

Building Better Practices To Treat Addictive Behaviours

Wayne Skinner, MSW, RSW

Deputy Clinical Director, Addictions Program, CAMH
Assistant Professor, Department of Psychiatry,
University of Toronto



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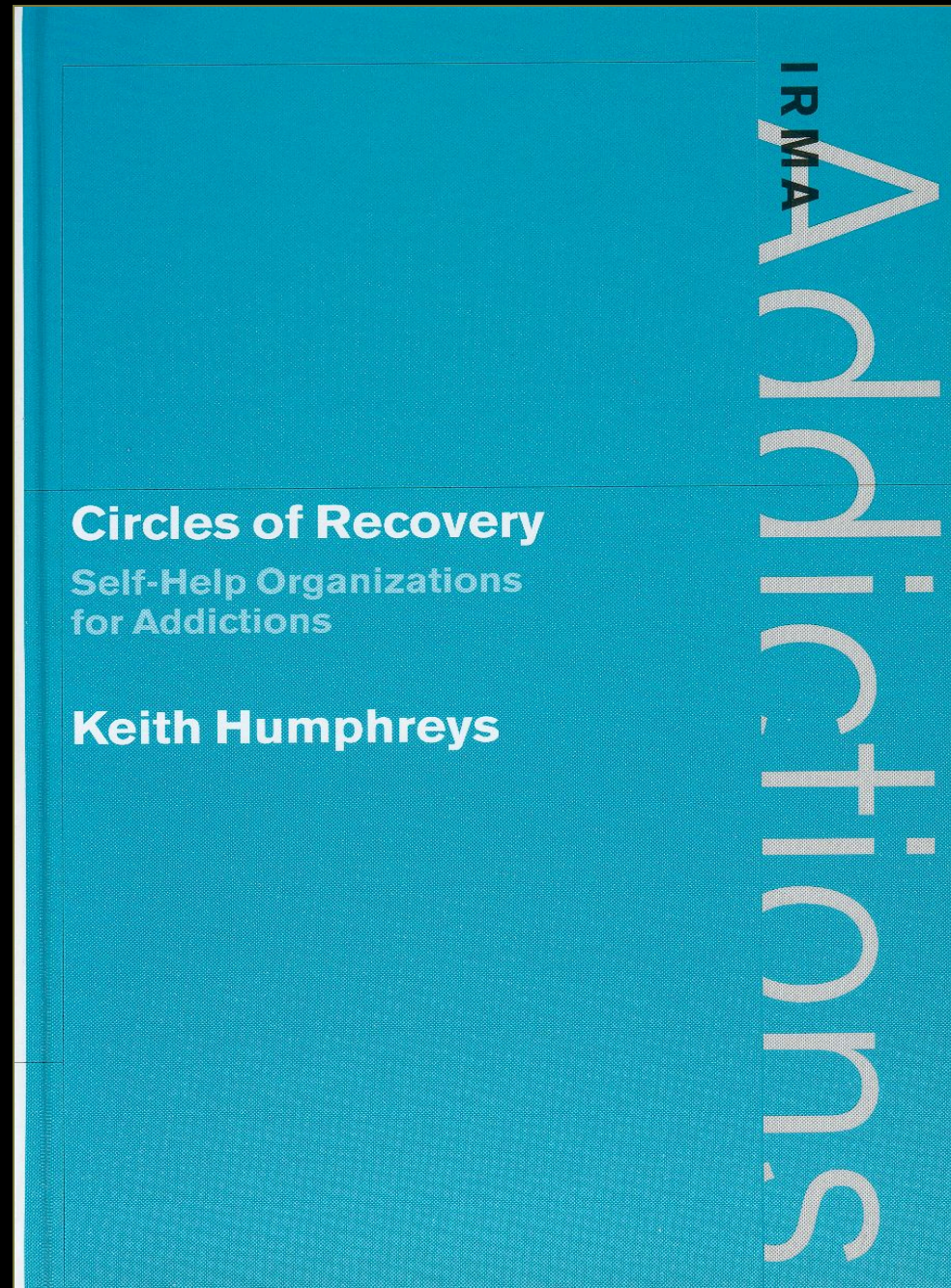
Best Practices?

