



# **An Integrated Treatment Program**

**Mark B Sobell  
Linda C Sobell**

# **An Integrated Treatment Program**

**MARK B. SOBELL**

**LINDA C. SOBELL**

e-Book 2016 International Psychotherapy Institute

From *Problem Drinkers: Guided Self-Change Treatment* by Mark B. Sobell Linda C. Sobell

Copyright © 1993 Mark B. Sobell Linda C. Sobell

All Rights Reserved

Created in the United States of America

## Table of Contents

[An Integrated Treatment Program](#)

[The Course of Treatment](#)

[Assessment](#)

[Session 1](#)

[Session 2](#)

[Session 3](#)

[Session 4](#)

## An Integrated Treatment Program

All of the major components of the guided self-management treatment approach have now been discussed except one—putting the pieces together. As with any approach involving multiple procedures, there is a risk that used individually the procedures will be mechanistic, ineffective, or counterproductive. Also, a “by the numbers” approach to treatment can communicate to the client a sense that the therapist is uncaring or lacks confidence. The extent to which such factors affect treatment outcome has not been studied empirically, but it makes sense that both the client and the therapist should be comfortable with the treatment procedures so that the focus of treatment is on behavior change and not on elements of the treatment process. Thus, how the procedures fit together is an extremely important aspect of the guided self-management approach.

An important element of the integration of treatment components takes place in assessment. In guided self-management, assessment is much more than the gathering of data as a prelude to getting on with the treatment. Assessment *is* the first stage of treatment. As was discussed earlier, providing Reading 1 and Homework Assignment 1 at the end of assessment is intended to capitalize on the self-evaluation started by the assessment process. However, for the formal treatment sessions to get off to a running start, therapists have to do their homework as well. If the therapist does the assessment, this occurs naturally. If someone other than the therapist does the assessment, however, then, prior to meeting with the client, the therapist must carefully review the assessment information and formulate clinical hypotheses based on the assessment material. Although such an approach will not be new for an experienced therapist, such integration and planning is particularly important when conducting brief treatments.

The next chapter presents integrated case examples using actual assessment information. Based on these examples, it will be obvious how assessment information forms the first step in treatment planning. As mentioned earlier, a Clinical Assessment Summary can both help therapists integrate the assessment material and provide an overview of the case during treatment. A Clinical Assessment Summary accompanies each case presented in the next chapter.

The fitting together of the treatment procedures within sessions is the other major integration that

is vital to the overall approach. The focus in this chapter will be on integrating the procedures within the conduct of treatment sessions. The importance of this type of integration became apparent when we started to train other therapists in the guided self-management procedures. This was done during a 6-month period when we and the other therapists pilot tested the procedures with clients. While it became clear after seeing a few clients that the procedures were workable, we also realized that utilizing the procedures in any lockstep order would be unreasonable and disconcerting, because it could disrupt the natural flow of the sessions since the therapist might have to interrupt the client in order to adhere to the set sequence of topics.

We found that a more satisfactory degree of structure is for the therapists to ensure that the required procedures for a given session are completed within that session but not necessarily in a required order. This leaves the therapist free to arrange the session to promote continuity between procedures, that is, a smooth transition from topic to topic. It also enables therapists to adapt the approach to their own style and to the needs of individual clients (e.g., some clients easily identify triggers for their heavy drinking, while others require more assistance from the therapist—the procedure described here allows the therapist to allocate as much or as little time to each procedure as necessary). Our experience has been that with a little practice, therapists become quite adept at integrating the treatment procedures and making use of the assessment information.

## The Course of Treatment

In clinical practice (in contrast with research), the length of treatment for a given client should be dictated by how long it takes to get through the material, rather than by establishing an arbitrary number of sessions. It is important, however, to examine how much change a client makes over the course of treatment. If a client shows no change or very little change, the lack of progress should be addressed and whether another approach is needed should be determined. In the absence of change, another consideration is whether the client is prepared to make the necessary sacrifices to overcome his or her drinking problem. In such cases, the client's motivational balance can be examined (i.e., factors weighing for and against changing drinking). For a discussion of how to assess a client's motivational balance during treatment, readers are referred to a recent book on this topic (Miller & Rollnick, 1991).

