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Evidence Based Practice in the Treatment of Addiction

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History of Addiction Treatment



- Incarceration



- “Medical Techniques”



- Asylums



NEW YORK STATE INEBRIATE ASYLUM.
Situating in Binghamton, and the earliest institution
of the kind ever established.



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What We Learned



- These didn't work
- Needed to change from a “moral model”
- Emergence of the Disease Model
- Advances in understanding of neurochemistry's role in addiction
- Drug Court Model
- Evidence Based Practices



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Evidence-based practices (EBPs) refer to interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective.



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NIDA Principles of Effective Treatment



1. No single treatment is appropriate for all
2. Treatment needs to be readily available
3. Effective treatment attends to the multiple needs of the individual
4. Treatment plans must be assessed and modified continually to meet changing needs
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness



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Principles of Effective Treatment



6. Counseling and other behavioral therapies are critical components of effective treatment
7. Medications are an important element of treatment for many patients
8. Co-existing disorders should be treated in an integrated way
9. Medical detox is only the first stage of treatment
10. Treatment does not need to be voluntary to be effective



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Principles of Effective Treatment



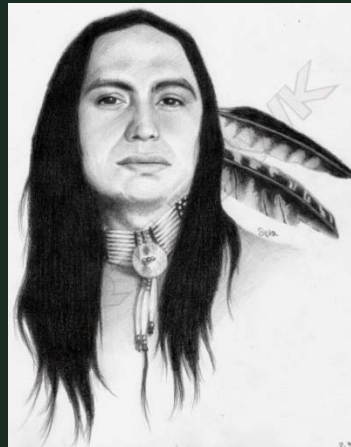
11. Possible drug use during treatment must be monitored continuously
12. Treatment programs should assess for HIV/AIDS, Hepatitis B & C, Tuberculosis and other infectious diseases and help clients modify at-risk behaviors
13. Recovery can be a long-term process and frequently requires multiple episodes of treatment

- NIDA (1999) *Principles of Drug Addiction Treatment*



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No Single Treatment is Appropriate for All





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Evidence-Based Practices for Alcohol Treatment



- Brief intervention
- Social skills training
- Motivational enhancement
- Community reinforcement
- Behavioral contracting

Miller et al., (1995) What works: A methodological analysis of the alcohol treatment outcome literature. In R. K. Hester & W. R. Miller (eds.) *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*. (2nd ed., pp 12 – 44). Boston: Allyn & Bacon.



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Scientifically-Based Approaches to Addiction Treatment



- Cognitive–behavioral interventions
- Community reinforcement
- Motivational enhancement therapy
- 12-step facilitation
- Contingency management
- Pharmacological therapies
- Systems treatment



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What Does All This Mean?



- We have an opportunity to improve treatment services.
- There are effective and cost-efficient treatments available for alcohol and drug dependence.



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7 Evidenced Based Approaches for Adults



- 1. Moral Reconciliation Therapy (MRT)**
- 2. Living in Balance**
- 3. Motivational Interviewing**
- 4. Recovery Training & Self Help**
- 5. TCU Mapping Enhanced Counseling**
- 6. Twelve Step Facilitation
Therapy**
- 7. Community Reinforcement
Approach**



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Top 7 Evidenced Based Approaches for Adolescents



- 1. Brief Strategic Family Therapy (BSFT)**
- 2. Family Behavior Therapy (FBT)**
- 3. Moral Reconciliation Therapy (MRT)**
- 4. Multidimensional Family Therapy (MDFT)**
- 5. Family Support Network**
- 6. Multi-Systemic Therapy (MST) for Juvenile offenders**
- 7. Adolescent Community Reinforcement Approach (A-CRA)**



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Not Evidenced Based



- 1. Generic Counseling**
- 2. AOD Education**
- 3. Confrontational Interventions**
- 4. Psychodynamic Therapy**
- 5. Solution-focused Therapy**
- 6. Mindfulness-based Stress Reduction**
- 7. Acupuncture**



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Effective Treatment for Offenders



- 1. Standardized Interventions (*use of manuals*)**
- 2. Contingency-based Treatment**
- 3. Cognitive Behavioral Therapy:
Moral Reconciliation Therapy**
- 4. Relapse Prevention: Relapse
Prevention Therapy (RPT)**
- 5. Co-occurring Disorder
Treatment: Seeking Safety**
- 6. Adjunctive Medications:
Naltrexone**



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A Big Resource



**National Registry of Evidenced-
based Programs and Practices:**

www.nrepp.samhsa.gov



**SAMHSA's National Registry of
Evidence-based Programs and Practices**



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The Best way to choose an EBP



- It's listed in NREPP
- matches your desired outcomes
- was tested on a population similar to yours

Adolescent Community Reinforcement Approach (A-CRA)

The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. This outpatient program targets youth 12 to 22 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. A-CRA includes guidelines for three types of sessions: adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in prosocial activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioral rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in prosocial leisure activities.

