

DOES COGNITIVE-BEHAVIORAL THERAPY (CBT) HELP IN
THE RECOVERY OF SUBSTANCE ABUSE

Cognitive-Behavioral Therapy

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Introduction

The purpose of the proposed literature review is to describe the role of Cognitive Behavior Treatment in the recovery of substance abuse with the help of research papers, journals, peer-reviewed articles, and other accessible sources preserving the validity of the work published by the authors.

Cognitive–Behavioral Treatment

With reference to Weiden et al., (2019) the treatment of Cognitive–Behavior is termed as CBT, it is an approach to focus on problems for helping the individuals to recognize and alter the dysfunctional patterns, thoughts, and beliefs of behavior. Its essential principle is that the view of personal effect on emotions, and then affects behaviors. CBT associates with two effective types of psychotherapies including therapy of behavior and therapy of cognition (Baruffi et al., 2019).

Cognitive Therapy

According to Kalita et al., cognitive therapy focuses on beliefs, assumptions and thoughts. Through cognitive therapy, individuals are encouraged to identify and change the patterns of maladaptive or faulty thinking (Kalita et al., 2017). However, according to Hodges, the therapy of cognition is a method to achieve control over repetitive thoughts that are inappropriate and frequently start. (Hodges, 2018, p.84).

Behavioral Therapy

According to Villabo et al., behavioral therapy focuses on precise environments and actions that either alter or sustain behaviors. For example, when a person tries to leave smoking, the person is often encouraged to change their regular habits. Rather than taking a cup of coffee or tea upon awakening, the individual is encouraged to go for a walk-in morning because it can reduce the need of cigarette and fresh their mind (Villabo et al., 2019, p.317). Dolan et al.,

supported the above argument and he further said that exchanging negative activities with positive activities is a famous scheme that help a person for changing the behaviors, specifically when the new behavior is secured (Dolan et al., 2019).

Features of CBT

According to Kim et al., the combination of behavioral therapy and cognitive therapy has demonstrated highly beneficial therapies. For instance, in the middle of a terror attack, it is not possible to feel the control of gain over thoughts and put on the techniques of cognitive therapy. In this case, a technique of behavioral therapy such as deep breathing can possibly be easier to apply, because it can help the person to take decision in critical situation (Kim et al., 2020).

According to Burrow-Sánchez et al., the characteristics of CBT are described as most significant evidence-based type of psychotherapy. CBT is goal directed, problem focused and active therapy. In difference of several therapies, CBT highlights the present focusing on types of problem and steps required to alleviate it. As the impacts of the therapy are tangible i.e., changing behaviors, the results have a tendency to be relatively measurable. CBT has the ability to deliver rapid results. If the individual is striving to change, assistance can take place quickly (Burrow-Sánchez et al., 2018).

Functions of CBT

According to Morrison et al., CBT has successfully been functional across settings such as churches and organizations that are based on community, agencies of treatment, prisons, supporting groups and schools as well as across roles and ages such as teachers, parents and students. It has been revealed to be suitable for individuals with contradictory capabilities and created a varied range of experiences. The approaches of CBT have successfully been used to anticipate the beginning, amend the bleakness, and distract the consequences of long-term problems of behaviors among young individuals (Morrison et al., 2016, p.21).

In contrast with the study of Morrison et al., Mashal et al., (2019) argued that the behaviors of problems that have particularly been accepting to change by using CBT including criminality and violence, use and abuse of substances and school failure. In the same regard Lindhiem et al., said that the prospect of CBT in future might include its incorporation with other kinds of methods. For example, incorporation of CBT with interviewing of motivation may raise effectiveness of treatment among less acquiescent populations and individuals. Incorporating CBT with approaches that are based on strengths may correspondingly yield upgraded results. This sort of incorporation may be predominantly significant for attaining enhanced outcomes with offending youth (Lindhiem et al., 2018, p.199).

Delinquency, Criminality, and Prevention of Violence

For Klimek et al., the most extensively used methods for treatment of justice of crimes are variations of CBT. The cognition of distortion is one of the greatest noteworthy features of chronic offenders (Klimek et al., 2019, p.1). According to Hornsveld et al., the processes of faulty thought contain self-thinking of justification, misapprehension of social indications, lacking of moral thought, and plans of entitlement and dominance (Hornsveld et al., 2019, p.103). In the same regards, Smeijers et al., said that the treatments of Cognitive–behavior for young offenders are planned to correct dysfunctional behaviors and think related to violence, crime and delinquency (Smeijers et al., 2018).

