

Role of Group Therapies in the Management of Substance Use Disorders

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In Neuro-psychiatry by

Ahmed Abdel Rahman Zaafan

M.B., B.ch

Supervised By

Prof. Amany Haroun El Rasheed

Professor of Psychiatry
Faculty of Medicine, Ain Shams University

Prof. Yasser Abdel Raziq

Professor of Psychiatry
Faculty of Medicine, Ain Shams University

Dr. Doha El Serafi

Lecturer of Psychiatry
Faculty of Medicine, Ain Shams University

**Faculty of Medicine
Ain Shams University
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List of Abbreviations

AA	Alcoholics Anonymous
ADHD	Attention-Deficit Hyperactivity Disorder
CMSG	Computer Mediated Support Group
CTAGs	Cognitive Therapy Addiction Groups
EAGT	Egyptian Association for Group Therapy
NA	Narcotics Anonymous
PTSD	Post-Traumatic Stress Disorder
RCTs	Randomized Controlled Trials
RP	Relapse Prevention
SAMHSA	Substance Abuse& Mental Health Services Administration
SFBT	Solution-Focused Brief Therapy
STND	Standard Group Counseling
SUD	Substance Use Disorder



Introduction



Introduction

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. It is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death (*ASAM, 2011*).

The Ultimate goal of addiction treatment is to enable an individual to achieve and maintain lasting abstinence, but the immediate goals are to reduce drug or alcohol abuse, improve the individual's ability to function and minimize the medical and psychosocial complications of addiction. Individuals in treatment for addiction will also be used to change their behaviors to adopt a healthier life style. Group therapies help patients achieve these goals by creating a milieu in which members of a group can bond

with each other, thus reducing the stigma associated with addiction and the humiliation of having lost control of one's own behavior (*Washton, 2001*).

Group therapies are widely used in the treatment of substance use disorders in short-term residential rehabilitation, long-term therapeutic community, partial hospitals, intensive outpatient, drug-free outpatient, and after care programs. In fact, the most common treatment modality for substance use disorders is “group therapy”, a term that holds several meanings. Recently, the term group therapy has been incorporating more didactic cognitive- behavioral skills and psycho-educational approaches (*NIDA& NIAAA, 2003*).

In a study on group psychotherapy for prevention of relapses in alcoholism compared to standard outpatient follow-up, Calvo et al. concluded that therapy for relapse prevention is effective, easy to apply in the outpatient context and obtains better rates of abstinence than standard outpatient treatment at the one-year follow-up (*Calvo et al., 2009*).

In a study discussing group counseling versus individualized relapse prevention aftercare following intensive outpatient treatment for cocaine dependence, **McKay (1997)** found that rates of complete abstinence were higher in Standard

Group Counseling (STND) than Relapse Prevention (RP), whereas RP was more effective in limiting the extent of cocaine use in those who used during Months 1-3 (*McKay et al., 1997*).

According to a consensus panel, Substance Abuse and Mental Health Services Agency (SAMHSA), the United States mentioned 27 different types of group therapy that were categorized under Skills Development, Cognitive–Behavioral Therapy, Interpersonal Process, Support Specialized and Psycho-educational (*Flores, 2005*).

Psycho-educational groups are designed to educate clients about substance abuse, and related behaviors and consequences. This type of group presents structured, group-specific content, often taught using videotapes, audiocassette, or lectures. Frequently, an experienced group leader will facilitate discussions of the material (*Galanter et al., 1998*).

Cognitive–behavioral groups conceptualize dependency as a learned behavior that is subject to modification through various interventions, including identification of conditioned stimuli associated with specific addictive behaviors, avoidance of such stimuli, development of enhanced contingency management strategies, and response-desensitization (*McAuliffe and Ch'ien 1986*).

Skills development groups typically emerge from a cognitive–behavioral theoretical approach that assumes that people with substance use disorders lack needed life skills. Clients who rely on substances of abuse as a method of coping with the world may never have learned important skills that others have, or they may have lost these abilities as the result of their substance abuse (*Flores, 2005*).

Self-help groups have roots in the realization that significant lifestyle change is the long-term goal in treatment and that support groups can play a major role in such life transitions. These groups attempt to help people with dependencies sustain abstinence without necessarily understanding the determinants of their dependence (*Cooper, 1987*).

Interpersonal process groups use psychodynamics, or knowledge of the way people function psychologically, to promote change and healing. The psychodynamic approach recognizes that conflicting forces in the mind, some of which may be outside one's awareness, determine a person's behavior, whether healthy or unhealthy (*Flores, 2005*).

Rationale

Drug addiction is a major medical problem that is prevalent in most of the communities nowadays. Group therapy is one of the commonly used methods in substance use disorder management. There is a lack of guidelines that direct practitioners to the best effective types of group therapy in the management of substance use disorder.

Hypothesis

There is an increasing use of the different modalities of group therapy in the management of substance use disorders.

We hypothesize that the use of group therapy of any modality will improve the outcome in the management of substance use disorders.