

TBHCE Webinar Series: Evidence Based Practices for Substance Use Disorders: What Providers Need to Know

April 28, 2026

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Learning Objectives

1. Identify evidence-based psychotherapeutic and psychopharmacological interventions to support individuals with substance use disorders.
2. Compare the evidence supporting these interventions across different substances.
3. Determine which interventions are appropriate for group settings and adapt evidence-based strategies to meet patient needs.

Introducing the Presenters

Jeremiah D. Simmons, PhD, is a licensed clinical psychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of New Mexico Health Sciences Center. He provides clinical services, supervision, and training through the Division of Community Behavioral Health, with a focus on rural and tribal communities. He has extensive experience working with adolescents and adults with co-occurring mental health and substance use disorders in community behavioral health and integrated care settings. In his clinical practice, he utilizes the ASAM multidimensional assessment framework to guide clinical decision making, level-of-care determinations, and treatment planning. His work integrates evidence-based practices such as Motivational Interviewing and Cognitive Behavioral Therapy with culturally responsive approaches to care..

Caroline Bonham, MD, Vice Chair of Community Behavioral Health Policy, Department of Psychiatry and Behavioral Sciences at University of New Mexico Health Sciences Center. She is a psychiatrist with an interest in access to care and developing community partnerships. She oversees the Division of Community Behavioral Health in the UNM Department of Psychiatry and Behavioral Sciences which addresses health disparities among individuals with mental illness in New Mexico through community partnered research, clinical and educational initiatives. She also serves as the psychiatric consultant for the New Mexico Behavioral Health Collaborative. Clinically, she provides direct care through the UNMH Assertive Community Treatment team and to rural communities through the UNM Telebehavioral Health program.