Use and Abuse of Substance

According to Yurasek et al., the strategy of primary prevention used by various programs of model is to change these faulty attitudes and beliefs about the universality of drugs use, tobacco and alcohol, and to clarify young individuals about the behaviors required to reject it (Yurasek et al., 2016, p.252).

For Rohde et al., the programs based on cognitive–behavior target the use of substance and the problems related to the use as a behavior of learning that is maintained and initiated in the context of factors of environment (Rohde et al., 2018, p.595). However, Houge et al., argues that the programs constructed on this idea focus on anticipation to help young individuals and avoid situations of high-risk as a means to ease abstinence (Houge et al., 2019).

School Failure

According to Maura et al., one of the main reasons for the failure of school is self-defeating biases of attribution. These preferences are negative and self-accusing thoughts about deprived performance that have constructed on the history of skill deficits and failure. These ascriptions can affect students to act in ways that strengthen these negative opinions and raise their probabilities of authentic failure (Maura et al., 2017, p.445).

Abuse of Substance

According to Badiani et al., the abuse of substance is a common occurrence all around the world and it has attacked on the society of human beings as the most significant social destruction (Badiani et al., 2018, p.3). In the same regard, Proudfoot said that the abuse of substance is a non-adaptive model of use of drug, which causes adverse consequences and problems, and comprises of a set of psychological, behavioral and cognitive symptoms (Proudfoot, 2017).

Impacts of Substance Abuse

The use of drugs has an extensive range of long-term impacts, short-term impacts and indirect impacts (Pierce et al., 2016, p.298). According to Collins these impacts often are contingent due to the usage of definite drug or drugs, the method of taking these drugs, the health of an individual, the quantity of drugs taken by and other aspects (Collins et al., 2017, p.5). Moreover Van et al., said that the effects of short-term have range from changes in appetite, overdose,

psychosis, stroke, heart attack, blood pressure, heart rate, wakefulness, and even death. These effects of health may arise after just one use of drug. The effects of longer-term can include hepatitis, HIV aids, mental illness, cancer and diseases of lung or heart. The usage of long-term drug can correspondingly lead towards addiction (Van et al., 2019).

However, Reimer et al., described that the usage of drug can also have indirect impacts on both the individuals, who use drugs and on the individuals that are around them. It comprises of affecting the nutrition, impulsivity, decision-making and sleep of person as well as risk of communicable diseases, injury, violence and trauma. The usage of drug can also harm the new born babies of females, who use drugs during pregnancy. Comprehensive negative results may also comprehended in relationships, employment, housing, education level, and involvement of criminal justice (Reimer et al., 2016, p.99).

Wong defined that nowadays, more than seven million individuals are suffering from an addiction of drugs, and one among four persons die due to the overdose of drugs. In reality, more disabilities, illnesses and deaths are related with the abuse of drug as compared to any other preventable condition of health (Wong, 2020, p.87). This argument has also been supported by Flacks, as he said that the individuals suffering from the addiction of alcohol and drug also have a greater risk of incidents of domestic violence, accidents and unintentional injuries (Flacks, 2019, p.652).

Causes of Substance Abuse

Tending on the way towards the retreat's theory of addiction of drug Roy & Buchanan, described that the individuals who experience exclusion of society, these individuals involve themselves in the activities of excessive taking of drugs in early adulthood. They take drugs because they thought that the use of drugs calm their mind (Roy, & Buchanan, 2016, p.398).

Werb has argued that disregarding and stigma of problematic use of alcohol and drug are significant aspects in adverse results. Even though he claimed that poverty has not any essential relation with the disregarding and stigmatization. He further argued that the wealthier persons have more economic and social investment in drugs (Werb, 2018, p.160). Allen (2017) argued that the use of drugs is linked with the deprivation of work by means of several levels. The first potential of the use of drugs in regions of extraordinary social deprivation is described by the method of the market of housing, which bought together those people who have most urgent needs of housing, including the users of drug. It is also hard for the drugs users to leave their places. Through this method drugs becomes accessible within a region with the prospective that the drug turn out to be accessible through networks of friendship based on experiments.

