

Treating Alcohol Addiction Cue Exposure with urge coping skills

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“Addiction is the inability to accept the fullness of the present moment.”

(G.A. Marlatt)

Illusion of control:

The urges and craving for alcohol promise

to ease the suffering

or

transform boredom into a positive high

Although the effectiveness of cue exposure is widely demonstrated in the field of addiction (Hester & Miller, 2003),

it is a rarely used treatment-approach in Scandinavia.

- Often the treatment keeps the patient behind a protective shield, screened from all temptations to drink.
- Instead of exposing the patient to drinking cues in an attempt to prepare him for the inevitable temptations of the real world environment, every attempt is made to remove all such stimuli from the inpatient treatment context.

What is Cue Exposure?

- Cue Exposure Treatment (CET) was developed to help clients reduce the strength of the internal reactions to alcohol related cues and to provide an opportunity to practise use of coping skills while in the state of arousal that these cues generate.
- CET is derived from two theoretical models: Classical Learning Theory and Social Learning Theory.

■ Classical Learning Theory:

At its most basic Cue Exposure refers to a general process in classical conditioning theory. A cue (or stimulus) is presented to a person and the response the person makes to the cue is dependent on the previous experience that the person has had with the cue.

A cue that has repeatedly paired with excessive drinking can be viewed as a conditioned stimulus (CS) which, when the person is exposed to the cue alone can elicit a conditioned response (CR).

The more often the cue has been paired with drinking, the greater the likelihood of occurrence and strength of the CR when the person is exposed to the cue alone.

The range of cues that may serve as triggers is potentially countless including exteroceptive stimuli (the sight, smell and taste of alcohol), interoceptive cues (physical effects, moods and cognitions) and withdrawal related cues.

Social Learning Theory:

suggests that the more powerful an individual expects alcohol to be in producing subjectively desirable effects, and the fewer alternative strategies he/ she perceives for achieving these, then the desire to seek out and use alcohol will be stronger (coping deficit theory).

Benefits of Cue Exposure Treatment

- Cue Exposure Treatment (CET) provides a beneficial effect as a result of two different mechanisms: through habituation and extinction of responses and / or
- through practising coping skills in the presence of drinking-related cues.

■ Unreinforced exposure

The classical learning theory suggests that periods of unreinforced exposure to alcohol cues (cue exposure with response prevention) results in habituation and/ or extinction of the conditioned reactions, which will in turn reduce the likelihood of relapse.

■ The Social Learning Theory

suggests that the disruptive effects of alcohol cues on attentional processes and on the ability to use coping skills are lessened.

- Applying coping skills in the presence of alcohol cues increase both the effectiveness of these skills and the patients' expectancies about their ability to respond effectively.

Cue Exposure Treatment – Application

- At Sydgården we developed a structured Cue Exposure Treatment leaned on a well evaluated treatment approach (Monti, Kadden et al. 2002).
- Since 20 months we administer CET in 6 group sessions (6-8 participants) in aftercare treatment during the first three month after discharge from a 12 week's inpatient program.

Until now 25 patients have participated in the aftercare treatment in a randomized controlled trial compared with patients who received standard medical care after inpatient treatment

Evaluation:

- Standardized Tests:
 - Sence of Coherence (SOC)
 - Brief Symptom Index (BSI)
 - Situational Confidential Questionnaire (SCQ)
 - Addiction Severity Index (ASI)
 - Becks Inventory of Cognitive Styles
 - Social Support Questionnaire

CET has the following therapeutic goals for the participants:

- Acquiring greater knowledge about personal drinking triggers.
- Being exposed to the triggers until the urge to drink decreases to a low level. Habituation and/or desensitization can occur.
- Learning a set of urge- specific cognitive strategies for coping with urges to drink

- Practising these strategies while experiencing real urges to drink, and experience the effects of these strategies on the individual urge level.
- Finding out which strategy is most effective with each specific trigger.

■ Urge coping strategies

Generally works the strategy “thinking about/ imaging negative consequences” better for positive than negative affect situations, because compounding the negative effect through negative consequences makes the trigger stronger.

Similarly the strategy “thinking about/ imaging positive consequences” works generally better in negative affect situations

- **The six sessions:**

- All strategies reappear during the sessions and are strengthened by **guided imagery**.

- 1. Session: Positive results of sobriety (general):

The patients generate a list of all the positive effects that will happen to them if they were to refrain from drinking when tempted.

- 2. Session: Acknowledgement of significant others:

The patients generate a list of significant others who strongly appreciate their sobriety.

- 3. Session: Renewal of sobriety- decision:

The patients renew or rejuvenate their decision for sobriety by powerful cognitions combined with a guided imagery of a “wonderful day”

- 4. Session: Negative consequences of drinking:

The patients generate a list of the negative results that could occur in the future if they were to drink in the trigger situation.

- 5. Session: Relaxation via biofeedback

The patients learn to relax by using biofeedback equipment which indicates the level of heart rate synchronization.

- 6. Session: Delay or "Waiting out":

The patients reframe their expectation that the urge to drink will never abate by waiting out the urge without using a strategy (habituation)

What works ?

- State Dependent Learning
- Exemplary Learning
- Self Perception Improvement
- Cognitive Reframing
- Self- Efficacy Improvement

Twin Study:

Who participated in CET?



Can everybody participate?



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