1

3rd Wave Psychotherapy and Substance Use

Wip Lamba & Val Primeau

CSAM 2024

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Outline

25 min ACT – Dr. Lamba

5 min 3rd wave

5 min basics of ACT

5 min demo

5 min practice drill

5 min extra

30 min DBT – Dr. Primeau

10 min overview of DBT

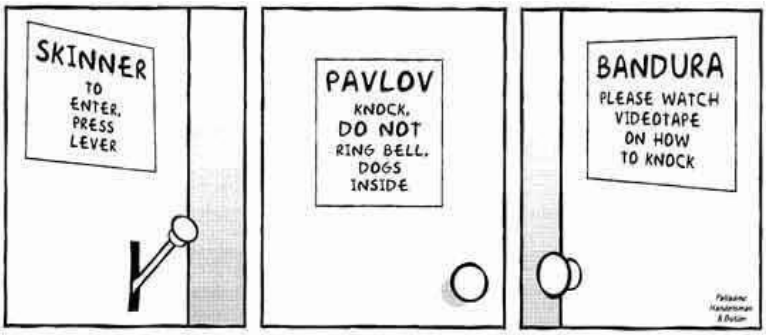
15 min behaviour chain analysis PRACTICE

5 min debrief

5 min wrap up & questions

3

Psychotherapy



- 1st wave – behaviourism – Antecedent, behavior consequence, Pavlov

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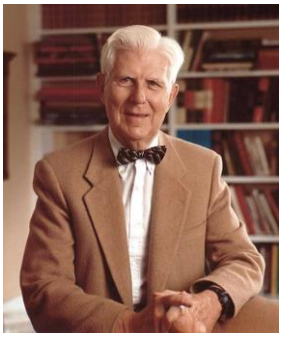
Psychotherapy

- 2nd wave – Cognitive Behaviour Therapy, REBT



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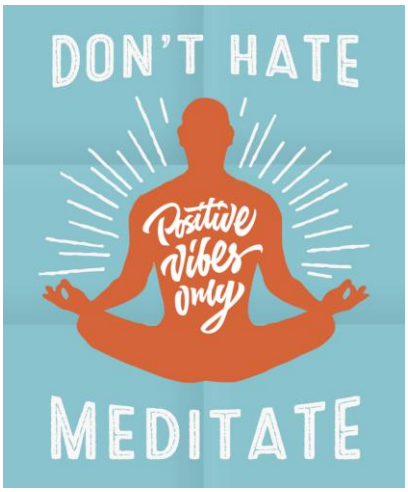
Psychotherapy

- 3rd wave – ACT, DBT, MBSR, MBCT, Others

powerthoughtsmeditationclub.com



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Evidence for 3rd Wave

- Narrative review 3rd wave psychotherapies substance use (Balandeh E, etal 2021)
- Systematic Review, 11 mindfulness for AUD, 6 ACT for AUD, better than no treatment, as good as other treatment (Byrne 2019)
- Meta-analysis DBT for SUD (HAKTANIR 2020)

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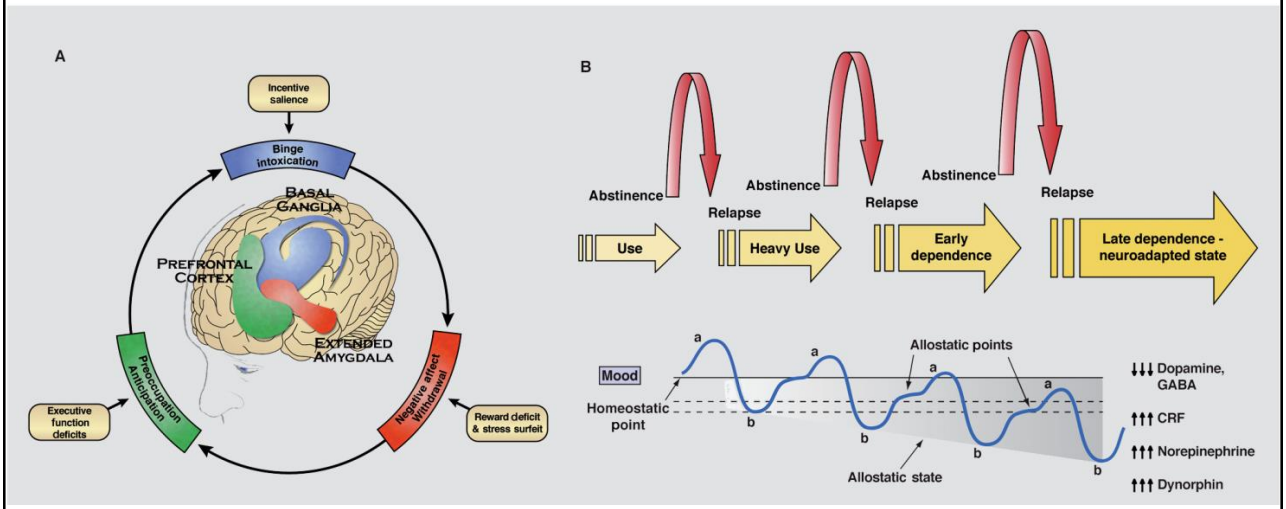
Neurobiology of addiction



