

Evidence-Based Practice: Psychosocial Interventions

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Talk Outline

- What is an evidence-based practice?
- What practices are evidence-based?
- Why should these be used?
- How to decide which one(s) to use?

What Is An Evidence-Based Practice?

- Developed by researchers
- Subjected to controlled evaluation
- Shown efficacious in 2 or more trials

Compared to Usual Care Practices

- Therapy specified in a detailed manual
- Therapists trained to proficiency
- Therapists monitored for adherence
 - presence of specified and absence of non-specified elements
- Clients meet inclusion and exclusion criteria
 - may be less complicated cases
- Intensive data collected on outcomes

Efficacy research shows that
practices can work under ideal
conditions

What Psychosocial Therapies are Evidence-based?

- Motivational Interviewing (MI/MET)
- Contingency Management (CM)
- Cognitive-behavioral therapy (CBT)

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MI/MET: What Is It

- Style of therapist-client interaction
- Utilizes basic counseling skills for rapport
 - Reflective listening, open-ended questions, affirmation, summary statements
- Provide feedback and develop discrepancies between actual and ideal lifestyle
- Motivate “change talk” and hopefully, actual behavior change

MI/MET: Evidence For Efficacy

- Improved compliance in medical patients
- Reduced drinking in alcoholics
- Drug users contacted in a medical setting

MI intervention for drug users (N = 778) contacted at a medical clinic visit

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Bernstein et al., Drug & Alc Depend, 2005

MI in Drug Treatment Settings

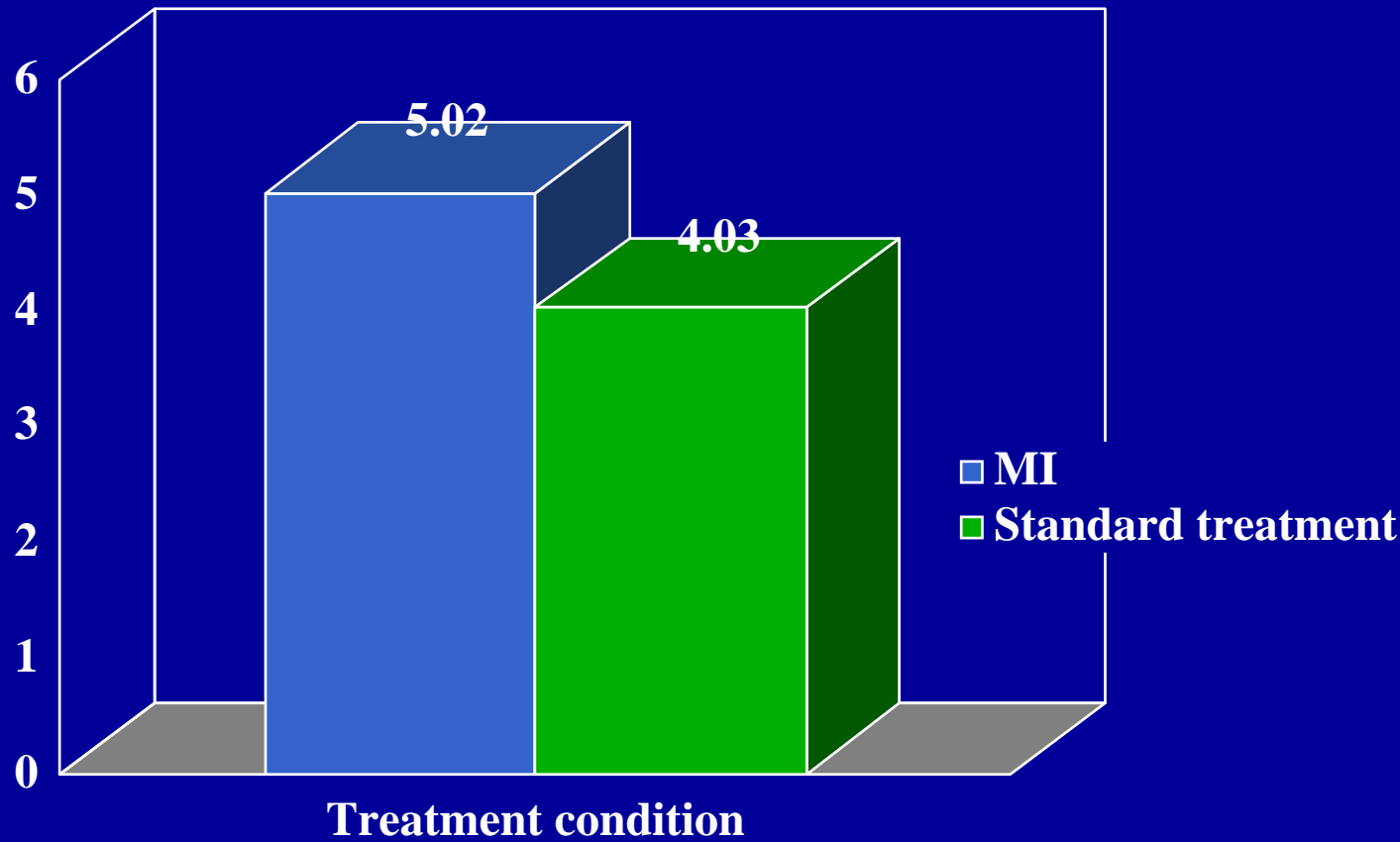
- **Evidence mixed**
 - **Some studies find benefits**
 - **Others find no benefits**

