Gli interventi psicoterapeutici nel controllo dei disturbi comportamentali dei consumatori di sostanze

Dott. Francesco Sanavio

Psicologo psicoterapeuta

Istituto di Terapia Cognitiva e Comportamentale

francesco.sanavio@itcc.it

Interventi psicoterapeutici

- Analisi del comportamento
- Terapia cognitiva
- *Relapse Prevention*
- *Dialectical Behavior Therapy*
- *Acceptance and Commitment Therapy*

Cosa determina un comportamento?

Scheda a tre colonne (Beck, 2002)

Situazione	Pensiero	Conseguenze
Sono fuori con amici	*'La mia vita sarà sempre così'* *'Non riuscirò più a divertirmi senza la droga'* *'Posso smettere quando voglio'* *'Uso cocaina solo ogni tanto'*	Utilizzo cocaina

- Modificazione del comportamento come risultante della modificazione di pensieri, credenze e schemi

COGNOME E NOME_____ SETTIMANA N._____

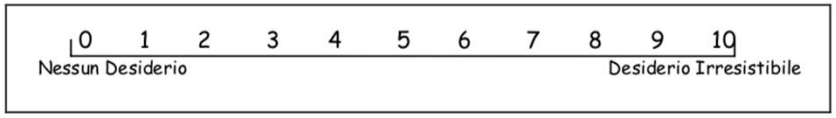
DIARIO DEL CRAVING

(diario del forte desiderio di……)

Le chiediamo di segnare tutte le volte che ha provato un forte desiderio di ……, sia che sia riuscito a controllarlo,. sia che poi abbia ceduto al desiderio.

DATA E ORA	CONTESTO (dove, con chi, cosa stavo facendo)	INTENSITÀ (0-10)	SENSAZIONI FISICHE EMOZIONI, PENSIERI	USO? (se si, cosa e quanto)	SENSAZIONI FISICHE EMOZIONI, PENSIERI

Scala per la autovalutazione della intensità del craving:



Regolazione emozionale

La *funzione* del comportamento disfunzionale è, comunque, di *coping.* Regolazione emozionale permette modulare emozioni agendo sul corpo e/o sulla mente (es. respirazione o *mindfulness*).

