

# Examples of Psychotherapies of Addiction to Review

1. 12 Step (Minnesota Model of Alcoholics Anonymous) - for drug or alcohol
2. Brief Interventions for problem drinking
3. Therapeutic Communities - mostly drugs
4. Contingency Reinforcement - mostly drugs

# Still More Psychotherapies of Addiction

## 5. PROJECT MATCH FOR ALCOHOL DEPENDENCE:

Motivational Enhancement Therapy, Cognitive Behavioral Therapy, 12 Step Facilitation Therapy

## 6. Alternative Therapies (harm reduction, aversive therapy, hypnosis, acupuncture, mindfulness, yoga, telephone treatment, etc) - for drugs, alcohol and/or nicotine

# **12 Step (Minnesota Model) for Alcohol Dependence**

- **Self-help, not professional therapy**
- **12 Steps and 12 Traditions**
- **In a study of Twelve-Step Facilitation (TSF) vs. Motivational Enhancement and Cognitive Behavioral Therapy, ~40% of TSF pts stayed in AA 10 years after treatment.**

# Brief Interventions for Moderate Alcohol Problems

- Administered by health professionals in medical settings (physicians, nurses)
- Sessions are brief (5-30 minutes)
- Goal is to improve medication compliance or reduce harmful drinking behaviors
- Mixed results:
  - Wallace et al., 1988: reduction drinking 45% tx vs. 25% control
  - Fleming et al, 1999: reduction drinking 14% tx vs. 20% control

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# Project MATCH for Alcohol Dependence

- **Motivational Enhancement Therapy**
- **Individual Cognitive-Behavioral Psychotherapy**
- **AA and Therapeutic Communities**

# Motivational Enhancement Therapy (MET)

- “Directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence”
- Express empathy, develop discrepancy, avoid argumentation, roll with resistance, support self-efficacy
- Highly acceptable to patients
- Requires training and supervision for counselors

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# Cognitive-Behavioral Coping Skills

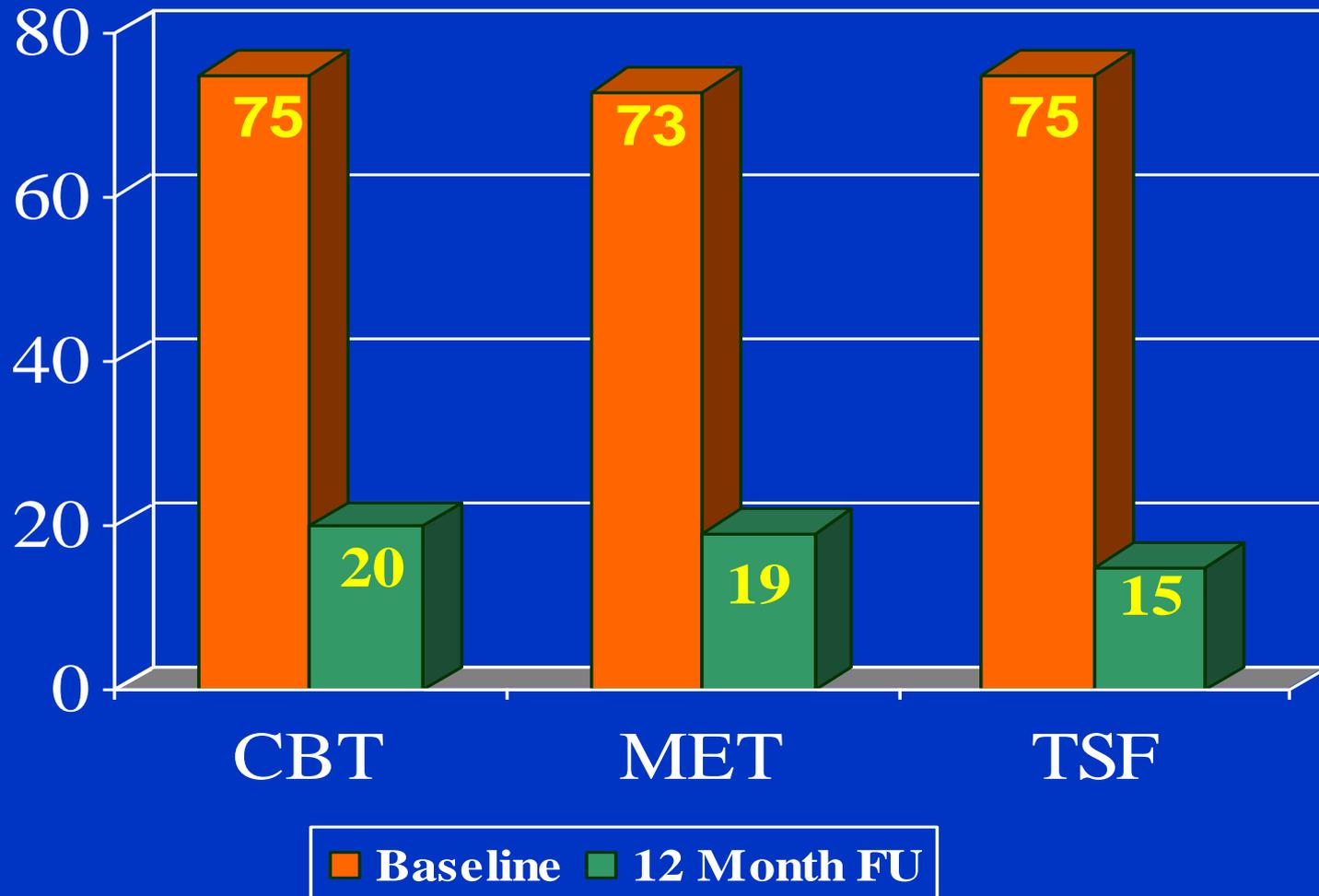
- Coping with cravings and urges to drink
- Problem solving
- Drink refusal skills
- Planning for emergencies and coping with a lapse

