Approche cognitivo-comportementale des addictions

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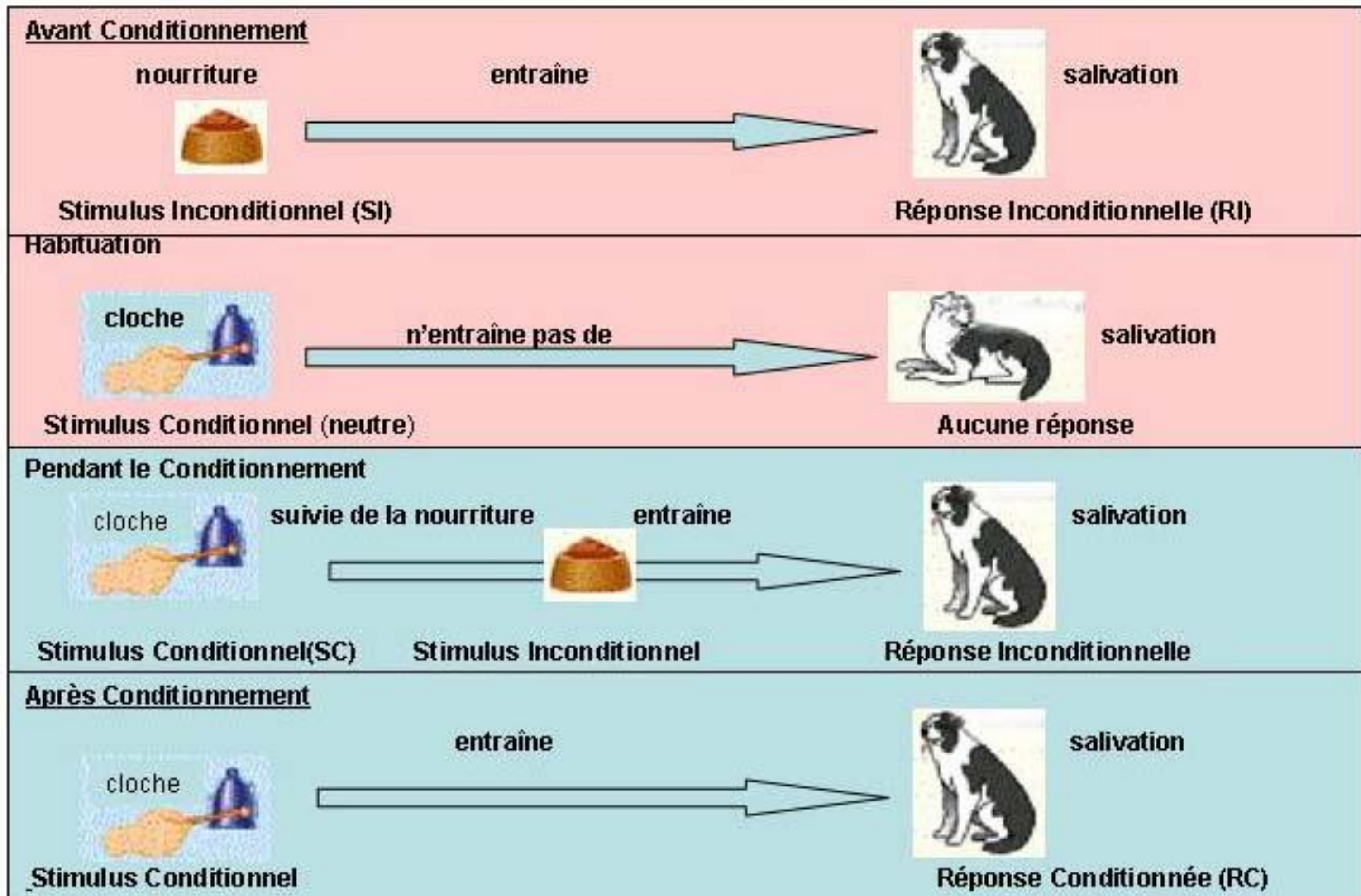
Hôpitaux Universitaires Paris-Sud
Centre de Recherche en Epidémiologie et Santé des Populations (INSERM)

Approche cognitivo-comportementale des addictions

- Les modèles de conditionnement
- Les modèles de prévention de la rechute
- Le modèle cognitif
- Pleine conscience et acceptation
- Efficacité des thérapies cognitivo-comportementales

Les modèles de conditionnement

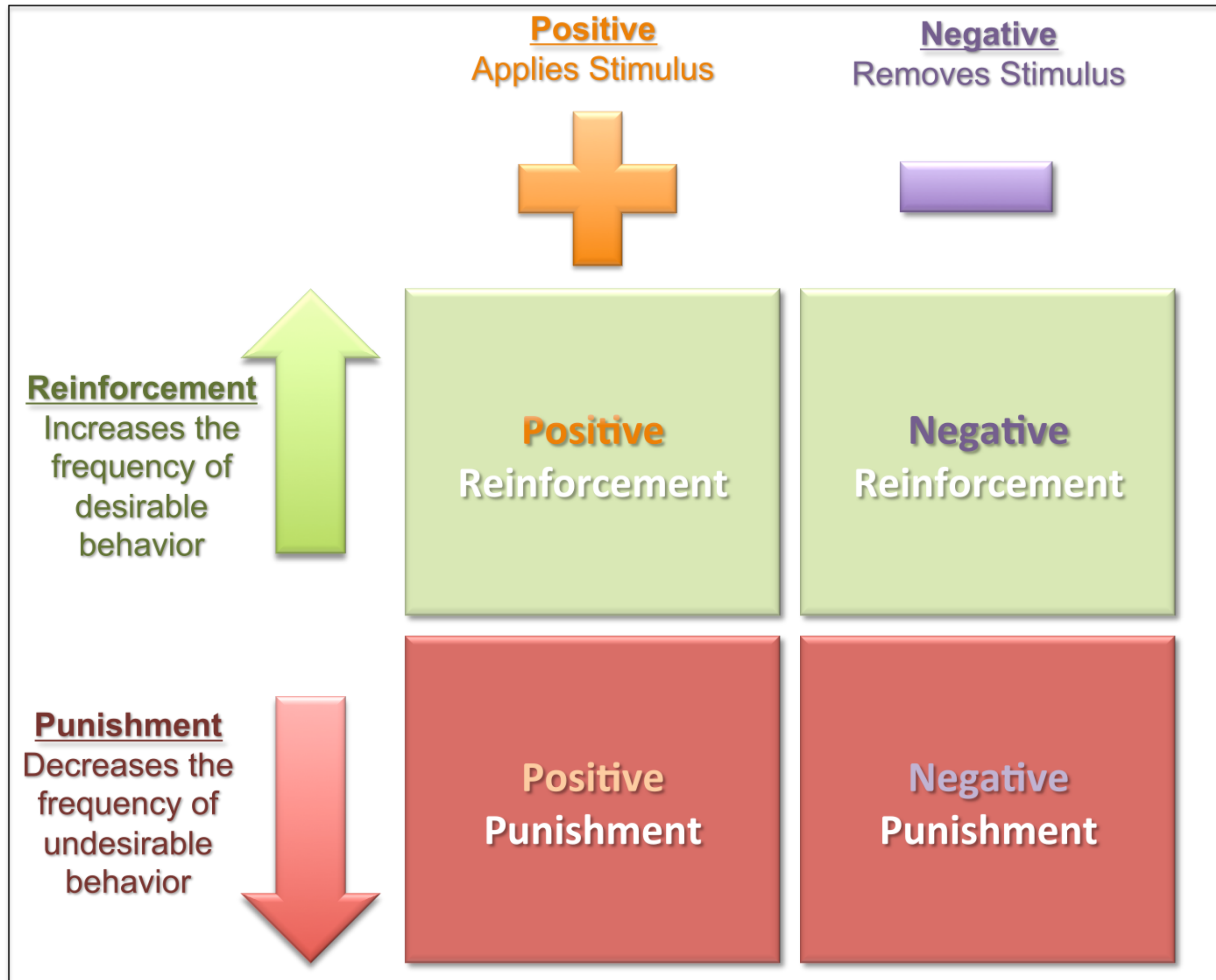
Conditionnement classique
Pavlov 1927



Conditionnement classique (ou répondant)

- ✓Téléphone
- ✓Monter dans sa voiture
- ✓…
- ✓Pause au travail
- ✓…

Conditionnement opérant
Skinner 1953



STRESS
It's okay!!! I'm fine!!! Really!!!
VERY DEMOTIVATIONAL .com

alamy stock photo
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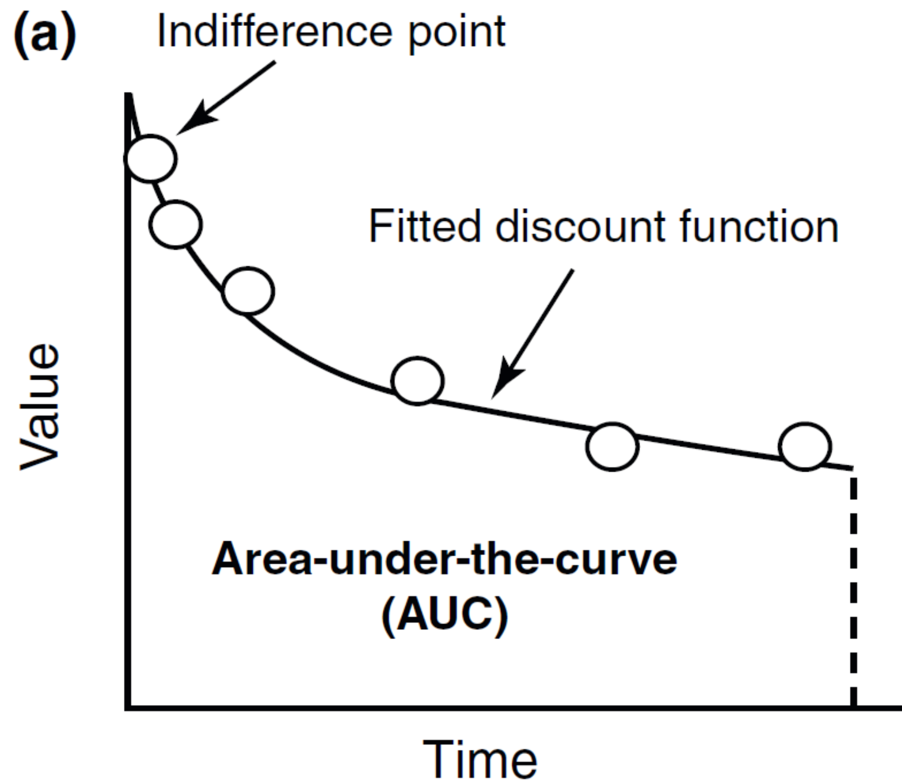
Effet du renforçateur en fonction du délai



Delay discounting = taux d'escompte psychologique

Peters, J. & C. Buchel (2011) *Trends Cogn Sci.*

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Dan L. Longo, M.D., Editor

Brain Change in Addiction as Learning, Not Disease

Marc Lewis, Ph.D.

Conditionnement opérant

- Récompenses liées à des situations spécifiques (*cues*)

Conditionnement pavlovien

- Réponse automatique aux stimulus
- Habitude
- Libération des processus cognitifs

Perte du contrôle inhibiteur

- Court-circuit de l'intention / choix
- Perte de la « volonté » (*willpower*)
- Processus facilité par le taux d'escompte favorisant la récompense immédiate

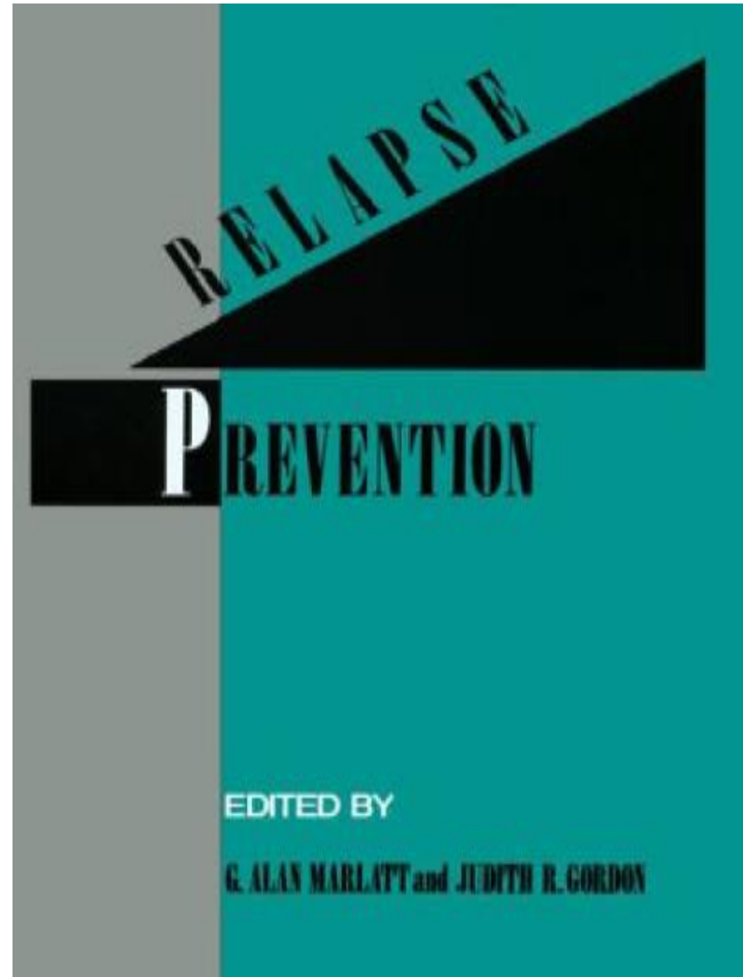
Lewis M. Brain Change in Addiction as Learning, Not Disease. The New England journal of medicine. 2018;379:1551-1560.