A-CRA has been adapted for use with Assertive Continuing Care (ACC), which provides home visits to youth following residential treatment for alcohol and/or other substance dependence. It also has been adapted for use in a drop-in center for street-living, homeless youth to reduce substance use, increase social stability, and improve physical and mental health. These adaptations are reviewed in this summary.

Descriptive Information

Areas of Interest	Substance abuse treatment Co-occurring disorders
Outcomes	Review Date: March 2008 1: Abstinence from substance use 2: Recovery from substance use 3: Cost effectiveness 4: Linkage to and participation in continuing care services 5: Substance use 6: Social stability 7: Depression symptoms 8: Internalized behavior problems



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Outcome Categories

Alcohol
Cost
Drugs
Education
Employment
Homelessness
Mental health
Treatment/recovery

Ages

13-17 (Adolescent)
18-25 (Young adult)

Genders

Male
Female

Races/Ethnicities

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
White
Race/ethnicity unspecified

Settings

Outpatient
Home
Other community settings

Geographic Locations

Urban
Suburban
Rural and/or frontier



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Other EBP Sources

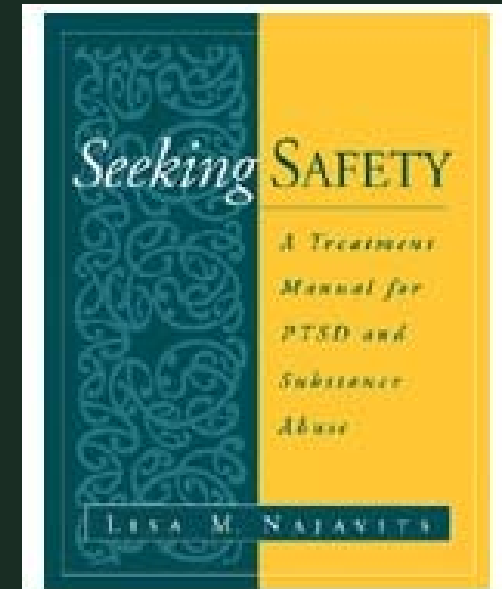
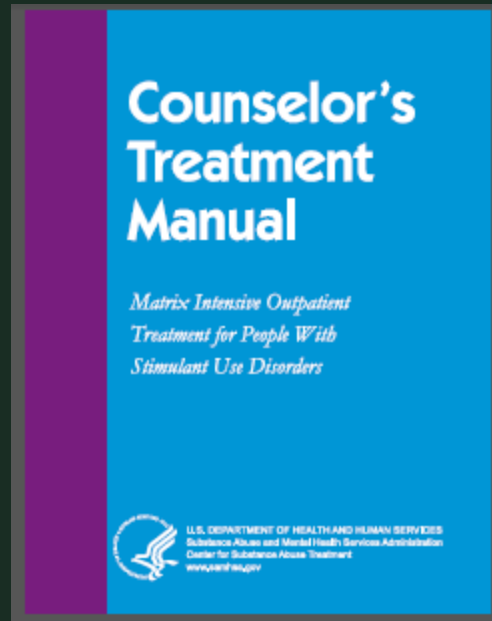
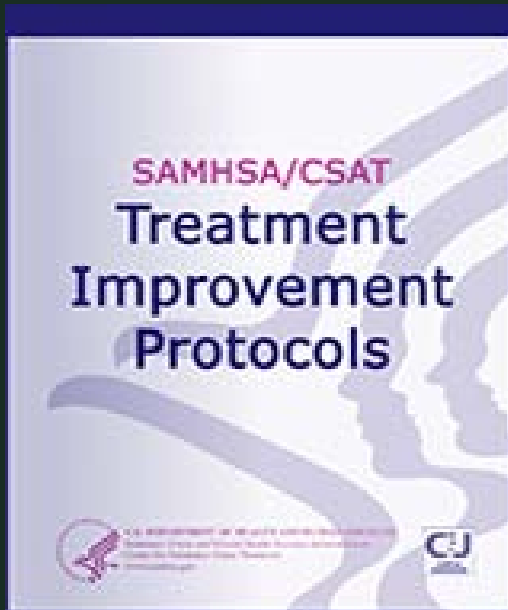


