Medication Assisted Treatment with Psychosocial and Self-Help Therapy

Many of the best treatment plans for opioid dependence and addiction include more than just medication with methadone, buprenorphine, or naltrexone. Besides seeking treatment with medication, people recovering from opioid addiction also benefit from other psychosocial therapies.

Benefits of Behavioral, Cognitive-Behavioral, and Motivational Therapies

* Psychosocial therapies are effective across a wide range of substance use disorders, from alcoholism to opioid dependence.
* These therapies can be combined with medication-assisted treatment. They have been proven to help patients stay in treatment with methadone, buprenorphine, or naltrexone, and to benefit more from these medications.
* Therapies are often based on well-studied and established principles of human behavior.
* These therapies can encourage fast, focused change, and often comply with insurance limits and regulations.
* Many of these therapies are very flexible, and can be accessed in a wide range of clinics and settings.[[1]](#footnote-1)

Cognitive Behavioral Therapy

Cognitive-behavioral therapy (CBT) is one of the most studied and most successful treatments for substance use disorders.[[2]](#footnote-2) CBT helps address the most complicated parts of addiction, and can help patients understand and change the many different factors involved in their addiction. CBT can help address any unique issues that may have led an individual to develop or continue an addiction, such as depression, the influence of family/friends, or a sensation-seeking personality.

**What is CBT?**

CBT can help patients understand why they use drugs, what situations are most likely to lead to drug use, and the consequences of drug use in their lives. CBT also teaches patients skills and strategies to cope with problems and habits associated with drug use. This kind of therapy can help patients learn to avoid or deal with drug-related situations in a more positive way.

**CBT takes advantage of well-studied principles of human behavior to help patients overcome addiction.**

1. **Overcoming reminders of drug use**: When recovering drug addicts come into contact with people, places, or things that were previously involved in their drug use, they may experience withdrawal symptoms and cravings for the drug simply because of these reminders. CBT helps patients discover both what triggers these memories and how to avoid or overcome them in their everyday lives. CBT can help patients understand their cravings, predict when and how they will occur, and develop skills to overcome them.
2. **Rewarding healthy behavior:** People are more likely to continue behaviors that receive positive reinforcement and less likely to continue behaviors that cause pain or that have no immediate effect. Unfortunately, opioid abuse is a behavior that – at least initially, before tolerance sets in -- provides immediate pleasure and positive reinforcement, and can be very hard to unlearn. Likewise, abstaining from drug use can cause pain and negative reinforcement at first, and can be difficult to keep up. CBT addresses these difficulties by helping patients understand these patterns of behavior. CBT can also help provide positive rewards when patients stay away from drugs, making it easier to learn new habits.
3. **Learning coping skills:** How an individual perceives and thinks about life events is very important to how they will act in response. CBT makes patients more aware of any potentially harmful ways that they interpret or respond to people, places, or things in their lives. This therapy helps patients learn coping skills and how to avoid drug use in everyday life. Patients learn how to assertively say “no” to drugs and to plan for unexpected risky situations.
4. **Continued help:** CBT has also been shown to help patients continue to decrease their drug use even after therapy ends, by teaching effective skills and strategies to use in everyday life.[[3]](#footnote-3) These problem-solving skills can also be applied to many other everyday, difficult situations.

**What is CBT like?**

CBT is effective either in individual therapy sessions or in small groups. CBT is often combined with other therapies, like medication-assisted treatment (MAT) and other therapy. Besides weekly therapy sessions, CBT may include “homework” during the week to practice new skills learned in the session.

**How long does CBT last?**

CBT usually lasts 3-6 months, a shorter time than many other therapies. However, the skills learned in CBT therapy can continue to benefit patients long after treatment sessions end.

**Who benefits from CBT?**

CBT is helpful not only in helping patients overcome addiction but also in the treatment of depression, anxiety, and other common disorders that often accompany drug abuse.

However, CBT is not right for everyone. It can be difficult for some patients to complete “homework” and to spend the time necessary to learn new skills outside of therapy sessions.

