

What Researchers and Practitioners Can Learn from Self-guided Change (aka Natural Recovery)

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Self-guided Change

Definitions

- Terms like “natural recovery,” “spontaneous remission” and “maturing out” are used in the literature, but many recoveries do not appear to occur “spontaneously” or “naturally.”
- Instead, they appear to involve purposeful behavior and considerable thought and effort: self-guided change.

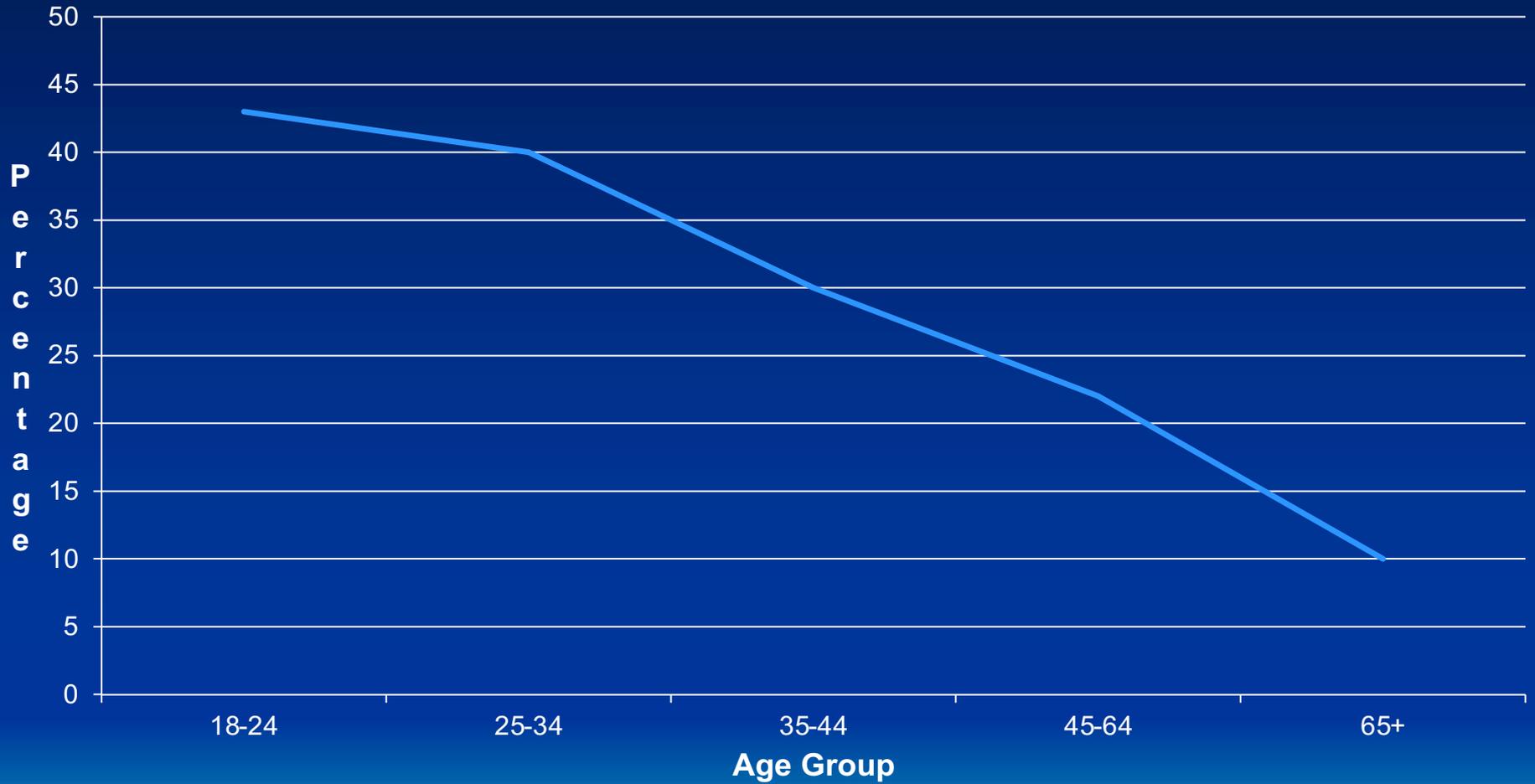
Self-guided Change (aka “Natural Recovery”)