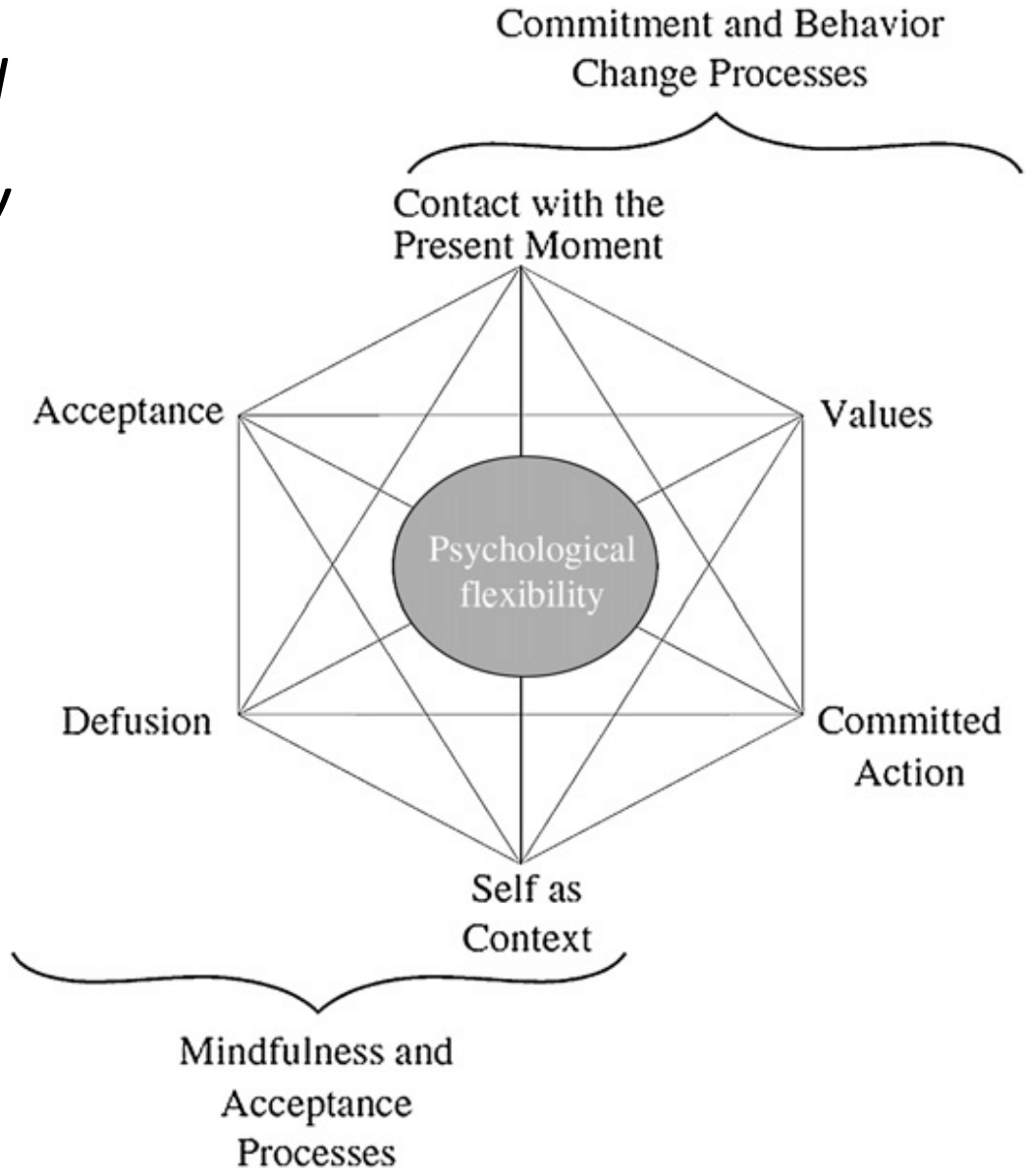
- *Evitamento* degli stati mentali
- Mancanza di consapevolezza
- Incompetenza sociale
- Mancanza di strategie di *problem solving*
- Espressione e regolazione degli stati emotivi attraverso il corpo

Dialectical Behavior Therapy

- Cambiamento/accettazione
- Primo livello: *discontrollo comportamentale*
- validazione
- gestione delle contingenze
- disponibilità telefonica 24/7
- *problem solving/*accettazione
- procedure di esposizione
- procedure di *skill training* (*mindfulness,* assertività, *gestione della sofferenza*)
- strategie cognitive

ACT - Acceptance and Commitment Therapy

- Parte ‘positiva’ e ‘motivazionale’ dell’intervento



Acceptance and Commitment Therapy (ACT) for Partner Aggression

- This was an emotional and behavioral skills enhancement program targeted at adults who engaged in aggressive behavior with their partners. This group-format program aimed to promote psychological flexibility and thereby decrease aggression in participants. The program is rated Effective. Participants reported less physical and psychological aggression at post-treatment and at the 6-month follow up. These findings were statistically significant.
- **Program Components**
  The program consisted of 12 weekly, 2-hour group sessions that emphasized emotional- and behavioral-skills enhancement techniques to decrease experiential avoidance. The modules focused on the development of each skill in a group context, skills generalization outside the group, and homework assignments. Throughout the treatment, clients completed daily monitoring forms on the emotional and relational consequences of their use of problematic interpersonal behaviors such as aggression. Participants also worked to identify emotional avoidance versus emotional acceptance and the consequences of each.

Multisystemic Therapy (MST) / Multisystemic Therapy–Substance Abuse

- A family and community-based treatment program for adolescent offenders who have exhibited serious antisocial, problem, and delinquent behaviors. The program is rated Effective. The treatment group had fewer rearrests and spent fewer days incarcerated than a comparison group that received usual services The program had a positive impact on family cohesion and social skills for the intervention group; but over time did not show better substance use outcomes than the comparison.
  This program's rating is based on evidence that includes at least one high-qualit RCT.

