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Substance Misuse Treatment Framework (SMTF) Guidance for Evidence Based Psychosocial Interventions in the Treatment of Substance Misuse

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1. Background

This document forms part of a suite of guidance that reflects the philosophy of integrated care where the needs of service users are considered from the time they engage with substance misuse services through to recovery.

This framework aims to outline the best available evidence to inform decisions about the effectiveness of psychosocial interventions to improve services and outcomes for individuals who misuse substances. The evidence has been considered in order to determine what works for whom in what circumstances and further, how the evidence is translated and applied in practice. This revised and updated framework replaces the '*Substance Misuse Treatment Framework - Psychological Therapy and Psychosocial Interventions in the Treatment of Substance Misuse*' published in 2006.

The Welsh Government '*Substance Misuse Strategy for Wales Working Together to Reduce Harm 2008-2018*', includes as one of its key aims the need to make better use of resources by:

- '*supporting evidenced based decision making, improving treatment outcomes, developing the skills base of partners and service providers by giving a greater focus to workforce development and joining up agencies and services more effectively*'
- '*effectively disseminate guidance and research evidence on best practice to inform and facilitate changes to current practice and policy to improve the quality of services*'
- '*assist partners in accessing the most up to date research and evidence to enable them to plan services*'.

(Welsh Government, 2008a)

This is supported by the Welsh Government's guidance for the development and implementation of the '*Integrated Care and Integrated Care Pathway for Adult Substance Misuse Services in Wales*' (Welsh Government, 2010a); and the implementation of the '*National Core Standards for Substance Misuse Services in Wales*' (Welsh Government, 2010b).

This framework has been developed to assist a range of partners who are in contact with individuals who misuse substances. Members of Substance Misuse Area Planning Boards (SMAPB) along with commissioners, planners and those who deliver substance misuse services need to be aware of the evidence for different interventions and treatments so that those commissioned and implemented are supported with evidence.

The aim of this framework is to:

- provide evidence-based recommendations for the planning, management and delivery of psychosocial interventions to benefit service users, cares and their families
- inform and develop integrated care pathways

- promote integrated care (within and between services)
- highlight the education and training needs of individuals working directly and indirectly with clients who misuse substances
- justify funding and other resources
- develop the workforce by identifying continuing professional development (CPD) needs
- plan care according to client need and within the resources available.

The evidence and best practice, from a number of sources, have been analysed and synthesised to inform this document.

- The National Institute for Health and Clinical Excellence (NICE) guidance
- National Treatment Agency (NTA) substance misuse guidance
- Meta-analysis, evidence and efficacy based reviews from the Cochrane database
- Peer reviewed papers in key addiction and substance misuse Journals
- Drug Misuse and Dependence: UK Guidelines on Clinical Management. (Department of Health (England) and the devolved administrations, 2007)
- Substance misuse workforce planning and development publications
- National substance misuse strategies
- The results of multi-centred trails evaluating the effectiveness, efficacy and cost effectiveness of psychosocial interventions for those who misuse alcohol such as Project Matching Alcoholism Treatments to Client Heterogeneity (MATCH) (1997), United Kingdom Alcohol Treatment Trial (UKATT, 2005) and the COMBINE Trial (2003). There are also large scale meta-analysis such as the Mesa Grande (Miller, 2003) evaluating the evidence for psychosocial interventions.

2. Psychosocial interventions

For the purpose of this document psychosocial interventions are defined as therapeutic and structured processes, which address the psychological and social aspects of behaviour. The interventions can vary in intensity depending on the needs of individuals.

Psychosocial interventions are underpinned by theoretical frameworks, which are based on psychological theory, such as social learning and cognitive theories. They form an integral component of treatment and interventions for individuals who misuse substances within an integrated care framework (Welsh Government, 2010a).

There is evidence to support the use of psychosocial interventions, either as a standalone therapy or as an adjunct to other treatments for substance misuse such as home, community or in-patient detoxification, maintenance treatments, harm reduction and aftercare. The appropriate intervention can only be identified after a comprehensive assessment is performed to identify the specific needs of each client.

3. Context and settings

Psychosocial interventions should be implemented, when deemed appropriate, throughout the client's journey from engagement through to aftercare.

All individuals who are referred for psychosocial interventions need to have sufficient information to understand the commitment required, and to make appropriate decisions regarding the options available.

4. Access to psychosocial interventions

The Welsh Government is encouraging localities to develop a single point of access for substance misuse services. This, along with the implementation of stepped care, should help to improve access to appropriate interventions / treatments for those individuals who misuse substances.

