



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

CBT APPROACHES FOR ALCOHOL RELAPSE PREVENTION

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UW PACC PRESENTATION, 2/5/2026



I HAVE NO DISCLOSURES

OBJECTIVES

- Define cognitive behavioral therapy (CBT) and relapse
- Name risk factors and protective factors for relapse to alcohol use, as well as 2 or more reasons that relapses occur
- Be able to apply at least 2 CBT-based techniques in patients who are attempting to maintain abstinence from alcohol use

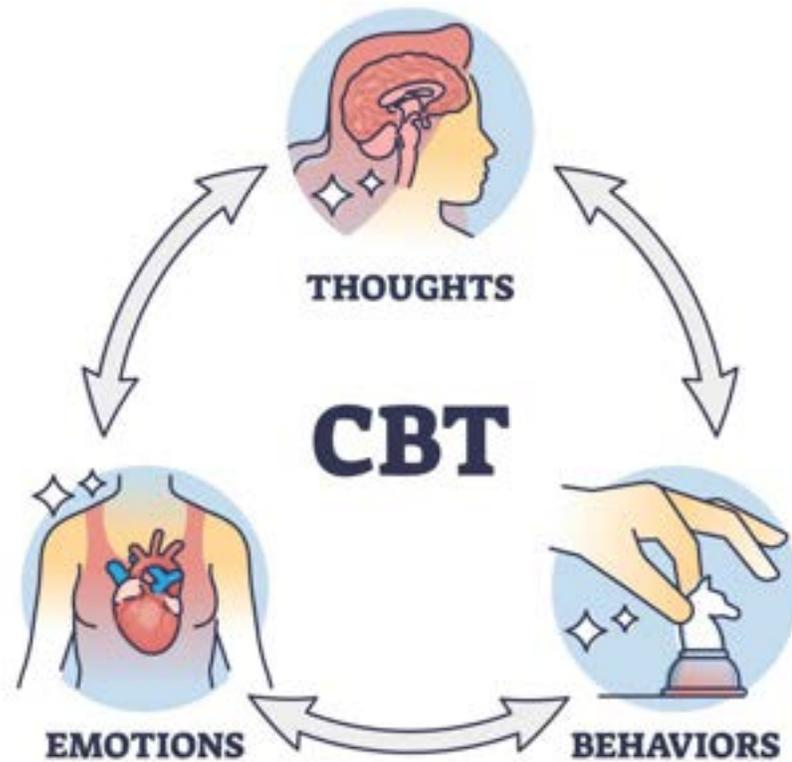
HAVE FUN

OUTLINE

1. Basics: Defining CBT
2. Barriers during Abstinence and Relapse Prevention
3. Tools/Skills from CBT in Relapse Prevention

BASICS: DEFINING CBT (COGNITIVE BEHAVIORAL THERAPY)

WHAT ACTUALLY IS CBT?

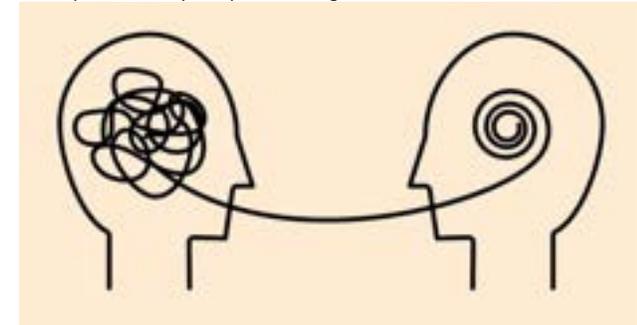


<https://www.simplypsychology.org/cognitive-therapy.html>

- Cognitive Behavioral Therapy
- One of the most evidence-based forms of psychotherapy overall
- Time-Based
- Protocolized
- 12-14 sessions, usually weekly (occasionally booster sessions can be offered)

