

Trainers note: In presenting this information on the psychological and social factors that trigger cravings to use D&A, this trainer is in no way discounting the biochemical origins of some cravings. What I am focusing on here are interventions that the client/consumer can make to decrease the amount of their cravings by avoiding some that are in their direct control.

OPERANT CONDITIONING -Drugs are very rewarding/reinforcing in that they are good at either giving pleasure or taking away pain. This reinforces/conditions the desire to use again for the same results. A desire for either pleasure or the removal of pain frequently triggers psychological cravings to use.

“What pleasure do you get from using your drug of choice?”

“What pain does your drug of choice cover up?”

CLASSICAL CONDITIONING - Over time certain “people, places and things” get paired with using D&A. These paired associations can by themselves trigger cravings to use D&A. An example of this is certain music which becomes paired with using and the music itself triggers a craving to use.

List examples of each

People

Place

Things

Biochemical - such as “non-alcoholic” beer or pain medications

Thought patterns which trigger cravings - such as memories of past trauma.

Thought patterns that give consent to using - such as “I am a victim, so why even try”.

Self-defeating behaviors which spawn cravings through conflict/ problem related stress - such as poor impulse control.

This is a combination of material from the National Institute on Drug Abuse publication *A Cognitive Behavioral Approach: Treating Cocaine Addiction*, 1998 and this trainer. harrdavi570@aol.com

AN IMPORTANT CBT STRATEGY TO DEAL WITH CRAVINGS IS “RECOGNIZE, AVOID AND COPE”.

Recognize what triggers you.

What interventions do you use to help your clients/consumers identify their triggers?

Do you have them share these in group for feedback and accountability purposes?

What interventions do you do when the client/consumer repeatedly exposes themselves to known triggering situations?

Avoid your identified triggers.

What interventions do you use to help your clients/consumers develop strategies to avoid their triggers?

Cope with them when you can't avoid a trigger. “You need a coping plan to deal with the craving with using until the craving passes.”

Do you do the above in group and individual sessions when situations in the client/consumer's life come up that appear to be leading them to an exposure to a significant trigger?

Are you proactive with this by making it a treatment plan objective that they do this even if a real life situation doesn't present itself, so that they are prepared ahead of time?

A possible treatment objective.

“Identify one of your triggers that you probably at some point in time can't avoid. Develop a plan that you can utilize to help you get through this situation without using and then share it in group for feedback.” For added effectiveness if the client/consumer is willing you can include a role play to this objective.