CTN MI Effectiveness Study Methods

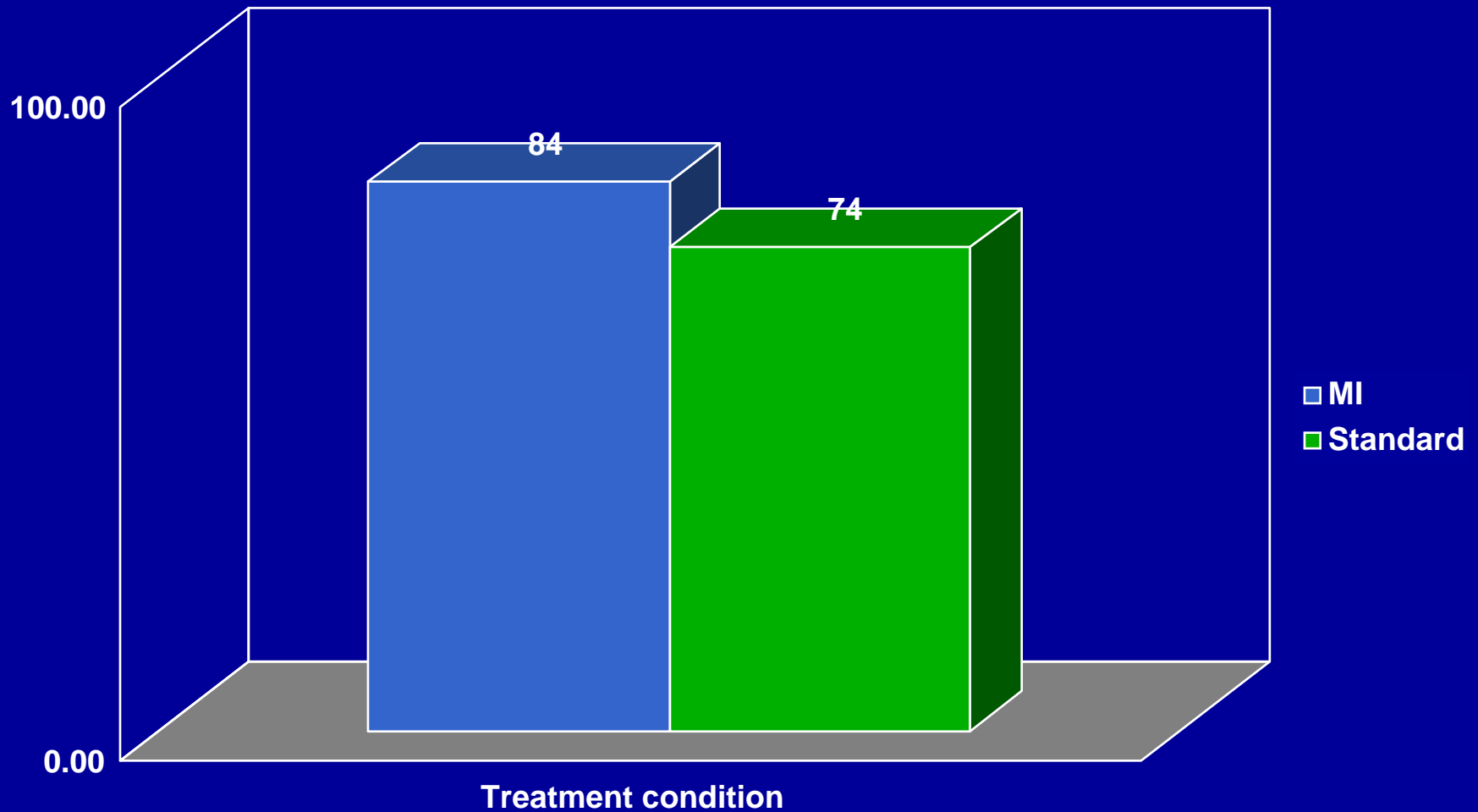
- 418 patients randomized at 5 sites
- 375 were exposed to protocol
- Counselors trained in MI conducted intake session as a MI “sandwich”
 - Client-centered discussion with reflection, open-ended questions, etc before & after intake questionnaires

