

Cognitive Behavior Therapy (CBT) for those in Early Addiction Recovery

Benjamin Canha*

University of Maryland, School of Nursing, USA.

***Corresponding Author: Benjamin Canha**

Email: canha@umaryland.edu

Abstract

The honesty exercise is a one-hour-long CBT sessions was designed specifically to treat addictive disorders that focus on the first three steps of the 12 Steps adapted from Alcoholics Anonymous (AA). We admitted we were powerless over alcohol-that our lives had become unmanageable. This review article describes step by step instructions for confronting denial in a new and powerful way using CBT principles. The Honesty Exercise and cartoons [2] were created by the author.

Problem statement: Substance use disorders affect approximately 17.7 million Americans (6.8 percent of the population) are dependent on alcohol or have problems related to their use. Another 4.5 million are dependent or have problems with other substances, including illicit drugs and prescribed medications (Esser et al., 2014). Recent estimates indicate that alcohol consumption is responsible for about 88,000 deaths each year, representing healthcare costs of \$25 billion and an overall cost of approximately \$223.5 billion in the United States. These expenses include costs related to crime and work productivity (SAMHSA, 2013). Illicit drug use and/or abused prescribed medications cost another \$11 billion and \$193 billion, respectively, associated with over 50,000 overdose deaths annually (HHS, 2016). During the recent COVID pandemic, drug overdose deaths have almost doubled in the U.S. (Panchai et al., 2023).

Keywords: Cognitive Behavior Therapy (CBT); Substance-use disorders; Addiction; Alcoholism; Step 1; Honesty; Humor.

Introduction

CBT is a psychotherapeutic approach that uses a combination of behavioral and cognitive therapies that address dysfunctional emotions, maladaptive behaviors, and cognitive processes through goal-directed and systematic procedures. Research has demonstrated CBT is an effective teaching and behavior-modifying approach to treating a variety of mental health conditions, especially substance use disorders. Studies have also demonstrated successful interventions using CBT for anxiety, depression, personality disorders, and other mental health disorders. In this article, I will describe a CBT exercise in detail, entitled The Honesty Exercise. This one-hour-long CBT sessions was designed specifically to treat addictive disorders that focus on the first three steps of the 12 Steps adapted from Alcoholics Anonymous (AA). We admitted we were powerless over alcohol-that our lives had become unmanageable.

CBT is a short-term focused therapy developed from the observations that psychological disturbances, such as those seen with addiction, frequently involve habitual errors of thinking, cognition, and behaviors. Cognition components of CBT focus on identifying and changing distorted thinking patterns that maintain dysfunctional behaviors, such as continuing substance use despite negative consequences. Behavioral components of CBT provide strategies and skills to modify behaviors to support the desired goals of both the therapist and individuals with substance use disorders.

Cognitive restructuring involves challenging the substance user to identify maladaptive thoughts and behaviors, such as those involved with automatically using substances to deal with emotions or as a problem-solving mechanism. The therapist or sponsor then works with the substance user to identify more realistic, healthy, coping, and problem-solving skills. The goal is

to help individuals see the inconsistencies in their core beliefs and impulses and appreciate the impact of their own emotions on their behaviors. Identifying these inconsistencies in their values begins the process of change. Individuals often become more flexible as they consider alternatives stimulated by their own sense of inquiry and discovery about themselves.

Cognitive theory suggests that we respond not to events but to the way we process information about events. When our mood changes, our thinking tends to change, usually in a way that reinforces our mood. If we can take a more objective view of our thoughts, we can prevent our distorted thinking from reinforcing our negative emotional states.

The honesty exercise examines some common automatic thoughts and feelings expressed by individuals with substance use disorders. These automatic thoughts and beliefs insidiously strengthen and become more and more rigid as substance use continues, perpetuating the downward cycle of addiction. External behaviors such as activities to obtain and use substances parallel intrapsychic processes such as cravings, relief, and coping with circumstances, whether in difficult situations or celebrating successes. CBT techniques seek to modify engrained dysfunctional patterns of thinking. Behavioral changes can bring about cognitive change, and shifting the way we think can change the motivations for future behaviors. When we decide to make changes in our lives, we can feel better about ourselves.