According to Neale & Brownm, the specific sub-groups of the residents such as the homeless people and the individuals who have been left out from school, the misuse of drug is more dominant among these specific groups. Also, the individuals who are in interaction with the system of criminal justice or services of mental health are more vulnerable towards the factors of several risks (Neale& Brown et al., 2016, p.557). Curtis et al., suggested that the environment of society has a significant impact on the outcomes of society and health. In this framework, the use of drug and associated complications occur due to the composite interplay of the environment and individual, whereas, social structures or institutions can impact the environment in such a way that can impact the use of drugs and associated problems. The structure of society includes policies of government, systems of services and laws such as justice, health, education and welfare systems are not providing proper services that help the substance abusers to leave that habit (Curtis et al., 2019, p.25).

CBT Helps in the Substance Abuse

According to Rush et al., CBT is a collaborative therapy. The therapists of CBT use appropriate methods and effective skills for the treatment of substance abusers. This therapy not just nurture the development of a virtuous relationship of work but therapy of CBT also guarantees that it will treat the patient by using most relevant and useful methods (Rush et al., 2018).

Parameters of CBT

Following are the two parameters of CBT for the treatment of substance abusers.

Format

A specific format is used by CBT that permits the treatment of enhanced tailoring to meet the desires of various patients of substance abuse (Rapee et al., 2017). In that specific format therapists communicate at each level with the patients. Patients obtain great attention and they are usually involved more in the treatment of substance abuse when they have the prospect to communicate with the therapist (Chiu et al., 2018, p.279).

Length

According to Gilchrist et al., the training of CBT consists of 12 to 16 sessions, commonly over the duration of twelve weeks. This moderately short-term and brief treatment is envisioned to create preliminary stabilization and abstinence among the patients of substance abuse. In several cases, it is necessary to take continued enhancement for as extensive as a year after the end of therapy. The patients of substance abuse who are capable to manage three or more than three weeks of constant self-restraint from drugs during the period of treatment of 12-weeks are usually capable to preserve virtuous results during the time period of twelve months after the end of treatment (Gilchrist et al., 2017). However, Herbert argued that short-term treatment is not satisfactory for various patients to produce lasting improvement or stabilization. For these

patients, CBT is understood as preparation for the treatment of longer-term. Additional treatments are directly recommended when the substance abuser appeals for it or when the patient of substance abuse has not been competent to attain three or more than three weeks of constant self-restraint during the early treatment (Herbert, 2019).

Functional Analysis

According to Dalle et al., (2018, p.211) the initial step of the CBT is to help the substance abusers to identify the harms of usage of drugs and then determine the strategies to avoid the addiction to drugs. This imposes a cautious investigation of the situations of each phase as well as the resources and skills available to substance abusers. These matters can often be evaluated in some of the first sessions by means of an open-ended investigation of the patients and the history of abusing a substance and the assessment of patients about what conveyed them for treatment, and the objectives of their treatment.

Assessment Tools

According to Pastrana et al., standardized apparatuses are also beneficial in rounding out the consideration of therapists about the patient and recognizing the objectives of treatment. The subsequent tools of assessment have been used in CBT (Pastrana et al., 2017).

Abuse of Substance and Related Problems

The Severity Index of Addiction measures the severity and frequency of abused substance as well as the severity and type of difficulties of psychosocial activities that characteristically accompany the abuse of substance such as psychiatric, employment, social, legal and medical (Kiluk et al., 2017, p.400).

The Assessment Scale

The Assessment Scale of Change measures the current position of patients on the willingness for change (e.g., commitment, contemplation, and pre-contemplation), which is a significant forecaster of the response of the treatment of substance abuse (Muse et al., 2017).

A record of regular usage of substances is used to gather information on drugs and other regularly used substances over a substantial period (Rockne et al., 2019, p.1182).

The Attitudes of Treatment and Expectation form is an instrument of personality-report that has been taken from the National Institute of Treatment of Mental Health of Collaborative Research Program of Depression to use it for the treatment of substance abusers in CBT (Topooco et al., 2017).

