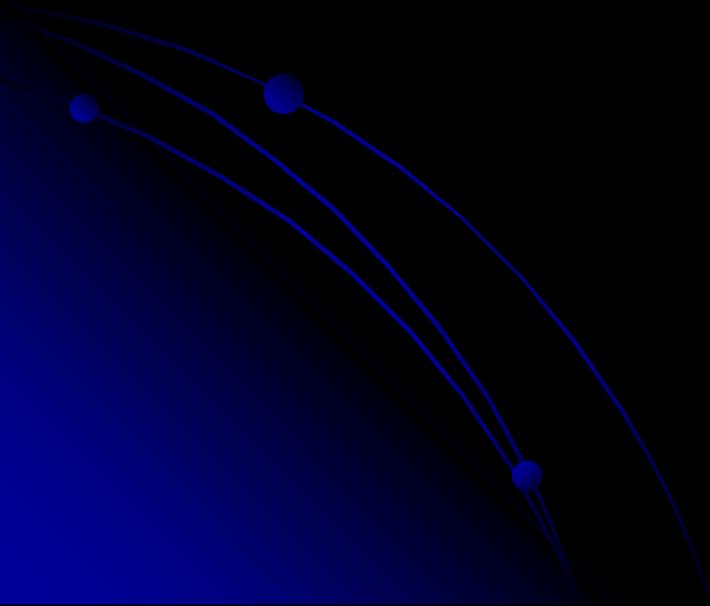


# The psychotherapy of addictions

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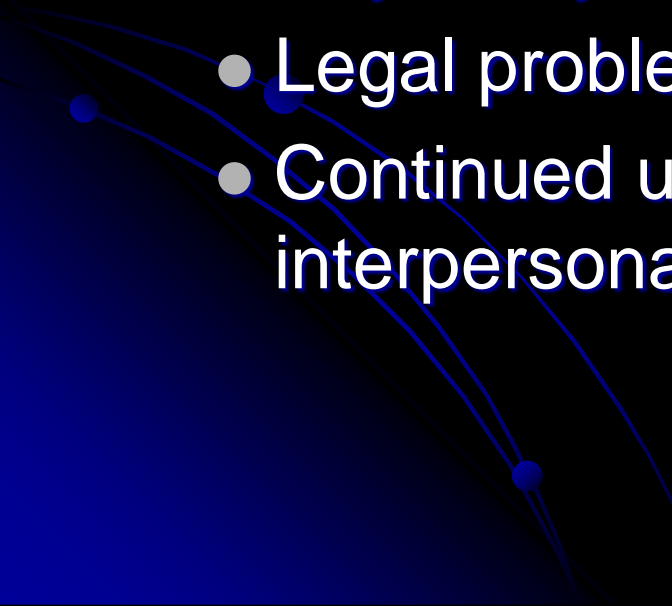
# Outline

- Basic definitions, epidemiology
- General principles
  
- Short intervention
- Motivational interview
  
- Psychotherapies
  - Behavioural therapy
  - Cognitive therapy
  
- Self-help groups

# Substances listed in the DSM IV.

- Alcohol
- Amphetamine or amphetamine-like
- Caffeine
- Cannabis
- Cocaine
- Hallucinogen drugs
- Inhalants
- Nicotine
- Opioid
- Phencyclidine or phencyclidine-like
- Sedative, Hypnotic or Anxiolytic
- Anabolic steroid
- Other (e.g. MDMA, GHB/gamma-hydroxybutyrate, designer drugs: mephedrone, 3,4-methylenedioxypyrovalerone)

# Basic definitions: substance abuse

- Maladaptive pattern of substance use:
    - Failure to fulfill role obligations at work, school or home
    - Physically hazardous situations
    - Legal problems
    - Continued use despite serious social and interpersonal problems
- 

# Basic definitions: substance dependence

- (Heavy and prolonged substance use);
- Tolerance (need for increase amounts; diminished effect of the same amount)
- Withdrawal (certain symptoms when stop substance use, alcohol cures the syndrome)
- Persistent desire or unsuccessful efforts to cut down substance use
- Great amount of time is spent on activity related to the substance
- Social, work or recreational activities are given up
- Continued use despite of knowledge of serious social, psychological, and physical problems

# Basic definitions: at-risk drinking

- Men: >14 drinks/week OR >4 drinks per occasion;
- Women: >7 drinks/week OR >3 drinks per occasion
- Potentially can lead to serious physical harm and psychological or social disfunctions.
- 1 drink = 10g of pure alcohol = 1 glass of beer, 10-15cl of wine, 2-4cl of spirits

