



Cognitive Behavioral Therapies for Stimulant Use Disorder

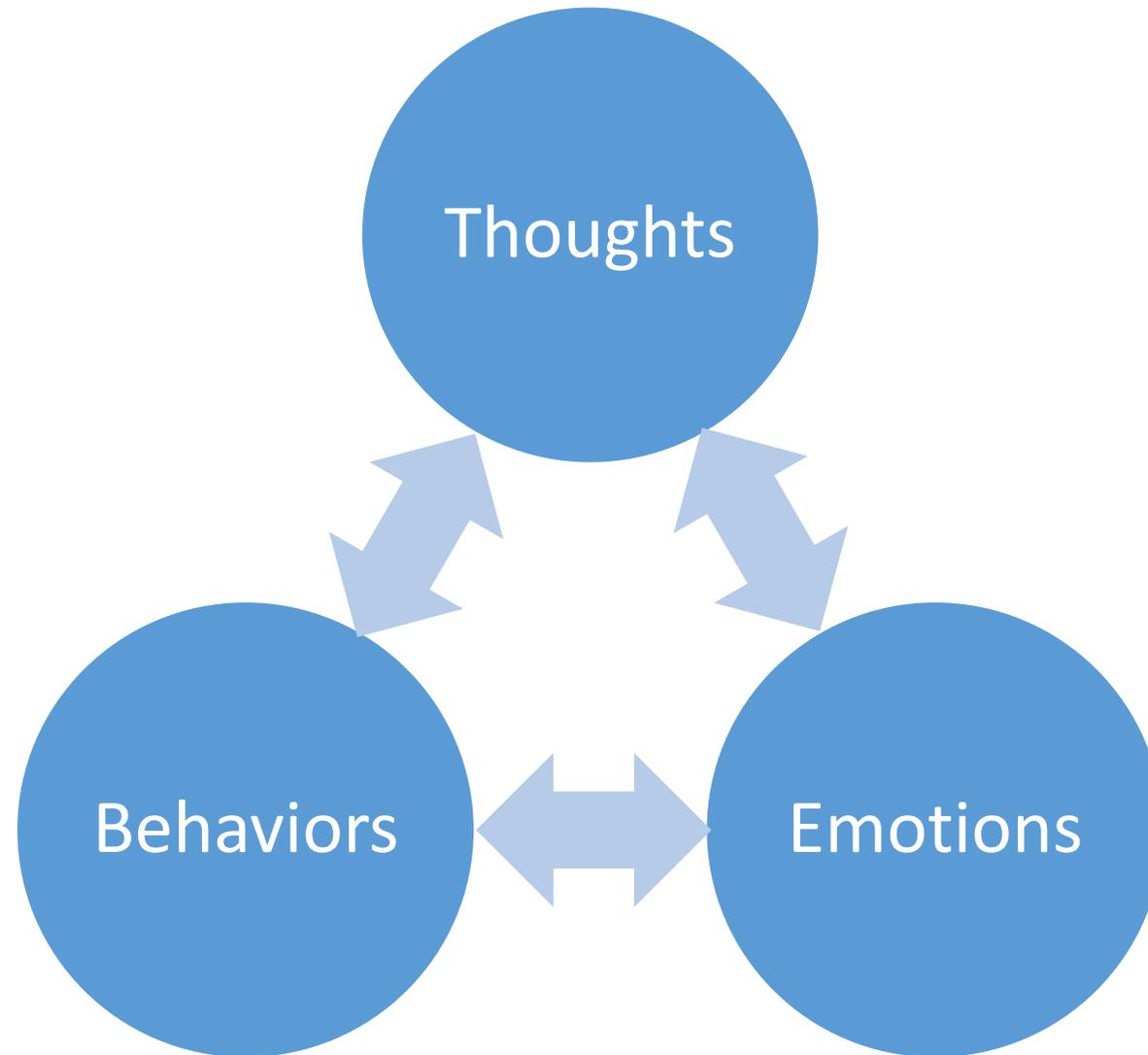
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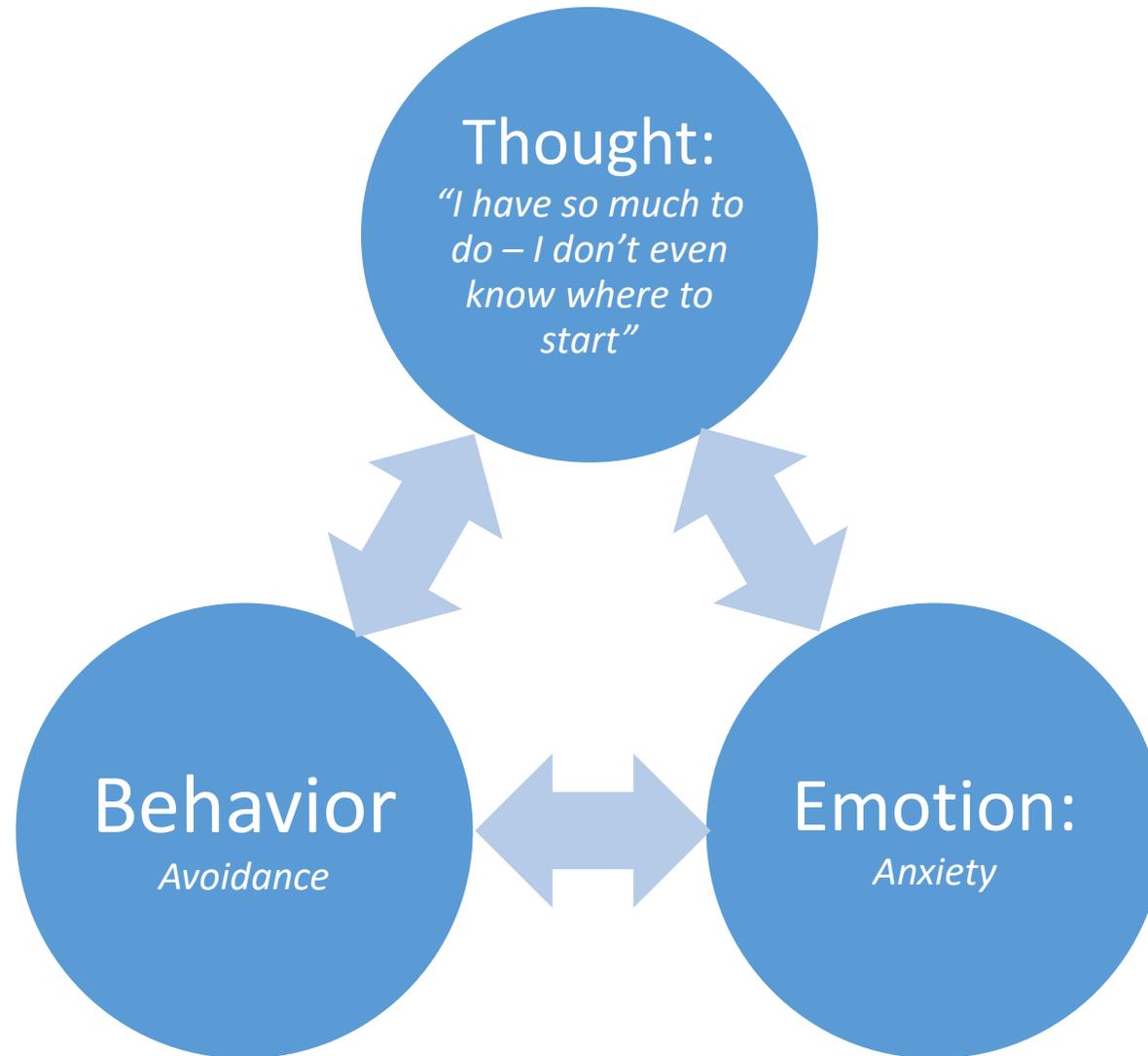
