

Evidence-Based Psychosocial Treatment for Alcohol Dependence

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Mesa Grande

A Review of Evidence for the Efficacy of Alcohol Treatment Approaches

Mesa Grande Review Project

- Conducted 1979-2003
- All controlled trials comparing an alcohol treatment with an alternative condition (control, other treatment, etc.)
- Each study was assigned:
 - ► A Methodological Quality Score (MQS) Range: 0-17
 - An Outcome Logic Score (OLS) for each interpretable treatment modality
 Range: +2 +1 -1 -2
- A Cumulative Evidence Score computed for each treatment
 Range: +390 (strong positive) to -443 (strong negative evidence)

Final Version

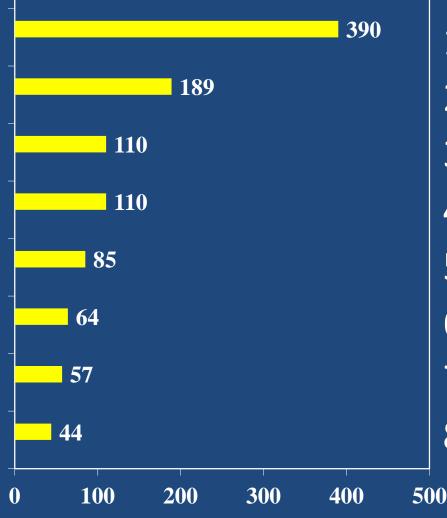
- 381 controlled trials
- 99 different treatment modalities
- Over 75,000 participants

Miller, W. R., & Wilbourne, P. L. (2002). Mesa Grande: A methodological analysis of clinical trials of treatment for alcohol use disorders. Addiction, 97(3), 265-277.

Miller, W. R., Wilbourne, P. L., & Hettema, J. E. (2003). What works? A summary of alcohol treatment outcome research. In R. K. Hester & W. R. Miller (Eds.), *Handbook of alcoholism treatment approaches: Effective alternatives* (3rd ed., pp. 13-63). Boston: Allyn & Bacon.

What Works?

Cumulative Evidence Score



Most Effective Treatments

- 1. Brief intervention (FRAMES model)
- 2. Motivational interviewing
- 3. Community reinforcement approach
- 4. Self-help manuals (self-control training)
- 5. Behavioral self-control training
- 6. Contingency mangement
- 7. Behavioral coping skills training
- 8. Behavioral marital therapy

Cumulative Evidence Score

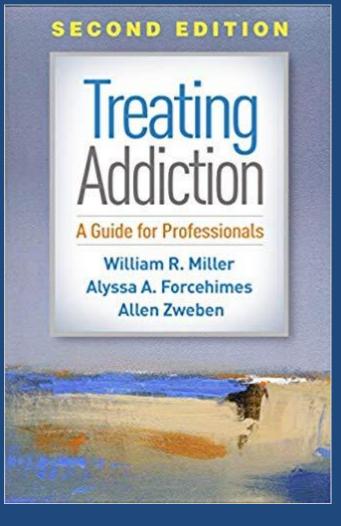


Least Effective Treatments

- 1. Alcoholism education
- 2. General counseling
- 3. Insight psychotherapy
- 4. Confrontation
- 5. Relaxation training
- 6. Video self-confrontation
- 7. Milieu therapy
- 8. Mandatory AA attendance

What's Changed Since 2003?

- Add to the list of effective treatments:
 - -12-Step Facilitation Therapy
 - -Mindfulness Meditation
- Stronger support for:
 - Community Reinforcement + CRAFT
 - Contingency Management
 - Naltrexone

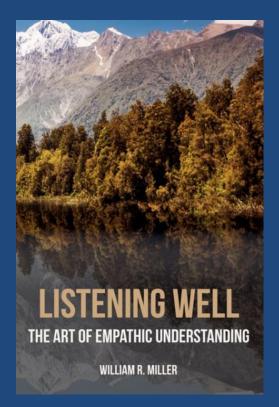




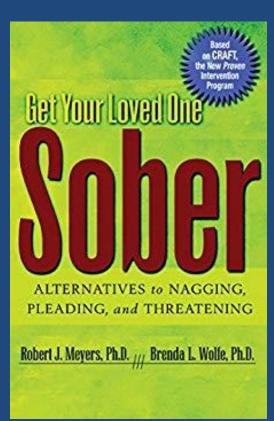
1. Even brief intervention can make a difference

Don't limit care to specialist settings Screen for and address alcohol use in primary care Don't have waiting lists

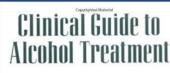
- 1. Even brief intervention can make a difference
- 2. Be empathic rather than confrontational Therapists have a large effect on client outcomes It matters what you do, and *how* you do it Accurate empathy is learnable



- 1. Even brief intervention can make a difference
- 2. Be empathic rather than confrontational
- 3. Enhance clients' own motivation for change Motivational interviewing in treatment Contingency management Working with family (CRAFT)