George and Koob. 2017. Individual differences in the neuropsychopathology of addiction.Journal Dialogues in clinical neuroscience, 19(3) Permalink https://escholarship.org/uc/item/0h66173b DOI 10.31887/dcns.2017.19.3/gkoob

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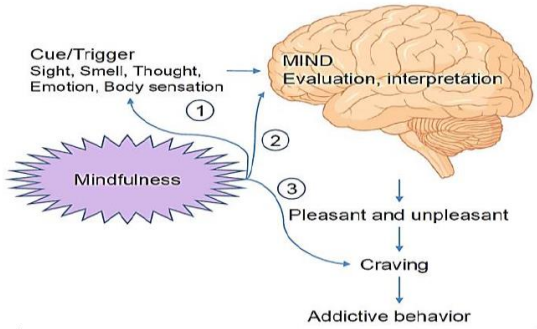

Figure 1. Mindfulness-based approaches are involved in the treatment of addiction with several possible mechanisms. 1) Mindfulness training has been associated with reduced reactivity to craving cues. 2) During mindful attention, the functional relationship between the brain's regions associated with craving is significantly reduced. 3) During mindfulness training, the individual realizes that craving is a physical sensation and has a transient nature.

Balandeh E, Omidi A, Ghaderi A. **A Narrative Review of Third-Wave Cognitive-Behavioral Therapies in Addiction.** Addict Health 2021; 13(1): 52-65.

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Acceptance and Commitment Therapy (ACT)

ACT	Stotts et al.[36]	Opioid dependent	56	DC	ACT: More successful methadone stop, and reducing fear of detoxification compared to drug counseling
	Hayes et al.[37]	Opioid dependent	138	MM+ ITSF, MM	ACT: Greater decrease in total drug use than MM in 6-month follow-up, and greater decrease in total drug use than the other two treatments: MM+ ITSF, MM (two conditions)
	Gifford et al.[38]	Smokers	76	Nicotine Replacement Therapy	1 year follow-up: ACT better than nicotine replacement therapy
	Gonzalez-Menendez et al.[39]	Polydrug use	37	CBT	Reduction in anxiety, drug abuse, sensitivity index levels, and avoidance in both ACT and CBT Follow-up: ACT better than CBT in maintaining abstinence
	Lanza et al.[40]	Mixed (> 50% heroin)	50	CBT	Post treatment: CBT better than ACT in terms of anxiety sensitivity Follow-up: ACT better than CBT in terms of drug use and mental health
	Bricker et al.[41]	Smokers	121	CBT	ACT: more satisfaction, more useful for quitting At 6 months: higher quitting rates

Balandeh E, Omidi A, Ghaderi A. **A Narrative Review of Third-Wave Cognitive-Behavioral Therapies in Addiction.** Addict Health 2021; 13(1): 52-65.

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Dialectical Behavioural Therapy (DBT)

DBT	Beckstead et al.[42]	Polysubstance-dependent	229	No control	Recovery or improvement in 96% of adolescents, and large effect size
	Linehan et al.[43]	Polysubstance-dependent and BPD	28	TAU	DBT: Greater possibility of treatment adherence, greater reductions in drug abuse, and improvement in global and social adjustment in both groups Follow-up: The improvements persisted after 16 months in the DBT group.
	Linehan et al.[44]	Heroin-dependent and BPD	23	CVT+12S	Reductions in opiate abuse in both two treatment: CVT+12S and DBT (two conditions), reductions persistent during the last 4 months of treatment only in DBT, overall reductions in level of psychopathology in both conditions
	Rezaei et al.[45]	Opioid dependent	50	TAU	DBT: decrease in distress tolerance and increase in emotion regulation after 4 months of intervention and 2 months follow-up
	Axelrod et al.[46]	Polysubstance-dependent and BPD	27	No control	Decrease in BDI scores from the beginning to the middle of treatment, and decrease in DERS at mid-treatment and again at the end of treatment
	Rizvi et al.[47]	Nicotine dependence and BPD	22	No control	Decrease in both emotion intensity and urge to use substances within each coaching session, and reduced depression and general distress