CBT-SUD

<https://recoverycovepa.com/blog/cbt-individual-treatment/>



<https://recoverycovepa.com/blog/cbt-individual-treatment/>

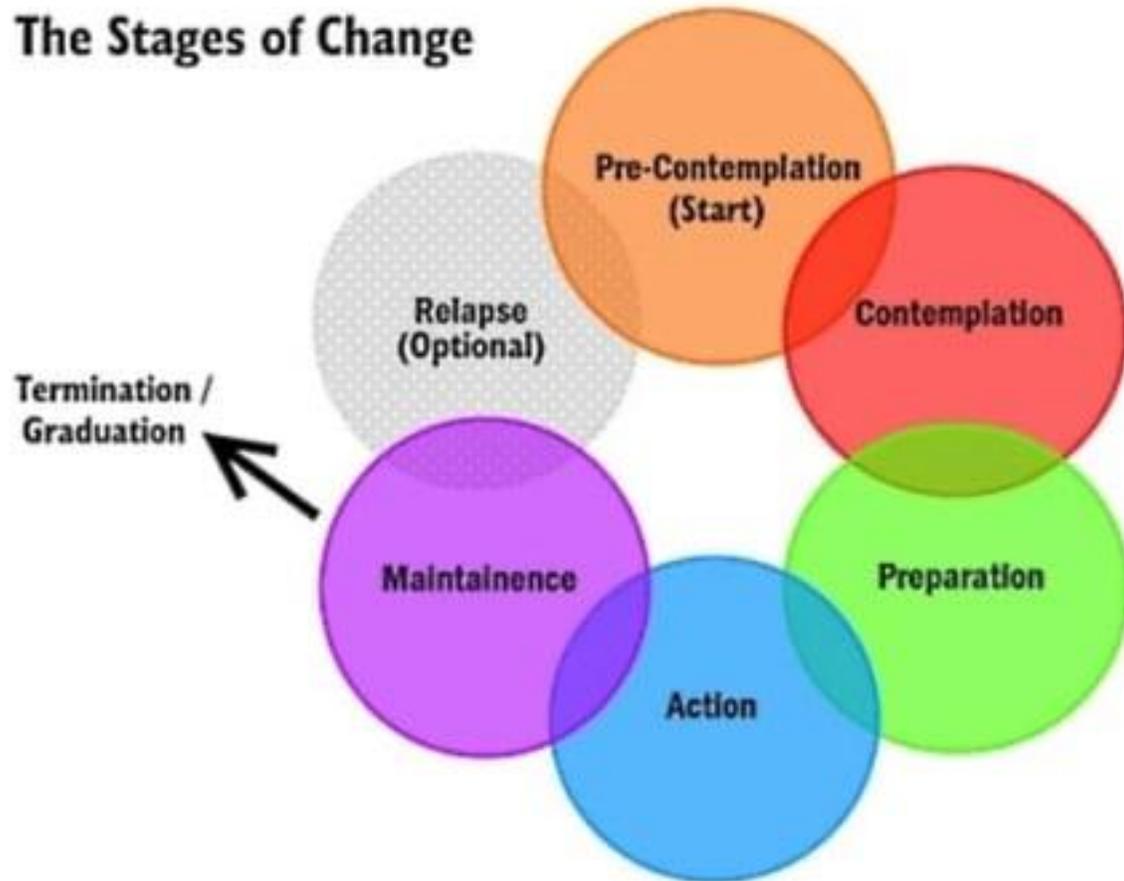
- CBT for substance use disorders
- Widely utilized, evidence-based, and accepted as first-line treatment for SUDs
- One of the few evidence-based treatments for stimulant use disorder
- Access issues persist however (except at Seattle VA!)



BARRIERS DURING ABSTINENCE AND RELAPSE PREVENTION

RELAPSE: (OFTEN) A PART OF THE CYCLE OF RECOVERY

The Stages of Change



<https://smartrecovery.org/the-stages-of-change>

- “Return to substance use after a period of abstinence” (NIDA)
- Estimates on relapse rates vary widely based on study
- According to 2013 NEJM study: **up to 75% of pts w/AUD relapse within the 1st year after treatment**, relapse risk highest during the first 3 months of sobriety & around the 1-yr anniversary

RISK VS PROTECTIVE FACTORS FOR RELAPSE

Increased risks of relapse:

- AUD severity
- Cravings
- Use of other substances (e.g. cigarette smoking)
- Psychiatric Comorbidity
- Anhedonia
- Fewer days of abstinence prior to treatment

RISK VS PROTECTIVE FACTORS FOR RELAPSE

Protective factors against relapse:

- Supportive Social Networks
- Self-Efficacy
- Engagement in Mutual Support or Treatment

OBSTACLES AND CHALLENGES IN MAINTENANCE (1)

<https://uphillathlete.com/mountaineering/training-for-mountaineering/>

- Triggers/Stressors
- Trauma (can also be a trigger)
- Social Factors/Peer Pressure
- Lack of Coping Skills
- Withdrawal



OBSTACLES AND CHALLENGES IN MAINTENANCE (2)

<https://uphillathlete.com/mountaineering/training-for-mountaineering/>

- **Complacency**
- **Unrealistic Expectations**
- **Comorbid MH issues**
- **Shame/Stigma**





TOOLS/SKILLS FROM CBT IN RELAPSE PREVENTION

TRIGGER MAPPING

Urge Tracker

Print this form and carry it with you. Record the details as soon after an urge as possible.

