



A Combined Behavioral Intervention for Treating Alcohol Dependence

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Abstract

A Combined Behavioral Intervention (CBI) was developed as a state-of-the-science psychotherapy to be tested in NIAAA's multisite COMBINE study. It is a manual-guided, structured yet flexible therapy for alcohol dependence, combining evidence-based behavioral treatment methods in an integrated approach. CBI begins with motivational interviewing to enhance patients' intrinsic motivation for change. This is followed by structured assessment feedback and development of an individualized treatment plan constructed from a menu of empirically supported behavioral modules. Separate pull-out modules are also available for handling special situations that arise. Throughout CBI, the general clinical style of motivational interviewing is maintained. CBI was designed to comprise up to 20 individual outpatient sessions, but its length is flexible based on goal-attainment. A quality assurance rating system has been developed to document therapist adherence from session audiotapes, and shows good inter-rater reliability. Clinical feasibility and acceptability of CBI have been excellent, with over 600 patients treated to date. A therapist manual to guide delivery of CBI is being published by NIAAA.

Development of CBI

The Combined Behavioral Intervention (CBI) was developed by a working group within the COMBINE study. It was intended to combine the strengths of three treatment methods previously tested in Project MATCH: Twelve-Step Facilitation Therapy, Motivational Enhancement Therapy, and Cognitive-Behavioral Skill Training. Rather than prescribing certain content to be covered in particular sessions, CBI was designed to be flexible with regard to length, number and frequency of sessions, and treatment content, more closely reflecting the course of clinical practice.

Four Phases of CBI

Phase 1: Building Motivation for Change. This phase begins with motivational interviewing, and proceeds through structured assessment feedback (motivational enhancement therapy). Efforts are always made to involve a supportive significant other in at least some sessions.

Phase 2: Developing a Plan for Treatment and Change. Once a reasonable base of motivation for change has been established, Phase 2 includes a functional analysis of drinking patterns, a review of the client's psychosocial functioning, and development of a specific change plan, to which the client is asked to commit. Involvement in 12-Step or other mutual support groups is also encouraged during this phase.

Phase 3: Implementing Change. This phase involves the delivery of treatment modules, selected for their fit with the treatment plan. The menu of modules includes:

- ! Assertive/Expressive Communication Skills
- ! Coping with Craving and Urges
- ! Drink Refusal and Social Pressure Skill Training
- ! Job-Finding Training
- ! Mood Management Training
- ! Mutual Help Group Facilitation
- ! Relationship (Listening) Skills
- ! Social and Recreational Counseling
- ! Social Support for Sobriety

There are also special "pull-out" modules for use as needed to handle particular situations including:

- ! Sobriety Sampling
- ! Raising Concerns
- ! Case Management
- ! Resumed Drinking
- ! Support for Medication Adherence
- ! Missed Appointment
- ! Telephone Consultation
- ! Crisis Intervention

Phase 4: Maintaining Change. As sobriety is stabilized, sessions become less frequent, and focus on maintaining gains that were made in earlier phases.

Quality Assurance for CBI

Session and modular checklists were developed to help therapists remember and adhere to treatment procedures. All CBI sessions in COMBINE were audiotape recorded, and randomly selected tapes were centrally monitored for all therapists. Therapists (N = 41) had to demonstrate proficiency through practice tapes before being certified to see trial cases. Therapists were "red-lined" (n=3) if their performance was found to fall below acceptable adherence standards, and were prohibited from seeing further cases until performance improved. Inter-rater reliability has been excellent for global ratings of CBI therapist proficiency.

Miller, W. R. (Ed.) *Combined Behavioral Intervention: Therapist manual* (COMBINE Study). Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism

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