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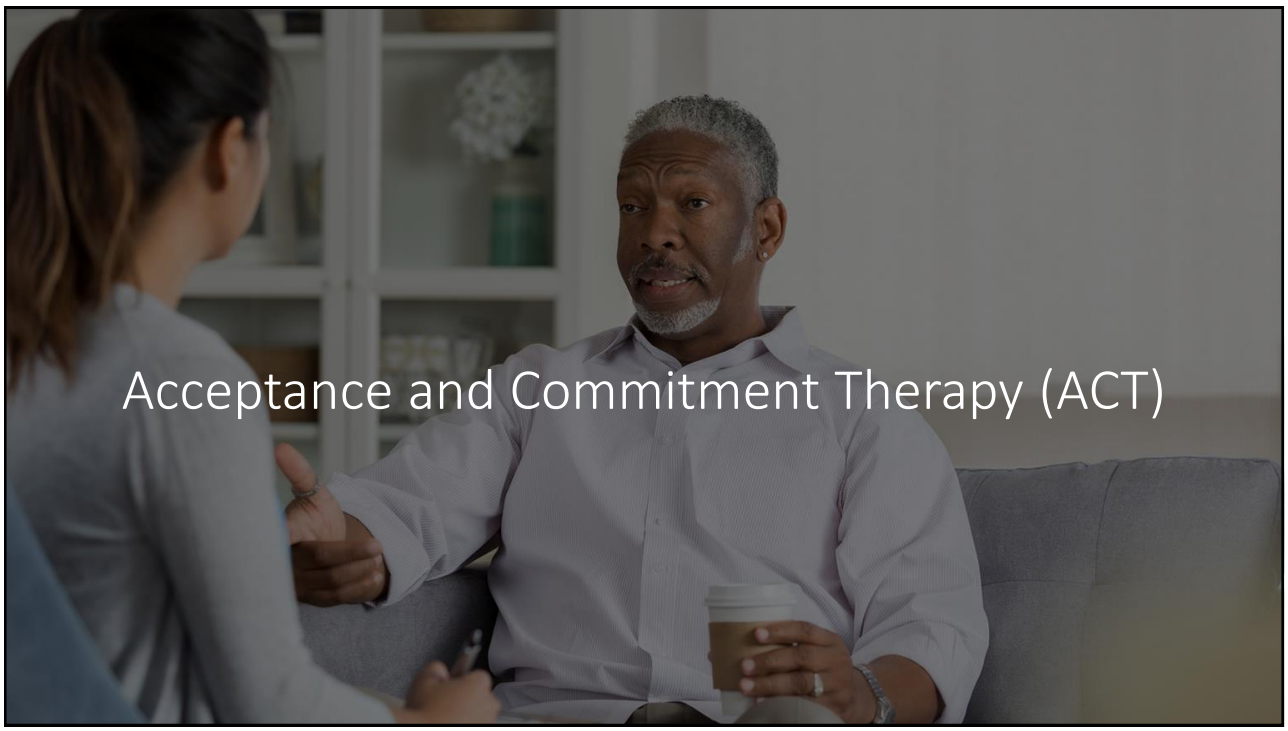

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https://stevenchayes.com/about/

Steven C. Hayes is a Nevada Foundation Professor of Psychology in the Behavior Analysis program at the University of Nevada. An author of 47 books and nearly 670 scientific articles, his career has focused on an analysis of the nature of human language and cognition and the application of this to the understanding and alleviation of human suffering. He is the developer of Relational Frame Theory, an account of human higher cognition, and has guided its extension to Acceptance and Commitment Therapy (ACT), a popular evidence-based form of psychotherapy that uses mindfulness, acceptance, and values-based methods. He is a co-developer of Process-Based Therapy (PBT), a new approach to evidence-based therapies more generally.

