CBTm

COGNITIVE BEHAVIOUR THERAPY WITH MINDFULNESS

THÉRAPIE COGNITIVO-COMPORTEMENTALE DE LA PLEINE CONSCIENCE

FOR ADDICTIONS

Class 2 Triggers and Cravings

Ground Rules

Respect others

Please respect everyone's confidentiality

Please do not share with the class personal stories of trauma or suicidal or violent thoughts

Talk to us

If you are distressed, please talk to staff members individually for resource options

Class Outline

- Mindfulness
- CBT Model
- Review of Previous Action Plan
- Review of Realistic Thinking
- Understanding Triggers and Cravings
- Coping
- Your Action Plan

Mindfulness

(the 'm' in CBTm)

To focus on the present rather than the past or future



Images retrieved from: https://www.istockphoto.com/nl/illustraties/mindfulness

To observe without judgement

- To notice
- To be curious
- To accept our experiences

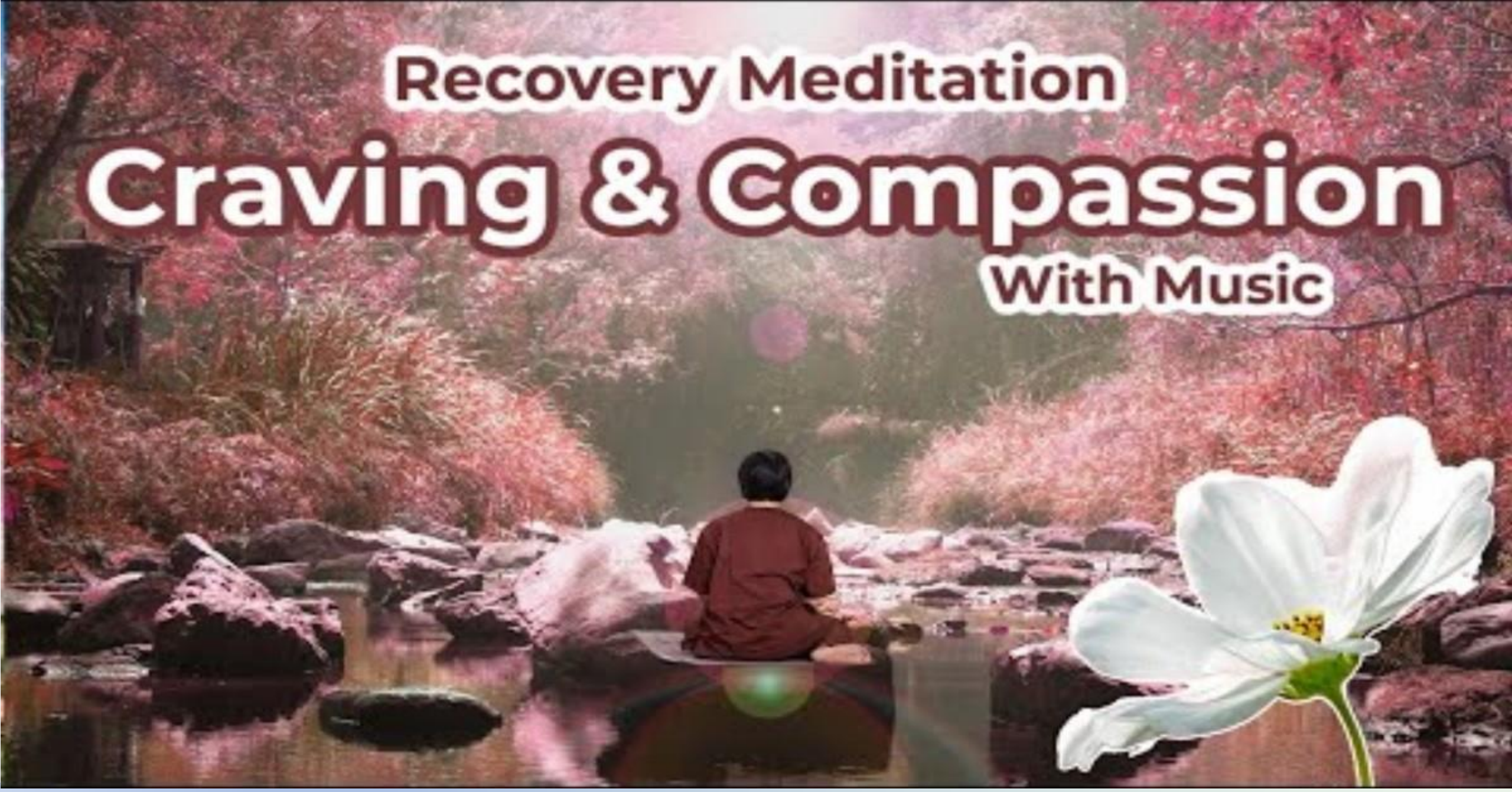
Helpful for stress reduction

Is for everyone



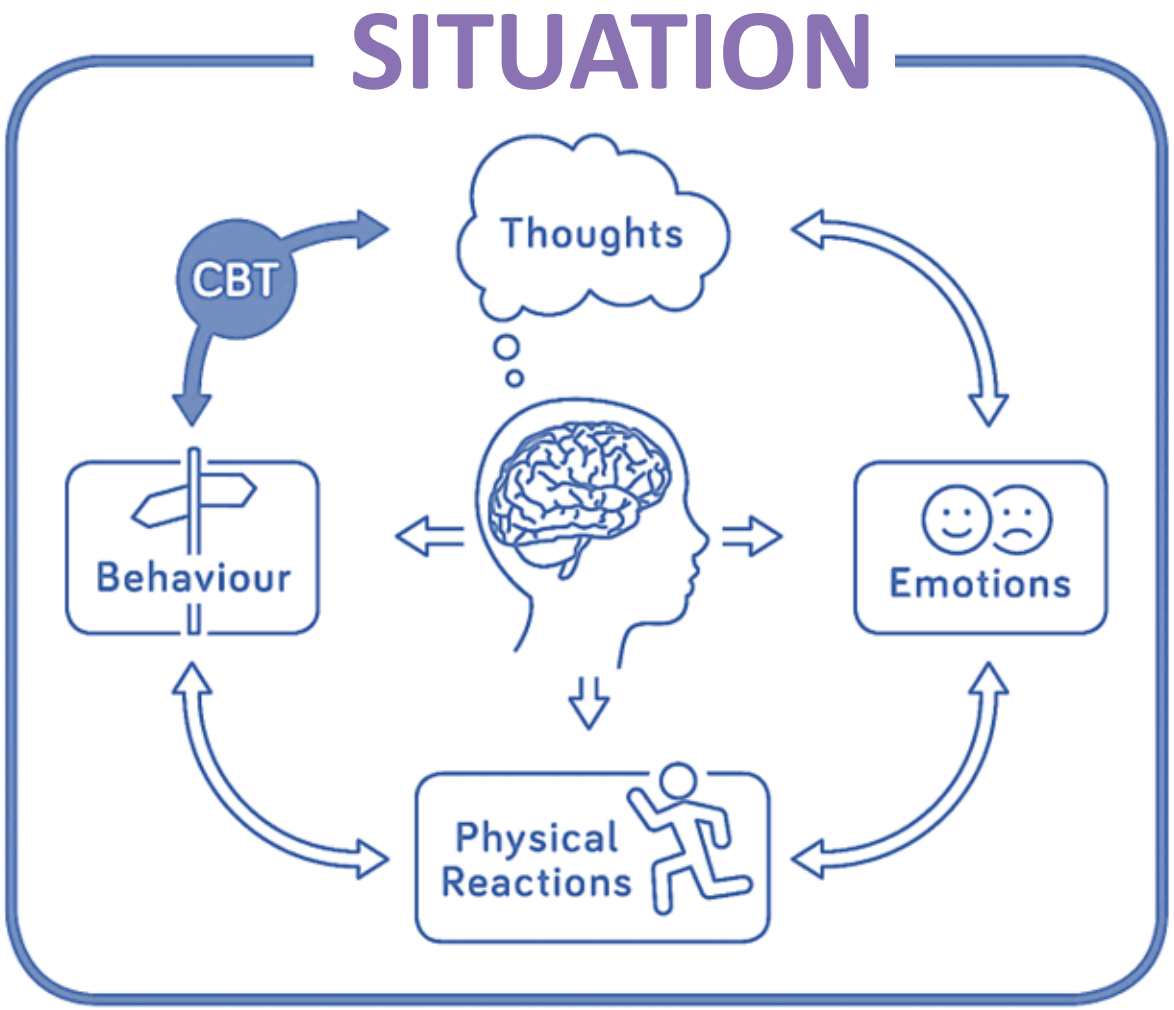
Anywhere, anytime

- Focus on breath
- Pay attention to activities
- Observe objects
- Listen to sounds



