

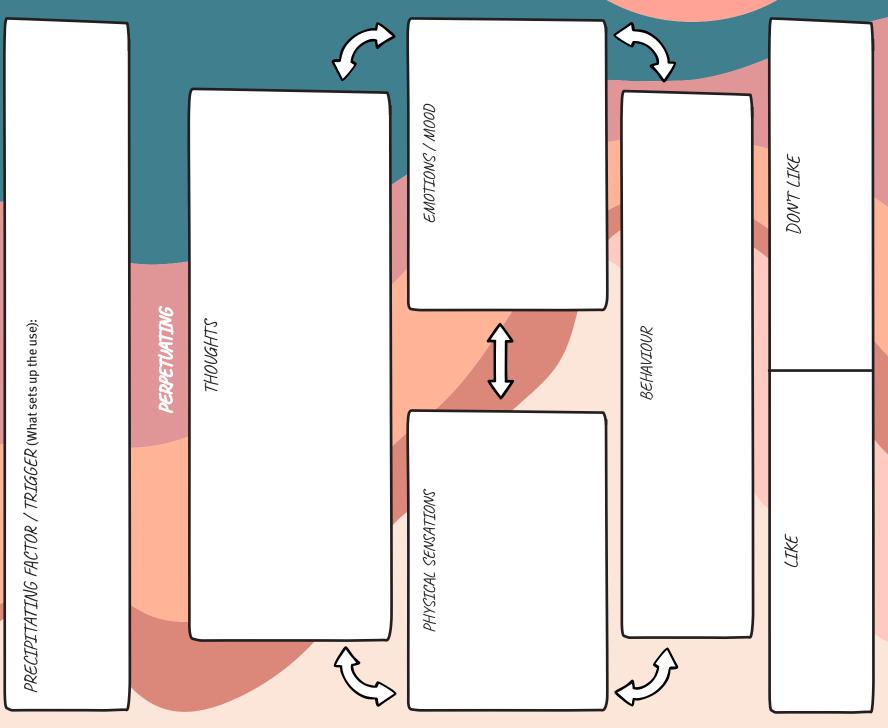


CBT 4 AOD WORKERS PART I: SUPPLEMENT PACK

CBT 4 AOD: FUNCTIONAL ANALYSIS & FORMULATION GUIDE

PLAN
PROTECTIVE Things that may have stopped the substance use from escalating. Internal and external resources that can be used to support change.
PREDISPOSING Early childhood, social, cultural & life experiences that may have contributed (e.g. developmental factors, family history & relationships, coping styles, core beliefs, rules etc.) that contribute to the presenting issue(s)
ONSET FORMULATION
PRESENTING ISSUE(S) Reason(s) for entering the service.
NAME: DATE:

SITUATIONAL FORMULATION



Beck, A. T., Wright, F. D., Newman, C. F., & Liese, B. S. (1993). Cognitive therapy of substance abuse. The Guilford Press.

DeMarce, J. M., Gnys, M., Raffa, S. D., & Karlin, B. E. (2014). Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans: Therapist Manual. Washington, DC: U.S. Department of Veterans Affairs.

Mitcheson, L., Maslin, J., Meynen, T., Morrison, T., Hill, R., & Wanigaratne, S. (2010). Applied Cognitive and Behavioural Approaches to the Treatment of Addiction: A Practical Treatment Guide. John Wiley & Sons.

Suggested citation: Insight Centre for AOD Training and Workforce Development, CBT 4 AOD: Functional Analysis & Formulation Guide. Insight; 2024; Brisbane.





				PRECIP		NAME:
LIKE		PHYSICAL SENSATIONS		PRECIPITATING FACTOR / TRIGGER (What sets up the use):	2	
	BEHAVIOUR		PERPETUATING THOUGHTS	(What sets up the use):	SITUATIONAL FORMULATION	
DON'T LIKE		EMOTIONS / MOOD				DATE:

SITUATIONAL FORMULATION

EMOTIONS/ MOOD DON'T LIKE PERPETUATING THOUGHTS $PRECIPITATING\ FACTOR\ /\ TRIGGER\ (What sets up the use)$: BEHAVIOUR PHYSICAL SENSATIONS LIKE

Beck, A. T., Wright, F. D., Newman, C. F., & Liese, B. S. (1993). Cognitive therapy of substance abuse. The Guilford Press.

DeMarce, J. M., Gnys, M., Raffa, S. D., & Karlin, B. E. (2014). Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans: Therapist Manual. Washington, DC: U.S. Department of Veterans Affairs.

