CBT Webinar: Week 6:	
The Cognitive Model of Addiction/Anger Management	
The Transtheoretical Model	
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Motivational Enhancement Therapy  Stages of Change  Pre-Contemplation Preparation Maintenance  III Contemplation Action	

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Conceptualization – Essential Components	
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■ Relevant Childhood Data	
■ Current Life Stressors	
Core beliefs	
<ul><li>■ Thoughts/beliefs about usage</li><li>■ Emotions</li></ul>	
■ behaviors	
	]
Case Conceptualization Addresses	
* Why did the pt start using?	
* How did recreational use lead to problem usage?	
* Why has pt not been able to stop on their own?	
* How did key beliefs and coping skills develop?	
* How did the pt function before substance	
problem?	
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Cognitive Model of Addiction	
Interventions	
· Restructure cognitions related to	
function of use	

- ID drug related beliefs
- Pros & Cons
- Imagery
- Flashcards
- Letters

Cognitive Model of Addiction	
Case Study	
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Cognitive Model of Substance Abuse	
Cognitive Conceptualization	
Cognitive Conceptualization	
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Cognitive Model of Substance Abuse	
CB Chain Analysis	

## **Relapse Prevention Questions**

- · Did you relapse this week?
- · If yes, tell me what happened
- On a scale of 0-10 how close did you get?
- At what point during the week were you most tempted to use? What were you doing?
- On a scale of 0-10 how strong was the craving at that time.
- "What was going through your mind at the time?

## **Relapse Prevention Questions**

- What kept you from relapsing? Anything else?
- How many times to you think you were tempted to use this week but didn't?
- · What skills did you use to resist the urges?
  - · Behavioral Skills? (what did you do?)
  - · Cognitive (what did you think?)
- · What did you do right this week
- What changes do you need to implement this week?

# Relapse Prevention cognitive work

- · Permission-Giving Beliefs
- · Cons of Using
- · Letter to Addict
- Cognitive Cue Cards
- · Evidence logs

# **Smart Recovery 4 Point Program**

- · Building and Maintaining Motivation
- · Coping with Urges
- · Managing Thoughts, Feelings, and Behaviors
- · Living a Balanced Life

THE ANGRY-VOLATILE PATIENT

# Trigger Trigger Should Increased Arousal (Emotional, Physiological Symptoms) Act Out Internalize

## **Anger - Clinical Manifestations**

- · Abusive/Violent Behaviors
- Poor Impulse Control
- · Chronic Irritability

# **Strategies for Treating Anger**

- Identify Triggers
- Identify Emotions
- Identify Bodily Sensations
- Identify Behaviors
- Pros and Cons of Acting on Anger
- Identify Cognitions
- **■** Develop Coping Statements
- Role Play challenging "hot" cognitions
- **■** Coping Cards
- Schema, Forgiveness Work

## Anger Management - Behavioral Strategies

- Assertiveness Exercises
- Express anger in safe environment
- Letter writing
- Journal of triggers and responses
- Exercise
- Develop ability to empathize with person angry with
- Count to 10
- Walk away

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Anger - Cognitive Interventions	
· Rational Responding Techniques	
Cognitive Awareness Exercises	
Reduce personalization	
· Challenge "Shoulds"	
· Id and replace "hot" cognitions	
- Forgiveness Work	
• Pros and Cons	
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Anger – Forgiveness Interfering Cognitions	
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Forgive and Forget	
• Forgiveness = Trust	
<ul> <li>If I forgive I have to like/love and stay in relationship with them</li> </ul>	
· Time Heals all Wounds	
If I forgive him I am letting him off the hook	
<ul> <li>If I forgive I am saying what she did is ok</li> <li>I will not give him the satisfaction of my</li> </ul>	
forgiveness	
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Anger – Schematic Considerations	
8	
Consideration of Values	