# Epidemiology

- Hungarian people drink more than 12 litres of pure alcohol in each year; the number of alcohol addicts: 1000 000; high-risk drinkers: 1000 000.
- Worldwilde, alcohol is responsible for 3.2% of all deaths and 4.0% of the global burden of all disease (DALYs).
- 40 % of USA population reports one or more illicit substances in their lifetime
- Marijuana is the most commonly used illicit drug

# Alcohol consumption in the World





# General principles of the treatment

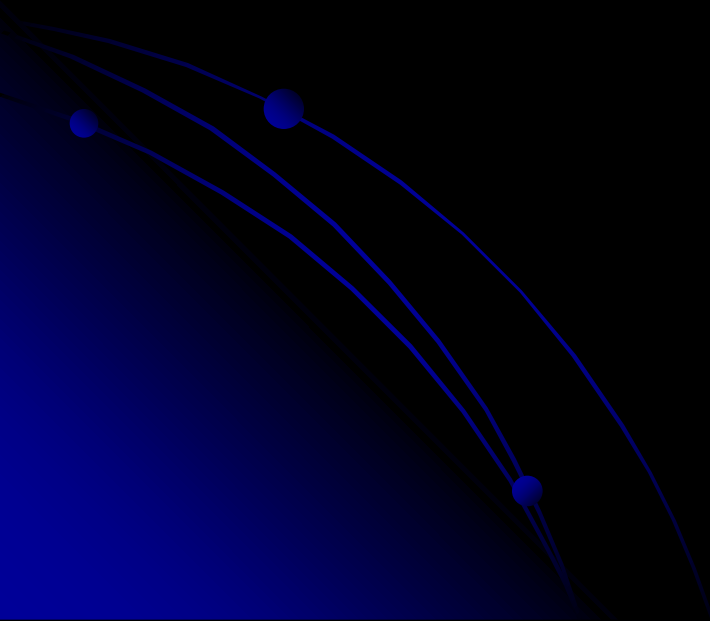
- Main problems:

- Patients do not seek for therapy because of the lack of information and insight;
- Patients have ambivalent or unstable motivation for change.

- Solutions:

- Screening for at-risk users and giving information;
- Assessing, strengthening and maintaining the motivation of the patient during the whole therapy.

# Short intervention



# Short intervention

- The aim of *Short Intervention* is the screening of risk and problem drinkers, and arousing motivation to change.
- Since its 1980 introduction, the efficiency of the method has been proved in many countries.
- It can be used in any outpatient centers or hospital wards.
- First step: AUDIT questionnaire (Alcohol Use Disorders Identification Test)
- Second step: Education, counselling and/or short consultation


# AUDIT questionnaire

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <input type="checkbox"/>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <input type="checkbox"/>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <input type="checkbox"/>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <input type="checkbox"/>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <input type="checkbox"/>

# AUDIT scores and recommended interventions

Risk group	Recommended intervention	AUDIT score
1.	Education	0-7
2.	Counselling	8-15
3.	Short consultation and regular follow-up	16-19
4.	Directing patient to a medical doctor specialized in addictology	20-50

# Group 1: Education

- 1. Feedback
  - 2. Education
    - Definition of low-risk drinking
    - Hazards of exceeding the limit
  - 3. Congratulations!
- 

## Patients with negative (low-risk) screening test

### **1. Give feedback on test results:**

*„I evaluated your test results. From your answers it appears that you are at low risk of experiencing alcohol-related problems if you continue to drink moderately.“*

### **2. Education:**

#### **a. Definition of low-risk drinking**

*„If you do drink, please do not consume more than two drinks per day, and always make sure that you avoid drinking at least two days of the week.“*

#### **b. Hazards of exceeding the limit**

*„People who exceed these levels increase their chances of the following health problems: accidents, injuries, high blood pressure, liver disease, cancer, heart disease.“*

### **3. Congratulate patients for their adherence to the guidelines:**

*„Congratulations, keep up the good work and always try to keep your alcohol consumption below the limits we talked about.“*

# Group 2: Counselling

- No actual problems, but risk for developing alcohol-related problems
- Short counselling:
  - Feedback
  - Education about safe limits, dangers and hazards
  - Discussing the need for abstinence or reduced drinking
  - Encouragement



## Simple advice for risk zone 2 drinkers

### **1. Feedback on test results:**

*„I evaluated your test results. According to these, a your current drinking habits you have a great chance to develop alcohol related problems. I would like to discuss it with you in a few minutes” „You are in the Risk Zone 2., which means you don't have alcohol related problems yet, but if you continue drinking at the current level, you will have problems.”*

