THE PSYCHOLOGY OF ADDICTION

What a long strange trip it's been!

The Grateful Dead, 1977

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A Grand Attempt To:

- Define "psychology"
- Describe the chief psychological forces that impact addiction
- Consider how one becomes "addicted"
- And, how one comes to recovery
- Discuss implications for what it is that we do

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PSYCHOLOGY?

- 54 APA Divisions including
  - Experimental psychology
  - Evaluation measurement and statistics
  - Psychoanalysis
  - Behavior analysis
  - Society for personality and social psychology
  - Psychopharmacology and substance abuse
  - Society of addiction psychology
  - Society of clinical psychology
  - Society of counseling psychology
  - Society for humanistic psychology

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APA DEFINITION OF PSYCHOLOGY

- Psychology is a diverse discipline, grounded in science, but with nearly boundless applications in everyday life. The discipline includes basic research, involving observation, experimentation and analysis as well as the application of the discipline's scientific knowledge to help people, organizations and communities function better.

- Psychology studies both normal and abnormal functioning toward the treatment of patients with mental and emotional problems. It also studies and encourages behaviors that build wellness and emotional resilience. The discipline teams with other healthcare providers to provide whole-person healthcare for patients.

  - Adapted from: http://www.apa.org/about/index.aspx

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PSYCHOLOGY OF ADDICTION

- Clinical Psychology
  - The realm of the DSM-VI and Psychiatry
- Counseling Psychology
  - Cognitive applications the way we think about things
- Behavior Analysis
  - Stimulus and reward
- Developmental psychology
  - Learning

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Division 50

- Society of Addiction Psychology promotes advances in research, professional training, and clinical practice within the broad range of addictive behaviors including problematic use of alcohol, nicotine, and other drugs and disorders involving gambling, eating, sexual behavior, or spending.
  - http://www.apa.org/divisions/div50/publications_newsletters.html

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Paradigms

- Disease model
- Learning Theory
- Psychoanalytic
- Family theory models
- Biopsychosocial Integration

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Disease Model Conditions

- Symptoms impair performance of vital functions
- Has a clear biological basis
  - Genetic predisposition activated by environmental factors: Adoption, twin, and animal studies
- A predictable course and outcome
  - Can plot course with some succumbing and some not
  - An acquired drive state (food, drink, sex) creating a tension that must be reduced (Miller & Gold, 1991)
- Lacks intentional causation
  - Lack of volitional control; if under some control, it's a behavioral problem.

Learning Theory

- All human behavior is learning mediated by expectations and attributions.
  - Classical conditioning (Pavlov)
    - Response to set & setting (moods/people/place/tools)
  - Operant conditioning (Skinner)
    - Positive and negative reinforcement of behaviors
  - Modeling Theories
    - Cognitive mapping, initiation (Bandura, 1977)
  - Cognitive behavioral - social learning
    - Irrational thoughts and feelings (Ellis, 1988 & Beck, 1993)
    - Reciprocal determinism; people are influenced by and influence their environments (Rotgers, 1996)

Psychoanalytic

- Regressive attempt to return to an infantile pleasurable state (Khantzian, 1997)
- Adolescent attempt to escape the over-whelming anxiety over preparation for adult roles
- Self medication hypothesis – coping with deficits rooted in infantile deprivation: affect tolerance, self care, self esteem and relationships
- Early disorders of self rooted in impaired object relations, also attachment theory
- Understanding from an internal, intra-psychic position can help with affective states and the development of healthy alternatives.

Family Theory Models

- Family systems - unspoken rules and roles serve to maintain homeostasis; any action affects the system, stable coalition, et al. (McCrady & Epstein, 1996)
- Family Behavioral model – reliance on the observation of interactions and patterns (systems theories) that serve as subtle reinforcement; structured interventions seek to alter patterns (O'Farrell & Cowles, 1989)
- Family disease model – disease = codependence and interventions rely on traditions and techniques of AA/Alanon. CRAFT is also an evidence based program for influencing the addicted by changing the behaviors of others in his or her context.

Biopsychosocial

- Allows for multiple and mixed pathways to addiction and individual weightings
- Neurochemical imbalance or stimulation that acts like a primary drive (NIAAA, 1993)
- Expectancies – those that expect greater effects are more likely to initiate ; increased placebo potential (Stanton Peele, 1986)
- Cue reactivity – e.g. exposure to drug paraphernalia (Childress, et al. 1993)
- Self efficacy and social learning – the ability and confidence to cope (Albert Bandura, 1997)
- Family dysfunction – Alcohol and drugs as coping mechanism enacting a dysfunctional systems change (McCrady & Epstein, 1996).

The Transtheoretical Model

- Offers an integrative framework for understanding, measuring, and intervening in patients' health behaviors

- Clinicians assess clients' readiness to change and enhance motivation through a series of techniques, depending on the clients' stage of readiness

Stages of Change

- Pre-contemplation- Not ready to change
- Contemplation- Thinking about changing
- Preparation- Preparing to change
- Action- Actively changing
- Maintenance- Continuing to support the change
- Relapse- Slipping back to the previous behavior

