

For Alcoholics, New Help in Abstaining—Without Thinking About It

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Alcoholism is a tough addiction to kick. Eventually, most people return to drinking. But some Dutch and German psychological scientists have tested a short-term regime that promises to help alcoholics stay sober. Their study is published in *Psychological Science*, a journal of the Association of Psychological Science.

Heavy drinkers tend to behave impulsively in response to temptation. Meanwhile, their “reflective,” or controlled, responses—the thoughts that would help them resist drinking—are often weak. Most therapies, including Cognitive Behavior Therapy, primarily address the reflective responses. “They deal with the reasons and strategies” for sobriety, said University of Amsterdam experimental psychologist Reinout W. Wiers, the study’s lead author. To boost treatment success, his team developed cognitive-bias modification, or CBM, which, for the first time, “tries to turn around those impulsive responses.”

This newly developed CBM variety employs video-game-like “approach-avoidance tasks”: pushing or pulling a joystick in response to images on a screen. Pulling zooms in on the image, as if the participant were “approaching” it. Pushing zooms out, in “avoidance.” The team’s earlier studies found that heavier drinkers, shown images of alcoholic beverages or soft drinks, are faster to “pull” the alcohol than lighter drinkers—but CBM can turn this “approach bias” into an “avoidance bias.”

Could CBM help serious alcoholics? In this study Wiers and his collaborators—Carolyn Eberl and Johannes Lindenmeyer of the Salus Clinic in Lindow, Germany, and Mike Rinck and Eni S. Becker of Radboud University—recruited 214 inpatients at the Salus Clinic. Three weeks after detoxification, the patients were assessed for their craving for alcohol, as well as their attraction to it, indicated by joystick and word-association tasks.

One group of patients then received CBM: they were trained to push away pictures of alcoholic drinks. The control groups either received “sham” training or none at all. Four 15-minute sessions were conducted on four consecutive days.

When retested a week later, the CBM participants’ “approach bias for alcohol had changed to an avoidance bias, on a variety of tests,” said Wiers. The control groups showed no such changes.

Then the patients began abstinence-based cognitive behavior therapy, a structured method that helps people identify and challenge the thinking patterns that perpetuate their self-destructive behaviors. Treatment lasted about three months. A year later, the researchers assessed the patients’ success in staying sober.

As is typical, many patients had relapsed—but only 46 percent of the CBM trained group, compared with 59 percent of the others. Although the researchers cannot be absolutely sure that CBM made the

difference, joystick and word tests left them “strongly confident,” said Wiers, that “adding this intervention to regular treatment helps people stay abstinent.”

One still-abstinent patient told a story illustrating this point. At a party, looking for a Coke, the man opened the refrigerator, but found it full of beer. “Immediately, he made the push movement”—he closed the door. “In the heat of the moment, when temptations is high, you have to take that immediate first step in the right direction or it becomes very difficult,” commented Wiers. “CBM helps people take this step, before they have time to consciously think, ‘Should I take a drink?’”