Editor’s Note On

TIP 41, Substance Abuse Treatment: Group Therapy

2017

Published in 2005, Treatment Improvement Protocol (TIP) 41 contains much information that remains useful to today’s reader. Noted below are topical areas where more current information and resources supplant or add to content found in the TIP.

Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 41. However, a literature search covering 2005 to mid-2017 found little information that would affect the recommendations in the TIP. Below are highlights of new information relevant to TIP 41.

Technology

Since publication of TIP 41, the behavioral health services field has been considerably influenced by the availability of information and communications technologies such as more advanced internet programs, text messaging, and smartphone applications. Avatar-assisted therapy (AAT) is just one example of how evolving technologies are being incorporated into group therapy for substance use treatment. AAT is an emerging technology that allows clients and clinicians to participate in group therapy sessions from various distant locations via the internet. The group session occurs as both clients and clinicians are represented by avatars (animated figures) interacting in real time, in a three-dimensional virtual environment, on a secure server. A pilot study exploring the feasibility of using AAT in outpatient groups concluded that clients were both interested and engaged in the virtual group and that the use of AAT is a feasible way to extend treatment to individuals who have difficulty accessing traditional face-to-face treatment groups or who prefer the level of anonymity that AAT allows.1

Placement and Treatment Criteria

In 2013, the American Society of Addiction Medicine published a revised and expanded edition of its patient placement and treatment criteria: The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (3rd ed.).2

Diagnostic and Statistical Manual of Mental Disorders

TIP 41 refers to the fourth edition, text revision, of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).3 However, since publication of the TIP, the DSM has been revised. The current version, DSM-5,4
differs significantly from previous versions in many ways. The American Psychiatric Association has published several useful fact sheets that explain changes in the new edition. The fact sheet on substance-related and addictive disorders is especially relevant to TIP 41.

**Professional Updates**

Since publication of TIP 41, two professional organizations for group therapists have developed or revised documents that describe best practice guidelines or principles of multicultural competence for working with groups:

* The Association for Specialists in Group Work (ASGW), a division of the American Counseling Association, originally developed and published best practice guidelines in 1998. The document, *ASGW Best Practice Guidelines*, was revised in 2007 to address changes made in the 2005 version of the association’s code of ethics. These changes were largely prompted by advances in the use of technology in counseling and an increasing focus on multicultural issues.

The *ASGW Best Practice Guidelines* define the scope of practice and the responsibilities of group-work professionals in planning, performing, and processing group work. In addition to the best practice guidelines, ASGW has developed two other guidance documents: *Professional Standards for the Training of Group Workers* and *Multicultural and Social Justice Competence Principles for Group Workers*.

* In 2004, the American Group Psychotherapy Association (AGPA) established a Science to Service Task Force to develop practice guidelines for AGPA members that would “bridge the gap” between research and practice in the field of group psychotherapy. The association published *Practice Guidelines for Group Psychotherapy* in 2007.

**Statistical Update**

Results from the 2005 National Survey of Substance Abuse Treatment Services (N-SSATS) revealed that 83 percent of treatment facilities made special programs or groups available for specific categories of clients. Results from the 2016 N-SSATS again indicated that 83 percent of substance use treatment facilities included one or more special programs or groups for specific categories of clients. However, for many of the client categories, the percentage of facilities offering special programs or groups for them increased (Exhibit 1).

**Exhibit 1. Percentage of Substance Use Treatment Facilities Offering Special Programs or Groups**

<table>
<thead>
<tr>
<th>Special Program or Group</th>
<th>2005 N-SSATS</th>
<th>2016 N-SSATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Adult men</td>
<td>25</td>
<td>44</td>
</tr>
<tr>
<td>Adult women</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>Clients with co-occurring disorders</td>
<td>38</td>
<td>47</td>
</tr>
<tr>
<td>Criminal justice clients (not including DUI/DWI offenders)</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>DUI/DWI offenders</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Gays or lesbians/Lesbian, gay, bisexual, or transgender (LGBT)*</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Older adults</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>People with HIV/AIDS</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Pregnant or postpartum women</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>

* N-SSATS 2005 uses “Gays or lesbians,” and N-SSATS 2016 uses “Lesbian, gay, bisexual, or transgender” or “LGBT.”
Regulatory Update

On January 18, 2017, changes to 42 CFR Part 2, the federal regulations governing the confidentiality of substance use disorder patient records, were published as a Final Rule (82 FR 6052; effective date February 17, 2017). The changes were made “to facilitate health integration and information exchange within new health care models while continuing to protect the privacy and confidentiality of patients seeking treatment for substance use disorders.”

Although confidentiality is an expectation among group members, only the counselors or therapists leading groups are legally obligated to maintain confidentiality (except as pertains to information about the abuse of a child or dependent adult, or when there is a threat of harm to others). Laws vary by state. All licensed professionals need to be aware of the requirements for and limits of confidentiality in their states.

Resource Update

TIP 41 included the AK Rice Institute as a resource and listed its location as Jupiter, FL. The organization is now known as the AK Rice Institute for the Study of Social Systems and is based in Portland, OR.

Notes


This publication lists nonfederal resources to provide additional information to consumers. The content and views in these resources have not been formally approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). Listing of these resources does not constitute an endorsement by SAMHSA or HHS.

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