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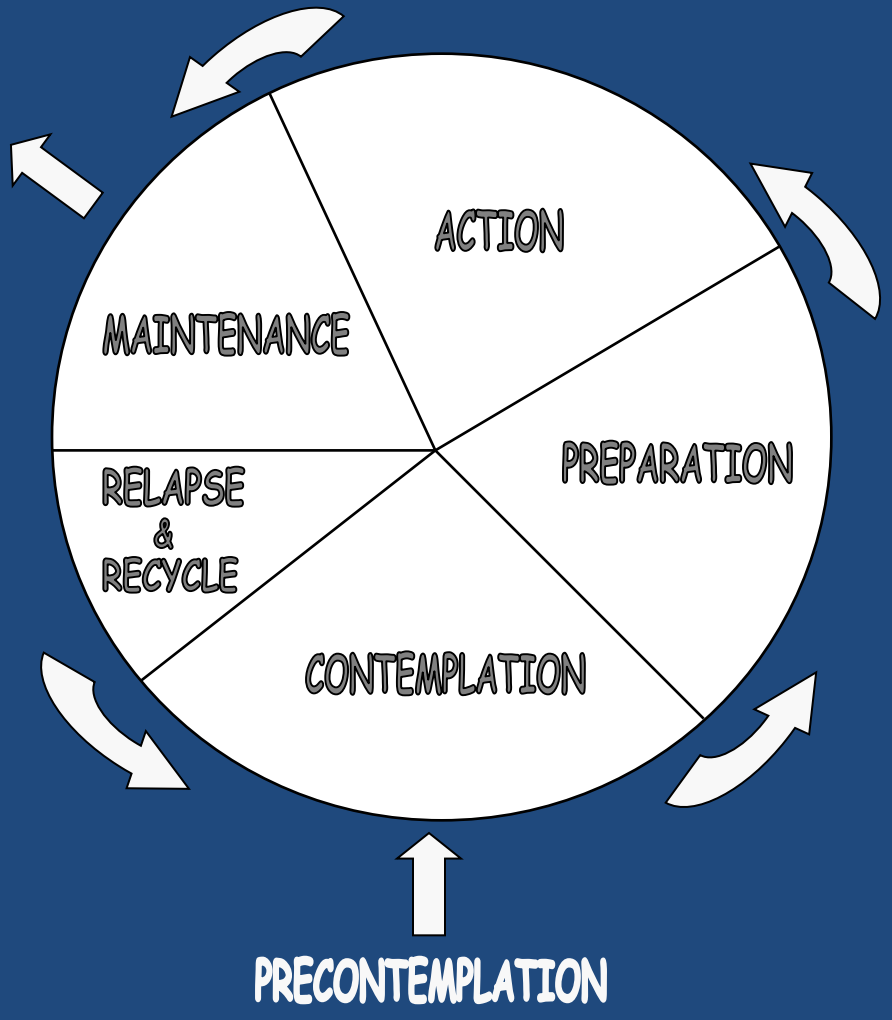
Stages of Change



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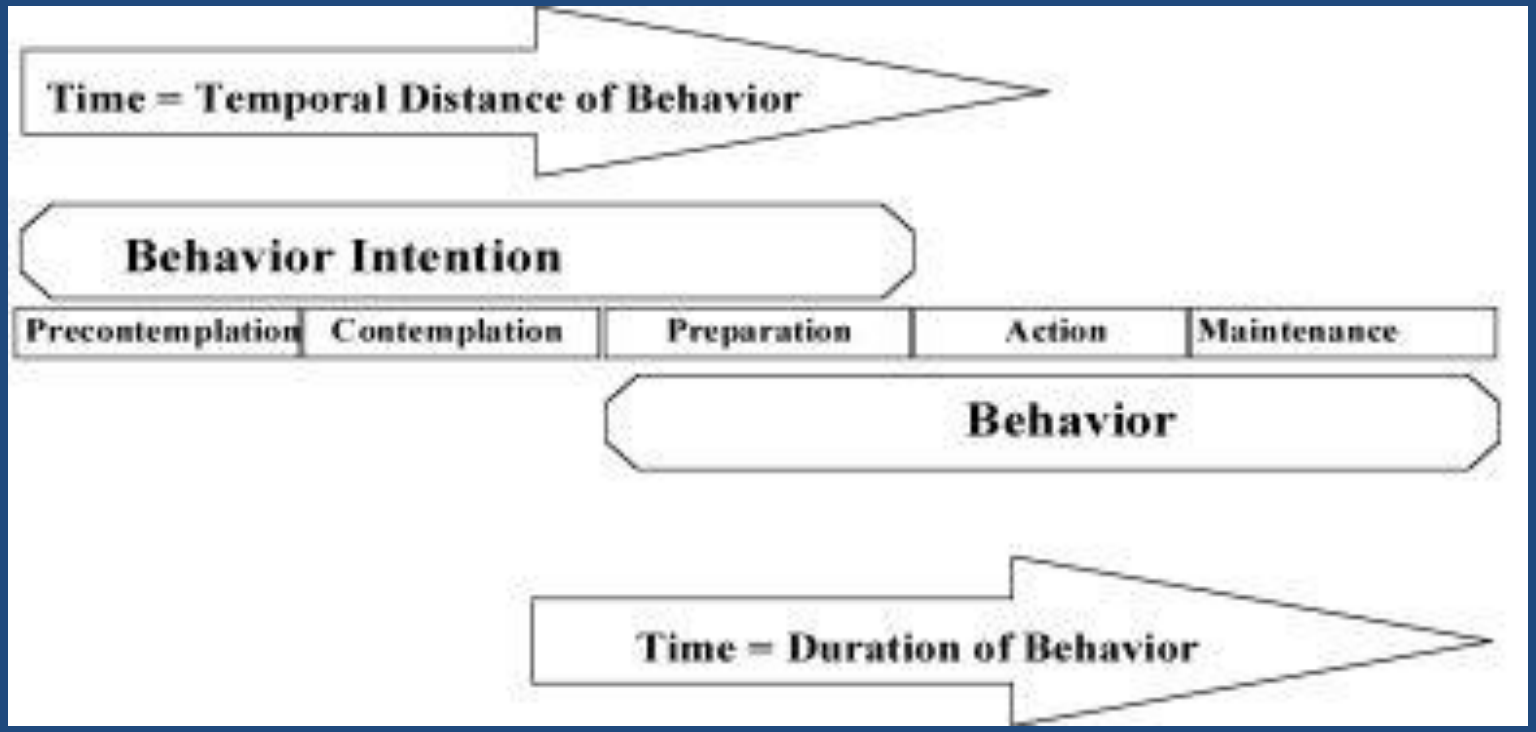
The Temporal Dimension as the Basis for the Stages of Change



Velicer, W. F, Prochaska, J. O., Fava, J. L., Norman, G. J., & Redding, C. A. (1998) Smoking cessation and stress management: Applications of the Transtheoretical Model of behavior change. Homeostasis, 38, 216-233.

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Stages and Processes

- Early Stages
  - Cognitive
  - Affective, and
  - Evaluative processes
- Maintenance
  - Commitments
  - Conditioning
  - Contingencies
  - Environmental controls, and
  - Support.

Prochaska, J.O. ; Velicer, WF. (1997) The transtheoretical model of health behavior change. American Journal of Health Promotion: 12(1):38–48.