Motivation and Recovery

Motivation to quit is an extremely important part of recovery from opioid addiction. However, many opioid- dependent people struggle to find motivation and thus avoid treatment, and many do not believe that long-term change is needed. Simply “going to treatment” is often not enough to give individuals the motivation they need to recover. A lack of motivation to change may lead to relapse or dropping out of treatment.

Because of the self-reinforcing nature of addiction, it can be a long and difficult process to become ready to make a change. By understanding the challenging process of making changes, family and friends of an individual struggling with opioid addiction can better provide support and empathy as their loved one prepares for and ultimately engages in treatment.

**Stages of Change**

Researchers have found that addicts progress through 5 “stages of change” in the process of recovery.[[4]](#footnote-4) These stages can be applied to many different addictions, from quitting smoking to recovering from heroin or prescription opioid addiction. Individuals often cycle through different stages more than once in the recovery process.

1. **Precontemplation**: The individual is unaware that there is a problem with his or her behavior. (However, a person’s family and friends may be very aware of a problem, and may even bring the patient to treatment.) At this point, the addicted person has no intention to change, either now or in the foreseeable future.
2. **Contemplation**: The individual is aware that a problem exists and is seriously thinking about taking action. However, he or she has yet to commit to change. The person is thinking about the pros and cons of quitting along with other solutions.
3. **Preparation**: Individuals are now prepared to take action, and are already making small changes (such as taking a smaller amount of a drug).
4. **Action**: Individuals change their behavior. Active therapy may be most effective in individuals in this stage. It takes commitment, time, and energy to make a major change. This stage lasts from 1 day to about 6 months of continued, successful change. This is the most visible step of change in recovery, but the steps before and after “Action” are important as well!
5. **Maintenance**: The hard work of change does not stop with the “Action” phase. After 6 months of continued action, the maintenance stage is important as people work to prevent relapse. The Maintenance phase is a continuation of change. This stage may last for an individual’s entire life. Most people do not successfully maintain their changes on the first attempt to quit, and relapse is common. But brief periods of abstaining from the drug should be understood not as failures, but as small successes that may be followed by more lasting periods of sobriety.

In the past, medical professionals thought of motivation to quit as the responsibility of the patient alone. This treatment approach often involves waiting for patients to hit “rock bottom” before accepting the need to quit as the last available option. However, families and friends of someone with an opioid addiction may notice the need for intervention or treatment long before the affected individual is ready for change. In these cases, a medical professional may be contacted on behalf of the loved one, and asked for help or advice concerning the next best steps for seeking treatment. In some treatment programs, medical professionals may help patients progress through the initial stages of change through **motivational enhancement therapy**. [[5]](#footnote-5) Families and friends of an addict struggling with change may also find the **motivational interviewing** strategies discussed in a later section to be helpful.

Network Therapy and Family Therapy

**Network Therapy**

Recovery from opioid addiction often involves two dangerous tendencies: the risk of relapse and drop out from treatment, and the tendency to “lose control” over drug use once relapse has occurred.[[6]](#footnote-6) Patients at risk for relapse and loss of control often benefit from the involvement of extra social support in their treatment.

Strong social support is well known to be an important positive factor in addiction recovery. It is sometimes helpful to involve people who are important in a patient’s life in the treatment, in an approach called “network therapy.” On average, patients’ chosen “networks” can have 2 or more members and can be made up of spouses, significant others, peers, parents, and/or siblings. Network members, chosen by the patient and therapist together, become part of the therapist’s working team in the common cause of an individual’s recovery. For example, if a patient’s spouse and sibling are included in his/her “network,” they will both be aware of his/her medication schedule and therapy appointments and encourage him/her to stick with treatment. A patient’s “network” may attend occasional therapy sessions together with the patient and therapist. Network therapy is often combined with a referral to a 12-step program for extra social support.[[7]](#footnote-7)

