

## H3-5 Approaches to Therapy

Some different approaches to therapy are described below, using the example of substance abuse problems.

### **Cognitive therapy**

This therapy posits that substance abuse disorders reflect habitual, automatic, negative thoughts and beliefs that must be identified and modified to change erroneous ways of thinking and associated behaviors. The desire to use substances is typically activated in specific, often predictable high-risk situations, such as upon seeing drug paraphernalia or experiencing boredom, depression, or anxiety. This approach helps clients examine their negative thoughts and replace them with more positive beliefs and actions. Many relapse prevention strategies use cognitive processes to identify triggering events or emotional states that reactivate substance use and replace these with more healthful responses.

### **Behavioral therapy**

Using this approach, which is based on learning theories, the therapist teaches the client specific skills to improve identified deficiencies in social functioning, self-control, or other behaviors that contribute to substance use disorder. Some of the techniques that are used include assertiveness training, social skills training, contingency management, behavior contracting, community reinforcement and family training (CRAFT), behavioral self-control training, coping skills, and stress management.

### **Cognitive-behavioral therapy**

This approach combines elements of cognitive and behavioral therapies, but in most substance abuse treatment settings it is considered a separate therapy. This approach focuses on learning and practicing a variety of coping skills. The emphasis is placed on developing coping strategies, especially early in the therapy. Cognitive-behavioral therapy is thought to work by changing what the client does and thinks rather than just focusing on changing how the client thinks.

### **Strategic/interactional therapies**

These approaches seek to understand a client's viewpoint on a problem, what meaning is attributed to events, and what ineffective interpersonal interactions and coping strategies are being applied. By shifting the focus to competencies, not weaknesses and pathology, the therapist helps clients change their perception of the problem and apply existing personal strengths to finding and applying a more effective solution.

### **Solution-focused therapy**

Using this approach, the therapist helps a client with a substance abuse disorder recognize the exceptions to use as a means to reinforce and change behavior. Future behavior is based on finding solutions to problem behaviors. Little or no time is spent talking about the problem; rather, therapy is focused on solutions that have already worked for the client in the past.

### **Humanistic and existential therapies**

These therapies assume that the underlying cause of substance abuse disorders is a lack of meaning in one's life, a fear of death, disconnectedness from people, spiritual emptiness, or other overwhelming anxieties. Through unconditional acceptance, clients are encouraged to improve their self-respect, self-motivation, and growth. The approach can be a catalyst for seeking alternatives to substances in order to fill the emptiness experienced and expressed as substance abuse.

### **Psychodynamic therapy**

The psychodynamic therapist works with the assumption that a person's problems with substances are rooted in unconscious and unresolved past conflicts, especially in early family relationships. The goal is to help the client gain insight into underlying causes of manifest problems, understand what function substance abuse is serving, and strengthen present defenses to work through the problem. A strong therapeutic alliance with the therapist assists the client to make positive changes.

### **Interpersonal therapy**

This therapy, which combines elements of cognitive and psychodynamic therapies, was originally developed to work with clients with depression but has been used successfully with substance-abusing clients. It focuses on reducing the client's dysfunctional symptoms and improving social functioning by concentrating on a client's maladaptive patterns of

## ***H3-5 (continued)***

behavior. It is supportive in nature, providing encouragement, reassurance, reduction of guilt, and help in modifying the client's environment.

### **Family therapy**

While not a distinct "school" of therapy, family therapy is a modality that either treats the client as part of a family system or considers the entire family as "the client." It examines the family system and its hierarchy to determine dysfunctional uses of power that lead to negative or inappropriate alignments or poor communication patterns and that contribute to substance use disorder by one or more family members. The therapist helps family members discover how their own system operates, improve communication and problem-solving skills, and increase the exchange of positive reinforcement.

### **Group therapy**

This modality (also not a distinct theoretical school) uses many of the techniques and theories described to accomplish specified goals. In some group therapy, the group itself and the processes that emerge are central to helping clients see themselves in the reactions of others, although the content and focus of the groups vary widely.

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