ASAM REVIEW COURSE 2025

Psychosocial Interventions for Substance Use Disorders

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Financial Disclosure

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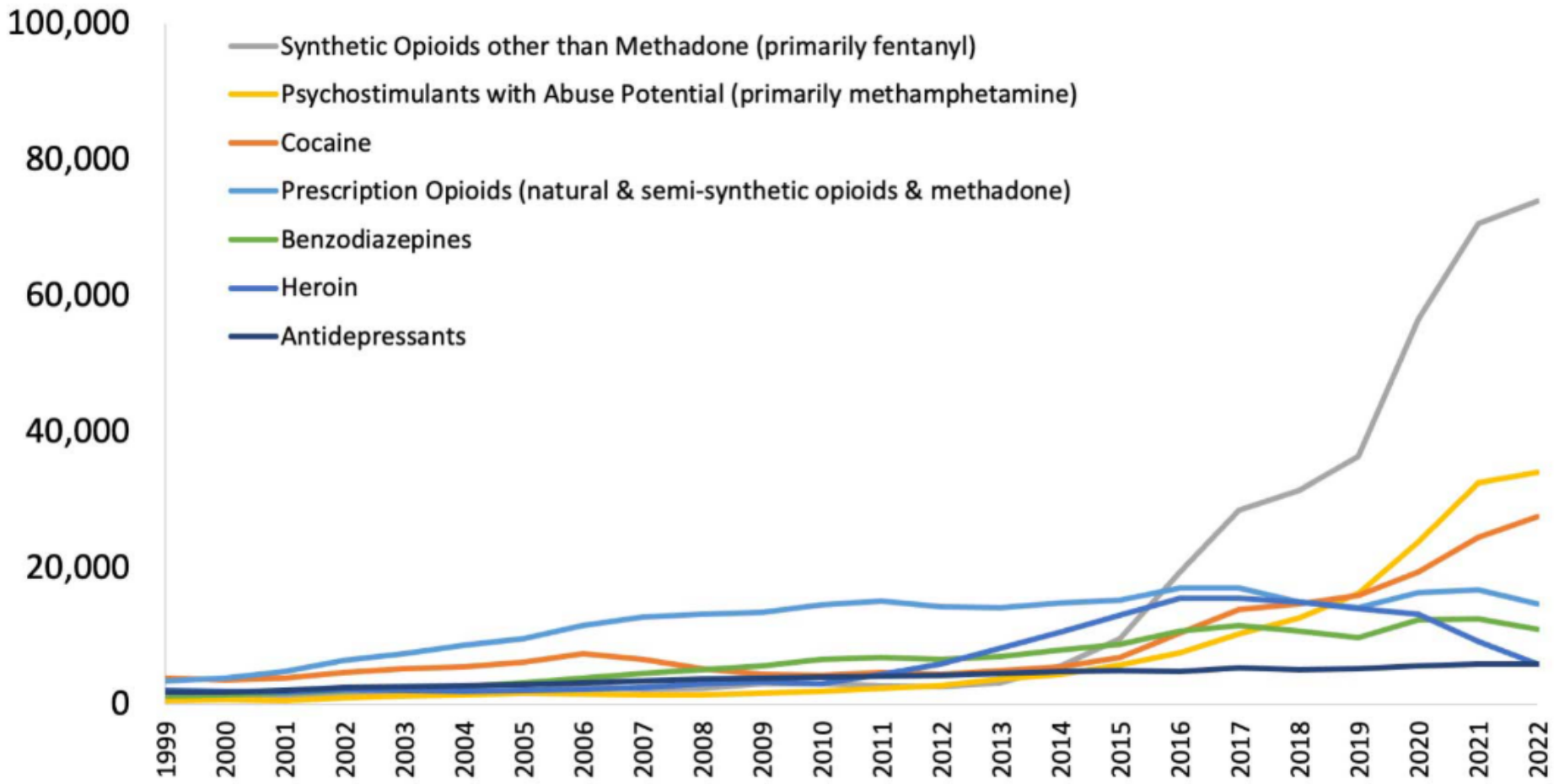
Why treatment?

