MAT TRAINING

PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Developing a Behavioral Treatment Protocol in conjunction with MAT

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- I receive support from the National Institute on Drug Abuse and the State of New York to conduct research and teaching.
- No money is received from drug companies.
- I am an employee at the Center For Motivation and Change, a psychotherapy practice that publishes books and treatment guides for substance use disorders.

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- I receive royalties from the book Beyond Addiction.
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Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Identify the importance of evidenced based practices for substance use disorders.
  - Identify four key components of a behavioral treatment protocol.
  - Provide examples for each of the four components.
  - Understand the basic tenets of the Community Reinforcement and Family Training approach.

Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

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  - Date of Release July 9, 2014
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The Need for Evidenced Based Practices

- Approximately 30% of American Adults have met criteria for Alcohol Dependence and 10% a Drug Dependence diagnosis during their lifetime (Compton et al., 2007; Hasin et al., 2007).
- Approximately 25% of those with Alcohol Dependence and 31% with Drug Dependence have sought help for their substance use problems.
- Of those who sought help, a minority have seen a physician and/or other health care provider for treatment (24% Drug; 11% Alcohol).

The Need for Evidenced Based Practices

- A minority of individuals seeking help from professional treatment providers receive evidence based treatment.

- There is a continued need for community based health care providers to implement evidenced based strategies for the treatment of substance use disorders.

Why Evidenced-Based Approaches?

- Psychosocial and medication-based interventions can facilitate changes in substance use (NIDA, 2012).
- The effects of both approaches appear to be additive: each individually contributing to a better treatment response (NIDA, 2012).
- The success rates of substance abuse treatments are comparable to other chronic medical conditions (McLellan et al., 2006).
- The longer an individual remains engaged in treatment the better the prognosis (Hubbard et al., 1997).

The Utility of Psychosocial Strategies

- Provide a platform for educating patients and families about substance use disorders and the process of change.
- Can increase adherence to both medication and behavioral intervention strategies.
- Effective for both promoting abstinence and preventing relapse.
- Can be used to directly address the motivational, psychological, social, and environmental factors contributing to changes in substance use.

Finding Common Ground

- There are numerous perspectives on how change occurs and a variety of evidence based intervention techniques.
- There are certain commonalities or shared components among the many different treatment approaches.
- Individual treatment protocols may differ in the emphasis they place on a particular component.
- Building a behavioral protocol around medication assisted treatment should focus on incorporating these common components.

Four Components for Building a Behavioral Intervention.

- Build Skills and emphasize Practice Makes Progress.
- Introduce Competing Reinforcement.
- Listen for Ambivalence and Help Increase Change Talk.
- Help Individuals Build and Utilize Social Support.

1. Building Skills and Practice

- A skill-building treatment framework is based on the assumption that substance use is a learned behavior that serves a range of functions for an individual (e.g. coping and socializing).

- *Key Assumption*: Individuals struggle to maintain abstinence because they lack cognitive, emotional, and behavioral coping skills.

- Combining psychosocial and medication interventions can help address the biological, psychological, and behavioral factors contributing to substance use and abuse.

Relapse: Cognitive Behavioral Formulation

(Witkiewitz and Marlatt, 2004)

- The probability of substance use is influenced by the situational interaction among three factors:
  - Physical symptoms of withdrawal.
  - Cognitive Processes (self-efficacy; motivation).
  - Current emotional state.

- Combining Psychosocial and Medication Interventions attempts to influence the effects of these processes on substance use and help promote a different behavioral response rather than drug or alcohol use.

Building Coping Skills

- Utilizes cognitive and behavioral strategies to educate patients about the emotional, cognitive, and situational factors triggering substance use.

- Addresses Four Sets of Skills (Carroll, 1998).

Recognize
Avoid
Cope
Evaluate

Recognition Skills

- Goal: To help individuals identify the environmental and subjective contexts in which substance use is likely to occur (i.e. Triggers or Cues).

- Strategies:

  a. The self-monitoring and recording of urges or thoughts to use drugs.

  b. Conduct a Functional Analysis of a drug use episode during counseling sessions.

