Working with Caregivers in Treatment for Substance Use Disorders: Modifications for implementing Alternatives for Families: a Cognitive Behavioral Therapy (AF-CBT)

Barbara Baumann, PhD
University of Pittsburgh
Alternatives for Families – a Cognitive Behavioral Therapy (AF-CBT)

a trauma-informed, evidence-based treatment designed to improve the relationship between children and caregivers in families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or child behavior problems.
Objectives

1. Describe the AF-CBT model, including the eligibility criteria and treatment phases.

2. Communicate to your agency the clinical considerations implementing AF-CBT for clients with substance use disorders.
Barbara Baumann, Ph.D.
• Clinical and developmental psychologist
• 25 years working with children and caregivers
• Multiple populations
  • Child behavior problems
  • Child maltreatment
  • Juvenile fire setters
  • Juvenile sex offenders
Please share a little about yourself, including your name, agency, and role.
WHAT IS AF-CBT?
The AF-CBT model is divided into 3 phases of treatment.

1. Engagement and Psychoeducation
   • Meet with child and caregiver individually to build engagement

2. Individual Skill-Building
   • Meet with child and caregiver individually to develop skills

3. Family Applications
   • Meet with the child and caregiver together to develop family routines and practice skills
Steps of AF-CBT

Phase III: Family Applications
- Solving Family Problems

Phase II: Individual Skill Building
- Enhancing Safety Through Clarification
- Verbalizing Healthy Communication
- Imaginal Exposure
- Techniques for Managing Behavior
- Assertiveness & Social Skills
- Noticing Positive Behavior
- Restructuring Thoughts
- Emotion Regulation
- Talking About Family Experiences & Psychoeducation
- Learning About Feelings & Family Experiences

Phase I: Engagement & Psychoeducation
- Alliance Building
AF-CBT combines several treatment modalities

- Anger Management
- Family Therapy
- CBT
- Parenting

AF-CBT

2018
AF-CBT is a skills-based therapy

Identify a skill

Teach the skill

Practice the skill
WHO?

BECOME FAMILIAR WITH WHICH CAREGIVERS AND FAMILIES ARE APPROPRIATE FOR THE MODEL
### Screening for AF-CBT Eligibility

**Criteria for Eligibility:** 1, 2, and 3 are all "Yes"

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child age 5-17 years is available to participate in services now or soon</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>2. At least one caregiver (biological, foster, kinship, offending, or non-offending) is available to participate in services now or soon</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>3. Caregiver and child have adequate cognitive skills repertoire and personal functioning to allow them to adequately participate and benefit from AF-CBT (e.g., no serious intellectual/cognitive limitations, no treatment-imparing mental illness or substance use behaviors including addiction)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
</tbody>
</table>

**Plus any item below (any item from 4 or 5) is a “Yes”**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Caregiver has an allegation or report of suspected physical abuse</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>4b. Caregiver has done something that resulted or could have resulted in an injury or harm to child</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>4c. Caregiver has likely used some type of excessive or harsh physical discipline with child</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>4d. Caregiver and child or family have conflicts and/or heated arguments, which may include caregiver anger or emotional abuse</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>5a. Child has a pattern of exhibiting oppositional, argumentative, and/or explosive/angry behaviors</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>5b. Child has been verbally or physically aggressive, and/or exhibited other high-risk behaviors</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>5c. Child has trauma symptoms related to physical discipline or family conflict</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
<tr>
<td>5d. Child has a history of conflict, excessive or harsh physical discipline, physical abuse, or being injured by a caregiver</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Unsure</td>
</tr>
</tbody>
</table>
Common Questions About AF-CBT Appropriateness

What if it’s not the offending caregiver?

What if the child is in foster care?

What if there was prior domestic violence?

