

BRIEF THERAPY APPROACHES IN THE TREATMENT OF SUBSTANCE ABUSE AND ADDICTION

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Abstract

The use of brief intervention and brief therapy techniques that are focused on short-term, problem-specific approaches, has become an increasingly important part of the continuum of care in the treatment of substance abuse problems and addictive disorders. With the health care system changing to a managed model of care and with changes in reimbursement policies for substance abuse treatment, these short, problem-specific approaches can be valuable in the treatment of addictive disorders. They provide the opportunity for clinicians to increase positive outcomes by using these modalities independently as stand-alone interventions and, more commonly, as additions to other forms of substance abuse and mental health treatment. Furthermore, they can be used in diverse venues, including opportunistic settings (e.g., primary care, home health care) and specialized substance abuse treatment settings (inpatient and outpatient).

Appropriate for a variety of substance abuse problems from at-risk use to dependence, brief interventions and brief therapies can help clients reduce or stop abuse, act as a first step in the treatment process to determine if clients can stop or reduce on their own, and/or act as a method to change specific behaviors before or during treatment. Currently, the psychotherapy of substance abuse utilizes a wide variety of treatment modalities based on diverse theoretical perspectives, including, cognitive-behavioral, strategic and interactional, humanistic and existential, psychodynamic, family systems and group therapy.

Keywords: *Brief therapy, substance abuse, addiction therapy, addiction, substance abuse treatment.*

1. Introduction

In the realm of psychological disorders and their treatment, addictions have long been considered serious, pervasive and characteristically challenging to overcome. The National Institute on Drug Abuse (NIDA) defines addiction as “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences,” considering it treatable and manageable, but not curable (NIDA, 2014). They further note that recovery is a long-term (often lifetime) and complex process. The pervasiveness of the disease and its subsequent domination of the addict, can typically render individuals non-functional in virtually every aspect of their lives. While fully immersive rehabilitation might be necessary in the detoxification phase, it is usually impractical for the long-term course of the disease and its cycles of relapse.

Brief, or solution-focused therapy is generally considered most effective for short-term, strategic intervention with a limited and pragmatic focus. While this seems in opposition to the broad and comprehensive nature of treatment necessary to address the complex array of symptoms and causes present in addiction, brief therapy techniques have come to serve an important role in the continuum of treatment. With the healthcare system embracing a managed model of care, and with fluctuations in reimbursement policies for substance abuse treatment, these short, problem-specific approaches can be valuable and practical in the treatment of addictive disorders. The flexibility of their approach allows them to be used independently as a primary means of intervention strategy, or in combination with a more comprehensive treatment regimen. Furthermore, they are adaptable to various clinical settings, both inpatient and outpatient.

Brief interventions and brief therapies can be employed at various stages and in various contexts of substance abuse. The variety and flexibility of the procedures and practices of brief therapy can serve in aspects of treatment from prevention to maintenance of sobriety to relapse counseling. Currently, the psychotherapy of substance abuse utilizes a wide variety of treatment modalities based on diverse theoretical perspectives, including, cognitive-behavioral, strategic and interactional, humanistic and existential, psychodynamic, family systems and group. Regardless of setting or therapeutic orientation, the basic goal of treatment is to reduce the risk of harm at all levels - addicts, their families, and the larger community – that typically results from chronic substance abuse.

2. Brief interventions and brief therapies

Brief interventions and brief therapies represent differing strategies in the spectrum of treatment options and can be identified by their somewhat differing outcome goals. Brief interventions are “those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment.” The distinction between these modalities is further clarified by considering the purpose and intended outcome. Specifically, “interventions are generally aimed at motivating a client to perform a particular action (e.g., to enter treatment, change a behavior, think differently about a situation), whereas therapies are used to address larger concerns (such as altering personality, maintaining abstinence, or addressing long-standing problems that exacerbate substance abuse)” (Barry, 1999, pp. 67-69).

Brief interventions can be conducted in a variety of substance abuse treatment settings and thus may be facilitated by different treatment staff or other health care professionals. The fundamental goal of any brief intervention is to reduce the risk of harm that could result from continued use of substances. The specific goals for treatment are based on an assessment of the individual, typical substance consumption patterns, consequences and problems resulting from the abuse, and the setting (or settings) of the brief intervention (Barry, 1999; Bien, 1993; McMurrin, 1994; Rotgers, Keller & Morgenstern, 1996). Typical distinctions between the goals of brief interventions as applied in different settings are outlined in Table 1.

Table 1. Goals of Brief Interventions According to Setting.