Service providers need to consider the following key elements when planning the provision of psychosocial interventions:

- engagement of service users
- the range of psychosocial interventions that can be offered
- the development of referral pathways for psychosocial interventions
- the training and supervision needs of staff
- waiting times for treatment
- gender of therapist(s)
- accessibility of premises
- flexible opening hours to include evening and weekends
- delivery of services in Welsh.

5. Selecting interventions in practice

This guidance is a synthesis of the evidence for psychosocial interventions and has been structured to provide, at a glance, which interventions are supported with evidence.

Many psychosocial interventions are used for drug and alcohol misuse, however, the evidence in favour of matching clients to specific treatments is, as yet, limited. Due to the nature of substance misuse and the diverse characteristics and needs of clients, there is no one approach that is best

for everyone. As such, the intervention approach should address the context and circumstances surrounding the client's experience of substance misuse. This can only be achieved by exploring and understanding their unique experience and situation. A competent and experienced keyworker should ensure that the most appropriate evidence based intervention (or mix of interventions) is selected according to the needs of the client.

6. Intensity of psychosocial interventions

Psychological interventions can be categorised as low or high intensity:

6.1 Low intensity

Low intensity interventions are normally delivered by key-workers in a single session. These interventions can be used in a number of settings and contexts, for example, engaging individuals in services, assessing motivational levels and increasing compliance with harm reduction strategies.

6.2 High intensity

High intensity interventions are advocated for individuals who require more structured and formal therapy to address their needs. Structured counselling should be implemented by members of the workforce who have appropriate skills and qualifications. The interventions may be used to:

- address the reasons why individuals are misusing substances
- resolve issues that arise as a result of misusing substances
- help reduce consumption and/or promote abstinence.

High intensive psychosocial interventions are not required for every individual who presents at substance misuse services. A stepped approach to planning treatment is more appropriate in terms of resources and cost as some clients only require support, advice, and low intensity motivational interventions. Others may need high intensity psychosocial interventions to achieve the required outcome. For this reason, decisions have to be based on an assessment of needs to ascertain:

- the likelihood of an individual engaging with the intervention
- the likelihood of an individual undertaking further interventions if one has failed.

As a precaution, a monitoring system has to be in place to review progress or otherwise. This will help to identify those individuals who are not benefitting from an intervention so that alternatives are considered. A joint review of the treatment and care plan should be undertaken at least three monthly.

7. Therapist skills

The therapeutic relationship developed with the client has been shown to be predictive of good outcomes for clients. As an example, those therapists that build a rapport and engage clients positively in the treatment/intervention show better success rates (Cooper, 2005).

The following have been shown to improve the therapeutic relationship:

- a client centred approach
- unconditional positive regard for the client
- empathy
- acceptance
- appropriate use of body language
- reflective listening skills
- a non-confrontational approach
- rolling with resistance
- a non-judgemental approach
- appropriate use of affirmations.

8. The role of the keyworker

The keyworker is a dedicated member of the workforce who is responsible for developing, implementing and evaluating an appropriate treatment plan for each service user assigned to them. They are the individuals who will perform an assessment and may deliver some or all of the psychosocial interventions required to meet the needs of their clients. The role of the keyworker is pivotal in engaging clients with services.

Keyworkers involved in the delivery of psychosocial interventions should demonstrate an appropriate level of competence. They need to be sufficiently skilled to:

- identify the appropriate psychological intervention based on the client's needs and circumstances. For example, psychosocial interventions to:
  - increase motivation for engagement with services and behaviour change
  - address the problems and issues for those dependent on drugs/alcohol
  - prevent relapse
  - identify risky situations (for substance misuse) and develop coping mechanisms
  - develop supportive networks for abstinence

- help address social problems, for example family problems, housing and employment
- review care plans and treatment goals with the client as required
- offer adjunctive interventions to reduce drug-related harm, especially the risk of overdose
- provide advice and information to reduce drug related harm, for example, information on blood-borne viruses, needle exchange and immunisation programmes.

9. Assessment

A comprehensive assessment underpins integrated care. It is also the lynchpin for keyworkers to engage with, and offer appropriate treatment/ interventions for individuals who misuse substances. The aim of the assessment is to identify the needs of clients, including the impact of substance misuse on their physical, psychological and social functioning. In order to recognise the treatment/interventions required, staff who perform the assessment need to be appropriately qualified and competent to be able to interpret the findings of the assessment and use these to plan appropriate care and/or support.

A comprehensive assessment on the initial visit can be overwhelming for clients. As one of the priorities is to engage clients with services, the assessment can be completed over time.