According to a Federal survey of 138,000 people (Esser et al., 2014):

- Approx. 64,000,000 in the U.S. reported binge drinking at least once per month
- However, in the 65+ group, only 4 million still reported binge drinking.

Bishop (2018)

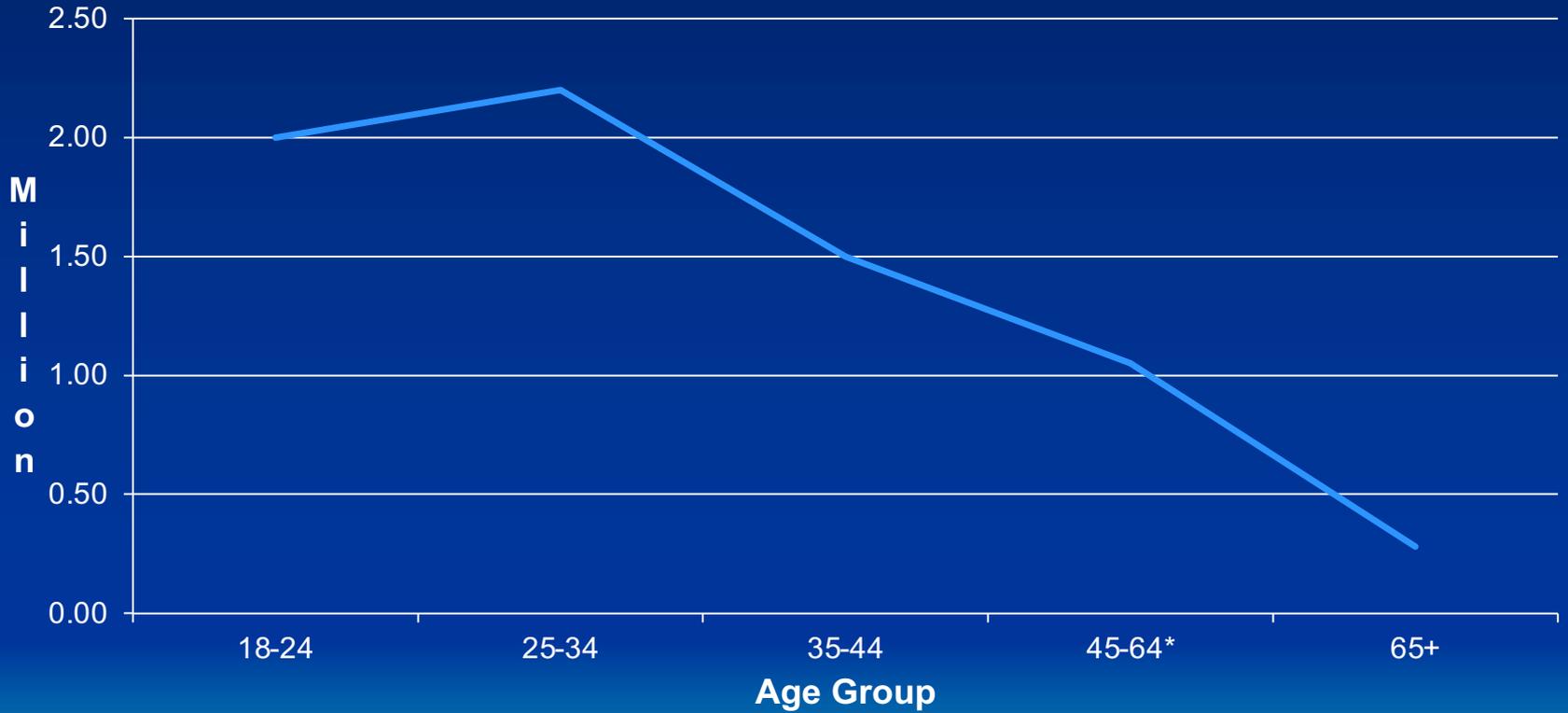
Percentage Binge Drinkers by Age Group



Bishop, 2018



Approximate Number of People Dependent by Age Group



Bishop, 2018

Self-guided Change

According to Esser et al. (2014):

- **Most of these people were not alcohol dependent (based on the DSMIV-R criteria)**
- **They were not addicted.**
- **But binge drinking causes approx. 88,000 deaths per year.**

Self-guided Change

Many of those who changed their behavior probably did not go for treatment, partly because...

- most people do not see the need for treatment.**
- most people do not want to go to treatment.**
- most people do not think treatment will help.**

Percentage Smoking by Age Group



Bishop, 2018

Self-guided Change

How do these changes in difficult-to-change behaviors occur?

- **What strategies do people use to initiate change?**
- **What strategies do they use to maintain the change?**

Self-guided Change

Sixty years of research provide evidence that many people change their addictive behavior, often on their own.

1962: Winick reported that...

- 75% of people using heroin “mature out” by their late thirties.**

Self-guided Change

1975: Robins reported that...

- **Approximately 20% of the approximately 900 soldiers interviewed said they were addicted to opiates while in Vietnam.**
- **The Defense Department was alarmed, but...**
- **upon return, without treatment, rates of use returned to normal, e.g. about 1% of the group were addicted.**
- **Some of the remainder may have become addicted to other drugs, e.g. alcohol.**

Robins, Helzer & Davis, 1975; Robins, 1993

Self-guided Change: Cocaine

1994: Erickson, Adlaf, Smart and Murray reported finding that one year later after an initial interview:

- **16 of 54 untreated cocaine users had stopped using cocaine**

Erickson, Adlaf, Smart and Murray (1994)

Self-guided Change

1994: Cohen and Sas found that 4 years after an initial interview:

- **64 of 160 participants had stopped using cocaine**
- **only 6% had sought treatment**

