

The N-SSATS Report

October 14, 2010

Clinical or Therapeutic Approaches Used by Substance Abuse Treatment Facilities

In Brief

- In 2009, the majority of substance abuse treatment facilities *always or often* used substance abuse counseling (96 percent), relapse prevention (87 percent), cognitive-behavioral therapy (66 percent), 12-step facilitation (56 percent), and motivational interviewing (55 percent)
- More than one third of facilities *always or often* used anger management (39 percent) or brief intervention (35 percent), more than one quarter *always or often* used contingency management/motivational incentives (27 percent), and more than one fifth *always or often* used trauma-related counseling (21 percent)
- More than half of all facilities either *rarely or never* used or were *not familiar* with community reinforcement plus vouchers (86 percent), Matrix Model (63 percent), or rational emotive behavioral therapy (51 percent)

No single substance abuse treatment approach is effective for everyone. The appropriateness of a given intervention depends on a number of variables including the types of substances used, severity of substance issues, the setting in which treatment is delivered, presence of co-occurring physical or mental disorders, time or funding limitations, and other unique needs or issues.¹ As the literature on different substance abuse interventions continues to expand, it is important to understand which approaches are being implemented in the field across different populations and treatment settings.

The 2009 National Survey on Substance Abuse Treatment Services (N-SSATS) collects information on the frequency with which specific clinical or therapeutic approaches (hereafter

referred to as “therapeutic approaches”) are used by treatment facilities. The specific therapeutic approaches addressed in N-SSATS were selected based on their representation of widely recognized evidence-based practices in substance abuse treatment. Surveyed treatment facilities were asked to indicate how often they used each of the following 12 practices: substance abuse counseling, relapse prevention, cognitive-behavioral therapy, motivational interviewing, 12-step facilitation, anger management, brief intervention, trauma-related counseling, contingency management/motivational incentives, rational emotive behavioral therapy, Matrix Model, and community reinforcement plus vouchers.

Not all therapeutic approaches are designed to apply to all substance abuse treatment clients; some variation is expected across different facilities depending on the populations served. Further, the N-SSATS questionnaire does not include detailed questions about the ways in which the approaches are implemented, but is intended instead to provide a general indication of their adoption by substance abuse treatment providers. This report describes each therapeutic approach and presents the frequency with which facilities reported using them (always or often, sometimes, rarely or never,

or were not familiar with the approach) (Figure 1). The following descriptions of the therapeutic approaches were provided to N-SSATS respondents on the survey’s Web site; some information was also obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP).² Readers who would like more information on these therapeutic approaches can visit NREPP (at <http://www.nrepp.samhsa.gov/>) as well as SAMHSA’s Treatment Improvement Protocols (TIPS) (at <http://www.treatment.org/Externals/tips.HTML>).

Substance Abuse Counseling

Substance abuse counseling is a short-term treatment that is used for a variety of disorders. The therapy includes supportive techniques, which encourage the patient to discuss personal experiences, and expressive techniques, which enable the patient to work through interpersonal relationship issues and gain greater self-understanding. Nearly all facilities used substance abuse counseling *always or often* (96 percent).

Relapse Prevention

Relapse prevention is a cognitive-behavioral therapy developed for the treatment of

problem drinking, and it has been adapted for the treatment of other substance use disorders. Cognitive-behavioral strategies are based on the theory that learning processes play a critical role in the development of maladaptive behavioral patterns. Individuals learn to identify and correct problematic behaviors. Relapse prevention encompasses several cognitive-behavioral strategies that facilitate abstinence and provide help for people who experience relapse. Relapse prevention was used *always or often* by 87 percent of facilities.

