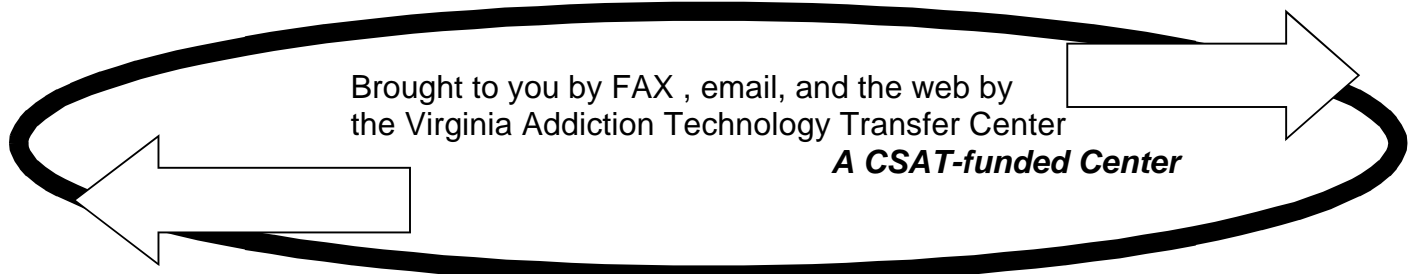


ADDICTION EXCHANGE

Feb. 2, 1999, 1(2)

News from the worlds of clinical practice and research



Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Cognitive Behavioral Therapies for treating addiction**. Cognitive behavioral therapy (CBT) is based on social learning theory, and although there are several types of CBT such as Coping Skills therapy (Monti et al., 1989) Cognitive Behavioral approaches to cocaine dependence (Carroll, 1998), and Relapse Prevention (Marlatt & Gordon, 1985), they all share several underlying assumptions. These assumptions, based on Bandura's seminal work, include:

- Learning processes play an important role in the development and continuation of addictive problems
- Learning processes can be used to help individuals end their addictive behaviors
- Destructive behavior patterns can be un-learned and positive behaviors can replace them
- Brief treatment may be effective for many individuals

The research support for several types of individual cognitive-behavioral therapy (CBT) for the treatment of addiction is comparatively strong. Across studies, CBT is most commonly found to be superior to or equivalent to other well-specified treatments for alcohol dependence, cocaine dependence, and nicotine cessation. In general, CBT is a highly individualized treatment that includes at least two essential elements: Functional Analysis and Skills Training. Functional analysis is a thorough, structured assessment of the behaviors, thoughts, and emotions that relate to substance use and other behaviors for the individual with addictive behaviors. Functional analysis dominates early sessions in CBT, but re-occurs throughout treatment as necessary. Skills training includes the learning of effective strategies for problem solving, coping with general life problems and addiction-specific problems like craving, managing destructive thought patterns, identifying high risk situations and developing coping plans, practicing skills within sessions and in real life, and maintaining positive behaviors. For more information, clinicians and researchers can request free copies of the therapy manuals developed in federally funded research (references 1 and 2, below) by contacting the National Clearinghouse on Alcohol and Drug Information, NCADI, at 1-800-729-6686 or on the web at <http://www.health.org/pubs/catalog/>.

References

- Carroll, K.M. (1998). *A cognitive-behavioral approach: treating cocaine addiction*. National Institute on Drug Abuse Therapy Manuals for Drug Addiction, Manual 1. Rockville, MD: NIH. Or access this manual on the web at <http://www.nida.nih.gov/TXManuals/CBT/CBT.html>.
- Kadden, R., Carroll, K., Donovan, D., Cooney, N., Monti, P., Abrams, D., Litt, M., & Hester, R., (Eds.) (1994). *Cognitive-behavioral coping skills therapy manual*. National Institute on Alcohol Abuse and Alcoholism Project MATCH Monograph Series, Vol. 3: Rockville, MD: NIH.
- Marlatt, G.A., & Gordon, J.R., (1985). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York: Guilford Press.
- Monti, P.M., Abrams, D.B., Kadden, R.M., & Cooney, N.L. (1989). *Treating alcohol dependence: a coping skills training guide*. New York: Guilford.

We hope you find *Addiction Exchange* useful in your work. Please let us know about your information needs by emailing the editor of *Addiction Exchange*, Dr. Karen Ingersoll, at kingerso@vcu.edu, or discuss your training needs by calling us at (804)-828-9910, or contacting the VATTC office at vattc.vcu.edu. VATTC's website address is <http://views.vcu.edu/vattc/>.

Please copy and distribute to your colleagues and students!!!!