

Q. What is cognitive behavioral therapy?

A. Cognitive behavioral treatment models have been found to be effective in resolving alcohol use disorder (AUD). There are many variations of manualized cognitive behavioral therapy (CBT) for the treatment of AUD (Carroll et al., 1998; Kadden et al., 1992; McCrady, 2000; Monti et al., 1989). One prominent model (Marlatt & Donovan, 1985), for example, is based on relapse prevention. The most common relapse prevention strategies include identifying triggers for use (both interpersonal and intrapersonal), coping- and drug-refusal skills training, functional analysis of use, and increasing non-use activities.

Q. What is the treatment model underlying CBT for AUD?

A. Alcohol use, from the perspective of CBT, is a learned behavior (i.e., behavioral perspective). If alcohol is found to improve mood and decrease negative affect, the behavior is likely to persist. Alcohol use behaviors are then maintained by thoughts and emotions that precipitate use (i.e., cognitive theory; Kadden et al., 1992). Cognitive behavioral treatments focus on learning new non-use behaviors and changing thought processes that impact use.

Q. Is CBT recommended as a treatment for AUD in the Military Health System (MHS)?

A. **Yes.** The 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* gives the highest strength of recommendation (Strong For) for CBT in the treatment of patients with AUD.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CBT as a treatment for AUD?

A. **No.** Other authoritative reviews have not substantiated the use of CBT as a treatment for AUD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on CBT for AUD were identified.
- Cochrane: No systematic reviews on CBT for AUD were identified.

Q. What conclusions can be drawn about the use of CBT as a treatment for AUD in the MHS?

A. The 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* strongly recommends CBT for the treatment of AUD. It is unclear which front-line treatments for AUD, including psychotherapy and medications, are more effective for which patients, under which circumstances, and in which combinations. Clinicians should consider several factors when choosing a treatment with their patients. Treatment decisions should take into account practical considerations such as availability and patient preference that might influence treatment engagement and retention.

References

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