Behavioral interventions and strategies for treating OUD

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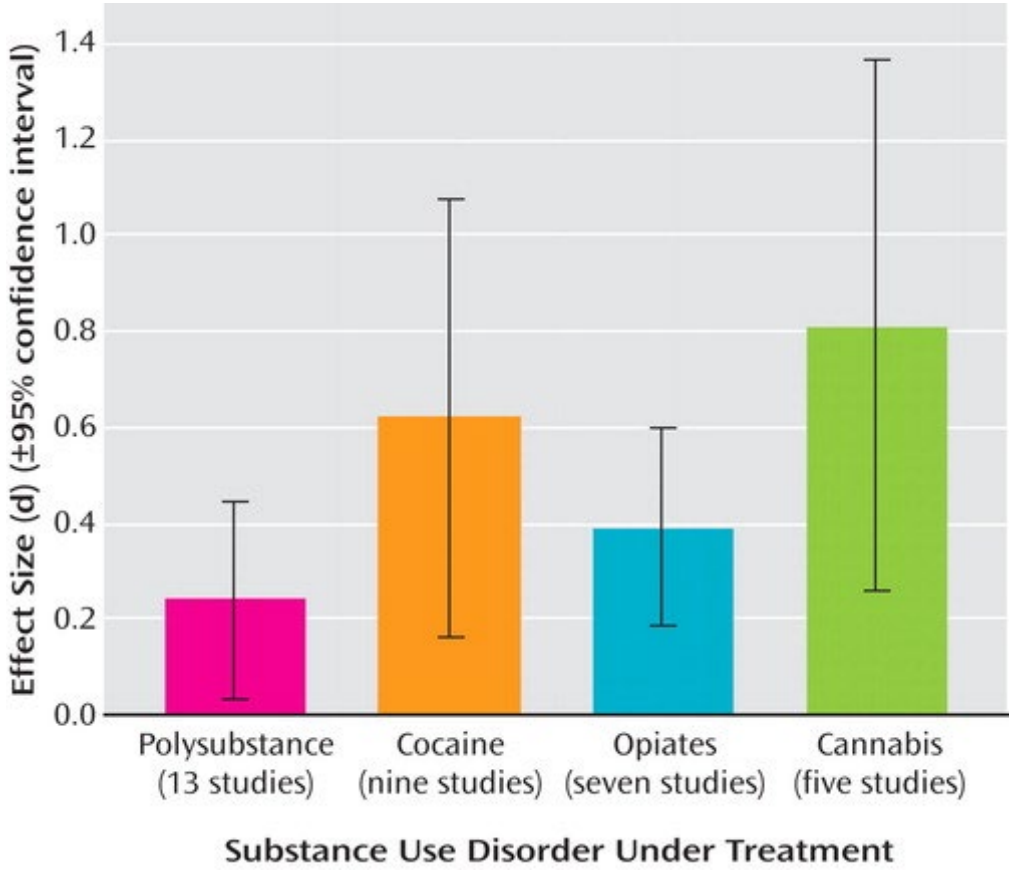
Behavioral treatment recommendations
(Schuckit, 2016)

- Importance of combining with medication
- Rehabilitation and Maintenance
  - Enhance motivation to change
  - Enhance adherence to medication through education
  - Reward cooperation with treatment guidelines
  - Sustain motivation
  - Teach ways to minimize relapses to drug use
- Combination of self-help programs, education, and motivational interviewing.

Which approach do we choose?

- No gold standard behavioral treatment (CM, CBT)
  - Effects are small to moderate, dropout large (Dutra et al., 2008)
- Small differences between treatment modalities (effect size = 0 - .20)
- Treatment matching increases success (Swift et al., 2011)
  - Reduces treatment dropout
  - Increases treatment effectiveness



What every clinician knows

- No treatment works for all patients
- Only matching on disorder is incomplete
- Other factors important
  - *Patient Preferences*
  - *Stages of Change*

Sir William Osler

"It is much more important to know what sort of a patient has a disease than what sort of disease a patient has."

Patient Preferences

- How patients would want the (therapy) encounter to go if the choice were left to them.
- Inquire about these directly.
- Three categories:
  - Role preferences
  - Treatment Preferences
  - Provider preferences

Role Preferences

- The behaviors and activities I want to engage in with my provider
  - Advice-giving role vs. listening role
  - Between session homework assignments
  - Individual vs group treatment

Treatment Preferences

- The type of intervention I want to engage in.
  - Therapy vs. medication
  - Therapy vs. self-help or peer-support
  - CBT vs. psychodynamic

Preferences about provider

- The kind of provider I would like to work with.
  - Demographics (e.g., gender, race/ethnicity, religion/spirituality)
  - Personality characteristics (e.g., warm)
  - Style (direct vs. less direct)
  - Formal vs. Informal