- 23% of individuals with SUDs receive treatment
- Public health burden
  - ED and hospital inpatient: $13 billion annually
- 1 in 10 adult deaths are related to alcohol misuse

Figure 2. U.S. Overdose Deaths*, Select Drugs or Drug Categories, 1999-2022



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

(NIDA, 2024)

Prevalence (2023)

- 48.5 million people 12+ (17.1%) had a substance use disorder
  - AUD: 28.9 million
  - DUD: 27.2 million
  - Combined AUD/DUD: 7.5 million

- Age groups
  - 18-25: 9.2 million
  - 26+: 37 million
  - 12-17: 2.2 million

(NSDUH, 2024)

Why psychotherapy?

Evidence-Based Treatments

- **Alcohol, Opioid, Cannabis Use Disorder**
  - MI
  - MET
  - 12-Step Facilitation*
  - CBT for SUDs
  - ACT for SUDs
  - DBT in conjunction with any of the above
  - Community Reinforcement and Family Training (CRAFT)

- **Stimulant Use Disorder, Opioid Use Disorder**
  - Contingency Management* in conjunction with above modalities

Evidence Base

- **MI** (Sayegh, Huey, Zara, & Jhaveri, 2017) (Santa Ana et al., 2021)
  - Reduced substance use at follow-up
  - Effective in group settings (attendance, lowered alcohol consumption)

- **MET** (Lenz, Rosenbaum, & Sheperis, 2016) (El-Lawaty et al., 2024)
  - Reduced substance use over the course of treatment
  - Improved treatment engagement
  - Higher rates of transition to residential treatment post-detox

- **TSF** (Kelly et al., 2017)
  - Increased 12 Step attendance in adults and adolescents
  - Increase three-year follow-up reports of abstinence compared with MET & CBT

Evidence Base

- **CBT** (Magill et al., 2019)
  - Effective and durable gains in short- and long-term follow up

- **ACT** (Stavrinaki, Kelly, & Karekla, 2023)
  - Decreased treatment dropout rates
  - Populations deemed “treatment resistant”
  - Superior results to TAU
  - Contributes to maintenance of abstinence from substances
  - Improved outcomes - severity of use, comorbid conditions
  - Limited evidence: specific substances

- **DBT** (Lee, Cameron, & Jenner, 2015)
  - Reductions in substance use, suicidal and self-harm bx, improved tx retention
  - Improved global and social functioning

Evidence Base

- **CRAFT** (Bischof, Iwen, Freyer-Adam, & Rumpf, 2016); (Roozen, de Waart, & Kroft, 2010)
  - CSOs of individuals with AUD: improved treatment engagement, MH
  - 66% of individuals with AUD entered treatment following CRAFT intervention

- **CM** (Sayegh, Huey, Zara, & Jhaveri, 2017) (Coughlin et al., 2024)
  - Reduction of use at follow-up
  - Maintains reduction in use at one year follow-up
  - Effective in the treatment of stimulant, nicotine, alcohol and opioid use disorders