- Evidence-based practices
- Evidence-informed practices
- Promising practices
- Emerging practices

- *Better* practices
...and worse practices

Recovery Without Treatment

Humphreys, Keith.
(2004). Circles of
Recovery.
Cambridge, UK:
Cambridge
University Press





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Best Practices

Substance Abuse
Treatment and Rehabilitation

Canada

Health Canada (1999) Best Practices: Substance Abuse Treatment and Rehabilitation

http://www.hc-sc.gc.ca/hecs-sesc/cds/pdf/best_pract.pdf

- Roberts, Ogborne, Leigh, Adam
- 23 best practice recommendations

Key Findings

- Draw heavily on Holder et al (1991) and Finney & Monahan (1996)
- Pharmacotherapies
 - “there is a definite role ... as an adjunct”
 - Disulfiram, naltrexone, methadone [acamprosate buprenorphine]
- Behaviour Therapies
 - CRA, Relapse Prevention, Behavioural Self-Control Training, Behavioural contracting
 - Marital Therapy, brief & extended, esp. Behavioural
 - Social Skills Training
 - Stress Management
 - Brief motivational counselling

Interventions

lacking research support

- Education
- Hypnosis
- Residential milieu therapy - Minnesota, Therapeutic Community
- Alcoholics Anonymous **

Matching

- Lack of strong evidence by which to match clients to specific treatments
- Does not mean that clients all require the same types of services
- A variety of flexible and individualized services are required
- Guidelines for selecting services are needed

Individual vs. Group

- Consideration should be given to offering treatment in a group unless otherwise indicated
- Groups have comparable efficacy and lower cost

Treatment setting

- Cost effectiveness supports outpatient services over residential
- But some people need brief to extended residential support, which should include day programming for substance use and other problems

Duration of Treatment

- Generally, treatment of shorter duration appears to be as effective as longer term
- Brief treatments (1-8 sessions) are appropriate for socially-stable, low to moderately dependent individuals
- For others, longer term options should be available

Diversity & Special Populations

- Women
- Youth
- Older Persons
- Concurrent Disorders
- HIV

Youth - Risk factors

- Parental substance abuse, lack of nurturing, and emotional problems in children
- High rates of drug experimentation in high school
- 70% of youth who committed suicide had substance use problems
- Suicide attempt rate is 5 times higher among substance abusers than non-abusers

- Dziegielewski (2005)

Treatment Approaches with Documented Effectiveness

- Brief Interventions
- Motivational Interviewing
- Social Skills Training
- Community Reinforcement
- Behavioural Contracting
- Aversion Therapies
- Relapse Prevention

– Brown, 2004

Common Features of Effective Therapies

- Reducing & controlling use
- Eliciting motivation for change
- Teaching alternative coping skills
- Engaging client in treatment process

– Brown, 2004

Limited evidence of effectiveness

- Insight psychotherapy
- Confrontational counselling
- Relation Training
- General Alcoholism counselling
- Education
- Milieu therapy