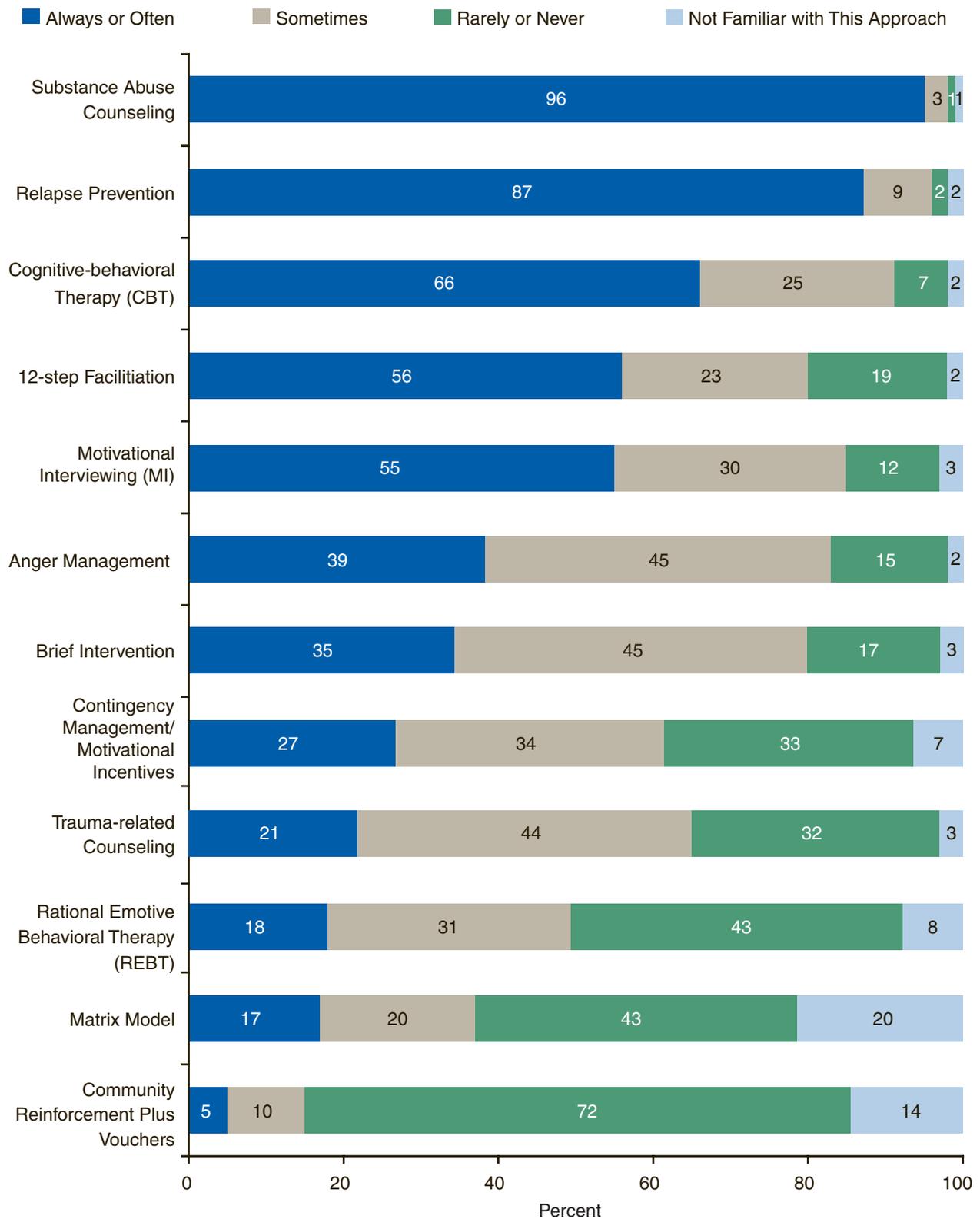
Cognitive-behavioral Therapy (CBT)

Cognitive-behavioral therapy (CBT) involves helping the client to recognize unhelpful patterns of thinking and reacting, and then modify or replace these with more realistic or helpful ones. CBT can be conducted with individuals and families, as well as in group settings. Clients are generally expected to be active participants in their own therapy. Two thirds of facilities used CBT *always or often* (66 percent), and another 25 percent used it *sometimes*.

12-step Facilitation

The 12-step facilitation approach consists of a brief, structured approach to facilitating early recovery from alcohol abuse/alcoholism and other drug abuse/addiction. It

Figure 1. Frequency with Which Substance Abuse Treatment Facilities Used Specified Clinical/Therapeutic Approaches: 2009



Note: Percentages may not sum to 100 percent due to rounding.
 Source: 2009 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

is intended to be implemented on an individual basis in 12 to 15 sessions and is based on behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (A.A.) and Narcotics Anonymous (NA). The majority of facilities used 12-step facilitation *always or often* (56 percent), and nearly one quarter used it *sometimes* (23 percent).

Motivational Interviewing (MI)

Motivational interviewing (MI) is a counseling approach which acknowledges that many people experience ambivalence when deciding to make changes. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so examining and resolving ambivalence is its key goal. Its aim is not to immediately focus on changing behavior, but rather enhancing motivation to change. MI was used *always or often* by 55 percent of facilities; another 30 percent use it *sometimes*.

Anger Management

Anger management is an intervention strategy designed for clinicians who work with substance abuse and mental health clients with concurrent anger problems. The treatment model combines elements of the CBT approach, relaxation interventions,

and communication skills interventions to assist individuals in acquiring the skills to recognize the signs of anger and develop actions to deal with it in a positive way. Approximately 39 percent of facilities used anger management *always or often*, and 45 percent used it *sometimes*.

Brief Intervention

Brief intervention, a short-term intervention usually consisting of one to five sessions, is for substance abusers who are not yet substance dependent. Brief interventions aim to evaluate a potential substance abuse problem and motivate individuals to begin to take action about their substance abuse, either by natural, client-directed means or by seeking additional substance abuse treatment. Brief intervention was used *always or often* by 35 percent of facilities and *sometimes* by 45 percent.

