Research consistently shows that treatment works. Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.
What Works in Drug & Alcohol Treatment:

Effect size of Aspirin


Effect size of therapy

More good news:
- Research shows that only 1 out of 10 clients on the average clinician’s caseload is not making any progress.
- Recent study:
  - 6,000+ treatment providers
  - 48,000 plus real clients
  - Outcomes clinically equivalent to randomized, controlled, clinical trials.


What Works in Drug & Alcohol Treatment:

An Example

More good news:
- Research shows that only 1 out of 10 clients on the average clinician’s caseload is not making any progress.
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What Works in Drug & Alcohol Treatment:

The “Good News”

The bottom line?
- The majority of helpers are effective and efficient most of the time.
- Average treated client accounts for only 7% of expenditures.

So, what’s the problem...
“What Works in Drug & Alcohol Treatment: The ‘‘Bad News’’”

- Drop out rates average 47%.
- Therapists frequently fail to identify failing cases.
- 1 out of 10 clients accounts for 60-70% of expenditures.


“What Works in Drug & Alcohol Treatment: Pop Quiz”

Question #2: Research shows that some treatment approaches are more effective than others.

FALSE

All approaches work equally well with some of the people some of the time.


“The research says, “NO!”’ The lack of difference cannot be attributed to:
- Research design;
- Time of measurement;
- Year of publication;
- The differences which have been found:

- Do not exceed what would be expected by chance;
- At most account for 1% of the variance.

What Works in Therapy: Do Treatments vary in Efficacy?

- Meta-analysis of all studies published between 1960-2007 comparing bona fide treatments for alcohol abuse and dependence:
  - No difference in outcome between approaches intended to be therapeutic;
  - Approaches varied from CBT, 12 steps, Relapse prevention, & PDT.
  - Researcher allegiance accounted for 100% of variance in effects.


What Works in Drug & Alcohol Treatment: Pop Quiz

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy
- Client-centered Therapy
- Systemic Therapy
- Biopsychosocial Therapy
- Solution-focused Therapy
- Multimodal Therapy
- Psychodynamic Therapy
- Narrative Therapy
- Cognitive Problem-Solving Therapy
- Eclectic Therapy
- Autopoietic Psychotherapy
- Humanistic Therapy
- Eclectic Psychotherapy
- Integrative Problem-Solving Psychotherapy
- Eclectic Psychotherapy

What Works in Drug & Alcohol Treatment: An Example

- 600 Adolescents marijuana users:
  - Between the ages of 12-15;
  - Rated as or more severe than adolescents seen in routine clinical practice settings;
  - Significant co-morbidity (3 to 12 problems [83%], alcohol [37%], internalizing [25%], externalizing [61%]).

- Participants randomized into one of two arms (dose, type) and one of three types of treatment in each arm:
  - Dose arm: MET+CBT (5 wks), MET+CBT (12 wks), Family Support Network (12 wks)+MET+CBT;
  - Type arm: MET/CBT (5 wks), ACRT (12 weeks), MDFT (12 wks).

- No difference in outcome between different types of treatment or different amounts of competing therapeutic approaches.

  "The results showed that neither the best practice nor the research-based interventions were clearly superior..."


Pop Quiz

Question #3:
Of all the factors affecting treatment outcome, treatment model (technique or programming) is the most potent.

FALSE
Technique makes the smallest percentage-wise contribution to outcome of any known ingredient.
What Works in Drug & Alcohol Treatment:
Factors accounting for Success

Outcome of Treatment:

- 60% due to “Alliance” ([aka “common factors”] 8%/13%)
- 30% due to “Allegiance”
- 8% due to model and technique (1/13)


What Works in Drug & Alcohol Treatment:
An Example
Cannabis Youth Treatment Project

- Ratings of the alliance predicted:
  - Premature drop-out;
  - Substance abuse and dependency symptoms post-treatment, and cannabis use at 3 and 6 month follow-up.
- By contrast, treatment approach accounted for little more than 0% of the variance in outcome.


What Works in Drug & Alcohol Treatment:
Research on the Alliance

- Research on the alliance reflected in over 1000 research findings.

When treatment of people diagnosed as schizophrenic was changed to accord their wishes and ideas:

- More engagement;
- Higher self-ratings; and
- Improved objective scores.

The Client’s Theory of Change: Empirical Findings

- In the Hester, Miller, Delaney, and Meyer study:
  - A difference in outcome was found between the two groups depending on whether the treatment fit with the client’s pre-treatment beliefs about their problem and/or the change process.
- When treatment of people diagnosed as schizophrenic was changed to accord their wishes and ideas:
  - More engagement;
  - Higher self-ratings; and
  - Improved objective scores.


What Works in Drug & Alcohol Treatment: Pop Quiz

Question #4: Consumer ratings of the alliance are better predictors of outcome than clinician ratings.

True

Remember the Alamo!

Project MATCH

- The largest study ever conducted on the treatment of problem drinking:
  - Three different treatment approaches studied (CBT, 12-step, and Motivational Interviewing);
- NO difference in outcome between approaches.
- The client’s rating of the therapeutic alliance the best predictor of:
  - Treatment participation;
  - Drinking behavior during treatment;
  - Drinking at 12-month follow-up.


More Evidence: How Much is Enough?