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ACCEPTANCE AND COMMITMENT THERAPY

assumes that the psychological processes of a normal human mind are often destructive, and create psychological suffering for us all, sooner or later.

Treatment focuses on

Developing acceptance of unwanted private experiences which are out of personal control.	Commitment and action toward living a valued life.

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther. 2006 Jan;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.

7000 PLUS CITATIONS

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ACCEPTANCE AND COMMITMENT THERAPY

Functional contextualism plus relational frame theory

Increases psychological flexibility

Foundation of mindfulness and data

Basic therapy principles: empathy, self compassion, collaborative stance, self disclosure

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ACT

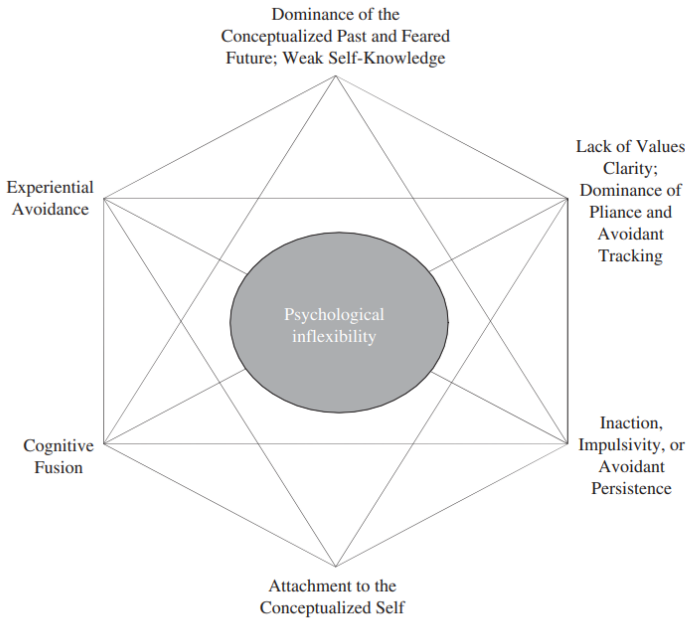

Fig. 1. An ACT/RFT model of psychopathology.

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther. 2006 Jan;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.
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ACT

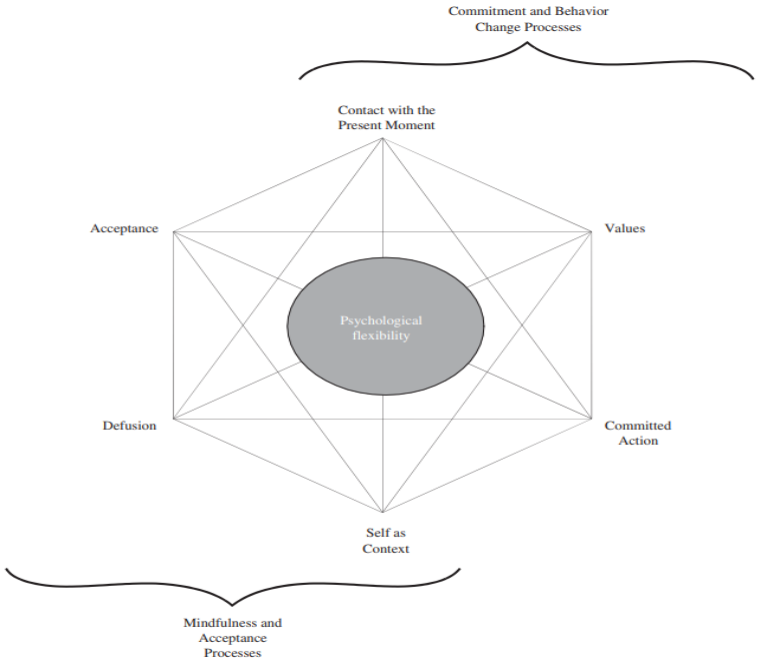

Fig. 2. A model of the positive psychological processes ACT seeks to strengthen.

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther. 2006 Jan;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.

