

DAVID W. SPRINGER & ALLEN RUBIN, Editors

Substance Abuse Treatment for Youth and Adults

**Clinician's Guide to
Evidence-Based Practice**



Praise for Substance Abuse Treatment for Youth and Adults

“David Springer and Allen Rubin have compiled a valuable practice guide for any professional who works with substance-abusing youth or adults. This is a volume that should be on every practitioner’s bookshelf!”

C. Aaron McNeece, Dean, and Walter W. Hudson Professor (Emeritus),
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“This edited book is an important addition for clinicians wishing to incorporate the latest in evidence-based practices into their work with substance abusing clients. The detailed descriptions, case examples, and supportive materials in each chapter provide invaluable guidelines to both beginning and experienced clinicians. It is a book that belongs in the libraries of all substance abuse educators, students, and clinicians.”

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“A major stumbling block to adoption of evidence-based practice in the real world of clinical practice has been the absence of clinician-friendly guides. Such guides need to be understandable, free of technical research jargon, infused with clinical expertise, and rich with real-life examples. Rubin and Springer have hit a home run with this series, which has all of these characteristics and more.”

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Substance Abuse Treatment for Youth and Adults

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Substance Abuse
Treatment for
Youth and Adults

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Clinician's Guide to
Evidence-Based Practice



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Series Introduction

ONE OF THE most daunting challenges to the evidence-based practice (EBP) movement is the fact that busy clinicians who learn of evidence-based interventions are often unable to implement them because they lack expertise in the intervention and lack the time and resources to obtain the needed expertise. Even if they want to read about the intervention as a way of gaining that expertise, they are likely to encounter materials that are either much too lengthy in light of their time constraints or much too focused on the research support for the intervention, with inadequate guidance to enable them to implement it with at least a minimally acceptable level of proficiency.

This is the second in a series of edited volumes that attempt to alleviate that problem and thus make learning how to provide evidence-based interventions more feasible for such clinicians. Each volume will be a how-to guide for practitioners—not a research-focused review. Each will contain in-depth chapters detailing how to provide clinical interventions whose effectiveness is being supported by the best scientific evidence.

The chapters will differ from chapters in other reference volumes on empirically supported interventions in both length and focus. Rather than covering in depth the research support for each intervention and providing brief overviews of the practice aspects of the interventions, our chapters will be lengthier and more detailed practitioner-focused how-to guides for implementing the interventions. Instead of emphasizing the research support in the chapters, that support will be summarized in an appendix. Each chapter will focus on helping practitioners learn how to begin providing an evidence-based intervention that they are being urged by managed care companies (and others) to provide, but with which they may be inexperienced. Each chapter will be extensive and detailed enough to enable clinicians to begin providing the evidence-based intervention without being so lengthy and detailed that reading it would be too time consuming and overwhelming. The chapters will also identify resources for gaining more advanced expertise in the interventions.

We believe that this series will be unique in its focus on the needs of practitioners and in making empirically supported interventions more feasible for them to learn about and provide. We hope that you will agree and that you will find this volume and this series to be of value in guiding your practice and in maximizing your effectiveness as an evidence-based practitioner.

David W. Springer, Ph.D.
Allen Rubin, Ph.D.

Preface

MENTAL HEALTH CLINICIANS are very likely to encounter a substance-abusing client in their work, with some estimations approximating that half of our clients have problems related to either their own or a family member's alcohol or drug abuse (Drake & Mueser, 1996; van Wormer & Davis, 2008). For substance abuse counselors, this number no doubt increases!

If you have been treating substance-abusing clients—or just reading about their treatment perhaps in anticipation of treating them—you probably have encountered many comments referring to empirically supported substance abuse interventions that are considered to be evidence-based. Such interventions include problem solving and social skills training, family behavior therapy, and motivational interviewing. You may also have encountered entire books on each of these interventions and wished you had more time to read them. Perhaps you've seen some research articles reporting outcome studies providing strong empirical support for one or more of these interventions and wished they provided more clinical guidance as to how you could provide them to your clients. Likewise, you may have read some books that contain chapters on various empirically supported substance abuse interventions, but have been disappointed with the brevity of specific practice guidelines in those chapters. That is because such books typically just provide very brief thumbnail sketches of the interventions, perhaps accompanied by rather lengthy reviews of the studies that supported each.

If you have had the above experiences and reactions, then this book is for you. Its very detailed, lengthy, how-to chapters—with case examples sprinkled throughout—are geared to practitioners who want their practice in treating substance-abusing clients to be evidence-based but who don't have the time to read each book on empirically supported interventions for substance abuse before feeling that they have enough knowledge to make decisions about which approach to adopt and enough guidance to begin providing the chosen intervention as they learn more about it.