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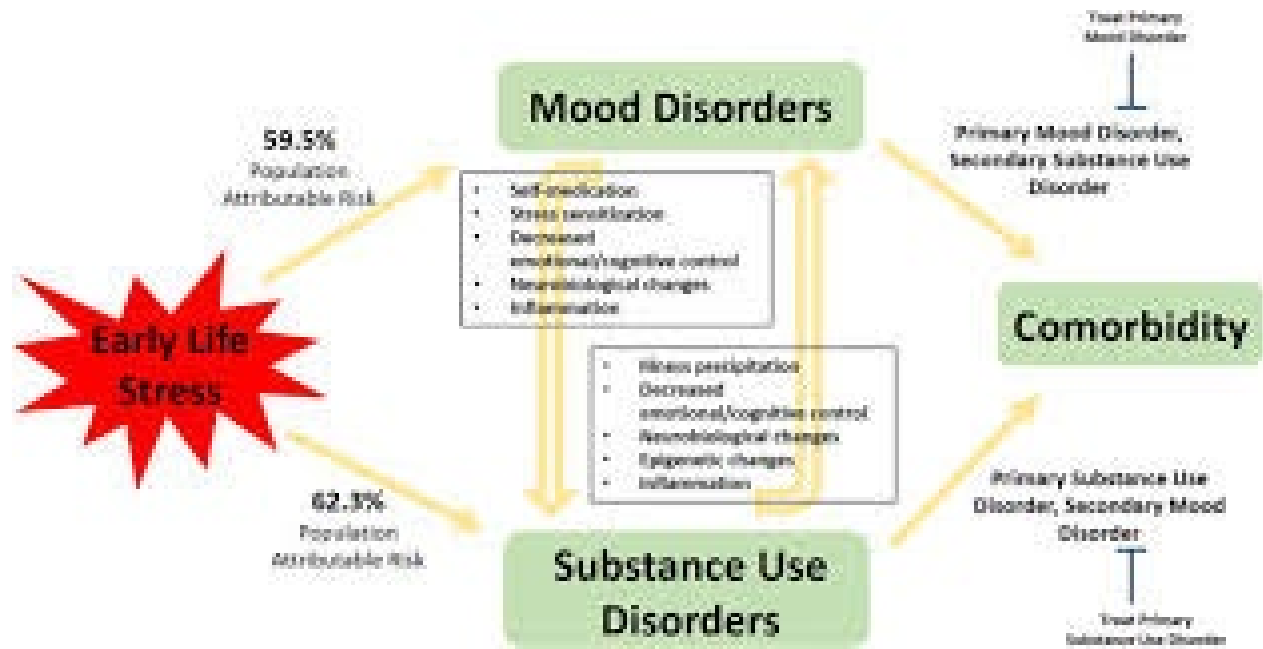
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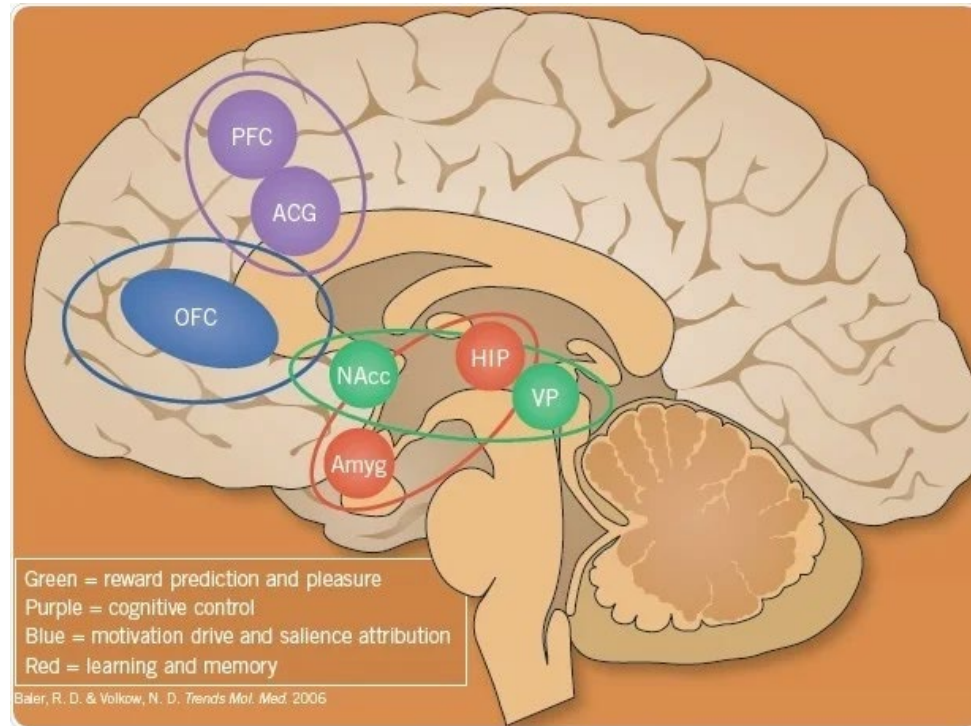
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Substance use disorders have complex interactions with mental health conditions



Biological changes that happen in substance use disorders affect abilities to learn and change



Effect sizes of treatments are relatively small

- Interventions are considered evidenced based if studies can show there is a 5-25% improvement in outcomes compared to treatment as usual
 - Improvement in days of use from 30 days a month to 27 days a month
 - Improvement in heavy use days from 10 days a month to 8 days a month
- Therefore, there is a focus on combining effective treatments and identifying different ways to engage each individual

Epiphany experiences in recovery

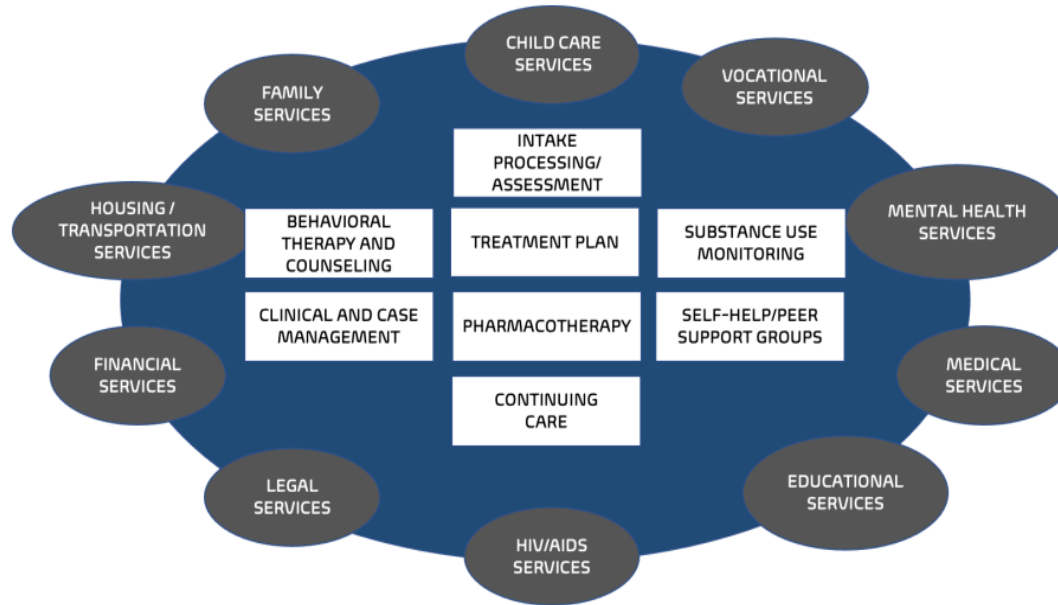
- Described by Bill Miller and colleagues
- Lived experiences of “quantum change” and insights that “come out of the blue”
- Can be associated with recovery after decades of substance use disorder
- As clinicians, always important to maintain hope