- 1. Based on valid theory of change;**
- 2. Similar to other interventions in federal registry or journal;**
- 3. Documentation of multiple successful prior implementation; and**
- 4. Reviewed and approved by experts**



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Manualized Treatment



www.kap.samhsa.gov/products/manuals



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Best Things About Manualized Treatment Protocols



- Counselors and Clients like the structure and consistency
- Easy to use
- They help focus a session

Many are FREE!!!!



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A Free Resource for Treatment Manuals



**SAMHSA's National
Clearinghouse for Alcohol
and Drug Information
(NCADI):**

1-800-729-6686



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Limitations With Using Treatment Manuals



- **Can be restrictive**
- **Need to incorporate personal style and creativity**
- **Need to provide flexibility**



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Cognitive Behavioral Interventions



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The Facts and Figures



- **A 1991 RCT comparing urban severe cocaine abusers receiving CBT versus those receiving interpersonal therapy found that those receiving CBT were more likely to:**
 - **complete treatment**
 - **sustain abstinence during treatment**
 - **sustain abstinence immediately after treatment**
 - **continue gains at 1 year follow-up**



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Three Evidenced-Based CBT Interventions

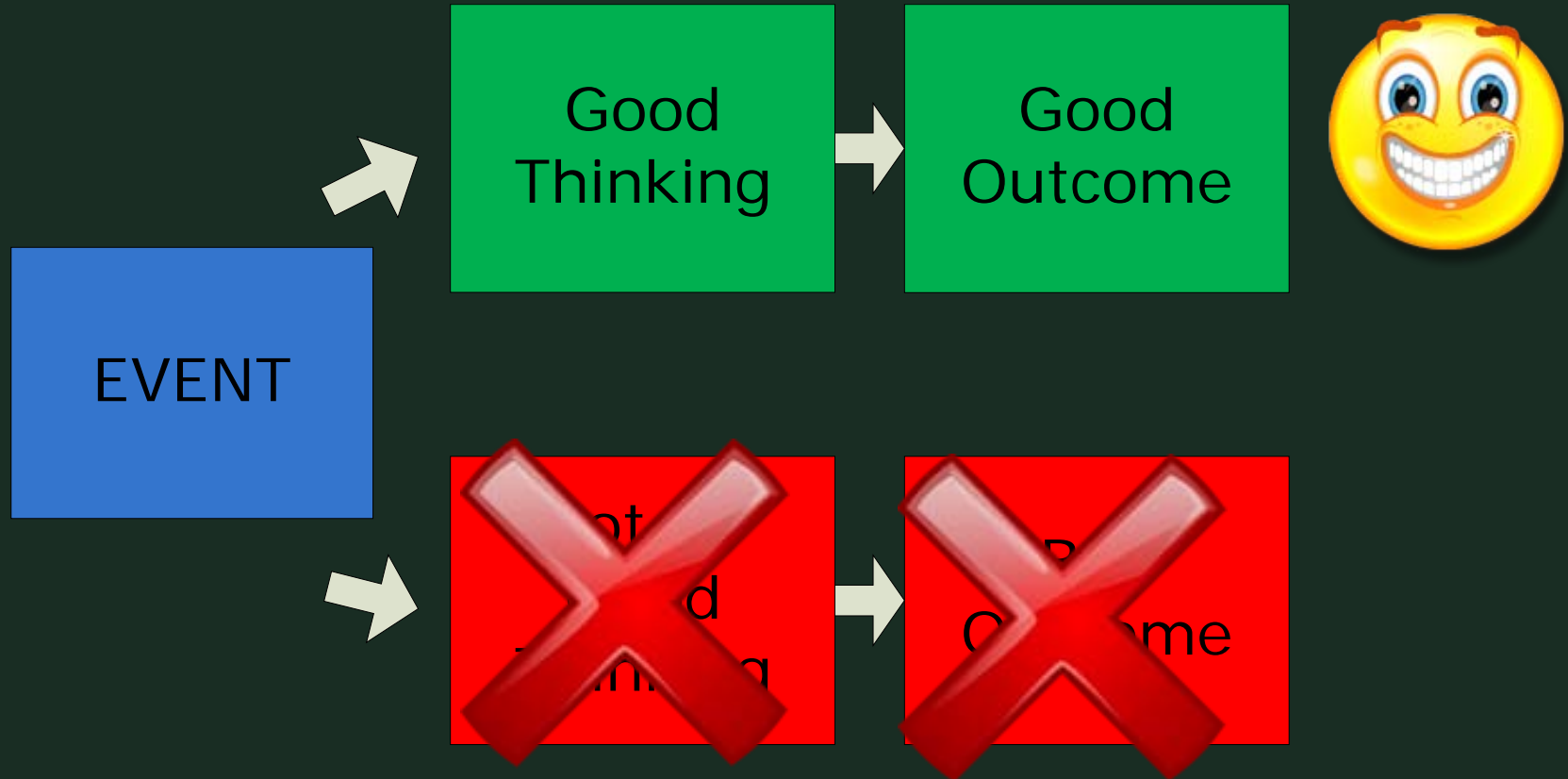


- 1. Matrix Model**
- 2. Moral Reconciliation
Therapy (MRT®).**
- 3. Thinking for a
Change
(www.nicic.org/) –
public domain**



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CBT Theory





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Thinking Errors



Hanson! I want to see you in my office first thing tomorrow!



YOU'RE FIRED!!





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Relapse Prevention Plan



Do program participants have relapse prevention plans completed before leaving the first phase of treatment?



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The Facts and Figures



- A 2008 meta-analysis of five relapse prevention effectiveness studies found RP was 2nd most effective intervention *(behind CBT combined with contingency management)*



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Relapse Prevention Therapy (RPT)