Date/time	Situation (people, place) or trigger (incident, feelings)	What was the urge like?		How I responded	What I'll do next time
		Was it a thought? Emotion? Physical sensation?	Rate it from 1 (mild) to 10 (strong)		

Date/time	Situation (people, place) or trigger (incident, feelings)	What was the urge like?		How I responded	What I'll do next time
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- First offer psychoeducation about triggers/urges/cravings and the different types (external vs internal)
- Then run through the worksheet!
- Goal: increase awareness of how patient experiences urges, trigger identification, and begin process of planning trigger coping skills

<https://rethinkingdrinking.niaaa.nih.gov/sites/rtd/files/document/Drinking-Urges-Tracker-NIAAA.pdf>

TRIGGER MANAGEMENT

Popular Coping Strategies for triggers:

- Carry notecard with list of motivations for abstinence
- Relying on social contacts (contact info can be on notecard too)
- Avoid triggers or provoking situations
- *Distraction/Delay*
- *Cognitive Restructuring/Challenging un-productive thoughts*
- *Urge Surfing*

Situation or trigger People ... places ... times of day ... thoughts ... emotions ... physical sensations	Strategies Avoid ... Review reasons for change ... Talk it through ... Distract myself ... Challenge the thought ... Ride it out ... Leave ... Other ideas?

COGNITIVE RESTRUCTURING- THOUGHT LOGGING

Thought Log

Situation	Thought	Response emotions & behaviors	Outcome

Provided by TherapistAid.com

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<https://www.therapistaid.com/worksheets/thought-log>

- Provide psychoeducation on cognitive distortions
- Monitor thoughts with thought log
- Identify cognitive distortions and automatic negative thoughts
- Begin to think about how to create more productive and realistic thoughts

13 Cognitive Distortions



COGNITIVE RESTRUCTURING: SOCRATIC QUESTIONING (1)

Exploration Questions

What experiences is this thought based on?

What are the facts that support your thought?

What is the strongest evidence to support this thought?

Is this thought based on something someone said to you?

How long have you believed this?

How strongly do you believe this thought is true?

COGNITIVE RESTRUCTURING: SOCRATIC QUESTIONING (2)

Example Prompts for Socratic Questioning

Are there times when you see things in a more positive light?

Could there be other interpretations of the evidence you presented?

Can you think of new evidence that would lead to a different thought?

Was there a period where you did not hold this belief?

Are you basing your thought on feelings, rather than facts?

If your best friend were in the same situation, what would you say to them?

Are you seeing things in black-and-white? If you try to look at your thought in a more balanced way, how does it change?

Are you making any assumptions about the thoughts and feelings of other people?

