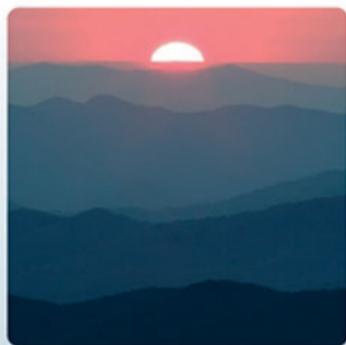


# Cognitive-Behavioural Therapy in the Treatment of Addiction

**A Treatment Planner for Clinicians**



**Christos Kouimtsidis, Martina Reynolds,  
Colin Drummond, Paul Davis  
and Nicholas Tarrier**

---

# Cognitive-Behavioural Therapy in the Treatment of Addiction

A Treatment Planner for Clinicians

**Christos Kouimtsidis**

*St. George's University of London*

**Martina Reynolds**

*Brunel University*

**Colin Drummond**

*St. George's University of London*

**Paul Davis**

*Camden and Islington Mental Health and Social Care Trust*

and

**Nicholas Tarrier**

*University of Manchester*



John Wiley & Sons, Ltd

Copyright © 2007

John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester,  
West Sussex PO19 8SQ, England

Telephone (+44) 1243 779777

Email (for orders and customer service enquiries): [cs-books@wiley.co.uk](mailto:cs-books@wiley.co.uk)

Visit our Home Page on [www.wiley.com](http://www.wiley.com)

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning or otherwise, except under the terms of the Copyright, Designs and Patents Act 1988 or under the terms of a licence issued by the Copyright Licensing Agency Ltd, 90 Tottenham Court Road, London W1T 4LP, UK, without the permission in writing of the Publisher. Requests to the Publisher should be addressed to the Permissions Department, John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex PO19 8SQ, England, or emailed to [permreq@wiley.co.uk](mailto:permreq@wiley.co.uk), or faxed to (+44) 1243 770620.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The Publisher is not associated with any product or vendor mentioned in this book.

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold on the understanding that the Publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

#### **Other Wiley Editorial Offices**

John Wiley & Sons Inc., 111 River Street, Hoboken, NJ 07030, USA

Jossey-Bass, 989 Market Street, San Francisco, CA 94103-1741, USA

Wiley-VCH Verlag GmbH, Boschstr. 12, D-69469 Weinheim, Germany

John Wiley & Sons Australia Ltd, 42 McDougall Street, Milton, Queensland 4064, Australia

John Wiley & Sons (Asia) Pte Ltd, 2 Clementi Loop #02-01, Jin Xing Distripark, Singapore 129809

John Wiley & Sons Canada Ltd, 6045 Freemont Blvd, Mississauga, ONT, L5R 4J3, Canada

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Anniversary Logo Design: Richard J. Pacifico

#### **Library of Congress Cataloging-in-Publication Data**

Cognitive-behavioural therapy in the treatment of addiction : a treatment planner  
for clinicians/Christos Kouimtsidis ... [et al.].

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-470-05852-7 (pbk. : alk. paper)

1. Substance abuse--Treatment. 2. Cognitive therapy. I. Kouimtsidis, Christos.  
[DNLM: 1. Substance-Related Disorders--therapy. 2. Cognitive Therapy.]
3. Patient Care Planning. WM 270 C6764 2007  
RC564.C6225 2007  
616.86'06--dc22

2007017037

#### **British Library Cataloguing in Publication Data**

A catalogue record for this book is available from the British Library

ISBN 978-0-470-05852-7 (pbk)

Typeset in 10/13pt Scala and Scala Sans by Thomson Digital, India

Printed and bound in Great Britain by Antony Rowe Ltd, Chippenham, Wiltshire

This book is printed on acid-free paper responsibly manufactured from sustainable forestry in which at least two trees are planted for each one used for paper production.

