

Overview of Alcohol and Other Drug Psychotherapeutic and Behavioural Interventions

1. The right treatment at the right time

Effective AOD services offer a range of psychotherapeutic and behavioural interventions that match the individual needs and circumstances of their clients and patients.

When considering the best therapeutic intervention, it is recommended that you consider the following:

- What substance/s is the client / patient using?
- What are their current goals?
- What therapeutic approaches have they tried before?
- What about the approach helped/didn't help?
- Do they have a preference for how they want to engage in the therapy/treatment?
- Is the client / patient informed of the range of treatment options available?
- What does the evidence recommend for the client's / patient's presentation?

Answering these questions will better enable the delivery of the right treatment to the right person at the right time.

2. Therapeutic alliance and other factors

Choosing the appropriate therapeutic intervention is only one part of what helps the client. There are factors common across all interactions with clients including the therapeutic relationship and what happens outside of the therapy session.

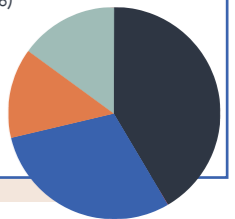
The quality and strength of the collaborative relationship between client and therapist (i.e. "the therapeutic alliance") has a modest but consistent impact on AOD treatment outcomes (Maisto et al., 2015; Fife et al., 2013; Lambert, 1992). Client ratings of the therapeutic alliance are better predictors of treatment outcomes, than therapist therapeutic alliance ratings (Prince et al., 2016).

A significant factor that contributes to the development of the therapeutic alliance is matching the appropriate therapy to the client. This is because each psychotherapeutic intervention works in different ways with individual factors most likely influencing the suitability of different therapies (Magura, 2013; Project MATCH Research Group, 1997;1998).

(Lambert, 1986, 1992; Lambert & Barley, 2001)

The common factors that benefit clients

- Therapist's techniques and skills (15%)
- Client's sense of hope (15%)
- Client's experience of the therapeutic relationship (30%)
- Extra-therapeutic factors (40%)



3. Evidence-based psychotherapeutic and behavioural interventions

The following section summarises the evidence-base underpinning widely used therapeutic approaches against each of the main drug types.*

Substances

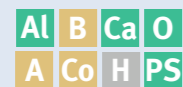
Al Alcohol	A Amphetamines	Ca Cannabis	H Hallucinogens
B Benzodiazepines	Co Cocaine	O Opioids	PS Polysubstance use

Evidence

- Best Evidence – multiple Randomised Controlled Trials (RCTs) demonstrate efficacy
- Some Evidence – at least one RCT demonstrates efficacy
- Insufficient Evidence – no current RCTs available/or demonstrate efficacy

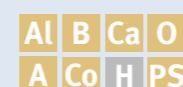
Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy helps people identify and change unhelpful cognitive distortions and behaviours. By doing so, CBT aims to empower people to make more helpful choices for their behaviour in situations of risk.



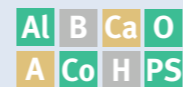
Mindfulness-based Cognitive Therapy

Mindfulness-based cognitive therapies focus on building a client's awareness to their thought processes, body sensations and emotional states rather than the content of their thoughts. This will help clients overcome patterns of avoidance and build stronger relationships.



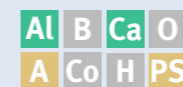
Contingency Management

Contingency management provides incentives for behavioural change (e.g. for supplying negative drug tests) and is effective at teaching people that they are able to change their behaviours when sufficiently motivated.



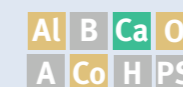
Motivational Interviewing

Motivational interviewing aims to help individuals explore their ambivalence towards change with the view towards change.



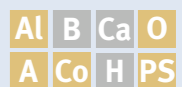
Relapse Prevention

Relapse prevention comes from a cognitive behavioural therapy framework and helps individuals cope by recognising any high risk future situations and developing coping strategies and appropriate self-talk to reduce these risks.



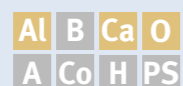
Acceptance and Commitment Therapy (ACT)

Acceptance and commitment therapy works to help individuals be more willing and open to present moment experiences in order for them to be in touch with their values and to live more according to these values. There are strong practices of acceptance and mindfulness involved.



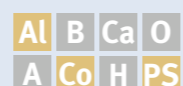
Community Reinforcement Approaches

The two main goals of community reinforcement approaches are to remove positive reinforcement for substance use and to increase positive reinforcement for abstinence. Where possible, significant people like partners and family members are included in the therapy process.



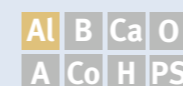
12 Steps

A 12-step program is based on a set of guiding principles to help individuals reach and maintain abstinence. Individuals are mentored by a sponsor and are encouraged to be involved in groups.



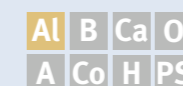
Brief Psychodynamic Therapy

Brief psychodynamic therapy helps individuals increase self-awareness and understanding of how past experiences influences current behaviour.



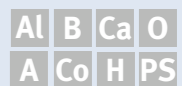
Interpersonal Therapy

Interpersonal therapy is a time limited psychodynamically informed therapy that centres on resolving interpersonal problems. Four main areas covered include grief, interpersonal disputes, role transitions and interpersonal sensitivity.



Narrative Therapy

Narrative therapy is based on the premise that there are many interacting narratives that form a person's sense of self and by shifting some of these narratives, people will have a different emotional reaction to their past. Some practice-based evidence exists for working with Indigenous populations and adolescents.



*The use of the psychotherapeutic interventions for each reported substance in this document reflects the current research available at the time of publication. Please contact Insight for the full literature review.