ESRC Seminar: CBT, Addiction and IPV
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OVERVIEW:

- Who are the pioneers in the field of behavioral therapy?

- What are key ingredients related to behavior change within the model (principles and theories)?

- CBT’s effectiveness (trials/science) – Vehicle for behavior change

- Do alcohol and/or drug use contribute to IPV (relationship between substance abuse & IPV)?

- Why address IPV in substance abuse treatment?

- Treatment approaches to address IPV/Addiction (BCT, MET, CBT)
Cognitive Behavioral Therapy

- Evidenced based clinical practice that is grounded in theory.

- It is a specific treatment that focuses on examining the relationship between thoughts, feelings and behaviors.

(Barcroft, 2013; NAMI, 2012)
Humanistic/MET ↔ CBT

I. Attending to the therapeutic relationship

III. Motivating behavior change

III. Coping skills training
I. Humanistic Approach/MET: Attending to the Relationship

- Some clinical researchers highlight the importance of using person centered or motivational enhancement therapy/techniques. Attending to the therapeutic relationship while motivating behavior change.

- Some suggest that MET is needed prior to introducing CBT (coping skills)

- Others believe the CBT can be utilized while employing therapeutic techniques with a humanistic style of attending to the therapeutic relationship.
I. Humanistic Approach: Person Centered-Carl Rogers

In his early career, he stated: “How can I treat or help change someone?”

Later in his life, he said: “How can I provide a relationship which this person may use for his personal growth.”

http://www.youtube.com/watch?v=DjTpEL8acfo
http://www.youtube.com/watch?v=24d-FEptYj8
http://www.youtube.com/watch?v=o0neRQzudzw
“The curious paradox is when I accept myself, I can change”

“Man’s inability to communicate is a result of his failure to listen effectively.”
3 Attitudes:

1. Genuineness (spontaneous and open);

1. Unconditional Positive Regard (caring, non-possessive);

3. Accurate/Empathetic Understanding (help clients get close to themselves to accept, resolve problems and change themselves).
Rogers & 3 Attitudes

If 3 attitudes are communicated by the helper, Client is:

less defensive;
more open to themselves and their world;
behave in social and constructive ways.
II. Guiding Principles-Motivation To Change (by Bill Miller, Evolved From Carl Rogers)

- Empathic/Genuine;
- Roll w/Resistance;
- Menu of Options;
- Point out Discrepancies
- Self Efficacy;

http://www.youtube.com/watch?v=cj1BDPBE6Wk
III. Basic Principles of CBT

Certain behavioral health disorders have learned maladaptive behaviors

• Social Learning Theory/Modeling
  ✓ Learn new skills by watching others

• Operant conditioning
  ✓ Behavior that is reinforcing is repeated

• Classical conditioning
  ✓ Various factors paired with drug use can elicit drug craving
Social Learning Theory (Albert Bandura & the Bobo Doll Experiment)
Social Learning Theory


Social Learning Theory

“Bandura's (1977) Social Learning Theory. That is, children learn social behavior such as aggression through the process of observation learning - through watching the behavior of another person.”

http://www.simplypsychology.org/bobo-doll.html
Behaviorism

• Behaviorism can perhaps be best summed up by the following quote from the famous psychologist John B. Watson:
• --John Watson, *Behaviorism*, 1930
"Give me a dozen healthy infants...... I'll take any one at random and train him to become any type of specialist I might select -- doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors."
GIVE ME A CHILD AND I'LL SHAPE HIM INTO ANYTHING.

B.F. Skinner

1904-1990
B.F. Skinner: Operant Conditioning

• Father of Operant Conditioning
• His work was based on Thorndike’s law of effect.
• Skinner introduced a new term into the Law of Effect - *Reinforcement.*
Skinner Box

Will press lever for food

Craig Swanson © www.perspicuity.com
B.F. Skinner

- Behavior which is reinforced tends to be repeated (i.e. strengthened);

- Behavior which is not reinforced tends to die out or be extinguished (i.e. weakened).

- Skinner (1948) conducting experiments using animals which he placed in a 'Skinner Box' which was similar to Thorndike’s puzzle box.
Operant Conditioning - Contingency Management

• Vouchers - Steve Higgins

• Fish Bowl Technique - Nancy Petry “Give Them Prizes and They Will Come”
IVAN PAVLOV- Classical Conditioning

• A learning process that occurs through associations between an environmental stimulus and a naturally occurring stimulus.

