



MET/CBT 5 and 12

Part of the Cannabis Youth Treatment (CYT) Series

Description:

MET/CBT is a specific treatment protocol that involves the integration of sessions of Motivational Enhancement Therapy (MET) and Cognitive-Behavioral Therapy (CBT). It is an adaptation of adult treatment for adolescents. This sheet focuses on how these elements are combined for adolescent cannabis users. The treatment protocol is available in two versions: 5 sessions or 12 sessions. *See the info sheet on MET (page 16) or the Foundations section for information on CBT (page 7) for more info on the individual elements.*

MET/CBT should not be used with adolescents who:

- Require more than outpatient treatment
- Have severe conduct disorder
- Have poly-substance dependence problems
- Cannot participate in group due to social anxiety
- Have an acute psychological disorder that would affect their participation

MET involves a functional analysis, which is a collaboration between the therapist and adolescent to examine the antecedents, behaviors, and consequences (ABCs) of substance use behaviors. Efforts are made to try to alter maladaptive patterns at each stage so that negative thoughts and behaviors are extinguished and positive thoughts and behaviors are reinforced.

CBT involves role playing, reviewing progress, real life practice exercises, and teaching relaxation techniques and coping skills. Refer to the treatment manual for specific timelines, procedural steps, handouts, and material lists for each session. In many cases, urinalysis is conducted at the beginning of specific treatment sessions.

Treatment Logistics:

Appropriate Age Range: 12-18

Participants: Adolescent

of Sessions: 5 or 12 - The first two are 60 min., individual, MET sessions. The rest are 75 min., group, CBT sessions.

Therapy is preceded by an initial assessment session.

Session 1: Motivation– Building

Session 2: Goal-Setting

Session 3: Marijuana Refusal Skills

Session 4: Enhancing Social Support & Increasing Pleasant Activities

Session 5: Planning for Emergencies & Coping with Relapse

Session 6: Problem Solving

Session 7: Anger Awareness

Session 8: Anger Management

Session 9: Effective Communication

Session 10: Coping with Cravings and Urges to Use Marijuana

Session 11: Depression Management

Session 12: Managing Thoughts

Evidence-Base:

Refer to Appendix B for a matrix that lists the organizations that have approved MET/CBT as an EBP or go to <http://www.uncg.edu/csr/asatp/ebp/ebpmatrix.pdf> to view it online. When compared with a longer relapse prevention treatment (18 sessions), there were no post-treatment differences regarding abstinence, days of use, severity of problems, or dependence symptoms, suggesting that brief treatment is just as effective as a longer-term approach. Brief treatments also are more cost effective than longer programs.

MET is applicable to adolescents because of its less directive, non-confrontational approach in teaching clients coping skills. Group therapy seems to work well with teens based on the power of peer influence in adolescence. Previous research has found contagion effects in adolescent group therapy; however, research through the CYT study found no such effects.

Reference to Treatment Manual:

Sampl, S., & Kadden, R. (2001). *MET and CBT for adolescent cannabis users: 5 sessions, CYT series, volume 1.* (BKD384).

Rockville, MD: CSAT, SAMHSA. <http://kap.samhsa.gov/products/manuals/cyt/>

Webb, C., Scudder, M., Kaminer, Y., & Kadden, R. (2001). *MET and CBT supplement: 7 sessions of CBT for adolescent cannabis users, CYT series, volume 2.* (BKD385). Rockville, MD: CSAT, SAMHSA.

Additional References:

There are three additional volumes of the CYT Series. (see *ARCA, FSN, and MDFT info sheets*)



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