



# THE CHALLENGE OF EVIDENCE-BASED GROUP THERAPY FOR SUBSTANCE USE DISORDERS

*Presented by:*

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## Learning Objectives

- Describe at least two reasons for a treatment modality mismatch between substance use disorder research and real-world practice
- Identify at least two clinical resources for using evidence-based treatments in group format
- Explain at least two facilitators and two barriers for using evidence-based treatments in group format



## Introduction

- Several evidence-based treatments (EBTs) have been developed
- But: research-practice gap persists
  - Several barriers with EBT implementation



# Introduction

- Treatment modality mismatch
  - Practice: Group therapy focus
  - Research: Individual therapy focus



# Introduction

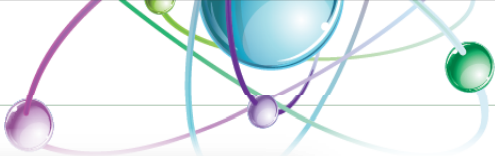
- Some research exceptions:
  - Meta-analytic research on group therapy effectiveness for SUDs
    - Groups generally as effective as individual therapy, with no significant differences between types of groups
  - A few SUD clinical trials with evidence for group use
    - Seeking Safety: designed for individual or group use; evidence for effectiveness of both, including open groups (e.g., CTN-15)
    - Stimulant Abuser Groups to Engage in 12-Step (STAGE-12): includes open-enrolling groups (CTN-31)
    - Mindfulness-Based Relapse Prevention: designed for groups



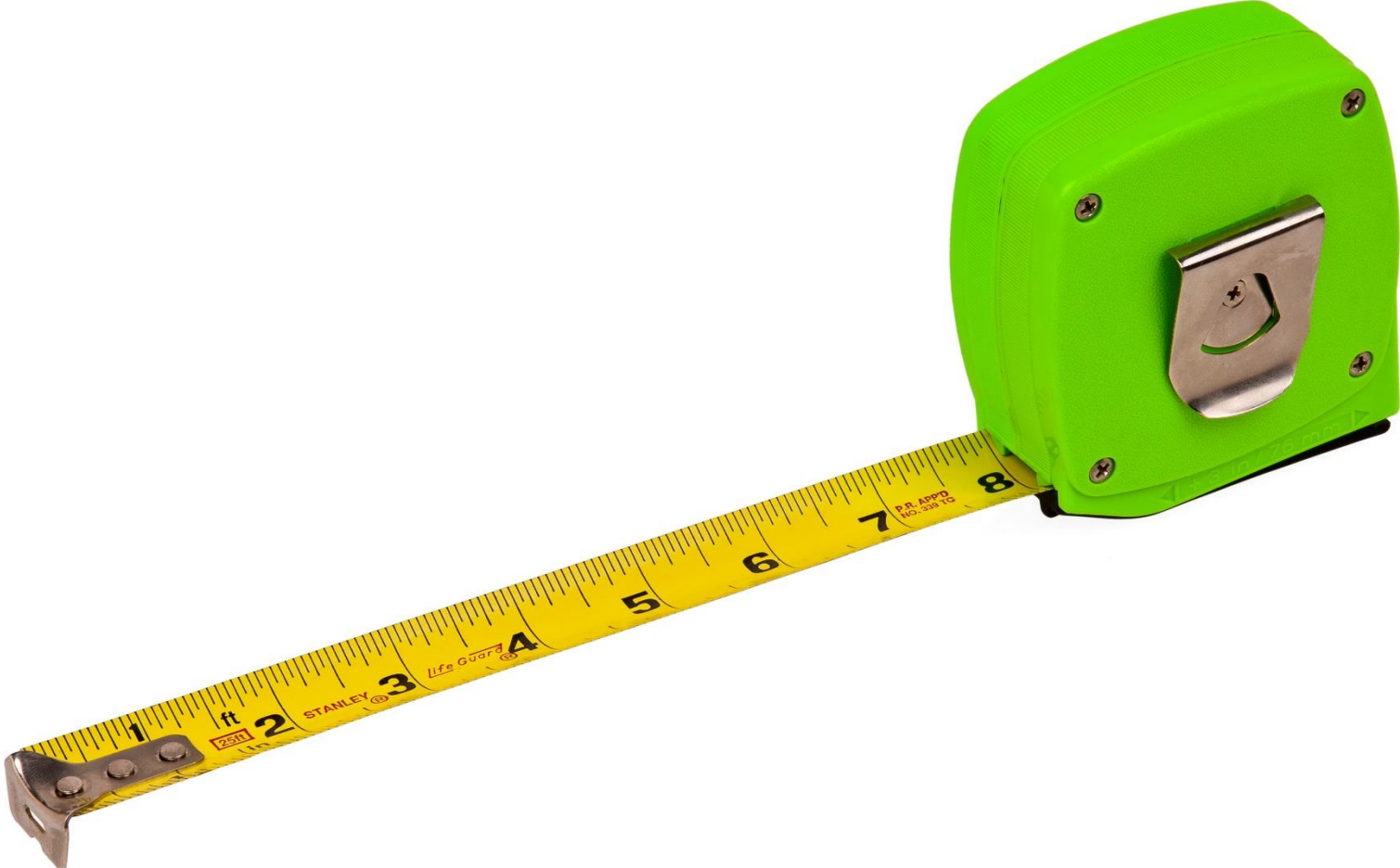
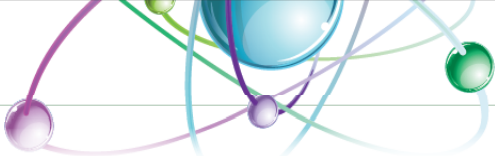
# Introduction