In terms of treatment length, we have used these procedures in studies with varying numbers of sessions: (1) two 90-minute sessions following assessment; (2) four 60-minute sessions following assessment (L. C. Sobell & M. B. Sobell, 1992a); and (3) ten very brief (e.g., 10-15-minute) weekly sessions following assessment, conducted when clients were in a treatment trial combining the guided self-management procedures with an investigational medication intended to reduce urges to drink (Sellers et al., 1991). Across all studies, it has been clear that most problem drinkers are satisfied with and see as appropriate for them a brief self-management cognitively oriented treatment approach that includes goal self-selection.

While there are a limited number of sessions in brief treatments like the guided self-management treatment, one procedure that many therapists have found useful is to schedule the sessions over variable time periods (e.g., every 2 weeks; or the first two sessions once a week with the last two spaced 2 to 3 weeks apart). Such a procedure allows the therapist and client more time to evaluate the client's progress and any problems the client may be experiencing in making changes, yet it retains the cost-effective and minimally intrusive characteristics of the treatment.

Finally, although we have stressed the advantages of flexibility in the delivery of guided self-management treatment, we end this chapter with a suggested ordering of procedures that can be used over four 60-minute sessions as an example of a treatment regimen.

## Assessment

- Breath test the client.
- At the end of the assessment, give the client Reading 1 and Homework Assignment 1. Ask the client to complete the homework and bring it to the first session.
- Give the client instructions and logs for self-monitoring alcohol consumption.
- Prior to Session 1, review the assessment information, become familiar with the client's background and presenting problems, and identify areas that need further probing. Review the client's responses to the following assessment instruments:

—Alcohol Dependence Scale

- Inventory of Drinking Situations (scores and profile)
- Timeline Follow-Back drinking history
- Situational Confidence Questionnaire — Goal Statement

## Session 1

- Collect Homework 1 and self-monitoring forms.
- Discuss treatment rationale.
- Review with the client his or her understanding of Reading 1.
- Review the client's answers to Homework Assignment 1; probe and augment descriptions as necessary.
- Discuss the client's goal. If the goal is reduced drinking, review recommended guidelines for reduced drinking. If the goal is abstinence, make sure that the rationale is that the client sees this goal as in his or her best interests (i.e., rather than because of a fear that he or she is incapable of reducing drinking).
- Review self-monitoring logs; obtain retrospective Timeline if self-monitoring is not done.
- Briefly review answers to Homework Assignment 1; begin discussion of answers.
- Give the client the Life-Style Assessment (Homework Assignment 2, Part 2) with instructions to bring the completed form to the next session.
- Request that the client continue to maintain self-monitoring record.
- Stress to the client the importance of completing treatment.

## Session 2

- Collect completed Life-Style Assessment and self-monitoring logs.
- Review answers to the Life-Style Assessment; probe and augment descriptions as necessary. Discussion should focus on the client's strengths and resources, and on areas where life-style changes may be necessary.



- Discuss the client's personal strengths and resources and how they relate to answers to Homework Assignment 2, Part 2.
- Review self-monitoring records or obtain retrospective Timeline if self-monitoring was not done. Discuss any inconsistencies between the actual drinking and the stated drinking goal (i.e., over the limit, too frequent).
- Finish discussion of answers to Homework Assignment 1.
- Give the client Reading 2 and Homework Assignment 2, Part 1, with instructions to bring the completed assignment to the next session.
- Stress the importance of completing treatment.

### Session 3

- Collect Homework Assignment 2, Part 1, and self-monitoring logs.
- Review Reading 2; answer any questions.
- Review self-monitoring logs with respect to the stated treatment goal. If behavior is inconsistent with the goal, discuss how consistency could be achieved.
- Review and discuss answers to Homework Assignment 2, Part 1.
- Stress the importance of completing treatment.

### Session 4

- Have the client complete another Goal Statement. Review the statement with the client, as this goal will be the goal for the aftercare or follow-up phase of treatment.
- Collect self-monitoring logs and review in light of treatment goal; discuss inconsistencies.
- Complete discussions of answers to Homework Assignment 2, Parts 1 and 2.
- Advise the client about provisions for further treatment.
- Briefly review the purpose of the treatment program; that is, put the treatment in perspective.
- Conclude formally scheduled treatment sessions.

To this point our discussion of guided self-management treatment has focused on the procedures, their rationale, and their integration. In Chapter 11 we present case examples including assessment and outcome data as well as the clients' actual homework answers. The cases presented are rather typical of the problem drinkers with whom we have worked.