# Recovery-Focused Behavioral Therapy for Stimulant Use Disorder

**Psychological Health Center of Excellence** Psych Health Evidence Briefs August 2020

**Q. What is recovery-focused behavioral therapy?**

**A.** Recovery-focused behavioral therapy (RFBT) is an umbrella term for several evidence-based behavioral treatments used to achieve and sustain drug abstinence. These treatments include general drug counseling, the community reinforcement approach (CRA), and contingency management (CM). For the treatment of stimulant use disorder, CRA includes skills training, vocational counseling, increasing new, non-drug related activities and social networks, and monitoring drug use (Higgins et al., 1995). CRA often includes CM (i.e., voucher-base reinforcement therapy; Lussier, Heil, Mongeon, Badger, & Higgins, 2006; Petry, Barry, Alessi, Rounsaville, & Carroll, 2012; Prendergast, Podus, Finney, Greenwell, & Roll, 2006). There are several different CM techniques and numerous variations in 'voucher' reinforcement schedules but most involve patients receiving monetary-based incentives, either for treatment attendance, for providing a drug-free biological sample (e.g., urine), or for satisfying predetermined treatment goals (Prendergast et al., 2006). Incentives typically can be exchanged for goods or services in the community, and vary in terms of monetary value (Lussier et al., 2006; Petry et al., 2012).

**Q. What is the theoretical model underlying RFBT for stimulant use disorder?**

**A.** RFBT is based on operant conditioning principles developed by B. F. Skinner (1974). Operant conditioning is a form of associative learning in which the consequence of a behavior either increases or decreases the likelihood of future participation in that behavior. Skinner emphasized positive reinforcement as the most effective way to increase future behavior. CRA helps patients develop new and rewarding drug-free lifestyles and environments whereas CM provides immediate incentives for non-drug use, attending drug counseling, or meeting a treatment goal (Meyers, Roozen, & Smith, 2011).

**Q. Is RFBT recommended as a treatment for stimulant use disorder in the Military Health System (MHS)?**

**A.** **Yes.** The *2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* recommends RFBT for the treatment of patients with stimulant use disorder, with a "strong for" strength of recommendation.

*The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

**Q. Do other authoritative reviews recommend RFBT as a treatment for stimulant use disorder?**

**A.** **No.** Other authoritative reviews have not substantiated the use of RFBT therapy as a treatment for stimulant use disorder.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on RFBT for stimulant use disorder were identified.
- Cochrane: No systematic reviews on RFBT for stimulant use disorder were identified.

**Q.** **What conclusions can be drawn about the use of RFBT as a treatment for stimulant use disorder in the MHS?**

**A.** The *2015 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* recommends RFBT for the treatment of stimulant use disorder. Clinicians should consider several factors when choosing a front-line treatment with their patient. Treatment decisions should take into account practical considerations such as availability and patient preference that might influence treatment engagement and retention.

**References**


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Released August 2020 by the Psychological Health Center of Excellence
301-295-7681 | health.mil/PHCoE