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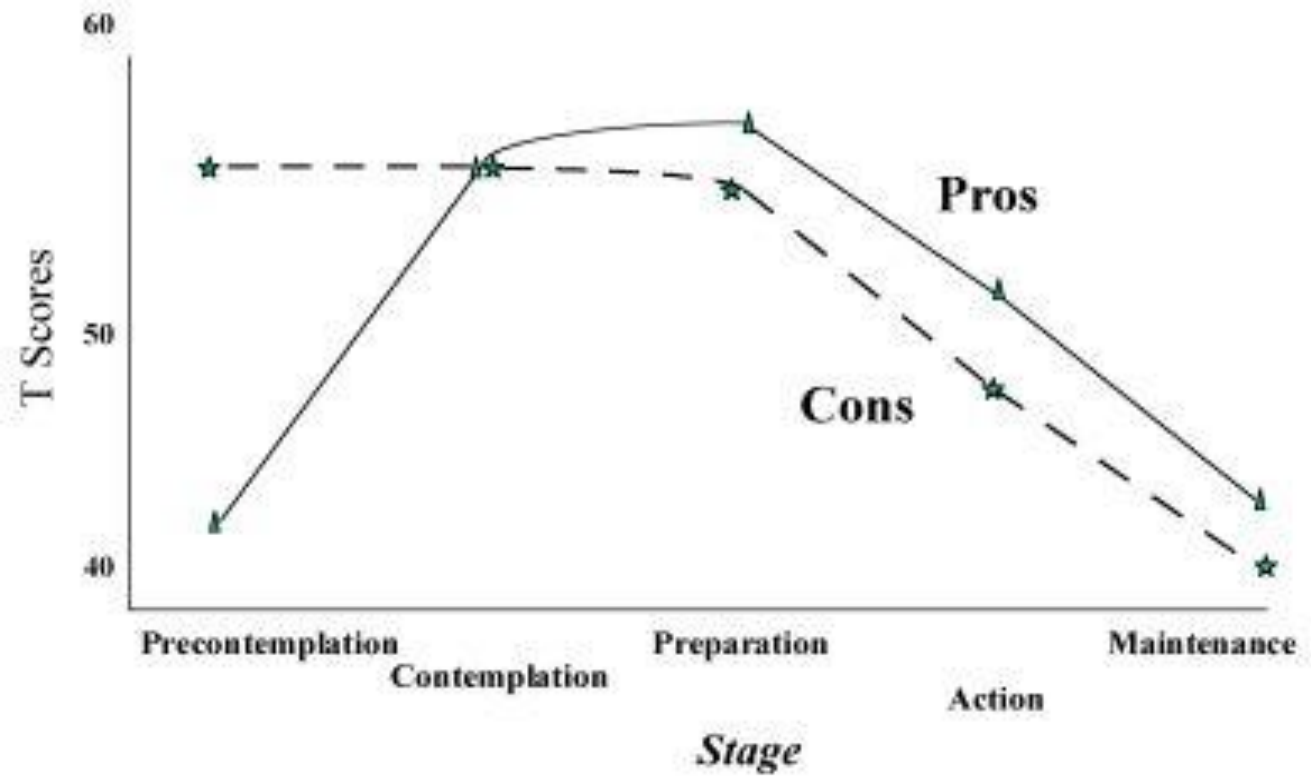
Stage and Decisional Balance Relationship for an Unhealthy Behavior



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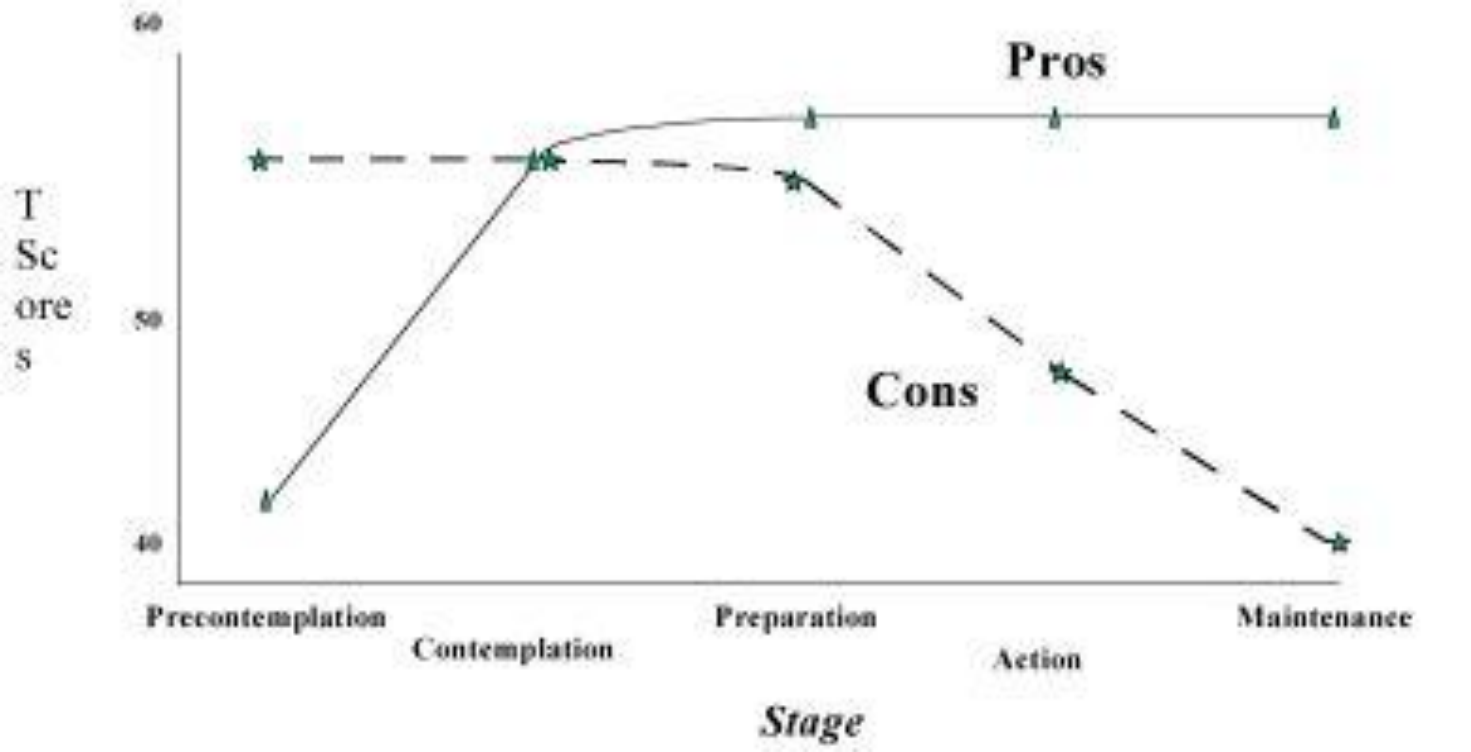
Stage and Decisional Balance Relationship for a Healthy Behavior



