COPING SKILLS FOR SUBSTANCE ABUSERS

Most substance abusers use drugs and alcohol as a way to "cope" with stressors in their lives. Coping Skills Training is one element of relapse prevention and should be done within a comprehensive substance abuse program (for more information see "Relapse Prevention" summary). Coping Skills Training incorporates elements of cognitive behavioral therapy and helps develop new ways to cope without the use of drugs or alcohol.

Coping Skills Training

First, it should be determined what skills need to be taught. This can be done using tools, such s a "functional analysis" using the ABC method (model shown on last page). The functional analysis identifies:
   A. The antecedent, what triggers or happens right before use?
   B. The behavior, what is the behavior that follows to cope with the antecedent (this is drug or alcohol use)?
   C. The consequence, what is the consequence of the behavior?

For chronic drug and alcohol abusers there will a very long list of antecedents. If time in treatment is limited, choose the most prominent antecedents that span a variety areas of the individual's life (home, family, work, school, etc.). At this point positive coping skills need to be taught and practiced until the individual is well versed at using the skill. The new coping skill can be substituted for B. (the behavior), which will be followed by a new C. consequence in the functional analysis.

The following is an abbreviated list of coping skills taken from Kadden (2002); however, if treatment staff are going to be involved in coping skills training it is recommended they purchase and follow an evidenced based coping skills manual.

Coping Skills
- Managing thoughts and cravings for use: Thoughts and cravings can be managed by "challenging them (recalling unpleasant experiences that resulted from using), anticipating the benefits of not using, distracting oneself, delaying the decision to use or not, leaving the situation, and seeking support" (Kadden, 2002, p. 10).
- Anger management: Skills used to control anger can include, identifing triggers, relaxation training, time-outs, generating multiple solution, etc., (Kadden, 2002, p. 11).
- Negative Thinking: Involves identifying negative cognitions, substituting them for positive cognitions, thought stopping, and positive self-talk (Kadden, 2002, p. 11).
- Pleasant activities: The individuals should list activities they enjoy and find fulfilling that are not self-defeating and scheduling them into their lives. Examples include spending time with parents/children, going to a movie, volunteering, working out, etc., (Kadden, 2002, p. 12).
- Decision-making: "Decision-making training can help clients think ahead to the possible consequences of all the decisions they make, even the ones that are seemingly irrelevant to substance use, to increase the likelihood that they will anticipate, and act upon, the relative risks associated with various decision options," (Kadden, 2002, p. 12). For example, the decision to drive a particular route may seem harmless; however, that route may take them past a bar or drug dealer's home which may trigger the urge to use.

- <u>Problem solving:</u> Is similar to decision making, but is used after a problem has presented itself. Problem solving involves generating multiple solutions and identifying the risks and benefits of each and then choosing a solution. Later, the individual should review the problem and chosen solution to assess its adequacy and refine or change it for future use, (Kadden, 2002, p. 13).
- <u>Planning for emergencies:</u> To cope with unexpected emergencies the individual should have at least one emergency plan. This plan will be unique to each individual, but could include going to a parent's house, calling emergency hotlines, check into a hospital, etc., (Kadden, 2002, p. 13).
- <u>Drink/drug refusal:</u> This may involve, avoiding people who use drugs or alcohol, saying "no" assertively (without making excuses that the "offerer" can counter), changing the topic of conversation, telling the "offerer" her or she is trying to stay clean and asking them not to offer him or her drugs or alcohol, (Kadden, 2002, p. 14).
- <u>Handling criticism:</u> Before criticizing others the individual should calm him or herself down, state the negative behavior and request a behavioral change. When receiving criticism her or she should be taught to remain calm, request clarification of the negative behavior and what change the criticizer wishes to see. Then he or she can have a productive conversation and make a rational decision to change the behavior if the change is justified, (Kadden, 2002, p. 14-15).
- <u>Intimate relationships:</u> Individuals should be taught relational skills, such as, disclosing, listening, empathy, and to express negative feelings without attacking, etc., (Kadden, 2002, p. 15).
- <u>Enhancing positive social support network:</u> Substance abusers need to build new positive friendship and activities, that do not include drugs or alcohol, (Kadden, 2002, p. 16).

How coping skills should be taught:
- Begin with the simpler skills and then move to more advanced skills.
- Verbally introduce the skill. This should include a rationale, description, and discussion with the individuals in treatment.
- Counselor should then model the skill and invite further discussion.
- Next, the individuals in treatment should role-play with the counselor and others in treatment, which should be followed by constructive criticism and positive reinforcement.
- Assign homework and additional practice for the individuals outside of the group or individual session.
- Continue to practice the skills until the individual is well versed at each of the skills. In addition it may be helpful for individual to write their coping skills on index cards and carry them with them at all times as reminders, especially following treatment.

REFERENCE:

Kadden, R. (2002). Cognitive-Behavioral Therapy for Substance Dependence: Coping Skills Training.
Retrieved from: http://www.bhrm.org/guidelines/CBT-Kadden.pdf

Functional Analysis

A. Antecedent   **B. Behavior**   **C. Consequence**

B. Antecedent   **B. (New) Behavior**   **C. (New) Consequence**