Striving for a stance of hope while being detached from outcomes

- Hope and optimism of clinician is a predictor of positive outcomes
- An overly bubbly focus on hope can feel invalidating when someone is in distress
- As clinicians, we can be at risk of burn out and demoralization if our expectations are too high

Comprehensive Substance use treatment is multi-pronged

Components of Comprehensive Drug Abuse Treatment



ASAM principles of SUD treatment

- Assess all six psychosocial dimensions
- Match treatment interventions according to comprehensive assessment

ASAM clinical dimensions

- Intoxication, Withdrawal and Addiction Medications
- Biomedical Conditions
- Psychiatric and Cognitive Conditions
- Substance Use-Related Risks
- Recovery Environment Interactions
- Person-Centered Considerations

ASAM levels of care

- Early Intervention
- Outpatient treatment
- IOP
- Partial Hospitalization
- Residential Treatment
- Inpatient treatment

SAMHSA recommendations for Treatment of Concurrent Substance Use Disorders

- Pharmacotherapy plus counselling
- Contingency management plus pharmacotherapy plus counselling
- Twelve Step plus pharmacotherapy plus counselling

NIDA recommendations for behavioral interventions for SUD

- CBT
- Motivational Enhancement Therapy
- Twelve Step
- Family therapy – especially for youth
- Contingency Management
 - NIDA Principles of Drug Addiction Treatment: A Research Based Guide

FDA approved pharmacotherapies for SUD

SUD	Medication	Administration	Notes
Alcohol	Acamprosate	Orally three times a day	TID dosing can be hard to remember, metabolized through kidneys
Alcohol	Disulfiram “Antabuse”	Orally once a day	Reaction if continue to drink
Alcohol	Naltrexone	Orally/ monthly injection	Metabolized through liver, association with anhedonia
Opioids	Buprenorphine	Orally/ SL/ injectable	Hard to initiate when using fentanyl
Opioids	Methadone	Orally	Only available through approved methadone clinics
Opioids	Naltrexone	Monthly injection	Precipitates acute withdrawal when actively using opioids

ASAM guidelines for the treatment of opioid use disorder

- All individuals should be offered a range of psychosocial/ counselling treatments based on their preference
- Pharmacotherapy should not be contingent on participation in therapy
- FDA approved pharmacotherapies include methadone, naltrexone and buprenorphine

ASAM guidelines for the Treatment of stimulant use disorder

- Contingency management
 - Can be combined with CBT and CRA
- Matrix model – usually delivered in IOP setting
- Consideration of off label use of pharmacotherapy
 - Bupropion
 - Mirtazepine
 - Topiramate
 - Combination of bupropion and naltrexone

Clinical guidelines for treatment of Alcohol use Disorder

- Offer pharmacological treatment – in addition to FDA approved medications, there is evidence base for gabapentin and topiramate
- Offer behavioral interventions (contingency management, CBT, MI, CRA)
- Offer self help/ peer support groups (Twelve Step/SMART Recovery)

Mar Y, Whitley SD, Weigand TJ, et al. Treatment of Alcohol Use Disorder Baltimore (MD): Johns Hopkins University; 2023 Oct. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK561234/>