Conditionnement vicariant

Comportements – croyances - valeurs

Les modèles de prévention de la rechute

A Marlatt



Marlatt GA, Gordon JR. *Relapse prevention : maintenance strategies in the treatment of addictive behaviors.* New York: Guilford Press; 1985.

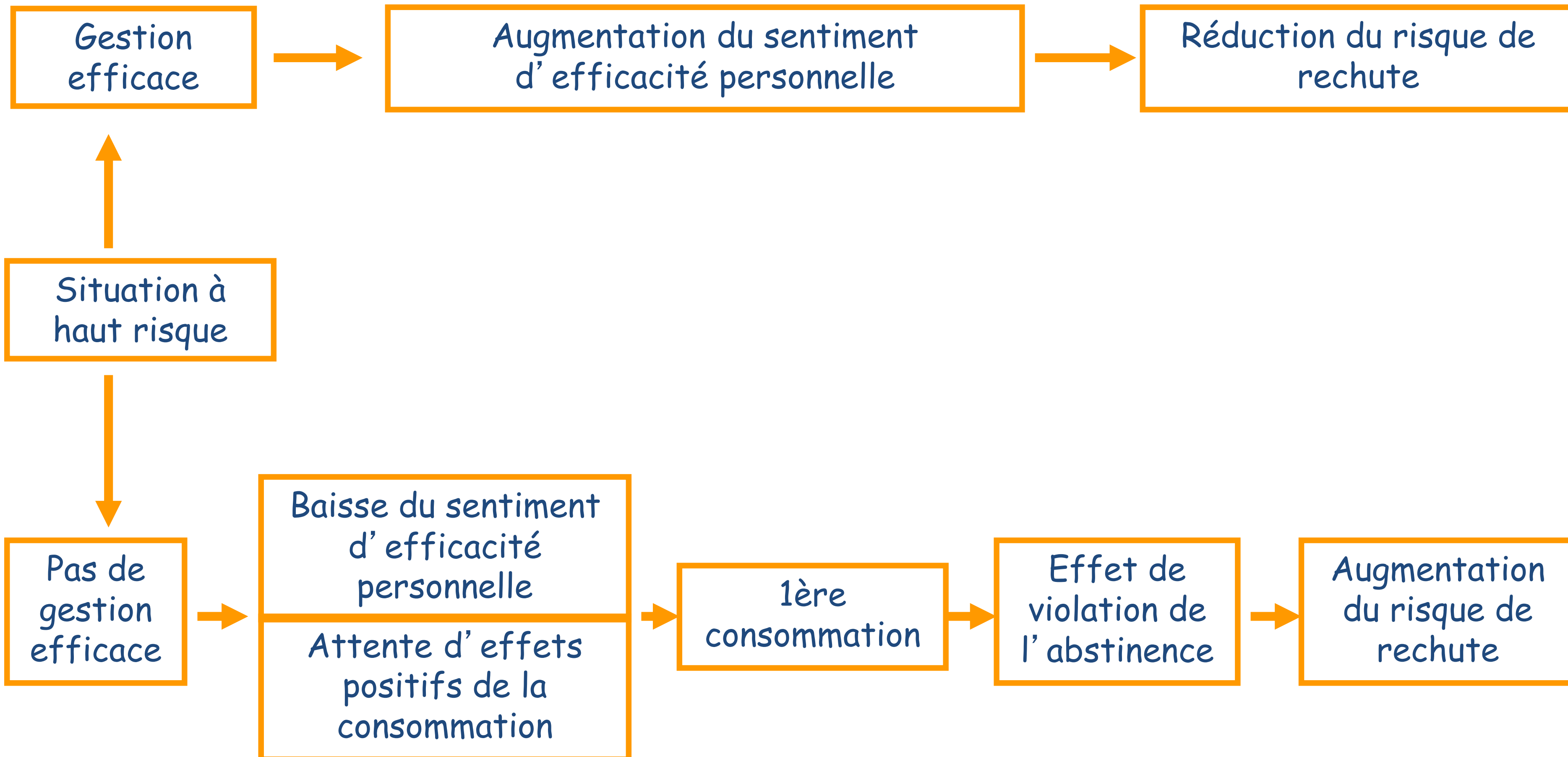
Déterminants de la rechute
1. déterminants intrapersonnels

- Auto-efficacité
- Attentes
- Craving
- Motivation
- Coping
- Etats émotionnels

Déterminants de la rechute
2. déterminants interpersonnels

- Soutien social
- Pression sociale
- Conflits

Prévention de la rechute: modèle initial (Marlatt, 1985)



Effet de violation de l'abstinence

Augmente le risque de rechute

Dissonance cognitive

- consommation / engagement dans l'abstinence

Émotions négatives, culpabilité, honte

Attribution de « cet échec » à des facteurs internes stables

Critiques du modèle

Trop hiérarchisé

Peu de place pour le craving

Nécessité d'un nouveau modèle

- Moins hiérarchisé
- Prenant en compte la complexité des interactions entre les déterminants de la rechute

Relapse Prevention for Alcohol and Drug Problems

That Was Zen, This Is Tao

Katie Witkiewitz and G. Alan Marlatt
University of Washington

Relapse prevention, based on the cognitive–behavioral model of relapse, has become an adjunct to the treatment of numerous psychological problems, including (but not limited to) substance abuse, depression, sexual offending, and schizophrenia. This article provides an overview of the efficacy and effectiveness of relapse prevention in the treatment of addictive disorders, an update on recent empirical support for the elements of the cognitive–behavioral model of relapse, and a review of the criticisms of relapse prevention. In response to the criticisms, a reconceptualized cognitive–behavioral model of relapse that focuses on the dynamic interactions between multiple risk factors and situational determinants is proposed. Empirical support for this reconceptualization of relapse, the future of relapse prevention, and the limitations of the new model are discussed.

Relapse prevention (RP) is a cognitive–behavioral approach with the goal of identifying and preventing high-risk situations for relapse. In this article we summarize the major tenets of RP and the cognitive–behavioral model of relapse, including recent empirical support for hypothesized determinants of relapse. We also provide a brief discussion of meta-analyses and reviews of controlled trials incorporating RP techniques. Finally, we describe a reconceptualization of the relapse process and propose future directions for clinical applications and research initiatives.

Relapse: That Was Then

In 1986, Brownell and colleagues (Brownell, Marlatt, Lichtenstein, & Wilson) published an extensive, seminal review on the problem of relapse in addictive behaviors. Relapse has been described as both an outcome—the dichotomous view that the person is either ill or well—and a process, encompassing any transgression in the process of behavior change. Essentially, when individuals attempt to change a problematic behavior, an initial setback (lapse) is highly probable. One possible outcome, following the initial setback, is a return to the previous problematic behavior pattern (relapse). Another possible outcome is the individual's getting back on track in the direction of positive change (prolapse). Regardless of how relapse is defined, a general reading of case studies and research literature demonstrates that most individuals who attempt to change their behavior in a certain direction (e.g., lose weight, reduce hypertension, stop smoking, etc.) will experience lapses that often lead to relapse (Polivy & Herman, 2002).

Twenty-five years ago, Marlatt (1978) obtained qualitative information from 70 male alcoholics regarding the primary situations that led them to initiate drinking during the first 90 days following inpatient treatment. On the basis of their responses, Marlatt (1985) proposed a cognitive–behavioral model of the relapse process, shown in Figure 1, which centers on the high-risk situation and the individual's response in that situation. If the individual lacks an effective coping response and/or confidence to deal with the situation (low self-efficacy; Bandura, 1977), the tendency is to give in to temptation. The decision to use or not use is then mediated by the individual's outcome expectancies for the initial effects of using the substance (Jones, Corbin, & Fromme, 2001). Individuals who decide to use the substance may be vulnerable to the "abstinence violation effect," which is the self-blame and loss of perceived control that individuals often experience after the violation of self-imposed rules (Curry, Marlatt, & Gordon, 1987).

Relapse Prevention

The cognitive–behavioral model forms the basis for RP, an intervention designed to prevent and manage relapse in individuals who have received, or are receiving, treatment for addictive behavior problems (Carroll, 1996). Treatment approaches based on RP begin with the assessment of potentially high-risk situations for relapse. A high-risk situation is defined as a circumstance in which an individual's attempt to refrain from a particular behavior (ranging from any use of a substance to heavy or harmful use) is threat-

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Author's note. Katie Witkiewitz and G. Alan Marlatt, Addictive Behaviors Research Center, Department of Psychology, University of Washington.

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The phrase "That was Zen, this is Tao" is attributed to Peter da Silva. *Zen* has been defined as the art of seeing into the nature of one's own being, whereas *Tao* (according to the *Oxford English Dictionary Online*, 2004) is defined as "the way to be followed, the right conduct, doctrine or method."

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SECOND EDITION

RELAPSE PREVENTION

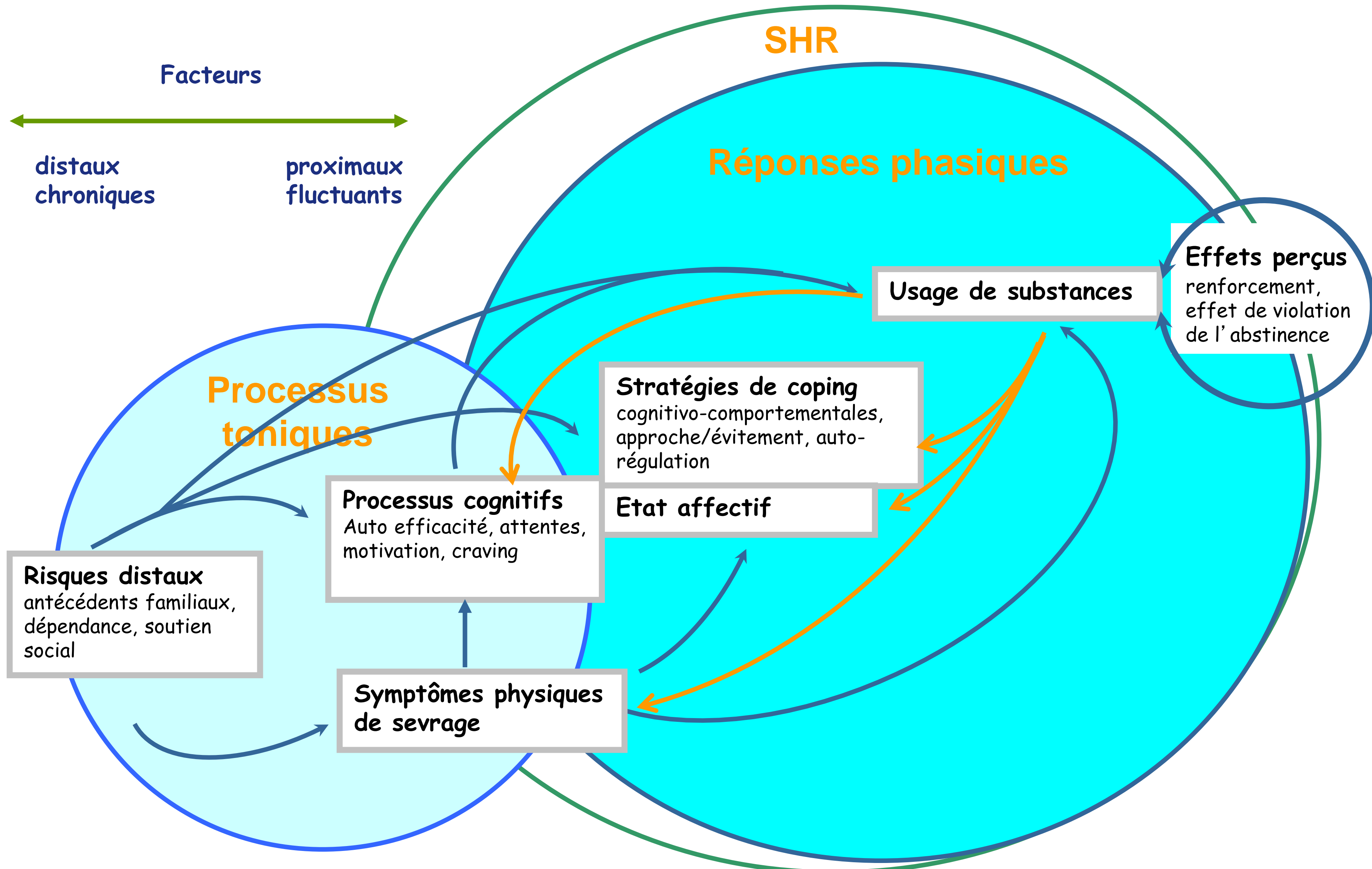
MAINTENANCE STRATEGIES IN THE TREATMENT OF ADDICTIVE BEHAVIORS

edited by
G. Alan Marlatt and Dennis M. Donovan

Witkiewitz K, Marlatt A. Relapse prevention for alcohol and drug problems. *American psychologist.* 2004;59(4):224-235.

Marlatt GA, Donovan DM. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors.* Guilford Publications; 2007.