- Understand relapse as a process
- Identify and cope effectively with high-risk situations such as negative emotional states, interpersonal conflict, and social pressure
- Cope with urges and craving
- Implement damage control procedures during a lapse to minimize negative consequences
- Stay engaged in treatment even after a relapse
- Learn how to create a more balanced lifestyle



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Treatment seeks to enhance



- Motivation – Why change?
- Insight – What to change?
- Skills – How to change?



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Motivation





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Motivation




- Motivation is key to making and sustaining a long term change.
- Realistically, motivation waxes and wanes
- Increasing motivation helps prevent relapse
- Drug Courts provide external (incentives & sanctions) motivators
- Participants will hopefully become internally motivated (it's the right thing to do, I feel good when I'm clean, etc.)



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Changing people places & things

A large group of beagles of various colors (brown, white, black) are sitting on a grassy area in front of a stone wall. The dogs are looking in various directions, some towards the camera and others away. A thought bubble and a speech bubble are overlaid on the image.

I can hang out
With my old friends
And not chase the
fox

HEY GUYS!!
THERE GOES
THE FOX!!
LET'S GET'EM!



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Insight



- You only know what you only know.
- Participants do not automatically know what to do to stay sober and why.
- Helping them understand behavioral patterns.
- Getting them to think outside of their “box”



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Your surgeon



I've never done one of these before. But I did talk about it in group... and I stayed at a Holiday Inn Express!





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Skill building



- Wanting to be able to do something doesn't mean you can do it.
- Knowing what to do doesn't mean you'll do it (right) when it counts.
- Keys to skill building:
 - Practice, practice, practice
 - Reward the behavior you are trying to encourage - conditioning



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Treatment must address



- Behavior
- Medical / Biological
- Affect / Emotional
- Social / Family
- Cognitive
- Spiritual

