

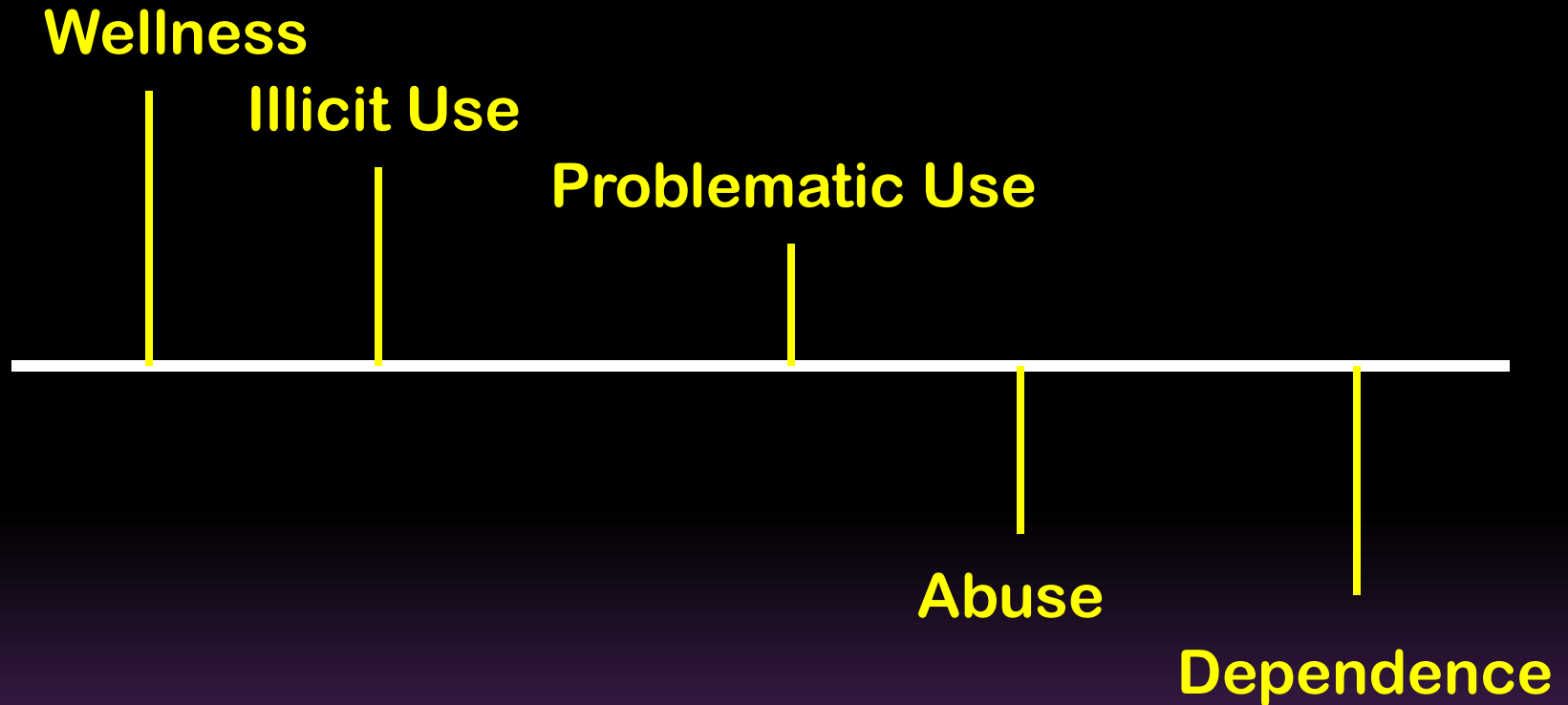
Doing the Right Thing, In the Right Way

An Applied Research Approach to Effective Treatment

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Substance-Related Health Continuum



7 Point Diagnostic Check

1. **Do you know how to find out if you are using evidenced based practices?**
2. **Do your treatment programs utilize treatment manuals which provide guidelines that outline how the intervention is to be delivered?**

7 Point Diagnostic Check

3. **Have your treatment staff been trained and/or certified to deliver a specific cognitive behavioral intervention?**
4. **Do program participants have written relapse prevention plans completed before leaving the first phase of treatment?**
5. **Does your program have a philosophy that supports the use of FDA approved medications found to be effective in the treatment of substance dependence?**

7 Point Diagnostic Check

6. Does your program consider those with co-occurring disorders the expectation and not the exception?
7. Does your program introduce participants to 12 Step groups and provide alternatives to mandated participation?