Project MATCH for Alcohol Use Disorder

- 8 year longitudinal \$27 million study for AUD
- Randomized participants to CBT vs MI vs Twelve Step
- Compared participants based on demographics, severity of use, meaning making, motivation, presence of social support
- Found that each arm was associated with fewer drinking days, less liver damage, reduced depression, reduced use of other drugs. Very few differences between groups
- DiClemente, C. C. (2011). Project MATCH. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (2nd ed., pp. 395–401). American Psychological Association. <https://doi.org/10.1037/12353-018>

Combine Study for Alcohol use Disorder

- Studied Acamprosate versus psychosocial intervention plus both
- Used “CBI” Combined Behavioral Intervention – combination of CBT, Motivational Interviewing and Twelve Step
- Demonstrated that CBI plus acamprosate was associated with reduced days drinking per month

Anton RF, O'Malley SS, Ciraulo DA, Cisler RA, Couper D, Donovan DM, et al. Combined pharmacotherapies and behavioral interventions for alcohol dependence: The COMBINE study: A randomized controlled trial. JAMA. 2006;295:2003–17

Why Psychotherapy Matters in SUD Treatment

- Sustainable recovery requires behavioral, relational, cultural, and environmental change.
- SUD = can be a chronic and relapsing condition
- Brain changes affect learning, motivation, and executive functioning
- With small effect sizes medications and psychotherapy alone = need for combined approach
- Comprehensive SUD treatment is multi-pronged

Leichsenring, F., Steinert, C., Rabung, S., & Ioannidis, J. P. A. (2022)

AI/AN Cultural Considerations

- Among AI/AN populations, loss of traditional culture or lack of identification with traditional culture is associated with many substance misuse problems.
- Many interventions have been based on explanatory theories and theories of change that do not resonate with tribal communities
- Not just about symptom reduction
- Also focus on improving emotional, mental and/or physical health with the goal of building cultural strengths
- Use culturally grounded ways of teaching and reinforcing positive health behaviors such as storytelling, traditional dance, music, and crafts, to prevent relapse
- Connect to community resources (elders, programs, traditional activities) that reinforce cultural values/beliefs and prosocial non-using behaviors.

Motivational Interviewing/ Motivational Enhancement Therapy

- Motivational Interviewing is a broad therapeutic approach – using curious enquiry to elicit “change talk”
 - Open ended questions, affirmations, reflective listening, summarizing (OARS)
- Motivational Enhancement Therapy – using MI to develop personalized feedback and change plans
 - Five principles:
 - i. Express Empathy, ii. Develop Discrepancy, iii. Avoid argumentation, iv. Roll with Resistance, v. Support Self Efficacy

Motivational Interviewing/ Motivational Enhancement Therapy

- Spirit of MI aligns well with Indigenous values:
 - Autonomy, respect, collaboration, non-shaming
- Tribal Adaptions:
 - Example: “Beauty Way Framing”
 - Honoring client wisdom
 - Family/Clan/Community Motivations

Not Important	Unsure	A Little Important	Very Important
0...1...2	3...4...5	6...7...8	...9...10





Here is an adapted version of the rulers that does not include numbers but only descriptions. For each ruler, just change the wording to match what you are asking about: *importance* of making a change, *confidence* to make a change, and *readiness* to make a change.

It's not important to make a change. You haven't prepared the ground for planting.	You are unsure about making a change. A seed is in the soil but hasn't been watered.	It is a little important to make changes. Your plant just broke through the soil.	It is very important to you to make changes. Your plant is ready to be harvested.
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“I believe that the concept of MI is already within our culture. In the Navajo culture, it's with the Beauty Way or positive way of thinking. I think Indigenous cultures, Native cultures, we have it in our culture already ...”

-Venner, K. L., Feldstein, S. W., & Tafoya, N. (2006). Native American motivational interviewing: weaving native American and western practices.

