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Involving significant others in the care of opioid-dependent patients receiving methadone

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Abstract

Positive, abstinence-oriented, social support is associated with good substance abuse treatment outcome but few interventions are designed to help patients improve their social supports. This article reports on a behavioral intervention designed to encourage opioid-dependent patients receiving methadone to include drug-free family members or friends in treatment and to use these individuals to facilitate development of a supportive, non-drug-using social network. This report uses data from a quality assurance program review of the treatment response of 59 opioid-dependent outpatients who identified a drug-free significant other to participate in their treatment. Fifty-five (93.2%) brought a significant other (most often the patient's mother, 29%) to both the initial evaluation session and at least one joint session. Social support activities were family- (33%), church- (28%), and self-help group-related (30%). Approximately 78% of patients who participated in the social support intervention achieved at least four consecutive weeks of abstinence. Women responded better than men. We conclude that methadone-maintained patients can and will include non-drug-using family members and friends in treatment, and these individuals can be mobilized to help patients improve their recovery. © 2005 Elsevier Inc. All rights reserved.

Keywords: Drug abuse; Significant other; Social support; Community reinforcement; Adaptive treatment

1. Introduction

Opioid-dependent patients receiving methadone often spend much of their time in social environments that support and directly reinforce drug use and associated behaviors that convey considerable risk of harm to self and others (Best, Hernando, Gossop, Sidwell, & Strang, 2003; Gogineni, Stein, & Friedmann, 2001; Latkin et al., 1995; Schroeder et al., 2001; Stein, Charuvastra, & Anderson, 2002). Patients are routinely advised to abandon these supports (i.e., "change people, places, and things") without having meaningful alternative social networks in place. The absence of alternative social networks typically results in patients remaining mired in existing ones. Effective interventions are needed to help patients transform social networks that support drug use into ones that offer competitive reinforcement for abstinence. The overall merits of this goal are illustrated by a series of studies showing that positive social supports are associated with a reduced risk of relapse to heroin and other drug use and with an overall better treatment response (Booth, Russell, Soucek, & Laughlin, 1992; Broome, Simpson, & Joe, 2002; Cohen & Lichtenstein, 1990; Goehl, Nunes, Quitkin, & Hilton, 1993; Havassy, Hall, & Wasserman, 1991; Wasserman, Stewart, & Delucchi, 2001; Yates, Booth, Reed, Brown, & Masterson, 1993).

Perhaps the most familiar and empirically proven method for improving drug-free social support is to enlist the help of the patient's drug-free spouse or partner in the therapeutic process using behavioral couples therapy (BCT; Epstein &

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McCrady, 2002; O'Farrell & Fals-Stewart, 2000). Work in patients with alcohol problems has been particularly encouraging. Studies have shown that spouse involvement in treatment is an effective intervention for enhancing adherence to disulfiram, for reducing total alcohol consumption, for improving partner relationships, and for maintaining treatment gains over time (McCrady, Epstein, & Hirsch, 1999; McCrady, Epstein & Kahler, 2004; McCrady, Stout, Noel, Abrams, & Nelson, 1991; O'Farrell, Choquette, & Cutter, 1998; O'Farrell, Cutter, Choquette, Floyd, & Bayog, 1992; O'Farrell, Van Hutton, & Murphy, 1999). More recently, studies that have extended this work to illicit-drug-using individuals have shown that patients treated with BCT exhibit less drug use and better overall treatment adherence than those prescribed individual-based therapies (Fals-Stewart, Birchler, & O'Farrell, 1996; Fals-Stewart et al., 2000; Winters, Fals-Stewart, O'Farrell, Birchler, & Kelley, 2002).

Although the use of BCT can be an important contribution to the treatment of opioid dependence, the intervention has some limitations. BCT generally requires the participation of spouses or romantic partners. The majority of opioid-dependent patients receiving methadone are either uninvolved in stable intimate relationships or highly resistant to recommendations to include their stable partners in the treatment process (e.g., Kauffman, 1985; Kidorf, Brooner, & King, 1997). These problems combine to limit the feasibility of BCT to a potentially small proportion of patients receiving methadone, and the therapy requires a level of experience and expertise that routinely exceeds the resources available in many programs using methadone (Fals-Stewart & Birchler, 2001). The positive outcomes for BCT with opioid-dependent patients are also decidedly less impressive compared with those reported in patients with alcohol problems (Winters et al., 2002). Perhaps, most importantly, BCT relies heavily on good rates of attendance to prescribed sessions. Unfortunately, numerous studies report adherence rates less than 50% to routine drug abuse counseling schedules (Kidorf, Stitzer, Brooner, & Goldberg, 1994) and consistently poorer rates when the therapy involves the participation of significant others (Kidorf, King, & Brooner, 1999; Stanton & Todd, 1982).

Several years ago, the Addiction Treatment Services (ATS) program instituted a novel intervention incorporating the systematic use of significant others to help opioid-dependent patients improve the availability and magnitude of drug-free social support (Kidorf et al., 1997). This intervention is one element of a multicomponent adaptive stepped care treatment approach (e.g., Davison, 2000; Murphy & McKay, 2004; Sobell & Sobell, 2000) implemented several years ago in our treatment center (motivated stepped care [MSC]: Brooner et al., 2004; Brooner & Kidorf, 2002; Kidorf et al., 1999). The MSC approach involves advancing patients to higher intensities of weekly counseling and monitoring in response to objective evidence of partial and poor treatment response (missed sessions and high rates of ongoing drug use). Patients advanced to the program's highest level of weekly care are required to include a drug-free significant other to help monitor and support their overall adherence to the treatment plan. The patient and significant other jointly attend a weekly group as part of this intervention (i.e., significant-other community monitoring and support group) designed to help the patient meet other drug-free individuals and begin the task of creating or enhancing a drug-free social network. Clinic-based incentives such as more versus less desirable methadone dosing schedules and, ultimately, availability of uninterrupted ongoing treatment (e.g., Kidorf & Stitzer, 1999) are used to motivate attendance to this treatment group and reinforce completion of specific behavioral goals established every week.

This significant-other intervention diverges from couples and family treatment approaches in at least three important ways. First, patients can include any drug-free person as support so as not to exclude the participation of those patients without a spouse or other available family members. Second, the goal of the intervention was amended from improving the quality of the relationship with the significant other to using the significant other to monitor and reinforce attendance and adherence to the treatment plan, with an emphasis on expanding the patient's drug-free social network. In this way, the significant-other intervention resembles community reinforcement approaches designed to help patient's access social reinforcement from their environment to support abstinence (Azrin, Sisson, Meyers, & Godley, 1982; Azrin et al., 1994; Hunt & Azrin, 1973). Perhaps, most importantly, principles of behavioral reinforcement (Brooner & Kidorf, 2002; Brooner et al., 2004) are used in this treatment approach to encourage both the identification and participation of significant others in weekly treatment monitoring and support groups.

The present report provides a descriptive evaluation of the participation and outcomes of 59 consecutive male and female opioid-dependent patients over a 2-year period that were advanced to Step 3 and required to include a drug-free significant other to facilitate ongoing treatment progress. Data are presented on the proportion of patients who identified a drug-free significant other, as well as the relationship of these significant others to patients (i.e., family members vs. friends or others). The report also presents data on attendance rates to the significant-other community monitoring and support group, types and frequencies of weekly social activities reported by patients and significant others, and overall drug abuse treatment response.

2. Methods

2.1. Participants

ATS is a hospital-based community treatment program on the campus of the Johns Hopkins Bayview Medical

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