This book is also geared to practitioners who may not have had the time to read research articles about empirically supported interventions for

substance-abusing clients or who may be bewildered by some of the complex research concepts in those articles or by the diversity of findings from study to study. By reading this book, you will learn what interventions have had the best research support and how to provide them. That's because this book has been written in a user-friendly/practitioner-friendly manner for clinicians who want to learn such things without having to struggle with daunting research and statistical terms. For readers who do not want to accept our conclusions just based on our authority, however, this book provides an appendix that reviews the supporting research.

Another aspect of this book that makes it practitioner-friendly and that may enhance its value to practitioners is that every intervention chapter has been authored or co-authored by practitioners who have had extensive experience in the intervention and are clinical experts in it. As you read this book, you may be gratified by the extent to which the chapter authors are communicating more as practitioners and not as ivory tower researchers who don't understand the needs of practitioners. Although the book's editors are housed in academia, we have insisted that our chapters be written in ways that maximize their utility to practitioners. Moreover, we too have had extensive practice experience, and the lead editor has vast clinical experience treating substance-abusing adolescents.

Although the lengthy how-to detail in this book's chapters will not be as extensive as what you will find in an entire book devoted exclusively to the intervention being described in any particular chapter, it should be enough to get you started in providing the intervention and perhaps helping you decide whether you want to pursue further reading and training in that intervention. Toward the latter end, each chapter will also identify recommended additional readings as well as training options.

As mentioned above, this book's chapters detail how to provide clinical interventions whose effectiveness with substance-abusing clients is currently being supported by the best scientific evidence. Thus, the separate chapters cover the Adolescent Community Reinforcement Approach, problem solving and social skills training, family behavior therapy, motivational interviewing, cognitive behavioral coping skills therapy for adults, and Seeking Safety. In addition to the how-to's of the interventions, each chapter covers their indications and contraindications.

Key among the commonalities across these six interventions is the prerequisite that the interventions be provided in the context of a strong therapeutic alliance. The importance of the therapeutic alliance should not be underestimated, especially in light of the research supporting it as a necessary component of effective treatment with *any* specific intervention approach. Moreover, there is a widespread misconception that the guidelines for providing empirically supported interventions devalue

the importance of the therapeutic alliance and the related misconception that evidence-based practice requires practitioners to function in a mechanistic way following cookbook-like manuals that disregard their practice wisdom and relationship skills. Readers will *not* find such guidelines in *this* volume. Instead, each chapter will reflect our emphasis on the importance of *both* the need to provide interventions that have had their effectiveness supported by the best research evidence as well as the need to choose, adapt, and provide those interventions in light of their practice expertise, their knowledge of idiosyncratic client characteristics and circumstances, and their relationship skills.

This book is timely as practitioners are increasingly being urged to provide empirically supported interventions and as those interventions are increasingly being required by third-party payers. Although evidence-based practice (EBP) has become part of the definition of ethical practice, various studies have shown that practitioners rarely engage in the EBP process. Various pragmatic factors have been cited regarding this concern—in particular, real-world time constraints and the difficulty practitioners have in obtaining the needed expertise to begin implementing the interventions with the best empirical support. This book aims to provide that beginning level of expertise in a manner that fits clinician time constraints.

ORGANIZATION

Following this Preface, Part 1 of this book examines the importance of engaging substance-abusing clients in treatment and the change process through the use of Motivational Interviewing (Chapter 1). Part 2 provides two chapters on treating substance-abusing adolescents, examining problem solving and social skills training (Chapter 2) and the Adolescent Community Reinforcement Approach (A-CRA) (Chapter 3). Part 3 explores treatment with families through family behavior therapy (Chapter 4), in which the primary client can be either an adolescent or an adult. It is worth noting that the Center for Substance Abuse Treatment (CSAT) funds sites all over the United States to implement A-CRA under the name “Assertive Adolescent Family Treatment,” and this chapter could have just as easily been placed in Part 3 of the book on families. Part 4 provides two chapters that cover cognitive based interventions to treat adults. Chapter 5 addresses cognitive behavioral coping skills therapy for adults. Chapter 6 explores Seeking Safety (developed to treat clients who present with both a substance use disorder and/or posttraumatic stress disorder [PTSD]). The book concludes with a brief Afterword and two appendices. Appendix A reviews the research that provides the empirical support for the interventions covered in this volume. Appendix B describes in detail the evidence-based practice

process for readers who would like more detail about that process than is covered in the Preface.