CBT for Substance Use Disorders

- Thoughts  Emotions  Behaviors
- CBT for SUD Includes:
 - Trigger identification
 - Cognitive restructuring e.g. challenging belief that certain activities are only fun or doable under the influence
 - Psychoeducation on the effect of substances on brain function, thoughts and cravings
 - Refusal Skills
 - Behavioral Planning: e.g. avoiding certain areas of town where drugs are easily obtained or alcohol is frequently purchased
- Across studies, CBT is associated with moderate positive effect sizes ranging from small to large (Magill & Ray, 2009)

CBT for Substance Use Disorders

- Practical Tribal adaptation:
 - Medicine Wheel use
 - Focus on restoring “balance” instead of “happiness”
 - Finding and focusing on a community-centered meaning of recovery



Spiritual

- Smudging
- Drumming or singing
- Playing music
- Creative arts (e.g., beading)
- Attending ceremonies

Physical

- Yoga
- Walking outdoors
- Personal hygiene
- Eating mindfully
- Dancing

Emotional

- Connecting with loved ones
- Watching emotional or humorous content
- Meditation
- Expressing care
- Seeking support

Mental

- Supportive conversations
- Consulting a mental health professional
- Journaling
- Meditation
- Painting or beading

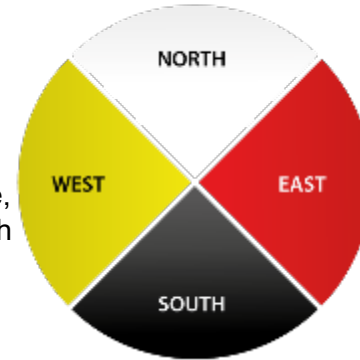
CBT - Relapse Prevention

- Based on CBT principles
- Often delivered in group settings
- Addresses the following:
 - High Risk situation management
 - Craving identification
 - Urge surfing
 - Lapse ≠ relapse
 - Abstinence violation effect
- Effectiveness is increased when combined with other therapeutic modalities and pharmacotherapy (Jhanjee, 2014)

▪ Tribal Considerations

- Relapse = "out of balance"
- Medicine Wheel Recovery Journey

Wisdom: Resting, connecting, and preparing for new cycles



Introspection:
Rewards, gratitude,
reflecting on growth

Dawn: Create
vision for sober life

Action: Doing "work of recovery"

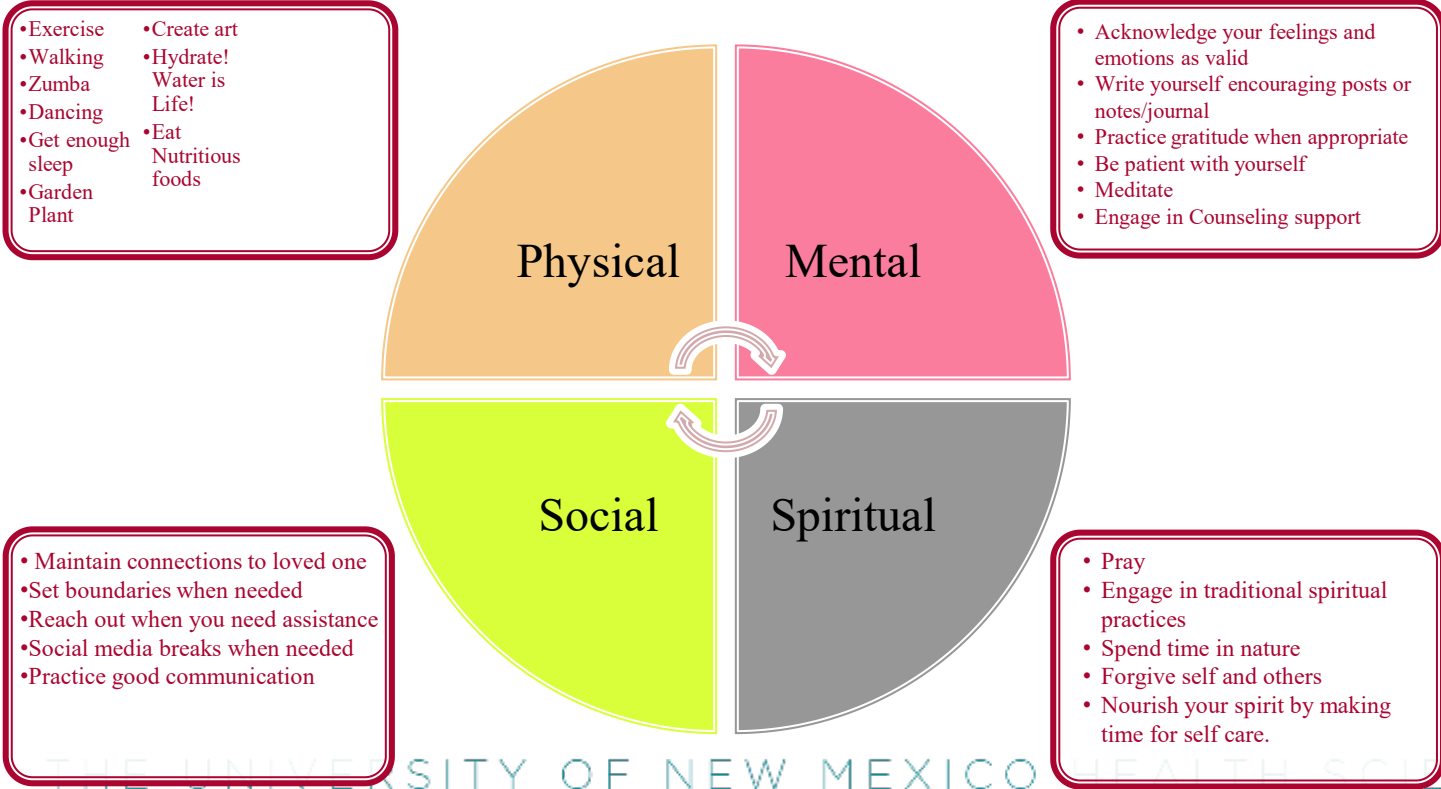
Analysis of High-Risk Situations for Relapse