### **2. Education about dangers and hazards:**

*„I will explain to you the health risks connected to alcohol use. To avoid these problems, it would be important to cut down on your drinking.”*

### **3. Discuss the need for complete abstinence or reduced drinking:**

*„Many people are able to reduce their alcohol intake. If you already have withdrawal symptoms (you experience nausea, shakiness in the morning) or if you can drink large amounts without getting drunk, or if you are pregnant or have a liver disease, I suggest to stop drinking entirely. If you don't have any of the above syndromes, it is enough to reduce the amount of alcohol.”*

### **4. Education on safe limits:**

*„ Do not consume more than two drinks per day, and always make sure that you avoid drinking at least two days of the week.”*

### **5. Encouragement:**

*„Now that you have heard all the risks, do you have any questions?*

*A lot of people find it reassuring to learn that they can take action on their own to improve their health. I'm confident you can follow this advice and reduce your drinking to low-risk limits. But if you find it difficult, come back to me or ask your family doctor”*

# Group 3: Counselling, consultation and follow-up

- Harmful effects of alcohol can be experienced already
- More detailed counselling, deals with
  - Motivation
  - High-risk situations
  - Temptations
  - Social skills
  - Boredom
  - Psychiatric comorbidities
  - New habits

## Skill training for Risk Zone 3. drinkers

### 1. Reasons for drinking less:

*„Let me show you a list about the advantages of reduced drinking. Please mark the ones that you find important.”*

### 2. High-risk situations:

*„Your desire to drink heavily probably changes according to your moods, the people you are with, and whether or not alcohol is easily available. What are the situations in which you most probably drink?”*

### 3. Dealing with temptation:

*„In the above mentioned high risk situations you will be tempted to drink more than the safe limit. Let's talk over, how to deal with these situations without drinking. For example, if you go to the pub after work with the colleagues, you can choose, not to go, work late or go home or do some sport instead, or go with them and drink a juice. Let's try to find solutions to your high risk situations.”*

### 4. Socializing:

*„It would be good to spend time with people who does not drink much. Let's think over the possibilities (clubs, relatives, religious groups)”*

### 5. Az unalom elűzése:

*„Some people drink out of boredom. Let's make a list of things you used to enjoy (like sports, crafts, languages) or that you would like to try (like dancing, painting), or those that are free of charge (walking, reading, playing with the children).”*

### 6. Depression – diagnose and treat if needed

### 7. Sticking to the new habits:

*„You must go over your plan each day to keep it in mind. If you have a helper, talk to him frequently. Whenever you feel very uncomfortable, distressed or miserable, keep telling yourself that it will pass. If you crave a drink, pretend that the craving is like a sore throat that you have to put up with until it goes away. it is likely that you will have some bad days on which you drink too much. It will get easier in time.”*

# Group 4: Further direction

- Possible alcohol addiction
- Complex addictological and/or psychiatric treatment is needed
- Information
  - Disadvantages and hazards of their alcohol consumption
  - Treatment possibilities
- Encouragement

# Motivational interview

# Motivation

- Intrinsic / extrinsic motivation
  - Readiness and willingness for change
  - Sine qua non of the therapy
  - Can be ambivalent and inconstant
- 
- Different phases of motivation need different therapeutic attitudes

# Basic elements of the motivational interview

- 1. Empathy and understanding the patient's point of view
- 2. Helping the patient to recognise the discrepancy between his current behaviour and his future aims
- 3. Avoiding arguments – arguing may intensify the resistance of the patient
- 4. Changing strategy in case of resistance
- 5. Maintaining the feeling of self-efficacy; expressing optimism and our faith in change

# Stages of motivation: Pre-contemplation

- Characteristics:

- The patient does not recognize the problem;
- Does not want to change;
- The patient refuses treatment, arguments with the staff, sometimes he/she is hostile

- Therapist's tasks:

- Providing information
- Facilitating problem recognition
- Helping the patient to define his/her own objectives



# Stages of motivation: Contemplation

- Characteristics:
  - The patient is ambivalent;
  - Recognizes the problem;
  - Is still contemplating about the change
- Therapist's tasks:
  - Revealing contradictions between the patient's behaviour and his/her future objectives

# Stages of motivation: Determination and action

- Characteristics:
  - The patient is dedicated to change
  - The patient starts to change
- Therapist's tasks:
  - Reinforcement
  - Recognising barriers
  - Managing difficulties

