

Drugs and alcohol cognitive behavioural approach psychology essay



**ASSIGN
BUSTER**

CBT (Cognitive Behavioural Therapy) is one of those practical treatments used in the domain of substance misuse which can be called psychosocial interventions. This kind of intervention, regarding as a kind of psychotherapy because of the vast usage of talking therapy, concerns to solve mental problems which can turn a normal person to an alcohol or drugs victim. The main problems here can be emotional, behavioral and cognitive dysfunctions, and the main task of any therapist is to guide patients towards a positive personal and social status through a systematic and purposeful procedure. CBT has various designations in behavior therapy and cognitive therapy, and refers to a helping methodology based on a mixture of fundamental behavioural and cognitive studies. According to empirical evidence, CBT shows most effective in treating a variety of problems, including anxiety, personality, psychotic disorders and substance abuse.[1]A major part of this efficiency is due to a recovery-oriented, individual-centered attitude, mainly executed in the context of acute care. In this method, especially in terms of addiction treatment, the main effort is aimed at stabilization, which means leading a patient from problematic substance use to taking a sustained control over substance use voluntarily. After that, it can be expected from the patient to move toward better health and to show more willingness to contribute in beneficial activities for society. However, this critique might not be improper that in using such a method, less attention will be paid to produce long-term changes, which seem quite necessary in healing drug and alcohol users with a long background of other mental disorders like depression or insomnia. Thus, in accordance with reducing the usual gap between theoretical and practical models of treatment, some researches have tried to find more psychiatric ways to

<https://assignbuster.com/drugs-and-alcohol-cognitive-behavioural-approach-psychology-essay/>

apply in CBT. For example, they observed in addiction some characteristics similar to chronic health problems like hypertension and asthma. Of course, all addiction problems are not chronic, and besides some clients just respond to a short period of treatment and stop using substance, but other patients who have a whole range of other needs can benefit from a chronic care model.

Taking the above comparison into account, it can be said that assuming a CBT approach as a uniting factor of all services fills the gap between different care models. A particular vision of CBT can strongly root in an environmental context and admits that external, non-therapeutic factors have more importance for recovery and its maintenance. Using CBT encourages professional practitioners to collaborate with clients in their challenge with addiction and its consequent disorders. If the acute and chronic aspects of addiction problems are both thought of, recovery can be considered as a process consisting of two stages: recovery from substance and recovery in relation with a broad range of social and personal opportunities. These two senses of recovery are called “recovery from” and “recovery for”, respectively. The former means to stop using any substance, leading to minimizing damage or stabilizing substance. The latter refers to a higher level and that’s when patients change their ways of looking from negative to positive matters in their lives. Obviously, these two can hardly emerge in such a clear-cut form, and they usually do not happen one after the other. In real life, a desire to get rid of drugs and/or alcohol and to resume a normal life is only the initial motivation for undergoing treatment and change. But unfortunately a desire or even a profound willingness in

most cases proves to be insufficient without seeking professional help and support. There are some skills which can bring success in both “ recovery from” and “ recovery for”. These underlying skills in CBT work best in all evidence-based, clinical interventions, four of which have a particular importance in working with alcohol and drugs victims: increasing optimism, developing tolerance, integration or reintegration and choice.

“ Through the considered application of CBT principles and techniques we believe clients will be more optimistic, have more resilience, be more socially included and utilize choices in their lives that enhance their sense of identity and connection with those around them”! Often clients report pessimism about their ability to change, underestimate their own abilities, feel that they have very few social connections outside their using behaviour and feel trapped, as if real choice has been taken away from them”! A focus on optimism, resilience, integration and choice captures some of the essence of recovery and what a client needs if he is to be successful.”[2]

The above lines show that the most significant feature of CBT approach is to know exactly how a substance user needs to restore his damaged self-confidence and to reduce the internal and external pressures on patients by correcting whatever goes wrong in their cognition and behavior. Reducing these pressures require a change of view by therapists, meaning that they need to put an emphasis on environment as the main context of emerging addiction. After getting a deep acquaintance with such an environment, it would become much easier to discern particular patterns and processes which cause addictive behaviour in certain people. Then these people be informed and become aware of the roots of their problems and start to

<https://assignbuster.com/drugs-and-alcohol-cognitive-behavioural-approach-psychology-essay/>

control such behaviour in order to overcome those problems. From another point of view, though, it can be said that such an attitude may depict society as a negative, non-supportive factor in CBT. A supportive addition to this thought are classical conditioning theories used to explain craving. In these theories environment has been given a very significant role as the main provider of conditioned reflexes. People who are already trapped in addiction create visual personifications, or models, for smoking and drinking, or distribute the smells and tastes which become familiar and lose their taboo-like exotic untouchability. However, this is a duty for a CBT practitioner to know different facades of the environment, informs patients of its harmful factors, and exploits its advantages in providing help and support for them.