## TWELVE STEP FACILITATION THERAPY

- Encouragement to attend AA meetings
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# Project MATCH

## Reduction in Percentage of Drinking Days



# Psychotherapies for Drug Dependence



Crack cocaine



Cocaine powder

# Psychotherapy: Therapeutic Community for Drugs (*Heroin +/- Cocaine*)

- Peer support (live in 6 mo-three years)
- Moral/ethical teachings “right living”
- Assume responsibility for oneself and concern for others
- Drop out is 70%
- No maintenance medication for opiates (methadone or suboxone), thus  
70%-85% relapse

# Treatment of Cocaine Dependence

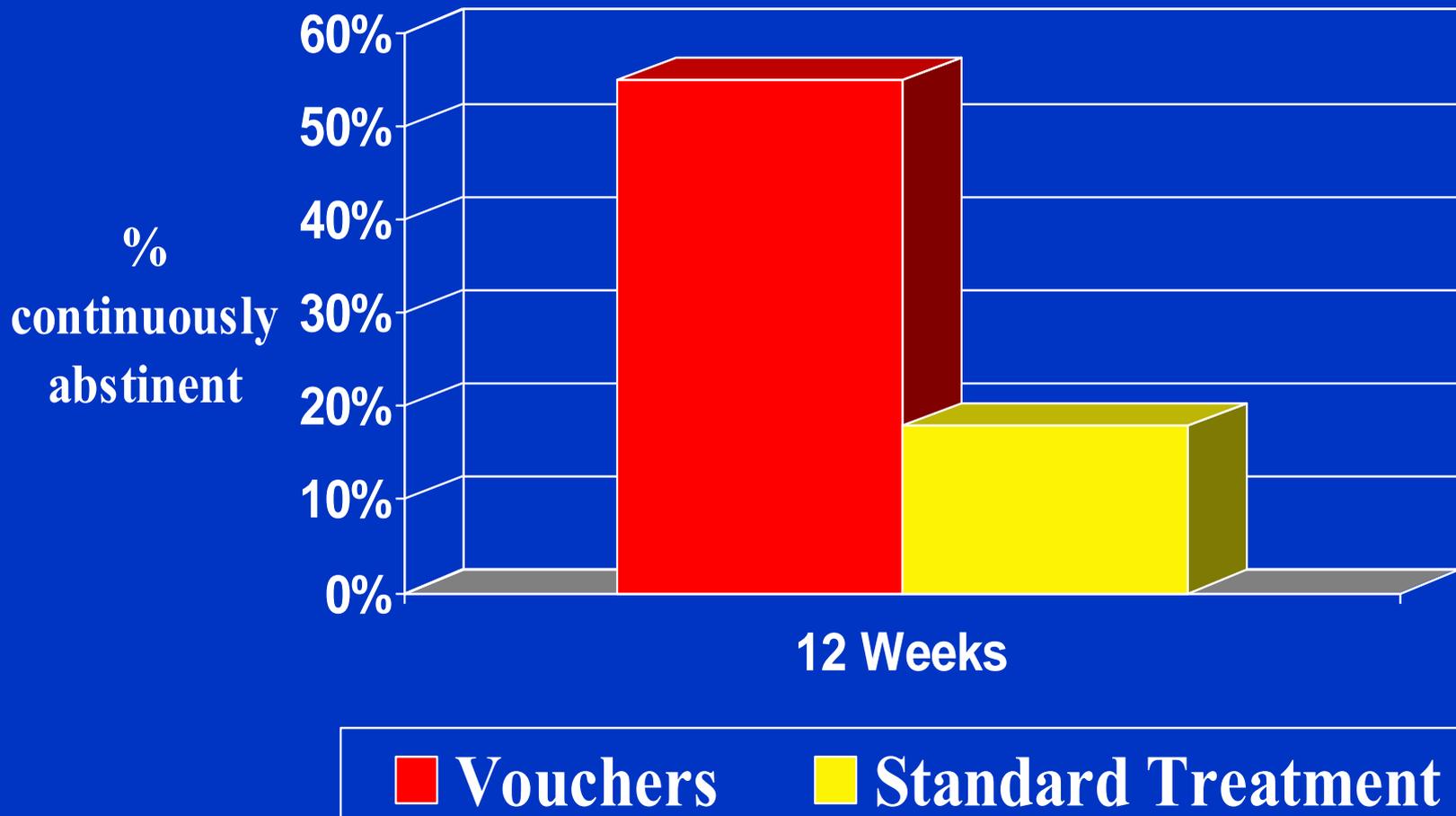
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- **Cocaine dependence is difficult to treat**
  - 1. Most patients do not get clean as outpatients**
  - 2. Less than half are clean 6 months after treatment**
  - 3. Long-term, flexible treatment needed**

# Contingency Management for Drug Dependence

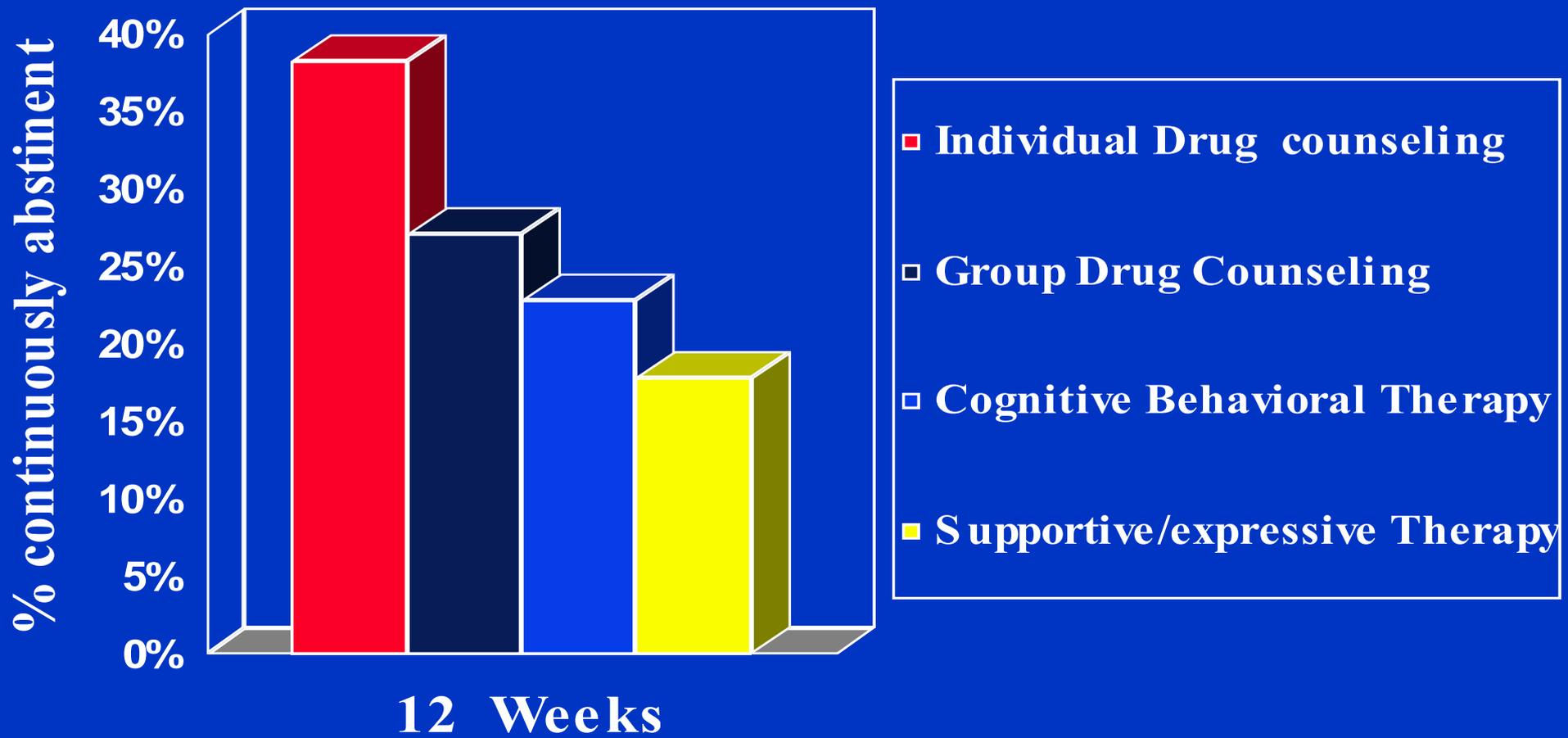
- **Rewards or incentives given for targeted behaviors such as verified drug free urine toxicology screens**
- **Examples: Take-home doses for methadone maintained pts**
- **Vouchers redeemable for goods**
- **Some controversy**