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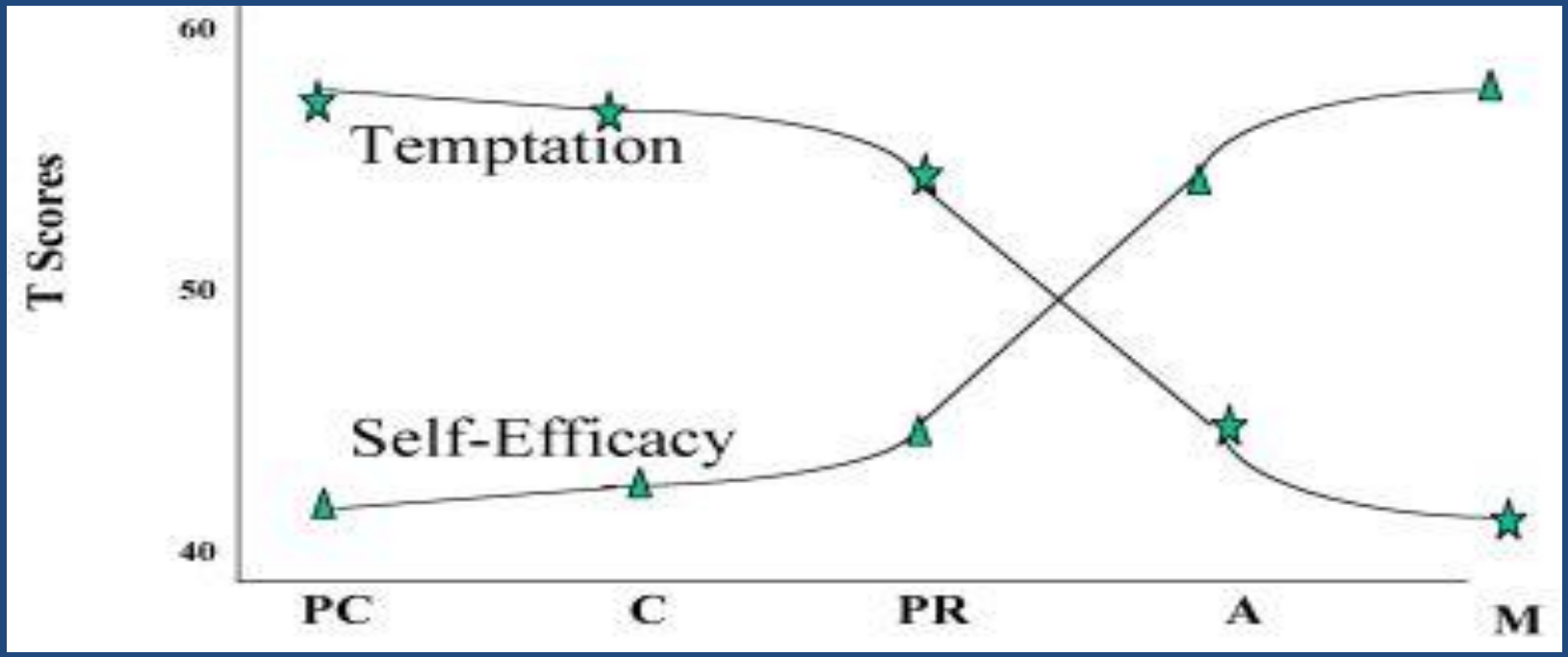
The Relationship between Stage and both Self-efficacy and Temptation



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Active Ingredients? Consciousness Raising

- Increased awareness about the causes, consequences and cures for a particular problem behavior.

- Interventions that can increase awareness include feedback, education, confrontation, interpretation, bibliotherapy and media campaigns.

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Dramatic Relief

- Produces increased emotional experiences followed by reduced affect if appropriate action can be taken.

- Psychodrama, role playing, grieving, personal testimonies and media campaigns are examples of techniques that can move people emotionally.

Environmental Reevaluation

- Combines affective and cognitive assessment of the effect a behavior has on one's social environment; e.g., the effect of smoking on others or the awareness that one can serve as a positive or negative role model.

- Empathy training, documentaries, and family interventions can lead to such re-assessments.

Social Liberation

- An increase in social opportunities or alternatives to help people change.

- Reduced access and opportunities, attractive alternatives, the framing of a new cultural context.

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Self-reevaluation

- Cognitive and affective assessment of one's self-image with and without an addiction, for example one's image as an addict or criminal.

- Value clarification, healthy role models, and imagery can move people toward new considerations of self.

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Stimulus Control

- Remove cues for substance use and add prompts for healthier alternatives.

- Avoidance strategies, environmental re-engineering, and self-help groups can provide stimuli that support change and reduce risks for relapse.

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Helping Relationships

- Bring caring, trust, openness and acceptance as well as support for recovery.

- Rapport building, a therapeutic alliance, counselor calls and buddy systems can be sources of social support.

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Counter Conditioning

- Learning healthier behaviors that can substitute for substance use and related behaviors.

- Relaxation can counter stress; assertion can counter peer pressure; medication support can reduce cravings.

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Reinforcement Management

- Consequences for actions include punishments, but self-changers rely more on rewards; emphasizing reinforcements is in harmony with how people change naturally.

- Contingency contracts, overt and covert reinforcements, positive self-statements and group recognition increase reinforcement and the probability that rewarded responses will be repeated.