Contingency Management/Motivational Incentives

Contingency management/motivational incentives employ a positive-reinforcement treatment method in which patients are given rewards for constructive actions taken towards their recovery. This approach was used *always or often* by 27 percent of facilities and *sometimes* by 34 percent. One third reported *rarely*

or never using contingency management/motivational incentives (33 percent).

Trauma-related Counseling

Trauma-related counseling is a cognitive-behavior technique adapted for clients suffering from post-traumatic stress disorder (PTSD) and other effects of abuse and trauma. Through a psychoeducational and skills-building approach, participants may learn protective coping skills to promote healing from past experiences, as well as behavioral strategies for reducing trauma symptoms and substance use relapse. Slightly more than one fifth of facilities used trauma-related counseling *always or often* (21 percent), and more than two fifths used it *sometimes* (44 percent); nearly one third of facilities reported *rarely or never* using this approach (32 percent).

Rational Emotive Behavioral Therapy (REBT)

Rational emotive behavioral therapy (REBT) is a therapeutic approach that focuses on currently held attitudes, painful emotions, and maladaptive behaviors that can be disruptive or self-defeating. This method of treatment involves an REBT practitioner who personalizes a set of techniques for helping individuals examine their own thoughts, beliefs, and

actions and replace those that are self-defeating with more life-enhancing alternatives. Approximately one half of facilities either *rarely or never* used REBT (43 percent) or were *not familiar with this approach* (8 percent).

Matrix Model

The Matrix Model is a 16-week intensive outpatient treatment program that consists of a set of treatment strategies derived from clinical research literature, including cognitive behavioral therapy, research on relapse prevention, motivational interviewing strategies, psycho-educational information, and 12-step program involvement. Treatment is delivered primarily in structured group sessions targeting the skills needed in early recovery and for relapse prevention; a family component is also included. Weekly urine testing is conducted, and participants are encouraged to attend 12-step meetings as a supplement and continuing source of emotional and social support. The Matrix Model approach was *rarely or never* used by 43 percent of facilities and an additional 20 percent were *not familiar with this approach*.

Community Reinforcement Plus Vouchers

Community reinforcement plus vouchers is an intensive outpatient therapy where individuals focus on improving family relations, receive vocational training, and learn a variety of skills to minimize drug dependency. An incentive program which incorporates vouchers whereby individuals can earn points exchangeable for retail items is used to encourage individuals to remain in treatment and abstain from substance use. Nearly three quarters of facilities used community reinforcement plus vouchers *rarely or never* (72 percent), and this approach was *not familiar* to an additional 14 percent of facilities.

Discussion

The types of therapeutic approaches used by substance abuse treatment facilities depend upon the characteristics of both the facility and the clients served by the facility. This report indicates that a range of therapeutic approaches were used by treatment facilities. Further, the frequency with which the facilities used these different approaches varied substantially. The majority of substance abuse treatment facilities always or often used substance abuse counseling, relapse prevention, CBT, 12-step facilitation, and

motivational interviewing. Nearly half sometimes used anger management, brief intervention, and trauma-related counseling. Three approaches were used rarely or never or were not familiar to more than half of facilities: REBT, Matrix Model, and community reinforcement plus vouchers. Because matching interventions to an individual's unique needs is a critical component in clients' achievement of positive treatment outcomes, some facilities may benefit from additional staff training on a wider variety of therapeutic approaches targeted to their specific client populations. Policy makers need to ensure that resources are available for such training, that efforts are made to monitor implementation quality or fidelity for these approaches, and that funding is available to continue exploring and developing innovative approaches that lead to long-term, positive outcomes.

End Notes

¹ Conway, P. H., & Clancy, C. (2009). Comparative-effectiveness research—implications of the Federal Coordinating Council's report. *New England Journal of Medicine*, 361(4), 328-330.

² The N-SSATS Web site provides information to N-SSATS respondents about the survey, including definitions of survey items. The N-SSATS Web site is located at <http://info.nssats.com>.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 14, 2010). *The N-SSATS Report: Clinical or Therapeutic Approaches Used by Substance Abuse Treatment Facilities*. Rockville, MD.

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Findings from SAMHSA's 2009 National Survey of Substance Abuse Treatment Services (N-SSATS)

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The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all substance abuse treatment facilities in the United States, both public and private, that are known to the Substance Abuse and Mental Health Services Administration (SAMHSA). N-SSATS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, SAMHSA.

N-SSATS collects three types of information from facilities: characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; client count information such as counts of clients served by service type and number of beds designated for treatment; and general information such as licensure, certification, or accreditation and facility Web site availability. In 2009, N-SSATS collected information from 13,513 facilities from all 50 States, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2009.**

The N-SSATS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc. (Arlington, VA); and RTI International (Research Triangle Park, NC). Information on the most recent N-SSATS is available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2009. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-54, HHS Publication No. (SMA) 10-4579). Rockville MD: Author.

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