



VALUE BEHAVIORAL HEALTH
of PENNSYLVANIA

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Methadone Maintenance Treatment-Therapy

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Goals for Today's Seminar

- To review regulations from Pennsylvania on the delivery of psychotherapy
- To discuss what makes psychotherapy from regulation and SAMSHA definitions
- To discuss what therapy may look like in treatment

What do the regulations say about psychotherapy in Methadone Treatment?

- A narcotic treatment program shall provide each patient an average of 2.5 hours of psychotherapy per month during the patient's first 2 years, 1 hour of which shall be individual psychotherapy.
- Additional psychotherapy shall be provided as dictated by ongoing assessment of the patient.



What do the regulations say about psychotherapy in Methadone Treatment?

- A narcotic treatment program shall provide each patient at least 1 hour per month of group or individual psychotherapy during the third and fourth year of treatment. Additional psychotherapy shall be provided as dictated by ongoing assessment of the patient.

What do the regulations say about psychotherapy in Methadone Treatment?

- After 4 years of treatment, a narcotic treatment program shall provide each patient with at least 1 hour of group or individual psychotherapy every 2 months. Additional psychotherapy shall be provided as dictated by ongoing assessment of the patient.

What is Psychotherapy?

- Title 55 Public Welfare § 1223.2. Definitions.
- Psychotherapy—The treatment, by psychological means, of the problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the object of removing, modifying or retarding existing symptoms, mediating disturbed patterns of behavior and promoting positive personality growth and development.



What is Psychotherapy?

- Individual psychotherapy—Psychotherapy provided to one person with a diagnosed substance use disorder for a minimum of one half hour. These sessions must be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.
- Group psychotherapy—Psychotherapy provided to no less than two and no more than ten persons with diagnosed substance use disorder problems for a minimum of 1 hour. These sessions shall be conducted by drug/alcohol clinic psychotherapy personnel under the supervision of a physician.



How do I know if what I am doing is Psychotherapy?

- SAMSHA has established some guidelines for assistance
- SAMSHA guidelines are called TIPS- Treatment Improvement Protocols

TIPS

- Several TIPS that may be helpful when starting to look at doing psychotherapy
 - TIP 41: Substance Abuse Treatment: Group Therapy
 - TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment
 - Enhancing Motivation for Change In-service Training Based on TIP 35
 - TIP 34: Brief Interventions and Brief Therapies for Substance Abuse

Group Therapy- TIPS

- **Psychoeducational groups:** which educate clients about substance abuse
- **Skills development groups:** which cultivate the skills needed to attain and sustain abstinence, such as those needed to manage anger or cope with urges to use substances
- **Cognitive-behavioral groups:** which alter thoughts and actions that lead to substance abuse
- **Support groups:** which buoy members and provide a forum to share pragmatic information about maintaining abstinence and managing day to day, chemical free life
- **Interpersonal process groups:** which delve into major developmental issues that contribute to addiction or interfere with recovery

Group Therapy- TIPS

- Self-help groups are not included as there are several distinct differences between self-help groups and therapeutic groups

Kinds of Groups from TIPS

Group Types æ

Group Model or Combination of Models

	Skills Development	Cognitive-Behavioral Therapy	Inter-personal Process	Support	Specialized Group*	Psycho-educational
Anger/feelings management	•	•				•
Co-occurring disorders	•			•		
Skills-building	•	•				
Conflict resolution	•	•				•
Relapse prevention	•	•		•		•
12-Step psychoeducational					•	•
Psychoeducational						•
Trauma (abuse, violence)			•	•		•
Early recovery	•	•		•		•
Substance abuse education						•
Spirituality-based				•		

Kinds of Groups from TIP

	Skills Development	Cognitive-Behavioral Therapy	Inter-personal Process	Support	Specialized Group*	Psycho-educational
Cultural					•	•
Psychodynamic			•	•		
Ceremonial healing practices					•	
Support				•		
Family roles (psychoeducational)						•
Expressive therapy					•	
Relaxation training	•					
Meditation	•					
Multiple-family	•			•		•
Gender specific				•	•	
Life skills training	•	•				
Health and wellness						•
Cognitive-behavioral	•	•		•		
Psychodrama					•	
Adventure-based					•	
Marathon					•	
Humanistic/existential			•	•		

Psycho-educational Groups

- Psycho-educational- The major purpose of psycho-educational groups is expansion of awareness about the behavioral, medical, and psychological consequences of substance abuse. Another prime goal is to motivate the client to enter the recovery ready stage