Prévention de la rechute: modèle dynamique (Witkiewitz & Marlatt, 2004)



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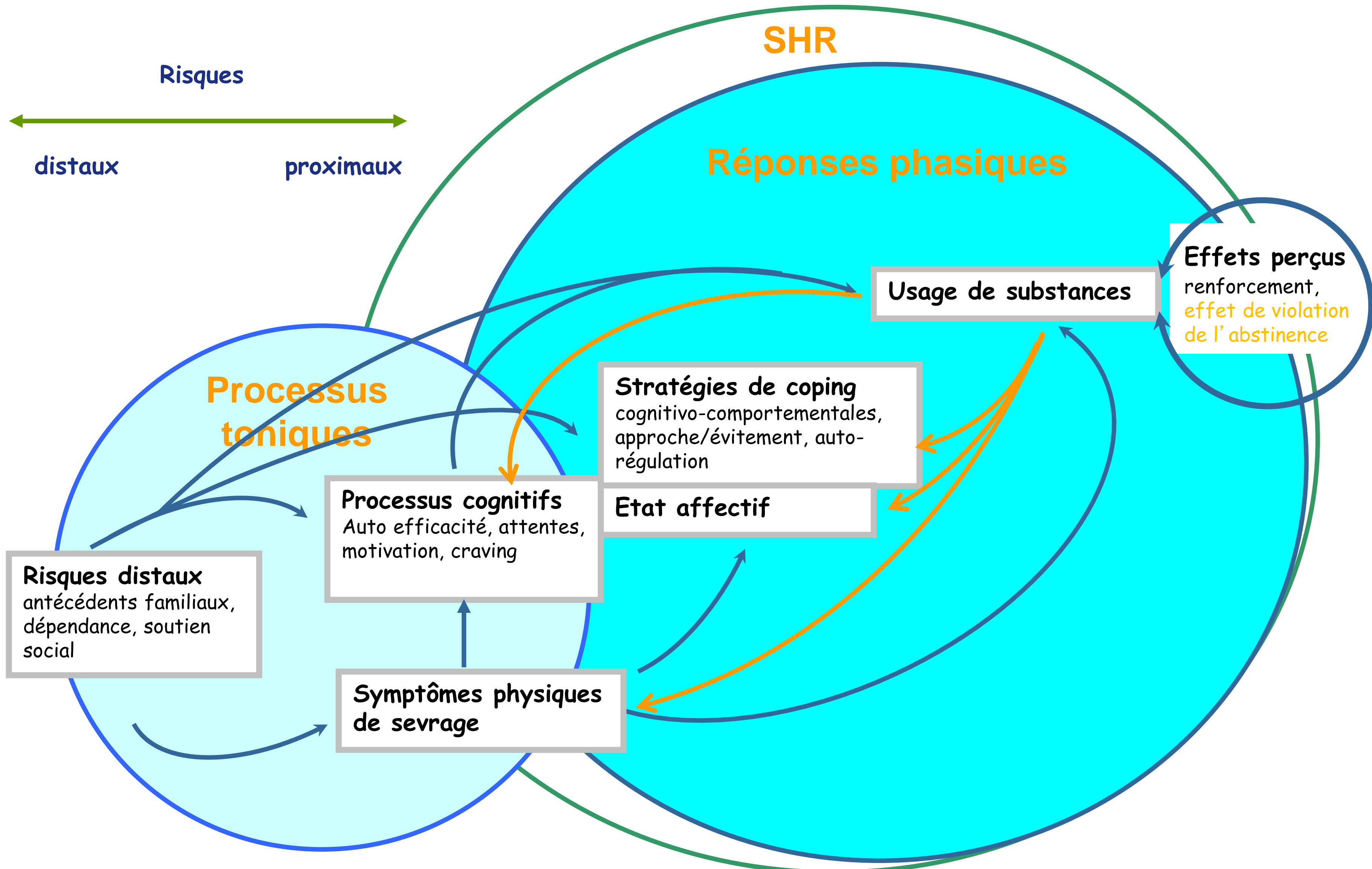

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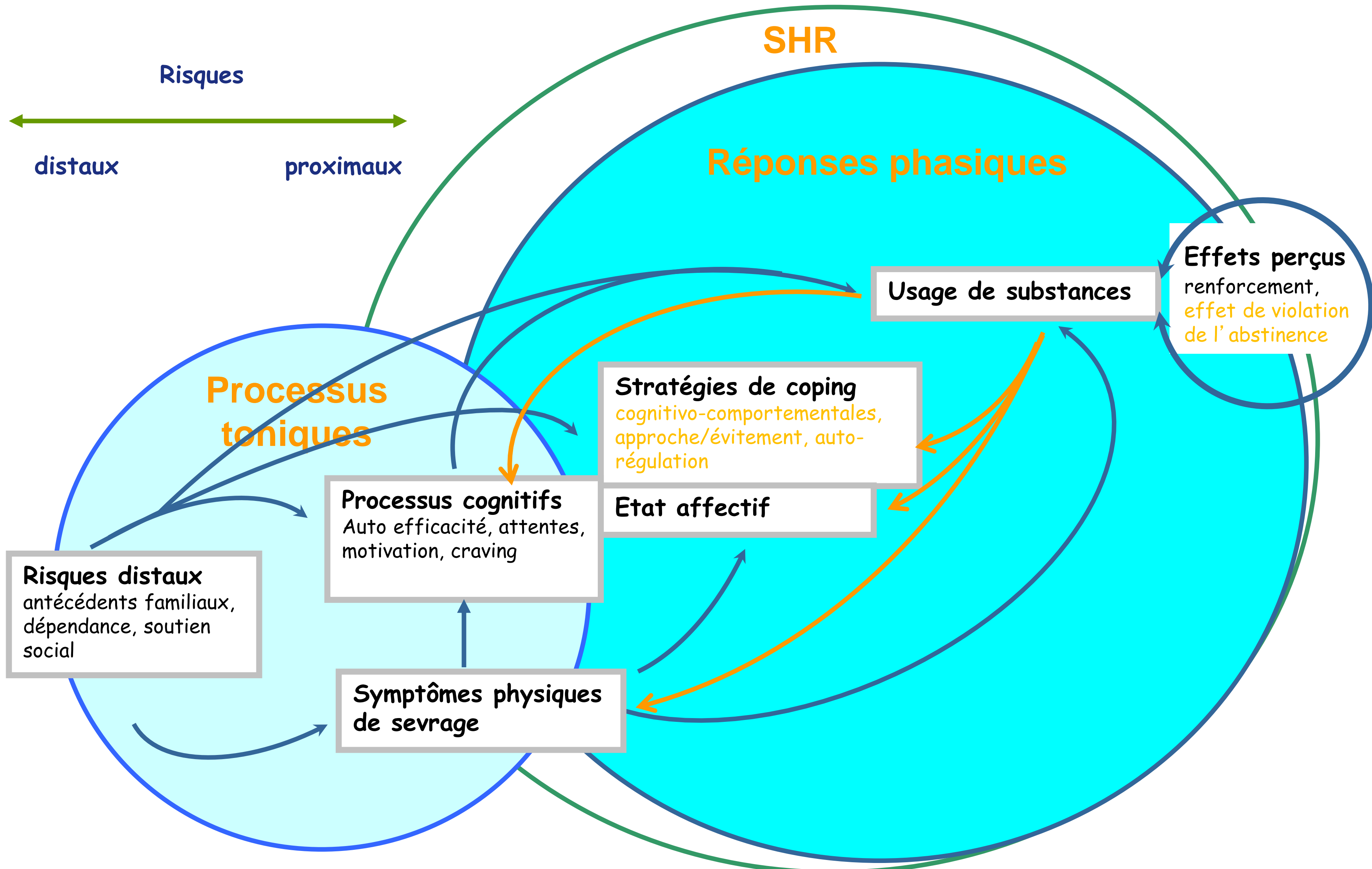

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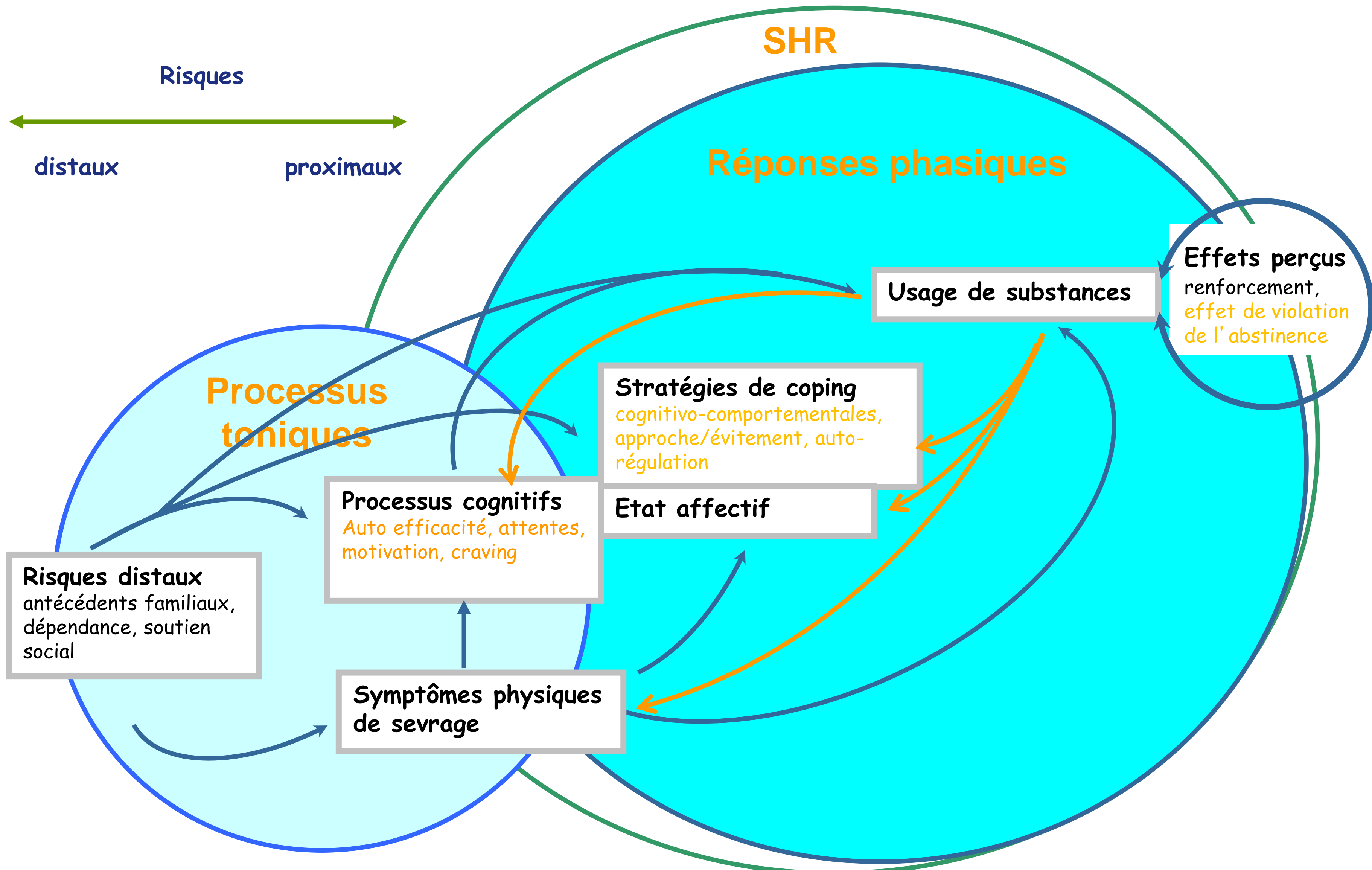

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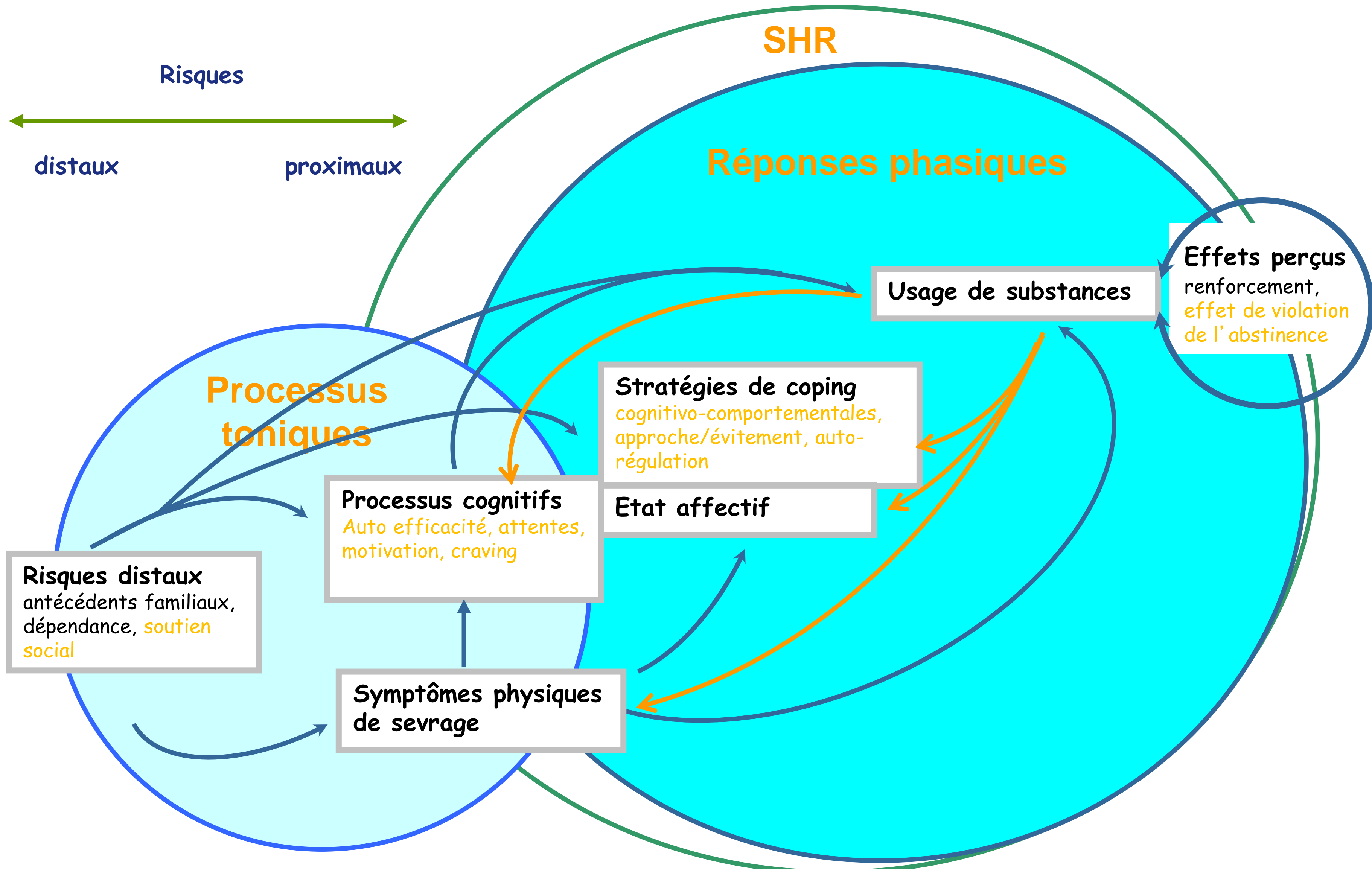

