

Cognitive Behavior Therapy for Substance Use Disorders (CBT-SUD)

Group Workbook

**Adapted from: DeMarce, J. M., Gnys, M., Raffa, S.D, & Karlin, B. E. (2014).
*Cognitive Behavioral Therapy for Substance Use Disorder Among Veterans:
Therapist Manual.* Washington, DC: U.S. Department of Veterans Affairs.**

INTRODUCTION

GROUP RULES/GUIDELINES

- 1. Confidentiality.** Although it's okay to talk about the topics covered in group, please don't share personal information about other members with people outside the group.
- 2. Participate in the group from a private location with no other people present.**
- 3. Driving and multitasking are not allowed during the group.**
- 4. Regular Attendance.** Please attend as many group sessions as you possibly can. You will get more out of the group and help your fellow group members more when you participate regularly.
- 5. Arrive On Time.** Being late is disruptive to other group members. If this is a mandatory group for you, you may not get credit for attendance if you arrive late.
- 6. Read the workbook topics and complete home assignments between sessions.** Get started as soon after the meeting as possible to get the most out of the practice. If you don't do the home assignments, you're less likely to benefit from this group.
- 7. Don't come to group under the influence of alcohol or drugs.**
- 8. Please don't eat, smoke, or vape during the group.** Non-alcoholic drinks are okay if your drinking is not distracting to other group members. Please make sure your beverage does not resemble an alcoholic beverage.
- 9. Be respectful and supportive of other group members.**
- 10. Share the air. Don't interrupt OR force others to interrupt.** Avoid side conversations. If one person is dominating the group, the group leader may step in.
- 11. Let the group know when things are bothering you.**
- 12. Hold everyone responsible for following the rules.**
- 13. Group leaders reserve the right to add new rules if necessary.**

Any other rules members would like?

OVERALL STRUCTURE

- 1. Review of Home Assignment**
- 2. Introduction of New Topic**
- 3. Practice and Discussion of New Topic**
- 4. Home Assignment**

TOPIC 1: EXPLORING TRIGGERS

One of the most crucial cognitive skills of CBT-SUD is Exploring Triggers.

Triggers are the things that make us more likely to drink or use drugs. Often, we are aware of our specific triggers, but we don't understand why they lead us to use substances. Sometimes we don't know what makes us drink or use drugs, and identifying the trigger can help us respond differently.

TYPES OF TRIGGERS

Social

- Who did you use with last?
- Who do you typically use with?
- Do you live or spend a lot of time with someone who uses?

Environmental

- Where do you typically use?
- What types of cues are present in the environment where you use?
- What types of cues might lead you to want to use or think about using?
- How often are you in this environment?

Emotional

- What mood are you usually in prior to using (e.g., angry, depressed, happy, anxious, bored)?

Cognitive

- What thoughts do you typically have before using?
- What thoughts do you typically have while using?
- After using?

Physical

- Were you experiencing withdrawal from a substance?
- Were you experiencing physical pain?

Triggers	Thoughts and Feelings	Behavior	Positive Consequences	Negative Consequences

Triggers don't always lead to substance use. Why not?

THOUGHTS AND FEELINGS we have in reaction to triggers can make the difference.

EXAMPLE:

Trigger: Can't fall asleep

Thought: This is intolerable. A drink would help me sleep.

Behavior: Drink until I fall asleep

Trigger: Can't fall asleep

Thought: This is annoying. A drink would help me sleep, but I'd probably wake up in a few hours feeling terrible.

Behavior: Don't drink. Get up and read until I get sleepy.

All behaviors have consequences (results, effects, or outcomes). Most behaviors (even drinking and drug use) have POSITIVE and NEGATIVE consequences. When the negative consequences outweigh the positive, we usually want to think about changing the behavior.

Behavior: Drink until I fall asleep.

Positive Consequences: Fell asleep

Negative Consequences: Restless sleep, woke up early, hangover, had to call in sick to work

Behavior: Don't drink. Get up and read until I feel sleepy.

Positive Consequences: When I finally got to sleep I slept through until morning. Felt okay the next day. Proud of myself for not drinking.

Negative Consequences: It took longer to get to sleep.

Let's practice. As we do, feel free to make notes below.

NOTES

What did you notice? Why might this activity be helpful for someone who is trying to stop drinking or using drugs? List your reasons below.

HOME ASSIGNMENT: Complete at least one Exploring Triggers worksheet (page 1 in Worksheet packet) each day. If you experience a trigger that day, use that one. If you don't encounter any triggers, use a trigger from the past.