A comprehensive assessment should:

- identify the nature and severity of the problem and issues around substance misuse, for example, history of drug taking, exposure to drugs and alcohol
- explore the reason(s) for misuse
- assess the impact of substance misuse on an individual's physical, psychological, social functioning and behaviour
- ascertain the client's cognitive ability
- establish the personal resources an individual has to deal with intervention / treatment, including support from family and friends.

10. Evaluation

Mechanisms need to be in place to evaluate the effectiveness of psychosocial interventions in practice. In Wales, evaluation tools include the Treatment Outcomes Profile (TOP), data for the Welsh National Database for Substance Misuse (WNDSM) as well as any other systems implemented locally.

Substance misuse providers need to ensure that there is adequate training and supervision for staff, to maintain the fidelity and integrity of the interventions and that they are delivered as intended. Commissioners, planners and providers of services need to ensure that resources are used effectively and that treatments and interventions are based on evidence and delivered according to the needs of individuals.

11. Staff competence and workforce development

Although members of the workforce do not need formal qualifications in counselling to deliver many of the interventions identified in this guidance, they need to demonstrate an appropriate level of competence. This can be achieved through accredited courses or competence based training using The Drug and Alcohol National Occupational Standards (DANOS). As an example, where keyworkers are appropriately trained and receive adequate supervision they could deliver psychosocial interventions such as Cognitive Behavioural Therapy (CBT) for clients who do not have complex needs. Training and on-going supervision is required to maintain the fidelity of the interventions. Supervision should be provided by appropriately qualified staff.

The Evidence

The following tables outline the evidence for low and high intensity psychosocial interventions at a glance.

It should be noted that there is more evidence for the effectiveness of psychosocial interventions for alcohol misuse than for drug misuse.

Evidence for psychosocial interventions for the misuse of alcohol (NICE, 2011, Raistrick et al, 2006)

Intervention	Brief description	Evidence
Low intensity interventions		
Motivational interviewing	Motivational interviewing is a directive and client centred counselling approach underpinned by the principles of cognitive and behavioural theory and draws on Rogerian counselling approaches. It aims to enhance an individual's intrinsic motivation to change their behaviour by exploring and resolving ambivalence and developing discrepancy between their current behaviour and beliefs and their personal goals. These interventions can be delivered in a number of settings, including settings outside substance misuse services, for example, outreach, drop-in centres, educational settings, primary care.	Brief motivational interviewing is effective in engaging individuals with treatment and should be part of the assessment process for all those who misuse alcohol. It has also demonstrated efficacy in reducing consumption in individuals whose drinking has been identified as hazardous or harmful rather than dependent. Motivational interviewing is suitable for individuals who need to increase their motivation to change their behaviour but who do not require high intensity interventions.
Contingency management	This is a low intensity intervention based on the principles of social learning theory and behaviour modification. Using this approach, behaviour change occurs through the use of positive reinforcement, where the desired behaviour is rewarded. Incentives or privileges are contingent upon agreed behaviour set by the therapist. This could be in the form of vouchers for personal items such as food or leisure activities. Contingency management may be provided alongside other interventions such as motivational interviewing.	Contingency management has shown some benefit in reducing relapse to heavy drinking and reducing attrition rate.

Intensive psychosocial interventions		
Cognitive Behavioural therapy (CBT) and other behavioural based therapies (excluding contingency management)	**Behavioural therapy** is based on theories of learning. The aim of therapy is to modify or undo learnt behaviour through a variety of strategies and techniques. **Cognitive therapy** is based on the principle that thoughts and feelings are closely related and the way we interpret those thoughts and feelings influences behaviour. **Cognitive Behavioural therapy (CBT)** is based on ocial learning theory and helps individuals to modify the way they think about their substance misuse and behaviour. The aim of CBT is to help the client identify which behaviours and beliefs might need to be changed and how this could be achieved. The client and the therapist work together to understand the thoughts, emotions and behaviour involved in their substance misuse. This process enables the client to have an insight into their substance misuse and develop appropriate coping strategies and skills to achieve their goals. In **Relapse prevention** cognitive behavioural therapy, is utilised to help clients identify risky situations, behaviours, emotions and beliefs and help them to develop appropriate coping strategies to deal with them.	NICE guidance (2011) recommend the following: - Cognitive behavioural therapies, behavioural therapies and/or social network and environment-based therapies **for harmful drinkers and people with mild alcohol dependence**. These psychological interventions need to focus specifically on alcohol-related cognitions, behaviour, problems and social networks. Appropriate elements of the twelve-step programme and motivational interviewing based interventions can be used as a component of an assessment and subsequent intervention rather than standalone interventions - Cognitive behavioural therapies, behavioural therapies or social network and environment-based therapies **for moderate and severe alcohol dependence**. These psychological interventions should specifically focus on alcohol misuse and can be used in combination with pharmacological treatments - Prioritising the treatment of alcohol misuse when individuals present with **co-morbid depression or anxiety disorders** may lead to significant improvement in the depression and anxiety.

