

ADDICTION EXCHANGE

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News from the worlds of clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in addiction. Today's topic is **Effective Treatment for Alcohol Problems: Implications for Community Based Treatment**. Last time we discussed findings of the "Mesa Grande" Project, which identified the effectiveness of treatments. The most effective treatments for alcohol problems, arranged from greater to lesser positive outcomes are: brief intervention, motivational enhancement, social skills training, community reinforcement, GABA agonist medication, opioid antagonist medication, behavior contracting, client-centered therapy, aversion therapy (nausea), cognitive behavioral marital therapy, behavioral self-control training, cognitive therapy, aversion therapy (apnea), covert sensitization, acupuncture, disulfiram, and self-help manuals. The least effective treatments, arranged in order of less to more negative outcome findings, are: electrical aversion therapy, general marital therapy, placebo medication, stress management, lithium, functional analysis, undifferentiated relapse prevention, self monitoring, SSRIs, hypnosis, psychedelics, calcium carbamide, non-SSRI antidepressants, "standard" treatment, milieu therapy, anxiolytic medication, videotape self confrontation, mandated AA, metronidazole, relaxation training, confrontational counseling, psychotherapy, alcoholism counseling, and educational lectures or films. The researchers point out clinical processes that are likely ingredients of the effective outcomes:

- **Setting in motion an internally-directed process of change** through impacting the client's perception or motivation through brief intervention may underlie the effectiveness of brief intervention, motivational enhancement, client-centered therapy, and manualized self-help therapy. "...therapy may therefore be a process of evoking and facilitating natural change processes..." (p. 210).
- **Teaching coping skills**, including social skills and general skills for communication, assertion, problem-solving, and drug refusal, may underlie the effectiveness of social skills training, behavior contracting, cognitive behavioral marital therapy, behavioral self-control training, and cognitive therapies.
- **Medications** that counteract the effects of the abused substance (antagonists) or bind to the same receptor sites (agonists) have a clearly helpful role in treatment.
- **Changing the client's social environment** such that drinking results in less reinforcement, while not drinking results in greater reinforcement, is a factor in the effectiveness of community reinforcement and cognitive behavioral marital therapy.

Some popular treatment strategies have less effective, or even negative outcomes. These include:

- **Undifferentiated psychotherapy and counseling**, including marital, individual, and group approaches that do not include the 3 clinical strategies discussed above, and **counseling approaches that rely on coercion or confrontation**
- **Educational lectures or films** that do not include a skills building component
- **Medications that are not agonist or antagonist medications**

These findings have many implications for community based treatment programs. Many alcohol treatments that work are available and can truly be seen as "a wealth of alternatives." Therefore, "a comprehensive treatment program can offer a variety of approaches chosen from those with sound scientific evidence of efficacy." (p. 214). It is critical to note that even the most effective approach is not likely to work for every client, implying that a variety of approaches should be available. Community-based treatment programs should evaluate their therapeutic menu of options to prioritize the allocation of resources for therapy approaches that include more effective treatment elements, with parallel reductions in emphasis on the less effective treatment elements: this could yield substantial benefit in increasing positive outcomes for large numbers of clients, which may also yield increased counselor job satisfaction.

Reference: Miller, W.R., Andrews, N.R., Wilbourne, P., & Bennett, M.E. (1998). A wealth of alternatives: effective treatments for alcohol problems. In W.R. Miller and N. Heather (Eds.), *Treating Addictive Behaviors (2nd Ed.)*, New York: Plenum Press, 203-216.

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