TOPIC 2: CRAVINGS AND URGES

REVIEW OF HOME ASSIGNMENT

Exploring Triggers

CRAVINGS AND URGES

Cravings and urges for alcohol and drugs are common experiences for people in recovery. They can take many forms. Cravings and urges can make you feel less confident in your recovery. They can make you feel like you're losing control. Although cravings and urges can be uncomfortable, they're actually a normal part of the recovery process for most people. Some medications can reduce their intensity, but most people in recovery will experience some cravings or urges, particularly early on. Over the next few weeks, we'll talk about different coping strategies to help you master your cravings and urges.

Take a look at the first handout, FACTS ABOUT CRAVINGS.

What do you already know about cravings?

Can you think of a recent time when you had a craving for alcohol or drugs?

FACTS ABOUT CRAVINGS

Common

- They do not mean something is wrong.
- You should expect to have some cravings.
- They can be learning opportunities.

Predictable

- They tend to occur in certain situations, with certain people, or at certain times of day.
- They can be triggered by emotions or physical sensations.
- If you start keeping track of them, you can predict when and where they will occur.

Time Limited

- They last a few minutes to a few hours at most
- They tend to be like waves, starting low, peaking after a short time, then dying out within a few minutes.
- Cravings and urges are not harmful on their own.

Controllable

- Cravings and urges can be managed.
- Every time you successfully ride out an urge or craving, you become more likely to continue riding them out in the future.
- Cravings are like stray animals. If you feed them, they keep coming back. If you don't feed them, they move on.

Take a look at the second handout: COMMON WAYS TO EXPERIENCE CRAVINGS AND URGES

As we've observed from experience, cravings can take many forms. The most common forms are:

Thoughts

- This would be really fun if I was smoking weed.
- This was a tough day. I need a drink!
- I can't deal with this pain without Oxys.

Physical Sensations

- Racing heart
- Shaky
- Nauseated
- Pain!

Positive Expectations

- Marijuana makes me feel less anxious.
- If I drink, I'll feel more sociable.
- The sex will be incredible if I smoke a little crack first.

Emotions

- Anxiety
- Depression
- Happiness
- Anger/Irritability
- Elation/Celebration

Behaviors

- Taking the shortcut/scenic route that happens to pass the liquor store
- Keeping drug paraphernalia as a "reminder of old times."
- Not deleting the dealer's phone number
- Keeping a few bottles around the house "In case I entertain."

Can you think of some recent cravings or urges you've had?

Sometimes this exercise can trigger cravings or urges. Is anyone having one now?

HOME ASSIGNMENT: Notice any cravings or urges you have during the week. Track your experiences on PAGE 4 of the worksheet packet, COMMON WAYS TO EXPERINCE CRAVINGS AND URGES.

TOPIC 3: COPING WITH TRIGGERS

REVIEW OF HOME ASSIGNMENT

Common Ways to Experience Cravings and Urges

COPING WITH TRIGGERS

Identifying triggers for cravings and urges is the first step toward planning ways to cope with them. Knowing what leads to an urge to use give us information about the types of situations we may need to avoid or prepare for. Today we will identify potential coping strategies for triggers and enhance the likelihood you can avoid acting on them.

WHAT IS A TRIGGER?

- Situations previously and repeatedly associated with alcohol and/or other drug use.
- Repeated pairing of triggers with use leads your brain to automatically connect the two. When you're exposed to the situation, you automatically think about using substances.
- Understanding the connection makes urges more predictable and therefore more manageable.
- Two types of triggers: External and Internal

EXTERNAL TRIGGERS (People, Places, and Things)

- Exposure to the substances themselves
- Sights, sounds and smells of others using substances
- Contact with people, places, things you associate with using (drinking buddies, parties, bars, crack pipes, medicine bottles, football on TV, fishing, golf, etc.)
- Particular times of day (end of the workday, weekends, payday, sunset)
- Stimuli associated with withdrawal (hospital, aspirin, morning)
- Others:

INTERNAL TRIGGERS (Thoughts, Feelings, Physical Sensations)

- Negative emotions (anger, anxiety, frustration, sadness, loneliness, fatigue, boredom, stress)
- Positive emotions (elation, excitement, accomplishment)
- Normal feelings (hungry, tired, bored)
- Physical feelings (nauseated, dry mouth, headache, withdrawal symptoms, aches and pains)
- Thoughts about use (“I can have one drink,” “I’ll feel better if I smoke some weed”)
- Others:

What was happening the last few times you had a craving or urge to drink or use drugs?

Look at the worksheet, COPING WITH TRIGGERS. Write your top triggers on the worksheet. Note whether they are internal or external.