	Behavioural couples therapy is a psychosocial intervention available for clients who are in an established relationship with a drug-free partner who is willing to engage in treatment. The therapist emphasises and promotes a relationship that is conducive to the individual overcoming the addiction and relies on the interaction and supportive nature of the relationship between the couple. This aim of the intervention is to teach couples strategies to enhance communication skills, active listening and conflict resolution. Couples are also encouraged to express their feelings, behave with mutual positive regard for each other and share recreational activities which reinforces support for abstinence.	- Where CBT is advocated the evidence suggests that individual CBT is better than group CBT in increasing abstinence - If relationships are identified as a key issue for an individual who misuses substances, behavioural couples therapy has been found to be more effective than behavioural therapies alone - Raistrick et al (2006), reporting on the findings of key trials (e.g. Project MATCH and UKATT) suggest that Motivational Enhancement Therapy (MET), due to its brevity and cost effectiveness, should be considered as the first intervention in a stepped care approach.
Twelve-step facilitation therapy (TSF)	The philosophy of twelve-step therapy (TSF) is based on behavioural, spiritual and cognitive principles and examples include Alcoholics Anonymous (AA) and Al-Anon. It is a structured approach where the client is encouraged to accept that addiction is a chronic condition and that abstinence is the only alternative. Individuals are encouraged to accept support from others who are recovering from addiction after undergoing the twelve-step programme. Once on the road to recovery, individuals are expected to help others that suffer from the same addictions or compulsions.	

Motivational Enhancement Therapy (MET)	Motivational Enhancement Therapy (MET) is an intervention based on the principles of social and cognitive psychology. Motivational interviewing style is used to help the client develop intrinsic motivation by helping them to gain an insight into the discrepancy between their perceptions of current behaviour and their goals.	
Social Behaviour Network Therapy (SBNT) and other community reinforcement approaches	Social behaviour network therapy was developed by adapting cognitive behavioural therapy and community reinforcement approaches. The intervention is based on the principle that people who misuse substances need to develop a social network to promote a positive support for change. This intervention aims to find people within clients' social network who want to be actively involved in helping them.	
Counselling	Counselling is a client centred process through which the therapist encourages the client to explore issues, concerns, emotions, beliefs and behaviours.	
Other therapeutic approaches		
Self-help	Self-help can take the form of information and advice given to clients and carers through leaflets and other media. It can also be provided through self-help groups such as alcohol anonymous, Al-Anon and other supportive networks for recovery, service user groups and peer mentoring.	Evidence suggests that staff should provide information regarding, and signpost individuals to, self-help groups e.g. recovery support networks, alcohol anonymous and Al-Anon to support clients.

Intervention	Brief description	Evidence
Low intensity interventions		
Motivational interviewing	Motivational interviewing is a directive and client centred counselling approach underpinned by the principles of cognitive and behavioural theory and draws on Rogerian counselling approaches. It aims to enhance an individual's intrinsic motivation to change their behaviour by exploring and resolving ambivalence and developing discrepancy between their current behaviour and beliefs and their personal goals. These interventions can be delivered in a number of settings, including settings outside substance misuse services, for example, outreach, drop-in centres, educational settings, primary care.	NICE guidance (2008) recommend low intensity brief interventions for individuals who: - are in limited contact with drug services (for example, those attending a needle exchange service) - have no contact with drug misuse services but are concerned about their drug use - are identified by others (for example, staff working in primary or secondary care, educational settings) concerned about their drug use. The evidence suggests that these brief interventions could be opportunistic and motivational. They should consist of two sessions lasting between 10 and 45 minutes each where the aim is to increase motivation to change behaviour and explore ambivalence about drug use and engagement with treatment.