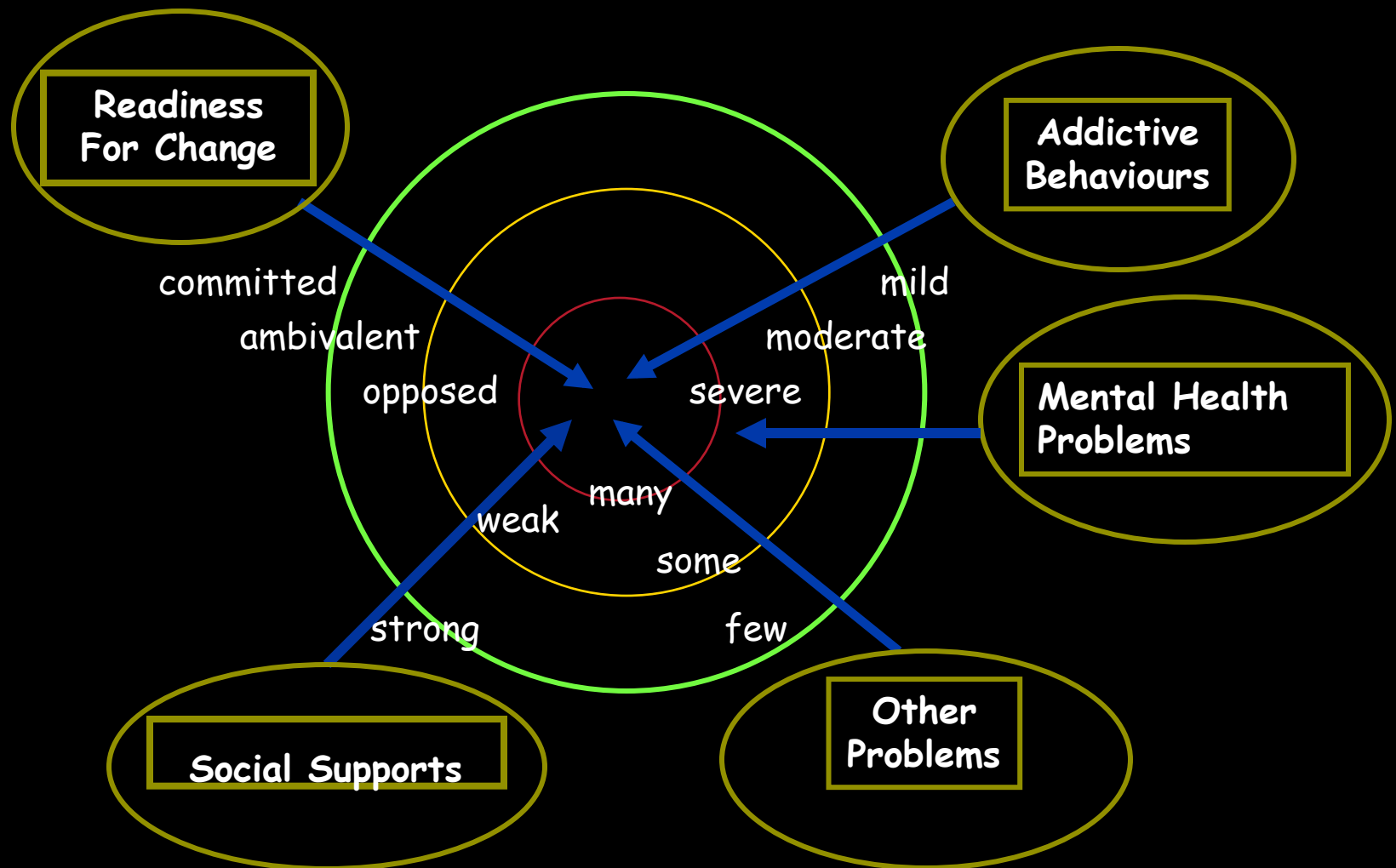
– Brown, 2004

Common factors of less effective programs

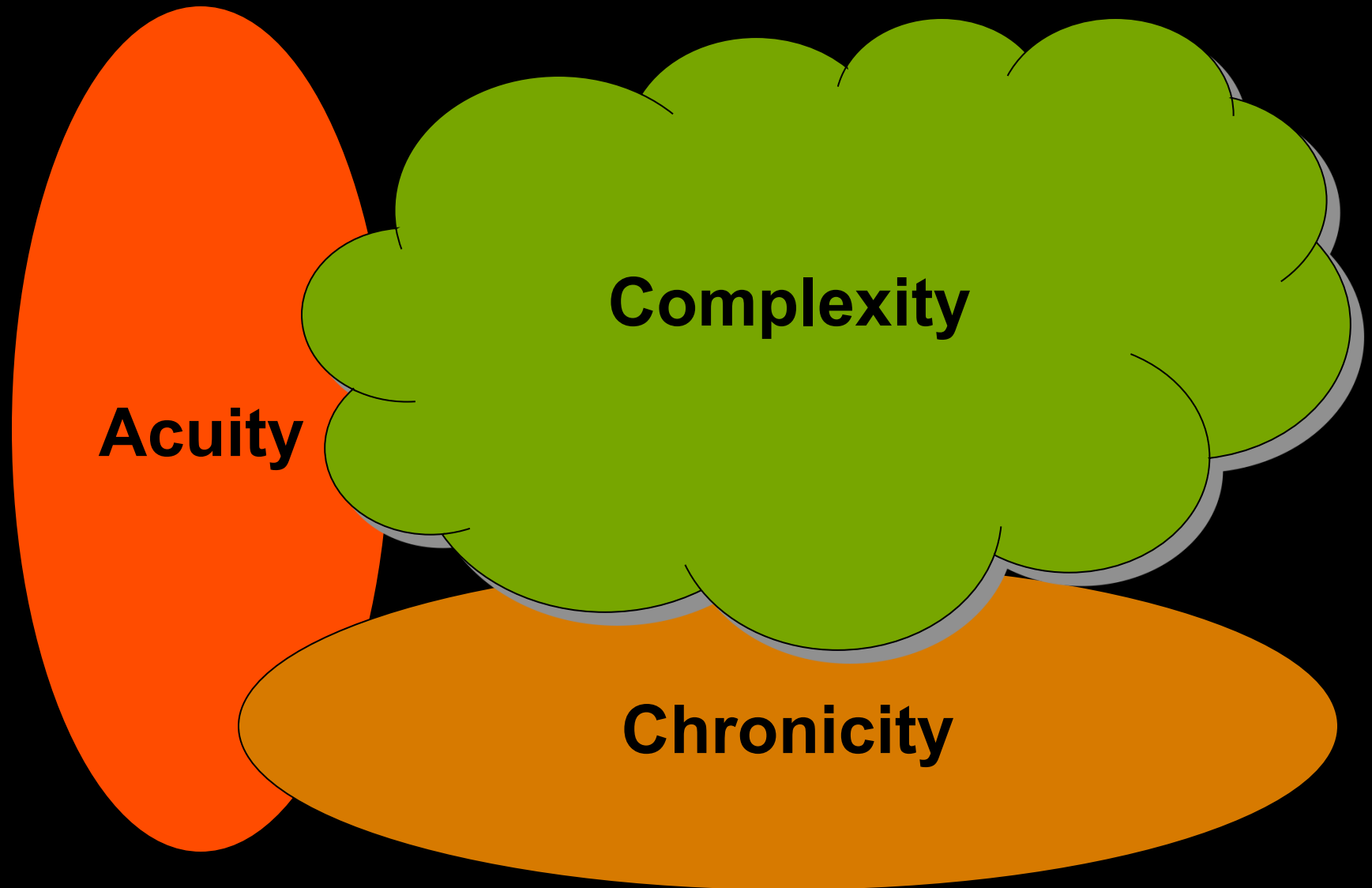
- Vague and ambiguous descriptions
- “virtually all of the ineffective treatment approaches are precisely those offered in the typical US treatment program” (14)

