# HOW TO COPE WITH A DRINKING PROBLEM:
# THE ABCs OF ALCOHOL TREATMENT

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*Alcoholics Anonymous* (AA) is the recovery program that is arguably more popular than all other treatment programs combined. In their comprehensive textbooks of psychopathology, Barlow and Durand (2005, p. 409; 2015, p. 429) have described AA and its variations as "without question, the most popular model for the treatment of substance abuse." In their most recent textbook, Barlow, Durand, and Hofmann (2018, p. 438) empathically state: "Without question, the most popular model for the treatment of substance abuse is a variation of the Twelve Steps program first developed by Alcoholics Anonymous." AA is based on the foundation principle that alcoholism is a disease and that alcoholics must acknowledge their powerlessness over alcohol and surrender their lives to a Higher Power to help them overcome their shortcomings. Since its origin in 1935, AA has steadily grown to include almost 100,000 groups in more than 100 countries.

Emrick et al. (1993) found that people who regularly participate in AA activities and follow its guidelines are more likely to have a successful outcome in recovery. Humphreys, Blodgett, and Wagner (2014) found that increasing AA leads to short- and long-term decreases in alcohol consumption that cannot be attributed to self-selection. A landmark longitudinal study was conducted by George Vaillant, M.D., when he was a Professor at Harvard Medical School and Director of Research for the Department of Psychiatry. The study charted drinking patterns, factors that may have contributed to alcoholism, and factors that led to recovery. In his book *The Natural History of Alcoholism*, Vaillant (1983) reported the results of multi-decade studies that focused on the lives of 824 men and women who were non-alcoholics at the outset. One of findings was that the more involved subjects are with AA (usually, the more frequently they go to meetings), the more likely they will stay sober. There is a much higher success among alcoholics who attended 300 or more AA meetings over a 10-year period (Vaillant (1995, 2003).

The relative success of AA seems to be due to the fact that an alcoholic who no longer drinks has an exceptional ability to reach and help an uncontrolled drinker. In its simplest form, the AA program operates when one recovering alcoholic passes along the story of his or her own problem drinking, describes the sobriety he or she has found in AA, and invites the newcomer to join the informal Fellowship. By constantly utilizing the self-definition of alcoholic ("My name is _____, and I'm an alcoholic"), AA members remind themselves with each pronouncement as being alcoholic that they are just a drink away from losing what they have become, which is a person whose values, attitudes, and behavior is the direct opposite of that of an alcoholic.

*Controlled drinking* (Miller & Muñz, 2005; Sobell & Sobell, 1973, 1978, 1998) has been considered a somewhat controversial approach to treatment that may be a viable alternative to abstinence for some alcohol abusers. Some problem drinkers (particularly those with shorter drinking histories and no signs of dependence) may benefit from controlled drinking, whereas alcohol-dependent people (particularly those with longer drinking histories, signs of dependence, and failed attempts at controlled drinking) may be more appropriate candidates for abstinence-based treatment. Most experts agree that controlled drinking is clearly not a cure for alcoholism. Marlatt et al. (1993) suggests that controlled drinking is at least as effective as abstinence, but that neither approach is successful for 70% to 80% of patients over the long term.

Controlled drinking is not without its critics. Even in their original study of controlled drinking, psychologists and researchers Mark and Linda Sobell (1973) suggested that controlled drinking may be a viable alternative to abstinence for some alcohol abusers, although it clearly is not a cure. In his 60-year longitudinal study, Vaillant (1995) concluded that successful return to controlled drinking is possible, albeit a rare and unstable outcome that in the long term usually ends in relapse or abstinence, especially for the more severe cases of alcoholism. For less severe cases, controlled drinking *is* a worthwhile and valid goal, but "by the time an alcoholic is ill enough to require clinic treatment, return to asymptomatic drinking is the exception not the rule" (Vaillant, 1995, p. 383).

*Cognitive-behavioral coping skills* typically focus on relapse prevention, which addresses high-risk situations, feelings, thoughts, and behaviors. Relapse prevention (Marlatt & Gordon, 1985; Marlatt & Donovan, 2005) focuses on learned aspects of dependence and views relapse as a failure of cognitive and behavioral coping skills. Recovering alcoholics learn to examine their positive cognitive expectancies and the negative consequences of substance use. Cognitive-behavioral models may be used in conjunction with both controlled drinking treatment and abstinence-based approaches to recovery.

Project MATCH is an acronym of a study titled Matching Alcoholism Treatments to Client Heterogeneity (MATCH). The Project MATCH Research Group (1997) conducted an eight-year, multisite trial that was the largest and most statistically powerful clinical trial of psychotherapies ever undertaken. A major finding of the study was that Twelve-Step Facilitation (TSF), Motivational Enhancement Therapy (MET), and a specific type of Cognitive Behavioral Therapy (CBT) produced similar drinking outcomes. The single confirmed match was between patients with low psychiatric severity and 12-step facilitation therapy. Such patients had more abstinent days than those treated with cognitive-behavioral therapy. Otherwise, it appears that no single treatment approach is effective for all persons with alcohol problems. A promising strategy involves assigning a person to alternative treatments based on specific needs and characteristics of the individual.

CATOR is an acronym describing the Chemical Abuse/Addiction Treatment Outcome Registry (CATOR), currently known as Comprehensive Assessment and Treatment Outcome Research. CATOR is CATOR is the largest independent evaluation service for substance dependence in the U.S. Since 1980, CATOR has collected data on more than 50,000 adults and 10,000 adolescents who completed treatment. Among the many results of this study, one finding is that approximately 50% of alcoholics who complete treatment (inpatient or outpatient) remain clean and sober for one (1) year after treatment. Approximately 70% who complete treatment—and who attend regular AA meetings—remain clean and sober after one year. Approximately 90% of alcoholics who complete treatment, attend regular AA meetings, and engage in continuing aftercare remain clean and sober after one year.

*Biological treatments* include medications such as *acamprosate* (which affects the glutamate and GABA neurotransmitter systems) and selective serotonin reuptake inhibitors (SSRIs) such as Zoloft and Prozac, which have been tested for their potential therapeutic properties in the treatment of alcohol dependence (Gordis, 2000). Acamprosate has been shown to be an effective aid in treating alcohol-dependent patients and in maintaining periods of abstinence of patients (Gage, Chabac, & Goodman, 2005; Sass, Soyka, Mann, & Zieglgänsberger, 1996). Medications may be beneficial when used in conjunction with other

treatment modalities, such as abstinence, counseling, and support groups.

*Component treatment* involves a number of treatment procedures that are combined in order to increase the effectiveness of the total "treatment package." Most comprehensive treatment programs incorporate component treatment in some way, such as including biological treatments, group therapy, twelve-step groups, and community support. One important question concerns the effectiveness of inpatient treatment compared to outpatient therapy that can cost 90% less (Barlow & Durand, 2005). Some studies suggest that there may be no difference between intensive residential programs compared to quality outpatient programs in treatment outcome for alcoholic patients (W. R. Miller & Hester, 1986). In other words, although some alcohol dependent individuals improve as inpatients, they may not necessarily require such an expensive level of care.

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