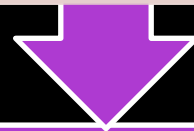
Three Top Models

Medical Model

Disease Concept

Genetics

Neurochemistry



Psychosocial Model

Social Learning

Environmental

Family Systems



Biopsychosocial (BPS) Model

Biological

Psychological

Sociological

Diagnostic Check Point 1

**Do you know how
to find out if you
are using
evidenced based
practices?**

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

Four Big Studies

- ▣ Randomized Controlled Trials
- ▣ Project MATCH
- ▣ COMBINE Study
- ▣ Cannabis Youth Treatment Study
- ▣ Mesa Grande Project (*361 clinical trials analyzed*)

Top 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**

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)**

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**

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 & Acamprosate**

A Big Resource

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

www.nrepp.samhsa.gov.

The best way to know if you are using an evidenced-based approach is finding it in NREPP and finding that it:

- **matches your desired outcomes**
- **was tested on a population similar to yours**

Other Sources

- Using other 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

Diagnostic Check Point 2

Do your treatment programs utilize treatment manuals which provide guidelines that outline how the intervention is to be delivered?

Be Skeptical

- ▣ **Nearly every evidenced based intervention is manual-based.**
- ▣ **However not every intervention that is manual-based is evidenced based.**

What Counselors Say About Using Treatment Manuals

- ▣ Like the structure and consistency
- ▣ Easy to use
- ▣ They help focus a session

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

Expect Ambivalence

- ▣ **Mixed emotions are to be expected**
 - *curiosity*
 - *confusion*
 - *eagerness*
 - *concern*
 - *willingness to try*
- ▣ **Evidence-based practices impose burdens**
- ▣ **Evidence-based practices require change**

**A Free Resource for
Treatment Manuals**

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

1-800-729-6686

Diagnostic Check Point 3

Have your treatment staff been trained and/or certified to deliver a specific cognitive behavioral intervention?

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**

Three Evidenced-Based CBT Interventions

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

Moral Reconciliation Therapy

Seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. It progressively addresses ego, social, moral, and positive behavioral growth.

Moral Reconciliation Therapy

For information on implementation or
research:

Kenneth Robinson, Ed.D.
(901) 360-1564
ccimrt@aol.com
www.moral-reconciliation-therapy.com/

3 Key Questions for Defendants

1. “So tell me, what are some of the thinking errors that you’ve been hearing about in group?”
2. “What kind of thinking has gotten you in trouble in the past?”
3. “What have you been told you should do when you start thinking in ways that usually get you in trouble?”

Maintenance Required Warning Light

**We claim that we use
CBT, but we have no
manuals and have
received no related
training.**

Diagnostic Check Point 4

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

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*)
- ▣ A 1996 meta-analysis of 24 RCT of RP for alcohol, THC, and cocaine users found RP may provide continued improvement over a longer period of time compared to other interventions.
- ▣ Other studies have demonstrated effectiveness with methamphetamine and other drug users.

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

Relapse Prevention Therapy (RPT)

- ▣ For information about implementation of RPT:

George A. Parks, Ph.D.

(206) 685-7504

gparks@u.washington.edu

Maintenance Required Warning Light

**The only copy of
participants' relapse
prevention plans is in
their treatment file.**

Diagnostic Check Point 5

Does your program have a philosophy that supports the use of FDA approved medications found to be effective in the treatment of substance dependence?

Pharmacological Interventions Goals

1. To provide relief from withdrawal symptoms
2. To prevent drugs from working (*antagonist*)
3. To reduce craving
4. To provide replacement (*agonist*)
5. To provide aversive reactions

The Facts and Figures

- ▣ The COMBINE study (2001-2004):
- ▣ Included 1383 recently abstinent alcohol dependent patients
- ▣ Naltrexone combined with medication management was superior to all other interventions including acamprosate and behavioral treatment
- ▣ Acamprosate not found to be any better than placebo in this study. European studies have shown effectiveness.
- ▣ Those receiving medication did much better than those who received no pills at all.

