

# **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

A rectangular box with a thin black border containing the text 'Predisposing Factors + Precipitating Factors'. Two thick black arrows point downwards from the bottom center of the box towards the text 'Dysregulation in Function'.

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

# **Cognitive Distortions Related to “Criminal Thinking”**

- Self-justificatory thinking
- Misinterpretation of social cues
- Displacement of blame
- Deficient moral reasoning
- Minimizing impact of behavior
- Schemas of dominance and entitlement

# Behaviors Related to “Criminal Thinking”

- Misperceive benign situations as threats (e.g., be predisposed to perceive harmless remarks as disrespectful or deliberately provocative)
- Demand instant gratification
- Confuse wants with needs
- Assume “victim stance” (avoidance)
- Reinforce beliefs within subculture(s)

# 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

# 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

# Resources

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

# Participant Exercise- Skill Training

- Elicit importance of skill
- Describe skill
- Model skill
- Student practice of the skill
- Feedback and coaching
- Transfer of skill to real life

# Participant Exercise – Raising Concerns

- RASA Model (COMBINE Manual)
  - Reflect back plan (“you” statement)
  - Ask permission to share concern
  - State concern (“I” statement)
  - Ask for response

# Participant Exercise - Giving Advice

- When?
- Why?
  
- AATA Model
  - Ask what already knows
  - Ask permission
  - Tell key information
  - Ask for response