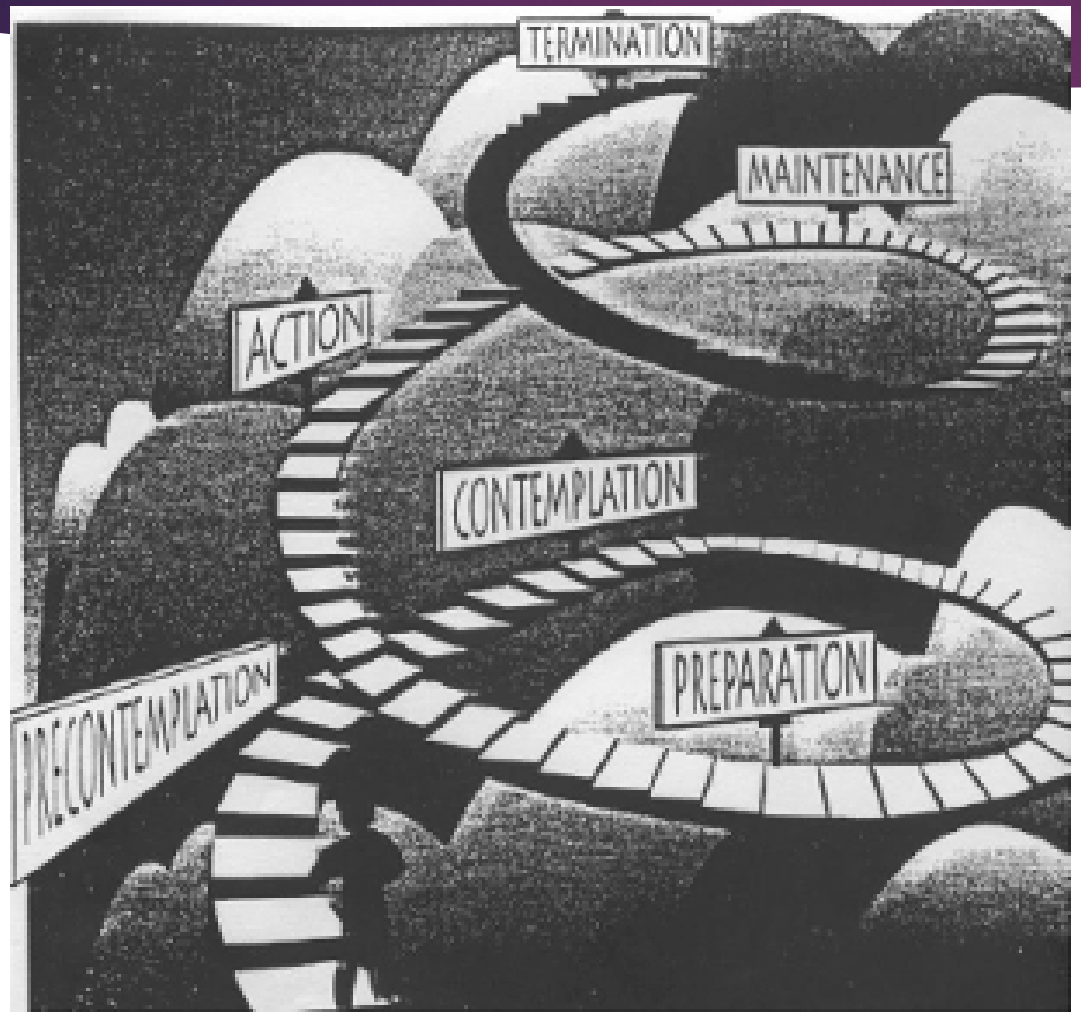
Research does NOT support

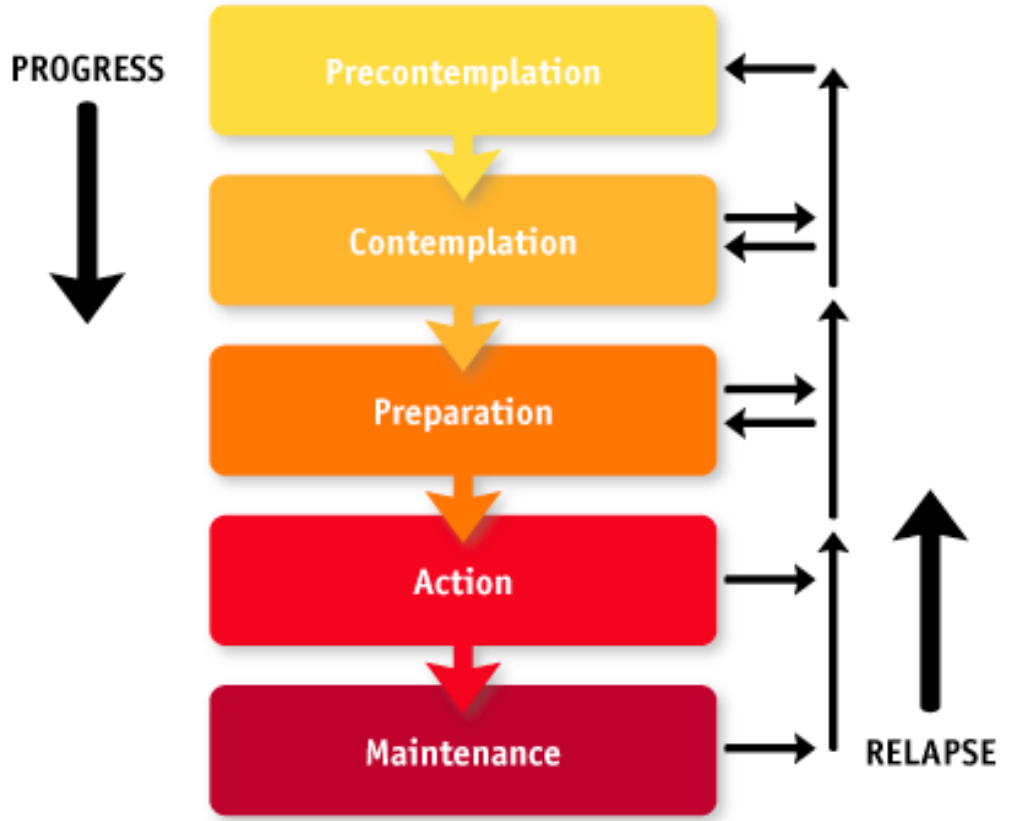
- Routine matching of provider-patient on:
  - Gender
  - Ethnicity
  - Religion / Spirituality
- **Unless** client expresses strong preference