- But in general: existing EBTs do not adequately address complexities for group therapy, such as:
  - Greater unpredictability
  - Greater clinician flexibility and skills are needed
    - Evidence-based group facilitation skills: do not automatically transfer from individual treatment experience
    - Difference between “group as therapy” and “group as vehicle”
  - Tension between individual and group
  - Most groups are open-enrolling
    - Survey of SUD group therapists in the U.S.: 69% facilitate *only* open-enrolling groups

AGPA, 2007; CSAT, 2012; Morgan-Lopez & Fals-Stewart, 2008; Sobell & Sobell, 2011; Wenzel et al., 2012; Wendt & Gone, under review; Yalom & Leszcz, 2005



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“If we are truly to improve drug abuse treatment in the nation, we must better understand **what is going on in specific types of programs** and how the introduction of new treatment methods interacts with patient, provider, and program characteristics” (Wells et al., 2010)



## Introduction

- Overview of rest of presentation
  - Discuss facilitators/barriers of group facilitation
    - Based on my research exploring use of group therapy among SUD clinicians
  - Discuss recommendations/resources for researchers and clinicians
    - Including solutions/strategies that others may have



## Group Therapy Study

- Interviews with clinical directors and clinicians at local SUD clinics
- *Aim:* Document organizational and clinical complexities that may impact utilization of group EBTs



## Method

- *Settings:* Three local, diverse SUD outpatient clinics
  - Private (non-profit) community clinic
  - State university-owned community clinic
  - VA intensive outpatient clinic
- *Participants:* Three clinical directors and 13 clinicians (81% participation rate)



## Method (ctd.)

- *Measure*: Semi-structured interview
  - All participants:
    - Clinic's mission, treatment philosophy, and goals
    - Clinic's strengths and weaknesses
    - Group therapy curriculum
  - Clinical directors:
    - Clinic's history, providers, clients, and practices



## Method (ctd.)

- *Analysis:* Qualitative thematic content analysis
  - Coding of organizational structure of group therapies
  - Assessment of potential (or actual) ability to utilize EBTs
    - Based on prominent EBT manuals (from Project MATCH): CBT, TSF, and motivational enhancement therapy (MET)
  - Thematic analysis of clinician interviews