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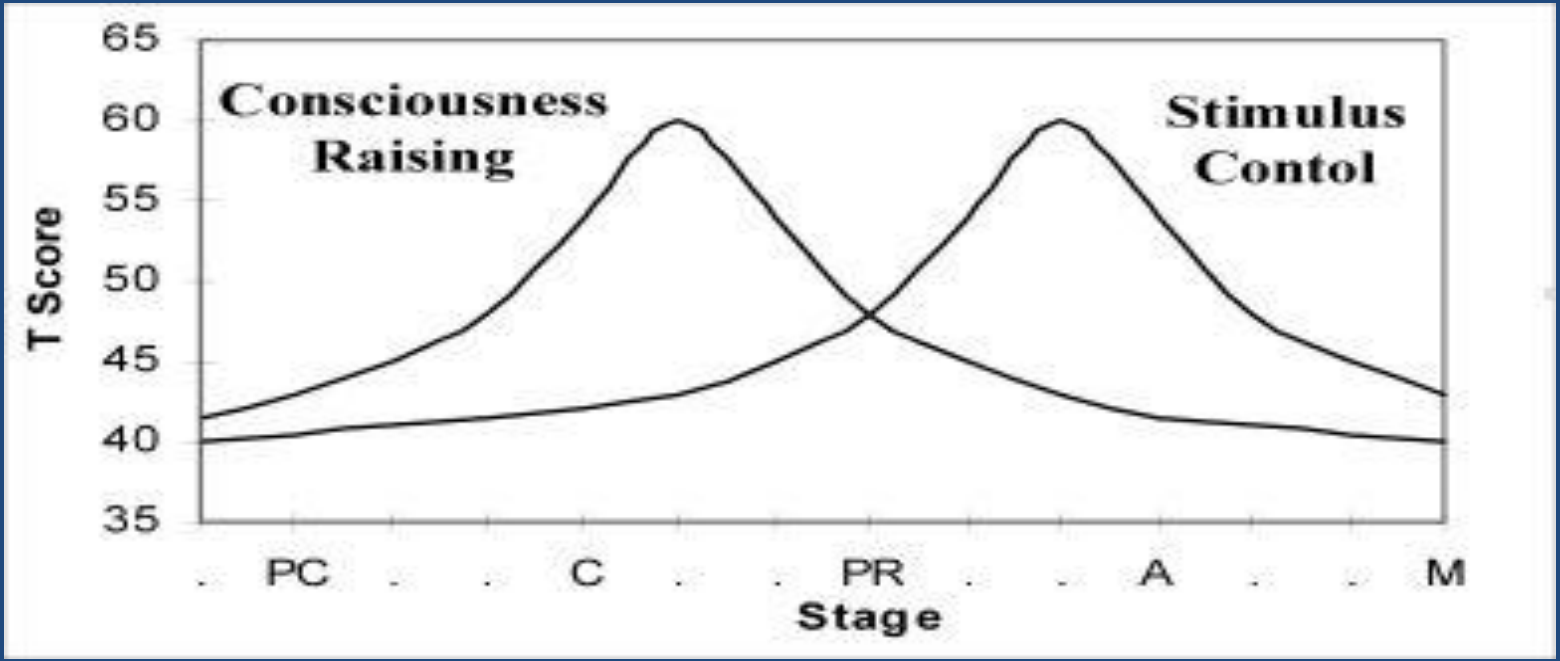
Self-liberation

- The belief that one can change (self efficacy) and the commitment to act on that belief. Public testimonies, and multiple choices can enhance self-liberation, "willpower."

- People with two choices have greater commitment than people with one choice; those with three choices have even greater commitment. So with substance use having alternative paths increases commitment to change.

The Relationship between Stage and two sample Processes, Consciousness Raising and Stimulus Control



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Are we conscious? Readiness Potential

Motor action and the sense of agency depend on neurlogical events that we do not consciously control and that happen before our conscious awareness of deciding or moving.

- Libet, B. (1999), as cited by Shaun Gallagher in: Where's the action? Epiphenomenalism and the problem of free will. In S. Pockett, William Banks and Shaun Gallgher (Eds.) (2006). Does consciousness cause behavior? Cambridge, MA: MIT Press

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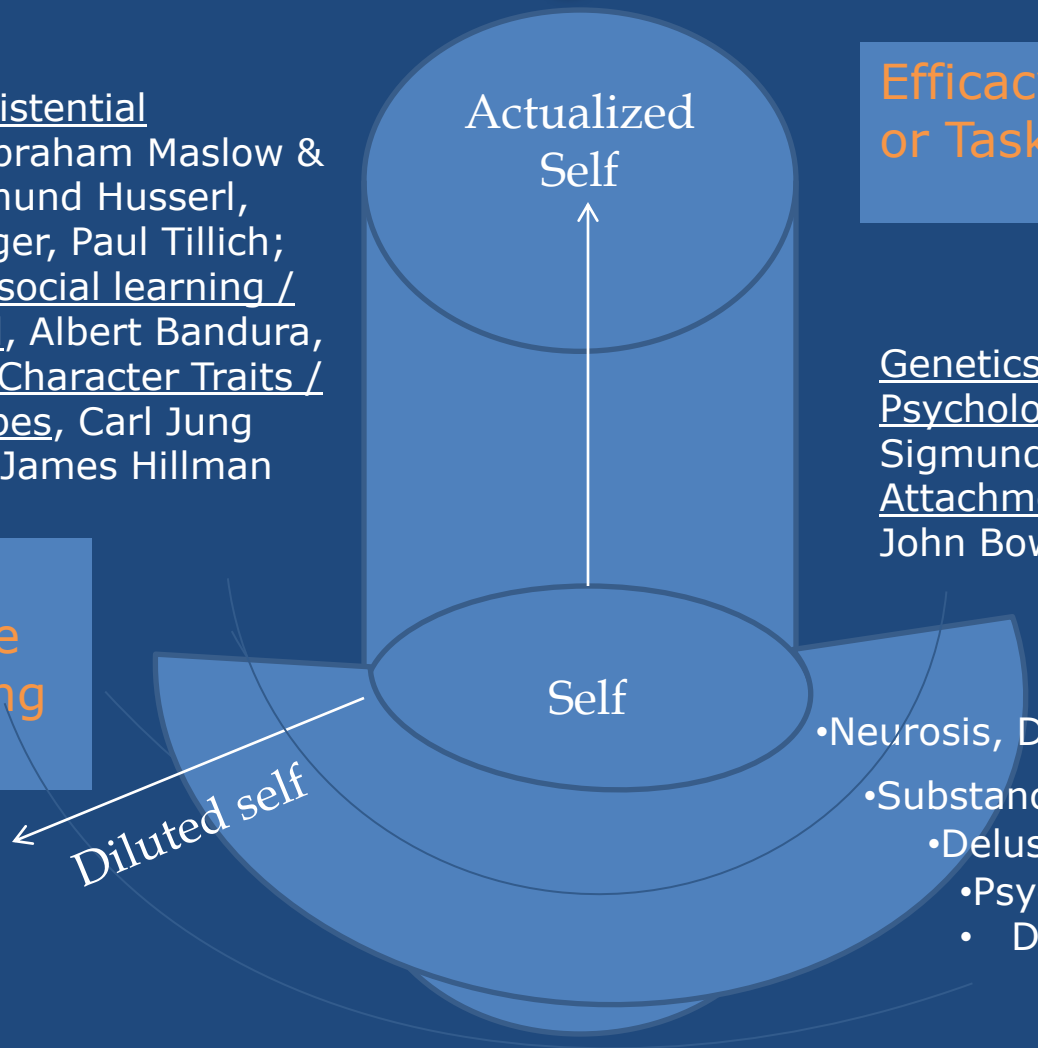
The Acorn Theory and Avoiding the Task

Humanistic/Existential Psychology: Abraham Maslow & Rollo May, Edmund Husserl, Martin Heidegger, Paul Tillich; Self efficacy / social learning / developmental, Albert Bandura, Eric Erickson; Character Traits / Personality Types, Carl Jung Acorn Theory, James Hillman

Efficacy Building or Task Approach



Genetics/Biological Theories Psychological Defenses, Sigmund Freud Attachment Theory John Bowlby

Efficacy Avoidance or Avoiding the Task

- Neurosis, Depression, anxiety
- Substance abuse
- Delusion
- Psychosis
- Death

Tony Comerford, Ph.D. (1995). Avoiding the task; an attempt to integrate psychological principles.