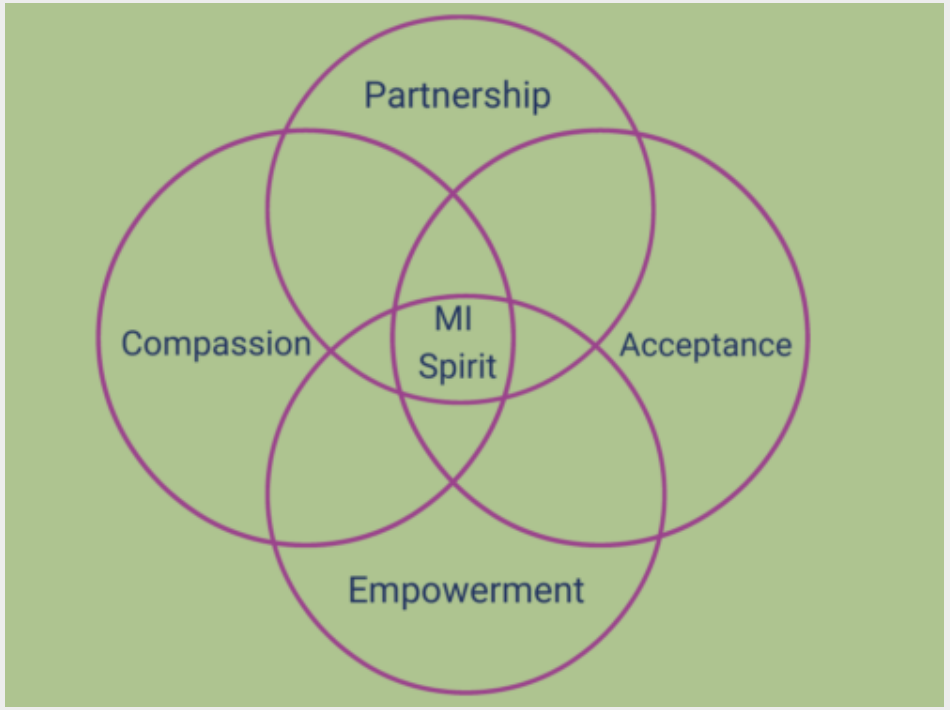
What does treatment entail?

Motivational Interviewing (MI)

From the founders: “MI is about arranging conversations so that people talk themselves into change, based on their values and interests.”

– Miller & Rollnick

- Spirit: Dancing vs. wrestling
- Frames ambivalence as a normal reaction
- Emphasizes and encourages “change talk”
- DARN CAT
- Do so with OARS
  - Open-Ended Questions
  - Affirming
  - Reflective Listening
  - Summarizing
- Scaling questions



Motivational Enhancement Therapy (MET)

From the founders: “[MET] is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client’s own change resources.” – Miller et al.

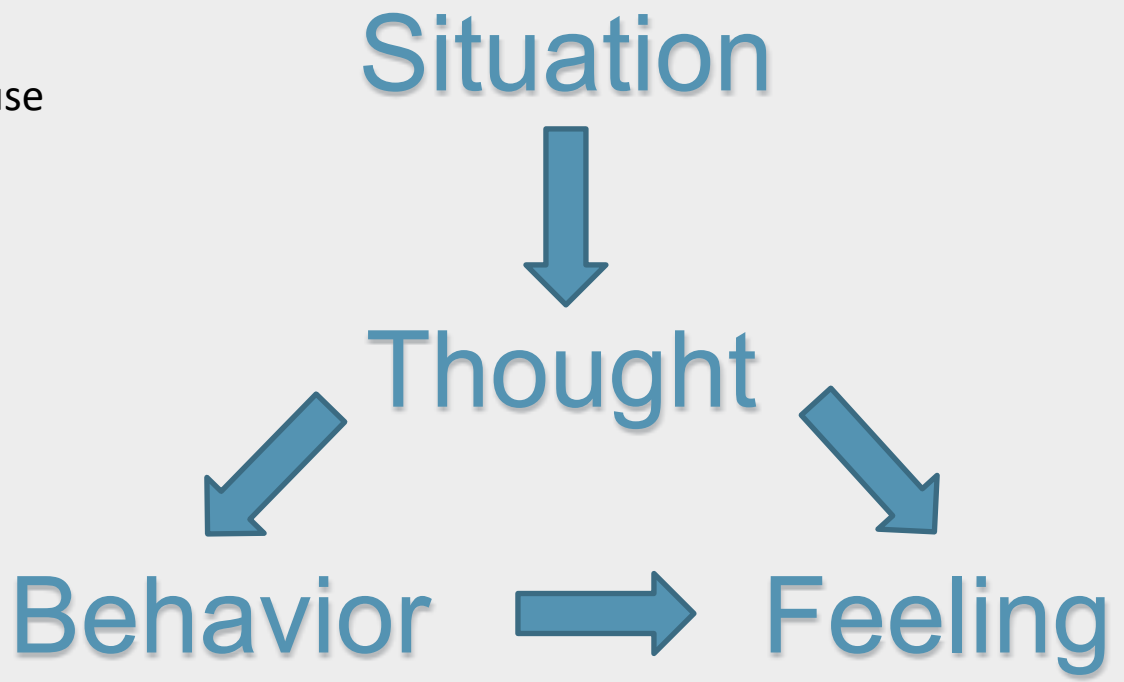
- Adapted from Motivational Interviewing
- 4 session protocol – great for short-term therapeutic relationships
- Three phases
- Used as a tailored approach for people using substances

