

Addictions: Old Group Psychotherapies (GP) and New Patients

Adicciones: viejas terapias grupales (TG) y nuevos pacientes

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Group Therapies (GT) are a classic technique for the treatment of addictions. In 1988, 94% of outpatient drug treatment centres in the USA used GT (Price et al., 1991).

All clinical guides on addictions, including that of Soidroalcohol (Pascual, Serecigni, Pereiro & Bobes, 2013), include at least one type of GT among their common techniques. Amazon alone offers almost 8,000 publications on GT.

However, scientific publications on GT and alcoholism referenced in PubMed have decreased to a third over the last 50 years, and scarce scientific evidence supports its effectiveness (Monras et al., 2000; Weiss, Jaffee, de Menil & Cogley, 2004; Miller & Wilbourne, 2002; Kim et al., 2012).

The Soidroalcohol National Congress in Oviedo addressed this matter (Monras, 2017). The association's own journal –Adicciones– compiles only 13 references on GT, many only indirectly or as a format for implementing other therapies. The journal's most recent reference dates to 2015 (Tirado-Muñoz, Gilchrist, Lligoña, Gilbert & Torrens, 2015).

The Addictions Unit of the Hospital Clínic de Barcelona (UA-HCB) has more than 50 years of experience with GT. Lately, the feeling was that there were fewer therapy groups and patients in GT. A review of our records of the last 20 years confirmed a gradual decrease of the number of outpatient GT groups by 66%, and of the number of indications for GT/year by 72%.

Given that there had not been a significant change in the number of patients treated, we hypothesized that we had inadvertently toughened our criteria for GT indications or had modified the characteristics of the patients seen.

Criteria for recommending GT to patients at UA-HCB have expanded from the classic profile of a patient with alcoholism, to those who also consume other substances (mainly cannabis, cocaine and benzodiazepines) and do not have serious psychiatric or cognitive disorders.

To detect distortions in the types of patients selected (whether due to excess or shortage) attributable to any variation in these criteria, we transversally recruited 182 outpatients with substance use disorder (SUD) during a consecutive 15-day period and verified their indications for GT and criteria followed.

The first surprise was that the average age (51.4 years) and percentage of women (33.5%) was considerably higher, in comparison with previous samples (Monras et al., 2000), and that the treatment duration averaged 20±25 months.

Furthermore, the percentage of patients not initially referred to GT was quite high (75%, Figure 1), though it later dropped to 66%. With the same number of patients/year and fewer indications for GT/year, we must infer that this percentage of indications is lower than previous years.

Upon reviewing all patients' indications for GT (Figure 1), we found that no patients were excluded from GT without an objective reason (137 patients), and most were excluded for more than one reason. To the contrary, a “re-

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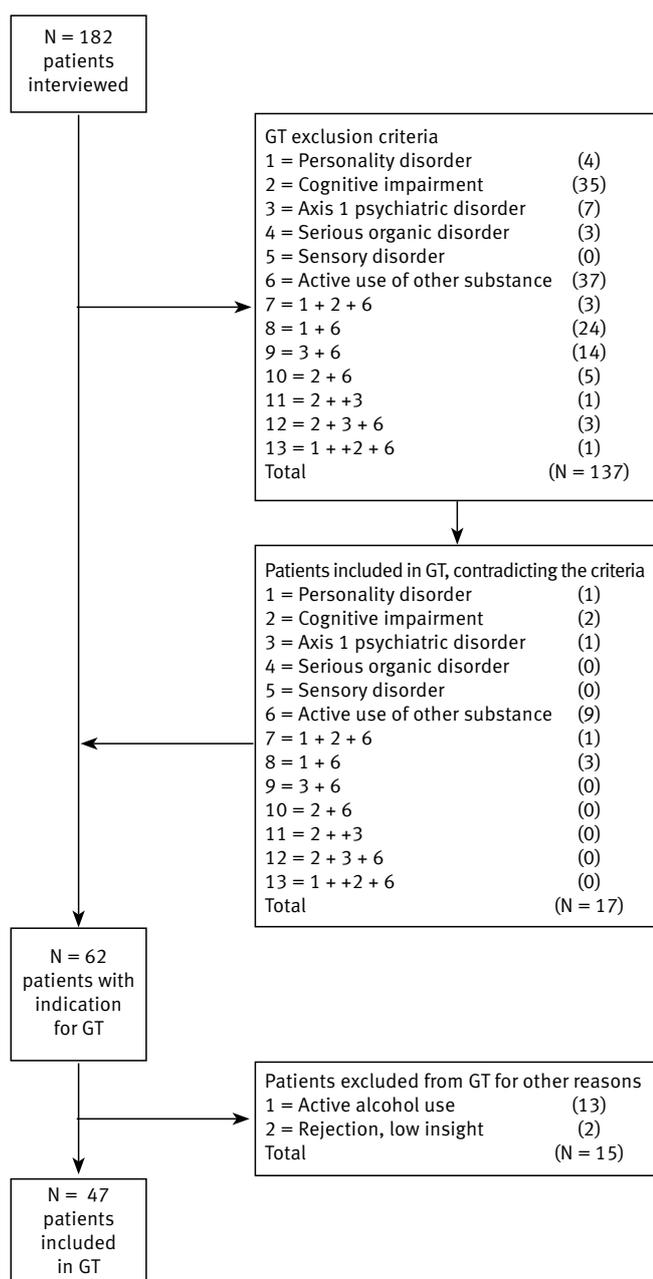


