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Behavioral Interventions for MAT: Improving Outcomes

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Stacey C. Conroy Disclosures

- Stacey C. Conroy LICSW, MPH, LADC1 has no financial relationships to disclose.

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.

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Target Audience

- The overarching goal of PCSS is to train a diverse range of healthcare professionals in the safe and effective prescribing of opioid medications for the treatment of pain, as well as the treatment of substance use disorders, particularly opioid use disorders, with medication-assisted treatments.

Educational Objectives

At the conclusion of this activity participants should be able to:

- Identify 4 Evidence Based Practices (EBPs) for use to enhance MAT outcomes
  - Cognitive Behavioral Therapy (CBT)
  - Acceptance & Commitment Therapy
  - Motivational Interviewing
  - Twelve-Step Facilitation
- Describe skills from each of the above EBPs that may be used in a variety of treatment settings
- Demonstrate understanding of SUD mutual self-help groups

Common Terms: Medication Assisted Treatment, MAT

What is Medication Assisted Treatment (MAT)?

- MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment (MAT) is clinically driven with a focus on individualized patient care.

dpt.samhsa.gov/patients/mat.aspx

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Common Terms: Supportive Counseling

- Supportive counseling/psychotherapy is a widely used approach employed by many different health professionals in both mental and physical health settings.

- Supportive counseling/psychotherapy is used to facilitate optimal adjustment, either to situations of ongoing stress, such as chronic mental or physical illness, or in acutely stressful situations as, for example, following bereavement.

http://www.huntlycentre.com.au/updates/posts/view/17

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Common Terms: Evidence Based Practice, EBP

What is Evidence-Based Practice?

- Demonstrating effectiveness in empirical research that meets a standard of scientific rigor. National Registry of Evidence based Program and Practices (NREPP) criteria for effectiveness and scientific rigor are embodied in its minimum review requirements, which include the stipulation that an intervention must have demonstrated one or more positive behavioral outcomes ($p \leq .05$) in substance abuse and/or mental health in at least one study using an experimental or quasi-experimental design.

http://www.nrepp.samhsa.gov/AboutGlossary.aspx?selChar=E

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Common Terms: Mutual Self Help Groups

- Mutual [self-help] groups are non-professional and include members who share the same drug use issues and voluntarily support one another.

- Mutual aid groups do not provide formal treatment but provide social, emotional and informational support focused on taking responsibility for one's alcohol and drug issues and sustained health, wellness, and recovery.

http://www.ncadd.org/index.php/get-help/mutual-aid-support-groups/146-_mutual-aid

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Standards of Care for the Addiction Medicine Specialist Provider include **Psychosocial** Needs as Part of the Recovery Process

Standard lll 2: Under Treatment Planning Ends With

- When pharmacotherapies are part of the treatment plan, the addiction specialist decides with the patient about the setting for treatment, assuring appropriate dosage and duration for the medication, monitors adherence, and assures psychosocial therapies occur throughout the treatment process.
- This includes referral to counseling, and/or self-help groups.
  - Treatment outcomes are poorer without addressing psychosocial issues

http://www.asam.org/docs/default-source/publications/standards-of-care-_final-design-document.pdf Adopted by the ASAM Board of Directors, © Copyright 2014.

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Behavioral Changes – Consequences of SUD – Without Co-Occurring Disorders

Behavioral manifestations and complications of addiction, primarily due to impaired control, can include:

- Excessive use and/or engagement in addictive behaviors, at higher frequencies and/or quantities than the person intended, often associated with a persistent desire for and unsuccessful attempts at behavioral control;
- Excessive time lost in substance use or recovering from the effects of substance use and/or engagement in addictive behaviors, with a significant adverse impact on social and occupational functioning (e.g. the development of interpersonal relationship problems or the neglect of responsibilities at home, school or work);
- Continued use and/or engagement in addictive behaviors, despite the presence of persistent or recurrent physical or psychological problems which may have been caused or exacerbated by substance use and/or related addictive behaviors.

http://www.asam.org/for-the-public/definition-of-addiction

Cognitive – Emotional Changes Without Co-Occurring Disorders

Cognitive changes in addiction can include:

- Altered evaluations of the relative benefits and detriments associated with drugs or rewarding behaviors; and
- The inaccurate belief that problems experienced in one's life are attributable to other causes rather than being a predictable consequence of addiction.