Cognitive Behavioral Therapy (CBT)

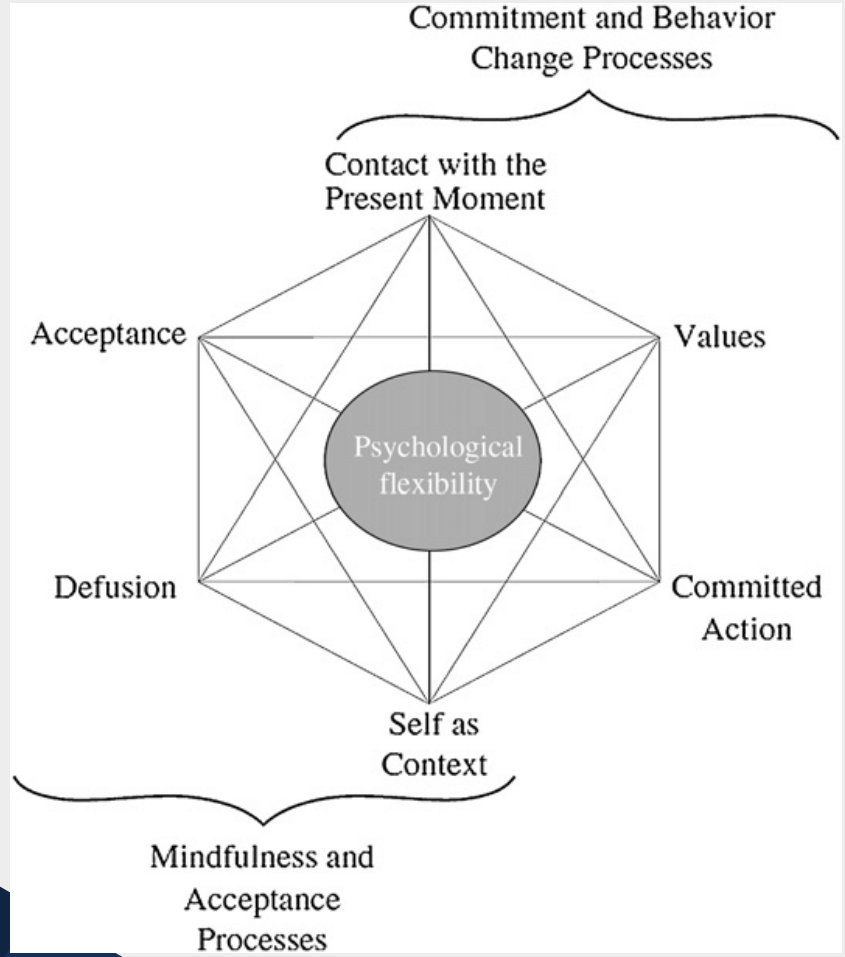
From the founder: “As applied to substance [use], the cognitive approach help individuals come to grips with the problems leading to emotional distress and to gain a broader perspective on their reliance on drugs for pleasure and/or relief from discomfort.”