Patients assigned to MI completed more sessions in month 1 than those in standard treatment

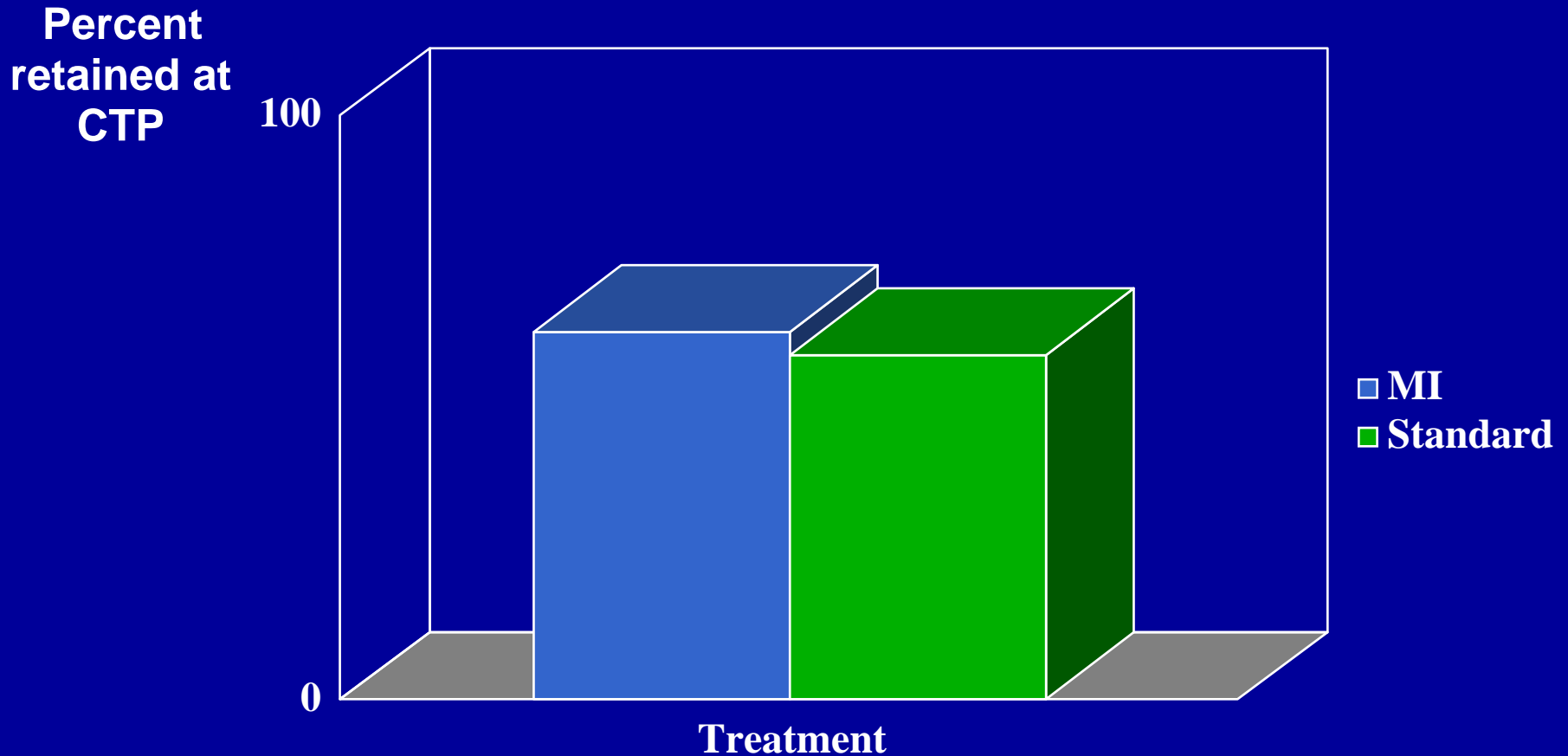