The substance user must be involved in the therapeutic process of CBT, not just as an observer but as a key participant. The therapist must first provide a rationale for the substance user to consider the value of changing core beliefs, thus motivating the desire to change. The therapist and client work together to develop a treatment plan the client understands and views as a practical guide to support positive changes. Typically, this involves understanding the concepts of the disease model of addiction and the principles of 12-Step recovery programs. The disease concepts include that addiction is [1] a primary illness, with predictable symptoms such as frequent consumption of substances and the development of tolerance and withdrawal symptoms from these substances, [2] the progressive nature of addiction, meaning the symptoms get worse over time [3], a chronic condition, meaning once diagnosed, addiction never goes away, even after years of abstinence and [4] addiction is a fatal illness, meaning death will eventually occur if use continues, sometimes sooner, sometimes later. Death is the result of addiction unless the disease is arrested, and the substance use stops completely. The substance user's demise can happen in many different ways that are not pretty, including overdose, suicide, murder, accident, a variety of medical complications, as well as other tragic endings.

The honesty exercise is a one-hour interactive CBT session designed for those either in treatment or fairly new to recovery from addictive disorders. This powerful exercise can also provide insights into addictive thoughts and behaviors to those with years of sobriety and healthcare providers working with these populations. The Honesty Exercise is tailored for being presented in a substance treatment program classroom setting with a facilitator and a group of substance users in early treatment to recover from their addiction. However, this exercise can be effective when presented at various workshops as well as one-on-one with a sponsor. The goal of describing the objectives, main learning points, and typical responses from substance users here in this book is to give the reader an understanding of the power of CBT, Step 1 of the Twelve Steps, as well

as insights into the nature of addiction.

The honesty exercise: Before engaging the audience with this interactive exercise, it is important to set it up with a discussion of some important learning points. The first is a general discussion about honesty. There are several important variations of honesty to consider, including self-honesty, cash register honesty, emotional honesty, blatant or brutal honesty, integrity, and the truth.

Beginning with self-honesty, the honesty exercise begins with the premise that being honest is an evolving process and that one can only be as honest with ones-self as they are able to be based on information and experiences. Individuals grow and mature and come to new realizations. In other words, self-honesty is not like a light switch that one can turn on if one wishes and be perfectly honest or decide to turn off if the truth does not suit them. The Narcotics Anonymous Basic Text has an interesting quote related to this discussion, "Everything we know is subject to revision, especially what we know about the truth".

Many individuals reflecting upon their drinking and drugging careers might say, "I don't have a problem; I just like to drink (drug), and if you like to do something, you do it, right? I just happened to like it a lot, so I did it a lot. It isn't a problem." These individuals will usually admit that others, including family, friends, and even co-workers, view it as a problem, but they just "don't understand me." Then, as negative consequences of drinking and drugging pile up, lost jobs, lost relationships, and hurt family members, the substance user finally becomes able to be a little more honest with themselves and might say, "OK, I have a slight problem. I know what I can do; I'll only drink on weekends, I'll only drink beer. I'll only smoke marijuana." The idea is to modify their substance use to alleviate the problems but continue the use in some form.

Due to the insidious nature of the progression of the disease of addiction, consequences of substance use usually continue and intensify. A great definition of insidious that fits the disease model of addiction is "well entrenched before apparent." In other words, you have the symptoms of addiction well before you realize it. Denial is not a river in Egypt; it is a defense mechanism to protect the right to continue drinking and drugging. Examples of denial include: "I'm not that bad. I just like to drink/drug. I can stop whenever I want. Everybody drinks. I'm only hurting myself." Upon closer examination, none of these statements are true, and all are indications the substance user is in denial about the severity of their addiction.