**Network Therapy and MAT**

Network therapy is very compatible with MAT. Opioid-dependent patients often experience occasional relapses when starting to use buprenorphine. Studies have shown that patients who involve at least one other family member or close friend in their initial office visits and care have a lower chance of relapsing to heroin or other opioid use during and after treatment with buprenorphine.[[8]](#footnote-8)

**Family Therapy**

For some patients, family therapy can be helpful in recovering from opioid addiction. Family therapy strengthens relationships and enlists the support of family members in the patient’s recovery. Family members can learn more about substance abuse and recovery when they accompany the patient to certain therapy sessions, and then can be able to help reinforce at home what the patient learns in therapy about how to prevent relapse. Behavioral family counseling may involve aspects of cognitive-behavioral therapy, such as practice learning new skills and “homework” assignments, while also including the accountability and social support provided by family members who attended certain therapy sessions.

Studies have found that men entering MAT programs with naltrexone therapy were less likely to relapse and less likely to have drug-related legal and family problems one year after treatment when they participated in family behavioral therapy than when they received only individual therapy. In this study, families helped participants monitor daily doses of medication (though naltrexone doses are now available in an easier-to-use, once monthly dose).[[9]](#footnote-9) Involving family in at least the beginning stages of therapy may be especially helpful for adolescents struggling with substance abuse. [[10]](#footnote-10)

**When a family member won’t get help**

Spouses and other close family members of an individual struggling with substance abuse often deal with a lot of stress and emotional difficulties. When a substance abuser refuses to get help, family members may seek help on their own. 12-step groups often have programs for family members of substance abusers (e.g. NarcAnon). Coping skills therapy has also been shown to help family members deal with drug-related situations at home.[[11]](#footnote-11)

**CRAFT**

**Community Reinforcement and Family Therapy (CRAFT)**

Another helpful strategy for family members, CRAFT teaches an addicted individual’s family how to support healthy behaviors and encourage sobriety without being drawn into conflicts related to drug use or its consequences. Family members can seek support from a CRAFT-trained therapist, even if the addicted individual is not yet ready to enter into treatment. Participants in a CRAFT program learn how to use positive communication skills to improve interactions and maximize their influence in their loved one’s life.

**CRAFT teaches skills such as:**

* Understanding a loved one’s triggers to use substances
* Positive communication strategies
* Positive reinforcement strategies – rewarding non-using behavior
* Problem-solving
* Self-care
* Domestic violence precautions[[12]](#footnote-12)

12 Step Programs: Narcotics Anonymous

Mutual support meetings such as Narcotics Anonymous have several advantages for an individual seeking to recover from opioid addiction. They are free, available nearly everywhere, and provide long-term social support throughout recovery. 12-step groups’ support may continue even long after other therapy programs and insurance benefits have run out. However, these groups are not right for everyone. 12-step groups often emphasize spirituality, and are often not run or facilitated by professionals.

**Benefits of 12-step programs for opioid addiction**

12-step programs are not just for individuals with alcohol addiction. Studies have found that persons addicted to alcohol, drugs, or both have better chances of recovery as they attend more 12-step meetings and participate in more 12-step activities. Parts of the 12-step program are especially helpful for those recovering from drug abuse.

* **Service**: One of the most beneficial 12-step activities is doing service in AA (Alcoholics Anonymous) or NA (Narcotics Anonymous). The 12-step belief in “giving back” to one’s community through service work can very valuable later in recovery for both drug and alcohol-addicted persons.
* **Support**: The supportive social networks provided by 12-step programs are also beneficial for recovery, and can help recovering addicts to surround themselves with a supportive and nonsubstance-using environment.[[13]](#footnote-13) Individuals struggling with addiction may have become socially isolated or only have friends in circles where the temptation to use drugs is high. 12-step meetings' social support and the opportunity to connect with other people that do not endorse substance use may be very beneficial.

