For psychologist A. Tom Horvath, PhD, treating opioid use and other substance use disorders isn’t about encouraging patients to surrender to a higher power. While there are many advantages to the 12-step approach, including the large number of groups available, Horvath and his patients prefer to emphasize self-empowerment instead of powerlessness over their disorders.

“In the powerlessness approach, you let it go to a higher power and your sponsor,” says Horvath, president of a private practice called Practical Recovery in La Jolla, California. “In our approach, you build up your own capabilities.”

BECOMING A “GO-TO” PRACTICE FOR ADDICTION TREATMENT

Horvath says he “just fell into” specializing in substance use treatment. After earning his doctorate at the California School of Professional Psychology in 1981 and spending three years in the Navy, he set up his private practice in 1984. “I quickly realized that without some kind of specialty, I would have a tough time,” he says. After discovering that many clients with substance use problems weren’t interested in the traditional 12-step programs he was referring them to, he decided to take on their cases himself. He founded Practical Recovery in 1985.

Back then, says Horvath, there was practically no training available in treating substance use. “APA’s Div. 50 (Society of Addiction Psychology) wasn’t even established until the early 1990s,” says
Horvath. Instead, Horvath learned as he went. “I told people I wasn’t a specialist, and they said, ‘That’s OK, let’s see what we can do together.’”

Specializing in patients with alcoholism, drug addiction and behavioral problems like porn, gambling or shopping, the practice now offers outpatient treatment and a less expensive, less disruptive alternative to traditional inpatient treatment called the Individualized Intensive Outpatient Program. The practice employs two other full-time psychologists, plus a part-time staff that includes a drug and alcohol counselor, a hypnotherapist and a meditation instructor. The practice also shares space with a psychiatrist and works with an outside recovery coach, a massage therapist and an acupuncturist, among other practitioners.

Patients come via two primary routes: the practice’s website and word of mouth, especially referrals from other psychologists. The practice’s more affluent patient population expects a range of holistic services akin to what they would find at a spa, says Horvath. And these holistic providers offer patients an appealing break from talk therapy, especially for patients in the Individualized Intensive Outpatient Program. “If you’ve got two or three psychotherapy sessions per day, it’s good to add one more session in there that’s less oriented toward talking and more oriented toward a more physical type of experience,” explains Horvath. Opioid users find these types of appointments especially helpful, he adds.

“They’re looking for a holistic experience because opiate use is kind of a holistic experience,” he says. “They need some substitutes.”

Meanwhile, the drug and alcohol counselor and the recovery coach both focus on relapse prevention, with the counselor helping patients plan for post-discharge life and the coach working with patients outside the office. The coach might accompany a former opioid user on a drive through the neighborhood where he or she used to buy drugs in a process of desensitization, for example.

Horvath stopped taking most insurance more than 15 years ago. Insurers typically pay less than the open market rate, require lots of paperwork and often deny claims, he says. The one exception he makes to the practice’s cash-only policy is for veterans at the VA San Diego Healthcare System and students at the University of California, San Diego campus. Both of these institutions are located across the street from Horvath’s practice and have easy-to-work-with insurance plans. “I’m a veteran myself, and students are a fun population,” he says. “You get the sense that you can really make a difference in their young lives.” Not accepting insurance for most patients hasn’t hurt the practice, says Horvath. In fact, he says, “we’re one of the go-to practices in San Diego when it comes to addiction.”

While alcohol problems predominate among the practice’s patients, opioid use disorders account for about 10 percent of the patient population. For some, their opioid addiction has its roots in medication prescribed for pain. Others have “worked their way up from marijuana or other substances,” says Horvath. Many are using opioids to help themselves cope with adverse childhood events or more recent traumas. “When these folks [use an] opioid for the first time, they have an experience of, ‘Wow, this is what life should be like. I never feel this way,’” he says.
TREATING UNDERLYING ISSUES
Addressing the underlying issues that make people turn to opioids and other substances is a key part of Horvath’s approach. While 12-step programs focus on addiction, he says, mental health practitioners often go too far in the other direction, focusing on mental health problems while overlooking addiction. What’s needed, says Horvath, is a balanced approach.

“We have to support them while nudging them to make positive changes,” he says. “Our focus is on helping people set limits for themselves and then stay within those limits.” That could mean abstaining entirely, moderating use or taking steps to reduce potential harm.

The practice’s treatment for opioid misuse and other substance use disorders focuses on several broad areas: identifying motivations to change, curbing cravings, finding new ways to solve problems, addressing any co-morbid issues, improving relationships, creating a balanced lifestyle, and finding a greater sense of meaning and purpose in life.

Uncovering patients’ reasons for wanting to change is critical. “Telling people what to do is not the way to get them to change,” says Horvath, who credits his understanding of how to motivate people to his long-ago job as a music teacher of often-reluctant children. “They need to discover their own motivation.”

While some treatment programs require abstinence, Horvath encourages patients to use methadone or Suboxone to help them first work out their underlying psychological problems. “Most of the time I encourage people to be on medication-assisted treatment and tackle their problem one step at a time instead of jumping in over their heads and then possibly relapsing or dying from an overdose,” says Horvath. “The medication just makes such a big improvement so quickly.”

Although motivational interviewing and cognitive-behavioral therapy (CBT) are the predominant strategies the practice uses, an approach called community reinforcement and family training, or CRAFT, is also useful. “It’s a behavioral approach in which parents or partners become reinforcers for positive change for their family member,” explains Horvath. “Family members learn how to reward positive change and ignore undesirable behavior and gradually shape behavior in the right direction.”

While this approach can take a while to work, family members can have a huge influence on helping people find new meaning in their lives. “Sometimes it’s just as simple as having a family member stop paying for opioids, pot, alcohol or whatever the person is using,” says Horvath. The goal is twofold: reducing opioid use and building a better, healthier way of living.

Many patients also attend SMART (Self-Management and Recovery Training) Recovery groups. SMART Recovery, which Horvath helped to found almost 25 years ago, offers mutual support sessions plus tools based in motivational interviewing, CBT and other approaches to improving participants’ lives.

While Practical Recovery doesn’t officially track its patients’ success rates, ongoing contact with many former patients suggests the approach is working. “When people ask us about our success rate, we say our success rate is comparable to the gym you sign up for or the college you enroll in: It depends on the effort you put into your exercise or your studies,” says Horvath. “If you like our approach, we’re a good fit.”

LEARN MORE
APA’s June Monitor on Psychology features a special report on the ways psychologists are expanding their approaches to address the epidemic, including:

» Improving treatment with behavioral interventions.
» Teaching people to manage pain without drugs.
» Expanding social supports.
» Developing better screening tools.
» Advocating for changes to opioid policies and practices.

Read the June Monitor report at: apa.org/monitor

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