# Voucher Treatment Improves Short-term Abstinence



(Higgins, 1994)

# Individual Drug Counseling for Cocaine Dependence is Effective



# Alternative Therapies for Addiction

- Harm Reduction
- Aversive Therapy
- Hypnosis
- Acupuncture
- Mindfulness and Yoga
- Telephone Treatment\*\*

**\*\*Found to have efficacy in randomized controlled trials**

# Summary: Dual Diagnosis

**1. Is the SUD is *Primary or Secondary***

**2. Provide Integrated Therapy**

- **Physicians to prescribe medications**
- **Counselors to provide counseling**
- **Family support**
- **Housing**

# Conclusion 1. Psychotherapy of Alcohol Use Disorders

Clearly effective for alcohol use disorders

- 70% reduction in drinking at one year for dependence (Project MATCH)
- Brief interventions for problem drinkers show mixed results

## Conclusion 2.

# Psychotherapy of Cocaine Use Disorders

Moderately effective for cocaine dependence

- Less than 50% clean from cocaine at 6 months

# Conclusion 3. **Psychotherapy of Opiate Use Disorders**

## Ineffective for opiate dependence

- **Up to 70% drop out from Therapeutic Communities**
- **70%-85% relapse without maintenance medications (methadone, suboxone)**

# Post-Lecture Exam

## Question 1

- 1. Which anxiety symptom is most commonly associated with primary alcoholism?**
  - a. Panic while drinking**
  - b. Panic while sober**
  - c. General Anxiety Disorder while drinking**
  - d. Withdrawal palpitations and/or shortness of breath**
  - e. Agoraphobia while intoxicated or in withdrawal**

## Question 2

- 2. Which of the following is the most common comorbid condition with substance abuse disorders?**
- a. Antisocial Personality Disorder**
  - b. Bipolar Disorder**
  - c. Generalized Anxiety Disorder**
  - d. Agoraphobia**
  - e. Dementia**

# Question 3

**True or False**

**People who present for treatment for a substance use disorder are two times more likely to have a second psychiatric disorder than those without a SUD.**

# Question 4

**True or False**

**Substance use disorder reduces life expectancy by 5 years.**

# Question 5

**True or False**

**Sixty percent of individuals treated for cocaine dependence are clean six months after acute treatment.**

# Question 6

**True or False**

**Psychotherapy in the context of therapeutic communities has been found to be effective for opiate use disorder.**

# Pre and Post Lecture Exams

1. D
2. A
3. False
4. False
5. False
6. False