Pharmacological Interventions

- ▣ **Naltrexone** – Interrupts actions of alcohol and opiates; reduces cravings
- ▣ **Acamprosate** – reduction of alcohol cravings
- ▣ **Disulfiram/Antabuse** – produces adverse reaction with alcohol use

Broad Spectrum Treatment (BST) and Naltrexone for Alcohol Dependence

- ▣ **3- to 6-month program that uses manual-guided cognitive behavioral therapy in combination with naltrexone pharmacotherapy (50 mg daily) to treat adults with alcohol dependence.**
- ▣ **BST therapists deliver 8-14 individual sessions incorporating components of motivational enhancement therapy (MET), community reinforcement, and 12-step approaches.**

Broad Spectrum Treatment (BST) and Naltrexone for Alcohol Dependence

For information about implementation:

Dena Davidson, Ph.D.
(254) 297-5169
dena.davidson@va.gov

What about?

**Methadone
Maintenance**

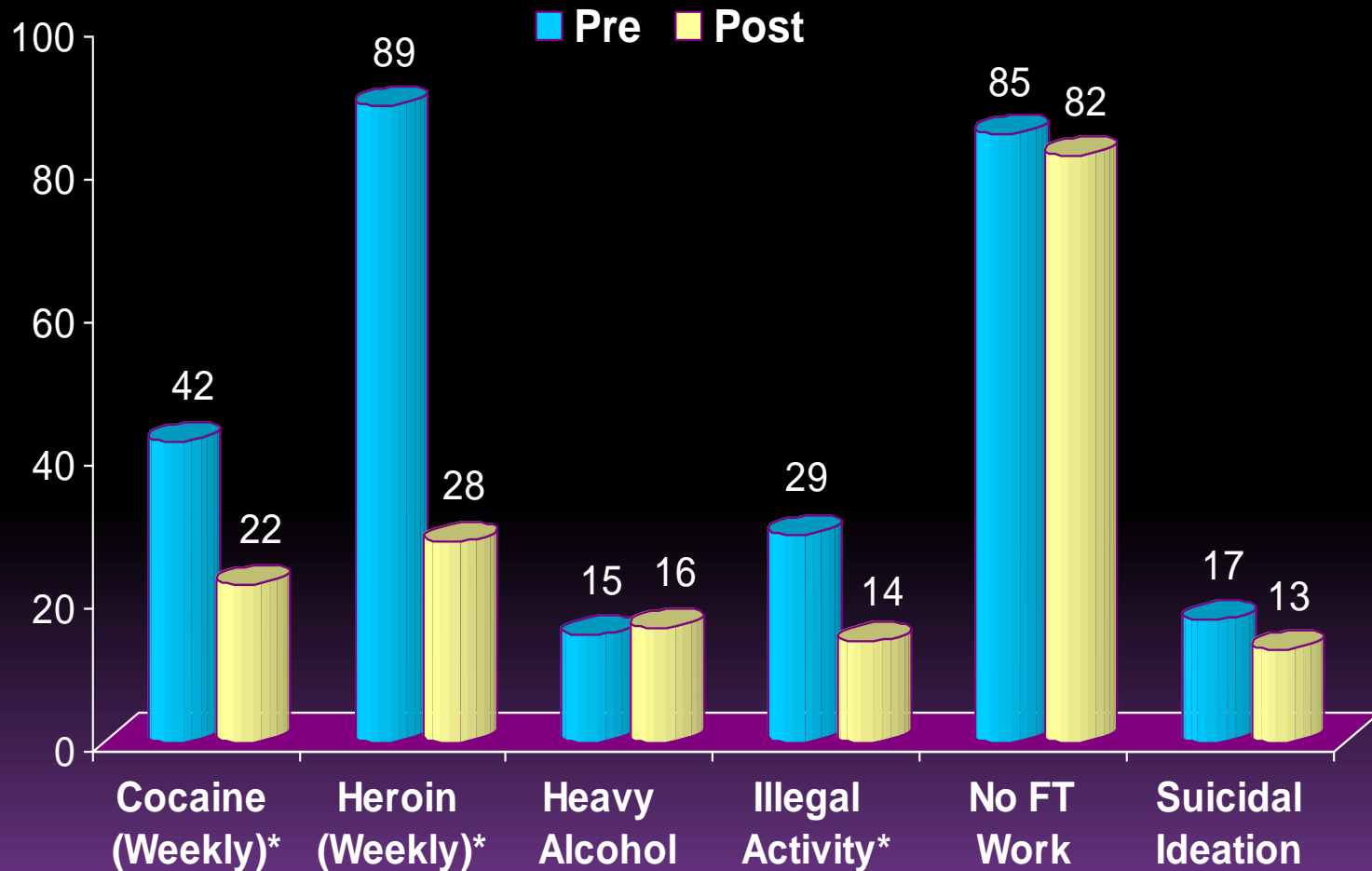
The Study

- ▣ **2007 study of 204 heroin addicted males incarcerated in a Maryland prison**
- ▣ **Random assignment to one of three groups:**
 1. **Counseling Only-** In prison counseling plus passive referral post release
 2. **Counseling + Transfer-** In prison counseling plus transfer to MMT post release
 3. **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**

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.**
- ▣ No significant difference in re-arrest rates, self reported criminal activity and employment

Outpatient Methadone Treatment (OMT) DATOS Changes from Before to After Treatment



3 Key Questions for Providers:

1. **May I see the schedule of psychosocial treatment sessions for patients on methadone maintenance?**
2. **How many consecutive treatment sessions is a patient allowed to miss before their dosing is suspended?**
3. **How do you monitor if patients are taking their medication as prescribed and if they are using illicit drugs?**

Maintenance Required Warning Light

Even if we had the resources, we would not allow medication-assisted treatment in our program.