---

# Contents

About the Authors	vii
Foreword	ix
Preface	xi
Acknowledgements	xiii
<b>Chapter 1</b> Overview and Use of the Book	1
<b>Chapter 2</b> Introduction to Cognitive-Behaviour Theory and Research Evidence	7
<b>Chapter 3</b> Cognitive and Behavioural Techniques	35
<b>Chapter 4</b> Agenda Setting and Structure of Sessions	61
<b>Chapter 5</b> Assessment and Case Formulation	69
<b>Chapter 6</b> Core Topics	81
<b>Chapter 7</b> Elective Topics	119
<b>Chapter 8</b> Therapist Training and Supervision	145
<b>Appendix I</b>	155
<b>Appendix II</b>	157
<b>Appendix III</b>	159
<b>Appendix IV</b>	161
References	163
Index	169

---

# About the Authors

**Paul Davis** has worked in the NHS for over 30 years the majority of which has been as specialist clinician in alcohol and drug work. He is Consultant Clinical Psychologist and Honorary Senior Lecturer at University College, London and Camden and Islington Mental Health and Social Care Trust, London, where he is also Head of Substance Misuse Psychology Services. His clinical interests include the practice and development of cognitive and behavioural therapies with complex cases, and psychological assessment and management of patients with a dual diagnosis. His main areas of research have focused on evaluating the efficacy and effectiveness of NHS interventions in clinical settings, outcome monitoring, prevention outcome evaluation, forensic aspects of drug abuse and neuropsychological changes in people with drug addiction. Dr Davis is a practitioner and trainer in CBT and he has presented over 100 invited workshops in CBT and motivational interviewing (MI) applied in the field of substance misuse. He provides supervision and consultation in MI and CBT to health professionals from a number of NHS Trusts. He has co-authored and contributed to treatment research manuals in this field and has conducted treatment outcome trials on psychological interventions with problem drug and alcohol users. Dr Davis has served on the British Psychological Society Faculty of Addiction Committee for over 10 years and was Chair for several years. He is a National Assessor for Consultant Psychology posts in the NHS and has served on numerous national committees on substance misuse most recently on National Institute for Health and Clinical Excellence Guidance Development Groups in substance misuse.

**Colin Drummond**, MBChB, MD, FRCPsych, Professor of Addiction Psychiatry and Consultant Psychiatrist at St George's Hospital Medical School and South West London and St George's NHS Trust, where he has been since 1993. Head of Addictive Behaviour at St George's. Before that he was Lecturer and later Senior Lecturer in Addiction Behaviour at the Medical Research Council Addiction Research Unit, National Addiction Centre, Institute of Psychiatry from 1987. His doctorate was on the subject of alcohol and public health. He is Principal Investigator on several research grants including the Department of Health funded national alcohol needs assessment project and a new national research programme on screening and brief alcohol intervention, also funded by the Department of Health. Assistant Editor of the journal *Addiction*. He has published papers on a wide range of topics including epidemiology, clinical trials, drug and alcohol policy and theories of craving. He leads the alcohol treatment service in South West London providing inpatient and community-based interventions. He has been closely involved in providing advice to

government on alcohol and drug misuse strategy. He is a member of the Models of Care working group which has produced a national framework for drug and alcohol services in England. He is a member of the Faculty of Substance Misuse of the Royal College of Psychiatrists and served as the Academic Secretary. He is also the Director of the Specialist Clinical Addiction Network based at the National Treatment Agency. He is a member of the American Psychiatric Association/World Health Organization Substance Use Disorders Working Group on the fifth revision of the *Diagnostic and Statistical Manual*. He is also a member of the WHO Expert Committee on Drug Dependence and Alcohol Problems.

**Christos Kouimtsidis**, MBBS, MSc, MRCPsych, is Consultant Psychiatrist at NW Herts Community Drug and Alcohol Team, Hertfordshire Partnership NHS Trust and Honorary Senior Lecturer at Section of Addictive Behaviour, St George's, University of London since 2003. He was Specialist Registrar and later Clinical Lecturer in Addiction Psychiatry at St George's from 1998. His MSc dissertation in 1996 was on CBT in substance misuse. His doctorate is an investigation of the role of expectancies and schemas in treatment and relapse of substance misuse. He has been involved in quantitative and qualitative research including epidemiology research in general hospital, co-morbidity and psychological approaches in addiction, staff and services users' experiences of treatment provision. He is tutor for the postgraduate courses at St George's, and he has also led a number of seminars and workshops on CBT in substance misuse. His clinical team provides services for drugs and alcohol in a large geographical area in Hertfordshire consisting of small urban and rural settlements.

