

Combining Cognitive Behavioral Therapy and Motivational Interviewing

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Agenda

- CBT for substance use
- MI for substance use
- Similarities and differences
- Rationale for combining
- Ways to combine
- Possible models for combining

CBT = Cognitive Behavioral Therapy

MI = Motivational Interviewing

CBT Model of Disorders

Predisposing Factors
+
Precipitating Factors

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graph TD; A["Predisposing Factors + Precipitating Factors"] --> B["Dysregulation in Function"]; B --> C["Behavioral System"]; B --> D["Cognitive System"]; B --> E["Affective System"];
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Dysregulation in Function

- Behavioral System
- Cognitive System
- Affective System

Dysregulation in Substance Use Problems

- **Cognitive Dysregulation**
 - Attention to positive and negative outcomes
 - Attribution (internal vs. external)
 - Decision making (risk taking)
 - Self-efficacy
 - Attitudes, beliefs, schemas
- **Behavioral Dysregulation**
 - Positive and negative reinforcement
 - Conditioning (cue reactivity)
 - Displaced reinforcements

CBT Process

- Case conceptualization
- Time-limited and solution-focused
- Structured and directive
- Individual and/or group format
- Sound therapeutic relationship is essential
- Educative and skill-building processes
 - Socratic method
 - Role play, rehearsal, shaping
 - Homework

Examples of CBT Topics for Substance Use Problems

- Triggers and decision points
- Coping with urges and cravings
- Handling social pressures
- Catching and challenging distorted beliefs
- Emotional regulation (e.g., anger mgt.)
- Daily planning and routine (occupation)
- Re-establishing trust with social supports

MI for Substance Use Problems

- Not driven by theory or “model”
- Focuses on building client motivation
- Client primarily responsible for change
- Provider elicits, guides, and supports
- No specific assumptions regarding course of treatment

MI Process

- Brief - Individual meeting(s) with client
- Spirit of MI provider
 - Collaborative
 - Respects client's autonomy
 - Evocative
- Client-centered aspects (e.g. reflective listening, open-ended questions)
- Provider guides client toward change
- Strengthen commitment to action plan

Open vs. Close-Ended Questions Demonstration

- Is it worth the time to use open-ended questions?

Close-Ended

Is it brown?

Does it live on land?

Open-Ended

How does it look?

Where does it live?

Possible Topics in MI

- Exploring client's point of view
 - Emotional reactions
 - Obstacles to change
- Eliciting client's reasons to decrease substance use
- Eliciting client's strengths and resources
- Eliciting client's strategies for change
- Eliciting commitment for specific change(s)

Similarities Between CBT and MI

- Talk therapies with “manuals”
- Share common elements of a therapeutic relationship
 - Empathy
 - Collaboration
- Emphasize client activity outside meetings
- Empirical support for efficacy
- Require training for provider competence

Differences Between CBT and MI

CBT

- Building skills
- Educative
- Solutions pre-selected
- Empirical support for group format

MI

- Building motivation
- Evocative
- Client picks solutions
- Briefer, strategies for client resistance

Rationale for Combining Strategies

CBT

- Can provide structure for treatment
- Can be done in groups
- Not effective without client engagement

MI

- Effective at engaging clients
- Relatively brief
- Fits with other models (not theory driven)

Models for Combining CBT and MI

- MI as precursor to CBT
- MI at pre-determined points
- Contextually driven integration of MI and CBT
- Dangers

MI as Precursor to CBT

- 1 – 3 Sessions
- MI to build motivation for change
- MI to build motivation for engagement in CBT program
- Same or different provider
- Pre-cursor to individual, group, or programmatic CBT

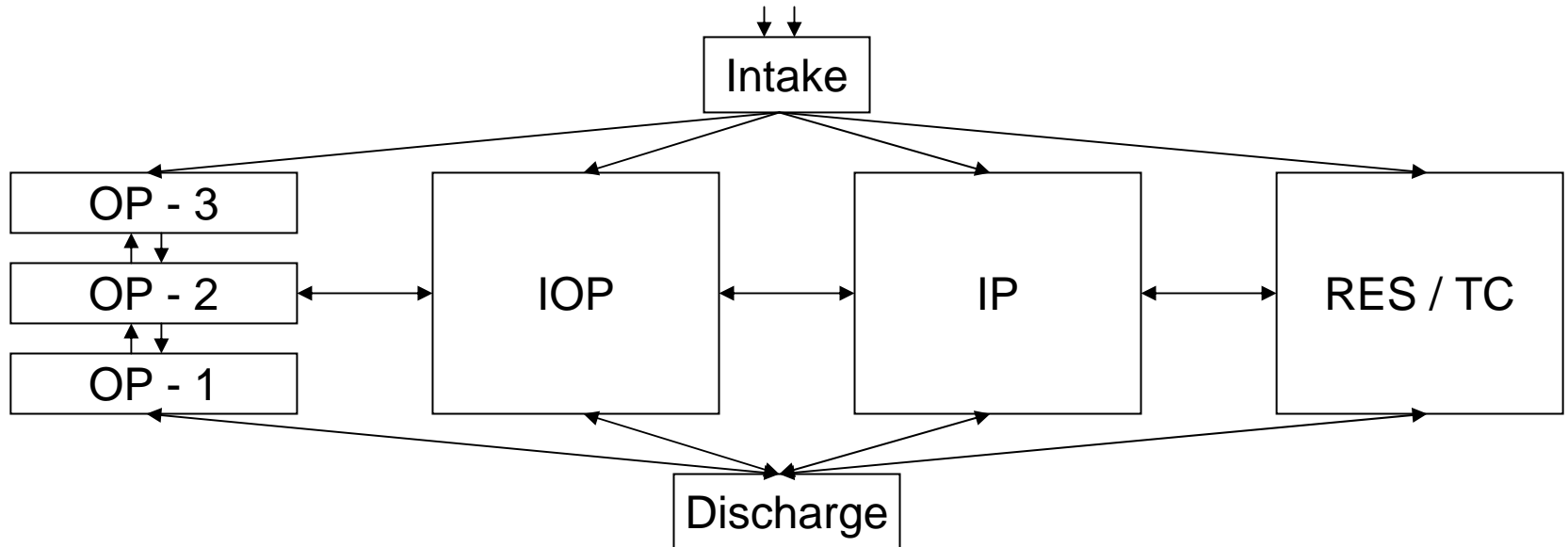
MI at Predetermined Points

- Treatment avoidance (enter treatment)
- Precursor to CBT
- Intervals of time
- Non-compliance with CBT
- Signs of resistance
- Change in modality or “phase”
- Treatment drop-out
- Same or different provider

Contextually Driven Combination of CBT and MI

- Single provider
- Move between MI and CBT based upon context
- Add MI to CBT??
- Add CBT to MI??

Possible Treatment Model Showing Combination of CBT and MI



1 Provider

3 – 2 MI / wk
2 – MI / wk
1 – MI / mo

2 Providers

Indiv Combo
(MI + CBT)
Group CBT

Multiple Providers

Indiv MI
Indiv CBT
Prog CBT

Multiple Providers

Indiv MI
Prog TC

Treatment Model Considerations

- Is it effective?
- Is it acceptable to staff?
- Is it acceptable to patients?
- Can it be adapted and transported?

Resources

- SBH www.sbh-sd.com
- MINT www.motivationalinterview.org
- ACT www.academyofct.org
- Miller (2004) *Combined Behavioral Intervention Manual: A Clinical Research Guide for Therapists Treating People with Alcohol Abuse and Dependence*. NIAAA: Rockville.