

# COGNITIVE BEHAVIORAL INTERVENTIONS – SUBSTANCE USE ADULT

## CURRICULUM DESCRIPTION

UCCI's Cognitive-Behavioral Interventions - Substance Use Adult (CBI-SUA) curriculum is designed for people involved with the criminal justice system who are at moderate to high need in the area of substance abuse. The use of the terms "risk, risky or high risk" within this program refers to a propensity to reoffend. This curriculum can be delivered as a stand-alone substance abuse intervention or incorporated into larger programs, particularly those designed for people in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive-behavioral approach to teach people strategies for identifying and managing risk factors related to substance abuse. This program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development.

The following sections briefly describe the primary theories from which the curriculum is based. Additionally, program and facilitator strategies are detailed for successful implementation of the group. These include group facilitation strategies that can be used for the day-to-day management of the group, as well as program and agency level implementation strategies.

## CURRICULUM OVERVIEW

The CBI-SUA was designed with a semi-open group format. The curriculum offers multiple entry points; however, some sessions do build upon one another. Modules 1 and 2 are all considered prerequisites to the rest of the curriculum. It is recommended to deliver all sessions in order; however, some modules have more flexibility and can be delivered in an open format. Modules 2, 6 and 7 are considered closed modules. If modifications are required due to program constraints, it is strongly advised that you to contact the program developers to discuss and document any agreed modifications. You may do this by contacting [corrections.institute@uc.edu](mailto:corrections.institute@uc.edu).

**Pre-Treatment Module:** Increasing Treatment Readiness provides optional sessions designed for people who clearly lack motivation to engage in any treatment process. Use this module with people assessed as lacking readiness for change. While these sessions are designed to be delivered in a group format, they may also be delivered individually.

**Module 1:** Motivational Engagement: delivers introductory sessions that are designed to engage participants in CBI-SUA. The first session offers a group cohesion activity that reviews the general content of the program and group expectations. Session two introduces strategies that individuals can use if they are experiencing intense cravings for drugs or alcohol. Sessions three through five are designed to build motivation and readiness for change by addressing how decisions are made, what values people hold and how these values are impacted by illegal

behavior, as well as the importance of goal setting and steps to setting a goal. For people who participated in pre-treatment sessions, there will be some repetition of concepts in this module as the goal of increasing motivation is still paramount. Finally, session 6 provides an introduction to the thought-behavior link through the use of the iceberg metaphor.

**Module 2:** Cognitive Restructuring: Changing Our Thoughts emphasizes the role of thoughts in long-term behavioral change. The first session introduces the behavior chain, which is a foundational tool used throughout the program to teach people the link between their thoughts and their behaviors. This tool can be used as a behavioral analysis, as well as a tool to teach people involved with the criminal justice system how to directly combat problematic thinking. Session six teaches each component of the behavior chain, including the situation, thoughts, feelings, behavior and consequences. Session seven focuses on the high risk situations that lead to substance abuse. Session eight concentrates on the identification of thoughts and beliefs which lead to, or support substance use. Finally, session 9 provides the opportunity for group members to role play the new thinking.

**Module 3:** Setting the Stage for Success allows for participants to develop relapse prevention strategies. During this module, participants focus on identifying high risk lifestyle factors, including peers, that contribute to their substance use. However, the module begins with Session 11 that provides an opportunity for participants to explore the times when they did not abuse substances; with a focus on the positive aspects of these experiences. Session 12 utilizes the cost benefit analysis tool to examine high risk relationships where session 13 has participants examine how these relationships impact their goals. Session 14 and 15 have people identify support systems and leisure activities that will help maintain a focus on developing and maintaining a healthy lifestyle.

**Module 4:** Emotion Regulation: Managing Our Feelings shifts the focus to the role of feelings in changing behavioral patterns that are unlawful. Session 16 introduces the concept of emotion regulation, teaching the three key steps to emotion regulation. The next session focuses on the very basic skill of recognizing your feelings, so that one can determine what feelings are risky and develop skills to manage those risky feelings. Session 18 ties in the double behavior chain, using it to demonstrate that risky thoughts drive intense feelings, and that a change in thinking will result in better control of emotions. Session 19 teaches a variety of coping skills, such as deep breathing, visualization, and counting backwards to help reduce emotional triggers that could lead to substance use. Session 20 builds on these strategies by introducing urge surfing and grounding techniques. The session that follows has people practice use of these strategies in the skill using self-control. Remaining sessions focus on the development of coping skills around specific emotions, such as anger, anxiety, and feelings of rejection and failure. These sessions will include structured skills that people will practice in regulating their emotions.