Regardless of which specific approach you use in treating substance-abusing clients, we hope this book helps you get started in making your treatment of substance abuse more evidence-based. In connection to becoming more evidence-based, we hope it also spurs you to pursue further reading, training, and searching for evidence regarding any interventions you decide to adopt or continue using. We would appreciate any feedback you can provide regarding the ways you have found this book to be helpful or any suggestions you may have for improving it. You can email such feedback to dwspringer@mail.utexas.edu or arubin@mail.utexas.edu.

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Allen Rubin, Ph.D., is the Bert Kruger Smith Centennial Professor in the School of Social Work at The University of Texas at Austin, where he has been a faculty member since 1979. While there, he worked as a therapist in a child guidance center and developed and taught a course on the assessment and treatment of traumatized populations. Earlier in his career he worked in a community mental health program providing services to adolescents and their families. He is internationally known for his many publications pertaining to research and evidence-based practice. In 1997 he was a co-recipient of the Society for Social Work and Research Award for Outstanding Examples of Published Research for a study on the treatment of male batterers and their spouses. His most recent studies have been on the effectiveness of EMDR and on practitioners' views of evidence-based

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About the Contributors

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Mark D. Godley, Ph.D., received his MSW from the Worden School of Social Service and his Ph.D. from Southern Illinois University. Since 1987 he has served as the Director of Chestnut Health System's research and training institute and oversees the work of more than eighty research and training staff

conducting NIH, SAMHSA, and foundation-funded research related to treatment and recovery for individuals with substance use disorders. Dr. Godley worked on the early clinical trials (1975–1982) of the Community Reinforcement Approach for alcohol use disorders and is currently leading an NIAAA funded study of Assertive Continuing Care.

Susan H. Godley, Rh.D., is a Senior Research Scientist and the EBT Coordinating Center Director at Chestnut Health Systems in Bloomington, Illinois. She is a CSAT and NIH funded investigator. She received her doctorate in rehabilitation from Southern Illinois University. Dr. Godley is the lead author of the Adolescent Community Reinforcement Approach (A-CRA) manual, one of the five Cannabis Youth Treatment (CYT) study treatment manuals, and was the principal investigator for one of the four CYT study sites. She is also the lead author on the companion case management manual used in the Assertive Continuing Care (ACC) approach.

Holly B. LaPota, is a clinical psychology doctoral student at the University of Nevada, Las Vegas. She serves as Assessment Coordinator at Achievement Center, where she organizes training seminars for assessment counselors and manages the administration of assessments in a NIDA-funded treatment outcome study involving HIV prevention and concurrent intervention for substance abuse and child neglect. Her research interests include the promotion of healthy lifestyles within the substance abuse and child neglect population. She also serves as editorial assistant for the *Journal of Child & Adolescent Substance Abuse*.

Robert J. Meyers, Ph.D., is Director of Robert J. Meyers, Ph.D. & Associates and a Research Associate Professor Emeritus in Psychology at the University of New Mexico's Center on Alcoholism, Substance Abuse and Addiction. Dr. Meyers helped develop the first Community Reinforcement Approach for the seminal study published in 1982 and has helped establish the adolescent version of CRA (A-CRA). Dr. Meyers also developed an approach for engaging resistant substance abusers to enter treatment, called Community Reinforcement and Family Training (CRAFT), which has been shown to be superior to more traditional interventions in several empirical studies.

Lisa M. Najavits, Ph.D., is Professor of Psychiatry, Boston University School of Medicine; Lecturer, Harvard Medical School; and affiliated with VA Boston and McLean Hospital. She is author of the books *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (2002) and *A Woman's Addiction Workbook* (2002), as well as over 125 professional publications. She is currently president of the American Psychological Association Division on

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Jane Ellen Smith, Ph.D., is Chair of the Psychology Department and Professor at the University of New Mexico in Albuquerque, where she has also served as the Director of Clinical Training. She received her Ph.D. in Clinical Psychology from the State University of New York at Binghamton. She is also the first author of the book, *Motivating Substance Abusers to Enter Treatment: Working with Family Members*, and the co-author of the book, *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*. She has received federal grants from NIAAA to test the CRA program with homeless individuals.