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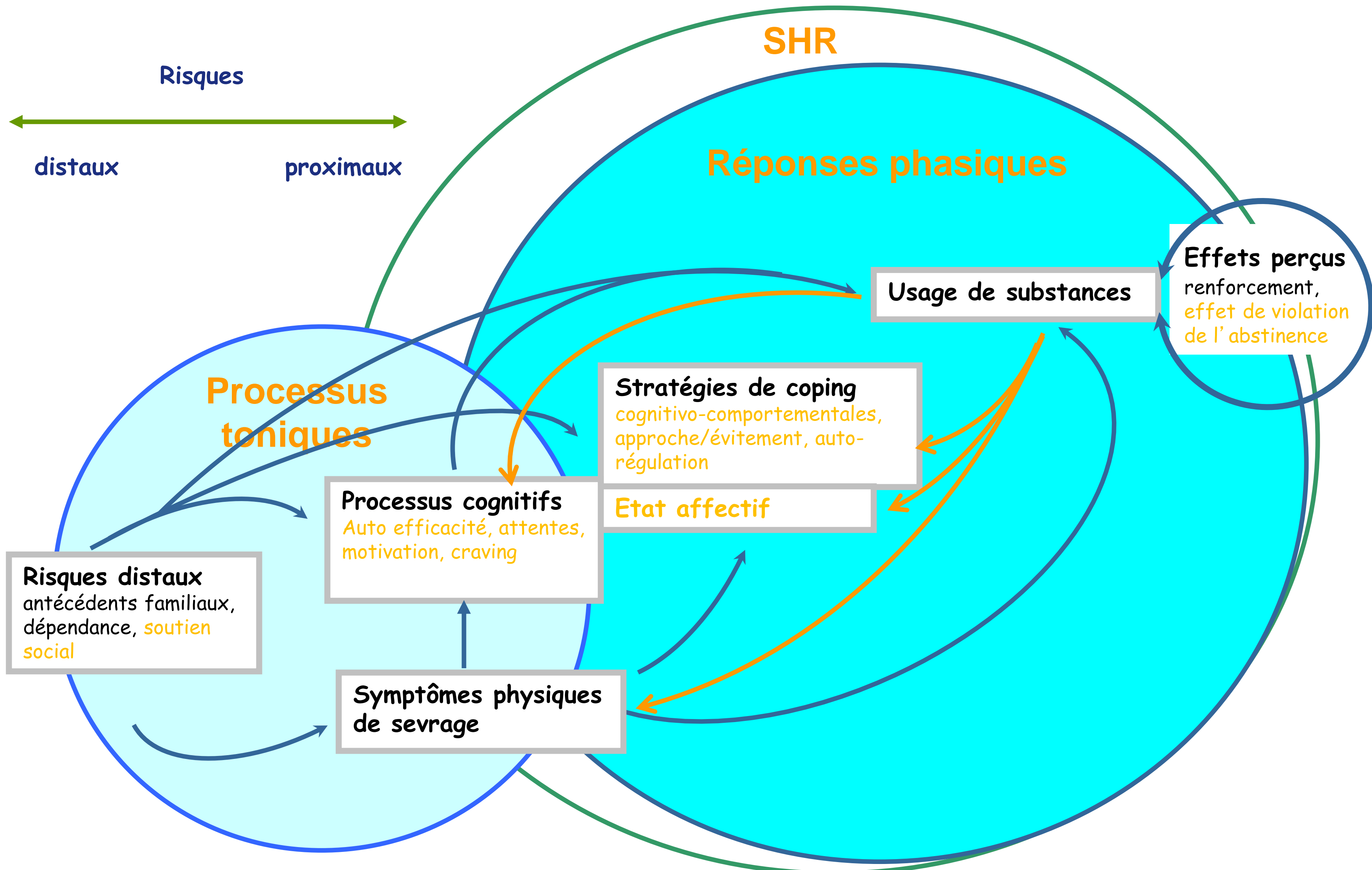

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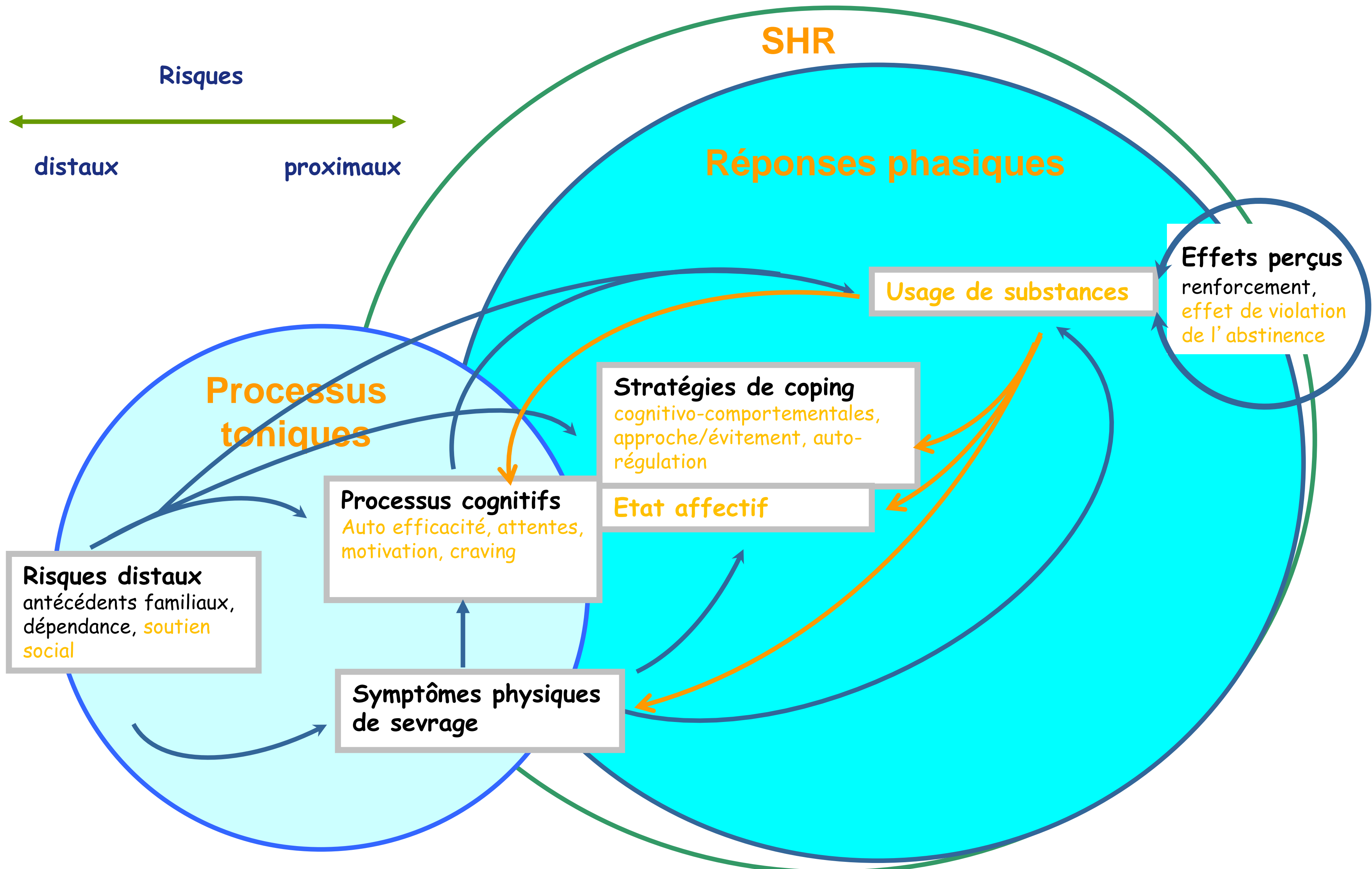

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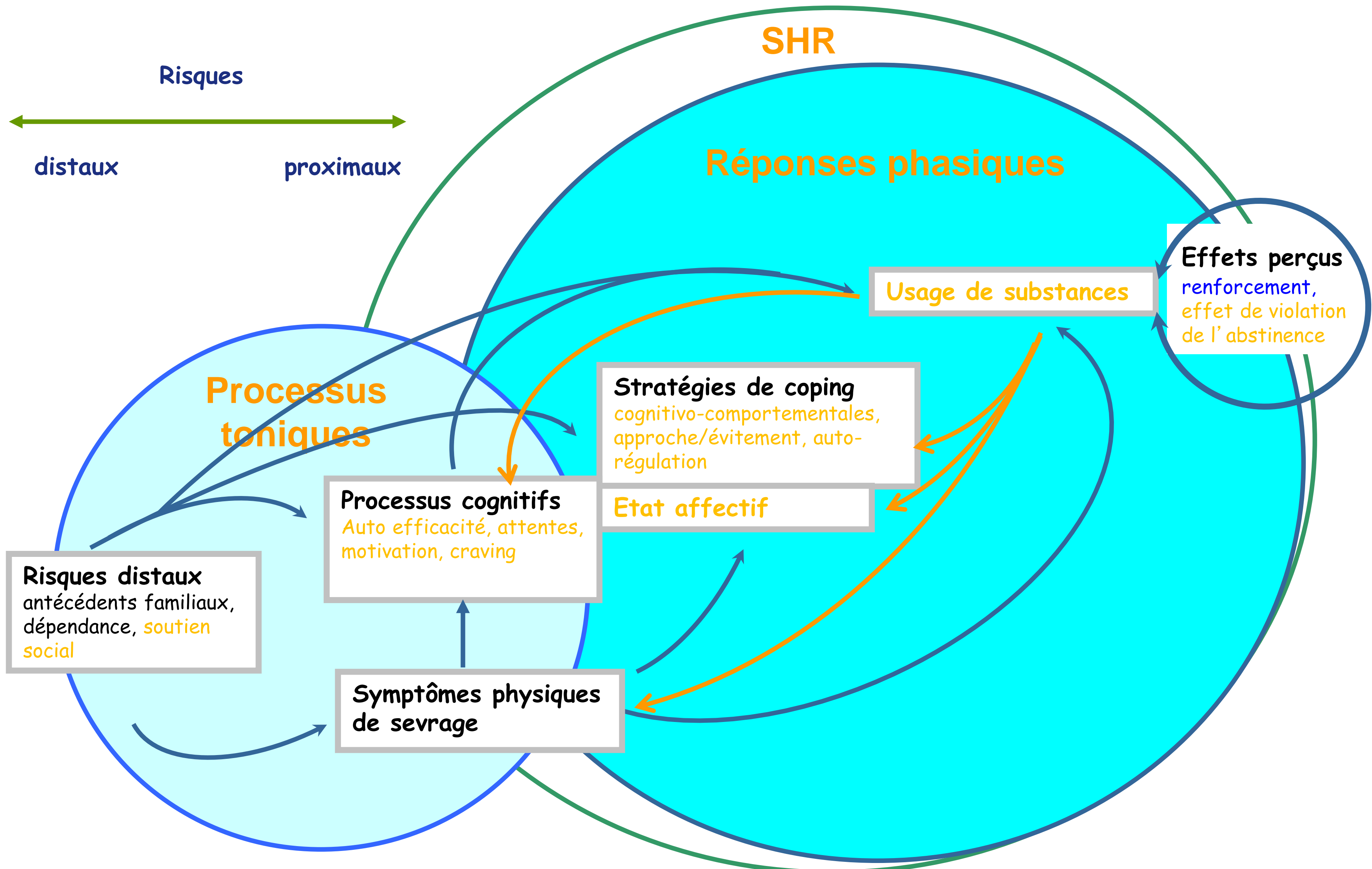