Take home

- Treatment outcomes will be increased and drop-out decreased if you:
  - Inquire about patients' strong likes and dislikes
  - Explore history of previous tx (what worked and what didn't)
  - Follow, to the extent possible, clients' preferences for preferred activities, provider characteristics, and treatments.

Stages of Change





Stages of Change (effect size .70 - .80)

Precontemplation

Common characteristics

- Not interested or concerned about problem.
- Defensive, resistant to suggestion of problems.
- Feels coerced or pressured by others.
- "It's a waste of time thinking about my opioid use."
- May seek treatment to placate others or confirm that they do *not* have a problem.

Processes of change

- Raise awareness of use and potential problems (e.g. through emotions, information)
- Examine how use may affect individuals
- Examine how use may affect others

Contemplation

Common characteristics

- Seeking to evaluate choices and understand behavior
- Distressed
- Considering a change (ambivalent)
- Has not taken action and not prepared to do so
- Made previous attempts
- "Sometimes I wonder if my opioid use is hurting other people."

Processes of change

- Continue to examine how use affects self / other
- Raise awareness about alternative lifestyles

Preparation

Common characteristics

- Ready to change in terms of attitude and behavior
- On the verge of taking action
- Engage in change process (possibly taking small changes like cutting down)
- Open to planning and creating change plan
- "I use too much at times."

Processes of change

- Raise belief in ability to make a change
- Identify triggers and other cues for use
- Introduce behavioral alternatives (e.g., going for walk instead of using)
- Increasing trust and acceptance of caring others

Action

Common characteristics

- Has decided to make change
- Verbalized or otherwise demonstrated firm commitment
- Efforts to modify behavior are being taken
- Willing to follow suggested strategies and activities to change
- "Anyone can talk about change; I'm actually doing it."

Processes of change

- Raise belief in ability to make a change
- Identify triggers and other cues for use
- Introduce behavioral alternatives (e.g., going for walk instead of using)
- Increasing trust and acceptance of caring others
- Reward positive behavior changes (e.g., going to a movie)

Maintenance

Common characteristics

- Working to sustain changes achieved to date
- Considerable attention is focused on avoiding slips or relapses
- Less frequent but often intense temptations to use
- Beginning to build alternative lifestyle that does not include old behavior
- “I am worried my previous problems with opioids may come back.”

Processes of change

- Reinforce new abilities, lifestyle, strategies, and use of social support
- Troubleshoot barriers and plan for obstacles

Stage *Mis*matching

- Rushing the Precontemplator to Action
- Prescribing Action to those in Contemplation
- Stalling those Ready for Action
- Misjudging Recycling

Identifying the Stage

- "Do you currently have a problem with Opioids?" (**If YES**, then contemplation, preparation, or action. **If NO**, then precontemplation or maintenance)
- **If YES,** "When will you change it? (*Someday* – contemplation; *In a few weeks* = Preparation; *Right now* = Action)
- **If NO,** "What leads you to say that? (*Because it is not a problem* = Precontemplation; *Because I have already changed it* = Maintenance)

To summarize

- Ask what the patient prefers.
- Do the right things (processes) at the right time (stages).
- Utilize evidence-based treatments.

Recommended Readings

- Rousseau, D. M., & Gunia, B. C. (2016). Evidence-based practice: The psychology of EBP implementation. *Annual Review of Psychology*, *67*, 667-692.
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- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy*. American Psychological Association.
- Norcross, J. C., & Lambert, M. J. (Eds.). (2019). *Psychotherapy relationships that work: Volume 1: Evidence-based therapist contributions*. Oxford University Press.
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