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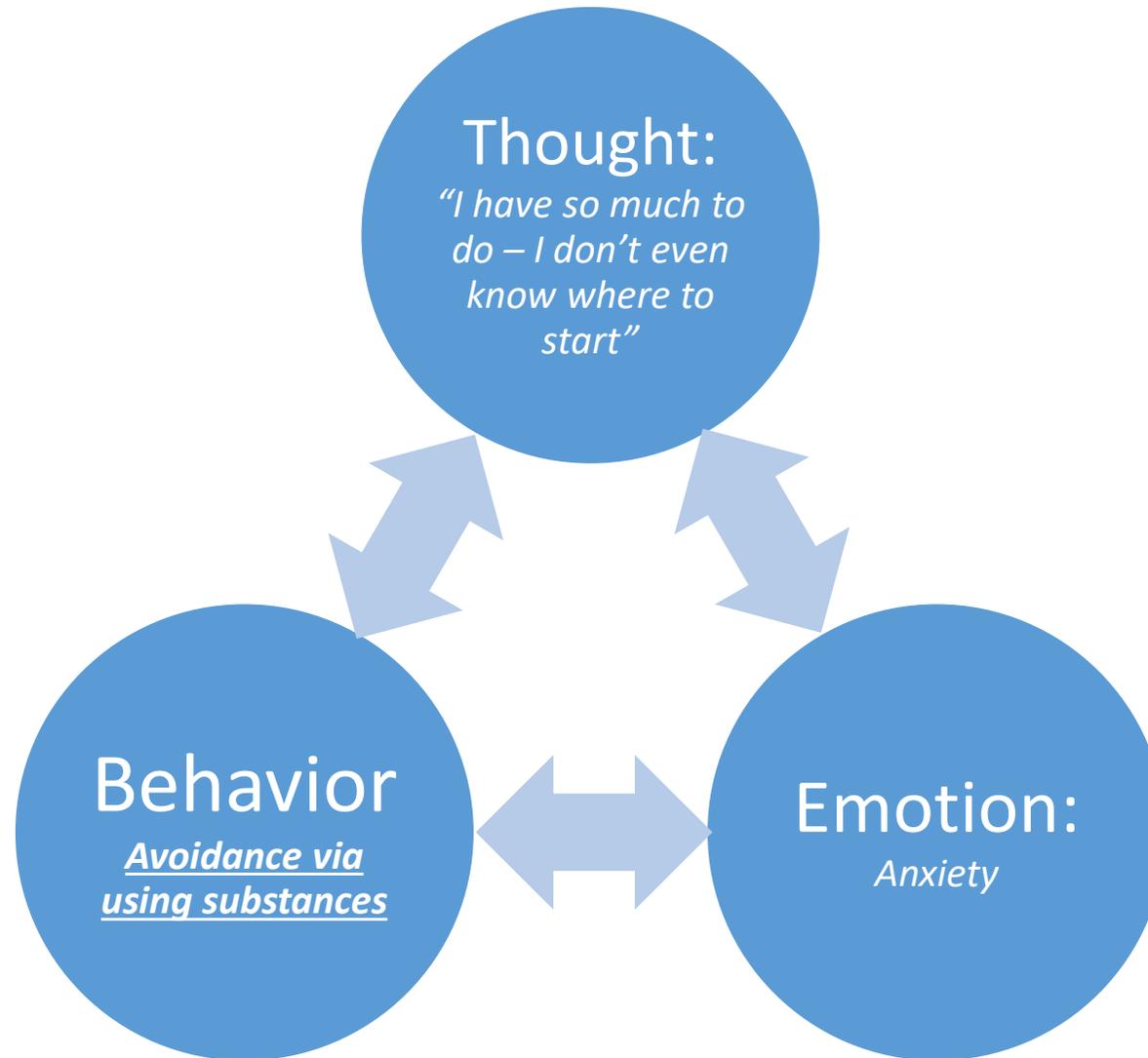
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- Cognitive behavioral therapies (CBT) are effective for:
 - Substance use disorders
 - Depressive disorders
 - Anxiety and panic disorders
 - PTSD and OCD
- CBT is a nice tool box for clients with co-occurring substance use and other mental health disorders