Cohen & Sas (1994)

Self-guided Change

1996: Linda and Mark Sobell did two large scale studies in Canada of 11,634 and 1034 respondents:

77.5% and 77.7% had resolved their problems with alcohol on their own without treatment (resolution was in excess of one year)

Sobell et al., 1996

Self-guided Change: Opioids

1997: Strang and his associates reported on 32 opiate users who had been turned away from treatment:

- **of the 19 participants who were still using two to three years later...**
- **65% were injecting less often, using less, and using fewer different types of drugs.**

Strang et al. (1997)

Self-guided Change

1999: Toneatto, working with the Sobells, interviewed current and past cocaine users:

**50 resolved -- mean use: 10.3 years
(mean abstinent years: 3.7)**

21 unresolved -- mean use: 20.5 years

Toneatto et al., 1999

Self-guided Change

Difficulty Resolving:

- 50% -- somewhat or extremely difficult
- 38% -- somewhat or extremely easy
- 12% -- neither

Toneatto et al., 1999

Self-guided Change

Reasons for Quitting:

1. **Cognitive Evaluation -- the conscious weighing of pros and cons**
2. **External pressures or ultimatums by significant others (family, friends or spouse)**
3. **Financial problems**

Toneatto et al., 1999

Self-guided Change

Ways They Maintained Their Decision to Stop

1. Improved self-concept (improved self-esteem and confidence and pride)
2. Change of friends
3. Change of social life
4. Support from spouse
5. Change of drug use (increase in marijuana and alcohol)

Toneatto et al., 1999

Self-guided Change

2000: Walters, based on a metaanalytic review, reported:

- **spontaneous remission rates for alcohol from 14.3% to 50.0% depending on the definition, narrow or broad.**
- **spontaneous remission from alcohol and illicit drugs differ in several ways from spontaneous remission from tobacco smoking.**

Walters (2000)

Self-guided Change

2011: Lopez-Quintero and her associates reported finding that:

50% cocaine users had quit 5 years after being dependent on cocaine

66% had quit in 10 years

99% of whites, 98% of African-Americans and 94% of Hispanics eventually quit

only 11% got treatment

Lopez-Quintero et al. (2011)

Self-guided Change

2013: Blanco and his associates found that...