– Brown, 2004

Addictions can be Complex and Multidimensional



Nature of A+MH Problems





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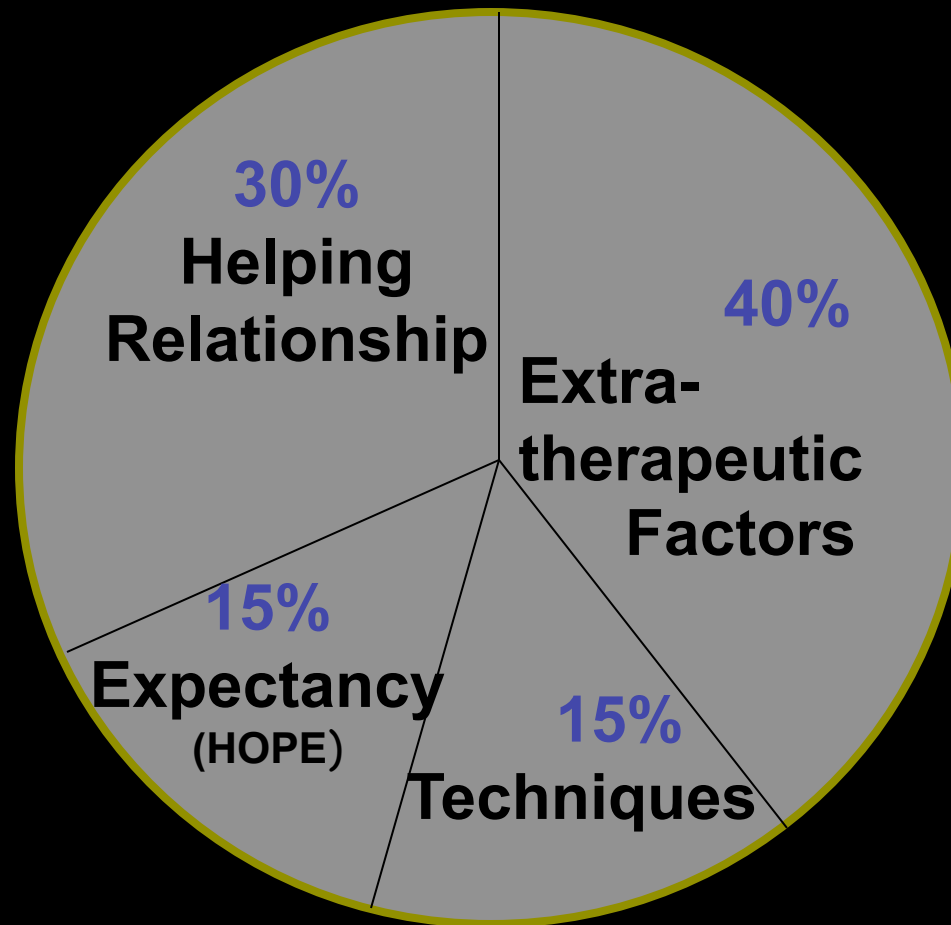
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Preventing Substance Use Problems Among Young People