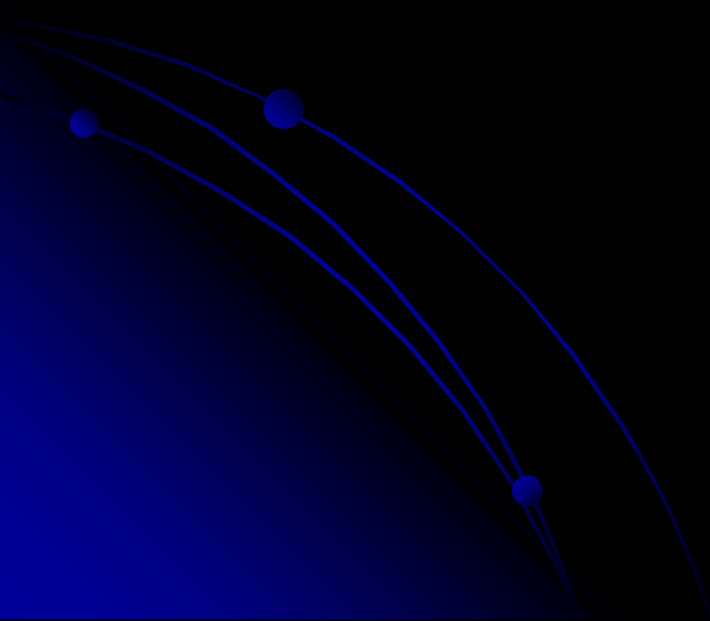
# Stages of motivation: Maintenance and termination

- Characteristics:
  - The behaviour change is stable
- Therapist's tasks:
  - Facilitating stability
  - Managing difficulties
  - Encouraging the patient

# Stages of motivation: Relapse

- Characteristics:
  - The problem behaviour re-occurs
- Therapist's tasks:
  - Admittig relapse
  - Finding new grounds for motivation
  - Creating new behaviour strategies

# Psychotherapies



# Behavioural therapy

- Reinforcing stimuli (triggers) – significant role in addiction and relapses
- Primary triggers: conditioned stimuli to drug consumption (e.g. pubs, dealers, needle); intensify craving; lead to further consumption
- Secondary triggers: inner, unpleasant stimuli (e.g. stress, depression, anxiety, boredom, craving); consumption helps to reduce these feelings

# Behavioural therapeutic techniques

- **Developing abstinence** – avoiding primary triggers: e.g. living-in treatments
- **Systematic extinction** – if drug-connected stimuli are not followed by consumption, their effects get extinguished
- **Learning alternative responses** – different activities, that induce pleasant/similar effects: e.g. sports, meditation
- **Stimulus control** – alternative solutions for dangerous situations: e.g. sadness, stress
- **Life skills** – social and coping strategies: e.g. decision making, expressing emotions
- **Refusal** – teaching the patients, how to say no: role-plays, real-life situations

# Cognitive therapy

- The mechanism of addiction:
- Certain events (like triggers) will activate:
- Disfunctional (addictive) beliefs and automatic thoughts of the patients;
- And that leads to drug seeking behaviour and consumption



**Addictive belief**

„Only when I drink can I talk and relate to people“

**Situation**

Party

**Automatic thought**

„A little beer will make me funny and cool“

**Behaviour**

Alcohol consumption



# Addictive beliefs

- Anticipatory – „self-fulfilling prophecies”
  - „I always get well from a drink”
  - „I can’t cool down, unless I smoke a cigarette”
  - „I’m not a cheerful person if I not drink”
  - „I’m simply not strong enough to get over withdrawal”
- Concessive
  - „I had a terrible week, of course I can drink tonight”
  - „I can put it down anytime, it doesn’t matter”
  - „I’m young, it won’t damage my health”

# Aim and techniques of CT

- Identification of addictive beliefs and automatic thoughts
- Learning more realistic and more adaptive thoughts to replace them
- Techniques:
  - Thought diary (3, 5, 7 column methods)
  - Socratic questioning
  - Advantages – disadvantages
  - Home works, behavioural experiments

# Self-help groups

## Alcoholics Anonymous (AA)

- Sober peer group, 12-step treatment from confrontation to spiritual awakening
  - Role modeling of social functioning without drinking
  - Peer help available 24 hours
  - Strong group coherence („we-ness”)
  - Religion and spirituality
- potential problems: confrontation with the medical model, may be dogmatic, requires changes in view of life

Other organizations: LifeRing Secular Recovery, Rational Recovery, SMART Recovery

Thank you for your attention!