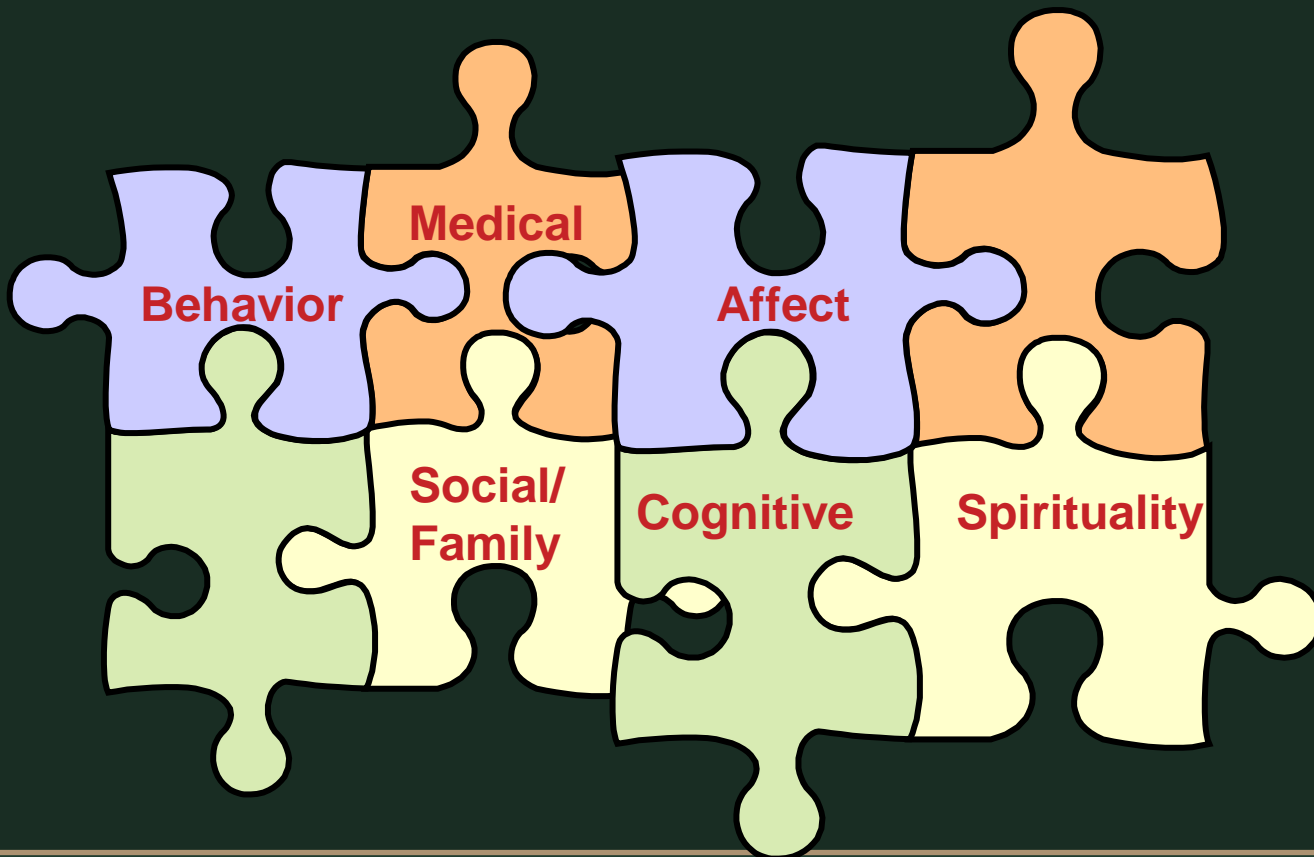


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People are Complex



Multiple treatment interventions capable of addressing each of these domains will be required for effective outcomes.





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Multi-systemic treatment



“Treatment should be tailored to the needs of the individual and guided by an individualized treatment plan that is developed in consultation with the patient”

American Society of Addiction Medicine’s Patient Placement Criteria - Second Edition Revised (ASAM PPC-2R)

