Combining Cognitive Behavioral Therapy and Motivational Interviewing

Jim Carter, Ph.D.
Specialty Behavioral Health, La Jolla, CA
UCSD SOM

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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

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

<table>
<thead>
<tr>
<th>CBT</th>
<th>MI</th>
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<tbody>
<tr>
<td>• Building skills</td>
<td>• Building motivation</td>
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<tr>
<td>• Educative</td>
<td>• Evocative</td>
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<tr>
<td>• Solutions pre-selected</td>
<td>• Client picks solutions</td>
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<tr>
<td>• Empirical support for</td>
<td>• Briefer, strategies for</td>
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<td>group format</td>
<td>client resistance</td>
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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

Intake

OP - 3
OP - 2
OP - 1

IOP

IP

RES / TC

Discharge

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