A Compendium of Best Practices

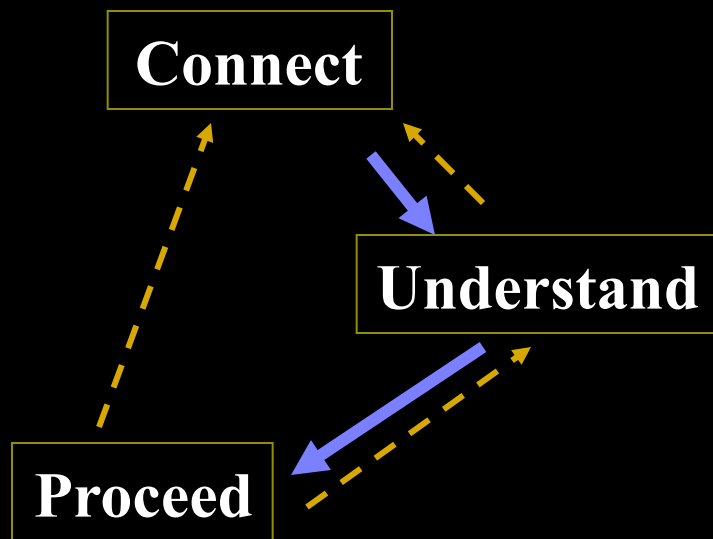
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Therapeutic Factors Related to Improvement

