7.7 Doing cognitive-behavioural therapy in groups works well and saves money

Findings A comparison of group versus individual therapy for alcohol and drug dependent outpatients found equal benefit from the group format at potentially lower cost.

155 patients starting treatment at a Brazilian drug service were randomly assigned to individual or group cognitive-behavioural therapy. The 40% dependent only on alcohol were treated in their own groups; the remainder used other drugs with or without alcohol. Nearly all were men and 86% were living with their families. Therapy was delivered in 17 sessions over eight months and aimed to train clients to identify and cope with situations likely to lead to drinking or drug use. For at least the first three months, abstinence was the treatment goal. The alcohol-only clients attended two-thirds of group sessions but less than half the individual sessions, while the drug users attended about half of each. Two-thirds of the clients completed follow-up interviews about 15 months after starting treatment. After both therapy formats, they had improved substantially in terms of alcohol consumption and the number of heavy drinking days (both roughly halved) and on measures of dependence. Once starting levels had been taken into account, neither therapy setting outperformed the other on any of the drinking measures and improvements in the severity of drug use were virtually identical.

In context This study is the latest of just a handful comparing group and individual therapies for substance misusers, all of which have found them equivalent in retention and outcomes. However, such studies are usually limited to comparing outcomes among clients who can be randomised to either treatment. Those with strong preferences or practical reasons for choosing one of the formats (such as problems travelling to the group therapy site) have been excluded or excluded themselves. Trials included a wide range of severity and types of substance-related problems but some excluded the most problematic clients. In the featured study, nearly half the patients at the unit were excluded. Among them were patients with serious physical or psychiatric disorders, without a fixed address, or lacking basic schooling, probably accounting for the relatively settled nature of the sample. Nevertheless, 30% had a psychiatric history or problems and 60% were severely dependent.

Cognitive-behavioural therapy depends on an individual assessment of situations which precipitate relapse and individual strategies for avoiding it. Though this seems to mitigate against group approaches, groups present an opportunity for interactive development of relapse prevention strategies and social skills. Interactivity seems the key: non-interactive groups perform poorly, while outcomes from highly interactive one-to-one therapies can be as good as from groups.

Practice implications For clients for whom either is acceptable and practical, retention and outcomes from group cognitive-behavioural therapy match those from one-to-one therapy. British substance misuse services have a strong tradition of group work and cognitive-behavioural approaches are familiar to many workers, though rarely practised as a structured therapy. Marrying the two will enable caseloads to increase at little or no extra cost, with the added potential benefit of ongoing support in the form of continuing contact between group members. However, many counsellors will need basic training in cognitive-behavioural therapy and then extra training and supervision in order to maintain the individualised features of the therapy within a group format. One-to-one therapy will continue to be required for clients unable to attend group therapy centres or whose current functioning precludes group-based approaches. Individual therapy also offers greater flexibility in timing, location and duration, enabling it to be more easily adapted to individual circumstances.

Featured studies Marques A.C. *et al*. "Comparison of individual and group cognitive-behavioral therapy for alcohol and/or drug-dependent patients." *Addiction*: 2001, 96, p. 835–846. Copies: apply Alcohol Concern.

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