

## Dimension: Substance Use

### This Interventions links to the Following Secondary Drivers:

- Effective clinic flow to care and support new and ongoing clients with substance use issues, i.e., coordinating HIV care and substance use care
- Strategies to address additional barriers, such mental health
- Customized care plan for all clients experiencing substance use issues and are virally unsuppressed
- Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support

**Level of Evidence:** Well-Defined Intervention with an evidence-base

## Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD) for Injection Drug Users

### Summary:

Cognitive Behavioral Therapy for Adherence and Depression (CBT-AD) for HIV-infected adults that are injection drug users follows a modular approach that addresses depression, injection drug use and ART adherence in each session.

### Core Components

The modular approach based on the work of Newcomb, et al (see full description and video examples in the Additional Resources section below) begins with self-report questionnaires to assess symptoms of depression and ART adherence prior to each session in order to track symptom change over time and tailor intervention content and skills delivery to the specific needs of the patient. Each module corresponds to a set of skills that addresses the cognitive and behavioral patterns that are commonly experienced by adults with co-occurring depression and HIV infection.

The treatment begins with a CBT-oriented intervention to address adherence, called Life-Steps (Safren, Otto, & Worth, 1999), which provides psychoeducation about ART adherence and identifies barriers to optimal adherence. The remaining modules are analogous to those delivered in traditional CBT for depression but are tailored to address the specific needs of individuals with chronic illness and, in this manuscript specifically, HIV-infected adults with suboptimal ART adherence.

These sessions include:

- orientation to CBT-AD
- activity scheduling
- adaptive thinking (two sessions)
- problem solving (two sessions)
- relaxation

- relapse prevention.

As empirically tested, CBT-AD is approximately 12 sessions long, with three “open sessions” built into treatment, which allows for the patient and therapist to revisit the modules that are most relevant to the patient’s specific needs.<sup>7</sup>

## Tips and Tricks:

- Each module can be flexible (in both time to cover material and the material covered) to meet the needs of participants.
- CBT can be used in both individual and group settings.
- Implementing CBT-AD for Injection Drug Users effectively takes time, testing and refining before going to scale, using continuous improvement methods.

## Additional Resources (Existing Guides, Case Studies, etc.):

- [Description and Demonstration of Cognitive Behavioral Therapy to Enhance Antiretroviral Therapy Adherence and Treat Depression in HIV-Infected Adults](#)

## Suggested Measures:

### Process Measures

- % of patients that are screened for depression
- % of patients that are screened for injection drug use
- % of patients meeting CBT-AD for Injection Drug Users eligibility criteria (depression, injection drug use and not yet achieving viral suppression) that are referred to CBT-AD for Injection Drug Users
- % of referred patients that start CBT-AD for Injection Drug Users
- % of referred patents that start CBT-AD for Injection Drug Users
- % of patients participating in CBT-AD for Injection Drug Users that self report that CBT-AD has helped them to manage their depression
- % of patients participating in CBT-AD for Injection Drug Users that self report that CBT-AD has helped them to manage their injection drug use
- % of patients participating in CBT-AD for Injection Drug Users that self report that CBT-AD has helped them to achieve viral suppression (see outcome measure below)

### Outcome Measures

- % of patients who completed CBT-AD for Injection Drug Users with improved viral suppression rates within 6 months

1. <sup>7</sup> Newcomb, M. E., Bedoya, C. A., Blashill, A. J., Lerner, J. A., O’Cleirigh, C., Pinkston, M. M., & Safren, S. A. (2015). Description and Demonstration of Cognitive Behavioral Therapy to Enhance Antiretroviral Therapy Adherence and Treat Depression in HIV-Infected Adults. *Cognitive and behavioral practice*, 22(4), 430–438. <https://doi.org/10.1016/j.cbpra.2014.02.001>

- % of patients who completed CBT-AD for Injection Drug Users that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

## Citations and Acknowledgements:

1. Safren, S. A., O'Cleirigh, C. M., Bullis, J. R., Otto, M. W., Stein, M. D., & Pollack, M. H. (2012). Cognitive behavioral therapy for adherence and depression (CBT-AD) in HIV-infected injection drug users: a randomized controlled trial. *Journal of consulting and clinical psychology, 80*(3), 404–415. <https://doi.org/10.1037/a0028208>
2. Newcomb, M. E., Bedoya, C. A., Blashill, A. J., Lerner, J. A., O'Cleirigh, C., Pinkston, M. M., & Safren, S. A. (2015). Description and Demonstration of Cognitive Behavioral Therapy to Enhance Antiretroviral Therapy Adherence and Treat Depression in HIV-Infected Adults. *Cognitive and behavioral practice, 22*(4), 430–438. <https://doi.org/10.1016/j.cbpra.2014.02.001>