Number of sessions/ 28 days



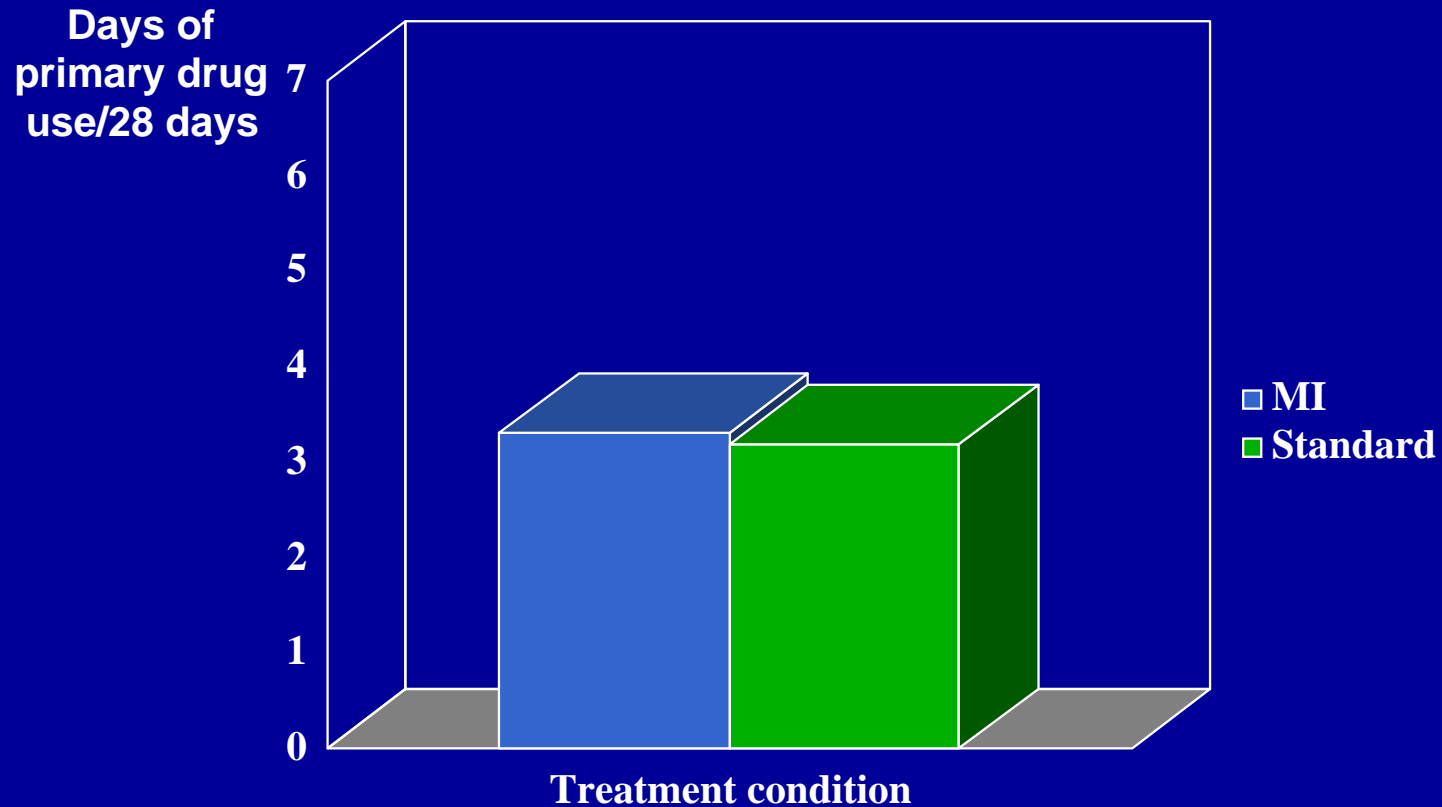
More MI patients were retained at 1-month