Figure 1. Flowchart of patients evaluated and applicable exclusion and inclusion criteria for Group Therapy (GT).

admission” process to include patients with active drug use, cognitive impairment and/or personality disorders in GT occurred in 17 of the 137 patients rejected initially.

Given our experience, we conclude that psychiatric comorbidity and frequency of poly-consumption has increased (about 75% in our sample), therefore impeding the use of classic instruments like GT. As experts, we are lagging behind in adapting these to the new realities. However, this adaptation is possible and positive and entails: i) relaxing the indications for GT by performing a more individualised assessment of patients with PD, cognitive impairments or the use of more than one substance, ii) implementing an adequate psychotherapeutic monitoring

of those patients at higher risk of relapse and negatively affecting group dynamics, iii) more training for therapists who treat these patients, iv) creating groups of patients with specific characteristics and objectives, such as active alcohol users (because they desire to drink or cannot avoid drinking) or patients over the age of 60 years, many with cognitive impairment.

We expect that these facts are generalisable to Spain as a whole, given the decrease of scientific publications and the continuation of GT, as revealed in a survey by the Work Group on Addictive Behaviours of the Official College of Psychology of Cataluña, which in 2016 found that GT was the third most commonly-used technique (80.9%) in public centres.

Given the current reality, in which the high prevalence of psychiatric comorbidity drives teams and professionals to seek new drug therapies and psychotherapeutic treatments (Torrens, Mestre-Pintó, Montanari, Vicente & Domingo-Salvany, 2017), perhaps one option is to adapt and update classic instruments, like GT. Assuming that SUD patients and GT in Spain are similar to our clinical practice, it would be logical to promote research and publications on experiences in adapting GT to the new realities.

Conflicts of interest

The authors declare the inexistence of any conflicts of interest.

References

- Kim, J. W., Choi, Y. S., Shin, K. C., Kim, O. H., Lee, D. Y., Jung, M. H., ... Choi, I. G. (2012). The Effectiveness of Continuing Group Psychotherapy for Outpatients with Alcohol Dependence: 77-Month Outcomes. *Alcoholism: Clinical and Experimental Research*, 36, 686–692. doi: 10.1111/j.1530-0277.2011.01643.x.
- Miller, W. R. & Wilbourne, P. L. (2002). Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*, 97, 265–277. doi:10.1046/j.1360-0443.2002.00019.x.
- Monras, M., Freixa, N., Ortega, L., Lligoña, A., Mondon, S. & Gual, A. (2000). Eficacia de la terapia de grupo para alcohólicos. Resultados de un ensayo clinico controlado. *Medicina Clinica*, 115, 126–131.
- Monras, M. (2017). Eficacia de la terapia de grupo para alcohólicos. Ponencia presentada en las XLIV Jornadas Nacionales Socidrogalcohol, Oviedo.
- Pascual, F., Serecigni, J. G., Pereiro, C. & Bobes, J. (2013). *Alcoholismo. Guía de intervención en el trastorno por consumo de alcohol. 3era edición*. Madrid: Socidrogalcohol.
- Price, R. H., Burke, A. C., D’Aunno, T. A., Klingel, D. M., McCaughrin, W. C., Rafferty, J. A. & Vaughn, T. E. (1991). Outpatient drug abuse treatment services, 1988:

- results of a national survey. *NIDA Research Monograph*, 106, 63-92.
- Tirado-Muñoz, J., Gilchrist, G., Lligoña, E., Gilbert, L. & Torrens, M. (2015). A group intervention to reduce intimate partner violence among female drug users. Results from a randomized controlled pilot trial in a community substance-abuse center. *Adicciones*, 27, 168-78. doi:10.20882/adicciones.703.
- Torrens, M., Mestre-Pintó, J. I., Montanari, L., Vicente, J. & Domingo-Salvany, A. (2017). Dual diagnosis: an European perspective. *Adicciones*, 29, 3-5. doi:10.20882/adicciones.933.
- Weiss, R. D., Jaffee, W. B., de Menil, V. P. & Cogley, C. B. (2004). Group therapy for substance use disorders: what do we know? *Harvard Review of Psychiatry*, 12, 339-350. doi: 10.1080/10673220490905723.