Emotional changes in addiction can include:

- Increased anxiety, dysphoria and emotional pain;
- Increased sensitivity to stressors associated with the recruitment of brain stress systems, such that "things seem more stressful" as a result.

http://www.asam.org/for-the-public/definition-of-addiction

Co-Occurring Disorders Often Need to be Treated Concurrently

Scope of Co-Occurrence

- 20.2 million adults with a past year SUD, 7.9 million (39.1 percent) had Any Mental Illness (AMI) in the past year.
- 20.2 million adults aged 18 or older in 2014 who had a past year SUD, 2.3 million (11.3 percent) had Serious Mental Illness (SMI).

Improved Outcomes:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life

Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from http://www.samhsa.gov/ data/

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MAT Treatment Settings & Challenges for Counseling

Each type of treatment setting has unique challenges to providing psychosocial/counseling services for integrated addiction treatment:

- Opioid Treatment Programs – Usually have MH staff on site, may need training in EBPs
- Buprenorphine specific programs – May or may not have MH staff on site; ability to refer needed
- Single-practitioner Buprenorphine prescriber – May provide him-/herself or ability to refer needed
- Primary Care Buprenorphine prescriber – Same as above
- Therapy Practice – Supporting MAT – May need training in EBPs

Locating Counseling

National Resources:

- SAMHSA has a treatment locater for substance abuse and mental health treatment
  - Go to the SAMHSA site a click on treatment locator

Local Resources:

- Develop a resource binder with various local options for counseling and other resources that may be helpful for psychosocial needs
  - Have a social work or psychology intern develop the binder
  - In following years have these interns update the binder
  - Share the binder with colleagues in private practice who do not have social work or psychology interns

Types of Evidence Based Practices EBPs

- SAMHSA has a registry to EBPs for substance abuse and mental health treatment – we will explore 4 that lend themselves to the various treatment settings reviewed in previous slides
  - Motivational Interviewing
  - Cognitive Behavioral Therapy
  - Acceptance and Commitment Therapy
  - Twelve-Step Facilitation
- There are many other EBPs listed in the registry, these lend themselves to brief interventions in various settings

Motivational Interviewing

- Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence.
- The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal.
- MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues.

http://www.nrepp.samhsa.gov/ViewIntervention.aspx

Process of MI

- Establishing rapport with the client and listening reflectively.
- Asking open-ended questions to explore the client's own motivations for change.
- Affirming the client's change-related statements and efforts.
- Eliciting recognition of the gap between current behavior and desired life goals.
- Asking permission before providing information or advice.
- Responding to ’sustain talk’ and ‘discord’ without direct confrontation. (’sustain talk’ and ‘discord’ is used as a feedback signal to the therapist to adjust the approach.)
- Encouraging the client's self-efficacy for change.
- Developing an action plan to which the client is willing to commit.

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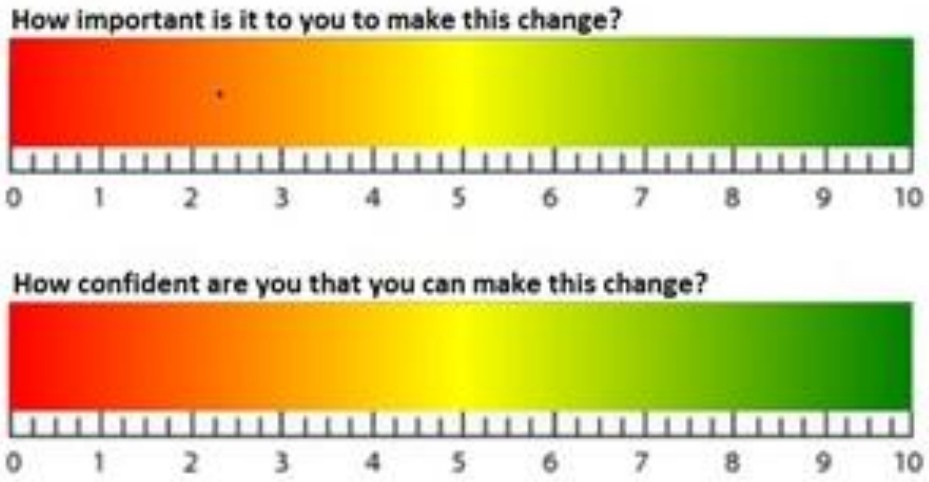
http://www.nrepp.samhsa.gov/ViewIntervention.aspx

Readiness vs. Confidence

Readiness Ruler:

Rate from Not at all (0) to Very (10)



Keller & White 1997

Cognitive Behavioral Treatment

- Cognitive Behavioral Therapy (CBT) is the term used for a group of psychological treatments that are based on scientific evidence. These treatments have been proven to be effective in treating many psychological disorders.