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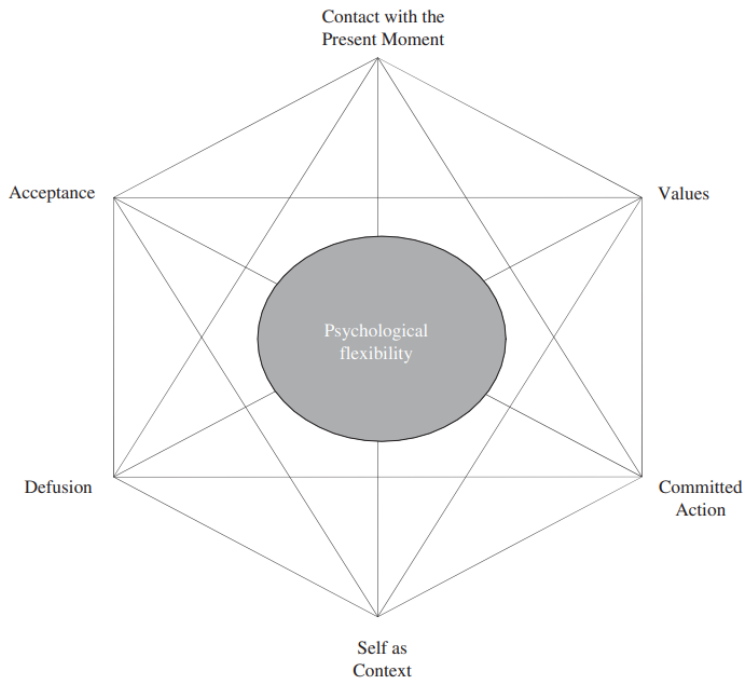
ACT



Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther. 2006 Jan;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.

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ACCEPTANCE AND COMMITMENT THERAPY

Drill

For the “therapist” to practice, not for the “client”

Client talks about anything on the person’s mind, want to change, bothering them

“therapist” makes a statement of what do to

Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. Behav Res Ther. 2006 Jan;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.

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Dialectical Behavioural Therapy (DBT)

Valerie Primeau, MD FRCPC
vmdprimeau@gmail.com
North Bay Regional Health Centre (NBRHC) Medical Director of Psychiatry
RAAM, AMCT and EPI Physician Lead
Canadian Academy of Addiction Psychiatry (CAAP) Founding Board Member

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History of DBT

- DBT is a modified form of Cognitive Behavioural Therapy (CBT)
- DBT was developed in the late 1970's by Marsha M. Linehan, a psychology researcher at the University of Washington
- DBT is based on the Biosocial Theory and is intended to help those who are highly sensitive to their environment, are highly reactive to events, and slow to return to calm.

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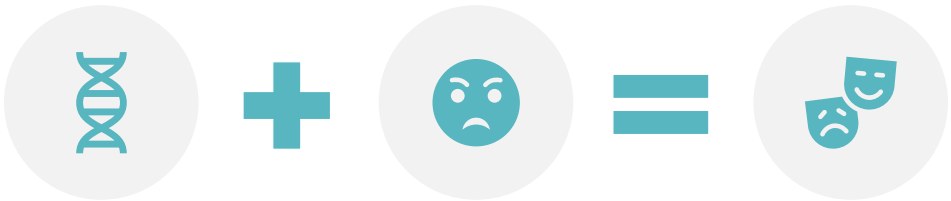

INHERITABILITY & TEMPERAMENT

INVALIDATING ENVIRONMENT

PERVASIVE EMOTIONAL DYSREGULATION

Biosocial Theory of Personality Development

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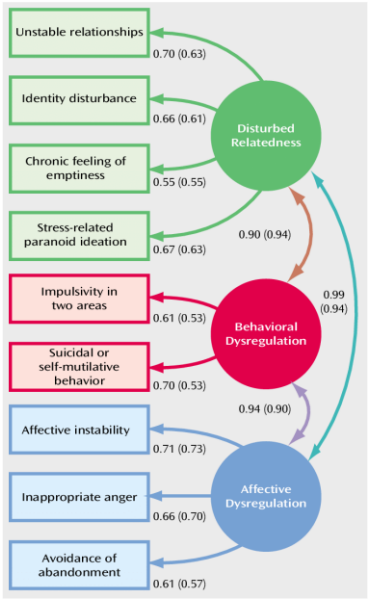

Borderline Personality Disorder (BPD)

- A Personality Disorder is an enduring and inflexible pattern of long duration that leads to significant distress or impairment
- BPD is characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts

Sanislow, Charles & Grilo, Carlos & Morey, Leslie & Bender, Donna & Skodol, Andrew & Gunderson, John & Shea, Tracie & Stout, Robert & Zanarini, Mary & Mcglashan, Thomas. (2002). Confirmatory Factor Analysis of DSM-IV Criteria for Borderline Personality Disorder: Findings From the Collaborative Longitudinal Personality Disorders Study. The American journal of psychiatry. 159. 284-90. 10.1176/appi.ajp.159.2.284.