– Aaron T. Beck

- Substance use is reinforcing, this interacts with psychological or behavioral coping deficits to produce increase in substance use
- SUD develops when this pattern is repeated over and over
- Solution: more effective coping, managing expectancies re: use
- Stages of treatment:
  - Building rapport and alliance
  - Preparing for Change
  - CBT Strategies
  - Maintaining Change/Termination



Acceptance and Commitment Therapy (ACT)



From the founder: “What we need to learn to do is look at thought, rather than from thought.”

– Steven C. Hayes

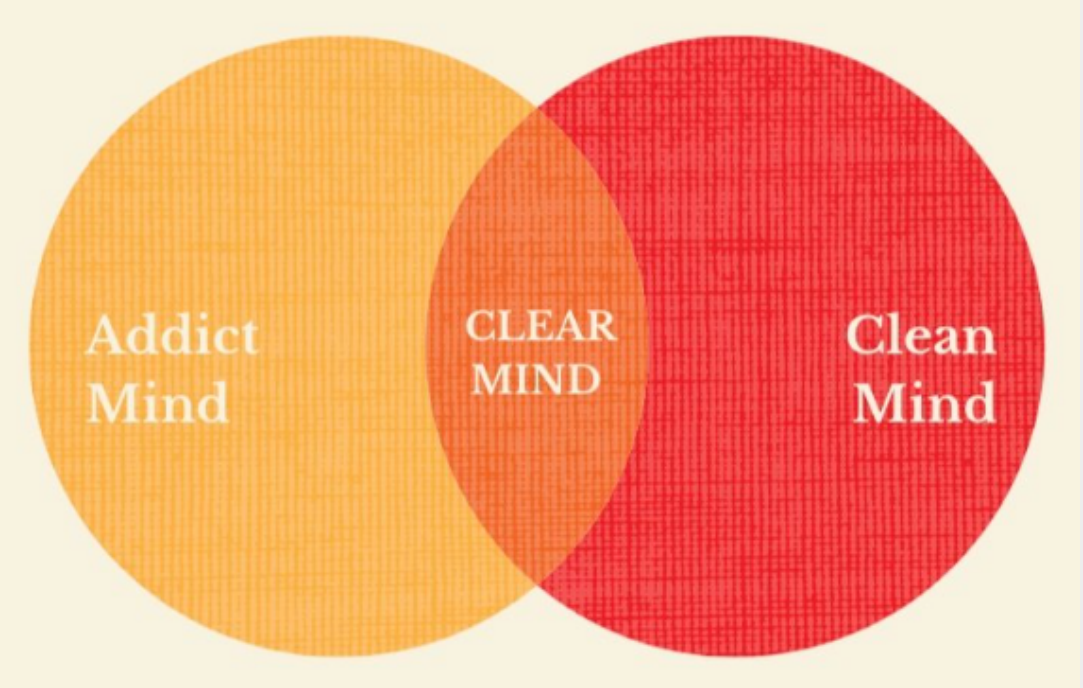
- Six Core Processes
  - Acceptance
  - Cognitive Defusion
  - Being Present
  - Self As Context
  - Values
  - Committed Action

Dialectical Behavior Therapy (DBT)

- From the founder: “When DBT is successful, the patient learns to envision, articulate, pursue, and sustain goals that are independent of his or her history of out-of-control behavior, including substance abuse, and is better able to grapple with life’s ordinary problems.”