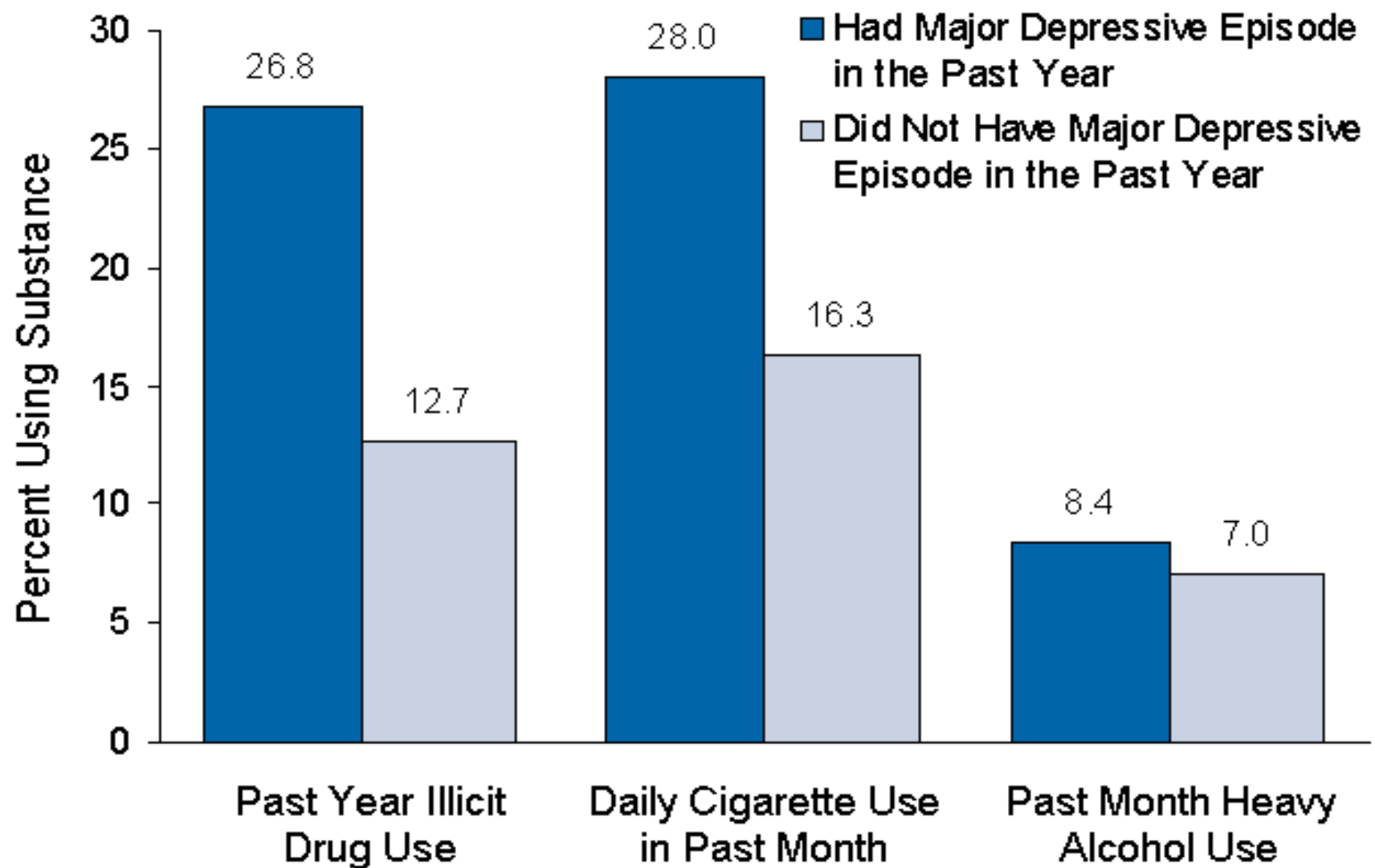
Diagnostic Check Point 6

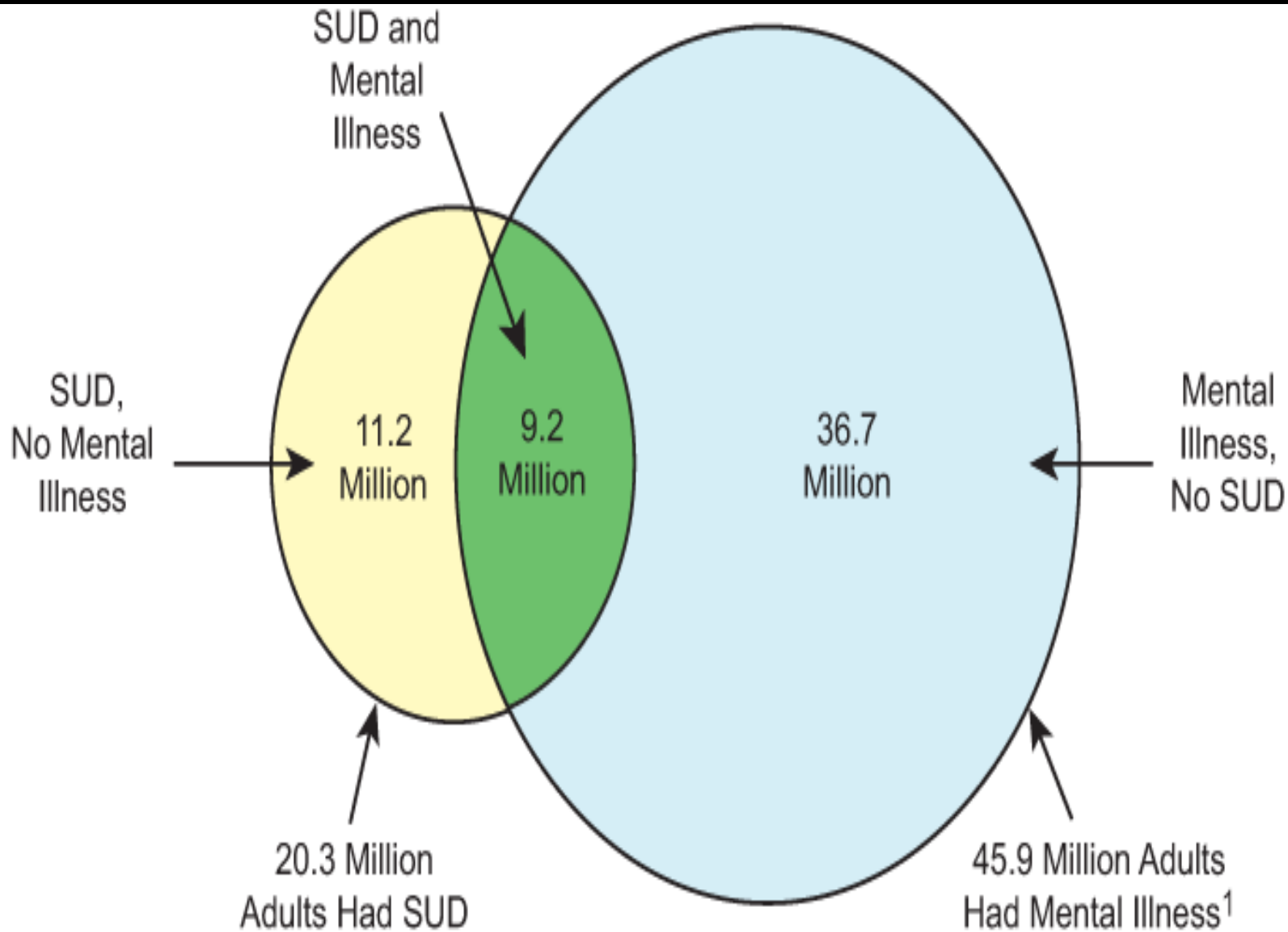
Does your program consider those with co-occurring disorders to be the expectation and not the exception?