https://youtu.be/LMdU-zD9mQE?si=3hUIEdOK8qPw0qZ9

The CBT Model



Review Your Previous Action Plan



Review materials



Mindfulness

5 min twice/day



1 thought record



Spend 15 min on smartrecovery.org or **heretohelp.bc.ca**

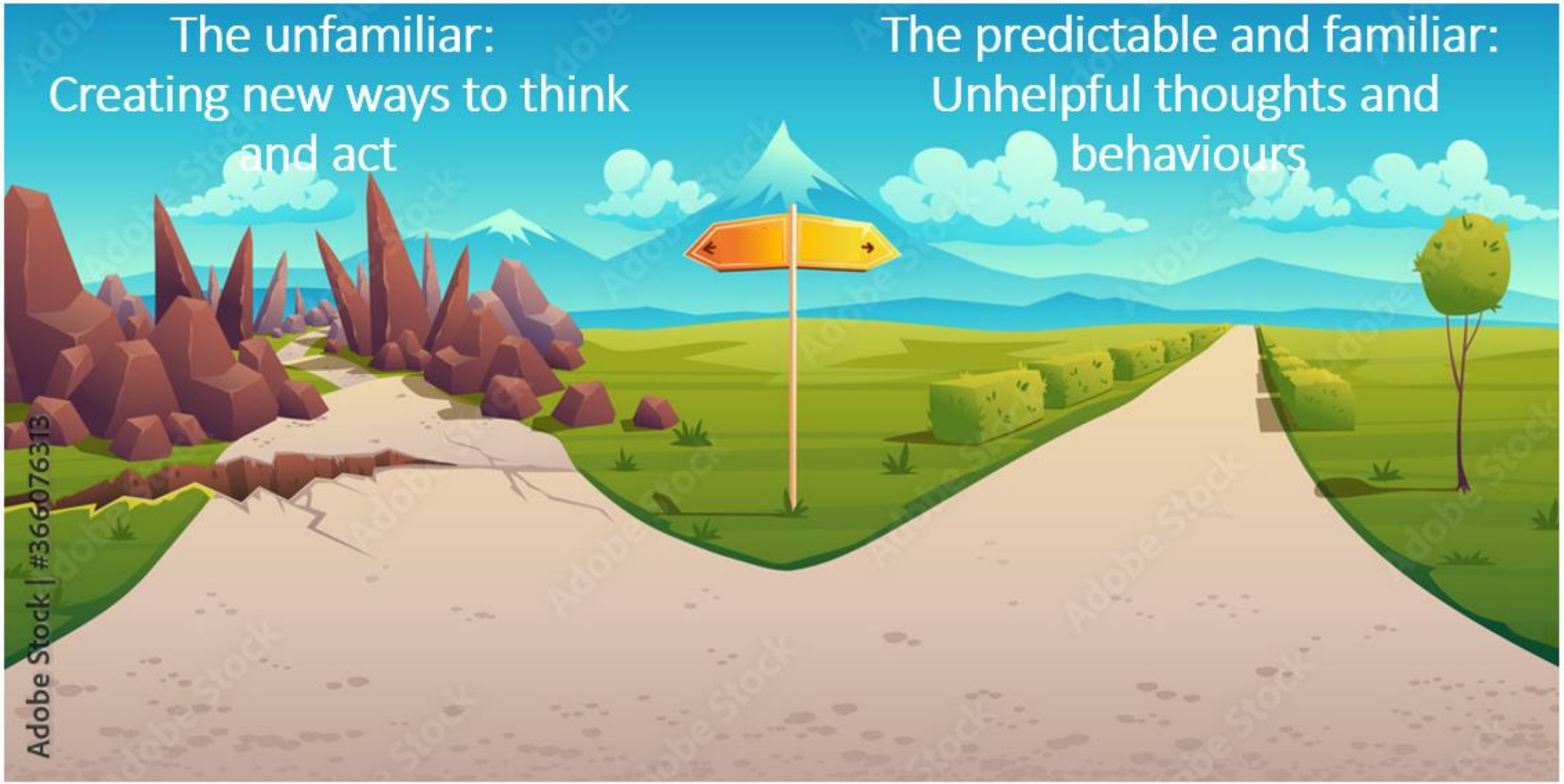
Class Outline

- Mindfulness
- Review of Previous Action Plan
- Review of Realistic Thinking
- **Understanding Triggers and Cravings**
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Positive Cognitive Distortions

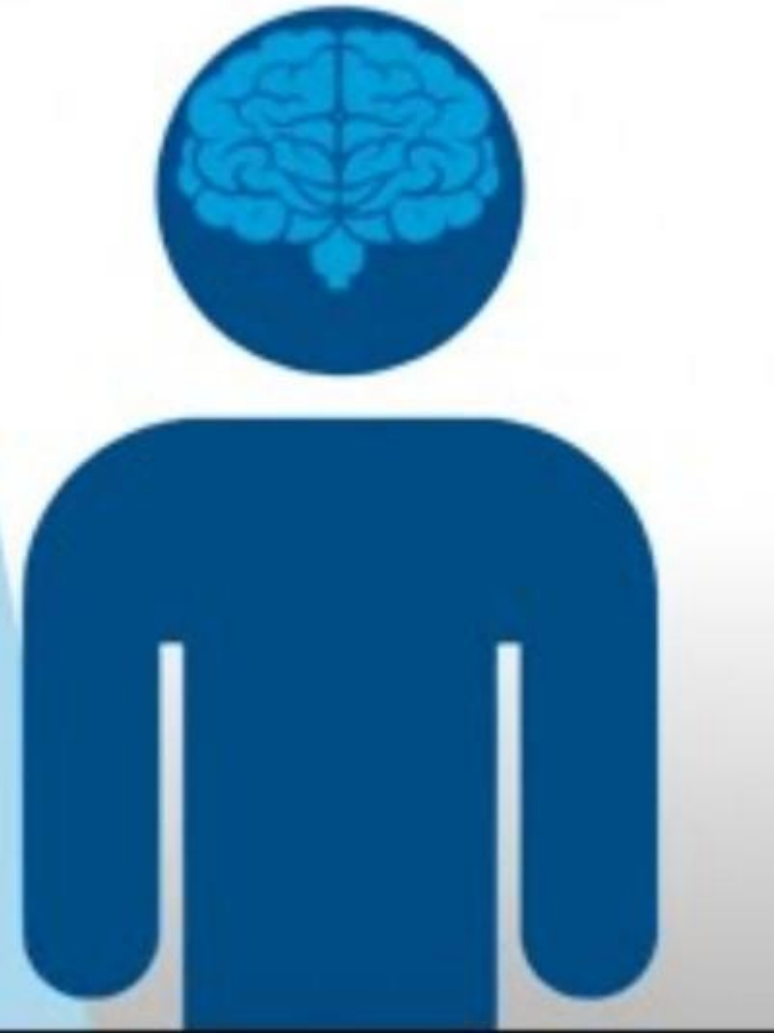
Distorted "Positive" Thought	Why It's a Trap (Distortion)	Healthy CBT Reframe
"I deserve a reward."	Rationalizes returning to substance use or indulgence.	"I deserve health and peace. I can reward myself in better ways."
"One time won't hurt."	Minimizes the consequences.	"One time can restart the cycle. I want to stay free."
"I can control it this time."	Overestimates self-control; common before returning to use.	"If I've lost control before, I need to stay vigilant—not test myself."
"It helps me relax / cope."	Romanticizes the substance/behavior.	"It may numb me now, but it makes things worse later."
"I've been doing so well—I can handle a little."	Slippery slope logic.	"Success doesn't mean immunity. Staying away from alcohol/drugs is how I stay strong."
"Other people do worse things."	Compares to avoid responsibility.	"This is about my health, not others' mistakes."
"I can quit anytime."	Illusion of control; often denial.	"If that were true, I wouldn't need to prove it. Let me focus on abstaining."