**Martina Reynolds**, MA, PhD, is a Senior Lecturer at the School of Social Sciences of Brunel University. Prior to this she was research lecturer in Addiction at St George's, University of London where she developed her interest in the topic. She obtained her BA/MA in psychology from the University of Oxford and her PhD from the University of London. She has extensive research experience and has published in the fields of substance use, trauma, post-traumatic stress disorders and depression. She has also convened and taught both undergraduate and postgraduate modules on addiction and related areas.

**Nicholas Tarrrier** is Professor of Clinical Psychology, Head of the Division of Clinical Psychology and Research Director of the School of Psychological Sciences, University of Manchester, UK, and Honorary Consultant Clinical Psychologist in the Manchester Mental Health and Social Care NHS Trust. He has held academic posts at universities in Brazil and Australia. He has a long-standing interest in the practice and evaluation of cognitive behaviour therapy and its application to a wide range of disorders.

---

# Foreword

Cognitive-behavioural therapy (CBT) has emerged as the leading evidence-based practice in the treatment of psychological disorders, including both interventions for mental health and addictive behaviour problems. The authors of this book are to be commended for providing therapists with a comprehensive manual outlining CBT principles and practices in the treatment of addiction. They have successfully integrated intervention strategies derived from the theoretical models based on cognitive psychology, social learning theory, and behaviour change principles. Major treatment approaches based on these theoretical approaches are described in detail by the authors, including cognitive therapy, motivational interviewing, and relapse prevention. Both experienced therapists and those in training will benefit from reading this most recent book on CBT in the treatment of addiction.

Readers are provided with an overview of CBT as it is applied in a structured treatment programme. Unlike other approaches to addiction treatment, CBT adopts a client-centered orientation, based on mutual collaboration between therapist and client as they work together to help resolve the presenting problem. This is in sharp distinction to other intervention strategies, including those derived from the moral model of addiction (clients must be confronted in an authoritative ‘top-down’ approach in which they are prescribed specific treatment goals). CBT is an individualized treatment approach, in which each client is considered to be a unique case, with different risk factors and coping skills. The focus on matching treatment strategies to each client’s individual needs is very different from the traditional medical model in which addiction is defined as a disease, and that treatment must follow the same pharmaceutical prescriptions and/or the same Twelve-Step Path to recovery. In CBT, clients learn that there are multiple pathways for successful behaviour change, and that the therapist will help them find the way that works best for them. The client’s goal is to move forward in finding the right path to change, and the therapist is there to provide a ‘toolbox’ of clinical techniques to help the client arrive at their chosen destination. As such, the treatment process over time could be considered more a journey of personal ‘discovery’, not just one focused on ‘recovery’.

There are many positive features to this treatment manual. Each clinical technique is presented in a definitive manner, including a description and overview of its treatment implications, and a discussion of how to apply the technique, including case examples. A wide range of both behavioural and cognitive strategies is included. Therapists will appreciate the attention given to agenda setting and how to structure each therapy session as treatment proceeds. Clinical assessment (including

functional analysis of the addictive behaviour) is also covered, along with an excellent discussion of how to proceed with case formulation. The topic of therapist training and supervision is also included. One of the best features of this book is that it includes a thorough description of treatment approaches for clients with co-occurring disorders in the 'elective topics' chapter. Given that so many of our clients come to treatment with a dual diagnosis (e.g., depression and alcohol dependence), therapists need to provide them with an integrated treatment approach to help them cope with both problems (e.g., learning more adaptive ways of coping with depression instead of drinking in an attempt to self-medicate their symptoms). Given that CBT has been shown to be effective in the treatment of both mental health problems and addictive behaviours, clients will benefit from working with therapists who are experienced in both domains.

In conclusion, I salute the authors for putting together their clinical expertise in developing this CBT manual. It would be incorrect to describe the present volume as a treatment 'cook-book' in which therapists are told what to do in a rigid step-by-step manner. Rather, the authors have provided therapists with a manual of menus, with different ingredients and alternative preparation methods that can be helpful in serving up an effective CBT programme to satisfy each and every client's appetite for change. Enjoy the feast!

G. Alan Marlatt, Ph.D.,  
Professor of Psychology,  
Director, Addictive Behaviors Research Center,  
University of Washington.

---

# Preface

Addiction is a complex phenomenon with a number of associated parameters and ways of addressing it. As a phenomenon or human behaviour it has been documented in various forms going back to the ancient civilizations of Greece and Rome and before. It is therefore no surprise that there is a major interest in it from sociological, anthropological, philosophical and clinical perspectives with some conflicting and complementary views expressed.

