme, and it is

recommended that it is used through the treatment, including the assessment sessions.

- A description of the assessment (functional analysis and case formulation). This will form the basis for decisions about which topics should be covered in the future sessions.
- Detailed description of the core topics, that is those that should be included in the treatment programme for all clients. The number of sessions devoted to each topic may be adapted to suit the needs of individual clients.
- Outline description of the elective topics and advice on how to use the topics presented. Only topics relevant to the individual's problems should be included. They may be included at various points in the overall treatment programme. The overall structure of the session is the same as for the core topics, and the techniques can be adapted to these problems.

Part III

- Therapist training and supervision. This section details appropriate methods to train and supervise clinicians working in CBT in the substance misuse field.

Part I is an extensive introduction to the theory and principles of cognitive-behaviour theory and practice. It is particularly important for those who are not familiar with the principles of the theory. It also provides guidance on cognitive and behavioural techniques most relevant in the field of substance misuse. We consider that it is necessary to have a separate chapter on the cognitive and behavioural techniques, in order to enable clinicians to understand, practice and become familiar with them and use them appropriately in treatment sessions in different clinical settings (whether as part of a structured therapy approach or not).

Part II is the core of the book. Therapists experienced in the use of CBT in general can skip Part I and focus on this section of the book. The aim is to be explicit, practical and descriptive so that those without CBT experience can use it in everyday clinical practice as an aid when preparing for a session or even during the session. More experienced staff can be more flexible on how to structure sessions and what to include. CBT is a collaborative approach. Both client and therapist bring to the treatment their unique experiences and skills, and they work together to facilitate the client to take control of decisions, and raise awareness and potential for alternatives both in relation to substance use and lifestyle in general. Treatment should therefore be flexible and open to change so that individual goals can be accommodated. Part II is a description of how to apply CBT principles that enhance collaboration and put the client in the centre of treatment process, whilst at the same time providing a general blueprint of what to do step by step.

Part III addresses training and supervision. This section refers to our experience from the UKCBTMM trial as well as previously gained experience. It also provides useful tools/worksheets for between-session practice which is very important for a successful outcome.

► Addictions addressed in this book

The earlier CBT models were developed for the treatment of one substance of abuse, and later modified and tested with others (Beck and Emery, 1977; Beck *et al.*, 1993; Marlatt and Gordon, 1985; Monti *et al.*, 1989; Carroll, 1998). This suggests that the principles of CBT in addiction are common across substances and models, and may be used successfully for the treatment of different substance misuse problems, in different treatment settings, with the appropriate modifications. The model presented in this book may also be applied to different substances of abuse.

This book does not address nicotine addiction and gambling. Although the model could be applied to such addictions, clinical interventions and research relating to these conditions has been developed separately from what are traditionally known as services and research for treatment of substance misuse. A distinctive group of clients are those misusing medication for pain control. Currently in the UK, treatment for such clients is not the remit of specialist substance misuse services (tier 3 services, Models of Care, NTA, 2002). They are treated in primary care with the support of community pain specialist teams (Pain Society, 2004). However, we consider that the model described in this book could be used for the treatment of this client group, and we will expand on necessary modifications required. A further client group that might be distinctive in their presentation and the relevant goal of the treatment intervention are those who present in general medical settings (i.e. medical or surgical wards) for problems related or not to their substance use. We will describe in some detail how aspects of the model can be used in nonspecialist settings.