# Results

Organizational factors	EBT SUD Manuals (from Project MATCH)		
	Cognitive behavioral therapy	Motivational enhancement therapy	Twelve-step facilitation
<b>Clinic 1: New Day</b>			
Treatment modality • Groups only	Designed for individuals	Designed for individuals	Designed for individuals
Group enrollment • Open only	Progressive sessions; some flexibility in session order	Highly-individualized progressive sessions	Progressive sessions; some flexibility in session order
Group session length • 90 min.	Unspecified length	Flexible length	60 min. (for individual clients)
Treatment structure • Four 10 wk. phases	12 standalone sessions	4 standalone sessions	12 standalone sessions
<b>Clinic 2: Recovery Services</b>			
Treatment modality • Mostly groups; individual therapy available	Designed for individuals	Designed for individuals	Designed for individuals
Group enrollment • Open only	Progressive sessions; some flexibility in session order	Highly-individualized progressive sessions	Progressive sessions; some flexibility in session order
Group session length • 60-90 min.	Unspecified length	Flexible length	60 min. (for individual clients)
Treatment structure • 5-wk. IOP (3 hr. daily); also weekly standard groups	12 standalone sessions	4 standalone sessions	12 standalone sessions
<b>Clinic 3: SUD Intensive Clinic</b>			
Treatment modality • Groups only	Designed for individuals	Designed for individuals	Designed for individuals
Group enrollment • Open only	Progressive sessions; some flexibility in session order	Highly-individualized progressive sessions	Progressive sessions; some flexibility in session order
Group session length • 50 min.	Unspecified length	Flexible length	60 min. (for individual clients)
Treatment structure • 4-wk. IOP (3-4 hr. daily)	12 standalone sessions	4 standalone sessions	12 standalone sessions

**Red:** Strong mismatch between EBT and organizational structure; **Yellow:** Moderate mismatch; **Green:** General match



## Results

### CLINICIAN THEMES

- Importance of individualized treatment
  - “Meeting clients where they are at”
  - Client “engagement”: major indicator of successfully “meeting clients” in group format
    - Challenge in terms of clients with varying levels of engagement and readiness to change



## Results

- Necessity of flexibility
  - Flexibility embedded into existing group practices, such as:
    - “Check in” at beginning of each session
    - Introducing new members in open groups



## Results (ctd.)

- Necessity of flexibility (ctd.)
  - Flexibility emphasized for using manualized therapies
    - “Meeting people where they are at and meeting the needs of the group, I think, sometimes is compromised by doing manualized [therapy]. . . . There is a middle ground between being some fluffy therapist who just does everything by their gut and being a hardened, manualized, ‘You have to stick to the manual.’” (Becky, SUDIC)
    - “My little twists and turns”
    - “My own spin”



## Results (ctd.)

- Necessity of flexibility (ctd.)
  - Adaptations / accommodations are necessary to meet clients where they are at
    - “I may have a plan . . . in my mind, and then I gauge it on the group and their level of how alert they are and awake. . . . If it is a rainy, gloomy day like this, I would not show a video. I might stand up and do an interactive lecture. So it really is based on the group and their level of functioning. And will this engage them or will this put them asleep today?”  
(Rosemary, RS)