Urge/Craving Diary

Example :

Date/Time	Situation, thoughts, and feelings	Intensity of Craving (1-100)	Length of Craving	I How I Coped
Friday, 3 pm	Fight with boss, frustrated, angry	75	20 minutes	Called home, talked to Mary
Friday, 7 pm	Watching TV, bored, trouble staying awake	60	25 minutes	Rode it out and went to bed early
Saturday, 9 pm	Wanted to go out and get a drink	80	45 minutes	Played basketball instead

Taken From Carroll, 1998

Recognize: Functional Analysis

- An exercise to help guide individuals in recognizing:

a) the relationships among environmental stimuli (e.g. a bar), thoughts and feelings (e.g. desire to drink, feeling anxious), and behaviors (buying alcohol).

b) the reinforcing and punishing outcomes of engaging in a behavior (i.e. what factors help maintain or decrease the behavior).

Functional Analysis

EXHIBIT 2.-Functional Analysis

Trigger What sets me up to use?	Thoughts and Fellings What was I thinking? What was I feeling?	Behavior What did I do then?	Positive Consequences What positive thing happened?	Negative Consquences What negative things happened
Friend's house playing cards	***I would feel so much better if I used.*** ***I was feeling anxious***	***Asked to do a line of cocaine***	***Felt good; less anxious***	***Felt guilty; got home late and had fight with my wife***

Adapted From Carroll, 1998

Functional Analysis

- Helps individuals understand the predictability of their behavior.
- Helps individuals prepare and strategize for situations that may increase the probability of substance use.
- Helps individuals develop insight into the factors that may maintain their substance use.
- Presents entry points for developing a change plan.

Avoidance Skills

- Goal: To help individuals navigate their physical and social environments to minimize their contact with the triggers or cues identified in their self-monitoring exercises (e.g., urge diary or functional analysis).

- Strategies (examples).

  a. alter travel routes in neighborhood.

  b. avoid or change members of social network.

  c. remove drug paraphernalia from the home.

Coping Skills

- Goal: To help an individual build cognitive and behavioral techniques for responding to cravings, thoughts about substance use, triggers, cues and offers from others to use drugs (i.e. High Risk Situations).

- Strategies:

  Practicing Drug/Alcohol Refusal Skills.
  Strategies to Manage Thoughts about using.
  Developing and Practicing Decision Making Skills.
  Develop strategies to increase and/or maintain adherent to medication schedule.

Example: Strategies to Manage Thoughts About Using

- Thinking through and remembering the end of the last high (e.g. listing and practice recalling the negative consequences of a use episode).
- Challenging thoughts to use drugs (e.g. listing responses to the positive thoughts associated with substance use).
- Distraction. (Guide attention to other thoughts or activities.)
- Mindfulness Techniques: Observing the thought or craving as just a thought or event; not a special directive to use.

Thought Diary
(an out of session exercise)

Thought about cocaine	*Positive thought, coping skill used*
I could use a pick-me-up; I would be more social and have fun.	***I have been social in the past without cocaine; I practiced starting conversations with my therapist and will try out those skills.***

Adapted from Monti et al. 1989.

Taken From Carroll, 1998

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Evaluation Skills

Goal: To help an individual assess the outcomes of the different avoidance and coping strategies.

- Helps highlight the successful steps taken.
- Facilitates the collection of data that can help guide refinement of the avoidance and coping skills developed during treatment.

Strategies:

Tracking and monitoring behaviors during the week.

Assessing substance use during each treatment visit.

Employing urine monitoring systems as part of the treatment protocol.

Practice Helps

- Important to include both in-session and between-session practice activities and monitoring.
- Individuals demonstrate greater skill acquisition in treatments that emphasize coping skills compared to other counseling strategies.
- Individuals that practice outside a treatment session demonstrate better outcomeas than those who do not.

Skill Building and Practice

- Can be delivered in individual and group formats across a range of substance use disorders (alcohol, cocaine, cannabis).
- Can be delivered in conjunction with pharmacotherapy (Carroll, 1997).
- May promote greater behavior change over time (as skills become stronger over time).
- *Caveat:* May be less effective among individuals who demonstrate lower cognitive functioning (Aharonovich et al., 2006)

2. Develop Competing Reinforcement

- The value of drug or alcohol use is dependent, in part, on the availability of other reinforcers for non-drug use behavior.