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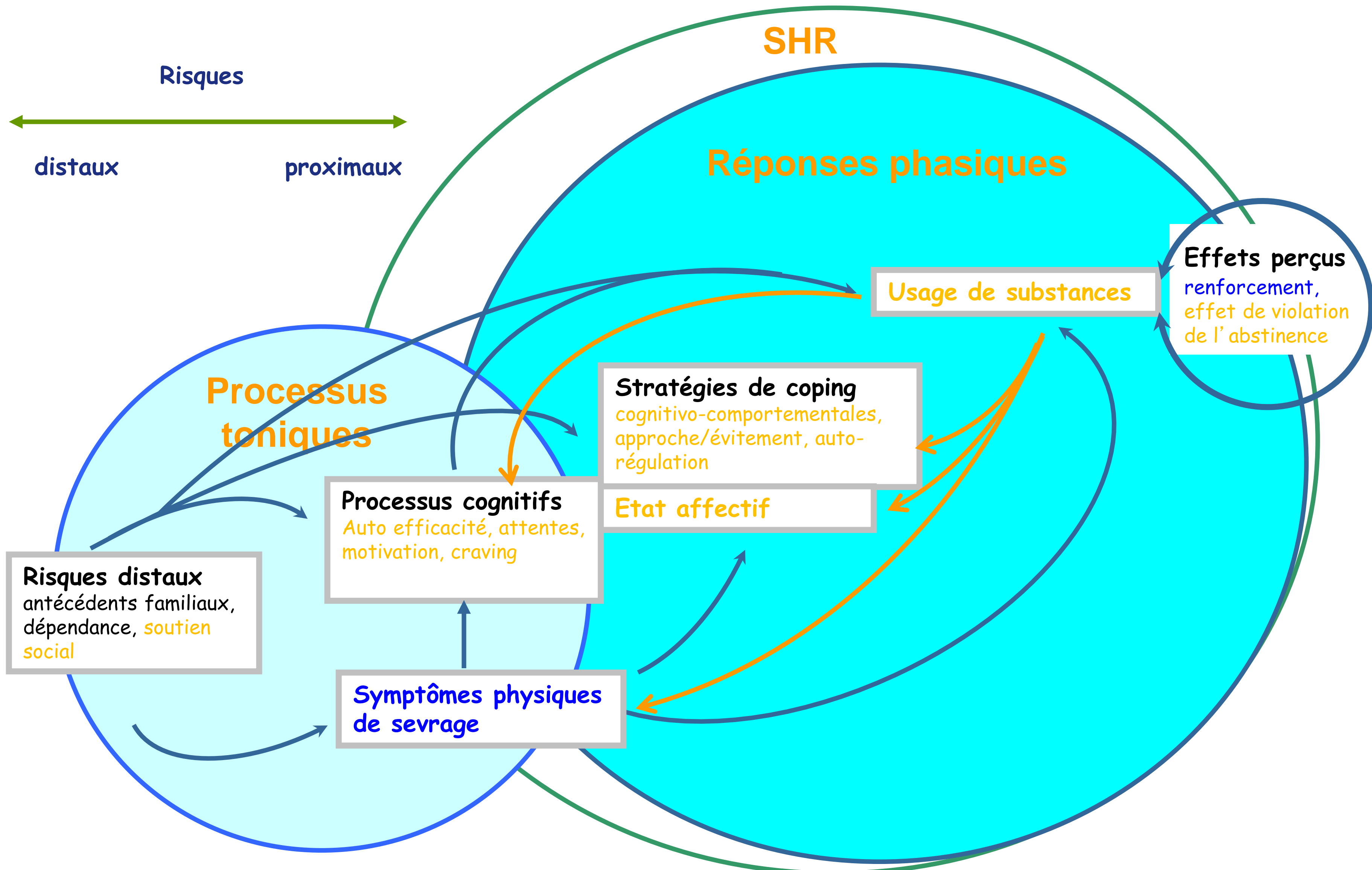

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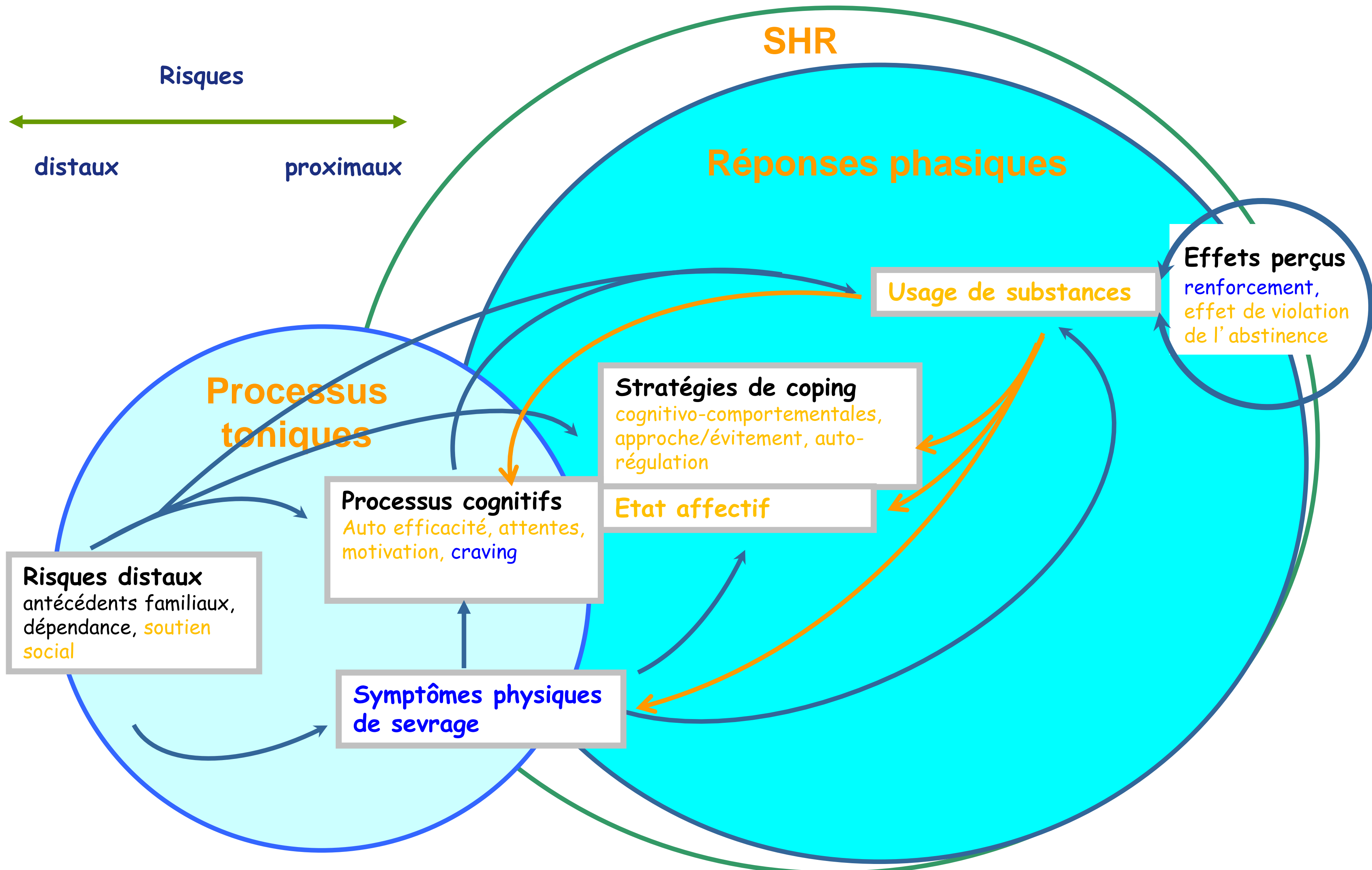

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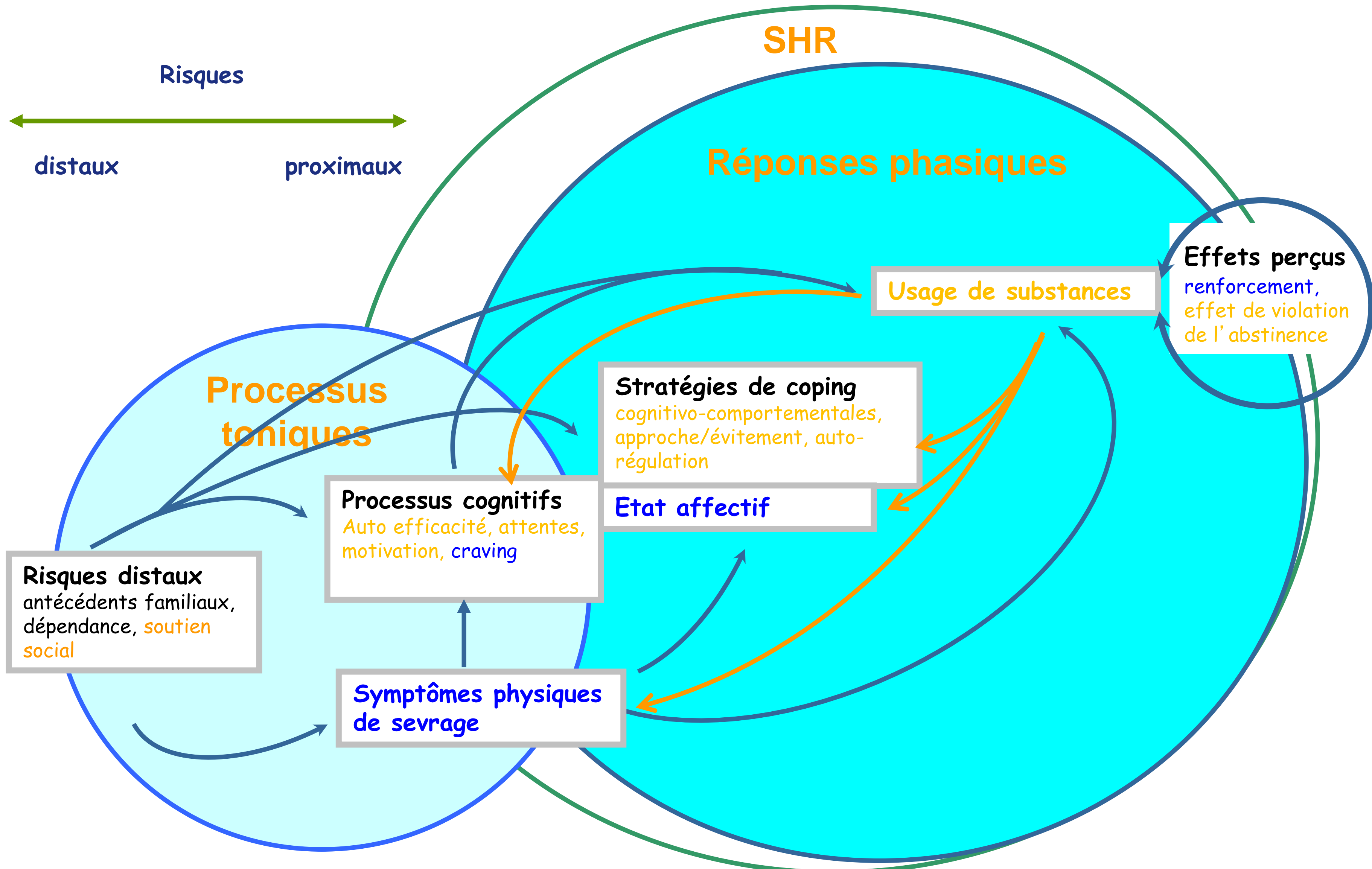


Modèle cognitif

A Beck

Schémas cognitifs
Croyances dysfonctionnelles
(attentes positives)

- équilibre psychologique
- fonctionnement social et intellectuel
- assurance
- plaisir
- stimulation
- réconfort

Croyances dysfonctionnelles
Permissives

Justifications, rationalisations…

« juste une… »,

« seulement pour cette fois… »,

« exceptionnellement, pour faire face au stress, à la colère, pour être avec le groupe… »

« je ne peux pas faire autrement »

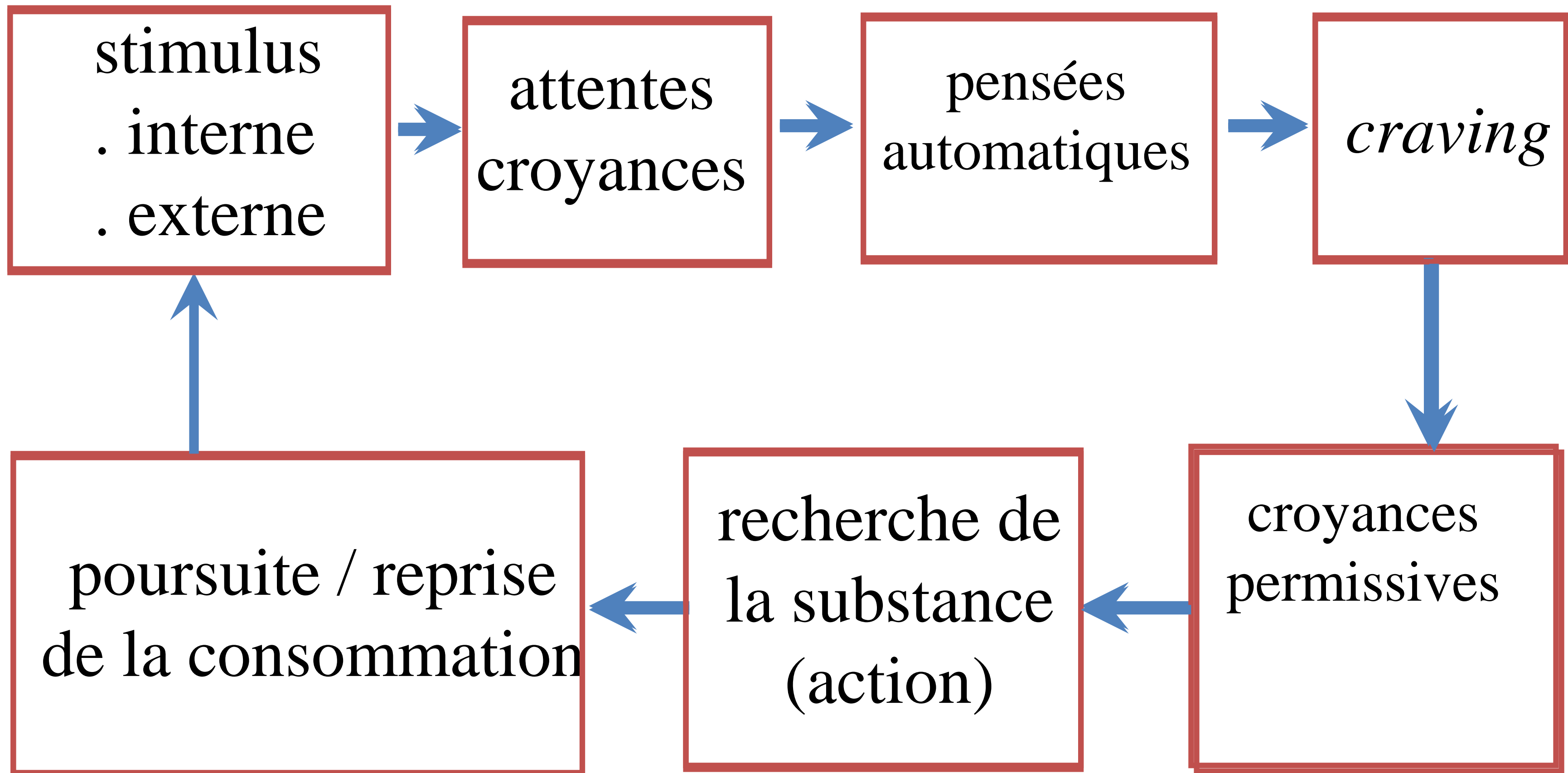
« pour pouvoir travailler, c'est pour la bonne cause… »

