Combining Cognitive Behavioral Therapy and Motivational Interviewing

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Presented At:
CCCOE Spring Staff Training
April, 2011
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
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

<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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<td>Empirical support for group format</td>
<td>Briefer, strategies for 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
Resources

- SBH www.sbh-sd.com
- MINT www.motivationalinterview.org
- ACT www.academyofct.org
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