As the user tries to control their use, their plans to only drink on weekends, etc., usually fail miserably, and more negative consequences continue to mount up and intensify. Some of these adverse consequences might include legal problems, such as an arrest for driving while impaired or, possession of an illegal substance, a lost job, or even a failed marriage. In efforts to save some of these losses, the substance user now becomes a little more honest with themselves and might seek professional help through a doctor, therapist, or even substance abuse treatment. After completing care and even a period of abstinence, the substance user feels like they have demonstrated serious efforts and evidence for controlling their problem to all those affected. By this time, they have been told that ongoing success depends on continued involvement with support such as the 12-Step programs such as AA and NA. Symptoms of denial tend to protect self-sufficiency, and the individual might reject such support, claiming association with others trying to recover

is not necessary. A relapse at this point can be devastating as the individual hits bottom. I've heard it said that the "bottom" can be wherever the individual is when they decide to stop digging and truly surrender to their disease, recognizing the need for ongoing help and support. The ultimate attempt to protect their self-sufficiency before admitting the need for help and support is to admit to their mother that they have a substance use problem and promise her they will never drink or use drug anymore. Clients admitted calling their mother in tears and crying, "Mom, I'm an alcoholic, I've been using cocaine, etc., and I can't stop. I promise you on a stack of Bibles I will never drink or drug again." It is amazing that many substance users admitted having reached this point of desperation and had this exact conversation with their mothers. Unfortunately, the disease is usually stronger than keeping even these promises to their mothers. Addiction is similar to having sex with a gorilla. It's the gorilla who decides when you're done.

Having made the point that self-honesty is a growth process and one can only be as honest as one is able to be. Hopefully, individuals will be open enough to gain a little more insight into their denial after completing this exercise. In some cases, clients have experienced profound revelations as a result of CBT sessions such as The Honesty Exercise.

Objectives:

By the end of The Honesty Exercise CBT workshop, those recovering from addiction disorders shall:

- Describe disease concepts of addiction (chronic, progressive, fatal).
- Identify 12-Step recovery principles with a focus on Step 1 (honesty, surrender).
- List wants and desires, identify loved ones, and describe activities that are fun.
- Identify and list all the negative consequences of substance use.
- Note the inconsistencies between the consequences of their drinking/drugging and their goals for life.

Methods

Collaborative teaching strategies, including a one-hour, interactive workshop for those in treatment or early recovery of substance use disorders:

- Facilitated by a therapist or sponsor.
- Listing and organizing participant's responses.
- Theoretical framework is based on cognitive behavior therapy (CBT) techniques.
- Humor encourages us to provide levity and reinforce learning.

This exercise focuses on honesty and Step 1 of the 12-Step programs of AA and NA.

Step 1: We admitted we were powerless over our addiction, that our lives had become unmanageable.

One of the first things one notices in 12-Step recovery meetings is that members identify themselves as "addicts" or "alcoholics", even those members with many years of complete abstinence. This admission stems from acceptance of the disease

model concept of the chronic nature of addiction. Once I cross the threshold of addiction, I will have the disease for the rest of my life. Evidence that supports this concept includes relapses and return to heavy drinking or drugging by some members even after years of sobriety and continued "drinking dreams" by members even after years of successful recovery. Drinking dreams include dreams that they are about to drink or drug or have already relapsed. These types of dreams can offer insights into unconscious impulses to drink and drug the recovering individual might have without realizing it.

To truly understand the first part of the first step is to admit that you have this illness- that you are sick, not, "I was sick when I was drinking and drugging; now that I'm sober, I'm all right." Remember, it's called alcoholism, not alcoholwasim! It doesn't go away just because you are sober now.



To understand the second part of the first step - unmanageability, the participants can cite all the times and strategies they attempted to control their alcohol and drug use by themselves and failed. How many times did they say, "I'm going to stop soon, or I'm just going to have one more?" At this point in the discussion, invite them to reflect on why they are seeking help now. Accepting the unmanageability of their disease led me to recognize the need for help. In 12-Step programs, this help includes going to meetings regularly, finding and using a sponsor, working the steps, and relying upon a Higher Power. Based on surveys, evidence of the success of living clean and sober includes about 3 million alcoholics in the U.S. recovering in AA and another 1.5 million in NA. Both programs are now found in most every country in the world. For the purposes of this exercise, Step 1 can be rephrased, "I'm sick; I need help."