« je ne peux pas me priver tout le temps »

« je n'ai pas fumé plusieurs jours, je mérite bien une récompense »

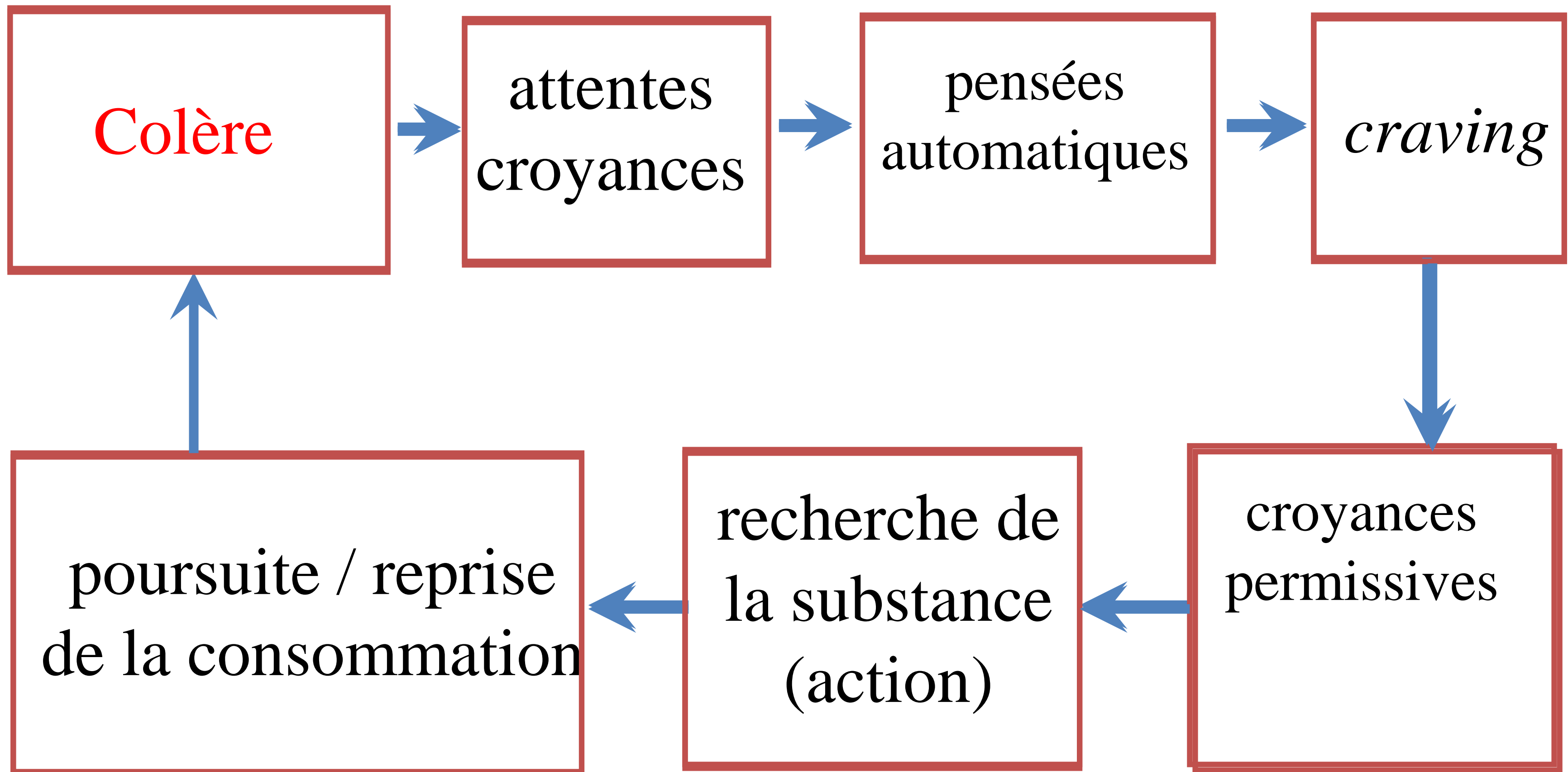
Modèle cognitif

A Beck



Modèle cognitif

A Beck



Modèle cognitif

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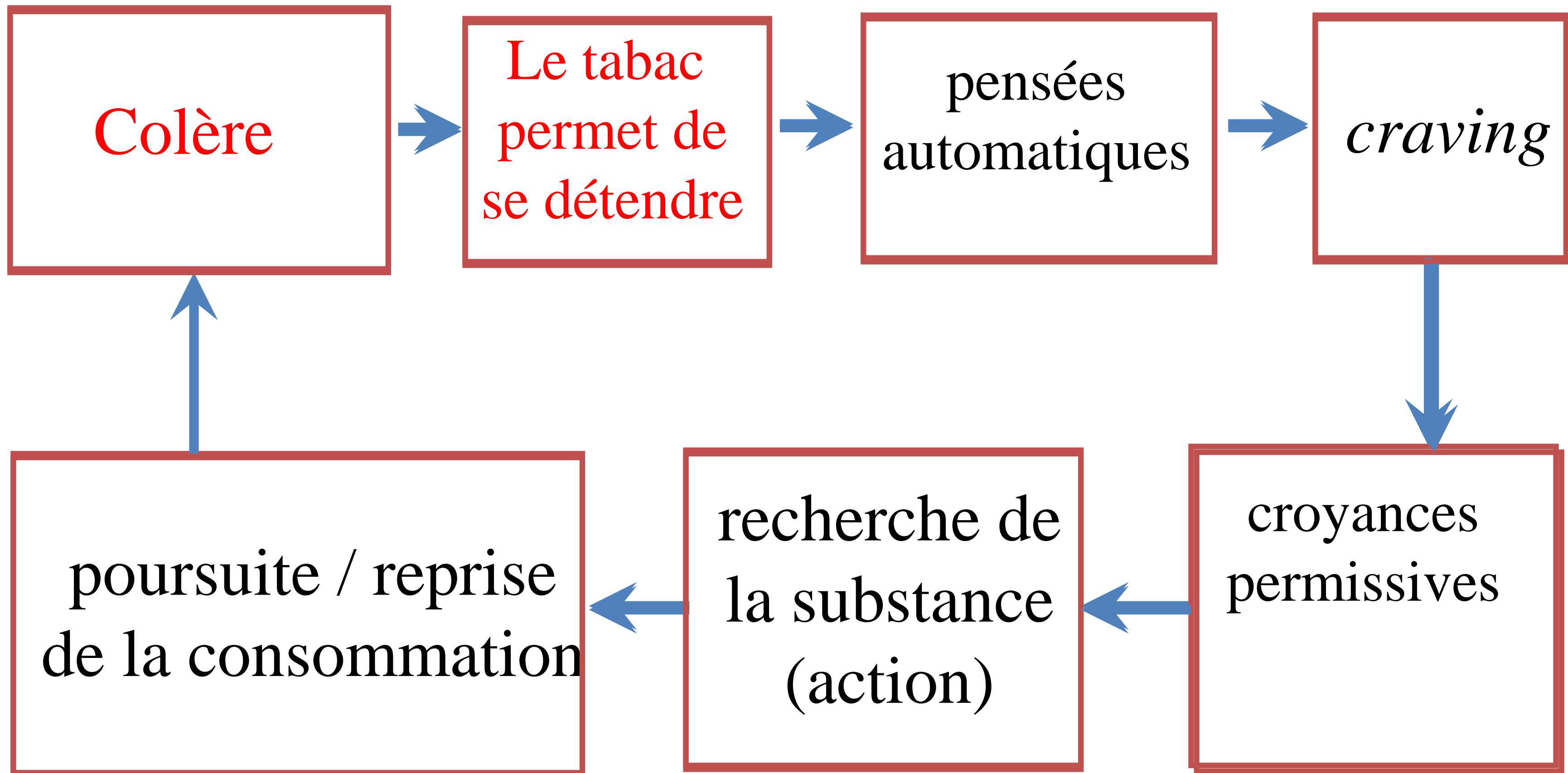

Modèle cognitif

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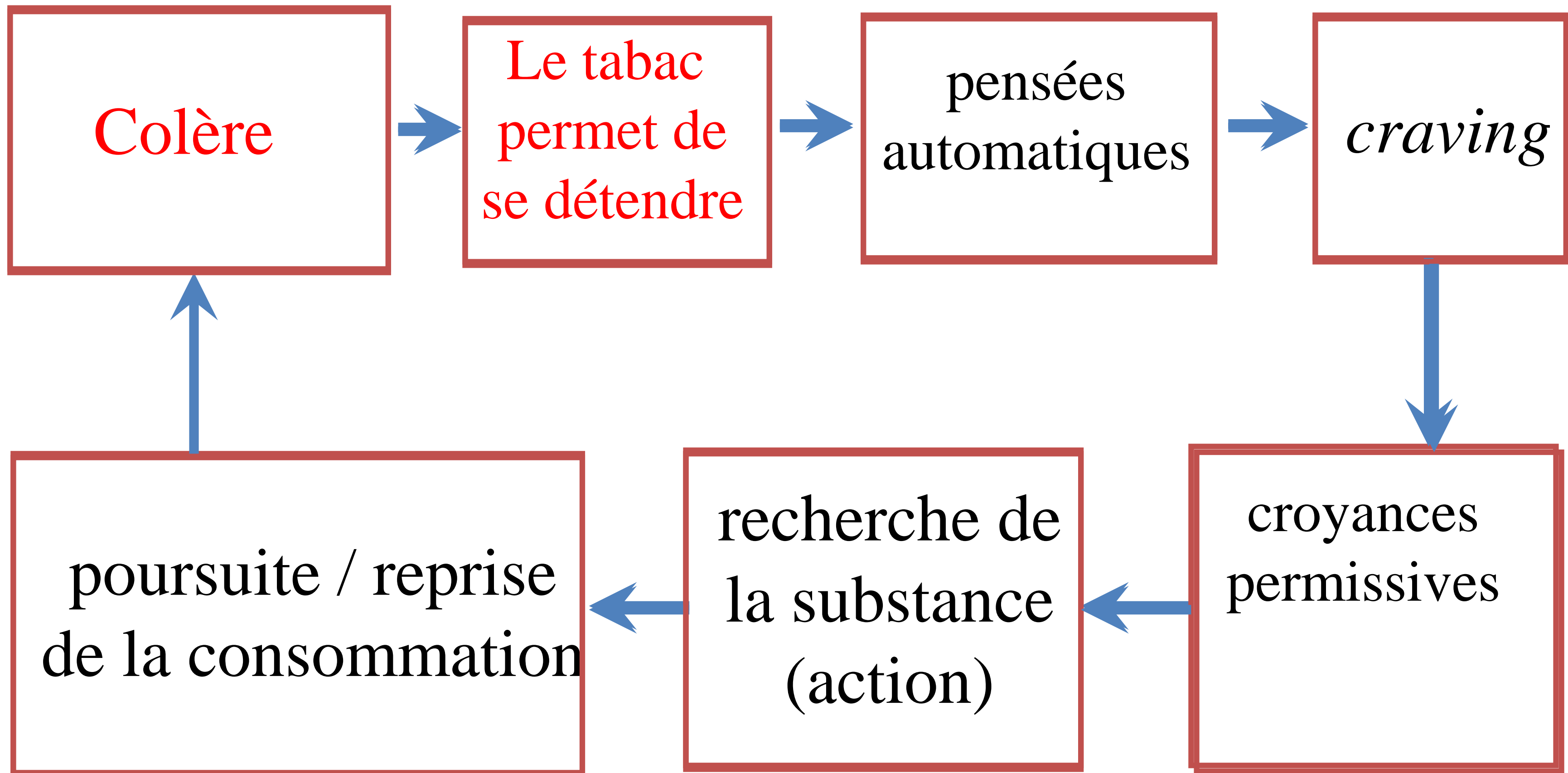