• Behaviorism is based on the assumption that learning occurs through interactions with the environment. Two other assumptions of this theory are that the environment shapes behavior and that taking internal mental states such as thoughts, feelings, and emotions into consideration is useless in explaining behavior.
Ivan Pavlov-Classical Conditioning
Classical Conditioning - “Little Albert”

- Two stimuli are repeatedly paired; a response that is at first elicited by the second stimulus is eventually elicited by the first stimulus alone.
Bell rings, I get a treat... Bell rings, I get a treat... It went on that way for days. Then, out of the blue... Bell rings, I get **nothing at all!!** Nada! I mean, can you seriously call my attack unprovoked?

The dark truth about Pavlov's dog.
III. Basic Principles of CBT

Certain behavioral health disorders have learned maladaptive behaviors

- **Social Learning Theory/Modeling**
  - Learn new skills by watching others

- **Operant conditioning**
  - Behavior that is reinforcing is repeated

- **Classical conditioning**
  - Various factors paired with drug use can elicit drug craving
1. Overview of CBT

- Comparatively brief
- Effective
- Structured & goal oriented
- Flexible and content should be individually tailored

RECOGNIZE – AVOID – COPE

1. Overview of CBT

- Underlying assumption that learning processes play a key role in the initiation and maintenance of maladaptive behaviors (e.g., drug use/aggression)
1. Overview of CBT

Parameters of CBT

• Individual or Group (Individual Preferred)
• Typically delivered in 8-12 wk timeframe
  ✓ Preparation for ongoing treatment
• Outpatient setting
  ✓ Provides ability to practice new skills
• Patients
  ✓ May not be appropriate for those with unstable psychiatric conditions (including ASPD), medical conditions, or living arrangements
• Possible to combine with adjunctive treatments
  ✓ Medication, AA/NA, vocational counseling, etc
1. Overview of CBT

• Key is to provide appropriate balance between attending to the relationship & the delivery of skills
1. Overview of CBT

Interventions NOT part of CBT

- Therapist self-disclosure
- Confrontational style
- Requiring self-help attendance
- Use of 12-step philosophy
- Use of disease model language
- Extensive exploration of interpersonal aspects of substance use and/or aggression
Overview of CBT

Efficacy of CBT

Mechanism of Action:

- Does CBT differentially increase coping skills? **YES**
- Are coping skills related to outcome? **Yes**
The Structure & Format of Sessions

20-20-20 rule

• Explore client’s understanding & reactions to topic

• Assign a practice exercise for the next week

• Review plans for the weekend and anticipate potential high-risk situations
WHY CBT? Why Study CBT Among Substance Users with IPV?
Why address intimate partner violence (IPV) in substance abuse treatment?
Co-occurring substance use and intimate partner violence (IPV) is a major public health concern encountered throughout substance abuse treatment units. (Easton, 20012; Easton et al., 2007)
2. “Rates of Co-Occurrence are HIGH”

Rates of co-occurring SA and IPV are high, ranging from 40-60% across studies

(Murphy & O’Farrell, 2003, Easton et al., 2000a, Easton et al., 2000b)
Do Alcohol & Drug Use Contribute to IPV?

“yes”
Addiction is a RISK factor for violence in the home (MacArthur Violence Risk Assessment Study [Monahan et al., 2005; Steadman et al., 1998; Taylor et al, 1994])

- substance use may play a facilitative role in IPV by precipitating or exacerbating violence [Klostermann, 2006; Jewkes, 2002]

-alcohol and/or drug abuse is the strongest correlate for IPV [Coker et al., 2000].

- a dual problem with alcohol and drugs leads to poorer treatment outcomes as compared to having a problem with alcohol only [Easton et al., 2007].
TARGET SPECIFIC MALADAPTIVE BEHAVIORS & UTILIZE EVIDENCED BASED THERAPIES FOR CHANGE

“Moving Beyond Treating Clients with a One Size Fits All Model of Care”
ONE SIZE DOES NOT FIT ALL
• CBT-cognitive behavioral therapy
  [Dr. Carroll, Dr. O’Malley & Dr. Rounsaville]

• BCT-Behavioral Couples’ Therapy [& O’Farrell-Harvard Group, Chris Eckhardt, Chris Murphy]

• SADV-integrated cognitive behavioral therapy for substance abuse & IPV

• [Easton]
Efficacy of CBT

CBT may be effective across alcohol, cocaine, severe cocaine use (Carroll et al., 1994, 1998; McKay et al 1997; Maude-Griffin et al, 1998), marijuana, opioids