Cultural Considerations for Relapse:

- Acculturative Stress
- Stereotype threat
- Discrimination (Perceived/real/implied)

RELAPSE SITUATION (Risk Factor)	Alcohol (N=70)	Nicotine (N=35)	Heroin (N=32)	TOTAL Sample (N=137)
INTRAPERSONAL DETERMINANTS				
Negative Emotional States	38%	43%	28%	37%
Negative Physical States	3%	-	9%	4%
Positive Emotional States	-	8%	16%	6%
Testing Personal Control	9%	-	-	4%
Urges and cravings	11%	6%	-	8%
TOTAL	61%	57%	53%	59%
INTERPERSONAL DETERMINANTS				
Interpersonal Conflict	18%	12%	13%	15%
Social Pressure	18%	25%	34%	24%

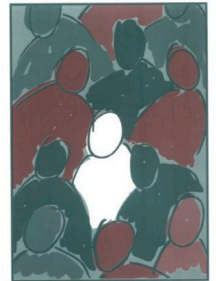
AI/AN Cultural Consideration: Coping Skills Medicine Wheel



Community Reinforcement Approach

- CRA is based on operant conditioning and assumes that environmental variables (e.g. relationships, employment opportunities, enjoyable activities) have an impact on an individual's sober behavior and/or substance use. CRA works by altering clients' environments so that clients receive reinforcement for sober behavior from their community, family, work, and friends.
- Procedures Used:
 - Functional Analysis of Substance Use
 - Functional Analysis of Pro-Social Behavior
 - Happiness Scale
 - Treatment Plans/Goals of Counseling
 - Increasing Pro-Social Recreation
 - Systematic Encouragement
 - Drink/Drug Refusal Skills
 - Relapse Prevention
 - Sobriety Sampling
 - Communication Skills
 - Problem-Solving Skills
 - Job-Seeking Skills:
 - Anger Management Skills

Copyrighted Material
**Clinical Guide to
Alcohol Treatment**
THE COMMUNITY
REINFORCEMENT APPROACH



Robert J. Meyers Jane Ellen Smith

Happiness Scale

Name: _____ Client ID: _____ Date: _____

This scale is intended to estimate your current happiness with your life in each of the 16 areas listed below. You are to circle one of the numbers (1 to 10) beside each area. Numbers toward the left side of the 10-unit scale indicate various degrees of unhappiness, whereas numbers toward the right side of the scale reflect increasing levels of happiness. Ask yourself this question as you rate each area of life: "How happy am I today with this area of my life?" In other words, state according to the numerical scale (1 to 10) exactly how you feel today. Try to exclude yesterday's feelings and concentrate only on today's feelings in each of the life areas. Also, try not to allow one category to influence the results of the other categories.