• 38 cocaine-dependent methadone maintenance participants receiving an escalating schedule of voucher-based reinforcement for cocaine abstinence administered by research assistants.
  - Urinalysis 3x/week during active stage of intervention and 2x/week during aftercare stage of intervention.
  - Also receiving AODA counseling from substance abuse professionals.
• Participant ratings of working alliance with RAs administering CM were greater than the alliance ratings for counselors administering drug counseling.
• Participant ratings of working alliance with RAs were positively related to drug abstinence, but ratings with counselors were not.

Question #5: The bulk of change in successful treatment occurs earlier rather than later.

True

If a particular approach, delivered in a given setting, by a specific provider is going to work, there should be measurable improvement in the first six weeks of care.
What Works in Drug & Alcohol Treatment:
More Research on Outcome

Cannabis Youth Treatment Project

Approach

Dose

http://www.chestnut.org/LI/Posters/CYT_%20MF_APA.pdf

What Works in Drug & Alcohol Treatment:
Pop Quiz

Question #6: False
Stigma, ignorance, denial, and lack of motivation are the most common reasons potential consumers do not seek the help they need.
Second to cost (81%), lack of confidence in the outcome of the service is the primary reason (78%). Fewer than 1 in 5 cite stigma as a concern.

http://www.apa.org/releases/practicepoll_04.html

What Works in Drug & Alcohol Treatment:
How do therapists compare?

In a recent survey on how much consumers trusted various professionals...

Psychotherapy in Australia (2001). Trust in therapists? 77,
4. Therapists

The consumer

Therapists

What Works in Drug & Alcohol Treatment: Pop Quiz

Last Question!
The best way to insure effective, efficient, ethical and accountable treatment practice is for the field to adopt and enforce:

- Evidence-based practice;
- Quality assurance;
- External management;
- Continuing education requirements;
- Legal protection of trade and terminology.

False

What Works in Drug & Alcohol Treatment: A Tale of Two Solutions...

The Medical Model:  
- Diagnosis-driven, “illness model”
- Prescriptive Treatments
- Emphasis on cure
- Client-directed (Fit)
- Outcome-informed (Effect)
- Emphasis on benefit over need
- Restore real-life functioning

The Contextual Model:
- Practice-based Evidence
- Assessing and adjusting fit for maximum effect
- Formalizing what experienced therapists do on an ongoing basis:
  - Assessing and adjusting fit for maximum effect.

What Works in Drug & Alcohol Treatment: 
Three Steps

1. Develop a highly individualized service delivery plan;
2. Formal, ongoing feedback from clients regarding the plan, process and outcome of treatment;
3. Integration of both plan and feedback into an innovative and flexible continuum of care that is maximally responsive to the individual client.

What Works in Drug & Alcohol Treatment: 
Step One

An “individualized service delivery plan” is basically written summary—a snapshot so to speak—of the alliance between particular client and therapist at given point in time...


What Works in Drug & Alcohol Treatment: 
Step One

Structuring the Alliance with the ASAM MDA:
1. Acute intoxication/withdrawal potential;
2. Biomedical conditions/complications;
3. Emotional, behavioral, cognitive conditions/complications;
4. Readiness to change;
5. Relapse, continued use/problem potential;
6. Recovery environment

Minimizing Chaos
Maximizing Flexibility
"As any experienced clinician knows, therapy is a complex affair, full of nuance and uncertainty. In contrast to examples found in manuals and textbooks—where the treatment, if done in the manner described, seems to flow logically and inexorably toward pre-determined outcome—finding "what works" for a given client most often proceeds in trial and error fashion...."
Cases in which therapists “opted out” of assessing the alliance at the end of a session:
- Two times more likely for the client to drop out;
- Three to four times more likely to have a negative or null outcome.


What Works in Drug & Alcohol Treatment: Step Two


What Works in Drug & Alcohol Treatment: A Question of Focus

Is it Working?
What Works in Drug & Alcohol Treatment: Step Three

**Integrating the plan and feedback into a flexible continuum of care:**

- Treatment contains no fixed program content, length of stay, or levels of care.
- Instead, a continuum of possibilities is made available to client that includes everything from community resources, natural alliances with family and significant others, to formal treatment and care within healthcare institutions.

**Integrating Plan and Feedback into Flexible Continuum of Care (cont.)**

- Literally, everything is, so to speak, “on the table.”
- The ASAM MDA provides the initial structure for partnering with client in the development of treatment.
- The Outcome and Alliance feedback determine whether, how, and when to continue, modify, or terminate contact.

**What Works in Drug & Alcohol Treatment: Step Three**

- Directions for change:
  - What: 1%
  - Where: 2-3%
  - Who: 8-9%

**Outcome of treatment varies depending on:**

- The unique qualities of the client:
- The unique qualities of the therapist:
- The unique qualities of the context in which the service is offered.
What Works in Drug & Alcohol Treatment: More Research on Feedback


- Call for:
  - Accountability;
  - Measurable outcomes;
  - Efficient use of resources;
  - Documented “return on investment”

- The response:
  - Practice-based practice;
  - Training and supervision targeted to Outcomes of individual therapists and programs;
  - Continuous monitoring and real-time utilization of outcome data;
  - Treatment planning and progress structured and informed by local norms and algorithms.
  - Regulatory bodies use outcome data for value-based oversight and purchasing of treatment services.