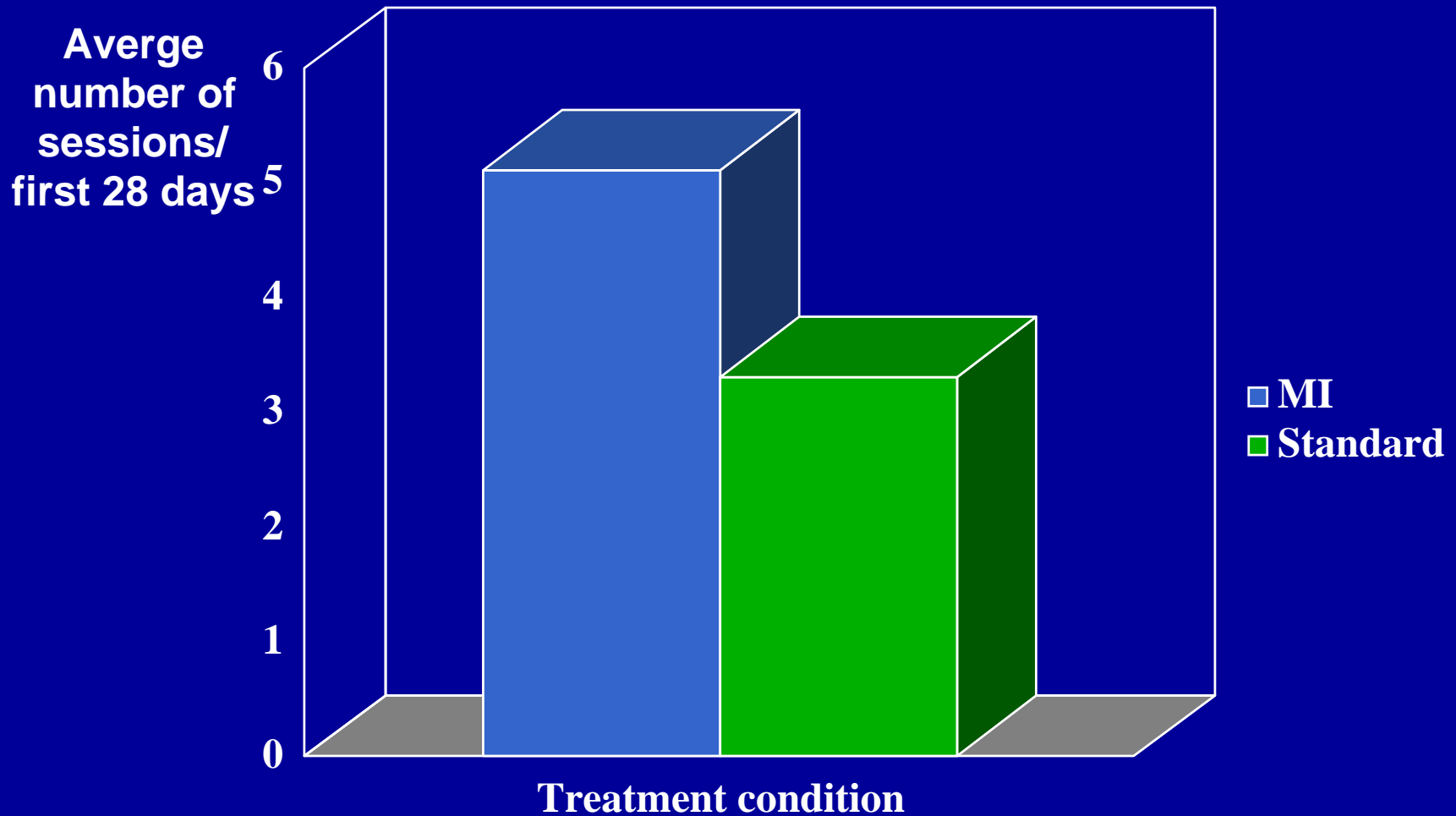
No differences in retention at the 84-day follow-up



No differences in drug use during first 28 days



Alcohol users (n=172) were the ones who benefited



MI Overview

- Excellent foundation for counseling skills
- Builds client internal motivation for change
- Evidence-based practice with good data supporting use with alcoholics
- Jury still out on effectiveness with drug users especially in treatment settings

CBT: What Is It

- Structured skills training lessons
 - Manage cravings
 - Avoid triggers
 - Drug refusal
 - Coping/problem solving
- Lectures, practice, homework
- Manualized
 - NIDA Therapy Manual for Drug Addiction #1

CBT Efficacy Evaluation

- Many studies have demonstrated efficacy
- Some show during treatment effects
- Some show benefits only after treatment ends (“sleeper” effects)

IOP Treatment: CBT vs 12-Step

QuickTime™ and a
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are needed to see this picture.

Maude Griffin et al., 1998

CBT vs Clinical Management: 1x per week

QuickTime™ and a
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are needed to see this picture.

Carroll et al., 1994

CBT Overview

- Provides structured content for DA therapy
- Potential for building highly useful skills
 - Coping, problem solving, drug avoidance, etc
- Shown efficacious both during and after Tx
 - Provided clients can learn what is taught and put it into practice

Contingency Management

Motivational Incentives: What Is It

- Adds source of external motivation to counseling
- Provides tangible positive reinforcement for specified desired behavior
 - Behavior can be attendance, drug abstinence, goal achievement
 - Reinforcers can be cash-value vouchers or prizes