Goals of Brief Interventions According to Setting <i>Source: Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. (1999); Adapted from Bien et al., 1993 and Barry, 1999, p. 76</i>	
Setting	Purpose/Goal
Opportunistic Setting	<ul style="list-style-type: none"> Facilitate referrals for additional specialized treatment (e.g., a nurse identifying substance-abusing clients through screening and advising them to seek further assessment or treatment) Affect substance abuse directly by recommending a reduction in hazardous or at-risk consumption patterns (e.g., a primary care physician advising hazardous or at-risk drinkers to cut down, National Alcohol Screening Day) or establishing a plan for abstinence
Neutral Environments (e.g., individuals responding to media advertisements)	<ul style="list-style-type: none"> Assess substance abuse behavior and give supportive advice about harm reduction (e.g., a public health initiative to screen people in shopping malls and provide feedback and advice)
Health Care Setting	<ul style="list-style-type: none"> Facilitate referrals for additional specialized treatment
Substance Abuse Treatment Programs	<ul style="list-style-type: none"> Act as a temporary substitute for more extended treatment for persons seeking assistance but waiting for services to become available (e.g., an outpatient treatment center that offers potential clients assessment and feedback while they are on a waiting list) Act as a motivational prelude to engagement and participation in more intensive treatment (e.g., an intervention to help a client commit to inpatient treatment when the assessment deems it appropriate, but the client believes outpatient treatment is adequate) Facilitate behavior change related to substance abuse or associated problems

Brief therapy is “a systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies” (Barry, 1999, 2011, p. 150). Brief therapies differ from brief interventions in that their goal is a more in-depth examination of underlying dysfunctional patterns in thought and behavior (McMurrin, 1994; Rotgers, Keller & Morgenstern, 1996). Specifically, “in addition to the goals of brief interventions, the goals of brief therapy in substance abuse treatment is remediation of some specified psychological, social, or family dysfunction as it pertains to substance abuse, focusing primarily on present concerns and stressors rather than on historical antecedents” (Barry 1999, 2011,

p. 80). However, while its focus encompasses examination of more than the immediate circumstances of interventions, brief therapy “differs from longer term therapy in that it focuses more on the present, downplays psychic causality, emphasizes the effective use of therapeutic tools in a shorter time, and focuses on a specific behavioral change rather than large-scale or pervasive change” (Barry, 1999, 2011, p. 151).

In general, interventions focus on encouraging an addict (or recovering addict) to engage in a specific behavior (e.g., entering a treatment program or course of therapy, refrain from using in that moment, apply logic to think differently about a situation, change immediate circumstances). In contrast, therapies are part of a broader and more comprehensive package of behavior modification and address more established dysfunctions (e.g., a personality, maintaining abstinence and preventing relapse, or confronting long-standing issues that contribute to substance abuse) (Heather, 1994). The Center for Substance Abuse Treatment has identified the following key differences that help distinguish brief interventions from brief therapies:

- Length of the sessions (from 5 minutes for an intervention to more than six 1-hour therapy sessions)
- Extensiveness of assessment (which will be greater for therapies than for interventions)
- Setting (nontraditional treatment settings such as a social service or primary care setting, which will use interventions exclusively, versus traditional substance abuse treatment settings where therapy or counseling will be used in addition to interventions)
- Personnel delivering the treatment (brief interventions can be administered by a wide range of professionals, but therapy requires training in specific therapeutic modalities)
- Materials and media used (certain materials such as written booklets or computer programs may be used in the delivery of interventions but not therapies) (Barry, 1999, 2011, p. 68).

Although the fundamental purpose and goals, as well as the theoretical foundations, for brief interventions and brief therapies can differ significantly, in practice, these distinctions less obvious, and perhaps less critical. Both attempt to address the complex of behavior patterns that encompass substance abuse and its associated problems. Both may be necessary in providing adequate care and treatment. As such, they work together to address different needs along a continuum of patient behavior over time and treatment cycles.

3. Approaches to brief therapy and their theoretical foundations

There are a variety of different theoretical approaches and corresponding modalities of treatment available to the clinician for the treatment of substance abuse. Table 2 outlines the major issues involved in several different treatment approaches.

Table 2. *Approaches to Brief Therapy.*

Approaches to Brief Therapy Source: Center for Substance Abuse Treatment (2012). <i>Brief Interventions and Brief Therapies for Substance Abuse</i> , pp. 42-43	
Cognitive Therapy	This therapy posits that substance abuse disorders reflect habitual, automatic, negative thoughts and beliefs that must be identified and modified to change erroneous ways of thinking and associated behaviors. The desire to use substances is typically activated in specific, often predictable high-risk situations, such as upon seeing drug paraphernalia or experiencing boredom, depression, or anxiety. This approach helps clients examine their negative thoughts and replace them with more positive beliefs and actions. Many relapse prevention strategies use cognitive processes to identify triggering events or emotional states that reactivate substance use and replace these with more healthful responses.
Behavioral Therapy	Using this approach, which is based on learning theories, the therapist teaches the client specific skills to improve identified deficiencies in social functioning, self-control, or other behaviors that contribute to substance use disorder. Some of the techniques that are used include assertiveness training, social skills training, contingency management, behavior contracting, community reinforcement and family training (CRAFT), behavioral self-control training, coping skills, and stress management.