Psychiatric Diagnosis and Symptoms

According to Shou, et al., the Clinical Interview of Structure for SCID-P and DSM-IV (SCID) provides a diagnosis of DSM-IV (for psychiatric diagnoses of Axis I and II). It is used by therapists of CBT to evaluate the severity of dependence of drugs through the total number of recognized dependents of syndrome elements from the criteria of substance abuse of DSM-III-R (Shou et al., 2017).

Baseline Level of Self-Efficacy and Coping Skills

According to Direzno et al., the Situations Inventory of Substance Abuse observes changes in expectations of self-restraint and self-efficacy of patients. This self-report create a list that includes about 30 different kinds of situations of high risk and helps to identify the specific situations of clinicians by which the patient cannot deal efficiently. Candiotti and Lichtenstein derived this apparatus from the instrument of self-efficacy that was established in the year 1981 for the treatment of alcoholics (Direnzo et al., 2019).

Skills Training

According to Cole et al., learning assists as a significant representation of the procedure of treatment throughout CBT. Therapists define substance abusers that the aim of the therapy is to assist them in leaving useless behaviors of the past and teach them new methods of efficient behavior. Patients, mainly those who are depressed by the failure to stop their substance abuse, and the patients who have negatively high consequences of substance abuse, are frequently amazed to consider substance abuse in the meaning of skill. In the end, they are amazed when they consider themselves by means of having learned a difficult set of talents (Cole et al., 2016). According to Carlson patients who can restructure their self-evaluations in terms of being trained in this manner frequently realize that they correspondingly have the ability to pick up a newfangled set of talent so that they will support them to endure ascetic (Carlson, 2017).

Learning Strategies Aimed to Stop the Substance Abuse

According to Von et al., people learn to turn out to be substance abusers through complicated interchanges of modeling, operant familiarization or classical acclimatizing in CBT. All of these ethics are used to support the patient to stop abusing of substance (Von et al., 2018).

Demonstration

According to Taylor et al., the demonstration is used to support the patients in learning new behaviors by overwhelming the patients to take part and play their role during the treatment with the therapists. The patients learn to reply in unfamiliar and new ways by first looking at the model of a therapist of CBT, new strategies of the model and then practiced according to those strategies and models within the supportive framework of the treatment hour (Taylor et al., 2017).

The Concepts of Operant Conditioning

According to Davis et al., the concepts of operant conditioning are used through numerous methods in CBT. By using a comprehensive analysis of the consequences and antecedents of drugs, therapist's effort to apprehend why substance abusers are more likely to use drugs in a certain condition and to comprehend the role that drugs play in the lives of individuals. This practical examination of abusing substances is used to recognize the situations of extraordinary-risk in which patients are likely to abuse substances and, hence, to deliver the base for learning further operative behaviors of management in those circumstances (Davis et al., 2017). These arguments have been supported by Kravits et al., that the therapists endeavor to help the patients for the development of significant alternative strengthens against substance abuse, which includes, other involvements and activities such as hobbies, work, and relationships that work as feasible replacement to substance abuse and help the patients to remain ascetic. A comprehensive analysis of the consequences for both short- and long-term drugs and other abuse of substance is active as an approach to reinforce or build the patients to cease and decrease the abuse of substance (Kravits et al., 2017).

Learning Aimed at Cessation of Substance Abuse

The concepts of classical conditioning are also playing significant part in CBT, mainly in interferences that focused on reducing some forms of substance abuse cravings (Reina et al., 2019). Just as Brown et al., revealed that repetitive combinations of a conditioned incentive with an undefined incentive could provoke a response of condition, he also defined that exposure of repetition to the stimulus of the condition without the unrestricted stimulus can extinguish the response of condition over the time (Brown et al., 2018). Therefore Laws et al. supported the arguments of Brown et al., and recommend that the therapist of CBT should try to help the patients as they recognize and understand their conditions. The therapists should classify their

own characteristic range of cues of condition for craving and avoid revelation of those cues so that craving of condition is condensed (Laws et al., 2018).

