Practical Application of CBT in Addictions in Sri Lanka

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Session Roadmap: What I will cover today

- Assessment and formulation
- Values clarification and goal setting
- Relapse prevention planning
- Cognitive & Behavioural strategies with integration of Acceptance and Commitment Therapy (ACT)
- Contextual challenges in applying CBT in Sri Lanka

Case Vignette: Meet L.P

Identifying information and referral

L.P is a 50 year old male, currently employed as a senior banking professional. He lives with his partner and 3 children. L.P was referred for outpatient therapy by his treating psychiatrist following a brief inpatient hospital stay necessitated by complications arising from Methamphetamine use.

History of Presenting problem

The client's substance use originated overseas, where he was introduced to a substance represented to him as Mephedrone, but which he later found out was actually Methamphetamine. He developed acute substance induced paranoid ideation that led to an immediate repatriation to Sri Lanka. Since this episode, the client reported an intermittent pattern of Methamphetamine use, which he described as self-medication for anxiety. The anxiety was precipitated by the client feeling unsafe at home partly due to the effects of Methamphetamine and complex family dynamics which includes perceived psychological manipulation from certain family members.

Substance use and concurrent medication use

The client reported misuse of prescribed benzodiazepines taken in excess of the prescribed dosage, in attempts to self-manage the psychological/physiological sequelae of Methamphetamine use (rebound anxiety and insomnia).

Psychosocial and Family History

The client reported a history of addiction in his family of origin, and early exposure to family violence. The client has a sustained history of engaging in competitive sport (which later helped in behavioural activation in line with important values).The client described his mother and siblings being supportive in his recovery while he did not receive adequate support within his immediate household.

Risk Assessment

The client denied presence of suicidal ideation or self-harming behaviour during assessment, and risk was continuously assessed during the course of therapy.

The Underlying Stance: Motivational Interviewing as a Communication Style

- Motivational interviewing (MI) skills were used to help build engagement during the assessment and psychoeducation phases of therapy while it was a continuing thread throughout the course of treatment while using CBT (Asif, Khoso, et al., 2023 & Buxjr, Irwin, 2008).

- Identifying target behaviour, building the confidence and desire to change, and planning around behaviour change were some of what was discussed using MI during assessment and throughout therapy.

- MI was used along with CBT when the client experienced lapses during treatment, to interrupt the ’ Abstinence Violation Effect’ and re-engage the client’s own motivation to get back on track.

Assessment and Formulation

- As early attrition is common in Substance Use Disorder treatment, especially in Sri Lanka, there was no clear distinction between assessment (information gathering) and therapy (Smout,2008).
- Increasing motivation to attend treatment through using MI to build the therapeutic relationship was paramount during assessment, while there was a focus on increasing change talk and softening sustain talk right from the start.
- Current Methamphetamine use, past attempts to reduce or stop, social contexts of use, concurrent substance use, psychological and medical history, and the client's expectations from treatment were included in the assessment.

Functional Analysis

- Functional analysis involves identifying factors that control the target behaviour through careful examination of its antecedents and consequences.
- This was done with the client being asked to identify the last occasion he used Methamphetamine and by then obtaining a brief description of the situation.
- The physical environment, physical sensations, emotions, and thoughts before use, and any changes in the above immediately after use were explored.
- It was identified that the consequences of Methamphetamine use served as negative reinforcement as relief from anxiety (that was an antecedent) was immediately felt.

- The functional analysis of consequences was also discussed, by asking the client how long he felt relief from the anxiety for, and how effective the substance was in providing relief.
- The client reported using benzodiazepines prescribed by his treating Psychiatrist in excess to manage insomnia, and rebound anxiety brought on by Methamphetamine use, which then led to confusion, inability to engage in sport and work the next day, and feelings of shame resulting from criticism directed at him by family members.
- Information gathered through the functional analysis helped develop an initial formulation using the 5 P's (Peters,2020) and identify factors that were maintaining the client's substance use behaviour.

Predisposing Factors

the background risk

- Family history of addiction
- Exposure to family violence as a child
- Underlying anxiety

Precipitating Factors

what triggered it

- Introduced to methamphetamine in the form of another drug while overseas

Presenting Problem

why he came to therapy

Methamphetamine use + benzodiazepine misuse

Wants to stop — for his kids and his health

Perpetuating Factors

what keeps it going

- Feeling unsafe at home
- Family conflict / "gaslighting"
- Anxiety self-medication cycle
- Paranoia → 3 lapses in treatment

Protective Factors

what helps him recover

- Support from mother & siblings
- Strong values: fatherhood, health
- Back to sport — swimming & pickleball
- No risk of self-harm

Values Clarification

- Values clarification is an integral part of treatment for substance use disorder that spans across Motivational Interviewing and Acceptance and Commitment Therapy (ACT).
- In ACT, values are understood as ‘ chosen qualities of purposive action that can be continually expressed in moment-to-moment-behaviour’ (Grumet & Fitzpatrick,2016).
- A focus on values in CBT can help generate meaning and motivation into the treatment process, and help develop short-medium-and long-term goals that support valued living.
- L.P’s chosen values included physical fitness and health, being a father who is present for his children, and stability.

Goal setting

- Values that were identified using the '80th Birthday' exercise were then used to develop treatment goals.
- The client expressed the wish to abstain completely from using Methamphetamine and other prescribed medications with the potential for abuse.
- The client also expressed the wish to begin engaging in sport as a regular habit, which helped activate him.

Relapse Prevention:
Starting from where L.P Was

- Planning for relapse prevention began at the start of treatment as the client had remained abstinent for several weeks before presenting to therapy.
- High risk situations were identified, including the influence of seemingly apparent decisions (SID's), and psychoeducation about the Abstinence Violation Effect (Maslin et al.,2010).
- Behavioural strategies were discussed throughout treatment as coping strategies for urges and cravings, where CBT and ACT were integrated.

Behavioural Strategies

- **Stimulus control**- changing triggers in the environment

(involved changing the client's phone number as drug dealers then would not be able to access the client). The client was also encouraged to remove any paraphernalia related to substance use from his living space.

- **Arousal reduction**- a set of short term coping strategies to address intense bodily arousal and to create space for the use of other coping strategies

(Involved teaching the client box breathing and the use of cold water/ice)

- **Urge surfing-** a strategy borrowed from ACT that encourages the client to observe urges and cravings, and watch them rise-peak-fall like waves in the ocean. Regular practice of urge surfing can help clients feel more confident in coping with cravings- **a key aspect of relapse prevention**.

ACT strategies for managing anxiety

- The client was taught physicalizing (Smout, 2008) to develop willingness to make space for and experience uncomfortable feelings and bodily sensations.
- Cognitive defusion skills (i.e. Leaves on a stream) was taught to the client to change the relationship he had with his thoughts, and not necessarily to get rid of or fight his thoughts.
- Anxiety was a recurring theme during treatment and the lapses that the client experienced was precipitated by anxiety caused by difficult family dynamics at home.

Challenges in applying CBT in Sri Lanka

- Stigma surrounding addiction and mental health problems.
- Lack of family support (substance use perpetuated by shame, punitive behaviour, criticism)
- Practical constraints of translating CBT/ACT concepts into local colloquial language without losing precision.
- Financial, time, and other contextual challenges.
- Dearth of research around psychotherapy for addiction in Sri Lanka.

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