- **Program Goals/Target Population**
  The overriding goal of Multisystemic Therapy (MST) is to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home, in school, and out of trouble. Through intense involvement and contact with the family, MST aims to uncover and assess the functional origins of adolescent behavioral problems. It works to alter the youth's ecology in a manner that promotes prosocial conduct while decreasing problem and delinquent behavior.

  MST targets youths between the ages of 12 and 17 who present with serious antisocial and problem behavior and with serious criminal offenses. The MST intervention is used on these adolescents in the beginning of their criminal career by treating them within the environment that forms the basis of their problem behavior instead of in custody, removed from their natural ecology.

  Program Components
  MST typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment occurs over approximately 4 months, although there is no definite length of service, with multiple therapist–family contacts occurring each week. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). In the family–therapist collaboration, the family takes the lead in setting treatment goals and the therapist helps them to accomplish their goals.

  Key Personnel
  Therapists with special MST training deal with a relatively small number of cases, due to the intensive nature of the intervention. Sessions at the home of the adolescent may occur every day or once a week, depending on the needs of the family and the stage in the program.

  Program Theory
  Systems and social ecological theories form the theoretical foundation of MST. As a family-based home intervention, MST identifies the practical issues that impact the youth's serious antisocial behavior within his or her social environment. Various therapies inform the specific treatment techniques used, including behavioral, cognitive–behavioral, and the pragmatic family therapies.