Contingency management programmes	This is a low intensity intervention based on the principles of social learning theory and behaviour modification. Using this approach, behaviour change occurs through the use of positive reinforcement, where the desired behaviour is rewarded. Incentives or privileges are contingent upon agreed behaviour set by the therapist. This could be in the form of vouchers for personal items such as food or leisure activities. Contingency management may be provided alongside other interventions such as motivational interviewing.	NICE guidance (2008) recommend contingency management for individuals: - at risk of physical health problems (for example, Human Immunodeficiency (HIV), Hepatitis, tuberculosis) as a result of their drug misuse. In order to encourage harm reduction, one-off incentives (shopping vouchers up to £10 in value) or a limited duration. However, this incentive should only be offered contingent on compliance with treatment and interventions (e.g. immunisation, blood tests). This has been shown to be more efficacious and cost effective than standard care or outreach services - who use **stimulants** (including cocaine and amphetamines). Contingency management (both prize and voucher-based reinforcement) appears more effective in increasing abstinence than more formal intensive interventions such as psychodynamic therapy. Where contingency management and relapse prevention CBT have been compared, contingency management is more effective in reducing consumption during treatment but this difference disappeared at follow-up. Thus, contingency management may be more cost effective - in treatment for **cannabis misuse**. It appears that contingency management is more effective than more intense psychodynamic therapies - who **misuse opioids**. Contingency management has been shown to help individuals engage with more formal treatment or maintenance programmes - who are in **methadone maintenance programmes**. The evidence suggests that contingency management reduces illicit drug use.

Intensive psychosocial interventions		
Cognitive Behavioural therapy / Relapse prevention	**Behavioural therapy** is based on theories of learning. The aim of therapy is to modify or undo learnt behaviour through a variety of strategies and techniques. **Cognitive therapy** is based on the principle that thoughts and feelings are closely related and the way we interpret those thoughts and feelings influences behaviour. **Cognitive Behavioural therapy (CBT)** is based on social learning theory and helps individuals to modify the way they think about their substance misuse and behaviour. The aim of CBT is to help the client identify which behaviours and beliefs might need to be changed and how this could be achieved. The client and the therapist work together to understand the thoughts, emotions and behaviour involved in their substance misuse. This process enables the client to have an insight into their substance misuse and develop appropriate coping strategies and skills to achieve their goals. In **Relapse prevention** CBT is utilised to help clients identify risky situations, behaviours, emotions and beliefs and help them to develop appropriate coping strategies to deal with them.	NICE guidance (2008) suggest that Cognitive Behavioural therapy (CBT) may be beneficial for some individuals who misuse drugs. Examples include individuals who misuse cannabis and stimulants and who have co-morbid conditions such as depression or anxiety.

Behavioural couples therapy	Behavioural couples therapy is a psychosocial intervention available for clients who are in an established relationship with a drug-free partner who is willing to engage in treatment. The therapist emphasises and promotes a relationship that is conducive to the individual overcoming the addiction and relies on the interaction and supportive nature of the relationship between the couple. This aim of the intervention is to teach couples strategies to enhance communication skills, active listening and conflict resolution. Couples are also encouraged to express their feelings, behave with mutual positive regard for each other and share recreational activities, which reinforces support for abstinence.	Individuals who are dependent on **cocaine or opioids** or for those in **methadone treatment programmes** who have a partner who can provide support, behavioural couples therapy has been shown to reduce the consumption of illicit opioids and cocaine.
Other therapeutic interventions		
Self-help for clients and their carers	Self-help can take the form of information and advice given to clients and carers through leaflets and other media. It can also be provided through self-help groups such as Narcotics Anonymous and Cocaine Anonymous and other supportive networks for recovery, service user groups and peer mentoring.	Evidence suggests that staff should provide information and advice to all people who misuse drugs. This could be achieved when they attend substance misuse services or opportunistically through other contact for example, needle exchange programmes and primary care. Advice should include information to reduce sexual and injection risk behaviours as well as information to reduce exposure to blood borne viruses and encourage attendance for testing.

		Information regarding self help groups should be provided routinely, for example those based on the 12 step programme e.g. Narcotics Anonymous and Cocaine Anonymous have been shown to be beneficial for those who misuse cocaine and narcotics.

No evidence

Complementary therapies, e.g. auricular acupuncture, reflexology are often offered as an intervention to individuals who misuse drugs and alcohol.	There is no evidence that complementary therapies are effective as a standalone treatment for substance misuse.

Glossary

AA	Alcoholics Anonymous
CBT	Cognative Behavioural Therapy
CPD	Continuing Professional Development
CSP	Community Safety Partnership
DANOS	Drug and Alcohol National Occupational Standards
HIV	Human Immunodeficiency Virus
MATCH	Matching Alcoholism Treatments to Client Heterogeneity
MET	Motivational Enhancement Therapy
NICE	National Institute for Health and Clinical Excellence
NTA	National Treatment Agency
SBNT	Social Behaviour Network Therapy
SMAPB	Substance Misuse Area Planning Board
TOP	Treatment Outcomes Profile
TSF	Twelve Step Facility
UKATT	United Kingdom Alcohol Treatment Trial
WNDSM	Welsh National Database for Substance Misuse

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