**12-Step programs along with other therapies**

Patients who choose to attend 12-step meetings may also see a therapist regularly. Therapists may use a method called “12-step facilitation” to help patients get the most out of their separate 12-step meetings.[[14]](#footnote-14)

**12-Step Programs and MAT**

Many 12-step programs are not supportive of the use of medication-assisted treatment (methadone, buprenorphine, or naltrexone). Because these medications are opioids, those who receive help from MAT are often not considered fully abstinent, or “clean,” from drug use. Despite the proven benefits of MAT in helping people recover from opioid addiction, the 12-step model’s understanding of the addiction recovery process isn’t always open to the use of methadone or buprenorphine.

Many 12-step programs teach that addiction is mainly a moral and spiritual failing, best treated by improving one’s behavior and spirituality. In contrast to this way of thinking, methadone and buprenorphine treatment programs are based on a “medical model” of addiction- teaching that biological factors determine addiction. This medical model teaches that addiction is a chronic (long-lasting) disease, similar to life-long diseases like diabetes. In this model, addicts benefit from medical treatment just as diabetics benefit from insulin. Because many 12-step programs are based on the moral-spiritual understanding of drug addiction, and not the medical model, those who find help with MAT may have difficulty reconciling the two views and participating in 12-step programs. The morality-based teachings of 12-Step treatment programs, often shared by patients and their communities, can conflict with the medical model of understanding addiction and can make MAT seem like an illegitimate treatment option, despite its proven benefits.[[15]](#footnote-15)

**[Link to 12-Step Brochure]**

1. Carroll, K. M. (2008). Cognitive-Behavioral Therapies. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-1)
2. Carroll, K. M. (2008). Cognitive-Behavioral Therapies. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-2)
3. Carroll, K.M., Rounsaville, B.J., Nich, C., et al. (1994.) One year follow-up of psychotherapy and pharmacotherapy for cocaine dependence: delayed emergence of psychotherapy effects. *Arch Gen Psychiatry 51.* 989–997. [↑](#footnote-ref-3)
4. Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, Vol 47(9)*, 1102-1114. [↑](#footnote-ref-4)
5. DiClimente, C. C., Garay, M., & Gemmell, L. (2008). Motivational Enhancement. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-5)
6. American Psychiatric Association. (2013). Substance Use Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-6)
7. Galanter, M. (2008). Network Therapy. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-7)
8. Galanter, M., Dermatis, H., Glickman, L., et al. (2004). Network therapy: decreased secondary opioid use during buprenorphine maintenance. *J Subst Abuse Treat 26.* 313–318. [↑](#footnote-ref-8)
9. Fals-Stewart, W., O'Farrell, T.J. (2003.) Behavioral family counseling and naltrexone for male opioid dependent patients. *J Consul Clin Psychol 71*. 432–442. [↑](#footnote-ref-9)
10. Szapocznik, J., Perez-Vidal, A., Brickman, A.L., et al. (1988). Engaging adolescent drug abusers and their families in treatment: a strategic structural systems approach. *J Consult Clin Psychol 56.* 552–557. [↑](#footnote-ref-10)
11. O’Farrell, T. J., & Fals-Stewart, W. (2008). Family Therapy. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-11)
12. What is CRAFT. The Center for Motivation and Change. From: http://motivationandchange.com/outpatient-treatment/for-families/craft-overview. Accessed 10-1/14. [↑](#footnote-ref-12)
13. Witbrodt, J. and L. A. Kaskutas (2005). "Does diagnosis matter? Differential effects of 12-step participation and social networks on abstinence." *Am J Drug Alcohol Abuse 31(4)*: 685-707. [↑](#footnote-ref-13)
14. Ries, R. K., Galanter, M., & Tonigan, J. S. (2008). Twelve-Step Facilitation: An Adaptation for Psychiatric Practitioners and Patients. In M. Galanter & H. Kleber (Eds.), *Textbook of Substance Abuse and Treatment* (4th ed.) Arlington, VA: American Psychiatric Publishing. [↑](#footnote-ref-14)
15. Frank, D. (2011). [↑](#footnote-ref-15)