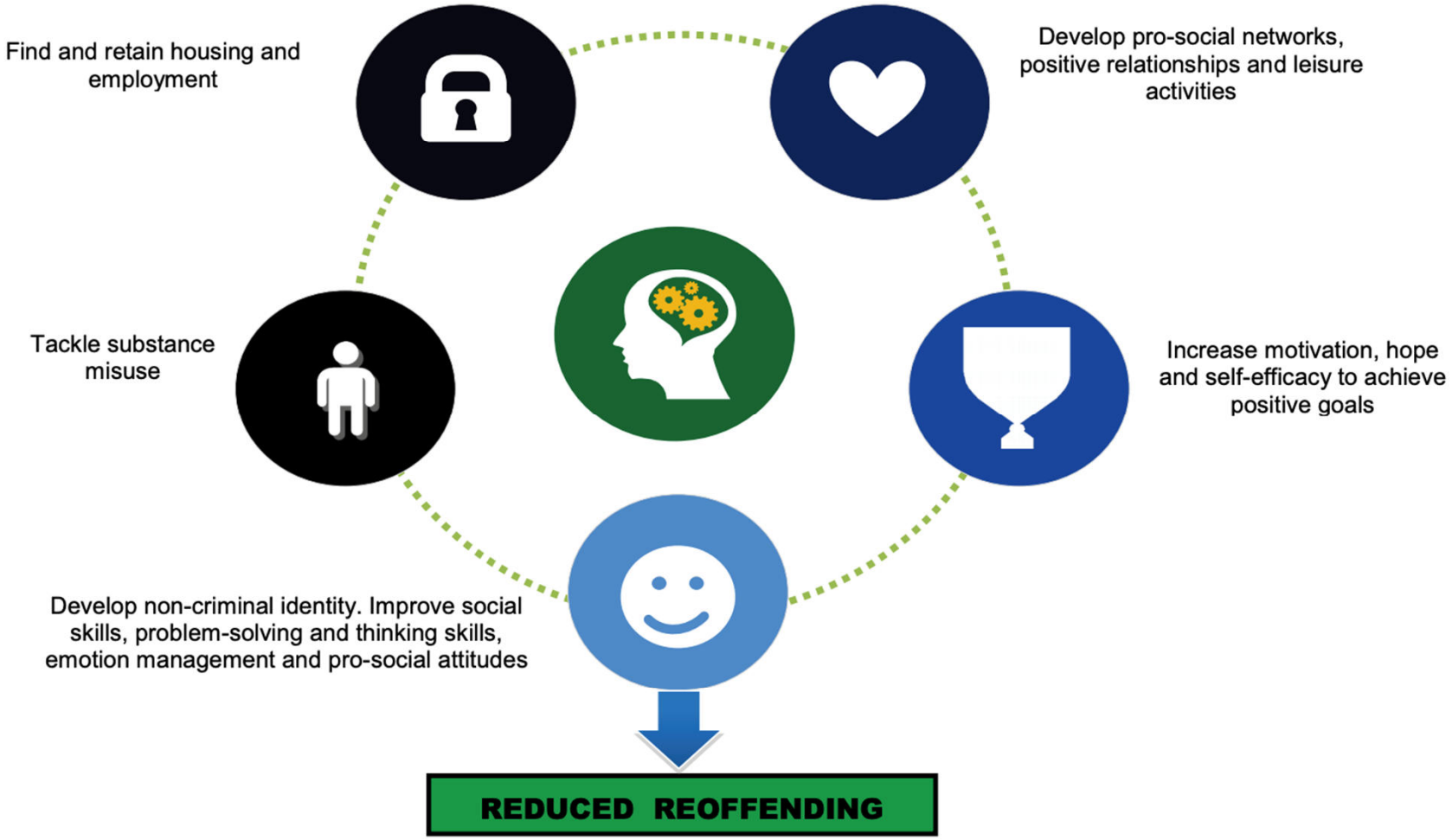
Comportamenti antisociali

- *Outcome* = recidiva
- *Risk-Need Responsivity* (RNR) model of *risk assessment*
- «*Rehabilitative interventions with the strongest evidence base for reducing reconviction rates are cognitive-behavioural programmes which address criminogenic needs*» (What Works to Reduce Reoffending: A Summary of the Evidence, 2011)
- *Criminogenic needs* in larga parte variabili ambientali

Intervention	Impact on Recidivism	# Of Studies in Meta-Analysis
Sanctions alone	7% increase ⬆	30
Inappropriate treatment	6% increase ⬆	38
Intensive supervision (w/o treatment)	7% increase ⬆	47
Appropriate treatment	30% decrease ⬇	54

Andrews, D.A. & Bonta, J. (2006) *The Psychology of Criminal Conduct* (4th Ed.), Anderson.

Figure One: A summary of desired intermediate outcomes of reducing reoffending programmes based on criminogenic needs (adapted from Bisset (2015)[64])



[64] Bisset, C. (2015) *Designing and Evaluating Interventions to Reduce Crime and Reoffending*, Edinburgh: Scottish Government, available at http://www.gov.scot/Publications/2015/03/7005

Reasoning & Rehabilitation

- "Rehabilitating Rehabilitation: Neurocriminology for Treatment of Antisocial Behavior" (Ross & Hilborn, 2008)
- Riduzione recidiva tra il 14% (Tong & Farrington, 2006) e il 36% (Hollin, 2005).
- Replicato in USA (Georgia Cognitive Skills; Van Voorhis et al., 2004), UK (The STOP Programme; Knott, 1995; Raynor et al., 1996) e Svezia (Berman, 2004).

Trattamento inappropriati

- Programmi *“one size fits all”*
- All offenders with a drug history are ordered into drug treatment
- Women with past trauma are placed in mixed gender treatment groups
- Anxiety disordered individuals are placed in group treatment
- Learning disabled persons are placed in programs that require a high degree of verbal or written acuity

Approccio sartoriale

- Una buona terapia nasce da un buon *assessment,* laddove l'*assessment* è limitato dalla bontà delle teorie di riferimento che guidano l'interpretazione di 'segni e sintomi'.
- *«one-size-fits-all interventions do not work».*

Conclusioni

- Spesso gli interventi che funzionano meglio prevedono:

1. alte dosi di trattamento (e quindi gruppi) di cui poca psicoterapia
2. approcci multidisciplinari
3. *setting* differenti dai soliti (intervento *ecologico/contestualista*)

- Risulta importante: (1) l'**individualizzazione** degli interventi *(responsivity)* e (2) la **modularità** degli interventi

Innovare cambiando il modo di lavorare adattando e applicando ciò che è già noto.

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