**Module 5:** Choosing Behavior Responses emphasizes skill building using a set of structured techniques. One technique involves social skills training, where people learn various social skills and practice them through role play before they apply them in the real-world. As people master basic skills, they can move to more advanced skills. Social skills training is focus on teaching more effective communication skills to improve interpersonal relationships. Some of these skills include understanding the feelings of others, engaging support systems, responding to

criticism, dealing with an accusation, and celebrating a positive event. The purpose of this module is to teach these social skills in order to reduce risk and increase the person's ability to effectively communicate and respond in interpersonal relationships.

**Module 6:** Problem Solving: is a cognitive process by which people develop effective solutions to specific problems. It was developed to assist people in regulating emotions and improving decision-making skills. Problem solving is often conceptualized as a higher level social skill because it involves an overt, purposeful process where the person uses specific skills to change their reaction to a problem. This module contains 5 sessions that will take the participant through each step of the problem solving process.

**Module 7:** Success Planning focuses on the development of an individualized Success Plan to a) maintain and strengthen gains made during programming and b) avoid substance abuse and/or related behaviors. The first session introduces the concept of Success Planning and helps people begin to organize materials for their Success Plan. Group members begin work on the first two steps of the Success Plan, including identifying life history and lifestyle factors that influenced their risk and identifying high risk situations that seem to contribute to their current high risk lifestyle factors. In session 42, group members identify behaviors associated with high risk situations and skills they can use to manage these high risk situations. Session 43 focuses on current lifestyle factors that are too risky to continue and developing healthy lifestyle factors to replace them. Group members identify warning signs that they are at risk for reoffending and develop a plan to get back on track during the next session. This session also emphasizes how to transfer the skills they learned in the program into everyday life. Session 45 teaches people the skill of responding to roadblocks, and individuals rehearse and present their success plan during session 46 and session 47.

## GROUP DELIVERY CONSIDERATIONS

### ASSESSMENT, PLACEMENT, AND DOSAGE

An important component of effective programming is selecting the appropriate people for the intervention. Research indicates that the risk level (for recidivism) of people involved with the criminal justice system can be assessed using validated actuarial measures. People at high risk for recidivism usually have multiple risk and need factors that may include antisocial cognitions, associates and personality patterns, family and marital circumstances, education and employment, substance abuse, and leisure time. The goal should be to offer interventions that target their specific needs using evidence-based interventions. Protocols should also be used to ensure fidelity of all aspects of implementation. Keep in mind that the program can be one component of a larger intervention targeting all current criminogenic needs.

The CBI-SUA is designed for those at moderate to high need in substance abuse. In corrections, there is evidence that interventions should vary by risk and need level of the person involved with the criminal justice system, suggesting that higher risk people involved with the criminal justice system receive a higher dosage of intervention. This curriculum is designed for flexibility

in dosage. Additionally, the program can be delivered at institutional, residential or community settings.

## GROUP SIZE

In order to deliver an effective cognitive-behavioral group, the group size should allow every person the opportunity for practice. The ideal size for an interactional group intervention is 8 people, with a maximum of 10. With additional facilitators, the group size can be expanded beyond 10, but additional small-group practice exercises should be incorporated with a larger group. Hence, the recommended group size for CBI-SUA is no more than 10 people with one facilitator, and no more than 16 people with two or more facilitators.

## GROUP DURATION

Each session is designed to be delivered in one hour and a half period. If a program has a smaller half block of time, expect that some sessions may need to be completed during the next group. It is critical that all group members have ample time to practice the techniques being taught that session. This, of course, will extend the overall group length.

## SINGLE VS. CO-FACILITATION

While there is limited evidence to support the relative efficacy of single versus co-facilitated intervention groups, the preference for group facilitation tends to be for co-facilitators to deliver group sessions. This allows for more than one practitioner to weigh-in on discussions, to conduct role play and practice exercises, and to help manage any behavioral issues. Nonetheless, the CBI-SUA can be effectively delivered by one person (with 10 or fewer participants) assuming that facilitator has effective group facilitation skills, has knowledge of the material, and ample time to prepare for sessions.

## GROUP MEMBER PREPARATION

Upon completion of the assessments and prior to the first group session, the facilitator and participant should meet individually to review results of the assessments, the referral to treatment, as well as any concerns the person might have about participating in the group. Best practices in group intervention suggest that people engage in a preparation session prior to attending group. This session helps to decrease anxiety, decrease misconceptions about the group, and clarify group expectations. Ultimately, pre-treatment sessions can increase retention, improve person perception of the group intervention process, and improve group outcomes). This can occur in either an orientation group format, dyads, or an individual session. This is particularly important if the group is conducted in a partially open format, as people will be at different stages within the group.

