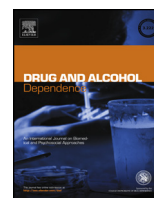




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Review

An initial meta-analysis of Acceptance and Commitment Therapy for treating substance use disorders

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ABSTRACT

Background: In the past decade, multiple studies have examined the effectiveness of Acceptance and Commitment Therapy (ACT) for substance use disorders relative to other active treatments. The current meta-analysis examined the aggregate effect size when comparing ACT to other treatments (e.g., CBT, pharmacotherapy, 12-step, treatment as usual) specifically on substance use outcomes.

Method: A total of 10 randomized controlled trials were identified through systematic searches.

Results: A significant small to medium effect size was found favoring ACT relative to active treatment comparisons following treatment. Effect sizes were comparable across studies for smoking cessation ($k=5$) and for other drug use disorders ($k=5$).

Conclusions: Based on these findings, ACT appears to be a promising intervention for substance use disorders. Limitations and future directions are discussed.

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1. Introduction

Substance use disorders are characterized by recurrent, maladaptive use of drugs and/or alcohol (American Psychiatric Association, 2013) which often leads to significant distress and impairment in social, interpersonal, and occupational settings (Henkel, 2011; Mueller et al., 2009). In many cases, substance use disorders are chronic problems that tend to be associated with comorbid mental health conditions (Kessler et al., 2005). A number of behavioral treatment approaches have been found to be efficacious in treating substance use disorders including contingency management, traditional cognitive behavior therapy (CBT), skills training, motivational interviewing, drug counseling, and couples and family therapies (Carroll and Onken, 2014; McHugh et al., 2010; Smedslund et al., 2011). However, substance use disorders continue to be difficult problems to treat. Reviews of current treatments indicate that substance abstinence is only seen in approximately 30 to 50 percent of those treated, with a relatively small overall effect size ($g = .30$; Hubbard et al., 2003; Prendergast et al., 2002) and effects that are often not long-lasting (Benishek et al., 2014). Thus, it is evident that while quality treatments exist, there is room for improving treatment for many of those in need.

More recently, contextual CBTs, such as Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), Dialectical Behavior Therapy (DBT; Linehan, 1993), and mindfulness-based relapse prevention (e.g., Witkiewitz et al., 2005) have been utilized to treat substance use disorders. A key difference between contextual CBTs and traditional CBT is the emphasis on mindfulness and acceptance strategies to reduce the impact of internal triggers on substance use behavior (e.g., altering the context and function so cravings, distress, or thoughts of using are less likely to lead to substance use). Other defining features of contextual CBTs include taking a broad, functional approach to treatment, emphasizing motivation and values-based strategies and also applying these psychological skills to counselors themselves (e.g., targeting burnout, stigma toward clients; Hayes and Levin, 2012).

Mindfulness-based treatment approaches have been the most researched of the contextual CBTs for substance use. While further evidence is needed to better understand mindfulness as a component of treatment for substance use, recent reviews of the evidence indicate its efficacy for promoting abstinence and reducing cravings (Chiesa and Serretti, 2014; Zgierska et al., 2009).

Recently, several randomized controlled trials (RCTs) have suggested ACT is another promising contextual CBT for substance use. While ACT includes mindfulness as a treatment component, its approach differs from other mindfulness-based treatments. Mindfulness within ACT is tightly integrated with other processes of change such as acceptance, values, and behavior change methods and ACT protocols often include a less heavy emphasis on meditative practices.

ACT uses a combination of acceptance, mindfulness, and values-based therapeutic processes to foster psychological flexibility, which involves stepping back and mindfully watching inner experiences (e.g., thoughts, feelings, and bodily sensations) in the service of being able to better engage in a more functional, values-focused life (Hayes and Levin, 2012). As applied to substance use disorders, clients learn more accepting and mindful ways of relating to inner experiences, rather than engaging in substance use (e.g., in response to cravings or escape negative affect), while moving forward in building meaningful patterns of activity that are further inconsistent with substance use. In addition, because of the transdiagnostic nature of ACT, it can effectively target key psychological problems commonly comorbid with substance use including depression, anxiety, and self-stigma (Batten and Hayes, 2005; Luoma et al., 2008; Petersen and Zettle, 2010). Consistent with this approach, research has found that poorer psychological

flexibility predicts a range of psychological problems including substance use disorders (Bond et al., 2011; Levin et al., 2012).

A series of clinical trials have examined the effectiveness of ACT to treat a variety of substance use disorders in the past decade, including, smoking (Bricker et al., 2013, 2014a, 2014b; Gifford et al., 2004, 2011), polydrug use (Luoma et al., 2012; Menéndez et al., 2014), opioids (Hayes et al., 2004; Stotts et al., 2012), and amphetamines (Smout et al., 2010). This evidence base, although relatively small at this time, warrants an initial investigation into the current state of the evidence for ACT as a treatment for substance use disorders. While a recent narrative review qualitatively examined the current literature on ACT for substance use disorders (Stotts and Northrup, 2015), no quantitative review has been published in this area to date.

More generally, a meta-analytic review indicated ACT was more efficacious than wait-list and psychological placebo conditions and comparable to established treatments (e.g., cognitive therapy, CBT; Powers et al., 2009). However, in a re-analysis of this data ACT appeared to outperform some established treatments, but may be comparable to CBT (Levin and Hayes, 2009). This re-analysis was performed, in part, because of conceptual disagreements of what the primary outcomes in treatment were, thus highlighting the problematic nature of comparing modalities when the goals of the treatments may differ from one another. The area of substance use disorders offers a unique opportunity to further examine the efficacy of ACT to active treatment comparisons for two reasons. First, these represent a unique set of studies in the ACT literature in which every clinical trial for substance use compared ACT to an active control condition. Second, because substance use treatment utilizes a common, specifically defined outcome, the efficacy of treatments can be more specifically and objectively measured compared to many types of treatment outcome research.

Even though a qualitative review of the literature is informative (Stotts and Northrup, 2015), a meta-analytic approach provides additional utility in examining this preliminary research area. A meta-analytic review of the literature avoids some of the potential biases that can be introduced through more subjective, qualitative summaries of research findings. As a result, this approach is recommended by some even in situations where data are limited or possess less than ideal statistical properties (Cohn and Becker, 2003; Garg et al., 2008). Although a meta-analysis in this area is preliminary due to the limited number of studies (some of which were pilot trials), such a review still provides greater perspective to the current state of ACT as a treatment for substance use disorders by examining aggregated effect sizes across the available data.

Thus, the current study employed a meta-analytic approach to examine the comparative efficacy of ACT to active treatment comparisons on substance use abstinence. Even though the use of ACT for treating substance use disorders is still preliminary, enough evidence exists to warrant a systematic review. The current study will aggregate the current state of the therapy in this area in an attempt to observe potential trends in the existing data and guide future clinical and research endeavors.

2. Method

2.1. Inclusion criteria

In order to be included in the current meta-analysis, manuscripts had to meet the following criteria: (a) use of randomized controlled research design; (b) inclusion of an ACT treatment defined by the authors and clearly stated in the description of the therapy; (c) comparison of ACT to at least one alternative treatment condition; (d) included a measure of substance use and reported substance use outcomes; and (e) included a population of treatment seeking individuals with substance use disorders. Of note, substance use was broadly defined when including studies for analysis as the state of the evidence precluded the ability to fully examine specific substance use types. This is consistent with other meta-analyses in this area (e.g., Prendergast et al., 2002).

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