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Headlines

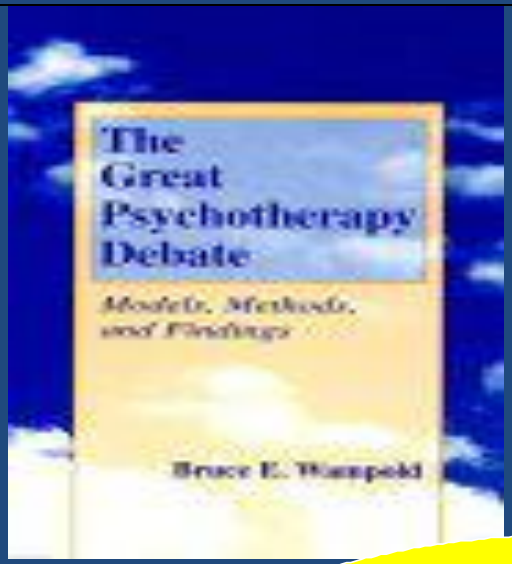
Genes Can Influence the Severity of Addiction

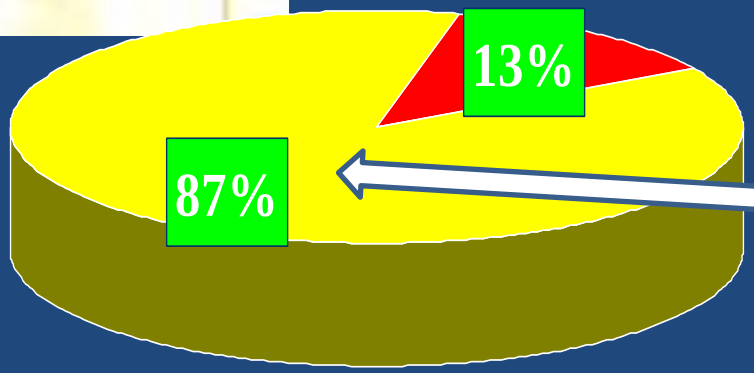
A study conducted at the U.S. Department of Energy's (DOE) Brookhaven National Laboratory demonstrated that drug addicted individuals who have a certain genetic makeup have lower gray matter density - and therefore fewer neurons - in areas of the brain that are essential for decision-making, self-control, and learning and memory...

Parents Important for Keeping Adolescents off Alcohol

Parents who are both present and engaged are the very best way of preventing teenagers from consuming large quantities of alcohol. Adolescents who smoke, stay out with their friends and have access to alcohol from their parents, for example when they are as young as 13 are at greater risk of becoming binge drinkers in their late teens, reveals a new thesis from Karolinska Institutet in Sweden

What Works in Treatment: The Empirical Evidence





- Treatment:
  - 60% due to "Alliance" (8%/13%);
  - 30% due to "Allegiance" Factors (4%/13%);
  - 8% due to model and technique (1%/13%)
- Extra-therapeutic and/or Client Factors

Wampold, B. (2001). The Great Psychotherapy Debate. New York: Lawrence Erlbaum.
Miller, S.D., Mee-Lee, D., & Plum, B. (2005). Making Treatment Count. In J. Lebow (ed.). Handbook of Clinical Family Therapy. New York: Wiley.

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Medications

- Who gives it to you?
  - Patients served by the most effective psychiatrists top 1/3 did better on placebo than those served by the least effective 1/3 on active medication. Top 1/3 also had the best results in the drug condition.

    McKay, K. M., Imel, Z., & Wampold, B. (2006). Psychiatrist effects in the psychopharmacological treatment of depression. Journal of Affective Disorders, 92(2-3), 287-290.

  - When patients (n=6146) of more effective clinicians (n= 581) were medicated, the medication was more effective than for clients of those less effective. Medication was not helpful for the clients of the least effective clinicians.

    Wampold, B. E., & Brown, G. S. (J.). (2005). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology*, *73(5)*, 914-923.

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Medications

- Where you get it?
  - Drugs delivered in similar doses to comparable patients produced significantly different results attributable to the facilities where they were delivered.

Feighner, Aden, Fabre, Rickels & Smith (1983)
Rickes, Fisher, Park, Lipman & Mock (1966)
Greenblatt, Grosser & Wechsler (1964)

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Conflict

It is better to avoid conflict with clients, especially if they want it. When we agree with them we challenge their view of us and remove distortions from the interaction in the interest of relationship-building. The basic idea of this counterintuitive idea is that sharing feelings reduces them.

Harry Stack Sullivan 1954

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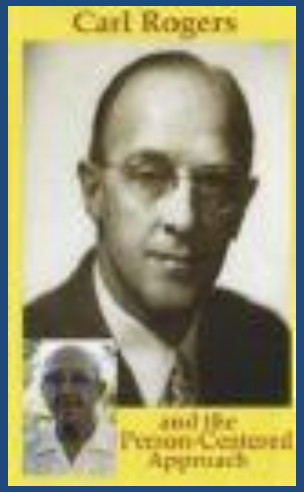
Three Core Conditions

The three "core conditions" necessary for change in therapy remain unchallenged.

These are:

1. Unconditional positive regard (warmth & caring),
2. Empathy, and
3. Genuiness and authenticity.



Carl Rogers (1961)

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Every Patient carries her or his own doctor inside.

Albert Schweitzer (1875-1965)

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Einfühlung

(Empathy)

It remains the first aim of the treatment to attach (the patient) to it and to the person of the doctor. If one exhibits a serious interest in him, (he/she) carefully clears away the resistances that crop up at the beginning and avoids certain mistakes, he will of himself form such an attachment… It is certainly possible to forfeit this first success if from the start one takes any standpoint other than that of sympathetic understanding.

Sigmund Freud (1913).