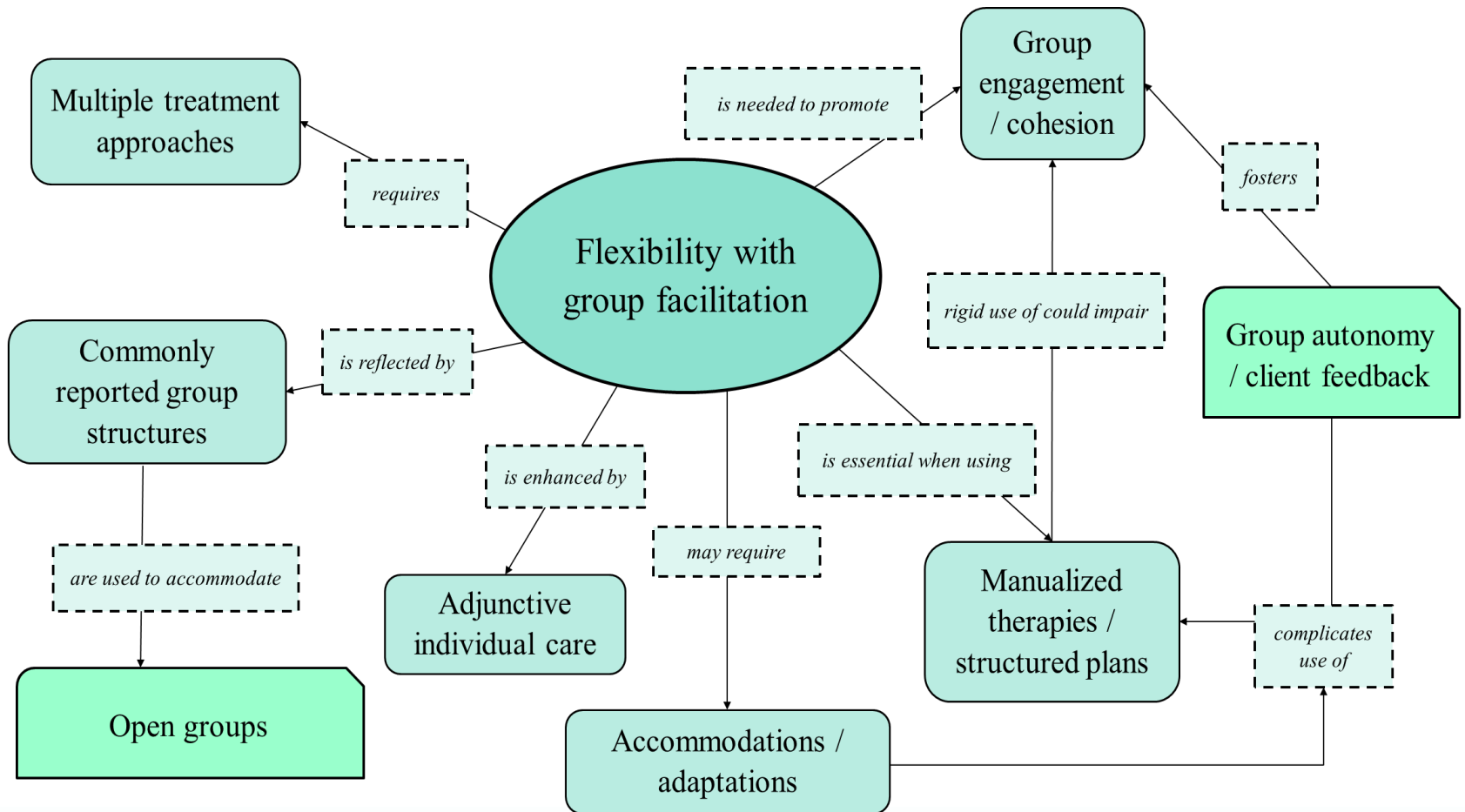


## Results (ctd.)

- Necessity of flexibility (ctd.)
  - Flexibility needed to address complex group dynamics
    - “Sometimes there is a guy that’s been in the Friday group that tends to kind of go off on weird tangents. . . . And so I’ll have to kind of, ‘OK, OK, thanks! Let’s get somebody else’s input.’ Not that it’s not important, but I can kind of see people zoning out.” (Alex, ND)