The Honesty Exercise begins with writing three statements on the board and asking if the participants can identify with any of these. They are further instructed to substitute their drug of choice if it is not alcohol. Usually, the participants have no problem identifying with all three statements:

- I Want a Drink.
- I Love Alcohol.
- Drinking is Fun.

Next comes the old "Genie in a Bottle" questions seen in the movie Aladdin. When Aladdin rubs the lamp, a genie appears out of the bottle and offers three wishes for anything Aladdin

wants. Think of three wishes for anything you want. If this magic Genie was true, what would your three wishes be? Before you answer, there is a stipulation and a warning about your wishes. The stipulation is that you can only have three wishes; your first wish can't be to have a hundred more wishes. The warning is to not waste your wishes since you only get three. By wasting your wishes, I mean wasting them on fantasy- things that are not possible. An example of fantasy might be to never die. I'm sorry; you are a human being, and human beings eventually die. Another fantasy might be to go back in time or to see the future. This Genie is very generous but cannot provide these things that are not possible.

Now, we come to the interactive part of the exercise as the participants call out answers, and the therapist or sponsor writes them on the board. The typical wants list usually includes most of these:

- Lots of money (\$10 billion is a nice number). I usually laugh when a client yells out \$1 million. I'll point out that \$1 million can barely be enough to put a down payment on a house in this neighborhood...(laugh).
- Health (physical, mental, emotional, spiritual)
- Nice home
- New car
- Career fulfillment
- Fame, success
- Having a mate, partner, family
- There is usually one in every crowd that will wish for (1) the ability to drink/drug without having any negative consequences or (2) to live their life over again.

ALERT, ALERT! Wasted wishes detected! Although they are being honest, as honest as they are able at this time, these last two wishes are NOT possible. If you put alcohol and/or drugs in the human body, there are consequences. If you use these substances regularly, the consequences are usually not good for the human organism. Further, there is just no way to live your life over again or to go back in time. These wasted wishes emphasize a powerful point of this exercise. Everything else on the list, even having \$10 billion, is possible for anyone participating, but drinking without consequences or living your life over again is just not possible. If you put alcohol into the body of an alcoholic, there will be consequences, and time travel can only exist in fantasy.

After the wants list is completed, we move on to making another list called the "love list." Who do you love in your life? The therapist or sponsor writes these up on the board as participants shout them out. The usual responses include:

- Mom.
- Dad.
- Siblings.
- Spouse.
- Children.
- Family.
- Friends.

- Pets.

After the "love list" is completed, we move on to the "fun" list. What do you consider fun? There is usually a wide range of responses that might include.

- Playing sports.
- Watching sports.
- Vacations- the beach, mountains, travel.
- Entertainment- movies, music, watching TV.
- Natural instincts such as eating, sex, nurturing of young.
- Exercise- swimming, biking, hiking, jogging, yoga.
- Laughing, humor.

It's helpful for participants to feel involved by including all their responses, if appropriate. If a client responds that "getting drunk" is fun, I'll usually ask them to hold that thought and continue the list without adding it. If they insist, rather than arguing, I'll add it to the list. Hopefully, later in the exercise, they'll realize being drunk wasn't so much fun. The final list of this exercise is the "negatives list" regarding drinking and drugging. This usually turns into an extensive list by design. Responses usually include inconveniences and health-related issues.

Consequences:

- Hangovers.
- Financial problems.
- Lost relationships.
- Legal problems.
- Incarceration.
- Accidents.
- Withdrawal symptoms.
- Lost Jobs.
- Hurt family members.
- Lost interests.
- Lost potential, dreams.
- Overdoses.
- Lost friends.

