Cognitive Behavioral Therapy and Motivational Enhancement Therapy

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KEYWORDS

• Cognitive behavioral therapy • Treatment • Adolescent substance abuse
• Motivational enhancement therapy • Motivational interviewing

KEY POINTS

- Although cognitive behavioral therapy (CBT) is widely recognized as the preferred treatment of psychiatric disorders, such as depression or anxiety, less is known about the application of CBT to substance use disorders (SUDs), particularly in adolescence.
- This article discusses how CBT conceptualizes substance use and how it is implemented as a treatment of adolescent substance abuse.
- To achieve this goal, we draw on several manuals for CBT that implement it as a standalone treatment or in combination with motivational enhancement therapies, such as motivational interviewing.
- This article also reviews several studies that examined the efficacy of CBT, to get a better sense of its appropriateness as a treatment.
- Numerous starting resources are provided to help a clinician implement CBT with clients.

OVERVIEW OF COGNITIVE BEHAVIORAL THERAPY

Cognitive behavioral therapy (CBT)[1–3] is psychotherapeutic treatment approach based on the theory that psychiatric symptoms and distress are caused and maintained by maladaptive cognitions and behaviors. A CBT framework posits that beliefs that one holds about oneself, the world, and the future are formed by previous experiences and shape an individual's perceptions and reactions to future experiences. For example, from a CBT perspective, an individual who has negative patterns of

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thinking will interpret an event more harshly and therefore feel and act more negatively than a person with more positive schemas. In the case of substance use, abusing behaviors can engender certain beliefs and emotions (eg, "I drink because it's the only way I can enjoy social events") that then in turn reinforce the substance use. CBT aims to mitigate psychological distress by targeting and changing maladaptive thoughts and behaviors, and consequently the beliefs and emotions that ensue as a result.

CBT is implemented in the context of a collaborative relationship between therapist and client where the therapist systematically guides the client in linking events, beliefs, and actions, and identifying maladaptive beliefs. Through self-monitoring, Socratic questioning (ie, systematically questioning the validity of one's belief), and reality-testing (ie, testing out a belief to see if the feared consequences transpire), the client learns to evaluate situations in a more adaptive and realistic manner. Therapy also focuses on encouraging behaviors that support the client reaching his or her goals. For example, a client may create a plan to try using behavioral relaxation strategies when feeling overwhelmed, rather than avoiding the situation. Eventually, with repeated practice, the client is able to anticipate triggering situations, and the maladaptive thoughts and behaviors that typically ensue, and instead respond with more adaptive thoughts and behaviors.

To date, the efficacy of CBT has been studied across a multitude of psychiatric disorders, including depression, anxiety, eating disorders, schizophrenia and other psychotic disorders, and chronic pain, although it is most classically identified with depression[2] and anxiety.[4] More recently, clinicians and researchers have applied CBT to the treatment of substance abuse disorders (SUDs) as a standalone treatment,[5] and as adjunct to motivational interviewing (MI) or motivational enhancement techniques (MET). This article reviews how CBT can be applied to SUDs and explores evidence for the efficacy of this treatment in adults, children, and adolescents. Also examined are issues related to implementation. Practical information for clinicians who wish to implement CBT to treat SUDs is provided.

COGNITIVE BEHAVIORAL THERAPY AND SUBSTANCE ABUSE DISORDERS

CBT for substance use is predicated on the belief that strategies for helping one change their use of substances should be based on an understanding of how the patient originally learned to use substances. CBT relies heavily on the principles of social learning, modeling, and classical and operant conditioning.[6,7] With modeling, for example, a child may learn that drinking is a coping mechanism by watching a frustrated parent deal with a stressful day by having several drinks each night. Through repeated exposure, the child learns that drinking may be an "appropriate" way to deal with stress.

Kadden[8] conceptualizes operant conditioning as learning by consequences, whereas classical conditioning is described as "learning by association." Both are key ideas in how CBT frames and conceptualizes substance abuse. With respect to operant conditioning, there are many reasons why an individual may be reinforced for using a substance. The primary motivation is often the immediate physiologic effect of using the substance, such as the feeling of being "high," euphoria, or relaxation. Secondary motivations include thoughts and behaviors that are shaped over time with repeated use. For example, Carroll[6] describes how cocaine can directly change one's mood (eg, reducing feelings of depression), thoughts (eg, "I feel really good"), or behavior (eg, feeling emboldened, increasing social interaction). These secondary effects may become the primary motivations for use over time, and are therefore