- Cognitive and behavioral therapies usually are short-term treatments (i.e., often between 6-20 sessions) that focus on teaching clients specific skills. CBT is different from many other therapy approaches by focusing on the ways that a person's cognitions (i.e., thoughts), emotions, and behaviors are connected and affect one another.

  http://www.abct.org/Help/?m=mFindHelp&fa=WhatIsCBTpublic

- Cognitive behavioral therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies.

McHugh, Hearon, & Otto,2010

Process of CBT

- The therapist and client work together with a mutual understanding that the therapist has theoretical and technical expertise, but the client is the expert on him-or herself.
- The therapist seeks to help the client discover that he/she is powerful and capable of choosing positive thoughts and behaviors.
- Treatment is often short-term. Clients actively participate in treatment in and out of session. Homework assignments often are included in therapy. The skills that are taught in these therapies require practice.
- Treatment is goal-oriented to resolve present-day problems. Therapy involves working step-by-step to achieve goals.
- The therapist and client develop goals for therapy together, and track progress toward goals throughout the course of treatment.

http://www.abct.org/Help/?m=mFindHelp&fa=WhatIsCBTpublic

10 Common Cognitive Distortions

- **All-Or-Nothing Thinking –** You see things in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.
- **Overgeneralization** – You see a single negative event as a never-ending pattern of defeat.
- **Mental Filter –** You pick out a single negative defeat and dwell on it exclusively so that your vision of reality becomes darkened, like the drop of ink that colors the entire beaker of water.
- **Disqualifying the positive –** You dismiss positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences.

Cognitive Distortions Cont.

- **Jumping to conclusions –** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.
  - **Mind reading**. You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out.
  - **The fortune teller error**. You anticipate that things will turn out badly, and you feel convinced that your prediction is an already-established fact.

- **Magnification (Catastrophizing) or Minimization**- You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."

Cognitive Distortions Cont.

- **Emotional Reasoning** – You assume that your negative emotions necessarily reflect the way things really are: “I feel it, therefore it must be true.”

- **Should Statements** – You try to motivate yourself with “shoulds” and “shouldn’ts,” as if you had to be whipped and punished before you could be expected to do anything. “Musts” and “oughts” are also offenders. The emotional consequence is guilt. When you direct “should” statements toward others, you feel anger, frustration, and resentment.

Cognitive Distortions Cont.

- **Labeling and Mislabeling** – This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him: "He's a louse." Mislabeling involves describing an event with language that is highly colored and emotionally loaded.

- **Personalization** – You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.

Acceptance and Commitment Therapy – ACT

- Acceptance and Commitment Therapy (ACT) is a contextually focused form of cognitive behavioral psychotherapy that uses mindfulness and behavioral activation to increase clients' psychological flexibility--their ability to engage in values-based, positive behaviors while experiencing difficult thoughts, emotions, or sensations.
- ACT has been shown to increase effective action; reduce dysfunctional thoughts, feelings, and behaviors; and alleviate psychological distress for individuals with a broad range of mental health issues (including DSM-5 diagnoses, coping with chronic illness, and workplace stress).