Modèle cognitif

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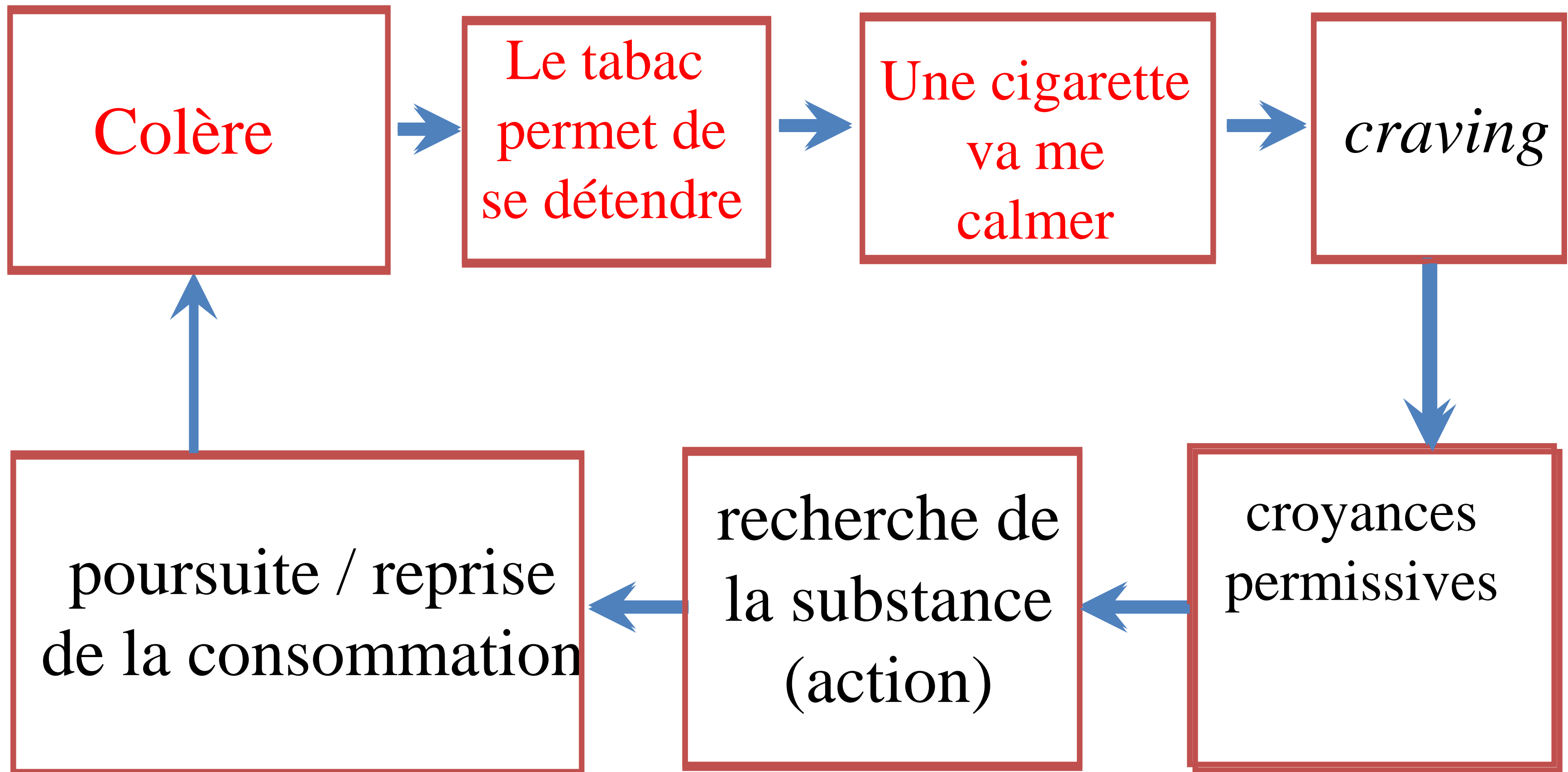
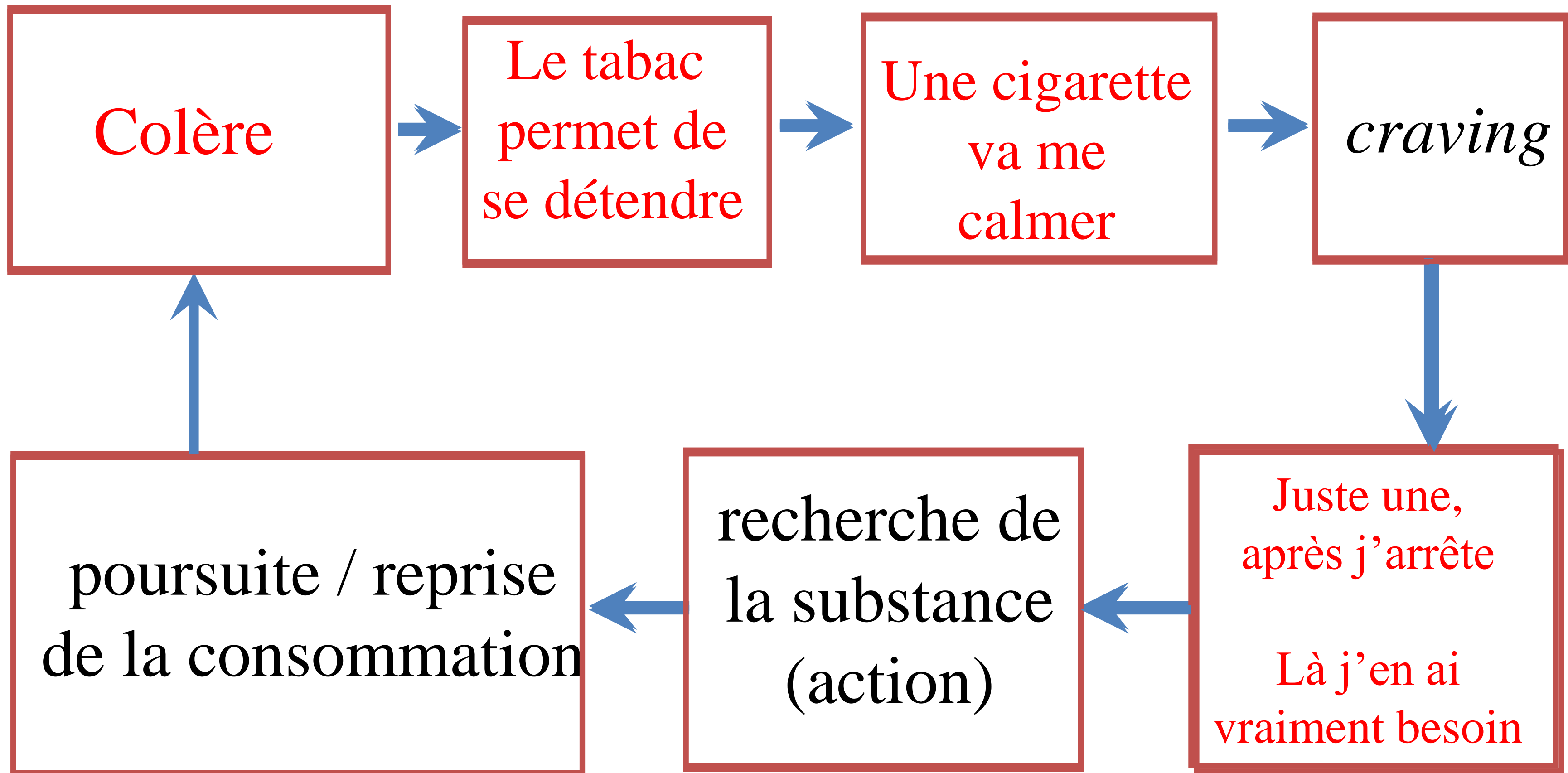


Modèle cognitif

A Beck



Pleine conscience et acceptation

Jon Kabat-Zin

Thérapie basée sur la pleine conscience

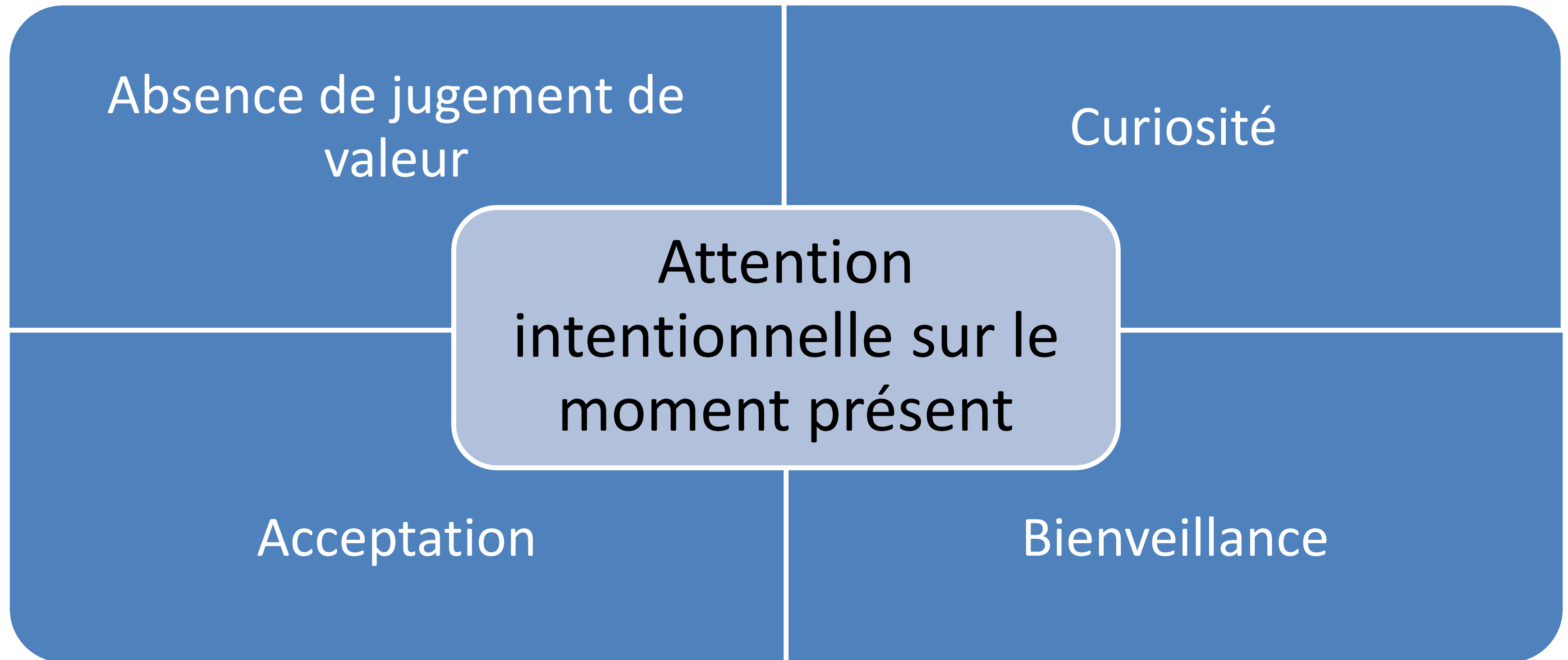
TCC : les trois vagues

changement comportemental

processus cognitifs

acceptation de l'émotion

Pleine conscience



Kabat-Zinn 1990

Se centrer sur sources sensorielles

- Sensations corporelles
- Sons
- Pensées

Efficacité des thérapies cognitivo-comportementales dans les addictions

Prévention de la rechute
Thérapies cognitivo-comportementales

Entraînement aux stratégies coping

- Coping skills training

Exposition au stimulus

- Cue exposure

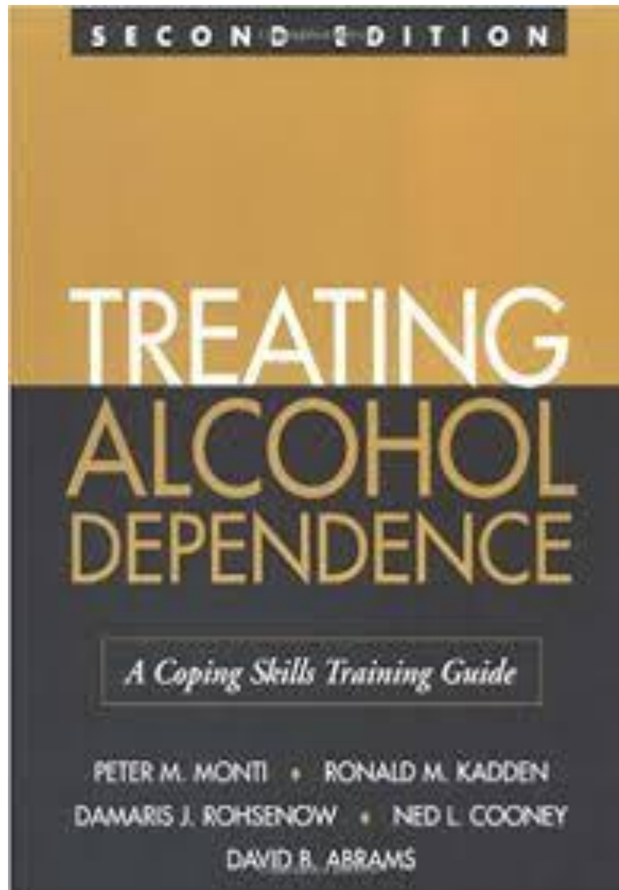
Management des contingences

- Contingency management

Pleine conscience

- Mindfulness

Entraînement aux stratégies de coping



Situations directement liées aux substances

- pression sociale
- Pensées liées à l'alcool
- Envies de consommer
- faux-pas

Compétences sociales

- engager la conversation
- donner et recevoir des compliments
- donner et recevoir les critiques
- savoir refuser
- Etre assertif
- communication non verbale
- expression et écoute des émotions

Gestion des émotions négatives

- colère
- anxiété
- dépression

CONTINGENCY MANAGEMENT

Contingency Management: Utility in the Treatment of Drug Abuse Disorders

ML Stitzer[1] and R Vandrey[1]

