4.4 Quality drug counselling can be at least as effective as professional psychotherapy

Findings A major US government attempt to refine treatments for cocaine addiction confounded expectations by showing that well structured counselling can better professional psychotherapy.

487 patients were randomly assigned to different manual-guided treatments. All received six months of weekly 12-step based group drug counselling. For some this was the sole treatment. For others it was supplemented by one of three individual treatments: 12-step based drug counselling; cognitive psychotherapy; or supportive-expressive psychotherapy. Each was provided over the same nine-month schedule, most intensely in the first six. The key questions were whether the psychotherapies improved on the (in the USA) more routine counselling approaches and whether they did so for particular types of clients. The answers to both questions were 'No'. In the year following the first six months of treatment, patients receiving both individual and group counselling used cocaine less than those receiving either of the psychotherapies, which were no better than basic group counselling. For example, 38% of the individual counselling clients managed three months without cocaine, 20% of the psychotherapy clients, and 27% receiving just group counselling. Nor was there any evidence that the psychotherapies were superior for clients with relatively severe personality or psychiatric problems. Though on some measures adding individual to group counselling improved outcomes, it was not significantly better at achieving sustained abstinence or reducing the frequency of cocaine use.

In context This landmark study was modelled on one of methadone maintained opiate addicts in which the same psychotherapies *were* superior to counselling. With respect to cocaine, its negative findings are consistent with other research ◤ *Additional reading* ❶. However, the study does not justify a definitive 'no better than counselling' verdict on psychotherapy ◤ *Additional reading* ❷. Both group and individual counselling benefited from continuity with other 12-step based inputs, and the individual counselling enhanced participation in mutual aid groups. The counselling approaches which proved as good as therapy were delivered by carefully selected, experienced, well trained counsellors who consistently followed a recognised manual. Other more direct (eg, rewards and sanctions for abstinence) and skills-based therapies have been found superior to counselling. In one study, when crack users in skills-focused cognitive therapy were encouraged to attend compatible mutual aid groups, this approach outperformed 12-step treatment.

The bulk of the improvements occurred in the first month, suggesting that for many clients *all* the approaches were more extensive than was needed. Most clients left prematurely but seem to have done just as well as those who stayed longer.

Practice implications Most problem cocaine users seeking treatment do not need psychotherapy and do at least as well with drug counselling, especially if this is consistent with available mutual aid opportunities and encourages their take-up. This is good news for Britain, where counselling staff are more available and seem more willing to work with drug users than psychotherapists. However, the results do not justify *any* form of counselling. Rather they argue for its professionalisation into a structured approach delivered by carefully selected and experienced practitioners able to form a good therapeutic relationship with drug using clients. Given the availability of mutual aid groups, extended counselling is often unnecessary. However, fully fledged therapies (behaviour and skills-based rather than mainly emotional and cognitive) need to be retained and even expanded for the cocaine users who require them.

Featured studies Crits-Christoph P., *et al*. "Psychosocial treatments for cocaine dependence. National Institute on Drug Abuse Collaborative Cocaine Treatment Study." *Archives of General Psychiatry*: 1999, 56, p. 493–502. Copies: download from http://pubsearch.ama-assn.org or apply DrugScope.

Additional reading ❶ Van Horn D.H.A., *et al*. "Psychotherapy for cocaine addiction." *Psychology of Addictive Behaviors*: 1998, 12(1), p. 47–61 ❷ Carroll K. "Old psychotherapies for cocaine dependence revisited." *Archives of General Psychiatry*: 1999, 56, p. 505–506. Copies: for both apply DrugScope.

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