Cognitive Behavioral Therapy for Stimulant Use Disorder

Q. What is cognitive behavioral therapy?

A. Cognitive behavioral therapy (CBT) is a form of psychological treatment that is recommended for the treatment of stimulant use disorder. CBT can be administered alone or in combination with other treatments (e.g., contingency management; VA/DoD, 2015; Farronato et al., 2013). Critical components of CBT are functional analysis (i.e., identifying thoughts, feelings, and situations which precipitate and result from use) and coping skills training (Farronato et al., 2013). As those with stimulant use disorder are a diverse group, the skills taught are highly individualized. However, typical skills include coping with cravings, identifying triggers, addressing ambivalence, refusal skills, dealing with high-risk situations, and problem solving (Carroll, 1998). Manualized CBT approaches often focus on a specific stimulant, such as cocaine. While employing CBT in the treatment of cocaine use, individual therapy is preferred (although group treatment is possible), in 12–16 sessions over 12 weeks (Carroll, 1998).

Q. What is the theoretical model underlying CBT for stimulant use disorder?

A. CBT for stimulant use disorder is based on social learning and on operant and classical conditioning (Carroll, 1998; Farronato et al., 2013). According to social learning theory, stimulant use disorder might be learned by watching others use substances to cope with problems. Operant theory postulates that if stimulant use is perceived as pleasurable, the behavior will be reinforced and continue in the future. Classical conditioning suggests that drug urges and cravings are derived from a consistent pairing of drug use with specific cues (i.e., paraphernalia, places, people, or mood states) that can lead to associative learning. Eventually, exposure to the cues alone will elicit intense cravings for use (Carroll, 1998). CBT for stimulant use disorder is designed to address each of these theoretical reasons for use through new skills training and new associative learning.

Q. Is CBT recommended as a treatment for stimulant use disorder in the Military Health System (MHS)?

A. **Yes.** The *2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* recommends CBT for the treatment of patients with stimulant use disorder, with a “strong for” strength of recommendation.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CBT as a treatment for stimulant use disorder?

A. **No.** Other authoritative reviews have not substantiated the use of CBT as a treatment for stimulant use disorder.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on CBT for stimulant use disorder were identified.
- Cochrane: A 2018 systematic review of cognitive-behavioral treatment for amphetamine-type stimulants (ATS)-use disorders identified two trials comparing a single session of CBT to a waitlist control group (Harada, Tsutomi, Mori, & Wilson, 2018). Results were mixed across the studies and the overall quality of the evidence was low. The authors concluded there was insufficient evidence that CBT is effective or ineffective at treating ATS use.

Q. What conclusions can be drawn about the use of CBT as a treatment for stimulant use disorder in the MHS?

A. The *2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* strongly recommends CBT for the treatment of stimulant use disorder. Much of the research forming the basis of this recommendation was done with patients with cocaine use disorder. Much less evidence is available for non-cocaine stimulant use disorder. Clinicians should consider several factors when choosing a front-line treatment with their patient. Treatment decisions should take into account practical considerations such as availability and patient preference that might influence treatment engagement and retention.

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Released August 2020 by the Psychological Health Center of Excellence
301-295-7692 | pdhealth.mil