  – Marsha Linehan

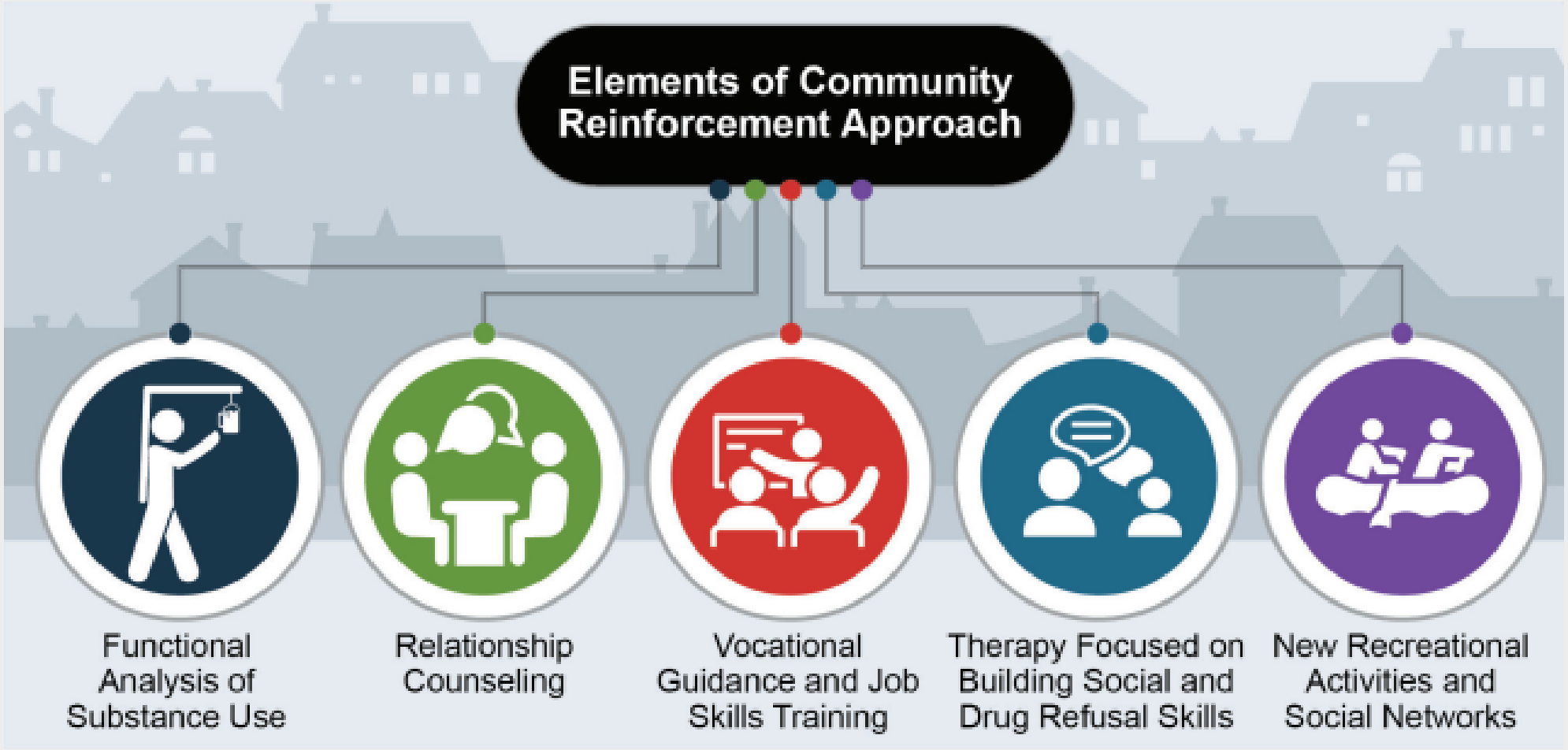
- Core processes: Change & acceptance
  - Change: pushing for immediate and permanent cessation of problem-causing
  - Acceptance: a relapse, should it occur, does not mean that the patient or the therapy cannot achieve the desired result
- Emphasis on abstinence
- Key skills: Cope ahead, Failing well
- Addict Mind / Clean Mind → Clear Mind



Community Reinforcement Approach and Family Training

From the founder: “The Community Reinforcement Approach and Family Training (CRAFT) intervention is a scientifically based intervention designed to help concerned significant others (CSOs) to engage treatment-refusing substance abusers into treatment.” - Robert J. Meyers