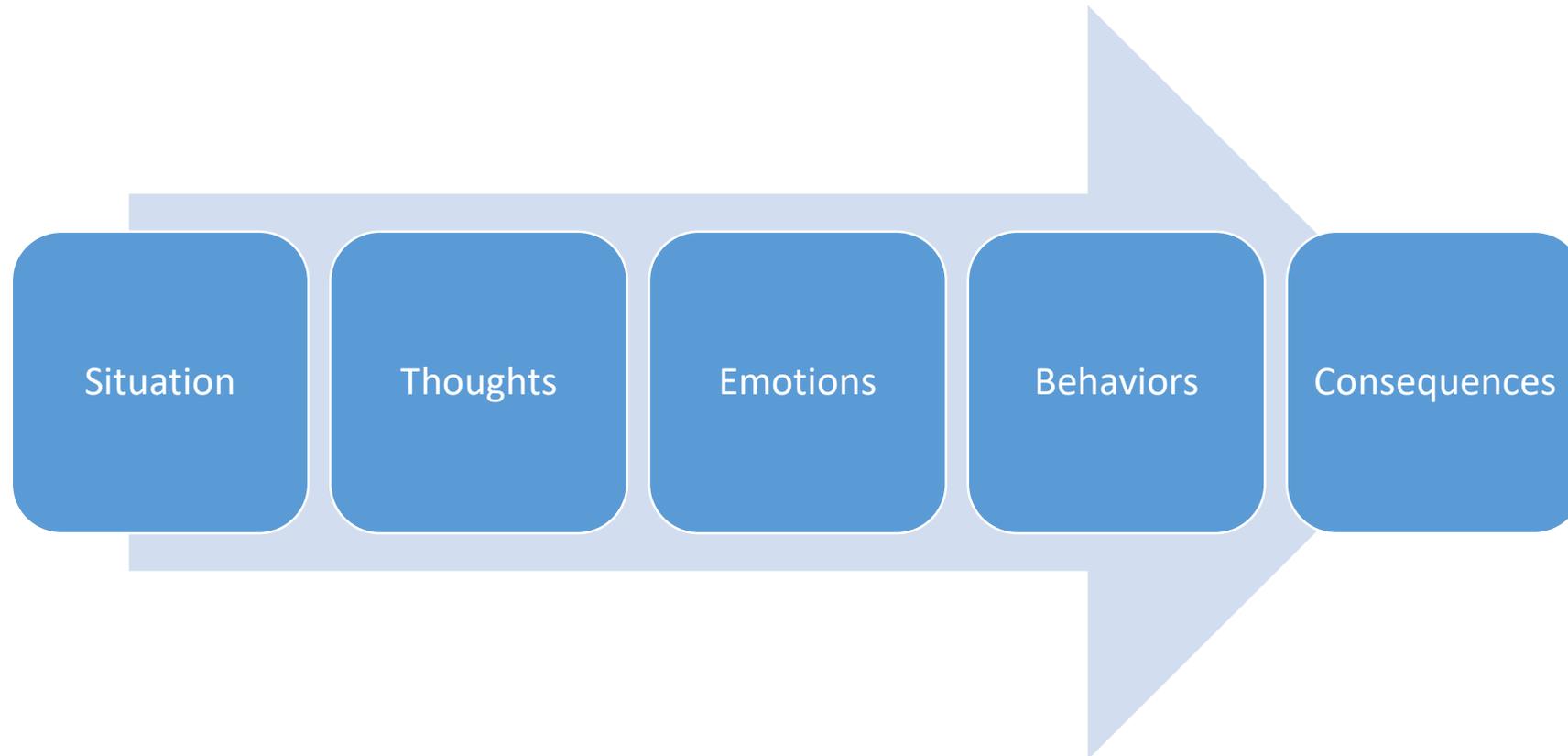
(Carroll, 1999)





