The goal of this project was to describe attitudes towards, and use of, EBTs in substance abuse treatment programs and the factors associated with such use.

Methods

We conducted qualitative interviews of program administrators (n=22) and focus groups of front-line clinical staff (n=55) at 18 exemplary substance abuse treatment programs serving AI/AN communities (a total of 31 interviews/focus groups).

Interviews were analyzed using nVIVO using the principles of Grounded Theory (Straus and Corbin, 1990). Results of “first-pass” coding is presented here.

Findings (Tables 1 & 2)

While awareness of some EBTs was very high (e.g., Motivational Interviewing, discussed in 61.3% of interviews/focus groups), other EBTs were less well-known (e.g., Behavioral Couples Therapy, discussed in 6.5% of interviews/focus groups). While psychotherapeutic techniques are by far the most common EBTs and dominated the list of those most commonly discussed, all three types of medication-based treatments were among the most referenced EBTs (i.e., medications for relapse prevention, comorbid psychiatric treatments were among the most referenced EBTs (i.e., medications for relapse prevention, comorbid psychiatric conditions, and withdrawal).

When EBTs were used, it was rare to do so with high adherence to clinical manuals. Instead, clinicians tended to select sections of these manuals for use with patients on a case-by-case basis. Similarly, cultural adaptations of EBTs were generally implemented by individual counselors rather than through a program-wide approach.

While participants expressed a number of concerns regarding EBTs (most commonly concerns about their rigidity and cultural appropriateness), most felt the use of treatments that had demonstrated effectiveness was a worthwhile goal.

Evidence-Based Treatment | Number of Times Referenced | Percentage of Interviews/Focus Groups Mentioned
--- | --- | ---
Motivational Interviewing | 38 | 61.3%
Cognitive Behavioral Therapy | 14 | 58.1%
Matrix Model | 20 | 54.8%
Medication for Relapse Prevention | 20 | 38.7%
Contingency Management | 10 | 32.3%
Medications for Comorbid Psychiatric Conditions | 9 | 25.8%
Medications for Withdrawal | 19 | 22.6%
Relapse Prevention Therapy | 7 | 19.4%
Strengthening Families | 4 | 9.7%
Seeking Safety | 5 | 6.5%

Table 1. Ten Most Commonly Mentioned EBTs

Comments Regarding the EBT Movement

- Respondent #1: “I'm probably half and half. I think evidence-based stuff works to an extent. I think treatment here... I don't think treatment here would work with just strictly evidence-based treatment. I think there's so much more that we bring in. Like I said, you know, if you have an evidence-based program and you're following it to the T and you have a client come in with an issue that has nothing to do with that, you're completely missed your window to help them. Because they're not even talking about what's really bothering them or what's going on. Or, when they try to and then, you keep pushing forward with your program for that night or that day. I think then you miss that window of opportunity. So, I think evidence-based work... But, I think that there has to be a lot of other stuff. We need those talking circles, we need that culture class, we need our processes and we need our seats and... You know, that stuff isn't built into evidence-based treatment.

- Respondent #2: “I think the biggest thing we're missing here... this area, of course, it's going to affect all the other areas. If a raindrop falls in the social area it affects the entire different behaviors and things. But I haven't actually gotten down to making a spot record or trigger, which has been a-- you know, what their automatic native thoughts that are affecting their behaviors and feelings and try to think of alternate ways to respond to the triggering event to create different behaviors and feelings. But I haven't actually gotten down to making a spot record or putting anything on paper as far as homework is concerned, so I'm not that direct. I don't know, I see the value in it, but it can also be pretty mechanistic, you know. So I don't follow it step-by-step. I don't really follow a manual.

- Respondent #3: “And, they're suggesting we use them on Native populations and that's not necessarily... When they say it's evidence-based, that it works in this population. Well, maybe for women, but maybe not Native women. And so, I think... Because I think we're, in our grant, we've pushed to use evidence-based practices, we know, under our grant. And, I think sometimes we feel pushed in a corner sometimes to do that.

Table 2a. Sample Quotations

References


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