CBT effective across behavioral health disorders (anxiety, phobias, OCD, eating disorders, depression, psychosis) and behaviors (aggression)
O'Malley et al. Naltrexone and CBT for Alcohol: Days of Heavy Drinking during Follow-up
Cocaine use during follow-up: Alcohol-cocaine dependence (Carroll et al. 2000)

Days of cocaine use per month

Termination 1 month 3 months 6 months 12 months
Rawson et al., 2002: CM vs CBT in methadone maintenance

Figure 8. Number of self-reported days of cocaine use according to the Addiction Severity Index at baseline and 3 follow-up points ($F_3=4.92; P=.03$). CBT indicates cognitive-behavioral therapy; CM, contingency management; and MMTP, methadone maintenance treatment program.
Figure 7. Mean percentage of cocaine-free urine samples at the 17-week, 26-week, and 52-week follow-up points ($F_3=2.85; P=.04$). CBT indicates cognitive-behavioral therapy; CM, contingency management; and MMTP, methadone maintenance treatment program.
SADV
SADV-Founded in Empirically Validated CBT

Well defined, empirically validated treatment to address substance use, domestic violence, and the interaction between the two
RATIONALE & NEED: Integrated SADV Approach

• Anger/Negative Mood States can trigger Substance Use (Witkiewitz and Bowen, 2010; Cooney & Sinha, 1997)

• Substance use can lead to impulsivity, disinhibition and aggression [Jewkes – Lancet, 2002].
STUDY 1: SADV vs. TSF

• SADV based on evidenced based Cognitive Behavioral Therapy Techniques + Elective sessions (e.g. anger management, communication skills training). **Targets both substance use and aggressive behaviors** in each session.

• TSF based on standard substance abuse counseling. **Targets only substance use.**
HYPOTHESES

SADV GROUP will have better treatment outcomes than the TSF Group:

• 1. Increase in sessions attended (# sessions)
• 2. Decrease in alcohol use (# days abstinent)
• Decrease in aggression (# days free from violence)
INCLUSION CRITERIA

• Individuals aged 19-65
• Meet DSM-IV criteria for alcohol dependence
• Referred to the Substance Abuse Treatment Unit (SATU) by court official
• Has a recent domestic violence arrest that occurred within the past 6 months.
METHODOLOGICAL FEATURES

- Urn randomization
- Treatments are manualized
- Treatment Fidelity (adherence/competence)
- Self reports confirmed by urinalysis, BAC, & Significant Other reports (CTS-2)
- Testcup 5 system or rapid feedback or urinalysis results
- Follow-ups
MEASURES

- The Revised Conflict Tactics Scales [CTS2; Straus, 1990; Straus, Hamby, Boney-McCoy, & Sugarman, 1996]
- Structured Clinical Inventory of Disorders for DSM-IV [First et al., 1996; Spitzer et al., 1992]
- Addiction Severity Inventory [McLellan et al., 1992]
- Substance Use Calendar/TLFB [Psychotherapy Development Center, Sobell, L.C., & Sobell, M. B., 1992]
- Objective Indicators of substance use
**Table 1: DEMOGRAPHIC AND CLINICAL CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Male Participants (N = 78)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>38.59 years ± 9.07 years</td>
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<tr>
<td>Race</td>
<td>38 Caucasian / 26 African American / 8 Hispanic / 6 Other (51% minorities)</td>
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<td>High School Degree</td>
<td>Yes – 78.2%</td>
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<td>No – 21.8%</td>
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<tr>
<td>Marital Status</td>
<td>Never Married – 32%</td>
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<td>Married/Living Together – 37.4%</td>
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<td>Separated/Divorced – 30.6%</td>
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<td>Employment Status</td>
<td>Employed – 77.3%</td>
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<tr>
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<td>Unemployed – 22.7%</td>
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<tr>
<td>Number of Arrests</td>
<td>4.60 ± 4.16</td>
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<tr>
<td>Number of Domestic Violence Arrests</td>
<td>2.13 ± 2.02</td>
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Retention
[# sessions attended]

Difference in # sessions attended between SADV (n=36) vs. (n=32)

Groups

<table>
<thead>
<tr>
<th># Sessions attended</th>
<th>SADV</th>
<th>TSF</th>
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<tbody>
<tr>
<td>0</td>
<td>8.56</td>
<td>9.38</td>
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Groups