Conflict could be the keyword in searching deep roots of a person's social and personal problems. Its trace on the processes which push an individual towards any kind of addiction appears almost from first attempts. A conflict with family, society or the inner self can extend to the level of producing uneasiness. That's when a person feels unsafe in their own life, not well and not interested in any activity which can really improve the situation. With improper patterns and poor knowledge in mind, they seek a remedy to be relieved from uneasiness, and a false belief defies a false need to "calming" substance for them. This permissive belief generally facilitates the final decision for seeking drugs or alcohol. The point is to compensate a hopeless situation with a relaxing fun. It looks like taking a reposing holiday after a period of hard work. One always think that everything is under control and there is always a way to return. Besides, they keep a right of doing the wrong thing just because "the world" didn't show its "right" face to them.

With these “ anticipatory beliefs” in mind, a craving phase starts immediately and the next step is to go for “ easy” and now “ justified” solution.

A CBT practitioner in searching for cognitive and behavioural roots should follow a model which consists of “ concepts of the activation of beliefs, symbols, information processing, and motivation,” providing “ a broader framework for understanding and psychological intervention.”[3]These components obviously invoke classical topics in psychology, calling some Freudian cognitive analysis of motivation or Jungian knowledge of symbols into mind. More theoretical dimensions may pave the way to some critiques about “ non-practicality” of CBT. However, “ nothing is more practical than good theory”, especially a good theory which proved to be successful in many practical cases in the area of addictions. The interventions which come under the extensive shadow of cognitive behavioural therapy have been strongly grounded in theory. CBT benefits from many theoretical models which have been developed through research and investigation of real-life evidence. Because if a cognitive and behavioural approach to the treatment of addictive behaviour is to be presented properly, the first thing that needs clarification is the exact perception of such behaviour. This perception has both a theoretic rational base and some witnesses in real cases of treatment.

The therapeutic people, therefore, are meant to be practical, educated counselors in CBT. They have to determine their priorities before seeing any client. One of the most difficult parts in making decisions and choices as a therapist relates the whole task to ethics. Ethics may be considered a

negative way, as a mere collection of rules and bans restricting the domain
<https://assignbuster.com/drugs-and-alcohol-cognitive-behavioural-approach-psychology-essay/>

of practitioner's activity. That's maybe true regarding mandatory ethics. But there is a higher level of ethical practice, called aspirational ethics, which shows what can be done for the best interests of patients. In this way, ethics is not just a collection of " must do" s and " must not do" s; it is a way of thinking about how to be a better help for people through practicing scientific approaches in treatment. Gerald Corey mentions:

" Knowing and following your profession's code of ethics is part of being an ethical practitioner, but these codes do not make decisions for you. As you become involved in counseling, you will find that interpreting the ethical guidelines of your professional organization and applying them to particular situations demand the utmost ethical sensitivity. Even responsible practitioners differ over how to apply established ethical principles to specific situations. In your professional work you will be challenged to deal with questions that do not always have obvious answers. You will have to assume responsibility for deciding how to act in ways that will further the best interests of your clients."[4]

The guidelines Corey talks about, according to the American Psychological Association (2003), are as follows:

Psychologists (applicable to all psychoanalysis practitioners from every method, CBT included) need to recognize that they personally may hold attitudes and beliefs with inevitable influence on their perceptions and consequently on their interactions with those group of patients who come from different ethnical and racial cultures. (p. 382)

Psychologists need to recognize the importance of multicultural sensitivity/responsiveness, knowledge and understanding in relation with people from other cultures. (p. 385)

Psychologists are educators who need to use the structures of multiculturalism and diversity in their educational approaches. (p. 386)

Psychological researches need to be culturally sensitive and conduct their investigations in a kind of anthropological way. (p. 388)

Psychologists need to apply cultural-orientated skills in psychological practices. (p. 390)

Psychologists need to use organizational change processes to assist culturally informed organizational (policy) development and practices. (p. 392)

Although these guidelines are regarded as a sort of agenda and not a strict, orthodox-like set of regulations, they prove that the new, pragmatic approaches in psychotherapy, for example CBT, in their post-modern manners ask their followers to act more in accordance with people and realistic conditions. And this is exactly the point which emerges in CBT approaches clearly.