Now look at the handout, COMMON COPING STRATEGIES

EXTERNAL TRIGGERS:

1. Avoid
2. Escape
3. Distract
4. Endure
 - a. Talk it through
 - b. Ask for help
 - c. Wait it out
 - d. Take protection (reminder card, treasured object or photo, no money)

INTERNAL TRIGGERS:

1. Distract
2. Let Go
3. Endure
 - a. Talk it through
 - b. Ask for help
 - c. Wait it out (Urge Surfing)

Now let's complete the Coping Strategies Column for a couple of triggers.

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT: Identify your top three triggers and write them in the Triggers Column on the COPING WITH TRIGGERS worksheet (PAGE 5 in Worksheet packet). Develop Coping Plans for each trigger. Use the suggestions on PAGE 6 as needed.

TOPIC 4: URGE MONITORING AND URGE SURFING

REVIEW OF HOME ASSIGNMENT:

Coping with Triggers

URGE MONITORING

Group discussions can help us recognize many common triggers for substance use, but sometimes when you look back on an urge or episode of using, it's hard to figure out what triggered it. Self-monitoring urges can be useful to help you identify urges and cravings that fly under the radar or are too subtle to remember during group or when doing home assignments.

Urge Surfing is a strategy for dealing with urges when they occur.

URGE MONITORING

Have you ever had times when you drank or used drugs and just don't know why? Looking back, you may say, "Nothing was going on. I just did." Chances are, something was going on, you just might not have noticed it consciously, or maybe you noticed it briefly and forgot about it as soon as you started using. Urge monitoring is a quick way to notice and remember what was going on that made you want to use or decide to use substances.

BENEFITS OF URGE MONITORING:

- **Better Self-Awareness**
- **Greater Self-Control**
- **Feedback on Improvement**
- **Increased Self-Confidence**

HANDOUTS:

Urge Monitoring Instructions

Urge Monitoring Forms

URGE SURFING

Sometimes people try to cope with urges by gritting their teeth, “toughing it out,” or “white knuckling it.” Has anyone here ever done that? What was it like?

Sometimes those strategies work pretty well, but some urges seem too strong to ignore. When this happens, it can be helpful to focus on the urge and stay with it until it passes.

What happens when you have an urge to use but don't use?

When they start to really pay attention to their urges, most people find that they tend to be like ocean waves. They start small, grow in size, then crest, break and fade away like bubbles on the beach. Imagine yourself as a surfer, riding the wave, staying on top as it crests, then swooping down and gliding into the shore. Urge surfing shares the philosophy of some martial arts. You don't meet force with force. Instead you *go with* the force of the attack and thereby gain control. Urges end if you let them, but when you fight them, they sometimes take longer to end.

Basic Technique of Urge Surfing:

- Pay attention to the sensations you are having (dry mouth, smell of alcohol, etc.). Just notice the feelings; you don't have to do anything else.
- Notice how the feelings come and go or change in intensity as you pay attention.

HANDOUT: Urge Surfing

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT:

1. Complete one urge monitoring form each day (PAGES 7 and 8 of worksheet packet)
2. Practice urge surfing at least once this week (PAGE 9 worksheet).

TOPIC 5: COGNITIVE RESTRUCTURING: CHANGING YOUR THOUGHTS TO MANAGE CRAVINGS

REVIEW OF HOME ASSIGNMENT:

Urge Monitoring and Urge Surfing

COGNITIVE RESTRUCTURING

In previous weeks we talked about how urges and cravings are normal. The key is how you respond to them. When you respond to a craving without using drugs or alcohol, you break the connection between cravings and use. Today we will look at ways you've responded to cravings and urges in the past and ways you can manage them in the future.

Cognitive restructuring is a process of recognizing unrealistic and unhelpful thoughts and replacing them with more realistic helpful thoughts. The first step is identifying automatic thoughts or "self-talk" that contribute to using substances. Once you identify automatic thoughts, you can develop alternatives that don't lead to use.

Cognitive restructuring can be used to address thoughts that make us feel sad or anxious, and we will talk about that more in future sessions. Today we'll focus on automatic thoughts related to cravings and urges.

HANDOUT: Situations, Thoughts, and Feelings

In the past few weeks, you've noticed situations that increase your risk for using substances. You've also noticed thoughts and feelings you have that lead to substance use.

Situations: People, places, and things in your environment at a particular point in time. Sometimes it can even be the time itself. People often say situations cause cravings or moods, but different people can respond differently to the same situation, and one person can respond differently at different times.

Thoughts: Automatic thoughts are evaluations that come up very quickly in response to situations. Your interpretation of a situation can influence how you feel about it or how strongly you react. Different thoughts about a situation can lead to different feelings. For instance, a person who sees a rattlesnake on a trail and knows it is poisonous would likely respond with heightened arousal and even anxiety or fear. A person who has no awareness of poisonous snakes might respond with curiosity and interest.

