



Psychological Models of Addictions Treatment

Psychology 470

Introduction to Chemical Addictions

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Overview

- Wide variety of approaches
- Encompass a variety of theoretical models
- Techniques used from psychology have been used by many other models

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Approaches

- Classical conditioning
 - Aversion conditioning
- Operant conditioning
 - Biofeedback
 - Reinforcement approaches
 - Punishment approaches
- Cognitive Approaches
 - Cognitive behavioral models
- Other Models
 - Harm Reduction models
 - Relapse Prevention models

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Aversion Therapy

- First developed and refined by Schick-Shadel Hospital in Seattle
- Uses a classical conditioning model

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Classical Conditioning Review

UCS - UCR
CS - UCS - UCR
CS - CR

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Related concepts

- Generalization / Discrimination
 - Similar stimuli to the original CS cause a CR
 - Stimuli that are determined to be different from the original CS do not cause a CR
- Extinction
 - After repeated exposures, the CS will not cause a CR

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More concepts

- Spontaneous Recovery
 - Wait a period of time, present the CS and a CR will occur but in a weaker form
- Opponent Process
 - When a CS is presented with a UCS an opposite response (B-State) will occur.
 - Present the CS but no UCS, the B state still occurs (Craving/Withdrawal)

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Aversive Conditioning

	Emetine	- Nausea/Vomiting
Alcohol -	Emetine	- Nausea/Vomiting
Alcohol		- Nausea/Vomiting

- Generalization
 - Similar stimuli will also cause nausea vomiting
 - Smell, sight of the bottles, etc.

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Procedure

- Thorough medical and assessment workup
- Detoxification as needed
- Client has 4-6 aversion treatments every other day over a 2 week period in a hospital
- Off days, participate in groups, family therapy, etc.

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Booster Sessions

- Research evaluated when clients tend to relapse
- Client returns for follow-up treatments when there is a high probability of relapse
- 10, 30, 60, 90, 180 days
- Keeps the conditioning at a high level
- Client can return at any time for booster sessions

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Other Treatment

- Early procedure primarily focused on aversion
- Later procedures added other therapeutic interventions as well

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Success Rates

- Highest in the business for alcoholism
 - 60-80% abstinence rates at **4 year** follow-up.

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Issues

- Is expensive \$10-15,000
 - May or may not be covered by insurance
- Cannot be used by some people
 - Elderly, persons with medical problems
 - Have used other interventions
- Requires an inpatient stay
- Procedure receives a lot of flack

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Additional Aversion Procedures

- Initial procedure used emetine
- If good, lets make it really intense
- Used Scopolamine

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Procedure

	Drug	Stop Breathing/Fear
Alcohol	Drug	Stop Breathing/Fear
Alcohol		No conditioning

Why?

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Answer

- Focus was on the fear response
- Reduced the level of conditioning

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Conclusion

- Aversion conditioning procedures can be effective in stopping alcoholism

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Operant Conditioning Procedures

- Relies on aspects of reinforcement and punishment
- Stimuli Response \longrightarrow Stimulus
 - Behavior increases
 - Behavior decreases
- Contends alcoholism is like any other behavior
- Change the environmental conditions and the behavior will change

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Controlled Drinking

1. Identify stimuli that contribute to persons drinking out of control
2. Reinforce stimuli that do not cause out of control drinking
3. Punish stimuli that contribute to out of control drinking

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Types of Behaviors to Reinforce

- Sipping drinks
- Spacing drinks
- Alternating Drinks
- Eating food with Drinks
- Drinking only during certain periods
- Drinking only in social situations
- Others

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Types of Behaviors to Punish

- Gulping Drinks
- Having multiple drinks one after another
- Drinking alone
- Drinking in bars with others
- Getting drunk
- Other

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Bar Labs

- Identify the stimuli
- Have the person drink with peers
- Reinforce appropriate behavior and punish inappropriate behavior
- Result, alcoholic type behavior will decrease and social drinking behavior will increase

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Problem - Extinction

- If you do not provide reinforcement or punishment, the behavior will go back to alcoholic type drinking again.
- Procedures must take extinction into account

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Other aspects

- Can occur using inpatient models
 - Shuckett
- Can occur using outpatient models
 - Marlatt
- Is not appropriate for everyone
 - May be appropriate for a person who is 21
 - May be appropriate for a person who has tried multiple abstinence programs

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Inappropriate

- For individuals with health problems
- For individuals with legal problems
- For persons who become aggressive when consuming alcohol
- Is also inappropriate for other drugs

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Cognitive Models

- Contends you need to focus on the internal aspects of the person
 - Change the thoughts, the person will stop using
 - Focus on obsessions, compulsions, underlying reasons, etc
- Focus is not on the behavior

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Examples

- May review thoughts about relapse
- Recall of negative aspects of using as well as positive aspects
- May examine issues of depression related to not using
 - Giving up something you love is difficult
- Reviewing cognitive aspects of craving, anxiety etc,
- May examine feelings of emotion
- May examine aspects related to concentration

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Problems

- Focus on internal aspects
- All correlational in nature
- Some models have poor reliability and validity
- Others have much better results and are well researched.

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Conclusions

- Lots of different psychological models of treatment
- Most behavioral models and newer cognitive models have been well researched
 - Have high validity
- Older behavioral models are not used much
 - Some even resisted
- Cognitive approaches are used more

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More Conclusions

- Applications of psychological models have made major changes in addictions treatment
- Have improved success rates
- Need more research

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