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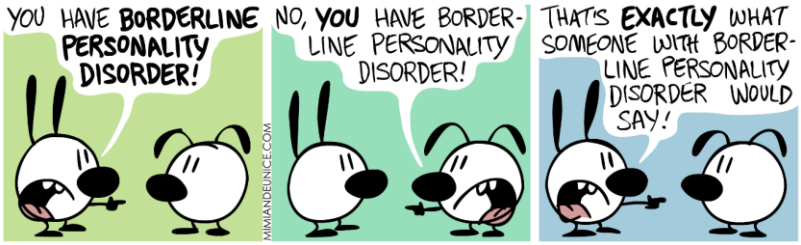
COMMON ASSUMPTIONS ABOUT BORDERLINE PERSONALITY DISORDER

- Patients with BPD do not want to change
- Patients with BPD do not want help
- Patients with BPD are untreatable
- Patients with BPD never get better
- Patients with BPD are likely to be violent
- Patients with BPD cannot hold down a job
- Patients with BPD enjoy being attention-seeking and manipulative



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HISTORY OF DBT

- Marsha Linehan observed "burn-out" in therapists after coping with challenging patients
- Her first core insight was to recognize that the chronically suicidal patients she studied had been raised in profoundly invalidating environments
- Therefore, they required a climate of loving-kindness and unconditional acceptance in which to develop a successful therapeutic alliance

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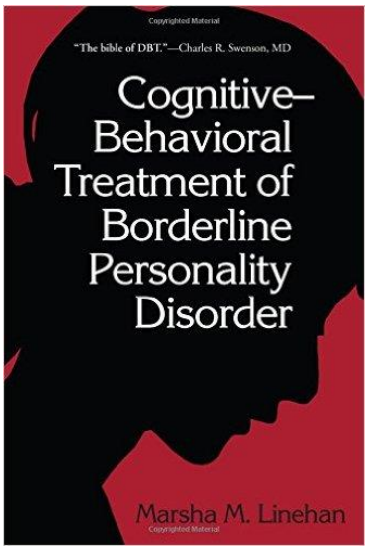
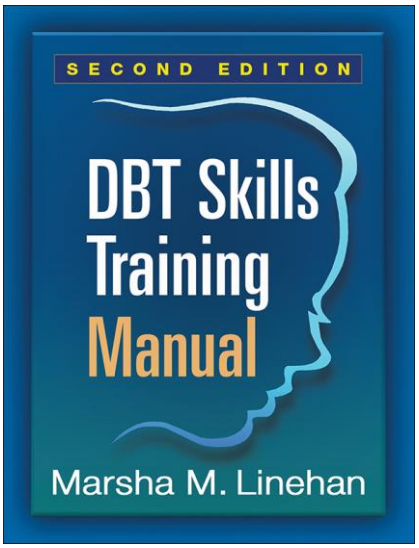
History of DBT

- Patients receiving CBT found the unrelenting focus on change inherent to CBT, to be invalidating.
- Patients responded by withdrawing from treatment, by becoming angry, or by vacillating between the two.
- The sheer volume and severity of problems presented by patients made it impossible to use the standard CBT format.
  - (for example addressing self-harm and suicidal crises as well as teaching skills)





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DEFINITION OF DBT

CBT

Mindfulness

- Traditional Buddhist practice

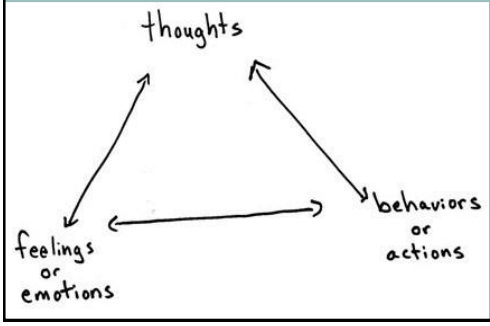
Dialectical philosophy

- Two opposite sides can be true at the same time
- "I want to live and die at the same time"

DEFINITION OF DBT

- DBT is an evidence-based treatment for individuals who have difficulty regulating their emotions and behaviours.
- Initially created to treat Borderline Personality Disorder, however now used in a variety of disorders, including traumatic brain injuries (TBI), eating disorders, and mood disorders.
- DBT addresses the relationship between the individual and their environment.
- DBT tries to replace problematic maladaptive behaviours with skillful adaptive behaviours.
- DBT helps patients to create a life worth living.