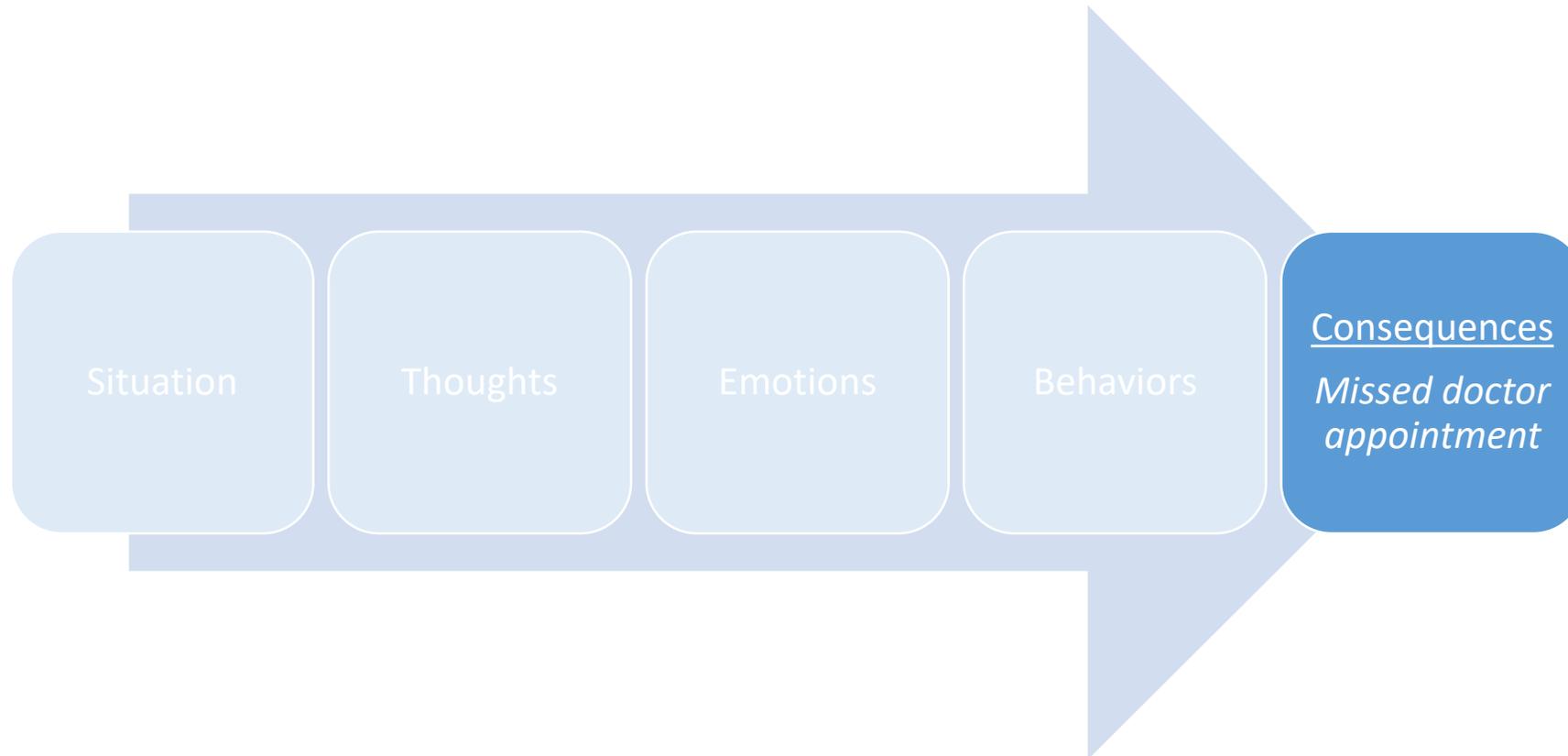
CBT Key Components

- Identify patterns of behaviors that lead to substance use and related negative consequences