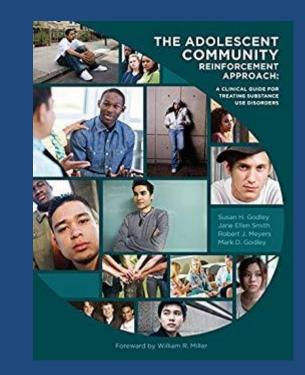
- 1. Even brief intervention can make a difference
- 2. Be empathic rather than confrontational
- 3. Enhance clients' own motivation for change
- 4. Focus on making sober life better than drinking Community Reinforcement Approach



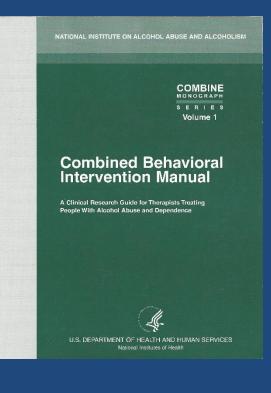
THE COMMUNITY REINFORCEMENT APPROACH



Robert J. Meyers Jane Ellen Smith



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- 4. Focus on making sober life better than drinking
- 5. Empowerment: Strengthen coping skills
 - Coping with craving Mood management Relationship skills / marital therapy Self-help materials



The Comtined Behavioral Intervention manual is available free online:

https://web.3rdmil.com/assets/guides/research/Miller%20%20Combined%20Behavioral%20Intervention%20Thearpist%20Manual.pdf

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- 7. Attend to social support system

Include significant others in treatment 12-Step Facilitation & mutual support groups Community Reinforcement & Family Training (CRAFT) 130 concerned significant others randomly assigned to one of 3 interventions All 12 hours of contact:

• Al-Anon Facilitation Therapy (AFT)

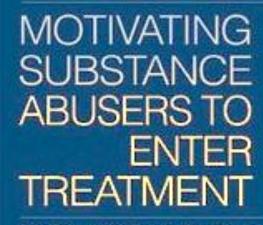
• Johnson Institute Intervention (JII)

• Community Reinforcement (CRAFT)

CRAFT

- Up to 12 sessions of unilateral family therapy
- Empowerment to influence change
- Training in behavior change skills
- Improvement of family life quality
- Preparation for treatment engagement

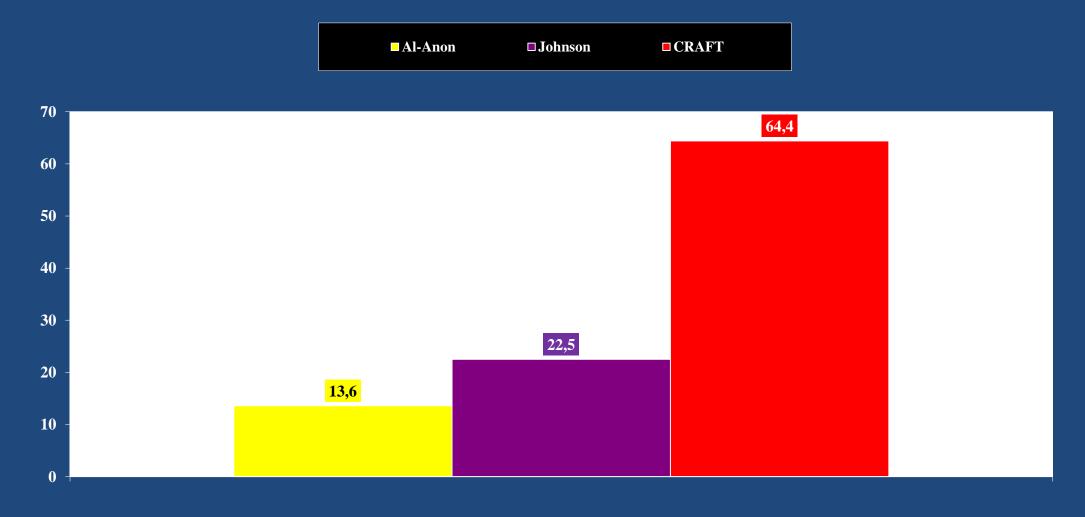
The CRAFT Intervention Program



Working with Family Members

JANE ELLEN SMITH ROBERT J. MEYERS

Treatment Engagement Rates



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Average time to treatment entry: 47 days

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- 8. Address concomitant medical/psychosocial problems Integrated behavioral health treatment Case Management

Treating Alcohol Problems in Healthcare and Social Service Systems

- People with alcohol problems are already there
- High prevalence
- High impact on other health outcomes
- Potential for earlier intervention
- Efficacy of brief interventions
- Effective pharmacotherapies
- Decrease in stigma
- Blending of prevention and treatment

Three Models for Intervention in Healthcare Systems

- 1. Refer out to specialist treatment
- 2. Management by primary care provider
- 3. Integrated care: On-site behavioral health specialists