Nanette S. Stephens, Ph.D., a licensed clinical psychologist, is a research scientist and Director of Training with the Health Behavior Research and Training Institute at The University of Texas at Austin, School of Social Work. She has over eighteen years of experience integrating Motivational Interviewing (MI) in her work as a trainer, supervisor, researcher, clinician, and consultant. In addition, Dr. Stephens has been a therapist in several

federally funded MI-based projects (e.g., preventing alcohol-exposed pregnancies, group therapy for cocaine users), and her other clinical and research interests have included working with families with histories of domestic violence and child maltreatment.

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Substance Abuse
Treatment for
Youth and Adults

PART 1

ENGAGING CLIENTS IN
TREATMENT AND CHANGE

CHAPTER 1

Motivational Interviewing

McCLAIN SAMPSON, NANETTE S. STEPHENS, and MARY M. VELASQUEZ

WHAT IS MOTIVATIONAL INTERVIEWING?

Many counseling approaches are based on the idea that if people receive enough information (or education) about their problems, they will change. As a consequence, counselors working with substance-abusing clients often rely on providing advice or teaching relapse prevention and other action-related tasks as their primary therapeutic strategies. For clients who are ready to change, these approaches can be effective. If clients are not ready to change their problem behaviors, however, this type of approach can quickly lead to resistance and a lack of progress. There are numerous reasons why a client who is not ready for change might present for treatment such as legal, marital, or job-related problems that have led to coercion or ultimatums that the client attend treatment or face significant consequences. At the same time, some clients who appear ready to change feel quite ambivalent because they may have some very strong reasons to stay the same. In these cases, counselors and clients alike are much better served when counselors refrain from persuading or offering immediate advice and instead utilize an approach that seeks to enhance and reinforce client motivation and commitment to change. This approach is embodied by the Motivational Interviewing (MI) counseling style.

Because the MI approach begins with the assumption that the responsibility for change lies within the client, the counselor's task is to create an environment that will enhance the client's intrinsic motivation for and commitment to change. In this type of environment, the counselor elicits the client's answers and solutions for change, rather than directs, suggests, or provides the answers. In other words, MI is not a top-down, authoritarian approach, but rather a client-centered, respectful, and collaborative endeavor that mobilizes the client's own resources for change. A second assumption of MI is that unremitting problems are more often due to a lack of this kind of mobilization (i.e., not being motivated to try) rather than to skills deficits (i.e.,

trying, but not having the necessary tools or skills) or “denial” (i.e., not trying because the client believes there is not a problem in the first place). A third assumption is that when faced with making a difficult change, ambivalence is typical and “normal,” particularly for those who are initially reluctant or resistant to considering change. Thus, the central purpose of MI is to help shift these decisional uncertainties (i.e., ambivalence) in the direction of positive change by creating an atmosphere of respect and acceptance and enhancing the belief that change is possible.

William Miller and Stephen Rollnick (2002), the originators of MI, define MI as “a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (p. 25). The goal of MI is to *prepare* clients for change—not push or coerce them—by helping them work through their ambivalence about changing through the use of active listening and skilled feedback techniques. To build rapport, reduce resistance, and enhance motivation, the MI counselor elicits the client’s own concerns about the problem behavior. As the clients—rather than the counselors—articulate reasons for change, their internal motivation is harnessed and augments their readiness to change.

As a counseling style, MI is client-centered, collaborative, and goal-oriented. That is, the counselor and the client work together to identify and address the client’s specific behavioral goals. In this “dual expertise” approach, the counselor and the client are both viewed as experts who collaborate in the service of the client’s goals and concerns in terms of what is important and possible in the context of their lives. Because the MI counselor recognizes that all clients—on some level—have the desire and wisdom needed to improve their lives and accomplish their personal goals, the counselor’s job is to elicit answers and solutions from clients rather than directing or providing the answers (Rollnick, Miller, & Butler, 2008). Unlike some nondirective counseling styles where counselors continually “stay with” the clients and avoid providing any type of structure or guidance, MI sessions maintain a purpose, goal, and direction as counselors actively select the right moments in which to intervene with incisive strategies. MI specifically avoids argumentative persuasion and instead accepts the validity of the client’s experiences and perspectives. This involves listening to and acknowledging (though not necessarily agreeing with or approving of) a broad range of a client’s concerns, values, preferences, beliefs, emotions, styles, and rationales.

The MI approach embodies both a relational philosophy described as the MI Spirit, or a “way of being,” with another (Miller & Rollnick, 2002) and a set of strategies and methods that are selectively utilized to develop and strengthen motivation. MI elements and strategies can be utilized in two phases. Phase I, typically most useful for clients who are more reluctant or ambivalent about change, incorporates strategies referred to as OARS (i.e.,