- Experimental studies demonstrate drugs and alcohol are less likely to be self administered when there is a choice between substance use and alternative or competing reinforcers (e.g. food, money, entertainment). (Higgins, 1997).

- A treatment protocol can target the social and environmental context in which drug use occurs in order to decrease its value and increase therapeutically desirable behaviors.

Contingency Management

- Goal: To implement a framework that will systematically apply behavioral consequences for substance use and other therapeutic behaviors.

- Emphasis can be on incorporating clinic-based procedures for reinforcing abstinence or treatment adherence (e.g. attendance, medication adherence)

- Can also focus on the consequences of substance use and other activities in a patient's environment (e.g. Community Reinforcement Approach; CRAFT).

Four Categories of Systematic Responding

(Higgins; Silverman, 1999).

To Increase Behavior:

- Positive Reinforcement: delivering a desired consequence contingent on meeting a therapeutic goal.
- Negative Reinforcement: removing an aversive event or a restricting context contingent on meeting a therapeutic goal.

To Decrease Behavior:

- Positive Punishment: delivering an aversive consequence (i.e. verbal reprimand) contingent on undesirable behavior.
- Negative Punishment: removing something positive (e.g. attention, access to video games) contingent on undesirable behavior.

Evidence

- Contingency Management programs facilitate the quickest and most significant reductions in substance use relative to treatments that do not systematically apply reinforcement or punishment principles. (Dutra et al., 2008).

- Have been utilized among cocaine, opiate, alcohol and poly-substance users.

- Can facilitate treatment entry among individuals with substance use problems when applied by concerned family members (see CRAFT section).

Office-Based Programs

- Define the treatment-related behavior to be targeted (e.g. substance use; medication adherence; increasing social interactions).
- Have a system for objectively assessing the target behavior.
- Explicitly link performance of the treatment-related behavior (e.g. substance free-urine, medication adherence, out-of-session assignment) to a tangible outcome or reinforcer (e.g. notifying a social support member of the positive/negative results).
- Contingencies should be applied consistently and immediately.

CLINICAL SPOTLIGHT
Community Reinforcement & Family Training

- Community Reinforcement And Family Training (CRAFT) is a unilateral therapy for family/Concerned Significant Others (CSOs) of a substance user who doesn't want change/refuses treatment (Smith & Meyers, 2004).
- Promotes active, positive participation of CSO, utilizing a motivational (vs. confrontational) approach, using reinforcement principles to enhance positive, non-using (competing) behaviors and decrease negative, substance using behaviors.

CLINICAL SPOTLIGHT
Community Reinforcement & Family Training

- Utilizes a menu-driven, CBT, skills-based approach.
- Evidence-based approach with success rates for getting substance user into treatment at 60-70% (vs. rates of treatment entry at 30% for more widely known “Intervention” approach and 12% for Al-Anon).
- Once substance user is engaged in treatment, families trained in reinforcement paradigms and participating in a positive, active manner can better support the treatment contingency management efforts, provide supervision of medications (as needed, e.g. disulfiram), support continued treatment engagement, and help promote and sustain abstinent lifestyle and environment.

CLINICAL SPOTLIGHT
Community Reinforcement & Family Training

Primary CRAFT objectives:

- Improve the emotional, physical, and relational functioning of CSOs.

- Get the substance user into treatment.

- Decrease/eliminate substance use of substance user.

Eight Core Components of Community Reinforcement & Family Training

1. **Provide Introduction and Rationale**:
   - Educate CSO regarding reinforcement paradigm
   - Highlight the Influential power of CSO
   - Validate CSO (often isolated, ashamed, hopeless, angry)
   - Direct CSO toward skill-building focus (e.g. keeping perspective of larger CRAFT goals despite possible current upsetting circumstance).
2. **Domestic Violence precautions**:
   - Assess for possible violent responses from substance user as the CSO begins to change their responses to the substance use (i.e. history and risk should be assessed).