	Completely Unhappy																		Completely Happy
1. Marijuana use/nonuse	1	2	3	4	5	6	7	8	9	10									
2. Alcohol use/nonuse	1	2	3	4	5	6	7	8	9	10									
3. Other drug use/nonuse	1	2	3	4	5	6	7	8	9	10									
4. Relationship with boyfriend/girlfriend/spouse	1	2	3	4	5	6	7	8	9	10									
5. Relationships with friends	1	2	3	4	5	6	7	8	9	10									
6. Relationships with parents or family	1	2	3	4	5	6	7	8	9	10									
7. School	1	2	3	4	5	6	7	8	9	10									
8. Work	1	2	3	4	5	6	7	8	9	10									
9. Social activities	1	2	3	4	5	6	7	8	9	10									
10. Recreational activities	1	2	3	4	5	6	7	8	9	10									
11. Personal habits (e.g., getting up in the morning, being on time, finishing tasks)	1	2	3	4	5	6	7	8	9	10									
12. Legal issues	1	2	3	4	5	6	7	8	9	10									
13. Money management	1	2	3	4	5	6	7	8	9	10									
14. Emotional life (feelings)	1	2	3	4	5	6	7	8	9	10									
15. Communication	1	2	3	4	5	6	7	8	9	10									
16. General happiness	1	2	3	4	5	6	7	8	9	10									

Cultural Considerations

- Happiness can be interpreted as a Western construct and not always appropriate
- Consider asking them if 'balance' or 'contentment' is a better word
- Likert range:
 - Completely Out of Balance
 - Completely in Balance
- Add in Relationship to Spirituality and Community Domains

CRA: Tribal Adaptation

- The only published effort to test a CBT approach with AIAN was an adaptation of the Community Reinforcement Approach (CRA; Meyers & Smith, 1995) used in an inpatient setting that incorporated other cultural healing approaches such as the Sweatlodge (Miller, Meyers, & Hiller-Sturmhöfel, 1999).
- They reported preliminary findings of improved substance use outcomes at 6 months. The flexibility of the CRA framework and its extensive menu of treatment options were found to be easily adaptable for use with AIANs.
- 2016 MI/CRA (MICRA) Cultural Adaptation Study (Venner et al., 2016)
 - Goal for this study was to re-engage clients in culturally relevant activities and relationships such as with extended family, clan, community, and (if applicable) spiritual and societal activities and responsibilities.
 - Additional cultural adaptations included changing the forms to include more visual cues and lay language to make the concepts more accessible.

Theoretical Approach	Potential Benefits of Approach	Adaptations For AIAN	Specific Interventions and Resources
<p>Community Reinforcement Approach (CRA)</p> <p>This model was developed using behavioral therapy principles for substance use disorders.</p> <p>Source: SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives</p>	<ul style="list-style-type: none"> Relies on positive reinforcement drawn from the client's community and family Provides an alternative to substance use with cultural practices Presents an opportunity for community to participate 	<ul style="list-style-type: none"> Design reinforcements specific to community needs and with governance input 	<p>Navajo version of CRA makes use of relational ties and reinforces the use of Navajo cultural and spiritual practices (Miller, Meyers, & Hiller-Sturmhöfel, 1999)</p>

Contingency Management

- Can be used in combination with individual and group counseling and pharmacotherapy
- Based on principles of operant conditioning – reinforces positive/pro-social behavior with prizes, privileges, monetary incentives
- When combined with counseling and pharmacotherapy, it is used to reward attendance at groups, engagement in individual counselling and adherence with medications

CM: Tribal Adaptation

- 2016 HONOR Study for CM (n=400) (McDonnell et al., 2021)
 - Integration of Native Language
 - Tokens (chips) used for prize drawings included positive affirmations and words in the site-specific indigenous language
 - Culturally Relevant Incentives
 - Supplies for cultural artwork
 - Fishing and camping equipment
 - Items to support family activities
 - Adults who received incentives for alcohol abstinence had a 1.70-fold higher likelihood of submitting alcohol-abstinent urine samples relative to adults in the control group

