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# Opioid Use Disorder: Psychosocial Approaches

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## Introduction

Research shows that effective opioid use disorder (OUD) treatment must include a medication such as buprenorphine, methadone, or injectable naltrexone as its main component (Amato L et al, *Cochrane Database Syst Rev* 2011;(10):CD004147). Nonetheless, psychosocial approaches can be valuable adjuncts to medications for many patients. In this fact sheet, we provide an overview of psychosocial options to consider when working with patients with OUD. Some of these treatments can be delivered by psychiatrists, while others may require referral to specialized providers. Having this information on hand is especially useful when a patient is not responding to standard treatments alone.

## Psychotherapeutic Approaches

- *Motivational interviewing (MI)*: MI is a patient-centered approach in which the therapist helps the patient resolve ambivalence by identifying and enhancing their intrinsic motivation to change harmful behaviors—in this case, opioid use. It can be an especially helpful approach early in treatment or with patients who are reluctant to take a medication for OUD (MOUD).
- *Cognitive behavioral therapy (CBT)*: CBT focuses on helping patients identify situations that are high risk for drug use and teaches techniques for avoiding them. It teaches coping strategies for managing cravings, such as relaxation techniques, mindfulness, and distraction, as well as helping patients identify and restructure negative thought patterns. CBT works best for motivated patients who adhere to treatment, consistently practice coping skills, and will complete homework assignments.
- *12-step facilitation (TSF)*: The TSF model is a semi-structured approach that connects patients to 12-step mutual-help groups, typically in the community, and encourages ongoing attendance and engagement. The group treatment approach emphasizes accountability, mutual support, and spirituality. Groups are typically peer-led and focus on building a supportive and accepting recovery community.
- *Behavioral couples therapy (BCT)*: BCT includes a patient's partner in weekly sessions typically spanning three to six months. It utilizes a CBT framework in identifying risky situations, uncovering negative thought patterns, and supporting change, but does so by emphasizing communication within the couple. BCT is usually done with providers who have completed specialty training.

## Behavioral Models

*Contingency management (CM)*: CM is an approach that provides a tangible reward for abstinence. A typical model is to give patients chances to earn vouchers with monetary value or cash for not using drugs, which is verified by rapid urine drug screens. Increasing the value of the reward for consecutive negative drug screens can improve efficacy. Most evidence for CM is for stimulant use disorder, though it is being investigated for OUD as well.

## Mutual-Help Groups

*Various community-based organizations*: Groups such as Alcoholics Anonymous and Narcotics Anonymous, best known by their acronyms AA and NA, offer free volunteer-run meetings based on the 12-step approach. Meetings are meant to foster a supportive community where participants can learn and support one another. Individual sponsorship is also usually encouraged. Attitudes and acceptance of MOUD can vary between mutual-help groups.