

Principles and models of addiction treatment, Part I

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Overall logic of the course

- What is the nature and source of addiction?
- How do I tell if my patient has a substance use disorder?
- How do I motivate change?
- How do I provide effective treatment?
- How do I handle special circumstances in addiction treatment?

Mindset precedes technique

Why many health care providers don't like treating addicted patients

- Moral/criminal views of addiction
- Belief that “nothing works”
- Frustration with “bad patients”
- Belief that it's all volitional

Addiction vs. “real health problems”: Asthma, Type II Diabetes & Hypertension

- All have a chronic, relapsing course
- All have high non-compliance rates
- All have comparable heritability
- All involve volitional behavior

Source: McLellan, A. T., & Lewis, D.C., O'Brien, C.P., & Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. Journal of the American Medical Association, 284, 1689-1695.

Internal defect models of addiction that have influenced psychiatry

- Freud: Narcissism, oral fixation
- Puritans: Moral flaws, fall from grace
- If addiction is a stable trait, treatment is hopeless

Addiction as a chronic, behavioral health problem

- Substance abuse is an interplay of internal states, behaviors, and social context
- Nothing is entirely “in the skin”
- Looking at behavior and environment leads to optimism about treatment

What does a behavioral health view tell us about treating addiction?

- Drugs are fun
- Recovery is about competing reinforcers
- Treatment structure as a behavioral barrier
- Why “intensive” treatments usually fail
- Compassion, optimism and responsibility

10,000 Pounds of Insight isn't
worth 1 Ounce of Behavior
Change!

Treatment tactics and principles

- Setting treatment goals
- The nature and role of motivation
- Basic principles of intervention
- Medication
- Referral options (including self-help groups)

Setting treatment goals

- Substance use change should be primary
- The role of patient consultation
- Include some easy goals
- The relationship of physical dependence to moderation attainability
- The importance of a life worth living

The nature and role of motivation

- Motivation is a *dynamic* force
- Motivation matters every day
- Motivation does not have to be internally generated nor “pure”

Seven things that enhance motivation (Return when stuck!)

- Appraisal of goals, values and activities that conflict with addictive behavior
- Envisioning positive possibilities
- Attractive alternatives
- Caring confrontation by significant others
- Empathic, encouraging therapeutic alliance
- Achievable goals

Basic principles of intervention

- Nurture motivation like your first love
- Remember the competition
- Identify manipulable factors that stimulate, reward and punish use *and* non-use
- Restructure daily routines and environments
- Analyze and improve appraisal and coping skills
- Reinforce *behavior*
- Think about the end from the very beginning

Case example

- 42 year old African-American woman
- Began alcohol and tranquilizer abuse following divorce 2 years ago
- Devout Baptist
- Enjoys work as realtor, never uses at work
- Found NA “not religious enough”
- Sister-in-law is heavy user

Case example initial steps

- Reinforce decision to enter treatment
- Assessment
- Motivational Interviewing
- Non-punitive assessment of two proximal risks (Death & prison)

Case example interventions

Raise behavioral costs of use

Throw out all alcohol and drugs in house

Only get together with sister-in-law with others or in public

Decrease stimuli to use

Switch from TV to videos

Reduce loneliness through social contact

Spend more time at work

Increase reinforcements for recovery

Attend mid-week religious service

Organize Bible study group at home

Buy clothes with money saved