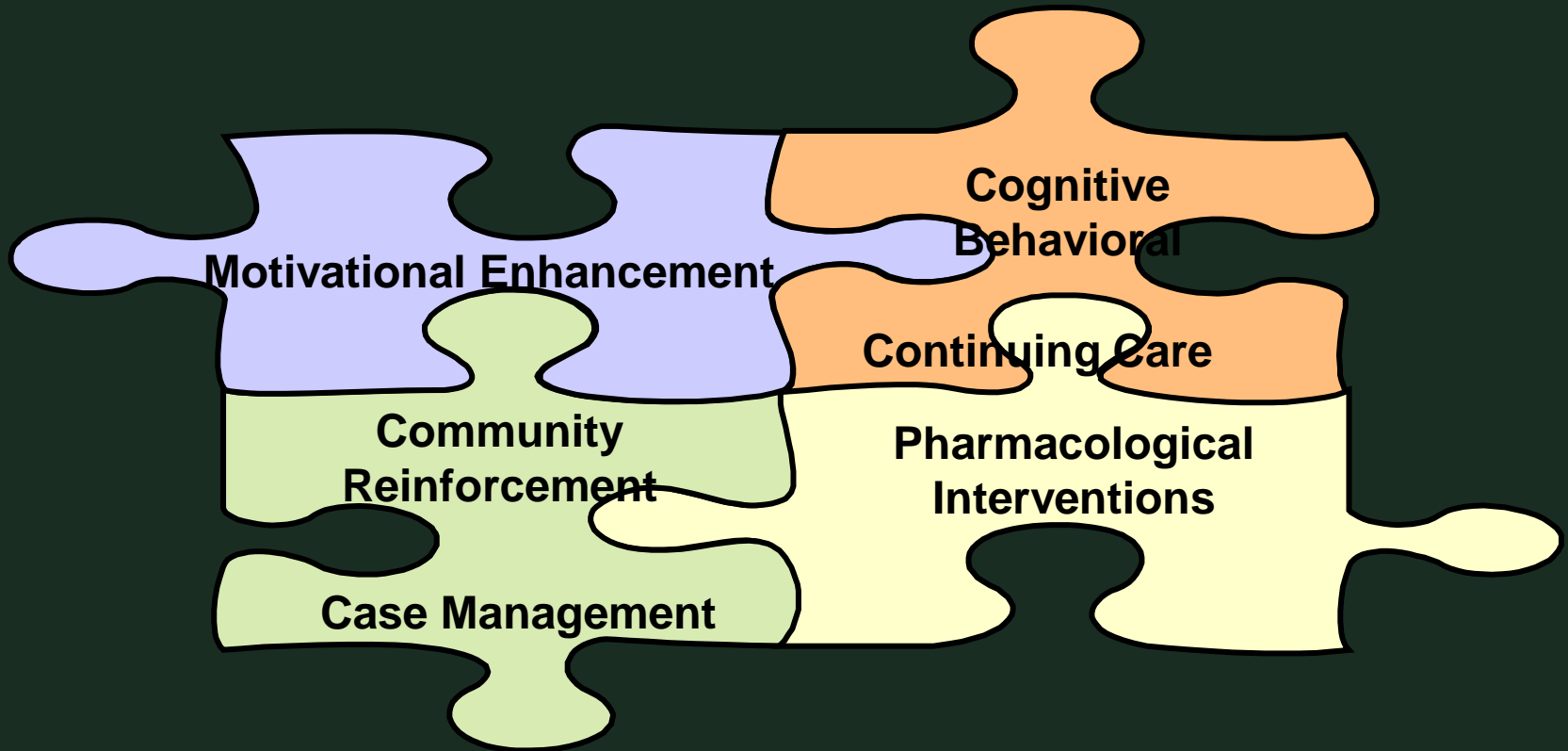


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What works?



For the **BEST OUTCOMES** Provide a Puzzle of Evidence Based Approaches





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Motivational approaches



- Motivational approaches focus on engaging substance users in considering, initiating and continuing substance abuse treatment while stopping their use of alcohol and other drugs.
- “Being where the client is” – what they are motivated by.
- Motivational approaches involve combining “motivational interviewing” with a stages-of-change model.
- Stages of change include; pre-contemplation regarding change, contemplation, preparation, action, and maintenance



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Cognitive Behavioral Therapy (CBT) approaches



- A research review of meta-analyses found that cognitive behavioral approaches consistently appear to be among the most effective treatment therapy for substance abusers (Taxman, 1999).
- CBT approaches suggest that unless offenders' faulty thinking is addressed, there is a reduced likelihood of long-term change.
- The three main cognitive models now utilized by criminal justice agencies are Reasoning and Rehabilitation (R&R), Thinking for a Change and Moral Reconciliation Therapy (MRT®).



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Community Reinforcement Approach plus Vouchers

