Cognitive Behavioral Therapy Techniques in Alcohol Use Disorder

Introduction

Cognitive behavioral therapy (CBT) is highly effective for alcohol use disorder (AUD) patients—but only if they are motivated and determined to complete homework exercises and to practice assigned coping skills. Many clinicians naturally use CBT techniques with AUD patients without knowing it. For example, any time you discuss relapse prevention strategies (see "Teaching Relapse Prevention Techniques in Alcohol Use Disorder"), you are using a version of CBT.

Overall Strategy

It's difficult to control our behaviors without knowing how our thoughts and emotions lead to those behaviors. CBT helps patients unravel the chain of automatic negative thoughts that lead to negative emotions, which in turn lead to drinking behaviors. You will teach your patient strategies for questioning and changing thoughts, improving emotional responses, and finding ways to avoid negative behaviors.

Identify a Specific Drinking Episode to Begin Analysis

Start by briefly educating your patient about the CBT technique and get their consent to do this work. Then, ask them to recount a recent drinking episode: "Let's try to figure out what we can learn from what happened. Tell me more about the situation and what led you to drink."

For each situation, identify:

- Automatic negative thoughts (ANTs)
- Emotions
- Actions
- Rational positive responses

See "Automatic Negative Thought Worksheet for Cognitive Behavioral Therapy" for a downloadable template to facilitate this.

Clinical vignette: A 25-year-old woman who has been drinking since her teens recently had an episode of binge drinking. During the session, you identify that the trigger was a phone call with her mother, during which the patient felt confronted by the fact that she had recently been fired from her job. The ANT was, "My mother doesn't care about me. She doesn't understand what I'm going through." The emotion was anger. The action was drinking two bottles of white wine over the course of the evening. You intervene to show her that her thoughts about her mother led directly to her anger and drinking, and then help her question the accuracy of those thoughts. She agrees that her mother does, in fact, care about her, and that this more balanced thought would have led her to reach out to her mother for help rather than turning away in anger.

Common ANTs and Other Cognitive Distortions in AUD

- *Permission-giving beliefs:* A patient may think, "I've had a rough day and I haven't had a drink in 30 days. I deserve one drink to relax." Encourage a replacement thought, such as: "I deserve to have another day of sobriety. I know I'll feel bad about myself if I start drinking again."
- *Slip vs relapse:* A slip is a single, isolated use of alcohol after a period of abstinence; a relapse is a prolonged return to a drinking lifestyle. Patients who have a slip may think, "Now I've relapsed. There's nothing I can do about it. It shows how weak I am." Help them understand that slips are common and expected during recovery and do not have to lead to relapse.
- *Cravings:* Cravings can overcome patients. When they are strong, they lead to thoughts like, "There's no way I can live with this feeling. I have to get a drink." Educate that a craving is a temporary physical sensation that will diminish if the patient can find something to take their mind off it for a while (such as calling a sponsor, going to the gym, or eating a nice meal).