Physical health:

- Liver disease- hepatitis, cirrhosis.
- Brain dysfunction- headaches, memory issues.
- Digestive problems- ulcers, diarrhea.
- Poor nutrition- poor diet, poor vitamin absorption, vomiting.
- Neuropathy.
- Pancreatitis.
- Injuries.
- Trauma.
- Disability.

- Death

Mental health:

- Depression.
- Suicidal ideation.
- Insanity.
- Psychosis.
- Homicidal thoughts.
- Remorse.
- Anxiety.
- Shame.
- Guilt.
- Despair.

The participants almost need a break after making the “negative list” as it can be quite extensive. It is important for them to break through the denial about the damage caused by substances by taking a good long look at all the negative consequences.

Now comes the punch line of The Honesty Exercise. Participants are now invited to look at the truth this exercise exposes. Looking back, first at the genie in the bottle wants list, ask them this question. How has drinking and drugging supported the things you say you want on your list? The reality was not at all. If anything, drinking and drugging only took away the things they said they wanted in their life.

Let’s reflect upon those first three statements we started the exercise with.

- I want a drink.
- I love alcohol.
- Drinking is fun.

Do they really want a drink, or do they want the things on their wants list? If they truly get honest, they must admit they can’t have both. Drinking and drugging destroyed the things they said they wanted on their list. So why is this thought, this craving for a drink, so powerful? Think about it. It is much more powerful than other thoughts. It’s even deeper than a thought; it is a feeling. The emotional reaction to the thought of having a drink or drug can induce obsessive cravings. I like to compare the thought of wanting a drink or drug to the thought of wanting a banana. I like bananas; most people do. But this comparison is ridiculous to compare. I don’t obsessively think about bananas once I have the thought of wanting one, then compulsively seek ways to obtain more bananas. So why is the thought of a drink and drug so much more powerful? Perhaps wanting a drink or drug is much more than a thought; it is an obsession. Addiction has been described as a disease of thoughts and feelings. The thought of wanting a drink and a drug is more a symptom of the disease of addiction than a mere casual thought. If addiction is truly a brain disease, the brain has been affected to the point of influencing the user’s thoughts and feelings. The thoughts and feelings of wanting a drink or drug have become automatic. Getting another drink or drug can become a mental obsession. If I am able to be honest about the possibility that I suffer from addiction, then perhaps these thoughts and feelings are symp-

toms of a mental health disorder. The truth is, if we are able to be honest, we really want the things we listed on our wish list: financial security, good health, loving, giving relationships, a fulfilling career, etc., and not a drink or drug. In reality, our actual wants and desires have been hijacked by cravings for more alcohol and drugs. CBT exercises such as the Honesty Exercise support those trying to recover by pointing out some of these automatic thoughts and beliefs that ultimately do not serve our best interests and help us to realize the truth about ourselves and the nature of our addiction. We can become able to be a little more honest with ourselves about what we truly want and how our drinking and drugging subverts these desires.



Next, let’s focus on the “love” list and the concept of love. Do you really love alcohol and drugs, or do you love your family, children, and friends? Once again, you can’t have it both ways. Chances are, due to their drinking and drugging and related behaviors, you’ve ended up hurting everyone on your list. Often, clients will become defensive and claim, “I was always home with my kids and took good care of them,” they might say. The question that begs to be answered is, “How present were you really if you were drinking, drugging, or intoxicated? Did your behavior ever change under those circumstances, such as becoming more irritable or self-absorbed, or did you ever pass out?” If they get totally honest, they might see that even the dog wasn’t too happy about their drinking and drugging. Have you ever seen an alcoholic’s dog? The dog seems to be depressed, too. They know, feel, and respond to the moods of their owner. Dogs know they might not get fed, and going for a walk is definitely out of the question when their owner is drunk. Once the substance user gets clean and sober, the joy seems to come back to the pup, and they seem happier, too.