http://www.nrepp.samhsa.gov/ViewIntervention.aspx

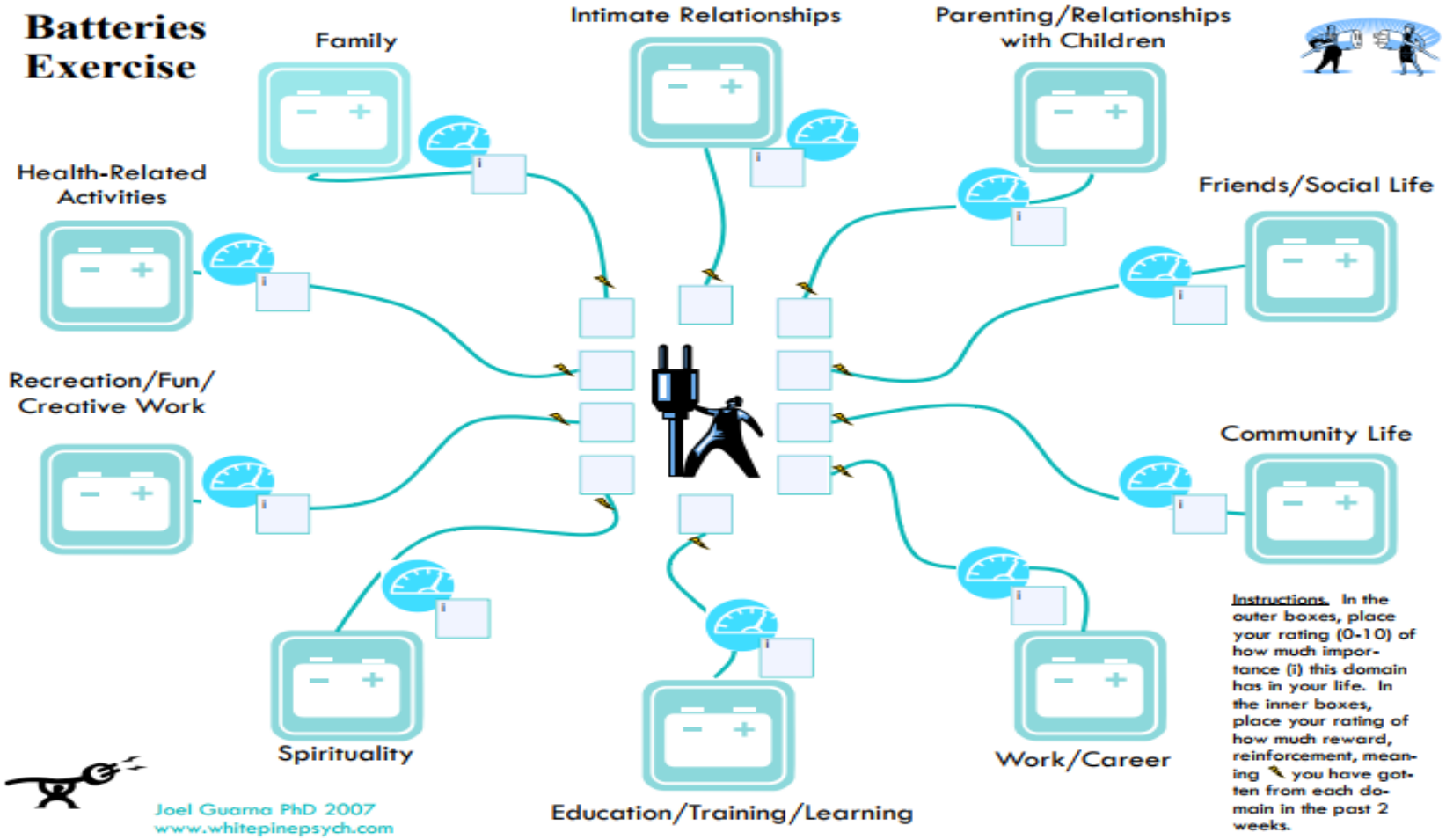
Six Core Processes of ACT

ACT establishes psychological flexibility by focusing on six core processes:

- Acceptance of private experiences (i.e., willingness to experience odd or uncomfortable thoughts, feelings, or physical sensations in the service of response flexibility)
- Cognitive diffusion or emotional separation/distancing (i.e., observing one's own uncomfortable thoughts without automatically taking them literally or attaching any particular value to them)
- Being present (i.e., being able to direct attention flexibly and voluntarily to present external and internal events rather than automatically focusing on the past or future)
- A perspective-taking sense of self (i.e., being in touch with a sense of ongoing awareness)
- Identification of values that are personally important
- Commitment to action for achieving the personal values identified

http://www.nrepp.samhsa.gov/ViewIntervention.aspx

Value Clarification:
Where do you put your energy & does this energy go towards your valued direction?



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http://contextualscience.org/acbs

10 Step to Trying on a Value

- **Choose a Value.** Choose valued directions that you are willing to try on for at least a week. This should be a value that *you* can enact and a value that you care about. This is not a time to try to change others or manipulate them into changing.
- **Notice Reactions.** Notice anything that comes up about whether or not this is a good value, or whether or not you really care about this value. Just notice all thoughts for what they are. Remember that your mind's job is to create thoughts. Let your mind do that and you stay on the exercise.
- **Make a List.** Take a moment to list a few behaviors that one might say are related to the chosen value.
- **Choose a Behavior.** From this list, choose one behavior or set of behaviors you can commit to between now and next session or the next few sessions.
- **Notice Judgments.** Notice anything that comes up aboutwhether or not that is a good behavior, whether or not you will enjoy it, or whether you can actually do that to which you are committing yourself.

Trying on Values Cont.