DEFINITION OF DBT



DBT strives to have the patient view the therapist as an ally rather than an adversary in the treatment of mental health issues

DBT assumes that people are doing the best they can but are either lacking the skills or influenced by positive or negative reinforcement that interfere with their ability to function appropriately

The therapist aims to accept and validate the patient's feelings at any given time, while informing the patient that some feelings and behaviours are maladaptive, and showing them better alternatives

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DBT Assumptions

1. People are doing the best they can.
2. People want to improve.
3. People need to do better, try harder, be more effective and more motivated to change.
4. People may not have caused all of their problems, but they have to solve them anyway.
5. New behaviour has to be learned in all relevant contexts.
6. All behaviours (actions, thoughts, emotions) are caused.
7. Figuring out and changing the causes of behaviour work better than judging and blaming.

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DBT Modules or Skills

- Mindfulness
- Interpersonal Effectiveness
- Emotion Regulation
- Distress Tolerance

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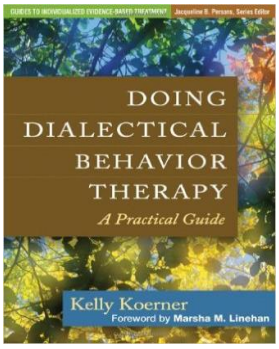
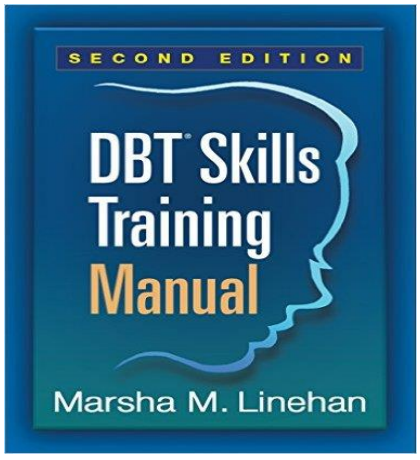
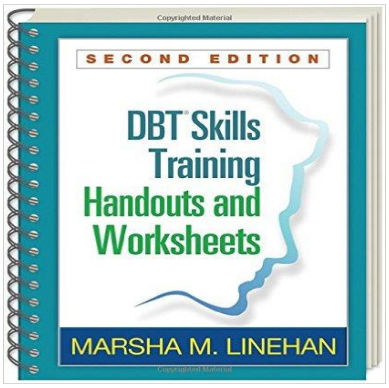
How to Learn DBT







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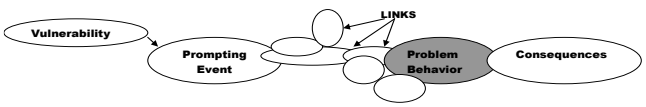
CHAIN ANALYSIS OF PROBLEM BEHAVIOR

Name: _____ Date: _____ Date of Problem Behaviour:_____



Links:
Thoughts
Feelings
Actions

What is the major *PROBLEM BEHAVIOR* that I am analysing?

What *PROMPTING EVENT* in the environment started me on the chain to my problem behavior? Date of Prompting Event:_____

What things in my environment and myself made me *VULNERABLE*?

What is the function of my behavior?

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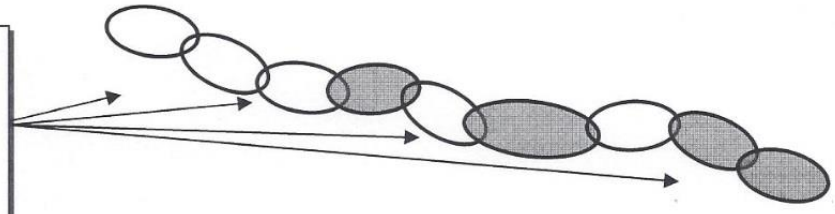
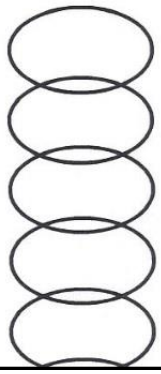
Possible Types of Links
A = Actions
B = Body sensations
C = Cognitions
E = Events
F = Feelings



LINKS

List actual, specific behaviors and then list new, more skillful behaviors to replace ineffective behaviors:



1st _____

2nd _____

3rd _____

4th _____

5th _____

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CHAIN ANALYSIS OF PROBLEM BEHAVIOUR

WHAT WAS THE CHAIN THAT LED YOU TO THE PROBLEM BEHAVIOUR...FROM ONE LINK TO THE NEXT...LINKS CAN BE *THOUGHTS, FEELINGS, ACTIONS, EVENTS, BODY SENSATIONS*.....