<table>
<thead>
<tr>
<th></th>
<th>SADV</th>
<th>TSF</th>
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<tbody>
<tr>
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</table>

Difference in # sessions attended between SADV (n=36) vs. (n=32)
Abstinence from Alcohol

Alcohol use: Mean number of days of abstinence during treatment by treatment group

Treatment Groups

<table>
<thead>
<tr>
<th>Days abstinent from alcohol</th>
<th>SADV</th>
<th>TSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>76</td>
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<tr>
<td>78</td>
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</tbody>
</table>

* Indicates significant difference between groups.
Differences between SADV vs. TSF in Physical Violence

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Physical Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>SADV</td>
<td>Pre-Tx</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>TSF</td>
<td></td>
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</tbody>
</table>

* Indicates significant difference.
SADV PART II-
(NEW & IMPROVED)
DIFFERENCES-
New & Improved Version

√ SADV II – Individual SADV Therapy APPROACH
SADV II – Target alcohol, cocaine, marijuana
√ Couples’ modules are optional (4 elective sessions)
• √ Controlling for contact between partners
More sensitive instrument for detecting physical violence and other types of violence
THERAPY CONTENT

• SADV
  [target SA & IPV in each session]
  1-12 Sessions (triggers, anger management, communication skills training, conflict resolution skills, etc)
*substitute any 4 for couples modules w/focus on healthy conflict resolution skills, finding pleasant activities

• DC
  [target only substance use & NOT IPV]
  1-12 Sessions (complete abstinence, people, places, things, 12 step support)
*substitute any 4 for couples modules that focus on males substance use w/in a recovery model
SADV – Key Points

1. Target addiction and aggression as maladaptive behaviors within each session (check-ins);
2. Urine Tox/BAC each session and give feedback to client;
3. Promises (no angry touching, no screaming/yelling, no name calling, a slip to substance use does not mean slip to aggression);
4. Introduce a coping skill set within each session;
5. Role play skill set/model skill set;
6. Assign and encourage practice exercise between sessions
STUDY DESIGN / FLOW

Pt. referred to ASAP or SATU
Screened
Consented/Quiz
Randomization

1:1 SADV
N=40

1:1 DC
N=40

Post-Tx, 3-mo Assessments
HYPOTHESES

• SADV condition will have better treatment outcomes than the DC condition:

1. Increase in **sessions** attended (# sessions)
2. Decrease in **substance use** (# days abstinent)
3. Decrease in **aggression** (# days free from violence)
Table 1: DEMOGRAPHIC AND CLINICAL CHARACTERISTICS

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<td>Age</td>
<td>39.41 years ± 8.73 years</td>
</tr>
<tr>
<td>Race</td>
<td>38% African American/ 45% European American / 10% Latin American / (55% minorities)</td>
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<tr>
<td>High School Degree</td>
<td>Yes – 79.0%</td>
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<tr>
<td>Marital Status</td>
<td>Married/Living Together – 24%</td>
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<td>Separated/Divorced – 76%</td>
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<tr>
<td>Employment Status</td>
<td>Employed FT– 83%</td>
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<tr>
<td></td>
<td>Part-time-7%</td>
</tr>
<tr>
<td></td>
<td>Unemployed – 10%</td>
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<tr>
<td>Number of Arrests</td>
<td>3.0 ± 6.41</td>
</tr>
<tr>
<td>Number of Domestic Violence Arrests</td>
<td>2.6 ± 5.11</td>
</tr>
</tbody>
</table>
Treatment Retention -
Measured by # sessions attended

Treatment Groups

SADV

DC
Occurrence of Violence on Days of Drinking
3 -Month Follow-up:
# Total Aggressive Episodes 3 months after treatment was completed

![Bar chart showing the number of aggressive episodes for SADV and DC groups after 3 months of treatment completion. The chart indicates a significantly higher number of episodes for the DC group compared to the SADV group.]
SUMMARY

✓ CBT is evidenced based and grounded in science;
✓ CBT has been shown to be effective across numerous behavioral health disorders;
✓ CBT has been shown to be effective across numerous substances of abuse;
✓ CBT is efficacious in the treatment of co-occurring addiction and IPV;
✓ Further Studies are needed to replicate and assess the cross cultural applicability of SA/IPV (CBT) among clients with co-occurring addiction and IPV across.
“Practice Makes Progress”
(Kathy Carroll, 2005)
Practice Leads to Successful Treatment Outcomes!
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Glen Hintz
Thank you !!