Following these guidelines, which casts more light on realistic problems rather than theoretical, "supposed" ones, leads to define and categorize the most important causes of craving and seeking addictive substance. These causes, or factors, can be divided into two groups: circumstances and motivations. The former consists of things that make a patient think twice

<https://assignbuster.com/drugs-and-alcohol-cognitive-behavioural-approach-psychology-essay/>

and examines the idea of healing from their addiction. These concerns can derive from losing important possessions like job or family, or being afraid of various dangers hidden in every corner of their lives, especially as a severe drug user. Motivations, conversely, serve as persuading goals which encourage a patient to improve and move toward brighter stages in life. These, in their own turn, can contain negative orientations (for example, getting tired of using drugs and the unpleasant lifestyle associated with this) and positive ones (for example, hoping for a new life. Accordingly, we can address several essential tasks which can result to a successful treatment for almost all the groups of substance users:

Creating motivations for abstinence. As mentioned above, motivations are acting quite powerfully in healing procedures. A patient needs to be reminded of existing better, more positive things in life. This is especially true in dealing with depressed clients, because they are most tended to think negatively about every aspect of life; indeed, the very negative attitude has been the most significant reason for craving in them. This topic has a close relationship with making decisional analysis in order to explain gains and loses of continuing addiction for patient. There is no doubt that such a task requires a close and critical observation by the practitioner, to determine the exact things which can prove important for their patient, and to exploit them in creating appropriate and accurate motivations which do really seem helpful for that particular patient. However, it should not be assessed as putting unnecessary stress on theoretical knowledge and reducing the worth of practical experience.

Instructing and monitoring tolerating skills. One of the toughest obstacles for every patient to overcome is coping with the society, especially the environment they are living in, to improve and develop a safe relationship with personal life. For this reason, teaching social skills is considered the core of CBT. Patients should recognize the hazardous situations they can encounter with if they choose to remain in unhealthy environment of addiction. This topic can be listed as a “circumstance” clarification which supports a more realistic attitude towards life, as well as knowing positive dimensions and the effectiveness of having tolerance. One outstanding privilege of CBT, regarding to this topic, is developing a rather post-modern, individual-orientated view which makes way to further steps towards new horizons in exploring deeper psycho-social layers in every particular ethnic group.

Amending chances of relapse. Treatment means to be cured on a permanent basis, with the least chance of returning to the previous position of being a patient. But one of the most significant problems in CBT healing procedures is that many patients, after spending much physical and mental energy to improve their inner self, usually expect an immediate compensation or reward. And they have permissive tendencies which allow them to seek repose in substances with familiar effects. CBT focuses on identifying these habits in order to find various ways for their reduction. Moreover, new activities and positively endurable rewards should be introduced to patients as an exchange. One critical point is that finding such highly rewarding exchanges may cost a lot, which is generally not very irrelevant. However, it

worth mentioning that the disadvantages of having more addicted people around can impose much heavier costs on the whole society.

Managing pain. In CBT, a large part of training is dedicated to teaching techniques for recognizing and monitoring pains caused by abstinence. Obviously enough, these very painful effects can cause forthcoming relapse sooner or later. CBT has developed an excellent model for supporting patients to tolerate physical pain, mental disorders and other side effects.

Establishing fundamental functions for interpersonal and social relationships. Poor knowledge and training in the process of social growth not only can lead to corruptions and disorders in personal abilities in connecting with others, which in its own turn can be one of the most significant causes of seeking relief and escape from loneliness in alcohol and/or drugs, but also creates a severe difficulty when healing is concerned. CBT training skills include several interpersonal strategies which assist patients in expanding their social abilities and tendencies, establishing fruitful, addiction-free relationships.

Regarding all these points in assessing CBT functions, it can be concluded with a kind of certainty that CBT is a person-centered, post-modern approach.

“ An individual format is preferred for CBT because it allows for better tailoring of treatment to meet the needs of specific patients. Patients receive more attention and are generally more involved in treatment when they have the opportunity to work with and build a relationship with a single therapist over time. Individual treatment affords greater flexibility in <https://assignbuster.com/drugs-and-alcohol-cognitive-behavioural-approach-psychology-essay/>

scheduling sessions and eliminates the problem of either having to deliver treatment in a 'rolling admissions' format or asking patients to wait several weeks until sufficient numbers of patients are recruited to form a group.

Also, the comparatively high rates of retention in programs and studies may reflect, in part, particular advantages of individual treatment.”[5]

Some researchers and clinicians, though, have emphasized the unique benefits of treating substance users in a format of group therapy. But the more straightforward to adopt the CBT approach is that it proved to be more beneficial for individuals and it could improve their functioning as a useful person for their society and in their families. So, according to many researches, despite some critical points like that there is a lot of attention paid to CBT as a unique approach and this may hurt the practitioners, researchers and experts who follow other systems, and these other systems could prove to be useful as much as CBT, the undeniable truth is that CBT has indeed unique characteristics which make it suitable and very useful in treating the victims of drug and alcohol addicted. And the most important, indeed extraordinary dimension of this approach, is that it pays a very high level of attention to particular traits of different ethnic groups and cultures, which gives this approach a rather anthropological dimension which is quite rare in other systems. That's what makes CBT a very valuable approach, with both practical and theoretical advantages.