Psycho-educational Groups

- Some of the contexts in which psycho-educational groups may be most useful are
 - Helping clients in the precontemplative or contemplative level of change to reframe the impact of drug use on their lives.
 - Helping clients in early recovery learn more about their disorders.
 - Helping families understand the behavior of a person with substance use disorder
 - Helping clients learn about other resources that can be helpful in recovery

Psycho-educational Groups

- Principal characteristics: Psychoeducational groups generally teach clients that they need to learn to identify, avoid, and eventually master the specific internal states and external circumstances associated with substance abuse.
- **Psychoeducational groups are considered a useful and necessary, but not sufficient, component of most treatment programs.**

Skills Development Groups

- Skills Development Groups: Skills training groups attempt to cultivate the skills people need to achieve and maintain abstinence.
- Skills development groups typically emerge from a cognitive-behavioral theoretical approach that assumes that people with substance use disorders lack needed life skills.

Skills Development Groups

- Principal characteristics: The particular skills taught take into account individual characteristics, abilities, and background. The suitability of a client for a skills development group will depend on the unique needs of the individual along with the skills being taught. Most clients can benefit from developing or enhancing certain general skills, such as controlling powerful emotions or improving refusal skills when around people using alcohol or illicit drugs.

Cognitive–Behavioral Groups

- Cognitive–behavioral groups conceptualize dependency as a learned behavior. Cognitive–behavioral therapy groups work to change learned behavior by changing thinking patterns, beliefs, and perceptions.

Cognitive–Behavioral Groups

- Principal characteristics: In cognitive– behavioral groups, the group leader focuses on providing a structured environment within which group members can examine the behaviors, thoughts, and beliefs that lead to their maladaptive behavior.

Support Groups

- The focus of support groups can range from problem focused groups in early recovery, which focus on achieving abstinence and managing day to day living, to group directed, emotionally and interpersonally focused groups in middle and later stages of recovery. The group leader— provides specific kinds of support, such as being sure to help clients avoid isolation and finding something positive to say about each participant's contribution.

Support Groups

- Principal characteristics: A support group will always have a clearly stated purpose, the purpose varies according to its members' motivation and stage of recovery.
 - Because of support groups' emphasis on emotional sustenance providing a safe environment, these groups are especially useful for apprehensive clients.
 - In a support group, members typically talk about their current situation and recent problems that have arisen.
 - Support groups provide guidance through peer feedback, and group members generally require accountability from each other.

Interpersonal Process Group Psychotherapy

- Interpersonal process groups use psychodynamics, or knowledge of the way people function psychologically, to promote change and healing. The group member becomes increasingly able to form mutually satisfying relationships with other people, so alcohol and drugs lose much of their power and appeal.

Interpersonal Process Group Psychotherapy

- Principal characteristics: Interpersonal process group therapy delves into major developmental issues, searching for patterns that contribute to addiction or interfere with recovery. The group becomes a microcosm of the way group members relate to people in their daily lives.

Specialized Groups in Substance Abuse Treatment

- May include other pertinent issues such as:
 - Relapse prevention
 - Expressive groups
 - Culturally relevant groups
 - Groups related to specific group problems

Brief Therapies

- The following is a list of characteristics pertaining to all brief therapies
 - They are either problem focused or solution focused
 - They clearly define goals related to a specific behavior
 - They should be understandable to both client and clinician.
 - They should produce immediate
 - They rely on rapid establishment of a strong working relationship between client and therapist.
 - The therapeutic style is highly active, empathic, and sometimes directive.

Brief Therapies

- Responsibility for change is placed clearly on the client.
- The client is helped to have experiences that enhance self-efficacy and confidence that change is possible.
- Outcomes are measurable.

Brief Therapies

- Brief Cognitive Behavioral Therapy
- Brief Strategic/ Interactional Therapy
- Brief Humanistic/ Existential Therapy
- Brief Psychodynamic Therapy
- Brief Family Therapy

Brief Cognitive-Behavioral Therapy (CBT)

- The cognitive-behavioral model assumes that substance abusers are deficient in coping skills. Cognitive-behavioral theory is generally effective because it helps clients recognize the situations in which they are likely to use.

Brief Cognitive-Behavioral Therapy (CBT)

- CBT incorporates three core elements:
 - Functional analysis—This analysis attempts to identify the antecedents and consequences of substance abuse behavior, which serve as triggering and maintaining factors.
 - Coping skills training—A major component in CBT is the development of appropriate coping skills.
 - Relapse prevention-These approaches rely heavily on functional analyses, identification of high risk relapse situations, and coping skills training, but also incorporate additional features.

