

---

# How to Use Cognitive Behavioral Therapy in Opioid Use Disorder

---

## Introduction

While psychosocial interventions are not an effective treatment for opioid use disorder (OUD) alone, smaller studies have found cognitive behavioral therapy (CBT) to be a useful adjunct for patients already on medications for OUD (Barry DT et al, *Drug Alcohol Depend* 2019;194:460–467). Here are some strategies to integrate a CBT framework into your work with patients with OUD.

### 1. Identify Triggers and High-Risk Situations

Help patients recognize internal and external cues that lead to opioid use. *Internal cues* are feeling states (eg, anxiety, depression). *External cues* are environmental factors (eg, financial difficulties, housing issues, family conflict).

*Therapist: "Can you give me some examples of situations or feelings that might trigger your opioid use?"*

*Patient: "I use more when I'm stressed or when I'm around friends who also use."*

*Therapist: "It sounds like stress and social situations can be challenging for you. How can we develop strategies to cope with these triggers?"*

If the patient is unable to identify internal or external cues, provide some examples.

*Therapist: "Sometimes uncomfortable feelings, such as anxiety, depression, or anger, can lead to opioid use. Events can lead some people to use opioids as well, such as difficulty with money or being around those who use drugs. Can you identify with any of those situations?"*

Identifying cues is easier for some patients than others. If they struggle coming up with cues, assure them it takes practice. The more specific the cue, the easier it will be to address.

### 2. Develop Coping Strategies

Use patient-generated cues to develop specific coping strategies. Tailor them closely to the patient's situation. If the patient identifies getting a call from their drug dealer as a cue, suggest blocking the dealer's number. If anxiety is an internal cue, mindfulness exercises might help. The most effective coping strategies teach patients ways to manage cravings, negative thoughts, and emotions.

*Therapist: "When you experience cravings or face high-risk situations, what strategies could you use to manage those feelings? Let's brainstorm some ideas together."*

Try the SMART goals framework for crafting coping strategies: **S**pecific, **M**easurable, **A**ction-oriented, **R**ealistic, **T**imely.

### 3. Identify Negative Thoughts

According to CBT, one's feelings are a direct result of how one interprets external events. These "automatic thoughts" form quickly and without rational input. A patient might have one occasion of opioid use and think, "I'm a total failure. I'll never get sober." This sort of negative automatic thought might make the patient feel badly and lead to further opioid use.

Learning to identify automatic thoughts, and to differentiate them from feeling states, is a central tenet of CBT. A tool that many patients and providers find useful is an **A**ctivating event, **B**elief/thought, **C**onsequence (ABC) worksheet.

*Therapist: "What negative thoughts might lead you to use opioids?"*

### 4. Challenge and Restructure Negative Thoughts

Once your patient is adept at identifying automatic thoughts, work together to challenge and restructure them. Consider adding a D column to the ABC worksheet: "**D**ispute the evidence." (See the sample ABCD worksheet in this book.)

*Therapist: "Let's examine the automatic thoughts you identified and look at them rationally. Is there any actual evidence they are true? What are some other ways of seeing the situation?"*

### 5. Relapse Prevention Planning

Develop a prevention plan. Be as collaborative as possible and refine the plan over multiple sessions (the more explicit the better):

- Write out automatic thoughts and ways the patient might restructure the thoughts when they come up
- Write out external cues and coping strategies for dealing with them

*Therapist: "Let's take what we've learned so far to construct a plan minimizing the chances of going back to drug use. We should make a list of all the cues you've identified so far and write out how to cope with each so you can refer to it in the future."*