Feelings: Automatic thoughts often trigger feelings. Examples of feelings include happy, excited, agitated, upset, afraid, sad. Some people have trouble identifying feelings or telling the difference between thoughts and feelings. The handout *Feelings A to Z* gives examples of feelings. Feelings can usually be summed up in one word, or may not even involve words. Thoughts are more likely to be statements.

IDENTIFYING AUTOMATIC THOUGHTS

Can you think of a recent situation when you had an urge to drink or use drugs?

SITUATION:

What were you thinking?

If necessary, close your eyes and try to picture the situation.

THOUGHTS:

This exercise helps you slow down and replay what happens in slow motion, so you can analyze it better.

FEELINGS:

HANDOUT: 3-Column Thought Record

This handout will allow you to collect important data about situations in your life and the thoughts and feelings you have about them.

You can see if there is a connection between your thoughts and feelings.

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT:

- 1. Continue urge monitoring.**
- 2. Complete the 3-Column Thought Record for one craving a day over the next week (PAGE 11 in the worksheet packet).**

TOPIC 6: EVALUATING AUTOMATIC THOUGHTS AND REPLACING THEM WITH ALTERNATIVE THOUGHTS

REVIEW OF HOME ASSIGNMENT:

3-Column Thought Record

AUTOMATIC THOUGHTS AND ALTERNATIVE THOUGHTS

Last week we learned about the relationship between situations, thoughts, and feelings. Today we'll take the next step and change automatic thoughts in order to reduce or fight cravings.

This takes lots of practice! We've spent our entire lives learning to think quickly and evaluate situations quickly. In a lot of situations that is probably an asset. Sometimes unfortunately, we've spent many years learning bad habits or destructive ways of thinking, and after much practice, they seem totally reasonable. Learning new ways of thinking is hard and requires practice, but it is possible.

Think about something you learned as an adult, such as a new sport or job task. What was it like the first time? Did you have automatic responses that got in the way? How did you overcome them?

HANDOUT: 5-Column Thought Record

It's the same as last week but with two new columns.

SITUATION

THOUGHTS

FEELINGS

ALTERNATIVE THOUGHTS

OUTCOME

ALTERNATIVE THOUGHTS:

Ask yourself, is the thought accurate?

How do you know?

Are there other interpretations?

EXAMPLES:

THOUGHT: “I can’t stand this feeling!”

How do you know you can’t stand it?

What would happen if you kept having that feeling?

What’s wrong with feeling bad for a while?

THOUGHT: “I can get away with having one drink.”

When was the last time you had just one drink?

What happened the last time you drank?

THOUGHT: “Once I decide to score, there’s no turning back.”

How do you know that?

What would happen if you couldn’t score?

OUTCOMES:

How would the outcome be different if you questioned the thought?

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT: Complete one 5-column thought record each day (PAGE 13 in worksheets).

TOPIC 7: SOCIAL PRESSURE

REVIEW OF HOME ASSIGNMENT:

5-Column Thought Record

SOCIAL PRESSURE

Dealing with social pressure to drink or use drugs can be challenging when you're trying to modify your substance use habits. Can you think of times when you had to deal with social pressure?

There are two types of social pressure, direct and indirect. Careful preparation and plans for how to cope with both types of social pressure can help you stay on track with your goals. Effectively coping with social pressure will also increase your confidence.

INDIRECT SOCIAL PRESSURE involves observing other people drinking or using drugs. Even when no one is encouraging or pressuring you to drink or use, just being around people who are using substances can trigger urges.

Can you think of some examples of indirect social pressure?

Examples of Indirect Social Pressure:

- Situations when it's customary, traditional or expected (wedding, Super Bowl party, bachelor party, wine tasting)
- In the company of drinking or using companions
- In situations or places that encourage use (dealer's house, bar)
- In situations that reduce your confidence in your ability to cope without using (when feeling socially anxious, depressed)

DIRECT SOCIAL PRESSURE occurs when people directly offer you alcohol or drugs, encourage you to use, or give you a hard time about not using. It can range from mild (waitress hands you a wine list and asks what you would like to drink) to extreme (friend shows up at your apartment with alcohol, pours you a drink and insists that you join him in a toast). Social pressure can be different for different relationships. A close friend or family member may make several offers, particularly if they are using themselves, while a waiter would be unlikely to repeat an offer of an alcoholic drink.

Can you think of some examples of direct social pressure?

