

In Memoriam: G. Alan Marlatt



Trends in Psychological Treatments for Substance Use Disorders

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What I Plan to Present

- Theoretical Background
 - Stages of Change Model and emphasis on motivation
 - More Holistic approach
 - Increasing focus on Primary Care
 - Increasing emphasis on harm reduction
- Current Evidence-based Treatments (EBTs) in U.S.
 - Motivational Interviewing
 - Screening, Brief Intervention and Referral to Treatment (SBIRT)
 - Community Reinforcement and Family Training (CRAFT)
 - Contingency Management Approaches
 - Mindfulness-based Approaches
 - Combined Psychological and Pharmacological Approaches

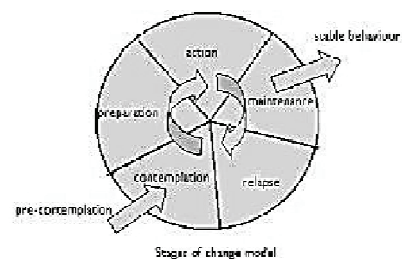
Caveats

- This presentation is very U.S.-focused, although some of the approaches have been used in Europe and Australia, as well
- The examples all have research support, but the extent of that support varies
- These approaches may or may not be adaptable to other cultures
- This is only a sample of innovative approaches being used in the U.S.
- Clinical practice lags behind research

Stages of Change Model

- Developed by James Prochaska and colleagues in the 1970s
- Heuristic value is great for clinicians in helping determine how to begin working with a client
- Coincides well with Motivational Interviewing and other new approaches

Stages of Change



Emphasis on Whole Person

- Treat co-occurring problems simultaneously or sometimes treat those instead of substance use (e.g. PTSD with subsequent substance use disorder)
- Focus on broad aspects of functioning and instilling a balanced lifestyle

Increased Emphasis on Primary Care

- Primary medical care as capture point for early intervention, especially with alcohol
- Screening, brief intervention and referral to treatment (SBIRT)
- Alcohol and tobacco focus as drugs with greatest cost to society and highest prevalence of related disorders

Harm Reduction Becoming a Central Theme

- Emphasis on
 - Removing barriers to treatment-seeking
 - Client autonomy and self-determination
 - Gradualism
 - Acceptance of reduced use as a positive
 - Abstinence not the only acceptable treatment goal, although strongly encouraged

Treatments

Motivational Interviewing

- Developed in 1980s by Miller and Rollnick
- Shift from aggressive confrontation to gentler confrontation
- Based in social psychological research on persuasive communication
- First approach aimed at Pre-contemplators and Contemplators

Motivational Interviewing: Definition

A directive, client-centered counselling style for eliciting behavior change by helping clients explore and resolve ambivalence.

Motivational Interviewing: Spirit

- Collaboration
 - Partnership, respecting the patient’s perspective
 - Engage, permission to discuss change
- Autonomy
 - Patient is in control
 - Offer choices, to empower patient
- Evocation
 - Patient has what it takes to make a change
 - Elicit their thoughts and ideas

Motivational Interviewing: Basic Principles

- Express empathy
- Roll with Resistance
- Develop discrepancy
- Support self-efficacy

Ambivalence and MI

- Patients are ambivalent about change
- “Denial” and resistance are therapist elicited
- MI attempts to identify and highlight ambivalence without eliciting resistance
- Resolving ambivalence is the first step in changing

SBIRT

- Screening, Brief Intervention and Referral to Treatment
- Based on Drinker’s Checkup Model
- Focus on alcohol as that is the number one cause of drug-related harm in the US
- Also useful for drug users

SBIRT Training

- NIAAA Online Training Course

<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/VideoCases.aspx>

Families as Motivators: CRAFT

- Community Reinforcement and Family Training (CRAFT) was developed by Robert Meyers and Jane Ellen Smith at the University of New Mexico
- Found 75-80% effective in helping motivate users to enter treatment in two large scale randomized controlled trials
- Can be done either individually or in group format
- Approach is positive rather than confrontational
- Based in contingency management and MI

Components of CRAFT

- Raising awareness of negative consequences to family of user's drug use
- Teach specific strategies for use in dangerous situations
- Teach contingency management to reinforce non-using behavior and extinguish drug use
- Social skills and problem-solving training to improve communication
- Planning activities inconsistent with user's using
- Practice strategies to interfere with current and potential drug use
- Preparing to initiate treatment when user is ready

Contingency Management Approaches

- Based in operant theory
- Use reinforcers (typically vouchers) to reinforce non-use, treatment adherence, and use-incompatible behaviors
- Vouchers frequently obtained at low cost from local merchants
- Produces high rates of abstinence and reductions in use

Mindfulness-Based Approaches

- Utilize mindfulness meditation as a core intervention
- Focus on radical acceptance
 - Of emotional lability
 - Of discomfort
 - Of drug use urges
 - Two Monks
- End striving to control: Large Field

Mindfulness-Based Approaches

- Mindfulness-based Relapse Prevention (Bowen, Chawla & Marlatt, 2010)

[Mindfulness-base Relapse Prevention Website](#)

Urge Surfing



Acceptance and Commitment Therapy (ACT)

- Developed by Steven Hayes at University of Nevada-Reno
- Based in functional contextualism and relational frame theory
- Teaches acceptance of disturbing thoughts and feelings rather than attempting to change them

ACT View of Problems

- Problems are caused by FEAR
 - Fusion with your thoughts
 - Evaluation of experience
 - Avoidance of experience
 - Reason-giving for your behavior

ACT View of Treatment

- Treatment aims at cognitive flexibility through use of six core principles
 - Cognitive defusion: Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories, i.e., singing compulsive thoughts.
 - Acceptance: Allowing them to come and go without struggling with them.
 - Contact with the present moment: Awareness of the here and now, experienced with openness, interest, and receptiveness.
 - Observing the self: Accessing a transcendent sense of self, a continuity of consciousness which is unchanging.
 - Values: Discovering what is most important to one's true self.
 - Committed action: Setting goals according to values and carrying them out responsibly.

Combined Psychological and Pharmacological Treatments

- Increasingly popular with opioid dependent patients
- Alternative to methadone that permits more stable, normal lifestyle
- Office-Based Opioid Treatment (OBOT)
 - Suboxone (buprenorphine and naloxone)
 - Behavioral treatment using CBT or one of the options discussed today

Conclusions

- U.S. Treatment system is evolving
- Increased use of ESTs
- Research far ahead of clinical practice