Generalizable Skills

According to Kiluk et al., since the treatment of CBT is brief, only some particular skills can be presented to several patients. Characteristically, these skills are premeditated to help the patients to achieve primary control over drugs and other substances of abusing, such as dealing with desire and control thoughts about substance abuse. The therapist makes it vibrant to the patients that these abilities can be functional for several troubles, not just for substance abuse. Moreover, the therapist clarifies that CBT is a tactic that pursues to teach strategies and skills that the patients can be used extensively after therapy. For instance, the abilities consisting of dealing with desire, such as avoiding and recognizing cues, transforming behavior through the procedures of urge-control, and other things that can be used to handle several states of strong emotions that are also associated with substance abuse (Kiluk et al., 2017). However, Beard et al. argued with Kiluk et al., and said that the session on the skills of problem-solving could be functional nearly for any difficulty that the patient faces, whether it is associated with substance abuse or not (Beard et al., 2017).

First Basic Skills

According to Larussi et al., CBT delivers a series of sessions to the patients and each session concentrates on a related or single set of skills such as managing with emergencies and cravings. The order of demonstration of these skills has progressed by experiencing the problems most frequently demonstrated by the patients of substance abuse coming into treatment. Initial sessions concentrate on the necessary skills of addressing the inspiration of foster and ambivalence to stop substance abuse. These sessions also help the patients to deal with matters of craving and availability of drugs, and other skills that have the intention to help the patients to

attain initial self-restraint or control over substance abuse (Larussi et al., 2019). Moreover Maffei et al., described that later sessions are arranged for the learning of fundamental skills that help the patients to attain resilient control over substance abuse through functioning on more difficult matters and skills such as addressing cognitive states or subtle emotions or solving the problems. For instance, the skills learned by patients in attaining control over craving work as an example for helping the patients to tolerate and manage other states of emotions that may lead to substance abuse (Maffei et al., 2018).

Match Material for the Needs of Patients

According to Roberts et al., CBT is extremely individualized. Instead of considering treatment as psych education of cookbook, the therapists cautiously match the nature of the presentation, timing, and content of the material delivered to the patients. The therapists deliver the training of skills at the moment when the patients really desire these skills. The therapist does not overstate subjects, such as contravention of links with the suppliers of drugs, with a patient. The fundamental skills that a patient requires are the conditioned response. Therefore, the therapist helps the patients to recognize and understand conditioned craving (Roberts et al., 2019). However, Harvey et al., said that the therapists do not force patients to learn basic skills in a few weeks, and some substance abusers take numerous weeks actually to learn an elementary skill. It is a further operative way to slow down and operate at a step that is productive and comfortable for a specific person as compared to risk the alliance of therapy by using a step that is greatly violent (Harvey et al., 2017).

According to Hassan et al., while certain patients quickly understand perceptions of craving of condition in terms of condition of classic, other patients need more concrete and simpler examples through familiar terms and languages, therapists of CBT use the language

cautiously that is compatible with the level of sophistication and understanding of patient (Hassan et al., 2017).

Marchand et al. demonstrated that the therapists of CBT regularly check the patients to make sure that they comprehend a conception and that they are satisfied with the relevant material of therapy. Also, the therapists keep themselves aware of the signals of the patients who believe that the material of training is not suitable for them. These signals usually consist of eye contact loss and other procedures of wandering, overly short-term reactions, catastrophe to do homework and failure to come up with samples, and so on (Marchand et al., 2019).

According to Stevenson, the therapists of CBT use significant policy in matching material of therapy according to the needs of the patient and deliver the treatment that is driven by patients rather than driven from manual, whenever conceivable. The therapists of CBT treats the patients by giving specific illustrations, either related to their history or linking occasions of the week. Correspondingly, to confirm that the patient comprehends a perception, the therapist tells the substance abusers to think about a particular example or experience that happened in the previous weeks that demonstrates the idea or concept (Stevenson, 2018). Schmidt et al. argued with Stevenson and said that instead of concentrating on an intellectual recitation of “Apparently Inappropriate Decisions,” the therapist of CBT should accentuate a current, particular illustration of a decision taken by the patient that results in an occurrence of substance abuse (Schmidt et al., 2019).

