

Q. What is cognitive behavioral therapy?

A. Cognitive behavioral therapy (CBT) is a psychosocial intervention recommended for the treatment of cannabis use disorder (CUD). Several manualized cognitive behavioral treatments have been developed that use CBT skills alone or in combination with other treatments (e.g., motivational enhancement therapy, contingency management; Gates, Sabioni, Copeland, Le Foll, & Gowing, 2016). CBT interventions are delivered individually or in groups, and range from 1-14, 60-minute weekly sessions. CBT skills used in the treatment of CUD include identifying and avoiding triggers and high-risk situations, understanding drug use patterns, coping with urges and cravings, managing thoughts, problem solving, and refusing skills (The Marijuana Treatment Project Research Group, 2004).

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

A. CBT is based on a social learning model and skills management (Center for Substance Abuse Treatment, 1999). CUD is a learned behavior developed in response to internal (i.e., emotions, thoughts) and external (i.e., environment and relationships) cues. CUD develops through the habitual pattern of alleviating negative cues through cannabis use, thereby improving mood. CBT takes a skill-deficiency stance which assumes that disorders develop due to a lack of skill instead of personal-deficiencies, and that if a behavior can be learned it also can be unlearned (Steinberg et al., 2005).

Q. Is CBT recommended as a treatment for CUD 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 CUD.

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 CUD?

A. **Yes.** Other authoritative reviews have substantiated the use of CBT as a treatment for CUD.

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 CUD were identified.
- Cochrane: A 2016 systematic review of psychosocial interventions for CUD found evidence supporting CBT, particularly in combination with motivational enhancement therapy (MET), for reduction of cannabis use frequency at early follow-up (median, four months; Gates et al., 2016).

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

A. The 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* recommends either CBT, MET, or combined CBT/MET for treatment of CUD with a “Strong For” strength of recommendation. Much of the research on CBT and MET for CUD comprises studies using components of both treatments, and a 2016 Cochrane systematic review found that combined CBT and MET was most consistently supported for CUD (Gates et al., 2016). Clinicians should consider several factors (e.g., readiness for change, cognitive-behavioral skill levels) when choosing a front-line treatment with their patient. Treatment decisions should take into account practical considerations such as treatment availability and patient preference that might influence treatment engagement and retention.

References

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