Intro to neuroplasticity



sentis positive safety

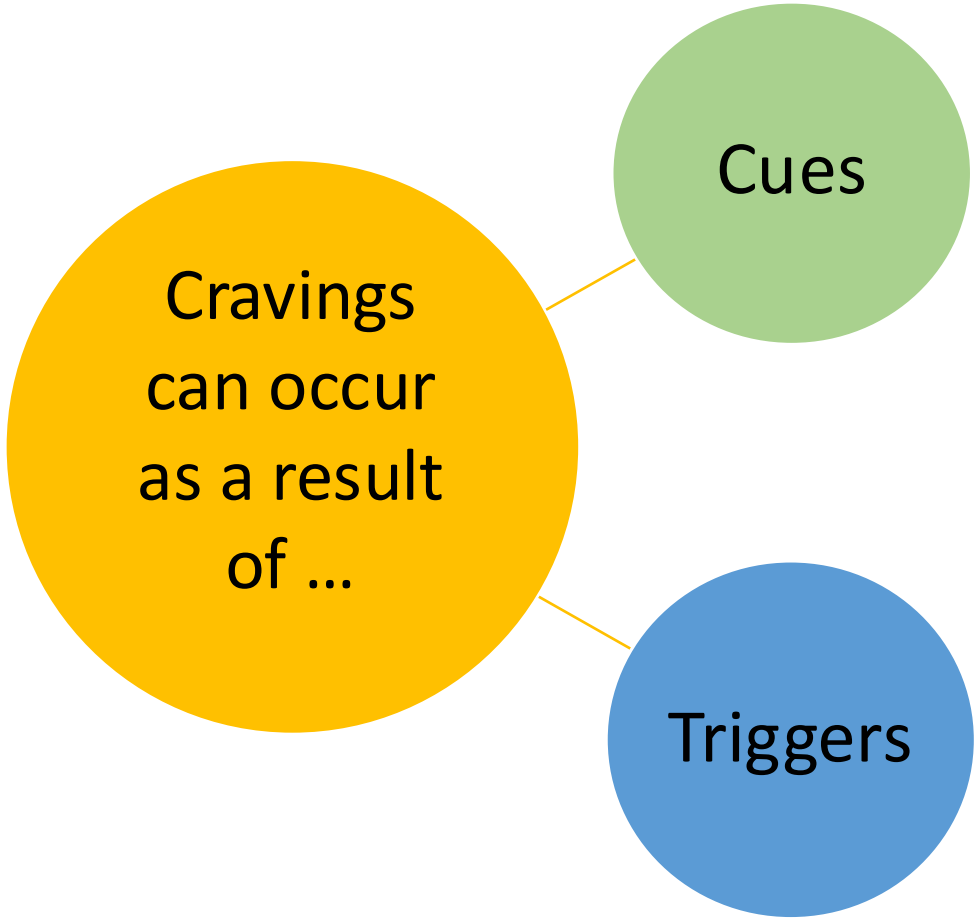
HOW NEUROPLASTICITY WORKS



https://youtu.be/ELpfYCZa87g?si=ly2tsJujMFldNrXr

CBTm

Cues and Triggers



Cues are everyday things, places, or feelings that remind us of using a substance.

Examples include:

- Favorite social spots
- Payday
- Specific sights, sounds, or smells
- Certain moods or thoughts
- Hanging out with specific people

Triggers are things that cause strong feelings and lead to the urge to use. They often happen during stressful moments or difficult interactions with others.

Everyday Examples

- Relationship tension: Fighting with a partner, family member, or friend.
- Work stress: Difficult conversations with a boss or coworker.
- Anxiety-inducing events: Public speaking or crowded social gatherings

(Hawe, 2021.)