Integrated Treatment

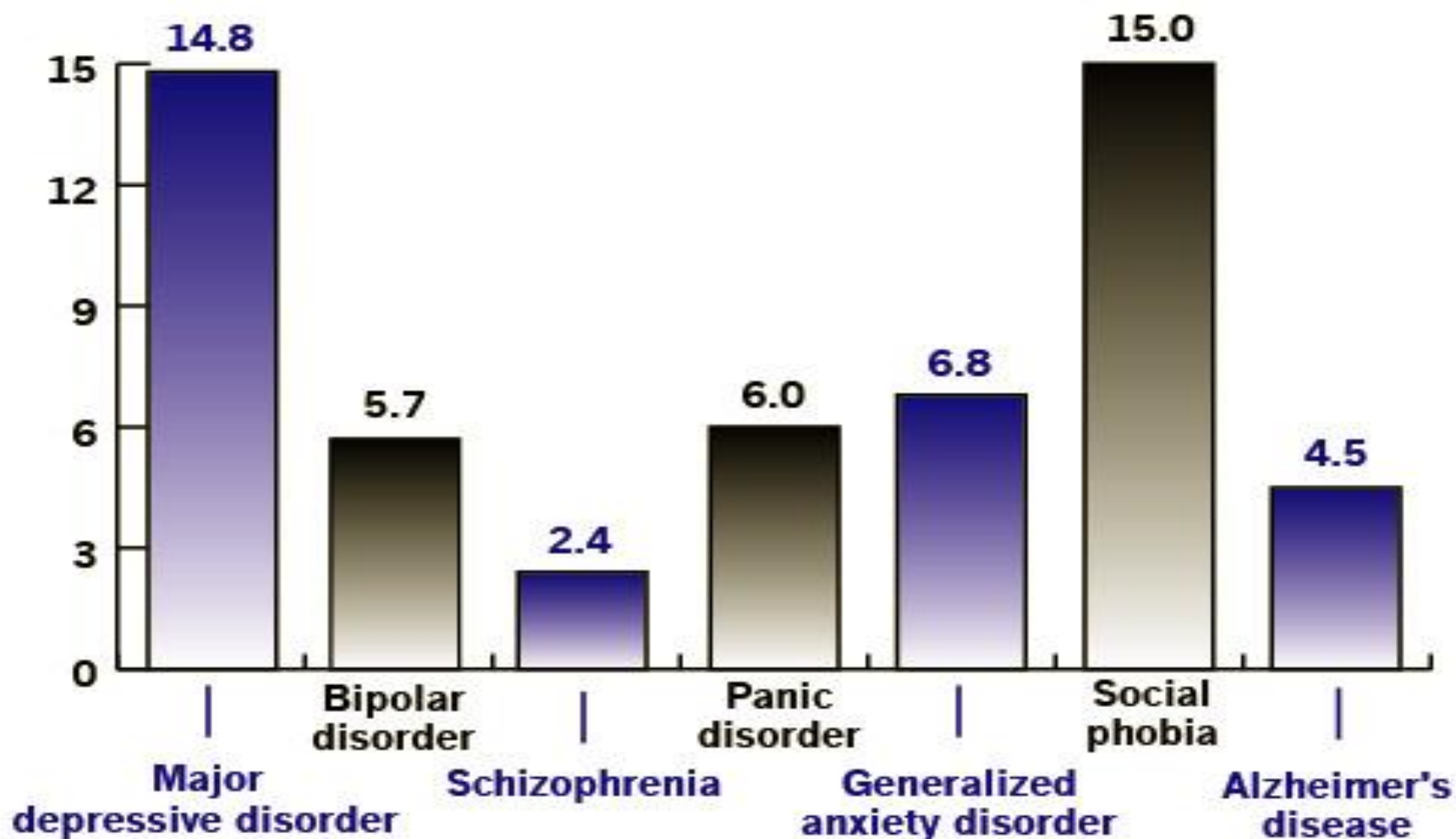
- ▣ **Comprehensive, Continuous, Integrated System of Care (CCISC) Model – Kenneth Minkoff, MD**
- ▣ **Dual Diagnosis Enhanced Programming**
- ▣ **Dual Diagnosis Capable Programming**
- ▣ **Staff Training**
- ▣ **Multiple Disciplines**
- ▣ **Mission Statement, Policies/Procedures, Referral Sources**