- **Make a Plan.** Write down how you will go about enacting this value in the very near future (today, tomorrow, this coming weekend, at the next meeting with your supervisor). Consider anything you will need to plan or get in order (e.g., call another person, clean the house, make an appointment, etc.). Choose when to do that – the sooner the better.
- **Just Behave.** Even if this value involves other people, *do not tell them what you are doing*. See what you can notice if you just enact this value without telling them it is an 'experiment'.
- **Keep a Daily Diary of Your Reactions.** Things to look for are others' reactions to you, any thoughts feelings or body sensations that occur before, during and after the behavior, and how you feel doing it for the second (or fifth, or tenth, or hundredth) time. Watch for evaluations that indicate whether this activity, value, or valued direction was 'good' or 'bad' or judgments about others, or yourself in relation to living this value. Gently thank your mind for those thoughts, and see if you can choose not to buy into the judgments it makes about the activity.
- **Commit.** Every day. Notice anything that shows up as you do so.
- **Reflect.** Please bring your Daily Reactions Diary back to session on:

http://contextualscience.org/acbs

Twelve-Step Facilitation (TSF) Therapy

- Twelve-Step Facilitation Therapy (TSF) is a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems.
- TSF is implemented with individual clients or groups over 12-15 sessions.
- The intervention is based on the behavioral, spiritual, and cognitive principles of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- These principles include acknowledging that willpower alone cannot achieve sustained sobriety, that reaching out to others must replace self-centeredness, and that long-term recovery consists of a process of spiritual renewal.

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http://www.nrepp.samhsa.gov/ViewIntervention.aspx

Process of TSF

- Therapy focuses on two general goals:
  1. acceptance of the need for abstinence from alcohol and other drug use
  2. surrender, or the willingness to participate actively in 12-step fellowships as a means of sustaining sobriety.
- The TSF counselor assesses the client's alcohol or drug use, advocates abstinence, explains the basic 12-step concepts, and actively supports and facilitates initial involvement and ongoing participation in AA.
- The counselor also discusses specific readings from the AA/NA literature with the client, aids the client in using AA/NA resources in crisis times, and presents more advanced concepts such as moral inventories.

http://www.nrepp.samhsa.gov/ViewIntervention.aspx

Mutual Self Help Groups
12-Step Research

- Assess self-help group (AA, NA) participation
- Interview of alcohol day substance abuse tx outpatients from an HMO
- Avg 22 meetings in 1 year before entry into substance abuse tx, 81 in yr after, then 55-63 in yrs 2-3
- 76% went toAA

Kelly et al. Alcohol Clin Exp Res 2006

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Mutual Self Help Groups
12-Step Groups

Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

- A.A., N.A., C.A.
- Group format
- Anonymous
- No cost

- No affiliations or endorsement
- Different groups have different characteristics

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MAT Settings, Counseling, Brief Interventions

Type of Practice Utilizing or Supporting MAT	Access to EBP	Components of EBP Utilized for Brief Intervention
Opioid Treatment Program– OTP	Often have licensed MH provider on site who can engage in EBPs	MI or CBT are common in OTP settings, Fidelity to ACT requires training though value clarification, mindfulness can be utilized TSF – review of participation & materials
Buprenorphine Program Single Provider Model – PCP or Psychiatry	May have access MH providers within a system or develop referral sources in the community	MI – readiness ruler; decisional balance sheet CBT – Cognitive Distortions ACT – Value Clarification and Mindfulness TSF – review of participation & materials
Buprenorphine Program RN Care Management Model	May have access MH providers within a system or develop referral sources in the community	MI – readiness ruler; decisional balance sheet CBT – Cognitive Distortions ACT – Value Clarification and Mindfulness TSF – review of participation & materials
Private Practice MD	May be trained in EBP or could receive training for brief intervention; or develop community referral sources	MI – readiness ruler; decisional balance sheet CBT – Cognitive Distortions ACT – Value Clarification and Mindfulness TSF – review of participation & materials
Therapy Practice	Independent licensed often trained in EBPs	MI , CBT, and TFS are often available, as are mindfulness techniques Fidelity to ACT requires training though value clarification, mindfulness can be utilized

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- http://dpt.samhsa.gov/patients/mat.aspx

Website References Cont.