What if the caregiver doesn’t live with the child?
Considerations when working with caregivers with substance use disorders
Access to caregivers and their children shapes the implementation

- Caregiver and children
- Caregiver only
- Teen only
Access to caregivers and their children shapes the implementation

- Caregiver and children
- Follow the AF-CBT model as designed
Access to caregivers and their children shapes the implementation

- Caregiver only
- Teen only
Duration of services impacts skill mastery

- 8 caregiver topics
- 6 child/teen topics
- 4 family topics
The stage of recovery will guide implementation.
Examples from 2 Clinics
Close-Ended Caregiver Group

• 4 caregivers in treatment for substance use disorders
• 2 therapists
• 7 tasks
• 20 weeks

This Photo by Unknown Author is licensed under CC BY-ND
Close-Ended Group Tasks

Steps of AF-CBT

Phase III: Family Applications
Phase II: Individual Skill Building
Phase I: Engagement & Psychoeducation

1. Alliance Building
2. Talking About Family Experiences & Psychoeducation
3. Emotion Regulation
4. Restructuring Thoughts
5. Noticing Positive Behavior
6. Techniques for Managing Behavior
7. Enhancing Safety Through Clarification
Outcome of Close-Ended Group

• 2 of 4 caregivers got their children back prior to the group ending
• The other two were on the way to getting back their children by the end of the group
We begin by helping caregivers to identify their positive life experiences.
Help caregivers to identify and discuss their stressful life experiences.
Relate how the caregiver handles stress to how their own caregivers handled stress. What’s the same and what’s different?
Discuss the good and bad things about participating in therapy. Empower caregivers to become their own decision makers.
We are trying to help people move to Contemplation or Preparation before teaching new skills.
Research supports implementing CBT to treat individuals with substance use behaviors.
AF-CBT focuses caregivers on changing what is within their control (the reaction triangle).
Can you change a windy day?
How we think, influences how we feel and how we act

it's all about which way you look.
What can we control?
You get Cut-off in traffic

Jerk! You could have killed me. I’ll show you! &*%^^&!!!

Anger
Disgust
Impatience

Cut them off, or flip them off, tailgate, yell, grip the steering wheel

Cause a wreck, blood pressure increases, angry when get home to family, injured

They didn’t realize they were cutting me off, maybe they are rushing because someone is hurt, I’ve cut people off before, it was an accident

Patience
Anger
Compassion
Grateful

Back off, slow down, continue singing along to the radio

Make it home safely, be more excited to see my family, keeping healthy
Individual therapy in an intensive outpatient setting

- Clinician and supervisor trained in AF-CBT
- Only treat adults and older teens
- Clients usually don’t want to involve their children in treatment
- Caregivers usually aren’t living with their children
ABC Model from individual therapy

Thoughts: I’m not a good dad; Kids will never forgive me; I can’t rebuild my relationships

Feelings: Guilt, Shame

Behavior: Avoid kids or give them anything they want

Consequences: Still a poor relationship with children

Missed 2 years with kids while in prison

A relationship with my kids is possible; My kids may forgive me one day

Patience, Grateful

Brought his child to treatment session; Learning parenting skills

Spending more time with kids that is positive

2018
Common areas to work on in individual therapy using AF-CBT

• How do you safely show frustration?

• Address “should” statements clients use to put themselves down

• Social skills – how to handle rejection; how to be assertive

• Problem solving – help identify which part of a problem you can control
Clarification is a process that all caregivers and children can benefit from.

- Caregiver takes responsibility
- Caregiver shares plans for the future
- Caregiver lets children know that he or she will keep them safe
By drafting a clarification letter, a caregiver can take time to decide how best to discuss these issues with his/her child.

- Draft the Clarification Letter
  - Write in session
  - Assign as home practice
Conclusions about modifying AF-CBT for clients with substance use disorders

• Use AF-CBT as designed when working with children and caregivers

• Consider a group format for caregivers alone

• Individual or group therapy can include many of the core AF-CBT components
What questions can I answer about AF-CBT?
Find AF-CBT providers on www.AFCBT.org
Contact Information

Barbara Baumann

BaumannBL@upmc.edu

412-246-5887
THANKS!

Barbara L. Baumann
www.afcbt.org