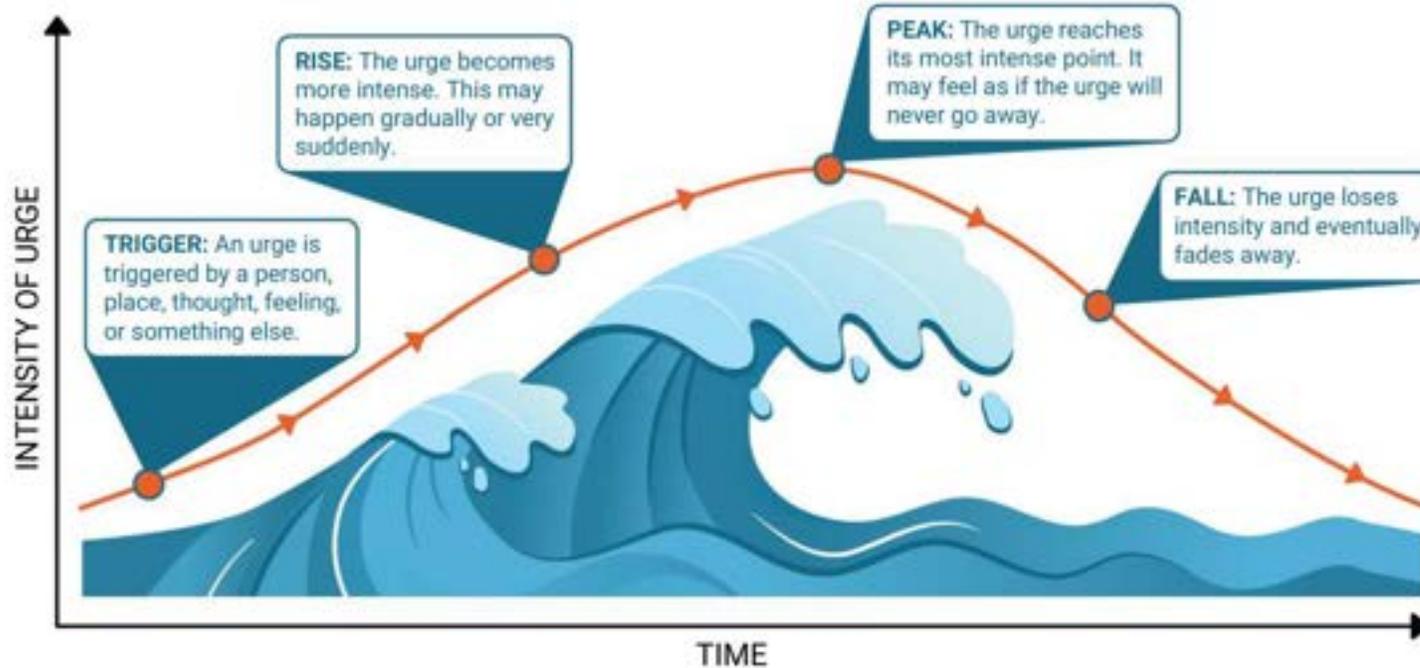
SOCRATIC QUESTIONING FINAL STEP: ADOPTING A NEW THOUGHT



<https://www.qad.com/blog/2020/03/turning-new-and-creative-ideas-into-innovation>

- Summarize evidence for and against a thought
- Then boil all of this evidence into a SINGLE, ALL-ENCOMPASSING thought or idea
- Reinforce the idea with other skills

URGE SURFING: THE ANATOMY OF URGES



<https://www.therapistaid.com/therapy-worksheet/urge-surfing-handout>

Rarely last longer than 30 minutes (if not “fed”!)

Usually pass on their own

Trying to suppress them will ultimately increase them

Challenging to get rid of them

Best strategy: accept and cope with the urges

URGE SURFING: HOW TO DO IT



<https://www.independent.co.uk/independentpremium/what-sea-wave-break-why-clouds-white-b1931943.html>

- Acknowledge the urge first
- Notice thoughts and feelings- don't try to change them, then center on the breath
- Gently bring yourself back to the breath
- Focus on specific body parts with physical sensations associated with the urge.
- Notice quality, position, boundaries, intensity of sensations. Notice changes in sensations. Repeat for other body parts involved.

URGE SURFING: MORE ON HOW TO DO IT



<https://www.beachgoods.com/curious-george-chasing-waves/?srsltid=AfmBOooaVscJcC3oJrx1d02ArAKcWUbaAgcLVYjOcSuH7m5Ue53VakZ4m>

- ***Watch it for at least five cycles of breathing (which only takes about one minute).***
- Replace the fearful wish that the urge will go away with interest in the experience. Be curious!
- If/when mind turns to thoughts, notice the thoughts and come back to the physical sensations of the urge.
- Again, using metaphors helps (visualize the process of “riding out” the urge)



<https://medium.com/lit-up/my-curious-ocean-part-one-8d50378868ac>



<https://quotefancy.com/quote/930545/Walt-Whitman-Be-curious-not-judgmental>

URGE SURFING: AT A GLANCE

<https://positivepsychology.com/urge-surfing/>



<https://anxious-ambition.com/2018/07/06/urge-surfing/>

- Can be applicable to any unwanted behavior (not just EtOH use)
- Positive Feedback Loop: whatever you “feed” becomes stronger- practice makes perfect!
- Utilize the power of imagery and analogy (ocean wave, the breath as a surf board)

OTHER VARIOUS URGE COPING TOOLS EXIST...

- Deep Breathing (SOBER Breathing)
- Diversions (Delay, Distract, Decide)

SOBER Breathing Space



S: Stop
O: Observe
B: Breathe
E: Expand
R: Respond

https://ggje.berkeley.edu/practice/sober-breathing-space-for-teens/#tab__2

Delay, Distract, Decide

The 3 Ds that can help you when you are craving for an unhealthy habit

<p>Delay</p> 	<p>When you feel that the craving is so overwhelming and difficult to manage, then set a delayed time before you give in. For example: 5 minutes, 10 minutes or 60 minutes delay. The craving will subside and pass!</p> <p><i>I will delay for (put number of minutes delay)</i></p>
<p>Distract</p> 	<p>When you start craving, DO any activity that DISTRACTS your thoughts and attention. Sport is a good choice of activity. Even light exercise like walking could help.</p> <p><i>Write down your preferred activity to carry out when you having a craving.</i></p>
<p>Decide</p> 	<p>After you DELAY and DISTRACT yourself, decide NOT to do whatever you are craving for. Remind yourself about:</p> <p><i>Your advantages if you stop:</i></p> <p><i>Your disadvantages if you give in to the cravings:</i></p> <p><i>Your reasons for stopping:</i></p> <p><i>Your goals in life:</i></p>