Eight Core Components of Community Reinforcement & Family Training

3. **Functional Analysis of Substance User's Behaviors.**
   - Skill for CSO demonstrating that behavior is maintained by reinforcers, therefore often predictable, and provides a framework for strategies and a foundation of increased CSO empathy (see above).

4. **Positive Communication Training – 7 Steps.**
   - Training in 7 steps to increase effectiveness in communications, especially to decrease defensiveness of substance user: be brief, use affirmative wording, refer to specific behaviors, label feelings, offer understanding statements, accept partial responsibility, and offer to help. Role-play to model value of practice and successive approximations for CSO.

Eight Core Components of Community Reinforcement & Family Training

5. **Positive Reinforcement Training**.
   - Use of reinforcement contingencies to promote positive behaviors.

6. **Discouraging Substance Use and Negative Behavior.**
   - Allow for natural consequences to occur to substance user.
   - This includes learning to problem-solve in context of setting limits and setting appropriate expectations with manufactured consequences (e.g., house rules, contingency plans).

Eight Core Components of Community Reinforcement & Family Training

7. **Self-Care.**
   - Use self-assessment tools to gauge CSO mental health status over time.
   - Set goals that prioritize self-care (for own sake and as role model of healthy behavior to others in the family).

8. **Suggestion of Treatment for Substance User.**
   - Use motivational hooks and positive communication skills to invite substance user to sample treatment.

Utility of Family Skill-Building/Involvement

- Success rates for the CRAFT approach demonstrate the powerful (though largely untapped) utility of engaging family members into the treatment process in a skills-based, motivational way.
- Trained CSOs can increase treatment impact and provide an opportunity for collaboration toward more diverse reinforcement efforts, accountability structure, and effective modeling.
- Trained CSOs also add real-world leverage to treatment contingency regimens which can enhance reinforcement strategies.

3. Listen for Ambivalence and Strengthen Change Talk

- Verbal interactions are central to most clinical interventions.
- It is believed that the correspondence between what people say and what they do ("say-do correspondence") is especially poor among substance users.
- Evidence suggests that an individual's verbal commitment to abstinence has important prognostic implications.
- An individual's stated commitment to abstinence reduces the risk of future substance use following a lapse and predicts future treatment outcome.

CLINICAL SPOTLIGHT
Motivational Interviewing

(Miller and Rollnick, 2013)

- Motivational Interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

- Reduces alcohol and drug use, increases treatment compliance, and can increase diet and exercise behaviors (Hettema, Steele, & Miller, 2005).

- More effective than Brief Advice for helping individuals initiate smoking abstinence (Lai et al., 2011).

Conversational Goals

- Reasons for not changing or adhering to a treatment protocol may reflect ambivalence.
- Ambivalence can be a normal part of the change process.
- Invite discussion that focuses on reasons and need for change.
- Invite discussions regarding the client's belief in his/her ability to make change.

MI Conversational Tools

- Use Open Questions
- Affirm Strengths
- Reflect Back what an individual says
- Summarize what you hear an individual say

Open Questions:

- Open the door, encourage the client to talk
- Do not invite a short answer
- Leave broad latitude for how to respond

- **Examples**:
  - *If you were to quit, how would you do it?*
  - *How could this medication be helpful to you in meeting your goals?*
  - *What would be different about your day if you did change your diet?*

Affirmations

- Emphasize a strength (Support Self-Efficacy).
- Notice and appreciate a positive action.
- Should be genuine.
- Express positive regard and caring.
- Strengthen the collaborative relationship.

Examples of Affirmations

- Commenting positively on an attribute
  - You are a strong person, a real survivor.
- A statement of appreciation
  - I appreciate your openness and honesty today.
- Catch the person doing something right
  - Thanks for coming in today!
- A compliment
  - I like the way you said that.

Reflective Listening

Simple Reflections

- A simple statement reiterating what the doctor is hearing from the client.
- A simple reflection conveys the doctor's effort to collaboratively understand the client's experience, and builds a mutual understanding between client and doctor.

Complex Reflections

- Convey a deeper or more complex picture of what the client has said.
- May be used to emphasize a particular part of what the client has said to make a point or take the conversation in a different direction.