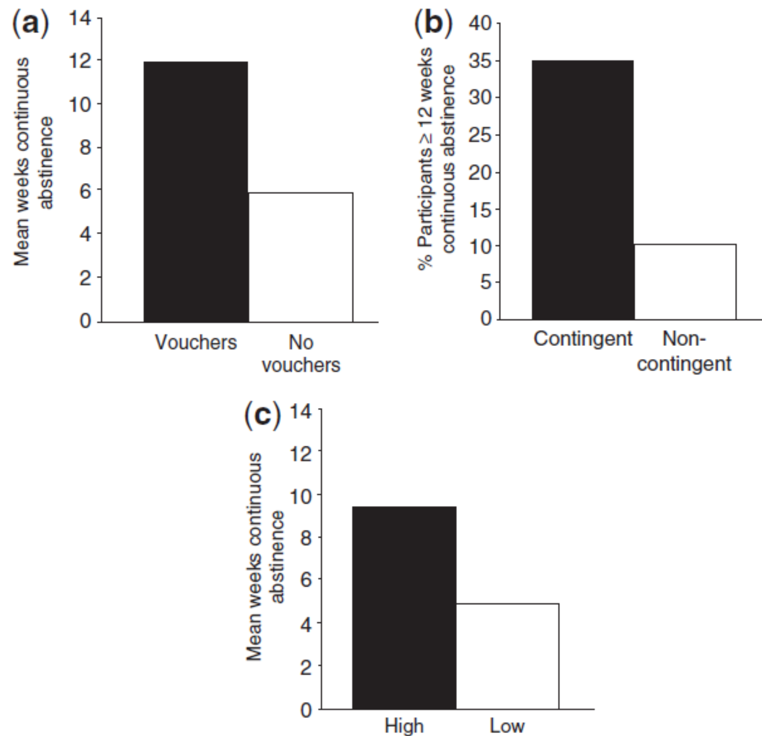


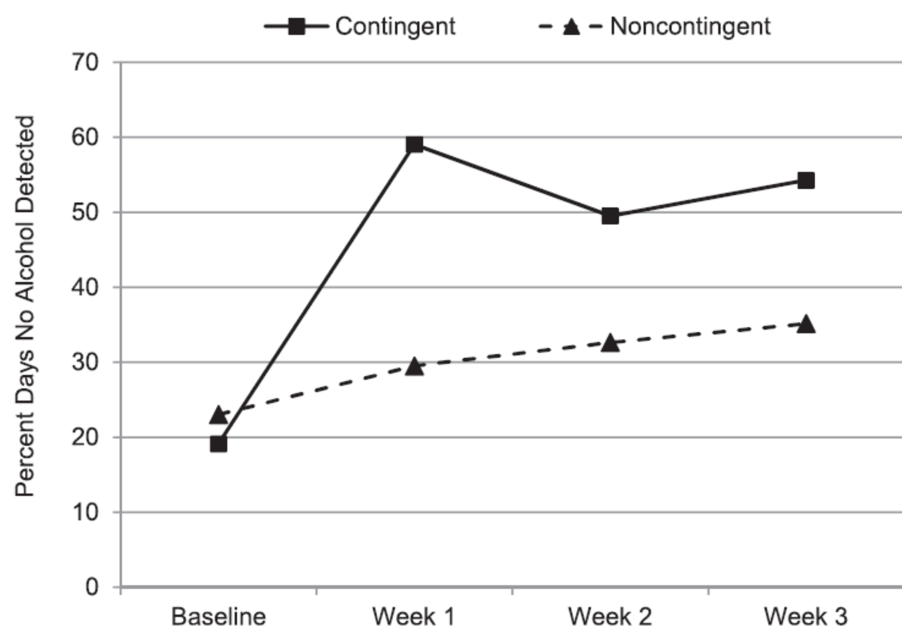
Figure 2 Results of several approaches to encouraging abstinence. (**a**) shows mean weeks of continuous abstinence for cocaine dependent patients receiving counseling with ($N = 20$) or without ($N = 20$) abstinence-contingent vouchers (maximum value of $997.50 over 12 weeks). Reprinted from ref. 6. Copyright © 1994 American Medical Association. All rights reserved. (**b**) shows percent of participants achieving ≥ 12 weeks of continuous abstinence when vouchers were delivered contingent on cocaine-negative urines ($N = 36$) of independent of urine test results (noncontingently; $N = 34$). Contingent participants. could earn a maximum of $997.50 over 12 weeks. Amount and frequency of noncontingent payment were yoked to those achieved by contingent participants. Reprinted from ref. 7. Copyright © 2000 American Psychological Association. (**c**) shows mean weeks of continuous abstinence for cocaine-dependent patients receiving abstinence-contingent vouchers with higher (maximum earnings of $1.995 over 12 weeks; $N = 50$) vs. lower (maximum earnings of $499; $N = 50$) monetary value. In all studies shown, behavioral treatment patients received intensive individual counseling throughout the 24-week treatment program. Reprinted from ref. 9. Copyright © 2007 Blackwell Publishing.

Stitzer ML, Vandrey R. Contingency management: utility in the treatment of drug abuse disorders. Clin Pharmacol Ther. 2008;83:644-647.

ADDICTION SSA SOCIETY FOR THE STUDY OF ADDICTION
RESEARCH REPORT
doi:10.1111/add.13767

A preliminary randomized controlled trial of contingency management for alcohol use reduction using a transdermal alcohol sensor

Nancy P. Barnett[1], Mark A. Celio[1], Jennifer W. Tidey[1], James G. Murphy[2], Suzanne M. Colby[1] & Robert M. Swift[1,3]



Heavy drinking adults not seeking treatment

Reinforcement started at $5 and increased $2 every subsequent day on which alcohol was not detected or reported, to a maximum of $17.

Participants received no reinforcement for days on which alcohol use was detected or reported, and the reinforcer value was re-set to $5 the day after a drinking day.

Barnett NP, Celio MA, Tidey JW, Murphy JG, Colby SM, Swift RM. A preliminary randomized controlled trial of contingency management for alcohol use reduction using a transdermal alcohol sensor. Addiction (Abingdon, England). 2017;112:1025-1035.

A Meta-Analytic Review of Psychosocial Interventions for Substance Use Disorders

FIGURE 1. Mean Effect Sizes Across Substance Use Disorders Under Treatment

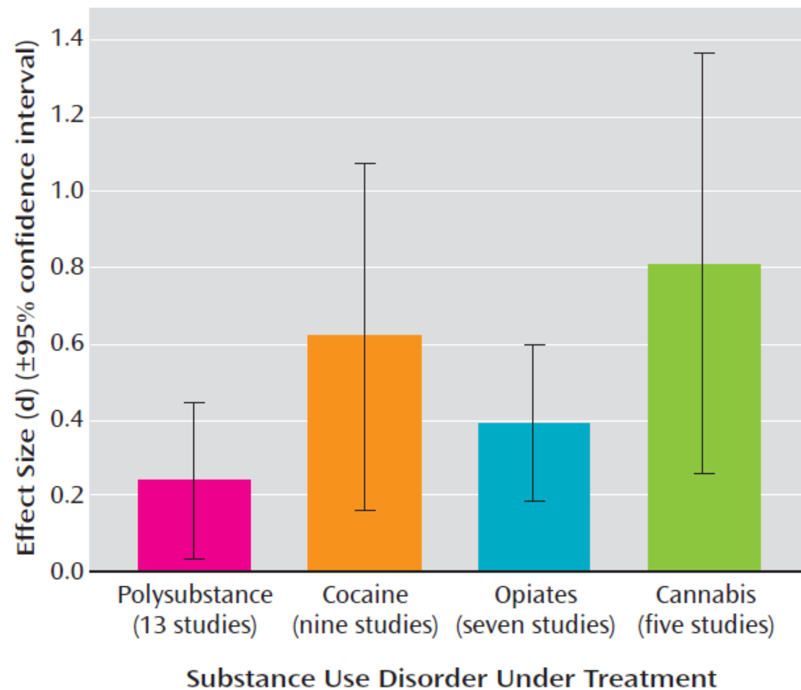
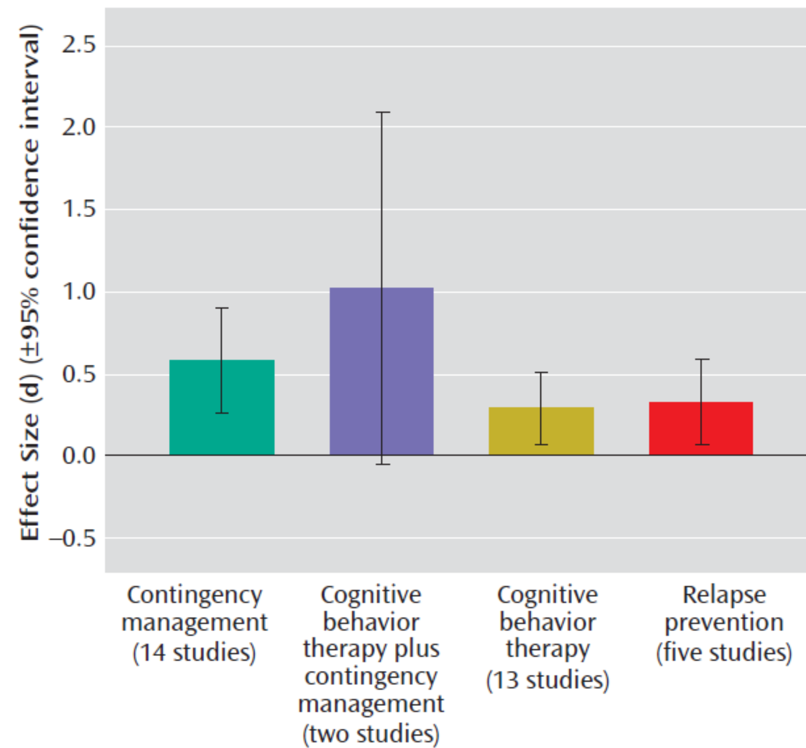


FIGURE 2. Mean Effect Sizes Across Treatment Types



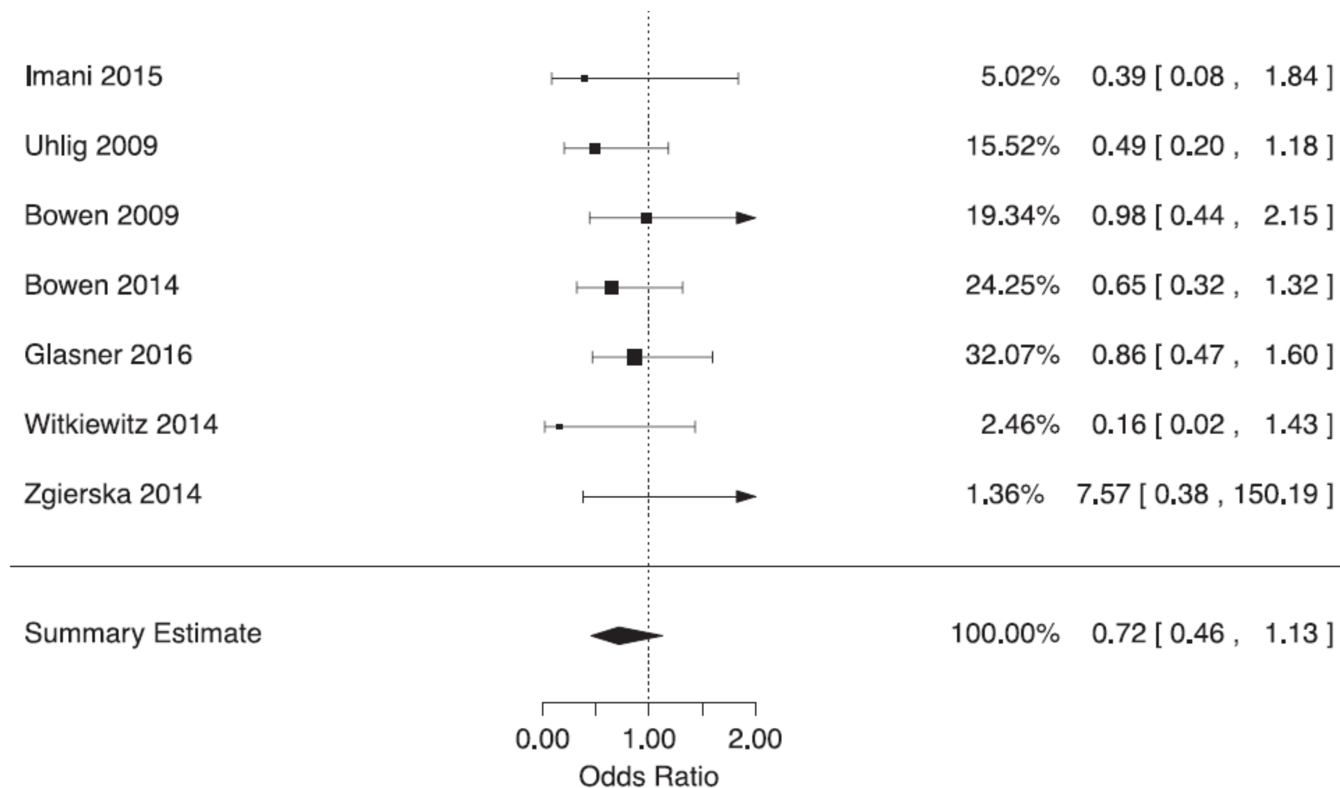
Dutra L, Stathopoulou G, Basden SL, Leyro TM, Powers MB, Otto MW. A meta-analytic review of psychosocial interventions for substance use disorders. The American journal of psychiatry. 2008;165:179-187.

ORIGINAL RESEARCH

OPEN

Mindfulness-based Relapse Prevention for Substance Use Disorders: A Systematic Review and Meta-analysis

Sean Grant, DPhil, Benjamin Colaiaco, MA, Aneesa Motala, BA, Roberta Shanman, MS, Marika Booth, MS, Melony Sorbero, PhD, and Susanne Hempel, PhD



Grant S, Colaiaco B, Motala A, Shanman R, Booth M, Sorbero M, Hempel S. Mindfulness-based Relapse Prevention for Substance Use Disorders: A Systematic Review and Meta-analysis. J Addict Med. 2017;

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CBT