Understanding Cravings – What do your cravings look like?

Physical

- Some examples include:
  - Heart racing, feeling in the stomach, or imagining the smell or taste

Cognitive

- Some examples include:
  - Not being able to get it off your mind, or feeling the need for it now
- Do you notice any thinking traps?

Emotional

- Some examples include:
  - Nervousness, boredom, irritability, loneliness

Cues and Triggers: Factors to Consider

Social	Mood	Environment	Thoughts	Physical
Who do you use with? Does someone you live with use?	What was your mood like? Were you happy, sad, anxious, angry etc.	Where do you use? Is there something about the place that cues use? Do you go there often?	What were you thinking about before using?	Were you in pain or withdrawal?

Coping with Cravings

Avoid cues and/or triggers – to discuss further	Identify automatic thoughts that accompany your cravings, and utilize self-talk to challenge/dispute them
Prepare a list of distracting activities (often physical or mental) in advance to use when a craving arises	Use guided imagery to view your addiction as a "monster" and separate from you. Visualize yourself battling the monster.
Talk about the craving and your thoughts/feelings about it with abstinent and understanding friends/family (pets are family too!)	Contingency management – reward yourself each time you successfully navigate and resist a craving (e.g., a coin jar)
Crave surfing – let the cravings peak and pass, while being mindful of thoughts and feelings. Use guided imagery to imagine yourself surfing a wave or climbing to a peak. Substitute addictive behaviour with other activities.	Play the whole film – recall not just the appealing initial context of substance use [that cravings focus on], but also the feelings and comedown symptoms that follow afterwards (e.g., anxiety, depression, guilt)
Recall the negative consequences (financial, health, relationships); visualize your "rock bottom" (it might be helpful to write this out to reference in the future)	Have a pre-planned escape plan if you find yourself in a situation where you are more likely to use and experience cravings

Cues and Triggers: HALT



H

Hungry

Eat a nutritious meal



A

Angry

Practice mindfulness and/or testing thoughts



L

Lonely

Connect with/get support from others



T

Tired

Take a nap

Cravings

Are normal and common to experience (Hawe, 2021)

Are time-limited (15-20 minutes)

They can continue for a while after use has stopped (DeMarce et al., 2014, as cited in Shared Health, n.d.)

The strength of cravings lessens over time when use does not occur when cravings do arrive

Cravings are the strongest when use is reduced or stopped

Stopping use completely stops cravings earlier. Cravings will lessen over time

There are medications that can help with cravings

Your Action Plan

Review Handouts

Mindfulness 5 min twice a day

Thought Record – Cravings or Triggers

- Access a thought record on the go by visiting the skills practice area: https://cbtm.ca/for-clients/thought-record-worksheet/



Resources

Adult Mobile Crisis Unit (24/7)	• Call (204-940-1781)
Klinic Crisis Line	• Call (204-786-8686) OR (1-888-322-3019)
Crisis Response Centre	• Call 204-940-1781. For *Community Intake* call: 204-788-8330
Manitoba Suicide Prevention & Support Line (24/7)	• Call (1-877-435-7170). Visit their website https://www.reasontolive.ca
Manitoba Farm, Rural & Northern Support Services	• Call 204-571-4182 or 1-866-367-3276. Visit their website: https://supportline.ca/
First Nations and Inuit Hope for Wellness Help Line	• Call (1-855-242-3310). An online chat feature is also available on their website https://www.hopeforwellness.ca
Suicide Crisis Helpline (24/7) 9-8-8	• Call or text 9-8-8 for trauma-informed and culturally appropriate suicide prevention support

Resources

Manitoba Addictions Helpline	• Call or text 1-855-662-6605. Visit their website http://mbaddictionhelp.ca/
Problem Gambling Helpline	• Problem Gambling Helpline open 24 hours in Manitoba • Call 1-800-463-1554
WRHA Addictions Recovery Services	• Call 204-944-6209. Visit their website https://wrha.mb.ca/mental-health/addictions-recovery-services/
Mental Health & Addictions - Shared Health	• Visit their website https://sharedhealthmb.ca/services/mental-health/

CBTm Class Evaluation