<https://www.psychologyresource.ca/wp-content/uploads/2012/10/3Ds.pdf>

DRINK REFUSAL SKILLS: “RECOGNIZE-AVOID- COPE”

Situation or trigger <i>People ... places ... times of day ... thoughts ... emotions ... physical sensations</i>	Strategies <i>Avoid ... Review reasons for change ... Talk it through ... Distract myself ... Challenge the thought ... Ride it out ... Leave ... Other ideas?</i>

<https://rethinkingdrinking.niaaa.nih.gov/tools/worksheets-more/handling-urges-drink/plan-your-strategies>

Recognize

- Direct social pressure
- Indirect social pressure

Avoid

- Stay away from triggering situations if necessary
- Suggest non-drinking activities

Cope

- Use other strategies or be ready to say “no”

Script

Person makes offer (imagine a specific person and situation):

My response:

Person persists:

My next response:

Person continues to persist:

My next response:

DRINK REFUSAL SKILLS: SCRIPTING

- Refusal should be clear, firm, respectful, friendly, short, eye contact
- Come up with plan if person persists
- “Broken Record Strategy” (basically saying the same thing repeatedly)

Behavioral Experiment

Our thoughts and beliefs determine how we feel, and how we act, at any given moment. Even thoughts that are irrational impact our mood and behavior, often negatively. A **behavioral experiment** is a tool for testing our thoughts and beliefs, and replacing those that are irrational with healthy alternatives.

Part 1: Experiment Plan

Thought to Test What is the thought or belief you would like to test?	
Experiment How can you test this thought?	When will you run the experiment?
Prediction What do you think will happen during the experiment?	How do you expect to feel after the experiment? 

Part 2: Experiment Results

Outcome What happened during the experiment?	How did you feel after the experiment? 
New Thought Given the evidence from the experiment, what is your new thought?	

BEHAVIORAL EXPERIMENTS

- Active real-world tests meant to challenge irrational thoughts and beliefs
- Goal: replace irrational thoughts/beliefs (or ones that lack evidence) with healthier thoughts and beliefs
- Example: “I can’t enjoy social interactions without alcohol

RELAPSE PREVENTION PLANNING

Relapse Prevention Plan

Coping Skills: List activities or skills you enjoy that can get your mind off of using.

1	
2	
3	

Social Support: Who are three people you can talk to if you are thinking about using?

1	
2	
3	

Consequences: How will your life change if you relapse? How about if you stay sober?

Outcomes of Relapse	Outcomes of Sobriety

<https://www.therapistaid.com/worksheets/relapse-prevention-plan-2>

Tips to avoid relapse:

- Cravings will eventually pass. Do your best to distract yourself and ride it out.
- Don't become complacent. Relapse can happen years after you've quit using. It probably won't ever be safe to "just have one".
- Avoid situations that you know will put you at risk of relapse, such as spending time with friends who use drugs or going places that remind you of your past use.
- The decision to relapse is made when you put yourself in risky situations, long before you actually use.
- Don't view relapse as a failure. Falling back into old patterns because of a slip will only make the situation worse.

Behavioral Activation

You can begin to decrease depression by engaging in activities you find enjoyable, and by taking care of responsibilities that you have been neglecting.

List three activities you enjoy:

- 1.
- 2.
- 3.

List three responsibilities you need to take care of:

- 1.
- 2.
- 3.

Try doing at least one activity or responsibility each day. Use the following scale to rate your depression, pleasant feelings, and sense of achievement before and after the activity.

0	1	2	3	4	5	6	7	8
None				Moderate				Extreme

Activity (location, date, time)		Depression	Pleasure	Achievement
	Before			
	After			
	Before			
	After			
	Before			
	After			

SOME BASICS TO FINISH UP

- Keeping a consistent schedule and routine, planning out the day
- Scheduling fun activities that the patient can look forward to (can utilize behavioral activation for this)

SUMMARY

- **CBT-SUD is one of the few effective and evidence-based substance treatments for many SUDs**
- **Relapse is very common in people with AUD, and we can do right by our patients to give them the tools to prepare them for relapse, or to even help them prevent it**
- **CBT has many tools and techniques that can be productively used to help patients trying to move past use urges, prevent relapse, and maintain abstinence**



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