Use Repetition

According to Davila et al., the effective building of skills and learning of new skills needs repetition and time. By the time the patients pursue treatment, the habits of substance abuse tend to be ingrained deeply. The idea of a practical examination of substance abuse take place

officially in the first session of CBT as a necessary part of treatment in which the therapist defines the understanding of abusing of substance in terms of consequences and past history. Afterward, patients are directed to rehearsal for accompanying an analysis of function as a part of the assignment or homework for the first session (Davila et al., 2019).

Mastering Skills of Practice

Stoner demonstrated that the rehearsal of new skills is an essential and central component of treatment in CBT. It is difficult for patients that they have the chance to try new skills inside the understanding framework of treatment. By means of experience of firsthand, patients can learn whether new tactics work or not for them, whenever they have problems or difficulty, and so on. CBT provides various prospects to patients for practice, equally inside the sessions as well as outside the session. Each session of CBT comprises of prospects for patients to review and rehearse ideas, increase anxieties, and acquire a response from the therapist. The exercises of practice are recommended to patients for every session. These exercises are mostly assignments of homework that deliver an organized way of handling unfamiliar behaviors of patients or try acquainted behaviors for treatment in new circumstances (Stoner, 2016).

However, Dobson et al., said that practice becomes only beneficial for the patients when the patient understands its value and essentially attempts the exercise. Agreement with an assignment of extra-session is a difficulty for various patients. Numerous approaches are helpful in cheering patients to perform their homework (Dobson et al., 2018).

The Format and Structure of Sessions

According to Easton et al., a pronounced transaction of work is occurred during each session of CBT for the treatment of substance abuse, comprising of reviewing exercises of practice, interrogation problems that have arisen in the previous session, training of skills,

feedback on training of skills, practices of in-session, and arrangement for the next week. This energetic stand must be balanced with appropriate time for engaging and understanding with the patient (Easton et al., 2018).

20/20/20 Rule

According to An et al., in order to attain virtuous incorporation of the material driven by manual and patient in each session, CBT has established the “Rule of 20/20/20” for the stream of a representative sixty-minute duration in each session. During the initial twenty minutes duration of each session, therapists concentrate on receiving a vibrant understanding of current concerns of patients, level of common operations, and abuse of substance and desire for the period of the past week, along with the experiences of patients with the exercise of practice (An et al., 2017). The arguments of An et al. has been supported by Stallard according to which the portion of 20/20/20 of the session has a tendency to be regarded as the time in which patients undertaking most of the conversation, even though therapists guide them with reflection and questions as they acquire a sense of the existing status of patients. The organization of the sessions of CBT, as well as the rule of 20/20/20, is anticipated to incorporate the training of skills with a supportive and effective therapy that encounters the desires of very patient of substance abuse (Stallard, 2019). However Kinsella said that the therapists of Novice, mainly those who have minor experience in handling the substance abusers or unfamiliar with an extraordinary level of assembly in treatment, frequently turn out the sessions to be unfocused, deprived of clear objectives, and they do not create the required transitions to deliver the training of skills efficiently. These therapists frequently wait to present the training of skills in anticipation of some last minutes of the session (Kinsella, 2017).

Conclusion

The therapy of Cognitive behavior (CBT) drives to help the people to deal with urges of substance abuse and deliver skills to deal with drugs of high-risk using situations. Cognitive and the therapy of cognitive behavior (CBT) has achieved its primary aim to transform behaviors of addiction of substance abusers by altering unhelpful perceptions that work to preserve behavior, or by encouraging positive motivations or cognitions to change behavior. Normally used variants of CBT are based on relapse prevention and therapy of motivational enhancement. The major function of CBT is the treatment of anxiety and depression of substance abusers. More contemporary expansions of CBT are cooperatively known as CBT of 'contextual' or 'third-wave' and include the therapy of acceptance and commitment (ACT) and mindfulness construction of relapse anticipation. The emphasis of strategies of acceptance and mindfulness is to decrease the influence of internal causes of substance abuse and encourage the flexibility of psychology. However, mindfulness has decreased cravings and encourage self-restraint and that the approach of ACT has occurred as a treatment for substance abuse.

CBT is extremely organized and is more moralistic as compared to various other treatments for the patients of substance abuse. Therefore, the therapists of CBT undertake a more active and directive stance as compared to therapists that conduct some other arrangements for the treatment of substance abuse.

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