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NAME:

DATE:

Please read the statements below and rate how much you agree or disagree with each one.

Totally Disagree	1
Disagree Very Much	2
Disagree Slightly	S
Neutral	4
Agree Slightly	5
Agree Very Much	6
Totally Agree	7

20.Th	19. Wh	18. If t	17. Eith	16. Wh	15. Sin	14. I'll	13. The	12. The	11. If y me to	10. Th	9. l ca	8. 1'11 1	7. Onc	6. I do	5. I'll a	4. The	3. Crav	2. lf l c	1. The
20. The craving is stronger than my willpower.	19. When craving drugs, it's OK to use alcohol to cope.	18. If the craving gets too intense, using drugs is not the only way to cope with the feeling.	17. Either I'm craving drugs or I'm not; there is nothing in between.	16. When I'm really craving drugs I can't function.	15. Since I'll have the craving the rest of my life I might as well go ahead and use drugs.	14. I'll never be prepared to handle the craving.	13. The craving makes me so nervous I can't stand it.	12. The images/thoughts I have while craving drugs are out of my control.	11. If you have never used drugs, then you have no idea what the craving is like (and you can't expect me to resist).	10. The craving is my punishment for using drugs.	9. I can't stand the physical symptoms I have while craving drugs.	8. I'll have cravings for drugs for the rest of my life.	7. Once the craving starts, I have no control over my behaviour.	6. I don't have any control over the craving.	5. I'll always have cravings for drugs.	4. The cravings makes me use drugs.	3. Cravings can drive you crazy.	If I don't stop the cravings they will get worse.	 The craving is a physical reaction; therefore, I can't do anything about it.





DATE

BELIEFS ABOUT SUBSTANCE USE (BSU)

Listed below are some common beliefs about drug use. Please read each statement and rate how much you agree or disagree with each one.

Ł	Totally Agree
9	Agree Very Much
5	Agree Slightly
4	Neutral
8	Disagree Slightly
7	Disagree Very Much
7	Totally Disagree

1. Life without using is boring.
2. Using is the only way to increase my creativity and productivity.
3. I can't function without it.
4. This is the only way to cope with pain in my life.
5. I'm not ready to stop using.
6. The cravings/urges make me use.
7. My life won't get any better, even if I stop using.
8. The only way to deal with my anger is by using.
9. Life would be depressing if I stopped.
10. I don't deserve to recover from drug use.
11. I'm not a strong enough person to stop.
12. I could not be social without using.
13. Substance use is not a problem for me.
14. The cravings/urges won't go away unless I use drugs.
15. My substance use is caused by someone else (e.g. spouse, boyfriend/girlfriend, family member).
16. If someone has a problem with drugs, it's all genetic.
17. I can't relax without drugs.
18. Having this drug problem means I am fundamentally a bad person.
19. I can't control my anxiety without using drugs.
20. I can't make my life fun unless I use.



DATE:

NAME:





THOUGHT / BELIEF (Identify and define the belief)		
Chron oth Dating		
Strength Rating		
O Don't believe		Totally believe
EVIDENCE FOR	EVIDENCE AGAINST	IS ANYTHING BEING OVERLOOKED?
	21,222	
DOES THE EVIDENCE SUPPORT MY THOUGHT / BE	EL1EF?	
DOES THIS CHANGE THE STRENGTH RATING?		
0 —		100
Don't believe		Totally believe

CBT 4 AOD: LEARNING EXPERIENCE GUIDE

NAME:	DATE:





	PLANNING	REVIEW			
1. SITUATION Brief Outline	2. EXPERIMENT What will you do?	3. PREDICTION What would usually happen? Rate belief (0 – 100)	4. EXPERIENCE What actually happened? Was the prediction correct?	5. WHAT WAS LEARNED	

Step 1: Identify a situation where AOD related thoughts will be triggered. Step 2: Write the specific AOD related thoughts to be tested, including strength of ratings. Step 3: The actual experiment that will test the AOD related thoughts. Complete Steps 4 and 5 after experiment. Step 4: Describe the results of the experiment. Step 5: The take home messages and learnings.

CBT 4 AOD: CRAVINGS/URGE MONITORING

VAME:	DATE:





DATE / TIME	SITUATION (Where was I? What was I doing?)	STRENGTH RATING (0-100%)	HOW I RESPONDED

CBT 4 AOD: THOUGHT MONITORING

IAME:	DATE:





SITUATION Describe the people, place or thing that triggered the craving/urge	THOUGHTS Note any automatic thoughts (or self-talk) you had about using	FEELING What feeling(s) did you experience? (e.g. emotions or body sensations)