Behavioral Interventions for OUD

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What do we know?

- No gold standard behavioral treatment
  - Contingency management, cognitive-behavioral
  - Effects are small, dropout large (Dutra et al., 2008)
What do we know?

• No gold standard behavioral treatment

• Small differences between treatment modalities (effect size = 0 - .20)

• Treatment matching increases success
  • Effect size = .50 - .80 (2-4x increase)
  • Reduces treatment dropout by half
What every clinician knows

• No treatment works for all patients
• Only matching on disorder is incomplete
• Two: patient preferences and 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.”
1. Patient Preferences

…it is the *client* who knows what hurts, what directions to go, what problems are crucial, what experiences are deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process.
Asking In Session

Inquire what patient despises and fears
- What do you dislike in a psychotherapist?
- What do you fear happening here?

Inquire about strong preferences in terms of
- Treatment method
- Therapy relationship
  - Tepid – Warm (distance)
  - Passive - Active
  - Formal - Informal
- Therapist characteristics
  - Gender
  - Race/ethnicity
  - Sexual orientation
  - Religion/spirituality
Research Does Not Support

Routine matching of therapist-patient on
- Gender
- Ethnicity
- Religion/Spirituality

unless client expresses strong preference
2. Stages of Change

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

40-40-20 rule in general population

☐ 40% precontemplation
☐ 40% contemplation
☐ only 20% preparation/early action
# Stages of Change: Continuous Measure

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Your Stance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>As far as I'm concerned, that behavior doesn't need changing.</td>
<td>Nurturing parent</td>
</tr>
<tr>
<td><strong>Contemplation</strong></td>
<td>I've been considering changing that part of myself.</td>
<td>Socratic teacher</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>Anyone can talk about changing; I'm actually doing something about it.</td>
<td>Experienced coach/</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>I have been successful in working on my problems but I'm not sure I can keep up the effort on my own.</td>
<td>Consultant</td>
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</table>
## Integration of Psychotherapy Systems within Stages of Change

<table>
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<tr>
<th>Stages of Change</th>
<th>Precontemplation</th>
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<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Motivational interviewing</td>
<td>Adlerian therapy</td>
<td>Rational-emotive behavior therapy</td>
<td>Behavior therapy</td>
<td>EMDR and exposure</td>
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<tr>
<td>Sullivanian therapy</td>
<td>Transactional analysis</td>
<td>Interpersonal therapy (IPT)</td>
<td>Cognitive therapy</td>
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<tr>
<td>Strategic therapy</td>
<td>Bowenian therapy</td>
<td></td>
<td>Structural therapy</td>
<td></td>
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<tr>
<td>Psychoanalytic therapy</td>
<td>Existential therapy</td>
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<td>Gestalt therapy</td>
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</table>
Step Mismatching

1. Rushing the Precontemplator to Action
2. Prescribing Action to those in Contemplation
3. Stalling those Ready for Action
4. Skipping Maintenance
5. Misjudging Recycling
Stages of Change: Discrete Measure

Do you currently have a problem with ______? (If yes, then in cont, prep, or action stage. If no, then precontemplation or maintenance.)

If yes, when will you change it? (Someday = contemplation stage; In the next few weeks = preparation stage; Right now = action stage).

If no, what leads you to say that? (Because it's not a problem for me = precontemplation stage; Because I have already changed it = maintenance stage.)
Guidelines for Stages of Change

- Assess the patient's stage of change
- Educate patient about the stages -- change as a developmental process
- Guide patient in reviewing a successful behavior change through the stages
- Beware treating all patients as though in action
- Recognize that patients in action achieve better outcomes
- Begin sessions by reinforcing maintenance behavior(s) & then move backwards to other stages
Guidelines for Stages of Change II

- Set realistic goals; assist clients one stage at a time
- Facilitate the awareness-action crossover
- Think processes/principles, not techniques
- Do right things (processes) at right time (stages)
- Prescribe stage-matched treatments and relationships
- Avoid mismatching stages and processes
- Anticipate recycling (build-in relapse prevention)
- Think theoretical complementarity
Recommended Websites

♦ www.scranton.edu/faculty/norcross (home page of John Norcross)
♦ www.uri.edu/research/cprc/ (home of the stages of change)
♦ www.innerlife.com (Systematic Treatment; matching on reactance and coping style)
Recommended DVDs

- *Client-directed outcome-focused psychotherapy.* (2005). (DVD; approx. 100 minutes). In APA’s *Psychotherapy Videotape Series.* Washington, DC: APA. (Scott Miller)


Recommended Readings I