Granted, the relationship with alcohol and drugs was strong and powerful, but was it love? CBT helps us identify automatic thoughts and beliefs and re-consider them. Alcohol and drugs hurt the body, mind, and spirit and do not correspond with the meaning of love. By getting honest through this CBT exercise, we can come to understand that we never “loved” alcohol and drugs. They might have provided relief of some sort, usually from pain, boredom, stress, fear, and anxiety. Alcohol and drugs could provide physical relief from uncomfortable withdrawal symptoms. That is not the meaning or nature of love. This might sound like an argument over semantics, but with CBT, it is important to examine and modify our word choices. If we say we love alcohol and drugs, the association between substance use and strong emotions becomes enmeshed. Although there is an emotional attachment involving our feelings to some of the sen-

sations provided by substances, identifying these attachments as examples of love just doesn't hold up to scrutiny. Perhaps the concept of the medical model of addiction as a brain disease is a better explanation of the saliency of these substances in the minds of users than believing we actually love alcohol and drugs.

Understanding the science of addiction from the brain disease perspective identifies the effects of alcohol and drugs on the reward center of the brain. To individuals who frequently use alcohol and/or drugs, when consumed, these substances can relieve uncomfortable withdrawal symptoms and flood the reward center with neurotransmitters that can feel initially pleasurable. Is that love? Do we "love" those effects, or are they more biological than emotional? Does the alcohol or drugs really feel good, or is it merely that the uncomfortable withdrawal symptoms are eased?

Now, let's turn our attention to the "fun" list. How has drinking and drugging supported the things you said are fun? Reflecting upon the "fun list" is especially interesting. For most individuals, in the beginning of their drinking and drugging careers, there seemed to be a special type of camaraderie with others revolving around drinking, drugging, and having fun. But as time went on and the substance use progressed, most drinkers and drug users lost interest in many things on the fun list. Slowly, over time, the fun activities slow down as drinking and drugging pick up. Our natural instincts for survival rely on the reward center in the brain by engaging in pleasurable activities. Sex, eating food, and caring for children offer natural pleasures. When we get honest about addiction, even these natural rewards take a back seat to drinking and drugging. This fact became especially evident if there became a choice between drinking or drugging or engaging in these natural, instinctual drives. The substance always takes priority. Honestly, we lost interest in many of the activities on the "fun" list. Even our ability to laugh and experience joy diminished. All is not lost, however, if we can get clean and sober. In recovery, we can rediscover activities we used to enjoy and perhaps even find new interests. The damage done to the reward center can heal with complete abstinence from all mind- and mood-altering substances, social support, and a lifestyle that includes a healthy diet, exercise, and good rest.

An important point regarding fun is that most individuals have been, in a sense, brain-washed by the media regarding drinking and having fun. Your whole life, you were probably exposed to information emanating from a television. Before you could even walk and talk, images and voices bombarded your senses with information in the form of commercials. What did you hear and see regarding alcohol? Who drinks alcohol? Sophisticated movie stars poured drinks, laughed, and had fun. During the beer commercials, young, beautiful people drank and engaged in fun activities. Chances are you have been programmed by TV and the movies that drinking is fun. Even words and phrases take on new meanings with their association with drinking and fun. What thoughts and emotions do the phrases "now it's Miller time" and "when the day is done" stir up? The message is that after all your hard work, you deserve to drink alcohol. They don't sell alcohol by showing alcoholics with the dry heaves in hand cuffs saying, "This Bud is your you."

To those who drink or drugs regularly, the message from the media is that it's time to get smashed. Even common words, such as "party," can take on new meanings. If we look up the word "party" in the dictionary, we'll find it means a festive occasion or celebration with associates, friends, or family. The party

is not a code word for getting smashed.