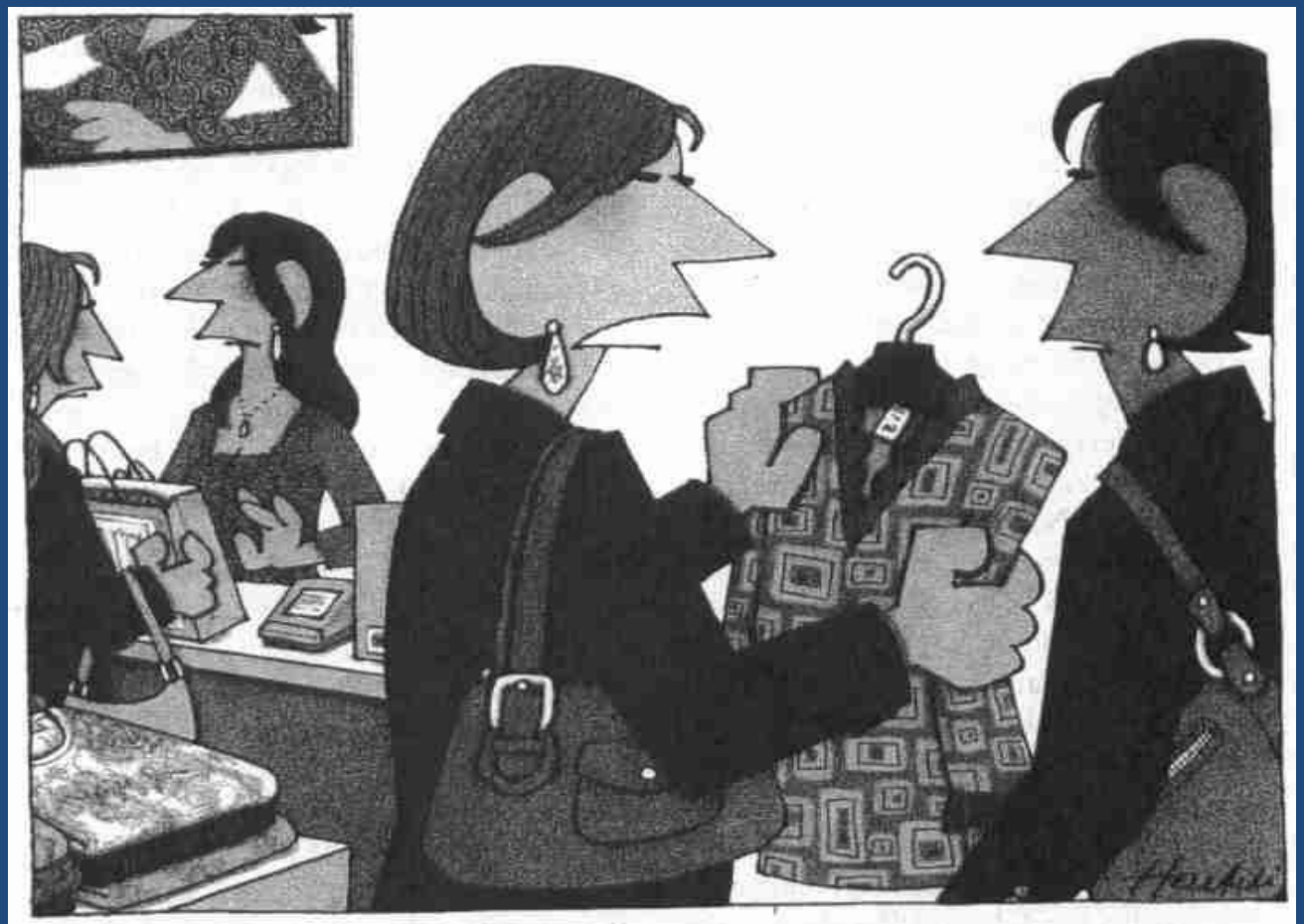
On beginning the treatment: Further recommendations on the technique of psychoanalysis.

Five Basic Postulates of Humanistic Psychology

1. Human beings, as human, supersede the sum of their parts. They cannot be reduced to components.
2. Human beings have their existence in a uniquely human context, as well as in a cosmic ecology.
3. Human beings are aware and aware of being aware-i.e., they are conscious. Human consciousness always includes an awareness of oneself in the context of other people.
4. Human beings have some choice and, with that, responsibility.
5. Human beings are intentional, aim at goals, are aware that they cause future events, and seek meaning, value, and creativity.

Adapted by Tom Greening from J. F. T. Bugental's "The Third Force in Psychology" (Journal of Humanistic Psychology, 1964, vol. 4, No. 1, pp. 19-25).

The Big "C"



"I'll come back and buy it someday when there's a less judgmental sales clerk."

FEEDBACK

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FEEDBACK

- …feedback increased the duration of treatment (n= 609) and improved outcome relative to control on those predicted to be treatment failures;
- Twice as many in the feedback group achieved clinically significant or reliable change;
- one-third as many were classified as deteriorated by the time treatment ended.
- For those predicted to have a positive outcome, feedback to therapists resulted in a reduction in the number of sessions without reducing positive outcomes.

Lambert, M. J., Whipple, J. L., Smart, D. W., Vermeersch, D. A., Nielsen, S. L., & Hawkins, E. J. (2001). The effects of providing therapists with feedback on patient progress during psychotherapy: Are outcomes enhanced? *Psychotherapy Research, 11(1)*, 49-68.

The Working Alliance as Performance Feedback

- Alliance hit a ceiling effect;
- Greater improvements in those entering treatment with more severe mental health problems post feedback (<.05);
- From moderate to large effect size (Pre .39) vs. (post .63);
- Administrative discharges reduced by nearly 40% (33 vs. 20%);

Comerford, A. W. (2003). The working alliance as performance feedback: A case study. Dissertation Abstracts International: Section B: The Sciences and Engineering, 64(2B-B), 958. (UMI No. AA 13081418)

CLIENT DIRECTED OUTCOME INFORMED

Miller & Duncan, 2004

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FEEDBACK

… Nearly twice as many clients in the feedback plus clinical support tools group achieved clinically significant or reliable change; fewer deteriorated by the time treatment ended.

Whipple, J. L., Lambert, M. J., Vermeersch, D. A., Smart, D. W., Nielsen, S. L., & Hawkins, E. J. (2003). Improving the effects of psychotherapy: The use of early identification of treatment and problem-solving strategies in routine practice. *Journal of Counseling Psychology, 50(1)*, 59-68.

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Client Directed

- Unless you develop a working alliance, nothing you do will work.
- Only what the client believes counts; the client's theory of change.
- If the client doesn't think it will work it probably won't.
- The client is the best judge of whether or not your doing a good job.