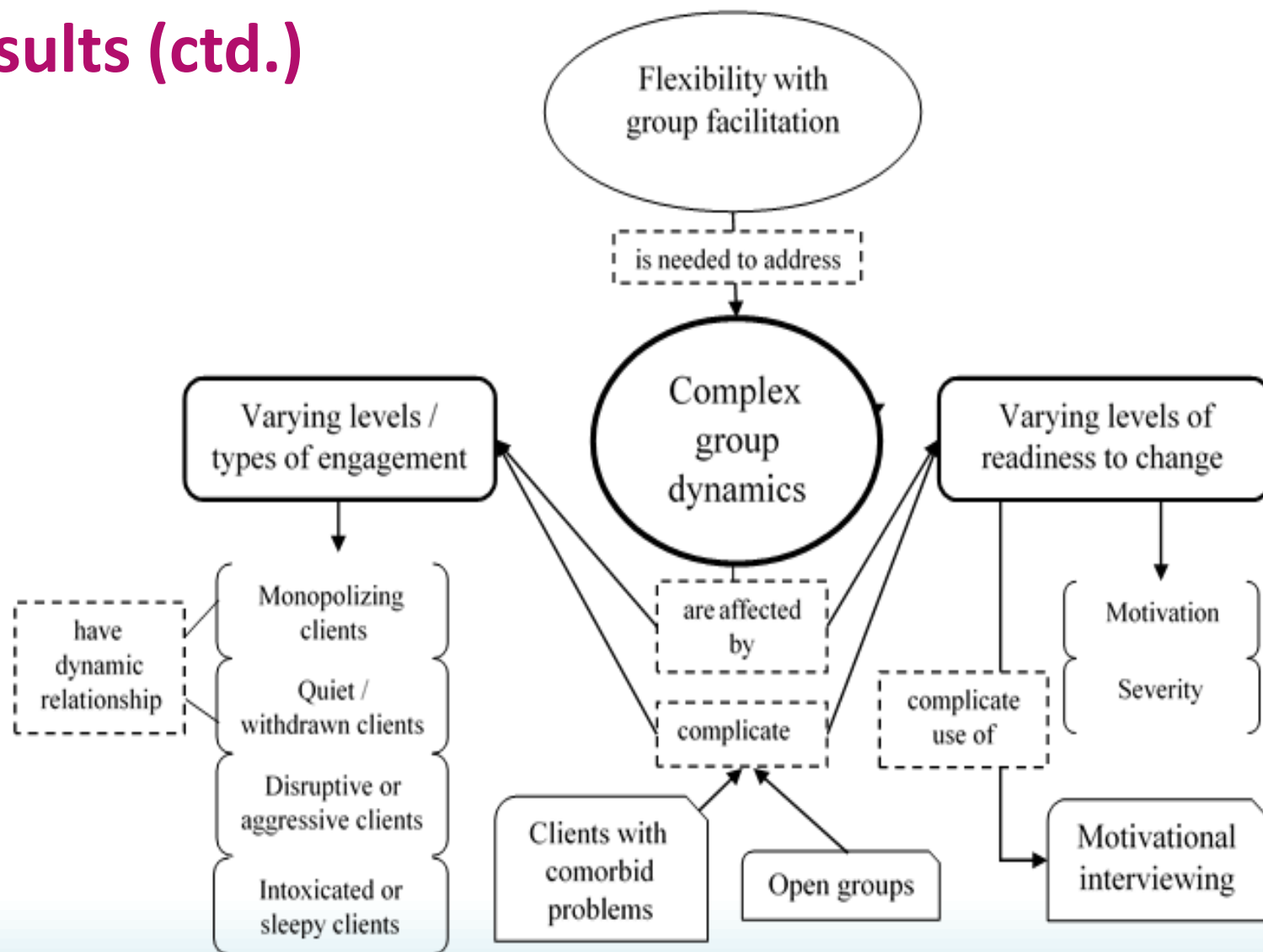


# Results (ctd.)





# Results (ctd.)





## Results (ctd.)

- Clinician and organizational challenges / barriers
  - Limited clinician experience and organizational training
  - Limited attention to clients' demographic diversity
  - Predominance of psychoeducation



# Recommendations

## – Researchers:

- Assume open-enrolling groups as default specialty treatment modality
- Create / adapt treatments that can be more flexibly used (allowing for mix of structure and freedom)
- Greater incorporation of “group as therapy” (rather than “group as vehicle” processes)
- Creation of group-specific products as part of clinical trials
- Address application to (open) groups in publications, manuals, resources, etc., whenever possible
- Clarify in reviews of EBTs whether treatments have been adapted / assessed for groups
- Clinical trial of group therapy training program?
- Other ideas?



## Recommendations (ctd.)

### – Clinicians and clinic directors:

- Recognize group therapy as a distinctive modality and consult treatment materials designed for groups
- Provide/require specialized training and quality control for group therapy
- Develop clear guidelines about when and how to deviate from session agendas
- Communicate best practices with one another and with researchers (practice-based evidence)
- Other ideas?



## Recommended Resources

- Yalom, I. D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books. The standard text for group therapy.
- Center for Substance Abuse Treatment. (2005). *Substance abuse treatment: Group therapy*. Rockville, MD: SAMSHA. Nice overview of basic principles. Available for free: <http://www.ncbi.nlm.nih.gov/books/NBK64220/>
- *STAGE-12: Stimulant Abuser Groups to Engage in 12-Step Programs: A Combined Group and Individual Treatment Program*. Designed for open groups. Manual available for free download from Clinical Trials Network Dissemination Library: <http://ctndisseminationlibrary.org/display/888.htm>



## Recommended Resources (ctd.)

- Najavits, L. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford.
- Sobell, L. C., & Sobell, M. B. (2011). *Group therapy for substance use disorders: A motivational cognitive-behavioral approach*. New York, NY: Guilford.
- Wenzel, A., Liese, B. S., Beck, A. T., & Friedman-Wheeler, D. G. (2012). *Group cognitive therapy for addictions*. New York, NY: Guilford. Can be used with open or closed groups.
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
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