- Goal: treatment engagement for the person using substances
- “Positive approach” that avoids confrontation
- Culturally sensitive: works w/ cultural mores/beliefs re: treatment plan
- Teaches CSOs to use positive reinforcers (rewards)
- Encourages CSOs to allow the substance user to meet with natural consequences of using behavior
- Includes: functional analysis, sobriety sampling, CRA treatment plan, behavioral skills training, job skills, social/rec counseling, relapse prevention, and relationship counseling


Elements of Community Reinforcement Approach
Functional Analysis of Substance Use
Relationship Counseling
Vocational Guidance and Job Skills Training
Therapy Focused on Building Social and Drug Refusal Skills
New Recreational Activities and Social Networks

Co-occurring PTSD

PTSD

- General guidelines
  - Concurrent treatment post-stabilization is best!

- PTSD
  - Cognitive Processing Therapy (CPT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Prolonged Exposure (PE)
    - Concurrent Treatment of PTSD and SUDs using Prolonged Exposure (COPE)

Thank you!

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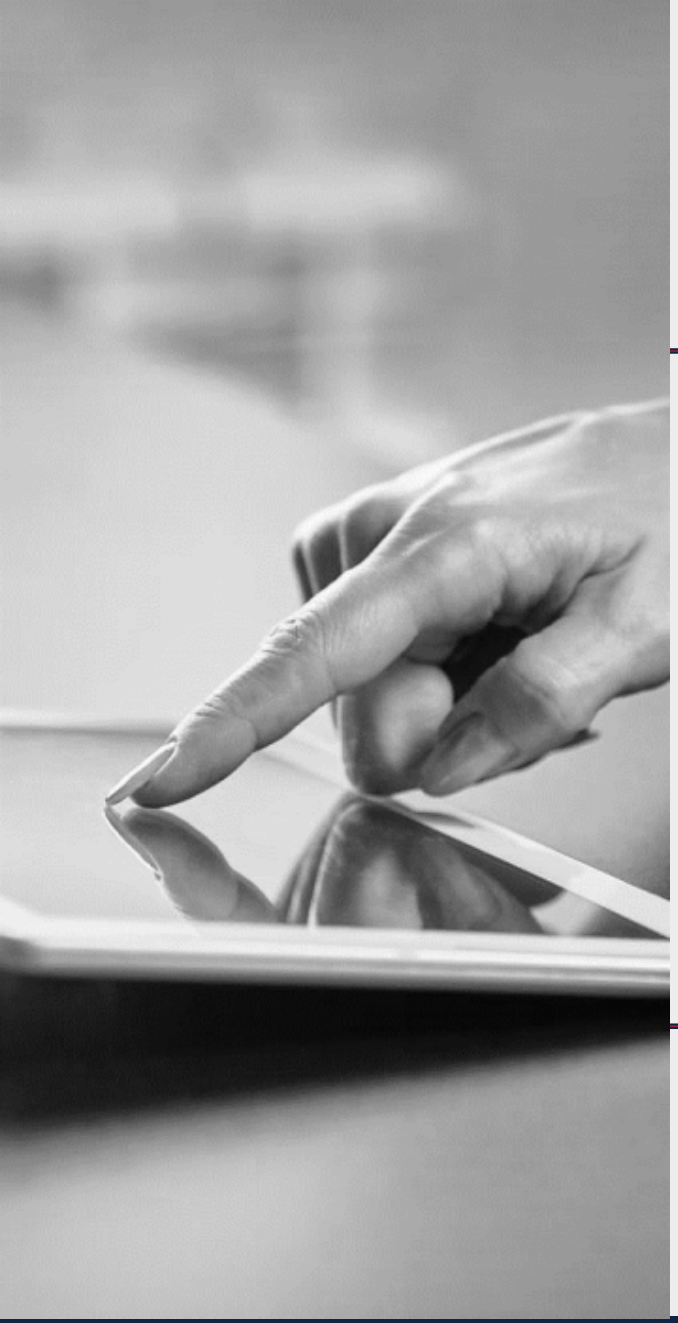

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