

# Cognitive behavioral therapy may benefit patients in residential substance abuse treatment programs

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Patients in residential treatment programs for drug and alcohol abuse may benefit from cognitive behavioral therapy for depressive symptoms, according to a report in the June issue of *Archives of General Psychiatry*.

The article notes, as background information, that depression and substance abuse often co-occur, but that individuals with both disorders are not always treated for both. "The consequences of this unmet need are great," report the authors. "The interactive nature of the two disorders leads to poorer depression and [substance abuse treatment](#) outcomes compared with the outcomes when only one disorder is treated."

Katherine E. Watkins, M.D., M.S.H.S., from RAND Corporation, Santa Monica, Calif., and colleagues conducted the study at four Behavioral Health Services facilities in Los Angeles County, Calif. Between August 2006 and January 2009, the sites alternated every four months between usual care for substance abuse and usual care plus [cognitive behavioral therapy](#) as modeled in the Building Recovery by Improving Goals, Habits, and Thoughts (BRIGHT) study. The intervention comprised 16 two-hour BRIGHT sessions over the course of eight weeks.

Initially, 1,262 patients were screened for participation in the study. The researchers enrolled 140 patients in the [intervention group](#) and 159 patients in the control group. On average, participants scored in the

clinically severe range on a scale of [depression symptoms](#) and nearly half (45.8%) had a past 12-month [depressive disorder](#).

On the depression-symptom instrument used in the study, at three months patients receiving the intervention generally had mild symptoms and patients receiving usual care alone generally had moderate symptoms. At three months, 55.8 percent of patients in the BRIGHT group had minimal symptoms, compared with 33.6 percent in the control group; at six months, these numbers increased to 63.9 percent and 43.8 percent, respectively. Among patients no longer living in a treatment center at the six-month mark, those in the intervention group had fewer days of problem substance abuse and fewer drinking days than did those in the usual care group.

With the study, the authors hope to address a gap in the substance abuse treatment system, particularly in the public sector. They note that the BRIGHT intervention involved substance abuse counselors, as opposed to other mental health professionals and resources that some substance abuse programs cannot access. "The study demonstrates that it is possible to develop the capacity of substance abuse programs to deliver evidence-based mental health care by enhancing the skills and expanding the clinical roles of [substance abuse](#) counselors," the researchers state. This is important, they add, because "Lack of access to efficacious depression treatment for substance abusers is an important public health problem."

**More information:** Arch Gen Psychiatry. 2011;68[6]:577-584.

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