As a clinician working in the field of addiction, one is faced with and must consider all aspects of the phenomenon, however, it is also necessary to focus on one's duty as a clinician: to help individuals who seek help to modify their addictive behaviour with the most effective and appropriate means available. In everyday clinical practice there is usually little that one can do about society's attitude, resources available for treatment and recovery or rehabilitation, governmental choices or funding allocation. What one is faced with as a clinician is to work within the treatment system limitations to help the individual and the family.

Therefore it is important to understand the individual as a person and see beyond the addiction problem without at the same time losing clinical focus. To this effect one needs to have a theoretical framework which is flexible and adaptable, but structured. A theoretical model that puts the individual in the centre; that can be shared with the individual and the family, and that is linked with a specific and structured therapy tool.

Cognitive-behavioural therapy can be such a tool. In this book we share our experience of using CBT to help individuals with addiction problems, and we hope that the book will be helpful as an everyday tool for fellow clinicians.

---

# Acknowledgements

The authors would like to thank the following mental health workers, who agreed to take part in the UKCBTMM trial and to use the CBT manual developed for the trial, the precursor of this book:

Mr. Kevin Darbyshire, Mr Terry Orr, Dr Dominic O’Ryan, Dr Liz McGrath, (Camden and Islington Substance Misuse Service- North London); Dr Doug Handyside, Ms Kate Weeks, Mr Jonathan West, (Brighton Substance Misuse Service); Ms Carol Houghton, Ms Vicki Obi, (Manchester Drug Service); Ms Linda Kelly, Ms Jane Wilcock, Ms Jane Wolfendale, (Salford Drug Service); Ms Coral Harvey, Dr Rebecca Lee, Ms Pam Lievesley, (Drugs North West, Prestwich, Manchester; NB: not a study site); Dr Bethany O’Connell, Ms Hina Rahimi, Mr Phillipe Rahman, Mr Raj Seegobin, Mr Karl Williams, (South London and St George’s Mental Health NHS Trust Drug Service- South London); Ms Debbie Wilkinson, Mr Tim Bennett, (Bolton Substance Misuse Service); Ms Nicky Armitage, Ms Cath Harbridge, Ms Lucy Harrison, Mr John Parr, (Wigan and Leigh Substance Misuse Service); Ms Sue Harris, Mr Paul MacGregor, Ms Shamiso Mubwandarika, Ms Carolyne Savage, (Liverpool Substance Misuse Service).

We would also like to thank Dr. Louise Sell and Dr. Douglas Turkington for their contribution in the development of the UKCBTMM trial CBT manual. We would also like to thank Dr. Abigail Rose and Katherine Perryman for their contribution to the literature review.



# 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.

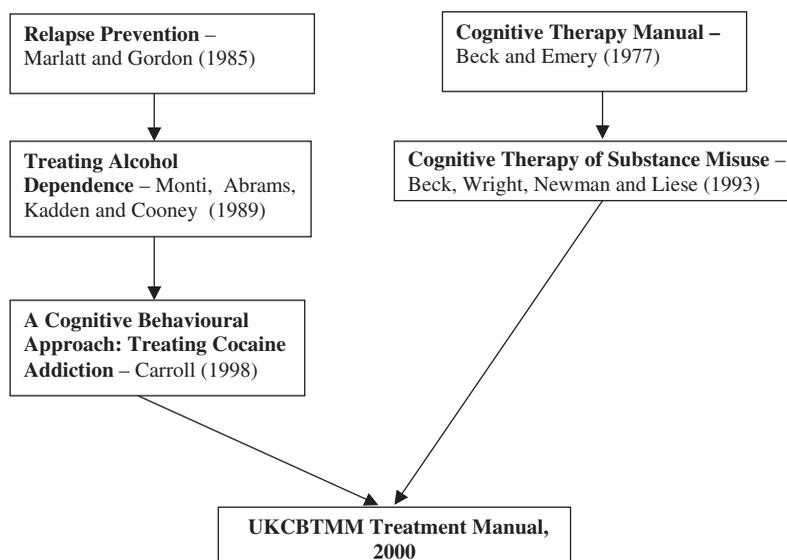


Figure 1.1 Development of this CBT model.

### 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.