SMART Recovery

- Facilitated meetings based on principles of CBT and MET and stages of change
- Use of SMART recovery toolbox with four principles: Building Motivation, Coping with Urges, Problem Solving, and Lifestyle Balance
- Equivocal outcomes: Peer Alternatives for Addiction (PAL) study compared SMART vs Twelve Step and found improved outcomes for Twelve Step, but groups were allowed to self select treatment options and were different at baseline
(Zemore et al., 2018)

SMART Recovery: Tribal Adaptation

- "Balance" instead of "Recovery"
 - **Instead of:**
 - "What does recovery look like?"
 - **Ask:**
 - "What helps you feel back in balance?"
- Consider changing "Self-Management" with Relational Language
 - **Instead of:**
 - "What do you want?"
 - **Expand toward:**
 - "What kind of relative, parent, partner, community member, do you want to be?"
 - "How does recovery help restore your responsibilities to your family and community?"

Twelve Step

- Studied as a treatment arm in RCTs of alcohol use disorder, in combination with methadone for OUD and in combination with counselling for individuals with cocaine use disorder and OUD
- Focus of these studies was engagement in 12 step to encourage Acceptance and Surrender
 - Acceptance that one suffers from a serious SUD
 - Acceptance that SUD is associated with loss of control
 - Acceptance that abstinence is necessary due to loss

Twelve Step: Tribal Adaptation

- The Red Road to Wellbriety integrates:
 - 12-step recovery principles
 - Traditional indigenous teachings (balance)
 - Ceremony
 - Community healing
 - Intergenerational healing
 - Cultural identity restoration

Twelve Step: Tribal Adaptation

- Teaching point for providers
 - Instead of asking:
 - “Why won’t they engage in AA?”
 - Ask instead:
 - “What version of recovery (or restoring balance) feels culturally safe and spiritually meaningful?”



Wellbriety Steps

FACE THE EAST- FIND THE CREATOR

STEP 1 - HONESTY
We admitted we were powerless over alcohol – that we had lost control of our lives.

STEP 2 - HOPE
We came to believe that a Power greater than ourselves could help us regain control.

STEP 3 - FAITH
We made a decision to ask for help from a Higher Power and others who understand.

FACE THE SOUTH- FINDING OURSELVES

STEP 4 - COURAGE
We stopped and thought about our strengths and our weaknesses and thought about ourselves.

STEP 5 - INTEGRITY
We admitted to the Great Spirit, to ourselves, and to another person the things we thought were wrong about ourselves.

STEP 6 - WILLINGNESS
We are ready, with the help of the Great Spirit, to change.

FACE THE WEST - FINDING OUR RELATIVES

STEP 7 - HUMILITY
We humbly ask a Higher Power and our friends to help us change.

STEP 8 - FORGIVENESS
We made a list of people who were hurt by our drinking and went to make up for those hurts.

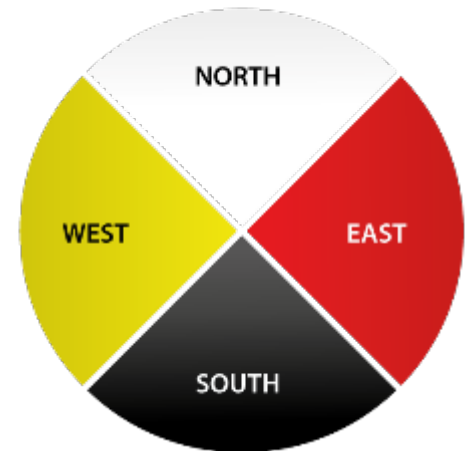
STEP 9 - JUSTICE
We are making up to those people who never we can, except when to do so would hurt them more.

FACE THE NORTH- FINDING THE ELDER'S WISDOM

STEP 10 - PERSEVERANCE
We continue to think about our strengths and weaknesses and when we are wrong we say so.

STEP 11 - SPIRITUAL AWARENESS
We pray and think about ourselves, praying only for the strength to do what is right.

STEP 12 - SERVICE
We try to help other alcoholics and to practice these principals in everything we do.



(White Bison, 2002)

Resources

- SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives
 - <https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070>
- Native American Adapted Motivational Interviewing Manual
 - <https://casaa.unm.edu/download/nami.pdf>

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