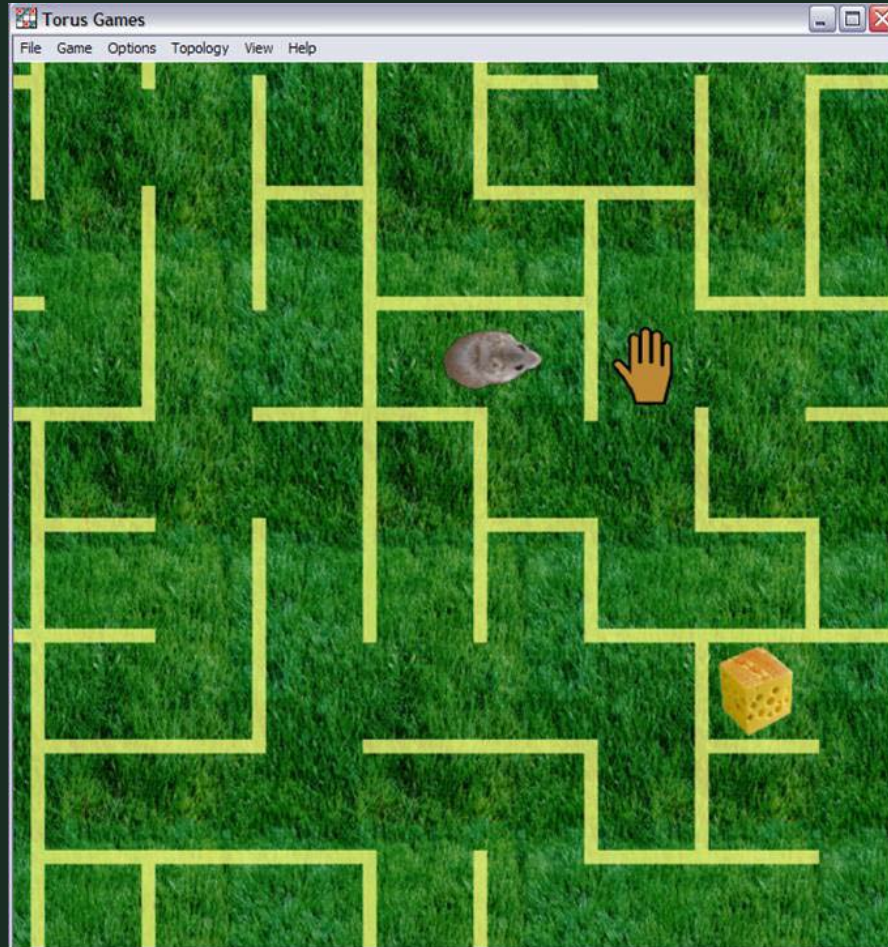


- Uses the community to reward non-using behavior so that the client makes healthy lifestyle changes
- High levels of satisfaction in drug and alcohol free lifestyles are needed to compete with the reinforcement derived from substance use and the substance-using lifestyle
- The CRA approach is analogous to helping a child conclude—through experience, not talking—that it's more satisfying to be good than to be naughty.



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Rewarding the Behavior





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Clinical Case Management



Goals – Help ensure that the important needs of the participants are being responded to, and that they maintain contact with the various providers.

- Assessment
- Planning
- Linking
- Monitoring
- Advocacy



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Case management of other ancillary & ongoing services



- Wellness practices
- Acupuncture
- Nutrition
- Stress management
- Smoking cessation
- Health/Dental Care
- 12-Step, Self-Help, Recovery Maintenance



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Pharmacological Approaches



Goals – Provide:

- relief from withdrawal symptoms,
- prevent drugs from working,
- reduce craving,
- aversive reactions

These actions are helpful in
reducing relapse and increasing
retention in programs



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Pharmacological Approaches



Methadone – Opiate addiction – reduces craving, mediates withdrawal symptoms, helps restore normal functioning

Buprenorphine – similar to methadone, may be prescribed by an MD with special training)

Acamprosate – reduction of alcohol cravings

Antabuse – produces adverse reaction with alcohol use



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Pharmacological Approaches



Naltrexone/Nalmefene – stops opiates from working, changes alcohol action for some – reduction in relapse

Neurontin – helps with insomnia in early recovery

Clonidine – reduction of withdrawal symptoms – possible reduction in cravings

Baclofen – possible reduction in cocaine cravings



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Methadone Study



- 2007 study of 204 heroin addicted males incarcerated in a Maryland prison
- Random assignment to one of three groups:
 - Counseling Only- In prison counseling plus passive referral post release
 - Counseling + Transfer- In prison counseling plus transfer to MMT post release
 - Counseling + Methadone- In prison counseling, in prison MMT, plus transfer to MMT post release
- Assessed at intake and at 1, 3, 6, & 12 months post release



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The Results



- **Assessment:** ASI/clinical interview, review of treatment records, drug test for opiates and cocaine, arrest records, self report of criminal activity and employment
- Those in MMT remained in treatment significantly longer than others. Those who began in MMT in prison were retained the longest.
- Those in MMT tested positive for drugs significantly less often than others. Those who began MMT in prison had the lowest positive rates.



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**THE
END**

Thanks!