	What actually happened	What skills I could have used
⬭		
⬭		
⬭		
⬭		
⬭		
⬭		
⬭		
⬭		
⬭		

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What were the *CONSEQUENCES* in the environment? **Immediate:** **Delayed:** **What were the *CONSEQUENCES* in myself?** **Immediate:** **Delayed:**
Ways to reduce my *VULNERABILITY* in the future:
Ways to prevent *Prompting Event* from happening again:
Plans to *REPAIR*, *CORRECT*, and *OVERCORRECT* harm that problem behaviour caused:
My *Deepest Thoughts and Feelings* about this that I want to share:

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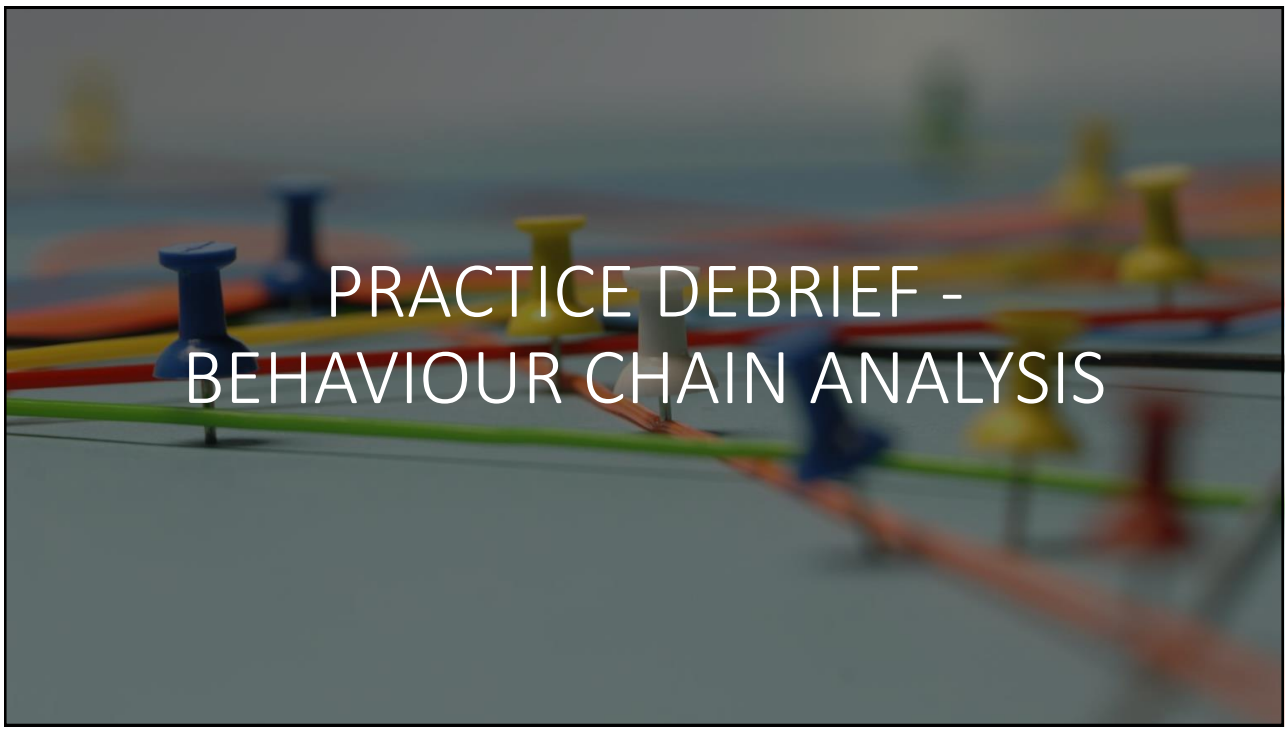

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