Utilizing Counterconditioning (Aversion) Treatment as an Effective CBT for SUD

Welcome, your facilitator will be:
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Cost to Watch:

Free

CE Hours Available:

2 CEs

CE Certificate for NAADAC Members:

Free

CE Certificate for Non-members:

$25

Erick Davis, MD, MPH, MBA

• Medical Director of Schick Shadel Hospital in Seattle, WA
• ASAM certified
• ABAM certified

Personally evaluated, diagnosed, detoxified, and/or treated over 25,000 persons with SUDs

Presented by Erick Davis, MD, MPH, MBA
Counterconditioning Treatment as part of a Comprehensive Program for Substance Use Disorders

Presented by:
Erick M. Davis, MD, MPH, MBA, FASAM
Medical Director
Schick Shadel Hospital Seattle, WA

Polling Question 1
What is your profession?
A. Psychiatrist  B. Addiction Counselor  C. Educator  D. Addiction-focused Medical Provider  E. Primary Care Provider
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Brief History
1930s – Charles Shadel
1940s - 1950s – Walter Voegtlin, Frederick Lemere and Paul O’Hallaren
1960s – 1970s - James Smith and Patrick J Frawley
1980s – James Smith and Michael Howard
2000s – Ralph Elkins

Polling Question 2
How familiar are you with counterconditioning as a viable treatment option for substance use disorders?

A. Never heard of it.
B. Aware of what it is but know very little about it.
C. Familiar with it but haven’t yet suggested it to a patient.
D. I have referred patients for this type of treatment.
E. Aware but would not refer a patient to this type of treatment.

SSH Treatment Programs
Multimodal and Multidisciplinary including:
- Multidisciplinary treatment teams
- Medical detoxification
- Counterconditioning
- Rehabilitation interviews – sedative-hypnotic assisted hypnosis (narcotherapy)
- CBT
- Psycho-education
- Individual counseling
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SSH Treatment Programs
Multimodal and Multidisciplinary including:
- Contingency Management
- Spiritual exploration “The Four Agreements”
- Aftercare planning – strong alumni support
- Community support groups – SMART Recovery (evidence based) model
- Family support and support
- M.A.T.

Typical Treatment Experience
- Medical detox, if indicated (~ 50%)
- 10 day inpatient treatment following detox
- 2 day reinforcements at 30 and 90 days post discharge
- Individualized aftercare as indicated
- Alumni support groups
- M.A.T. as indicated

Typical Treatment Content
- 5 initial counterconditioning treatments
- 4 initial rehabilitation interview treatments
- 6 hours of individual counseling
- 30 hours of group education – including SUD education
- Family/Couples counseling, if indicated
- Aftercare planning including referrals to a community therapist, psychiatrists
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Polling Question 3
What types of treatment do you suggest for patients with substance use disorders?
A. Alcoholics Anonymous meetings
B. SMART Recovery meetings
C. Intensive outpatient program
D. 30- or 50-day residential treatment program
E. Inpatient treatment program

Required Patient Characteristics
• Adult age 18 +
• Psychiatrically stable
• Medically stable
• Primary SUD to one of five listed
• Not a poly-SUD person (4 or more substance categories)
• Not an intravenous/subcutaneous SUD person

Patient Preparation
• Patients who view SUD as a medical condition are often more prepared for a treatment experience.
• Understanding cravings as significant slip/reapse trigger can support readiness as well.
• Different age groups and lifestyles require different interventions. Treatment should be prepared to meet these needs. Communicating this information in detail can support the patient experience.
• Readiness for change can be influenced greatly with motivational interviewing and family interventions prior to treatment.
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What Distinguishes Schick's Program from Others?

- Counterconditioning
- Rehabilitation interviews (narcotherapy)
- 30- and 90-day reinforcements
- Brevity of inpatient length of stay
- Covert sensitization treatment as indicated

What is Counterconditioning?

- Pavlovian, classical conditioning/learning
- Pairs substance smell, taste, sight, paraphernalia with nausea
- Not punishment or painful
- Not disulfiram (Antabuse) fear based

Conditioned Taste/Smell Aversion

- Learned revulsions to a smell/taste prior to or simultaneous with nausea onset
- Taste aversion is an evolutionary biological/hardwired defense mechanism to obviate ingestion of harmful material
- Strongest learned and retained memories of the human brain
- Natural taste aversions common to most humans
- Nausea based conditioned aversion is basis of emetic aversion
Immediate Goals of Counterconditioning

- Aversion to smell, taste, sight, thoughts of use
- Reduce or eliminate the hedonic memory or craving for a substance and simultaneously develop a distaste for and avoidance response to the substance

Long term Goals of Counterconditioning

- Freedom from cravings to pursue recovery activities
- Eliminate or reduce euphoric recall by remembering new negative experiences with substance

What are Rehabilitation Interviews?

- Sedative/hypnotic assisted hypnosis
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Purposes of Rehabilitation Interviews
- Uncovering triggers
- Positive suggestions
  - General
  - Individualized
- Aversion development monitoring
- Respite

How are Rehabilitation Interviews used?
- Patient writes questions like "Why can't I stop drinking?" to be asked during treatment
- Answers come from the subconscious mind
- Answers are transcribed and given to counselor to begin discussing with the patient
- Transcripts are given to patient upon discharge to take to their own counselor for further exploration

What is an aversion?
- An aversion is the absence of a desire to use a substance in circumstances that a person has ordinarily experienced a desire, urge and/or craving to use that substance

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Aversion – Expanded Definition
An aversion is a conditioned response that may be physical – like nausea – and/or emotional – like anxiety – to a stimulus such as alcohol or another substance or paraphernalia, resulting in avoidance of the stimulus and associated circumstances.

Aversion – Expanded Definition
For some individuals an aversion may simply be a neutral response, such as the absence of a desire or craving for alcohol or other drug and its associations – for example, certain situations, substance use paraphernalia and emotional states.

Aversion – Expanded Definition
Loss of a desire or craving for alcohol or a substance is also referred to as extinction. Other terms that are used to describe an aversion are: loss of preoccupation with a substance, indifference to a substance related stimulus, repugnance to a substance, a strong dislike for a substance and detachment from a substance.
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Safety
- Never a death from counterconditioning or rehabilitation interviews (narcotherapy)
- Never serious, long term injury from counterconditioning or rehabilitation interviews

Abstinence for Treatment Completers
At 15 months post-initial discharge:
- Alcohol, cannabis, stimulants 65-70%
- Opiates/Opioids 50%
- More than one SUD 50%

Polling Question 4
Based on this presentation, are you more likely to consider counterconditioning treatment as an option for your patients?

A. Strongly agree
B. Agree
C. Neither agree nor disagree
D. Disagree
E. Strongly disagree

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Questions?

Contact information
To learn about the effects of counterconditioning on the brain, read a first-of-its-kind imaging study – conducted by Schick Shadel Hospital and the University of Washington

Visit: SchickShadel.com/Study

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By: Michael Fox, MA, LPC-C, LCDC II

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By: Ryan Paul Carruthers, PhD, MAC, LADC, LMHP

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Embracing Daring Distraction: ADHD and Substance Use Disorders
By: Cheri DeMoss, LCPC, NCADCII, MAC, NCRS

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Adolescents with Co-Occurring Disorders: Already in our Care
By: Michael Fox, MA, LPC-C, LCDC II

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Thank you for joining!

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