One of my former in-patient clients, Paul, helped me to realize another important point about "fun" to emphasize in The Honesty Exercise. While discussing fun during the CBT session, he interrupted, "Wait a minute. You can't tell me drinking and drugging isn't really fun." He continued, "I remember once back in 2008, going on vacation to Cancun, Mexico, with friends, and we had the time of our lives. We were drinking and drugging the whole time. I remember sitting on the beach around the campfire, smoking Acapulco gold and drinking and drinking mezcal. I even swallowed the worm," he reported with a laugh. I pointed out to Paul that he said he remembered having fun "once." I continued, "Isn't it interesting that what you remember was that the fun was provided by the drinking and drugging? Are you saying this fond memory was brought to you by Jose Cuervo? You're not giving any of the credit to having fun to the fact that you were young, on vacation, with friends in the beautiful paradise called Cancun, Mexico." In other words, even a miserable person can have fun sometimes. Does that mean that alcohol and drugs are responsible for all the fun in the world?

Paul did very well after treatment. He remained sober and got involved in AA. He restarted a career and restored family relationships that were on the brink of destruction. Paul came to visit me at the treatment center a few years later and told me the latest, updating his story about fun, bringing the Cancun, Mexico story to full circle. Paul said he organized a vacation with his new, sober friends he had met in AA to Cancun. He said, "We actually stayed at the same hotel that I stayed at when I was drinking." Paul continued, "We even went down to the same spot on the beach and sat around the fire. This time, we played guitar, sang songs, ate cracked crab, and then had an AA meeting around the campfire." He said the trip was amazing! He continued, "I had the best time of my life. It felt so good to be there with people who love and support me, my life, and my sobriety. I actually remembered what I did the next morning. I never threw up; I never had a hangover." Paul had come to believe that having fun was not dependent on being intoxicated; quite the contrary. Paul said he was able to get honest with himself and the truth about his addiction.

The last part of The Honesty Exercise examines the "negatives" list, which is a comprehensive list of all the negative consequences of drinking and drugging the participants identified. The truth is, just about every time we drink or take drugs, something on that list seems to happen. These physical, mental, emotional, and spiritual consequences can hardly be called fun. Looking at the disease model of addiction, described as a primary, progressive, chronic, and fatal disease, the eventual outcomes, without any intervention, are jails, institutions, or death.

Through the understanding of the science of biology and the power of CBT, we can arrive at new revelations about the truth. The goal of this exercise is that the participant will be able to become a little more honest with themselves by examining their words, thoughts, feelings, and beliefs. Denial definitely is not a river in Egypt but an insidious trap keeping one enslaved to their addiction. Being honest with yourself is a process and worth the journey.

References

1. Alcoholics Anonymous, 3rd Edition, Alcoholics Anonymous World Services. 1976.

2. Canha B. Recovery Cartoons. Top Hat N Details. Vienna, VA. 2002.
3. Canha B. Conference Approved. Recovery Cartoons, Kensington, MD. 2003.
4. Canha B. Using humor in the treatment of substance use disorders: Worthy of further investigation. The 5. Open Nursing Journal, Bentham Science. 2016.
5. Canha B. Humor & Opioid Recovery. UMB Digital Archive, Baltimore, MD. 2019.
6. Esser MB, Hedden SL, Kanny D, Brewer RD, Gfroerer JC, Naimi TS. Prevalence of alcohol dependence among US adult drinkers, 2009-2011. Prev. Chronic Dis. 2014; 11: E206. doi: 10.5888/pcd11.140329.
7. Franzini, L. Humor in therapy: The case for training therapists in its uses and risks. Journal of General Psychology. 2001; 128(2): 170-193.
8. Hofmann S. & Asmundson G. The science of cognitive behavior therapy. Academic Press, Elsevier, London. 2017.
9. Panchai N, Saunders H, Rudowitz R, & Coix C. The implications of COVID-19 for mental health and substance use. 2023. <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
10. Macrodimitris S, Hamilton K, Backs-Dermott B, & Mothersill K. CBT basics: A group approach to teaching fundamental cognitive-behavioral skills. Journal of Cognitive Psychotherapy. 2010; 24(2): 132-146.
11. Narcotics Anonymous Basic Text, 6th Edition. Narcotics Anonymous World Services: Van Nuys, CA. 2008.
12. Substance Abuse and Mental Health Services Administration. Results from the 2014 National Survey on Drug Use and Health: Detailed Tables. SAMHSA, Rockville, MD. 2015.