

## **CBT Treatment for Substance Abuse Clinical Guideline**

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the CBT Treatment for Substance Abuse Clinical Guideline. The full guideline is available at: [Cognitive-Behavioral Therapy for Substance Use Disorders \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4122222/)

### Impact of The Condition

Substance use disorders (SUDs) are heterogeneous conditions characterized by recurrent maladaptive use of a psychoactive substance associated with significant distress and disability.

These disorders are highly common, with lifetime rates of substance abuse or dependence estimated at over 30% for alcohol and over 10% for other drugs, and past year point prevalence rates of 8.5% for alcohol and 2% for other drugs. <sup>[1]</sup>

There is a need for evidence-based approaches to treatment that are both accessible and clinically salient. Cognitive Behavioral Therapy (CBT) was originally developed for the treatment of depression and was adapted for SUDs. The National Institute of Drug Abuse considers CBT an evidence-based treatment. <sup>[2]</sup>

### Summary of the Guidelines

Cognitive-behavioral strategies are based on the theory that in the development of maladaptive behavioral patterns like substance abuse, learning processes play a critical role. Individuals in CBT learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop drug abuse and to address a range of other problems that often co-occur with it. It was initially developed to prevent relapse for Alcohol use and was adapted for Cocaine use. A central element of CBT is anticipating likely problems and enhancing patients' self-control by helping them develop effective coping strategies. Specific techniques include exploring the positive and negative consequences of continued drug use, self-monitoring to recognize cravings early and identify situations that might put one at risk for use and developing strategies for coping with cravings and avoiding those high-risk situations. Research indicates that the skills individuals learn through cognitive-behavioral approaches remain after the completion of treatment. Current research focuses on how to produce even more powerful effects by combining CBT with medications for drug abuse and with other types of behavioral therapies. Manuals, handouts, computer-based CBT systems and Apps have also been developed and have been shown to be effective in helping reduce relapse following standard substance use treatment. The application of CBT to SUD and other disorders, makes the format familiar to patients with dual diagnoses.

Additional tools to assist providers with educating their patients on behavioral health conditions are available on the MVP Health Care website by following the link below.

[Quality Programs and Initiatives | MVP Health Care](#)

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case

Management program, please call the MVP Case Management Department at **1-800-852-7826**.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.

#### References

1. "Cognitive Behavioral Therapy for Substance Use Disorders" McHugh, Kathryn. *Psychiatric Clinics of North America*. 2010 Sep; 33 (3); 511-525.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2897895/>
2. Principles of drug Addiction Treatment: A Research-Based Guide.  
<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies>
3. Cognitive-Behavioral Therapy for Substance Use Disorders. *Psychiatr Clin North Am*. 2010 Sep; 33(3): 511-525.