Brief Strategic/Interactional Therapies

- In brief strategic/interactional therapies, the focus is on the individual's strengths rather than on pathology, the relationship to the therapist is essential, and interventions are based on client self-determination with the community serving as a resource rather than an obstacle

Brief Strategic/Interactional Therapies

- No matter which type of strategic/interactional therapy is used, this approach can help to
 - Define the situations that contribute to substance abuse in terms meaningful to the client
 - Identify steps needed to control or end substance use
 - Heal the family system so it can better support change
 - Maintain behaviors that will help control substance use
 - Respond to situations in which the client has returned to substance use after a period of abstinence

Brief Strategic/Interactional Therapies

- Once the therapist has encouraged a person with a substance abuse disorder to take further steps toward change, the subsequent sessions will focus on identifying and supporting additional steps in the same direction.

Brief Strategic/Interactional Therapies

- As the end of the therapeutic process nears, the therapist can follow these suggestions to help the client prepare for the future:
 - Prepare the client to maintain positive change through difficult times.
 - Identify what the potential next stressors and challenges will be.
 - Devote some time to preparing the client for changes to the environment.
 - Ask the client to look into the future and discuss future goals

Brief Humanistic and Existential Therapies

- Humanistic and existential therapies are united by an emphasis on understanding human experience and a focus on the client rather than the symptom. Psychological problems are viewed as the result of inhibited ability to make authentic, meaningful, and self-directed choices about how to live.

Brief Humanistic and Existential Therapies

- Client-centered therapy can be used immediately to establish rapport and to clarify issues throughout the session.
- Existential therapy may be used most effectively when a client has access to emotional experiences or when obstacles must be overcome to facilitate a client's entry into or continuation of recovery.

Brief Humanistic and Existential Therapies

- Narrative therapy can be used to help the client conceptualize treatment as an opportunity to assume authorship and begin a "new chapter" in life.
- Gestalt approaches can be used throughout therapy to facilitate a genuine encounter with the therapist and the client's own experience.
- Transpersonal therapy can enhance spiritual development by focusing on the intangible aspects of human experience and awareness of unrealized spiritual capacity.

Brief Psychodynamic Therapy

- In psychodynamic brief therapy, defenses are seen as a means of resisting change—changes that inevitably involve eliminating or at least reducing drug use.

Brief Family Therapy

- For many individuals with substance abuse disorders, interactions with their family of origin, as well as their current family, set the patterns and dynamics for their problems with substances. Furthermore, family member interactions with the substance abuser can either perpetuate and aggravate the problem or substantially assist in resolving it.

Brief Family Therapy

- Family therapy offers an opportunity to
 - Focus on the expectation of change within the family
 - Test new patterns of behavior
 - Teach how a family system works and how the family supports symptoms and maintains needed roles
 - Elicit the strengths of every family member
 - Explore the meaning of substance abuse within the family

Brief Family Therapy

- Family therapy is particularly appropriate when the client exhibits signs that his substance abuse is strongly influenced by family members' behaviors or communications with them.

Other potential ways to conduct psychotherapy include:

- Motivational Interviewing
 - Motivational interviewing is discussed in depth in TIP 35
 - TIP 35 discussed ways to utilize therapeutic techniques throughout all stages of change from Precontemplation through Maintenance
 - Some of the techniques that would be seen in psychotherapy for precontemplation to contemplation stage of change would include consciousness raising, and exploration of values

Motivational Interviewing

- From Contemplation to Preparation:
 - When working with a member to move them towards preparation some techniques that may be utilized include:
 - Increasing sense of self-efficacy
 - Tipping the decisional balance
 - Decisional rulers

Motivational Interviewing

- From Preparation to Action:
 - Negotiating a plan for change
 - Making small changes that increase self efficacy
 - Setting timelines and goals

Motivational Interviewing

- From Action to Maintenance
 - Sustaining change over time
 - Maintenance of new people, places and things

- Maintenance to Relapse Prevention
 - Becoming aware of the possibility of relapse
 - Ways to avoid relapse
 - Relapse prevention chains

Other evidence based practices for psychotherapy

- Family Behavioral Therapy
- A Woman's Path To Recovery
- Healthy Living Project for People Living with HIV
- Interactive Journaling
- Living in Balance
- Matrix Model
- Network therapy
- Prize Incentives for Contingency Management for Substance Abuse
- Seeking Safety