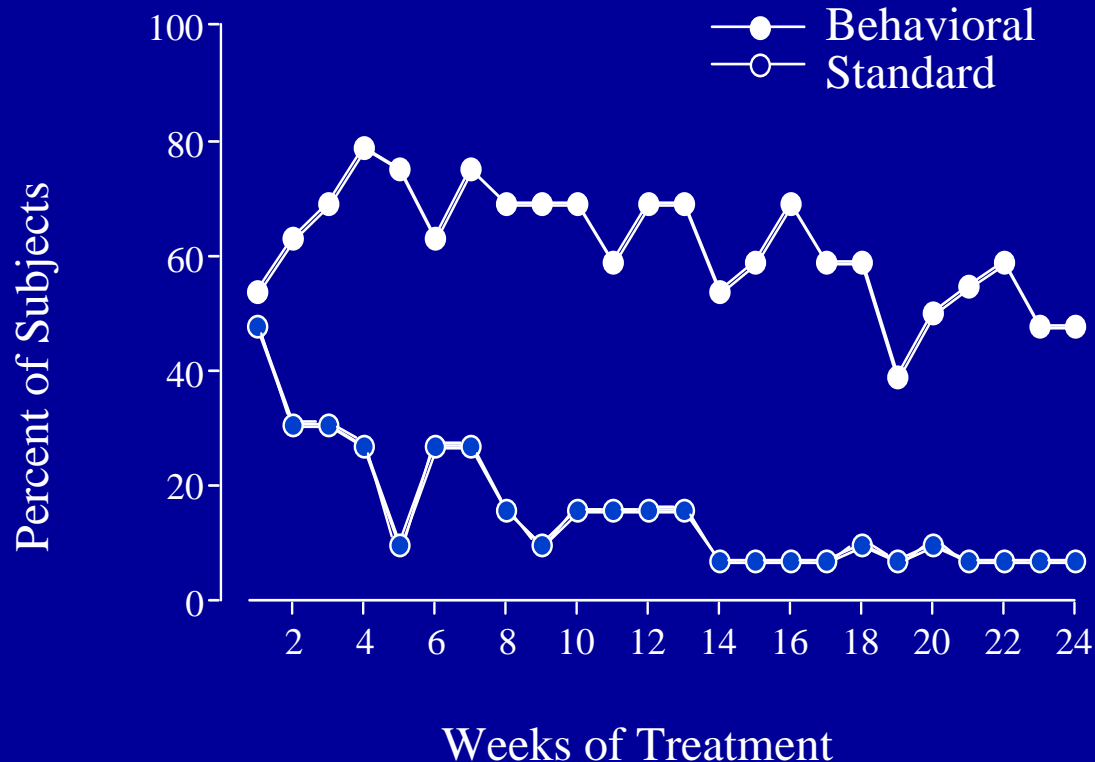
Voucher Reinforcement for abstinence initiation and maintenance in cocaine abusers

- Principle of alternative reinforcement:
 - Making abstinence today a more attractive option
- Points earned for cocaine negative urine results
 - Escalating schedule of point earnings
 - Trade in points for goods
 - \$1000 available over 3 months

Voucher Incentives for Outpatient Drug-free Treatment of Cocaine Abusers

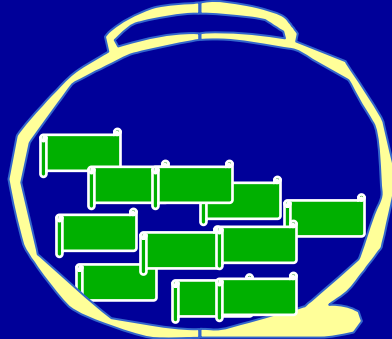
Higgins et al. Am. J. Psychiatry, 1993

Cocaine negative urines



Intermittent schedule/prize system

- Draws from a fishbowl



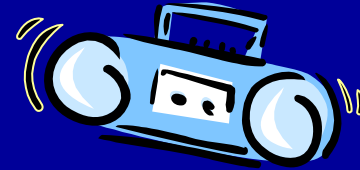
- Advantages: can be less expensive than vouchers; cost can be controlled by varying number and cost of prizes and percentage of winning chips

Half the slips are winners

Win frequency inversely related to cost



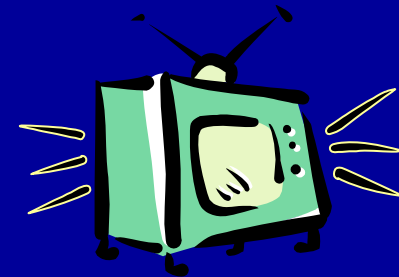
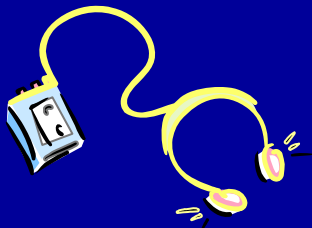
➤ largest chance of winning a small \$1 prize