Cognitive-Behavioral Therapy	This approach combines elements of cognitive and behavioral therapies, but in most substance abuse treatment settings it is considered a separate therapy. This approach focuses on learning and practicing a variety of coping skills. The emphasis is placed on developing coping strategies, especially early in the therapy. Cognitive-behavioral therapy is thought to work by changing what the client does and thinks rather than just focusing on changing how the client thinks.
Strategic/Interactional Therapies	These approaches seek to understand a client's viewpoint on a problem, what meaning is attributed to events, and what ineffective interpersonal interactions and coping strategies are being applied. By shifting the focus to competencies, not weaknesses and pathology, the therapist helps clients change their perception of the problem and apply existing personal strengths to finding and applying a more effective solution.
Solution-Focused Therapy	Using this approach, the therapist helps a client with a substance abuse disorder recognize the exceptions to use as a means to reinforce and change behavior. Future behavior is based on finding solutions to problem behaviors. Little or no time is spent talking about the problem; rather, therapy is focused on solutions that have already worked for the client in the past.
Humanistic/Existential Therapy	These therapies assume that the underlying cause of substance abuse disorders is a lack of meaning in one's life, a fear of death, disconnectedness from people, spiritual emptiness, or other overwhelming anxieties. Through unconditional acceptance, clients are encouraged to improve their self-respect, self-motivation, and growth. The approach can be a catalyst for seeking alternatives to substances in order to fill the emptiness experienced and expressed as substance abuse.
Psychodynamic Therapy	The psychodynamic therapist works with the assumption that a person's problems with substances are rooted in unconscious and unresolved past conflicts, especially in early family relationships. The goal is to help the client gain insight into underlying causes of manifest problems, understand what function substance abuse is serving, and strengthen present defenses to work through the problem. A strong therapeutic alliance with the therapist assists the client to make positive changes.
Interpersonal Therapy	This therapy, which combines elements of cognitive and psychodynamic therapies, was originally developed to work with clients with depression but has been used successfully with substance-abusing clients. It focuses on reducing the client's dysfunctional symptoms and improving social functioning by concentrating on a client's maladaptive patterns of behavior. It is supportive in nature, providing encouragement, reassurance, reduction of guilt, and help in modifying the client's environment.
Family Therapy	While not a distinct "school" of therapy, family therapy is a modality that either treats the client as part of a family system or considers the entire family as "the client." It examines the family system and its hierarchy to determine dysfunctional uses of power that lead to negative or inappropriate alignments or poor communication patterns and that contribute to substance use disorder by one or more family members. The therapist helps family members discover how their own system operates, improve communication and problem-solving skills, and increase the exchange of positive reinforcement.
Group Therapy	This modality (also not a distinct theoretical school) uses many of the techniques and theories described to accomplish specified goals. In some group therapy, the group itself and the processes that emerge are central to helping clients see themselves in the reactions of others, although the content and focus of the groups vary widely.

4. Conclusion

Brief interventions and time-limited therapies represent an important component in the repertoire of substance abuse therapy options, either as the primary therapeutic intervention or, perhaps most effectively, in combination with other treatment modalities. Various treatment perspectives can be adapted to a time-limited model in order to address the most incapacitating dysfunctional behaviors in a straight-forward and goal-directed manner. Regardless of the specific theoretical approach, brief therapy intends to focus treatment time on real world issues in order to allow the patient to become more functional as soon as possible. Their incorporation into comprehensive treatment programs has proven particularly effective. In general, brief therapies serve as practical, accessible and efficient means of using resources to address the multitude of issues that affect and are affected by substance abuse.

References

- Barry, K. L. (1999). Brief Interventions and Brief Therapies for Substance Abuse: (Treatment Improvement Protocol (TIP) Series, No. 34. Rockville, MD: Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).
- Bien, T. H., Miller, W. R., & Tonigan, J. S. (1993). Brief interventions for alcohol problems: A review. *Addiction* 88:315-336.
- Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. (1999). Treatment Improvement Protocol (TIP) Series, No. 34.) Chapter 1—Introduction to Brief Interventions and Therapies. Rockville (MD): Substance Abuse and Mental Health Services Administration. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64950/>
- Center for Substance Abuse Treatment. (2012). Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocol (TIP) Series, No. 34. Rockville (MD): Substance Abuse and Mental Health Services Administration. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf
- Heather, N. (1994). Brief interventions on the world map. *Addiction* 89(6):665-667.
- McMurrin, M. (1994). *Psychology of addiction (Contemporary Psychology, Vol. 10)*. New York, NY: Taylor & Francis.
- NIDA. (2014, July 1). *Drugs, Brains, and Behavior: The Science of Addiction*. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>.
- Rotgers, F., Keller, D.S., & Morgenstern, J. (Eds.). (1996). Treating substance abuse: Theory and technique. New York, NY: Guilford Press.