The future of talking treatments

Society for the Study of Addiction
Annual General Meeting, 12 – 13 November, York

Gerhard Bühringer
Anja Kräplin
Silke Behrendt

**TECHNISCHE
UNIVERSITÄT
DRESDEN**
Institut für Klinische
Psychologie und
Psychotherapie

IFT
Institut für
Therapieforschung
München

1 Terminology and focus

(1) The future of talking treatments compared to pharmacological treatment

(2) The future of different types of talking treatments

→ (3) The future of talking elements within behavior therapy for substance use disorders

- Relevance of talking elements

- Trends

- Problems and knowledge deficits

- Challenges

2 The relevance of talking elements within behavior therapy

For the therapist	For the patient [1]
(1) To understand the problem and to clarify goals	(1) Problem clarification
(2) To evaluate and utilize resources	(2) Resource activation
(3) To motivate for change	(3) Motivational clarification
(4) To explain and guide problem solving	(4) Experience of positive coping with problems
(5) To create and maintain a positive therapist –patient relationship (change oriented climate; positive role model; diagnostic tool)	(5) Experience positive therapist-patient relationship (change-oriented climate; new role models for handling problems)

[1] Coprehensive school-independent treatment factors (Grawe, 2000)

3 Historic developements

(1) Early behavior therapy

- High relevance of talking elements: e. g., exposure and response prevention, systematic desensibilisation, social skills training

- Emphasis on training outside therapy sessions (homework)

- But also emphasis on training without therapists (e. g. contingency management: token economies)

(2) Cognitive-behavioral therapy

- Inclusion of patient's moods, emotions, cognitions and motivational status as topics of problem analysis and treatment goals

- Stronger involvement of talking elements

(3) And the future?

4 Excursus: Technical developements to gain and utilize information on mental health problems (I) [1]

(1) 65 % of American adults use the internet; 97 % between ages of 12 and 18

(2) About 25 % of adolescent and adult users search for information about mental health issues, e. g., about depression and substance use disorders

(3) Increased use of the internet and other information resources (written material, television, computer programmes, mobile phones) as tools for mental health problems:

- self assessment of problems

- problem related information

- information on treatment options

- treatment programmes

[1] (Taylor & Luca, 2003; Ybarra & Eaton, 2005)

4 Excursus: Technical developements to gain and utilize information on mental health problems (II)

(4) Possible advantages

– access to information and help in remote areas

– less expensive for service providers

– help for low income people

– low thresholds for socially less accepted problem behavior

– stable availability of information and intervention programmes – not limited to treatment sessions

→ Tendency to use technical tools for self help treatments or amendments to professional treatment sessions

→ "To combine the efficiacy of intensive treatments with the advantages of wide-reaching inteventions … " (Shahab & Mc Even, 2009)

→ Decreased relevance of "talking elements" in behavior therapy?

5 Current trends in using „non-talking", automated treatment elements

(1) Problem clarification

- **Self assessment**
    - computer-administered assessment instruments as effective as therapist administered (Taylor & Luce, 2003)
    - large amount of internet screening instruments
    - combination with automated (interactive) diagnostic tools and intervention programmes)

- **Problem information**
    - large amount of websites on mental disorders
    - very high utilisation rates

- **Problem clarification**
    - no technical approaches
    - needs for therapeutic talking elements

5 Current trends in using „non-talking", automated treatment elements

(2) Resource activation

- **Assessment of resources**
  - currently no concepts but technical solutions possible:
  - programmes to list/recall resources: social support resources , own resources to previously stop problem substance use

- **Utilisation of resources for behavior change programmes**
  - complex interaction of problem situation, goals, motivation for change and resources: no technical approach
  - needs for therapeutic talking elements

5 Current trends in using „non-talking", automated treatment elements

(3) Motivational clarification

- **Assessment**
  - currently few concepts but technical solutions possible:
  - programmes to check motivational background for change

- **Clarification of motivation for change**
  - complex interaction of problem clarification, motivation for change and treatment goal selection
  - needs for therapeutic talking elements

5 Current trends in using „non-talking", automated treatment elements

(4) Self treatment (I)

- **Information on possible interventions**
  - large amount of websites

- **Self treatment programmes**
  - self-help standard tools: written material, video- , audio tapes, computer programmes, internet-based programmes
  - automated interactive programmes: computer, internet, mobile phones,
  - therapist based interactive programmes: internet, mobile phones

- **Research evidence**
  - more research on depression and anxiety disorders than substance use disorders
  - more studies on less severe cases

(4) Self treatment (II)

- **Encouraging results**
  - bibliotherapy for problem drinkers (Apodaca & Miller, 2003)
  - television supported self-help for problem drinkers (Kramer et al., 2009)
  - internet-based interventions (Copeland & Martin, 2004) for tobacco smoking and alcohol use disorders (combined with therapy sessions)
  - interactive internet-based smoking cessation (Shahab & McEwen, 2009)
  - computer delivered interventions to reduce college student drinking (Carey et al.,2009)

6 Summary: Future relevance of talking elements (T) and automated tools (A) in treatment

(1) Problem clarification

Assessment	Information	Clarification
A	A	T

(2) Resource activation

Assessment		Activation
A		T

(3) Motivational clarification

Assessment		Clarification
A/T		T

(4) Coping with problem situations

	Information	Training
	A	A (+T?)

(5) Positive therapist-patient relation

Change-oriented climate		Positive role models
	T	

7 Challenges and research needs

(1) Patient selection
- Problem severity
- Cognitive and motivational status

(2) Combinations of therapist activities and self treatments?

(3) Process and outcome studies on different types of automated tools for screening, assessment, goal selection, self treatments

(4) Mediators and moderators of change

(5) Approaches to reduce high attrition rates

(6) Ethical issues

8 Conclusions (I)

(1) (Cognitive) behavior therapy always stressed the need for real life training of new behavior beyond the talking and training elements within therapy sessions

(2) New technological options allow to combine intensive interventions with wide-reaching interventions

  – Extended tools for "classical" self treatment: audio / video, computer, internet

  – New interactive tools: internet, mobile phones

(3) Few studies for substance use disorders , encouraging results, but many questions

8 Conclusions (II)

(4) Talking components of behavior therapy will keep its relevance for complex cognitive-emotional-motivational (decision) processes

(5) Automated (interactive) computer, mobile phone and internet programmes will gain relevance

  – Within therapist based traditional interventions

  – As alternative self-help approaches (for less severe cases?)