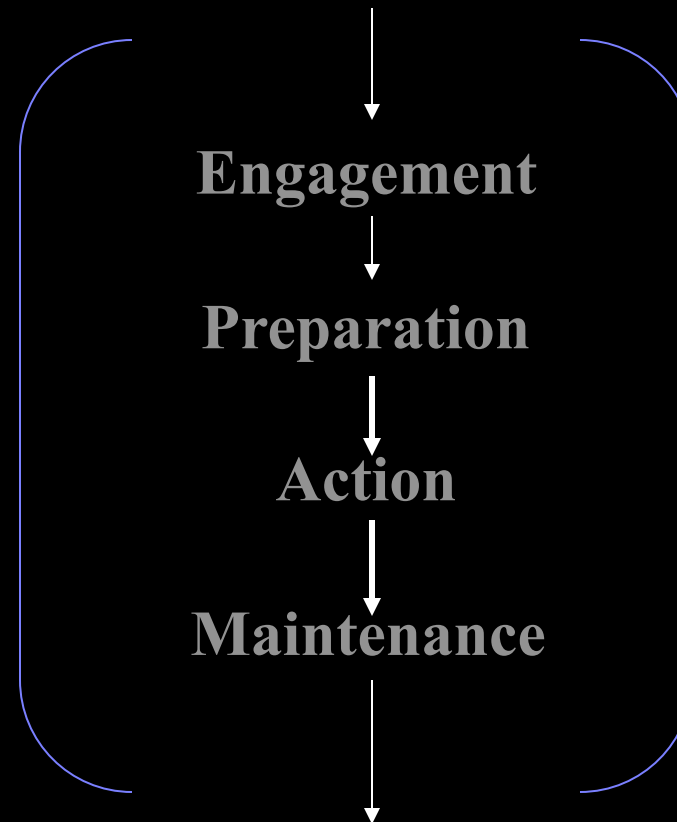


Asay & Lambert, 1999

The Helping Journey

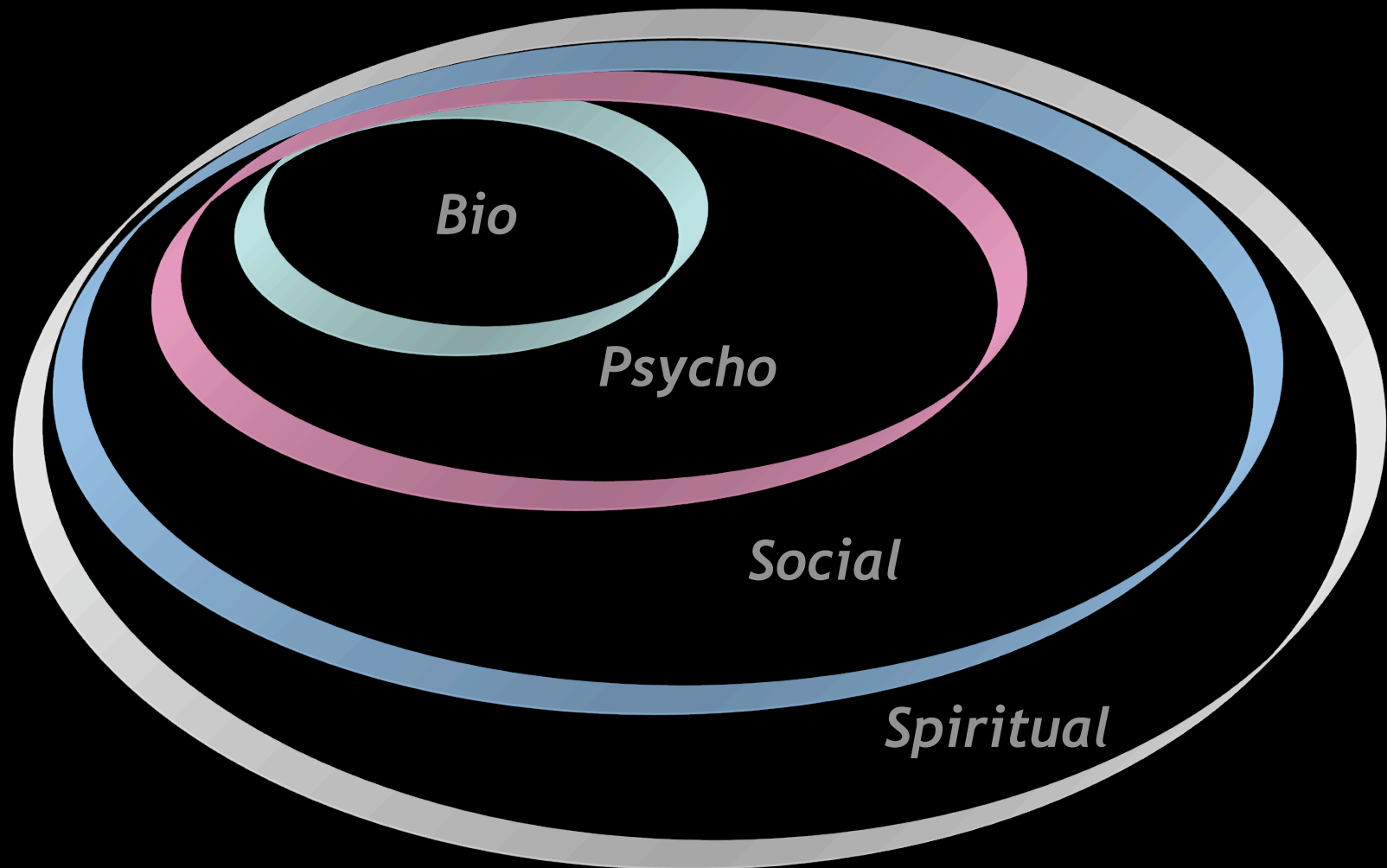


Interpersonal Processes



Stages of Treatment

Bio-Psycho-Social-Spiritual Model





And now over to Carol...