- http://www.huntlycentre.com.au/updates/posts/view/17
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- http://spectrum.diabetesjournals.org/content/19/1/5/F1.expansion?ck=nck

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medication-assisted treatment**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

https://pcssnow.org/mentoring/

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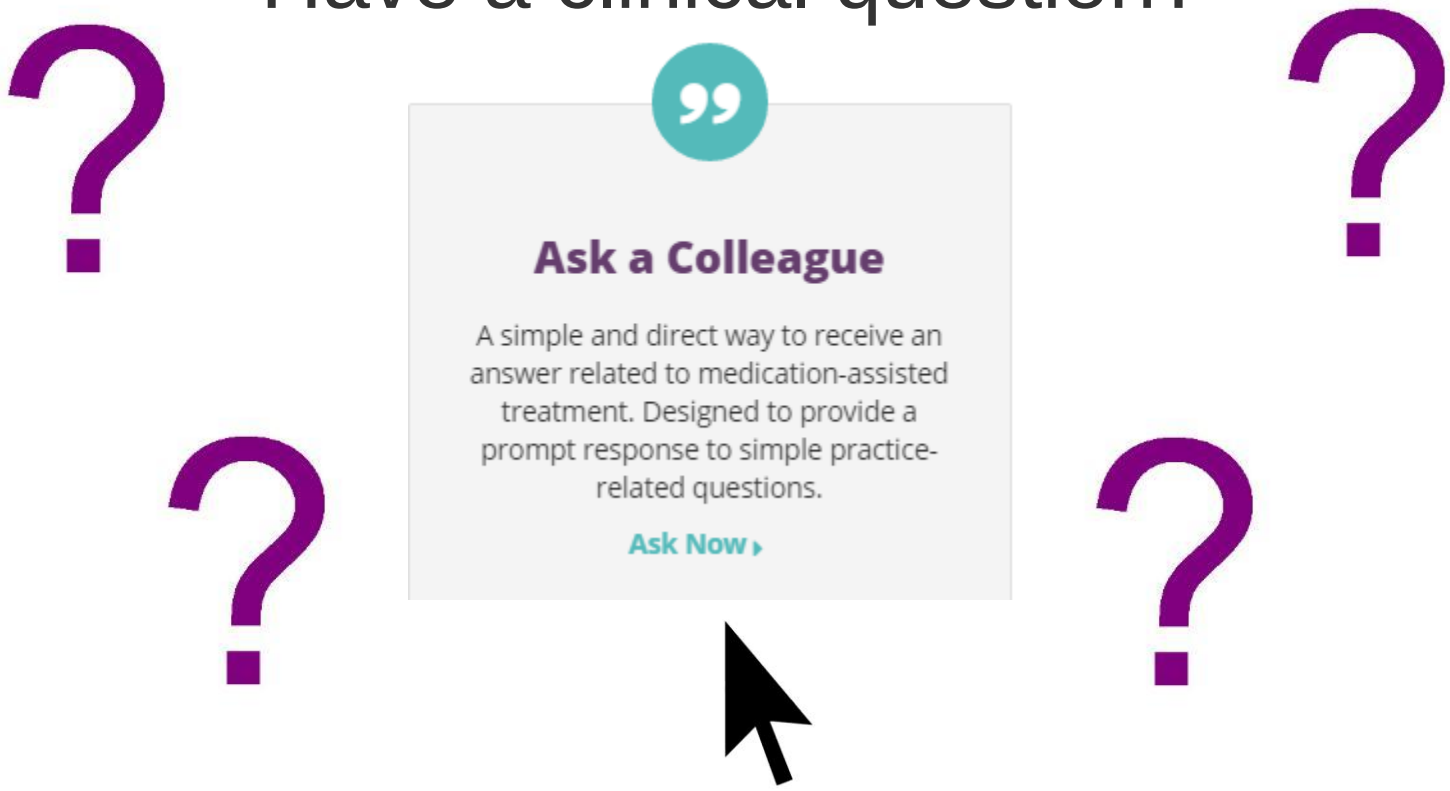
PCSS Discussion Forum

Have a clinical question?



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American Academy of Family Physicians	American Psychiatric Association
American Academy of Neurology	American Society of Addiction Medicine
Addiction Technology Transfer Center	American Society of Pain Management Nursing
American Academy of Pain Medicine	Association for Medical Education and Research in Substance Abuse
American Academy of Pediatrics	International Nurses Society on Addictions
American College of Emergency Physicians	American Psychiatric Nurses Association
American College of Physicians	National Association of Community Health Centers
American Dental Association	National Association of Drug Court Professionals
American Medical Association	Southeastern Consortium for Substance Abuse Training
American Osteopathic Academy of Addiction Medicine	

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