Example of Reflective Listening

Managing Blood Sugar

Doctor: "What have you been told about managing your blood levels?" (Open Question)

PT: Are you kidding? I've had the classes, the videos, I've had the home nurse visits. I have all kinds of advice about how to get better at this, but just don't do it. I don't know why. Maybe I just have a death wish or something, you know?

What simple reflection would you provide?

What complex reflection would you provide?

Examples of Reflections

- *You are pretty discouraged about this* (Simple Reflection)

- *You haven't given it you best effort yet* (Complex Reflection)

Summary Statements

- Special form of reflection.
- A collection of reflections that have occurred during the communication.
- Can be used to highlight a client's ambivalence.
- Make certain aspects of the client's talk accessible.
- Can propel the conversation into a different direction.

Inviting Change Talk Into the Conversation (Miller & Rollnick, 2013)

- Asking Evocative Questions

  What is your concern about _____?

  What might you like to do about ____?

  What is one thing you might do for your health in this area?

- Use The Importance Ruler (several-step approach)

  i. On a scale from 0 to10, where 0 is "not at all" and 10 is the "most important thing I can do," How important is it for you to _____?

  ii. Why a *(# they said)* and not a 0? (you have just invited reasons for change into the conversation)

- Reflect and summarize their reasons for change.

Inviting Change Talk Into the Conversation (Miller & Rollnick, 2013)

- Querying Extremes

  What concerns do you have about your heroin use in the long run _____?

  If nothing were to change, what do you imagine could be the worst outcome?

  If things were to be change the way you want them to, what would life look like?

- Looking Back/ Looking Forward

  When you think about the times that things were going well for you, what do you notice has changed?

  How would you like things to turn out in the next two years?

- Reflect and summarize their reasons for change.

Inviting Change Talk Into the Conversation (Miller & Rollnick, 2013)

- Exploring Goals and Values

A patient's experience of discrepancy between his/her current actions and desired life predicts better outcome (Apodaca & Longabaugh, 2009).

Identify patients' bigger goals and values (what they want their life to stand for (e.g. being a good parent).

USE OPEN QUESTIONS

In their view, are they meeting that goal/value?
What is getting in the way?
What needs to happen to get closer to that goal/value?

4. Include Social Support

- Chronic substance use can result in social isolation.
- Greater social support predicts better treatment retention and outcome (Dobkin et al. 2002).
- 60% to 80% of drug-dependent individuals live with family or are in regular contact with a parent.
- Engaging in family activities during treatment is associated with better treatment retention and increased abstinence.

Include Social Support

- Having family members come in for as little as one session of family treatment significantly improved retention, medication compliance, and drug use outcomes for opiate-dependent individuals taking naltrexone. (Carroll et al., 2001).

Family Interventions

- Behavioral Couples Therapy (Epstein & McCrady, 1998).
- Behavioral Naltrexone Therapy (Rothenberg et al., 2002).
- Network Therapy (Galanter, 1999).
- Community Reinforcement and Family Training (see clinical highlight above) (Smith & Meyers, 2004).

Family-focused Treatments

- Can provide a context to establish a contract between client and family members on complying with medication schedule.
  - monitoring medication
- Support a client's choices to remain abstinent.
  - reinforce abstinence
- Help improve communication.
- Allow family members to be counseled on the phasic nature of recovery by normalizing lapse, and to be helpful partners in the process of change.

Self-Help Groups

- Long-term commitment to self-help groups (e.g. Alcoholics Anonymous) is associated with abstinence.

- In an 8-year study, greater professional treatment during the first year of change predicted better drinking outcome; subsequent treatment in later years did not add benefit. Longer participation in AA predicted better outcomes year-to-year (Moos & Moos, 2004).

- Building social support networks is important for improving outcome.

Conclusion

- Combining psychosocial and medication-based treatments can increase probability of better outcomes.

- Building a psychosocial treatment around medication-assisted interventions should look to address four key components:

  - Build Skills and Practice Makes Progress.
  - Introduce Competing Reinforcement.
  - Listen for Ambivalence and Increase Change talk (invite change talk into discussions).
  - Build on and utilize Social Support.

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Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (1U79TI024697) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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