Outcome Informed

- Only the client knows if it's working
- You don't know if it's working if you don't ask
- If it's not working more of the same won't work
- A higher level of care is not always the answer

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Client Directed Trends in Instruments

- Engagement and Outcome management tools
  - Compass – Bristol Myers Squibb
  - TOP – Treatment Outcome Package
    http://www.bhealthlabs.com/document.html
  - OQ-45 – http://www.oqmeasures.com/site/
  - AKQUASI – (Germany) large EU inpatient use
    http://www.telemedicine.lu/eng/chap09b/01/Computerized_Outcome_Monitoring_in_Psychoterapy_by_AKQUASI.pdf
  - CORE – http://www.coreims-online.co.uk/about_core_core_system.htm
  - SRS/ORS – https://www.myoutcomes.com/
  - CD and the HAID / HAWD - http://www.polarishealth.com/
  - Innerlife - innerlife.com

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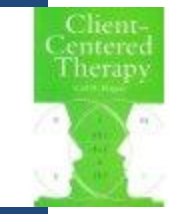
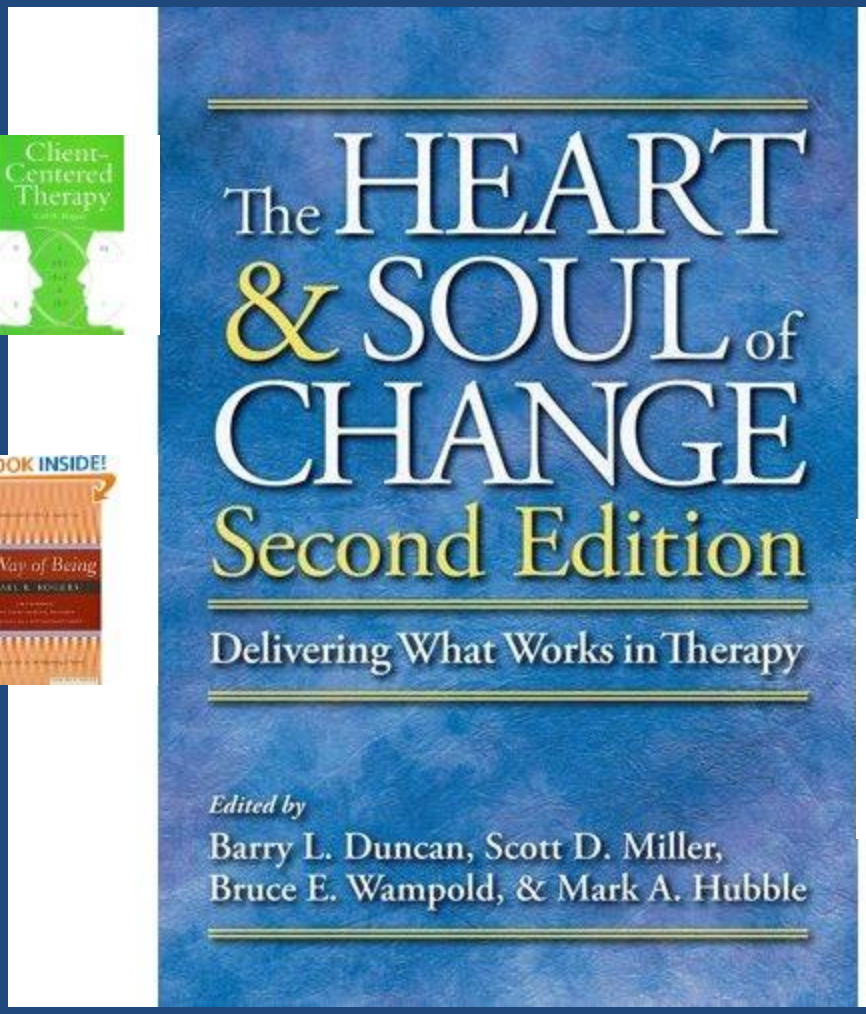
FEED YOUR HEAD


Client-Centered Therapy

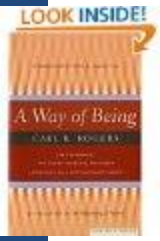

The HEART & SOUL of CHANGE
Second Edition
Delivering What Works in Therapy
Edited by
Barry L. Duncan, Scott D. Miller,
Bruce E. Wampold, & Mark A. Hubble

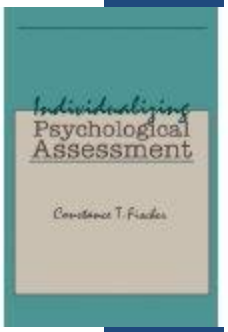
HEROIC CLIENT

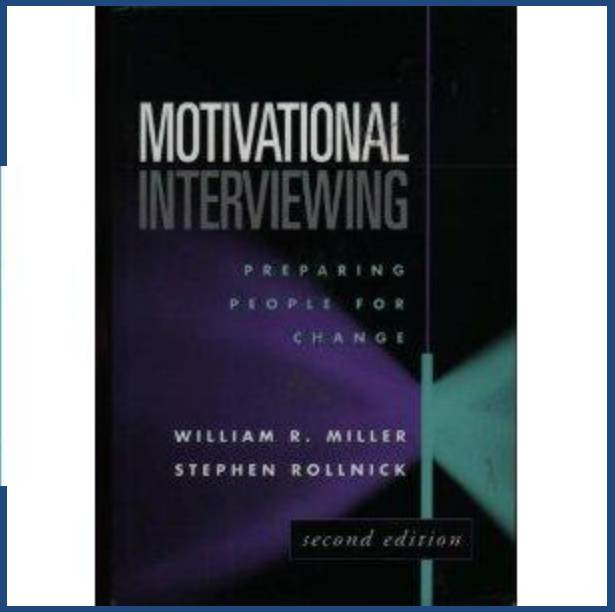
On Becoming a Better Therapist

Changing the Rules

IN OUR CLIENTS' SHOES


LOOK INSIDE!
A Way of Being


Individualizing Psychological Assessment


MOTIVATIONAL INTERVIEWING
PREPARING PEOPLE FOR CHANGE
WILLIAM R. MILLER
STEPHEN ROLLNICK
second edition

LOOK INSIDE!
Motivational Interviewing
BUILDING MOTIVATIONAL INTERVIEWING SKILLS
on becoming a person
Carl R. Rogers
person-centred
Skills in
Person-Centered Psychotherapies
Humanistic Psychotherapies
HUMANISTIC APPROACH TO PSYCHOTHERAPY
Existential-Humanistic Therapy

Etc.