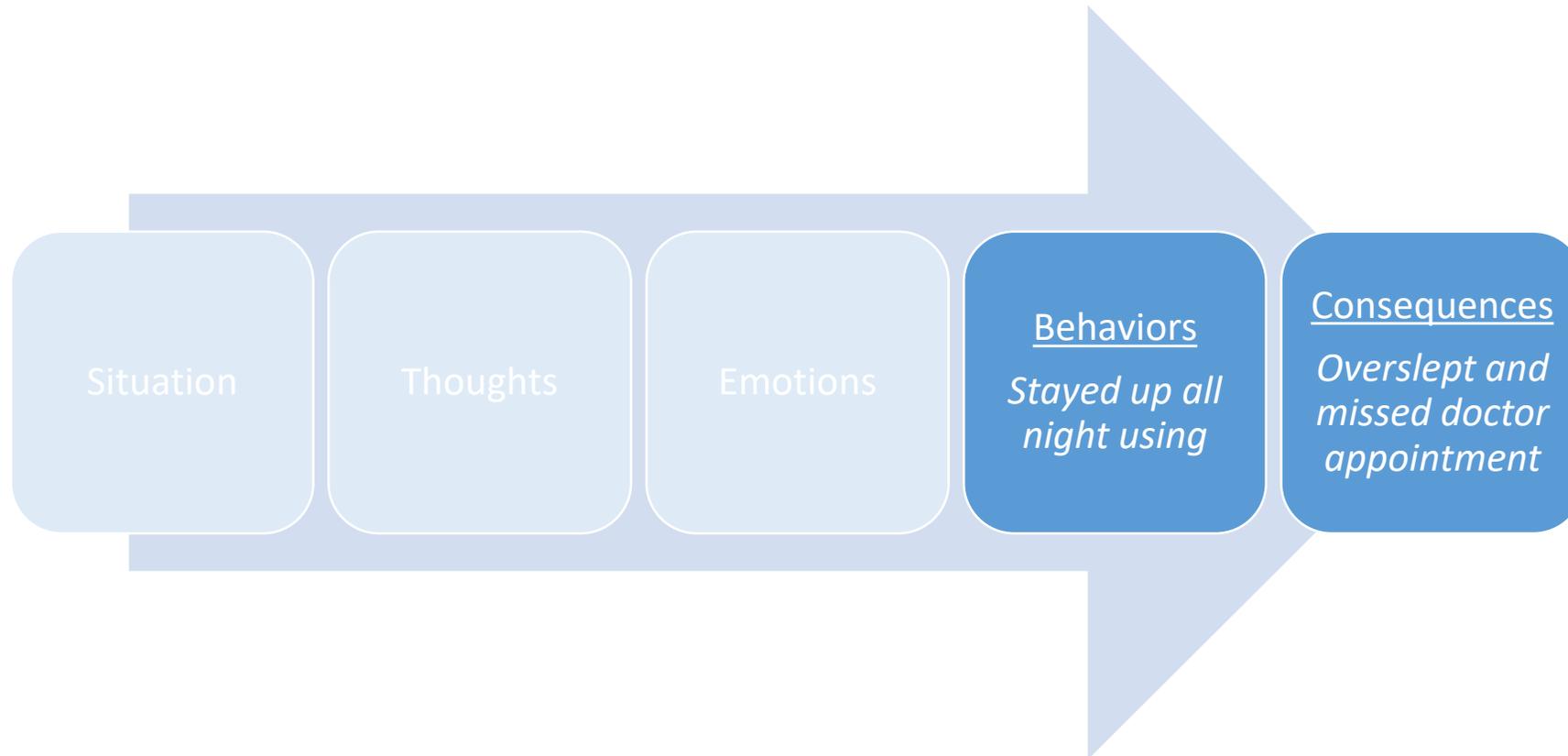
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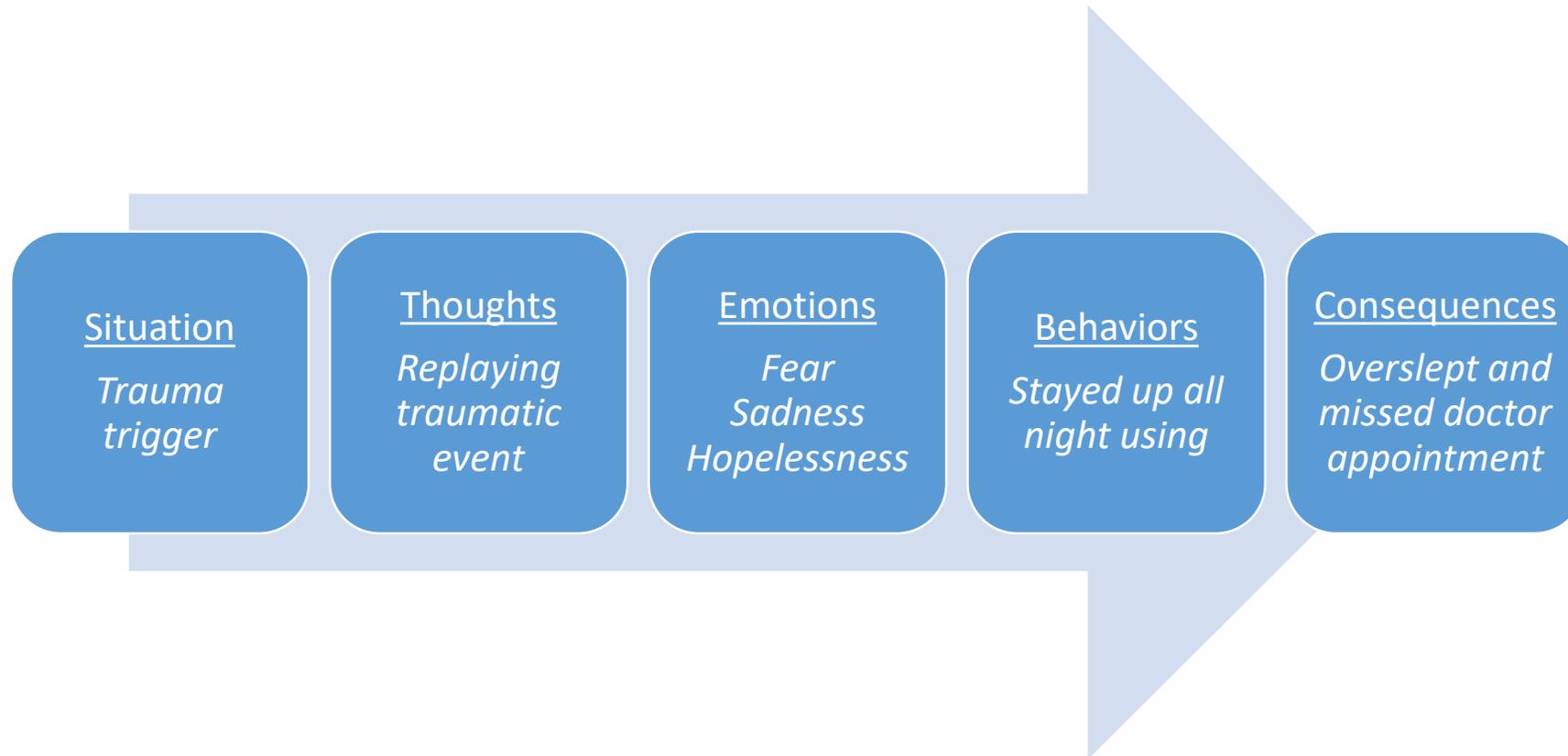
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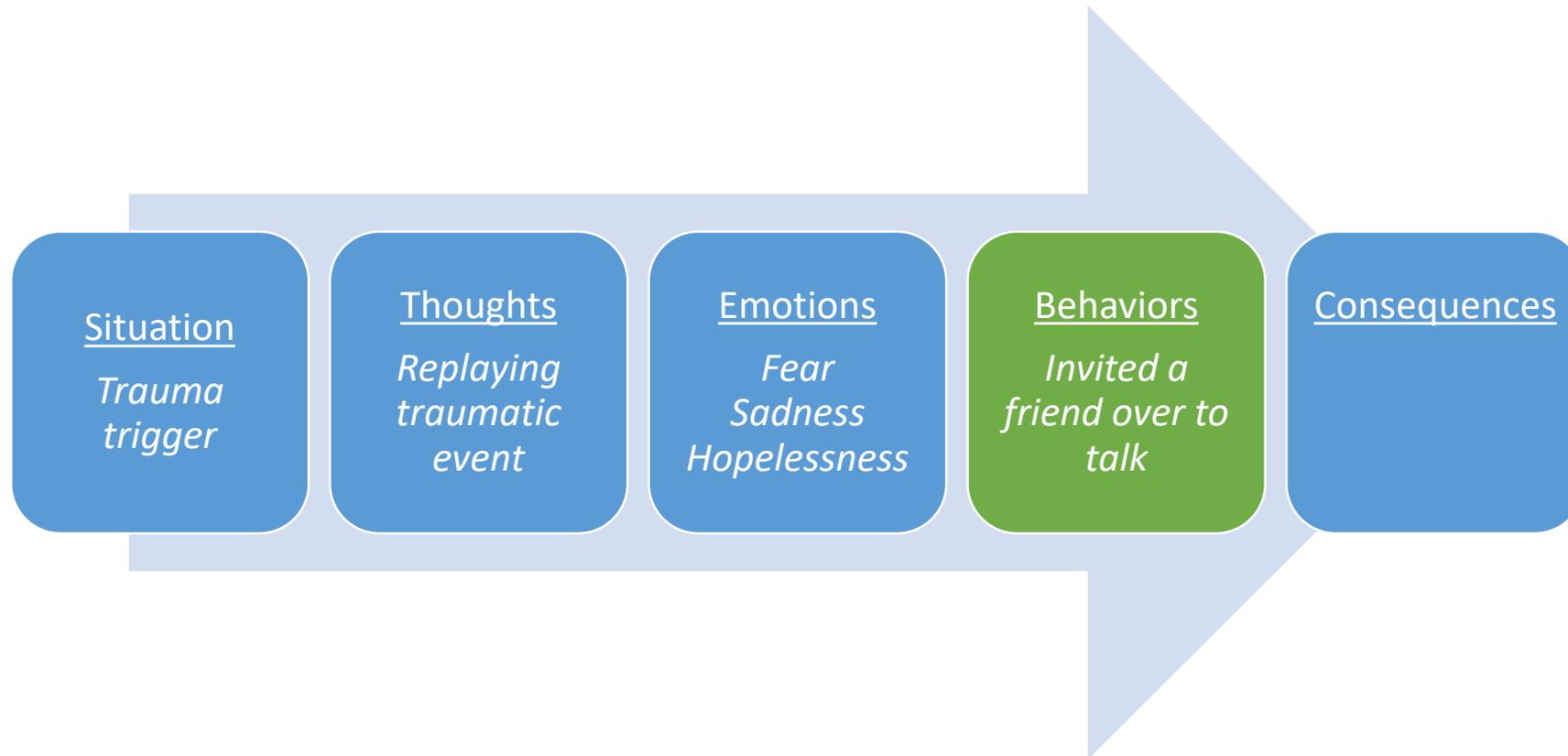
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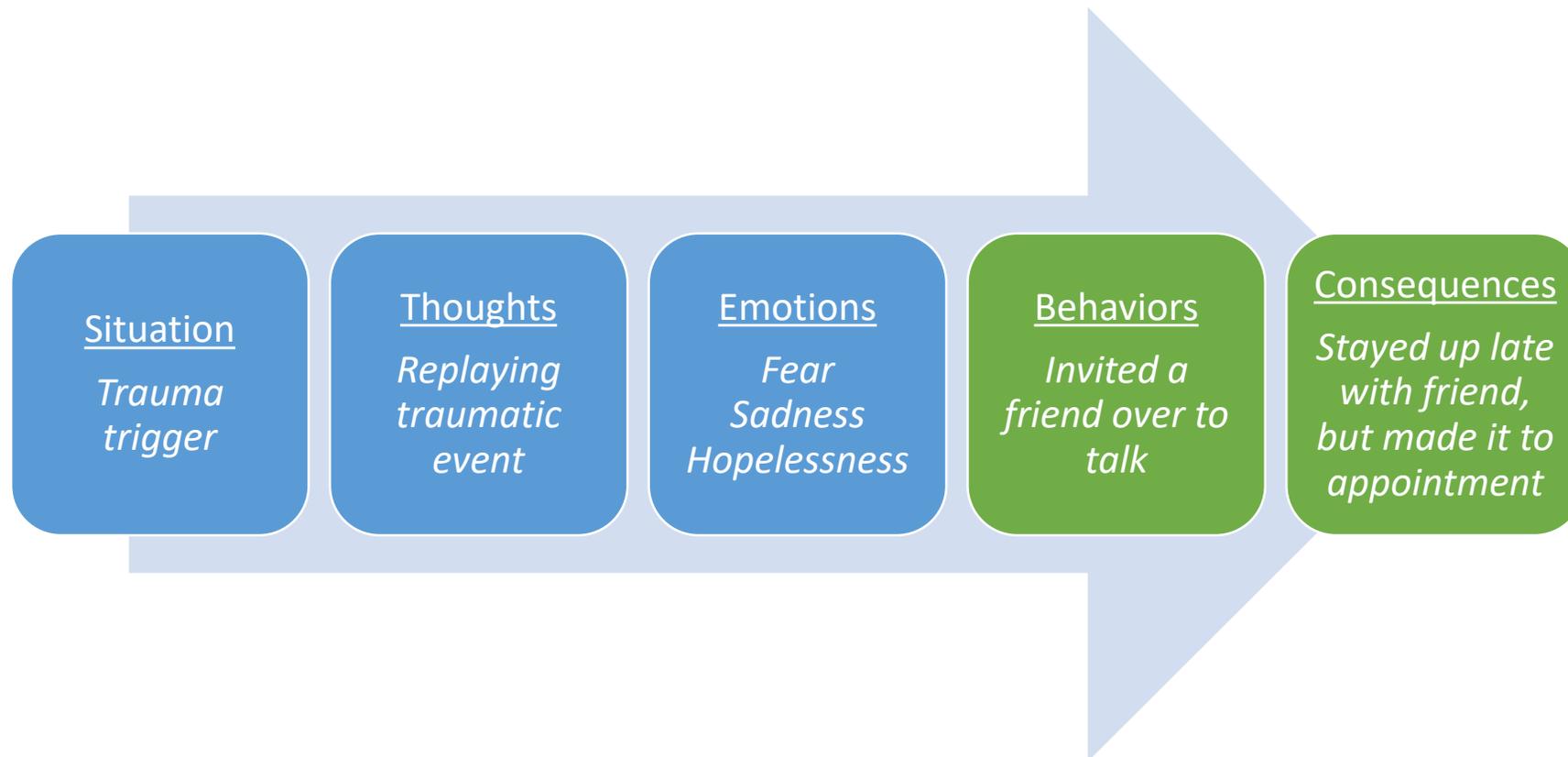
CBT Key Components

- Learn new coping skills with fewer negative consequences



CBT Key Components

- Learn new coping skills with fewer negative consequences



- Repeatedly practice new coping skills to interrupt old habits and build new, more effective habits
 - Seeking social support
 - Engaging in other pleasurable activities
 - Role-play drug-refusing behaviors
 - Rearranging environment
 - Problem-solving

CBT for Stimulant Use Disorder

- No added within-treatment benefits when combined with contingency management for treatment of stimulant use disorders
 - However, may have similar post-treatment use outcomes compared to contingency management
- Effectiveness of coping skills training for cocaine-dependent clients

(Rawson et al., 2006; Rohsenow et al., 2004)

CBT for Stimulant Use Disorder

Limitations:

- Little research with this population with modest effects
- Difficult to train clinicians
- Marked cognitive deficits among clients

- CBT is an established evidence-based treatment for substance use and other mental health disorders
- Limited evidence for those with stimulant use disorder and difficult to implement
- However, CBT can be a valuable tool.

Email questions to:

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