18 and older





Adults Suffering Selected Mental Illness in a Given Year (Millions)



Source: National Institute of Mental Health (2008). "The Numbers Count: Mental Disorders in America."
(www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america.shtml).

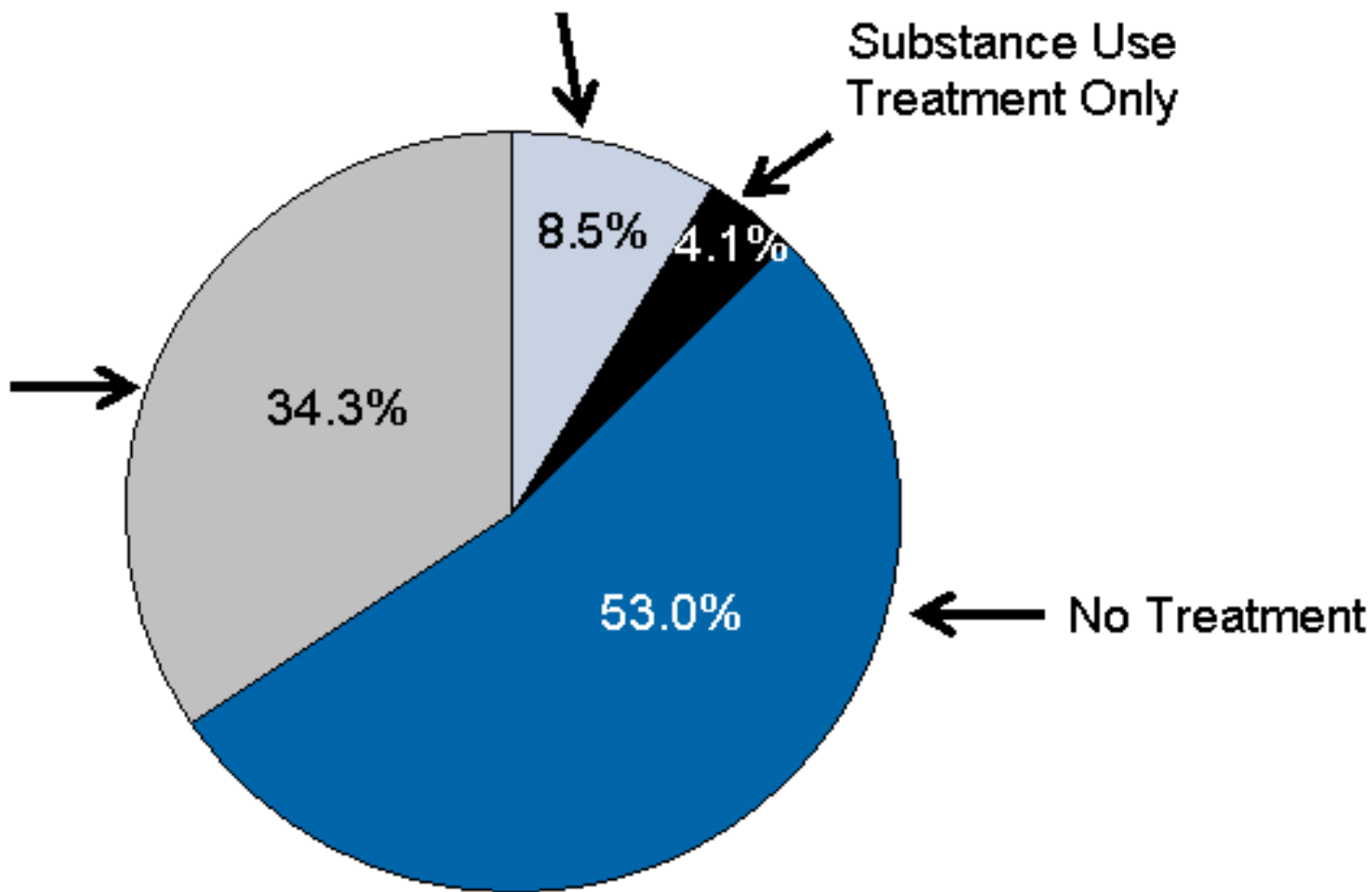
Offenders with Co-Occurring Disorders

| Clinically significant elevations | Women ^a | Men ^b |
|-----------------------------------|--------------------|------------------|
| | % | % |
| Depression | 25.9 | 16.9 |
| Traumatic stress | 45.7 | 32.0 |
| Borderline features | 47.2 | 38.2 |
| Antisocial features | 42.2 | 52.1 |
| Depression–suicidal | 7.7 | 8.3 |
| Traumatic stress–suicidal | 10.3 | 9.5 |
| Borderline–suicidal | 10.6 | 10.4 |
| Antisocial–suicidal | 7.7 | 9.8 |
| Depression–aggression | 9.9 | 7.1 |
| Traumatic stress–aggression | 15.4 | 13.5 |
| Borderline–aggression | 18.5 | 18.4 |
| Antisocial–aggression | 17.6 | 20.8 |

Treatment for Both Mental Health
and Substance Use Problems

Substance Use
Treatment Only

Treatment
Only for
Mental
Health
Problems



5.2 Million Adults with Co-Occurring SPD and
Substance Use Disorder

Seeking Safety

Focuses on coping skills and psychoeducation and has five key principles:

1. **Safety as the overarching goal**
2. **Integrated treatment (*PTSD & substance abuse*)**
3. **A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse**
4. **Four content areas: cognitive, behavioral, interpersonal, and case management**
5. **Attention to clinician processes, self-care, and other issues**

Seeking Safety

For information on implementation or research:

Lisa M. Najavits, Ph.D.
(617) 731-1501
Lnajavits@hms.harvard.edu

Does Your Program include:

1. **Blended Screening and Assessment Approaches?**
2. **Education on Co-Occurring Disorders?**
3. **Medication Monitoring and Management Sessions?**
4. **Heavy Utilization of Positive Reinforcement and Flexible Application of Graduated Sanctions?**
5. **Mental Health Specialists?**
6. **Agreements with Community Mental Health Services Agencies?**

Diagnostic Check Point 7

Does your program introduce participants to 12 Step groups and provide alternatives to mandated participation?

What About Alcoholics Anonymous?

**What about coerced
AA participation?**

What About Alcoholics Anonymous?

“Attendance” versus
“Involvement” (*active
participation*)

What About Alcoholics Anonymous?

**Seek Alternatives
to Mandating AA**

Using Self Help/Mutual Support Groups in Therapy

- **“The 12 Step Facilitation Therapy Manual” (Nowinski, Baker, & Carroll, 2003)— focuses on 1st four steps**
- **Offer choice (types, spiritual & secular)**
- **Be selective regarding approved groups**
- **Try to match demographics, lifestyles, and level of substance involvement**
- **www.smartrecovery.org**

Key Questions for Providers:

1. How do you help to prepare participants to benefit from AA or NA?
2. What process do you use to get feedback from participants regarding the meetings to which they are referred?
3. Do you have secular alternatives to 12 step groups that you can recommend to participants who object to the religious content of 12 step groups?

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