HANDOUT: Checklist of Social Pressure Situations (Worksheet PAGE 14)

Why might it be helpful to practice ways of coping with these situations ahead of time?

There are three main ways to cope with social pressure. Remember ACE:

- **AVOID:** If you anticipate social pressure in a situation, you can avoid that situation. This is a good strategy when it's just not worth the risk.
- **COPE:** Not all situations can be avoided. Or maybe it's important that you put yourself in this situation (child's wedding, retirement party for beloved colleague). In this case, you can have coping strategies ready when you enter the situation. Bring a sober friend or practice turning down offers to drink or use.
- **ESCAPE:** If temptation gets too strong, having an escape plan ready is critical.

Let's identify coping strategies for some common social pressure situations.

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT: List any social pressure situation you identified as "Big Problem" or "Some Problem" on the Checklist in the first column of the table (PAGE 15), Identifying Social Pressure Situations and Coping Responses. In the second column, list a coping response you could use in that situation. Note what kind of response it is (AVOID, COPE or ESCAPE).

TOPIC 8: REFUSAL SKILLS

REVIEW OF HOME ASSIGNMENT:

Identifying Social Pressure Situations and Coping Responses

REFUSAL SKILLS

Most likely you will be offered alcohol or drugs at some point in your recovery. Being prepared with strong refusal skills can help you handle those situations without using. Preparation requires practice, and with practice you will gain confidence in your ability to turn down offers to use.

HANDOUT: Refusal Skills

Have you ever been offered alcohol or drugs, said no, but somehow ended up using anyway? What happened?

Many times when we say “No,” we leave the door open for another invitation to use. Saying no even once is hard for many people. Saying no twice, three times, four times, etc. can sometimes be even harder. Why?

Have you ever said “No,” and people listened and stopped offering alcohol or drugs? What did you do that made others listen and take you seriously?

Successfully refusing offers to use is a skill you can learn. The handout has some refusal skills that are known to be effective.

- **Do not use vague excuses.**
- **Keep it short, clear, and simple.**
- **Suggest alternatives.**

Different situations call for different refusals. For instance, refusing a drink from a waiter is likely to be different from refusing a drink from a close friend and former drinking buddy.

Let’s practice some refusals:

- 1. Waitress asks you what you’d like to drink.**
- 2. Cousin from out of town invites you to join him for happy hour and a game of pool.**
- 3. Coworker drives you to work, lights up a joint, and offers to share it.**
- 4. You run into an old drinking buddy. He’s had a bad day and asks you to come have a drink with him and talk.**

Sometimes one refusal doesn't work. See Handout (RESPONDING TO CONTINUED OFFERS). It can be useful to practice the BROKEN RECORD TECHNIQUE.

What do you think could make it hard for YOU to use refusal skills?

- Embarrassment
- Fear or rejection
- Want to maintain a reputation
- Don't want other person to feel rejected or judged
- Fear of being seen as a failure if you refuse this time but use later
- Worried about being judged by others
- Concern about privacy

Can we brainstorm ways to deal with these concerns?

How do you see yourself applying these skills in the coming week?

HOME ASSIGNMENT: Practice refusal skills with another person or in front of the mirror. If possible, practice them in real life situations. Evaluate how well your skills worked and what could be done better next time.

TOPIC 9: MAINTAINING GAINS

REVIEW OF HOME ASSIGNMENT: Practicing Refusal Skills

MAINTAINING GAINS

Attending this group was an important step toward achieving your recovery goals. Today is our last meeting. What can you do to make sure you are able to maintain the positive changes you have made? By developing a clear coping plan, you will be more prepared to handle challenging and triggering situations that come your way.

What important changes have you made so far in your recovery?

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**

What has helped you to be successful?

What high risk situations do you expect to encounter in the future that may make you want to use alcohol or drugs?

HANDOUT: Coping Plan

You can't predict every situation that will make you want to use, but it's important to plan for situations to the best of your ability. Awareness of high risk emotional states and plans for coping with them can help you prepare for unpredictable situations that might bring up those emotions.

There are many strategies you can use when confronted by triggers:

- 1. Escape the trigger**
- 2. Delay the decision to use. Urge surfing can come in handy.**
- 3. Distract yourself.**
- 4. Call someone for support.**
- 5. Remember your success and positive outcomes of not using.**
- 6. Remember the negative outcomes of using.**
- 7. Reward yourself for responding to triggers with behaviors other than using.**

HOME ASSIGNMENT: Complete your own personal coping plan (Worksheet PAGE 17). Keep a copy with you. Post a copy somewhere where you will see it frequently.

You have new skills to help you succeed on your recovery journey! How do you see yourself applying these skills in the coming months and years?