## SETTING UP THE GROUP

Group dynamics are a construct of each member and their relationship with other members and the group leaders. Several factors can affect the group dynamics. What follows is a review

of elements to consider when designing an effective program environment. A horseshoe style works well and allows for a space for display of materials and charting during the group.

**The Space:** The arrangement and shape of the room have an effect on the tone and effectiveness of the group. It works best to have chairs arranged in a circle. This allows everyone to see each other and adds to the feeling that everyone in the group is on equal terms.

**Facilitator Seating:** During the first few sessions, the facilitator should sit near the front of the room; however, once the group begins to feel comfortable and members are actively involved, it is advisable to rotate around the circle across different meetings. Cofacilitators should sit together during the first two to three sessions, then sit separately thereafter. In this way you will communicate unity at the beginning and individuality as the group forms. By sitting across from one another, facilitators can make eye contact and share non-verbal communication.

**Participant Seating:** Allowing people to choose their own seats empowers them and reinforces the element of choice. However, if group there is conflict or tension of some kind among group members, pay close attention to where they are sitting and make decisions about how the facilitator should sit in relation to the group members having difficulty. Situations can escalate quickly and quietly, so stay alert.

## GROUP STRUCTURE

### SESSION CONTENT

The group sessions are set up in a similar fashion throughout the curriculum. Each session begins with a check-in to allow people an opportunity to each briefly share how they are feeling and/or any significant events since the last session. Following the check-in is a review of group expectations as well as practice work. This creates a natural opportunity for facilitators to reinforce each person's use of the skills outside of group. The new session topic is introduced during the group activities section and often includes teaching, modeling, role playing, and the delivery of feedback. Specific time is devoted to reviewing the session's content before assigning practice work to conclude the session.

The term "practice work" is used to describe homework activities that are assigned in nearly every session in the curriculum. It is a key tool for the transfer of knowledge and also provides additional opportunities to practice the new skills. Practice work also serves the more important purpose of helping people to generalize these skills as they practice in more natural environments. Even in residential facilities people experience opportunities to use self-control, emotional regulation, problem solving, and other skills; importantly, practice helps habituate these new skills. Practice work is a group expectation and should be reinforced by the facilitator. Engagement in such assignments has consistently shown to be associated with improved treatment outcomes.

Group members will be completing in-session worksheets and out-of-session practice work throughout the program. It is advisable to provide binders to help people manage their

materials. Given the sensitive nature of the topics discussed in this program, some settings deem it appropriate to keep binders in designated areas.

CBI-SUA group members should operate under the same expectations that enforced as part of a program's larger behavior management system. If the CBI-SUA is being delivered as a standalone program, behavior management strategies should be developed to respond to group non-compliance (e.g., missed sessions or assignments, lack of preparation and/or participation, late to group, disrespectful behavior, etc.) as well as adherence to expected behaviors. Strategies should establish expectations as well as positive and negative consequences for behavior.

Use of core correctional practices should be employed by staff facilitating groups as well as other supporting staff who have interaction with group participants (see Dowden & Andrews, 2004). Core correctional practices are a set of individual staff skills, when employed with proficiency, have demonstrated positive treatment effects in reducing recidivism. These skills address how staff should model and reinforce prosocial behavior and effectively decrease behavior which lead to risk. It will serve as strategies for addressing behavior management challenges such as those discussed above.

## OPEN-ENDED VS. CLOSED-ENDED GROUPS

Cognitive-behavioral groups are most easily conducted as a closed-ended group (same set of people begin and end the group cycle). However, conducting closed-ended groups can pose a major obstacle such as long waiting lists, the need for more facilitators to decrease wait time for entry into the group, attrition, beginning the group with larger group sizes to account for attrition, and time-limited placements.

Open-ended groups resolve many of the problems associated with closed-ended interventions because they allow for open enrollment, regardless of what session the facilitator is delivering in the curriculum. To successfully conduct an open-ended curriculum, the concepts taught in one session should not be contingent upon those taught the previous session, which is challenging when using a cognitive- behavioral approach.

## CORRESPONDING INDIVIDUAL SESSIONS

Incorporating individual sessions with group intervention can be beneficial for several reasons. First, areas in which people need additional practice can be emphasized in individual sessions. Additionally, responsivity factors or person barriers, such as mental illness or learning disabilities, can be targeted to assist the people in learning the curriculum material. Also, for higher risk people, this increases the overall dosage of intervention. Overall, adding one-on-one sessions allow for the content of the curriculum to be individualized and better incorporated into treatment planning.