➤ moderate chance of winning a large \$20 prize



➤ small chance of winning a jumbo \$100 prize

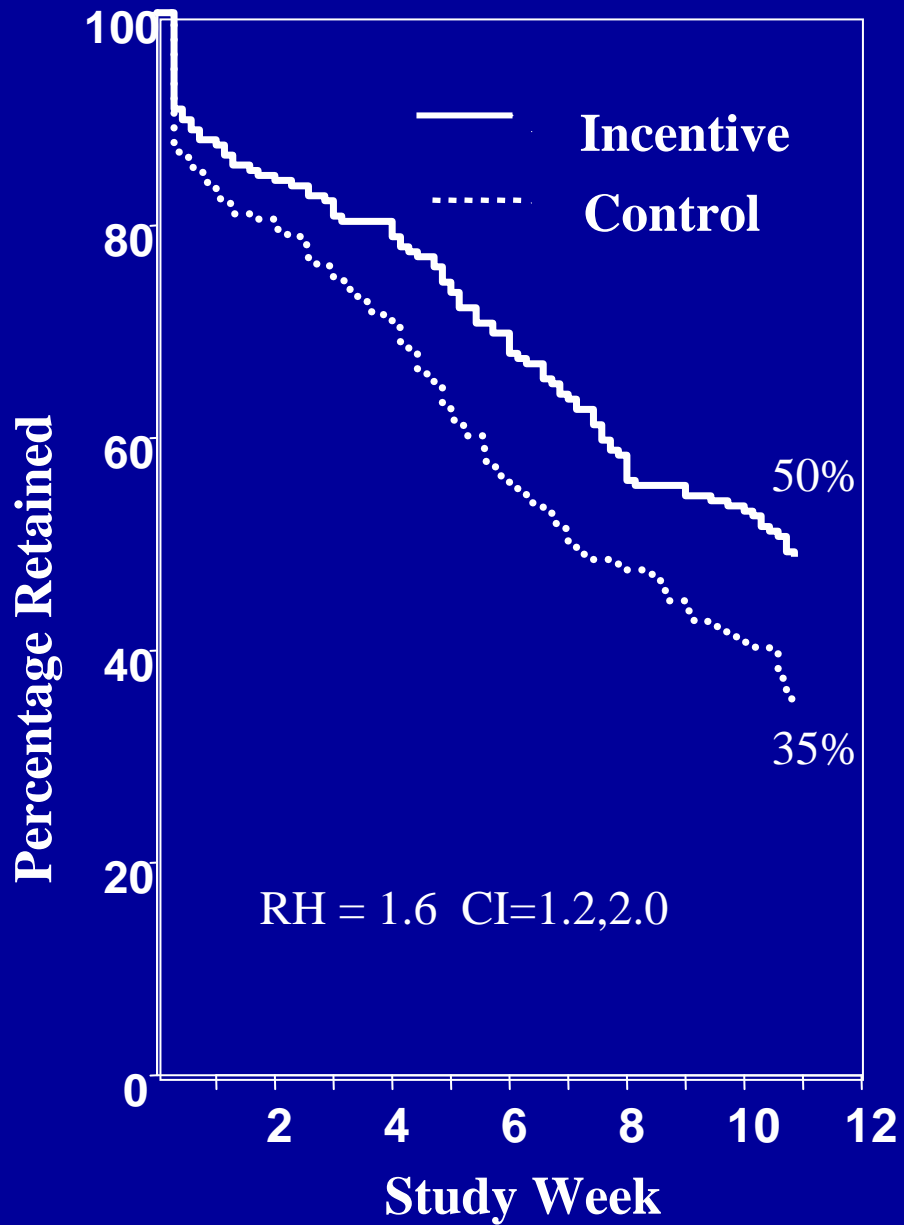


CTN MIEDAR Study

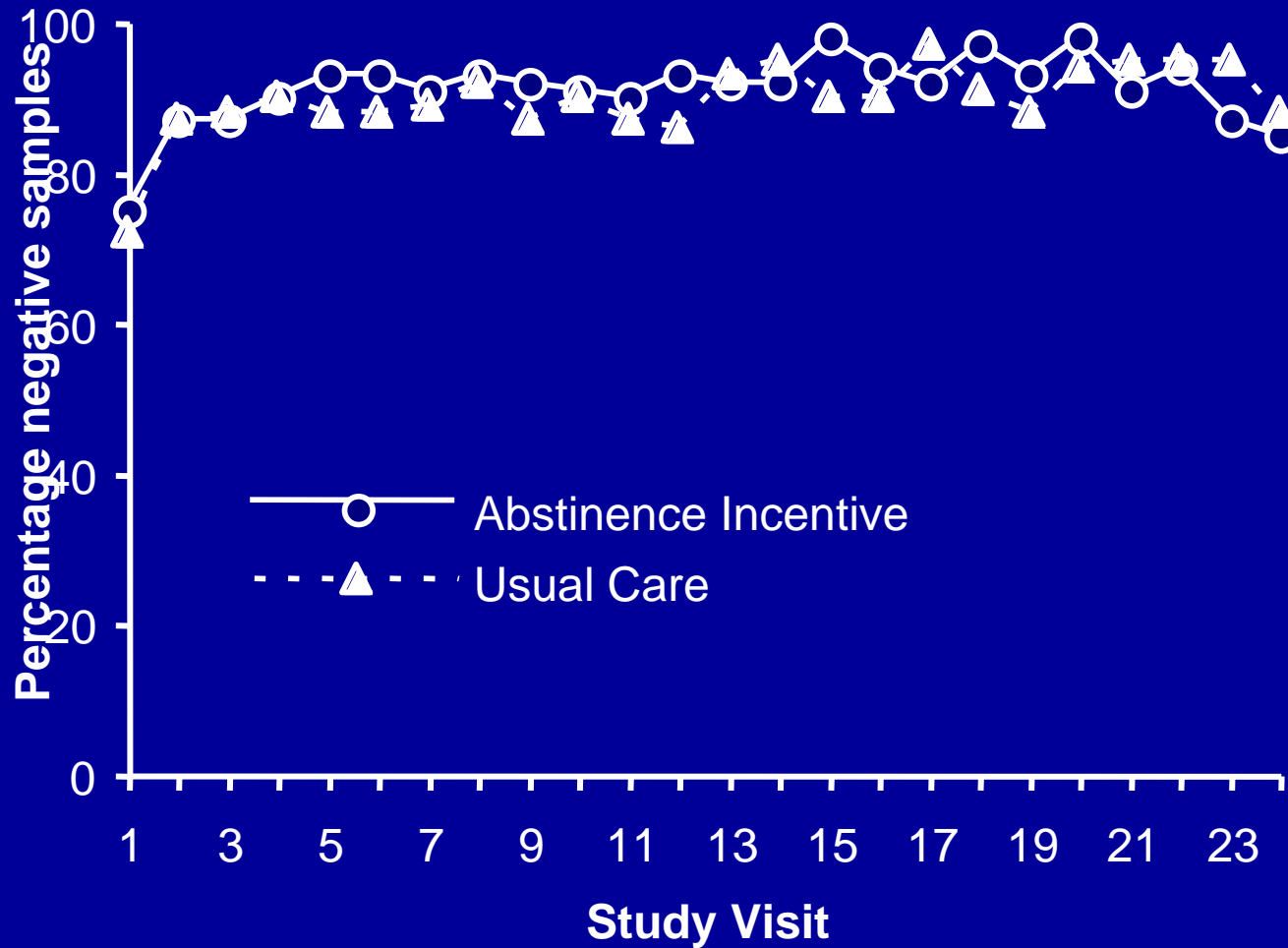
Participants could earn up to \$400 in prizes on average during 12-week study if they tested negative for cocaine, methamphetamine alcohol, opiates, and marijuana



Incentives Improve Retention in Counseling Treatment



Percent of Submitted Samples Testing Stimulant and Alcohol Negative



Abstinence Incentives in Psychosocial Counseling Tx

- Increased duration of drug-free treatment participation
- Good relapse prevention strategy
- Positive impact on long-term outcomes
 - Longer during-treatment abstinence translates into better long-term outcome

Generality of Abstinence Incentive Effects Across Abused Substances

Cocaine

Opioids

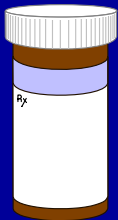
Methamphetamine



Alcohol

Marijuana

Nicotine (Tobacco smoking)



Combination of treatments may
be best for long-term recovery

Adult marijuana users treated with voucher and CBT: 12-month outcomes

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Budney et al., JCPP, 2006

Why Should Evidence-Based Practices Be Used?

- Enhance counseling skills and proficiency
- Engage in culture of CQI
- Better treatment outcomes
- Satisfy accreditation boards; federal and insurance payers

Which Evidence-Based Practices Should Be Used?

- Selected by needs of the clients?
- Selected by clinic's ability to implement?
- Selected by research effect sizes?
- All adopted in some logical sequence?

Sequential Adoption Plan

- 1) Motivational Interviewing
- 2) Contingency Management
- 3) Cognitive-Behavior Therapy

Addressing Client Needs

- Improve early engagement (MI/MET)
- Improve retention (CM)
- Stop on-going drug use (CM)
- Prevent relapse (CM/CBT)
- Build alternative non-drug reinforcers (CBT)

Evidence-Based Practices Summary

- EBP's are shown efficacious in clinical trials and effective in real world settings
- Adoption improves care quality and outcomes
- Three recommended are MI, CM and CBT
- Sequential adoption and combined use may be optimal strategy

Benefits of EBP Adoption

- Counselors will like it
 - New counseling skills (MI), structured content (CBT) and behavior change tools (CM)
- Clients will like it
 - Therapy may be more engaging and useful
- Funders will like it
 - Pathway to better outcomes