50% of heroin users stopped in 4-5 years

96% eventually stopped

Blanco et al., 2013

Research into Self-guided Change Reveals the Following:

1. Most people recover from addictive problems on their own.
2. Many people spend years engaging in addictive behavior(s) and avoid seeking help from treatment providers or self-help groups.
3. We do not currently offer many treatment options that people find appealing.
4. Apps and websites, e.g. CheckUp & Choices and iSelfChange, may help fill this need.
5. As needed, on-demand counseling or “sporadic therapy” might also help.

BPD patients also show significant change

290 patients with BPD diagnosis:

After 2 years

34.5% were in remission

After 4 years

49.4% were in remission

After 6 years

68.6% were in remission

Only 5.9% relapsed

Zanarini, Frankenburg, Hennen & Silk, 2003

Can BPD patients recover?

Total over 6 years: 73.5% in remission

Relapsed:

After 4 years: 6.4%

After 6 years: 4.6%

Zanarini, Frankenburg, Hennen & Silk, 2003

What Are the Primary Strategies Used to Moderate or Abstain from Alcohol? What Does the Research Suggest?

- **Use of Protective Behavioral Strategies (PBSs)
(Martens et al., 2007; Pearson, 2013)**
- **Alternating drinking alcoholic and
non-alcoholic beverages (Strang et al., 1998)**
- **Learning to refuse when offered a drink
(Strang et al., 1998)**
- **Reducing drinks per day and drinking days
per week (Witkiewitz et al., 2014)**
- **Use of mobile apps (e.g., Meunch et al., 2017; Suffoletto &
Chung, 2016)**

What Are the Primary Strategies Used to Maintain that Change?

What Does the Research Suggest?

Thoughts about negative consequences (Sobell et al., 1995)	72%
Willpower (Sobell et al., 1995)	60%
Thoughts about positive consequences of not drinking (Sobell et al. 1995)	53%
Drank non-alcoholic beverages (Sobell et al., 1995)	45%

Primary Reasons to Change: Heroin

What Does the Research Suggest?

?

Primary Strategies Used to Moderate or Abstain: Heroin

What Does the Research Suggest?

Based on Strang et al., 1998

Changes in...

- the route of administration
- the amount used
- the frequency of use
- the number of other drugs used

Primary Strategies Used to Maintain Change: Heroin

What Does the Research Suggest?

based on Flynn et al., 2003b

- Belief that drugs worsen life 86%
- Constructive, fulfilling lifestyle 70%
- Overall personal growth 73%
- Need to work hard to better self 61%
- Family support 52%
- Drug treatment 51%

Primary Reasons to Change: Cocaine

What Does the Research Suggest?

based on Toneatto et al., 1999

- Cognitive evaluation of pros and cons continuing to use 78%
- External pressure from family and friends 46%
- Financial problems 38%

Primary Strategies Used to Moderate or Abstain: Cocaine

What Does the Research Suggest?

?

Primary Strategies Used to Maintain Change: Cocaine

What Does the Research Suggest?

based on Toneatto et al., 1999* and Flynn et al., 2003a**

- Improvement of self-concept; improved self-esteem and confidence 92%
- Overall personal growth** 83%
- Coping strategies, e.g, “deliberate recall of the negative consequences of cocaine” (p. 265)* 78%
- Treatment** 78%
- Change of friends* 76%
- Learning to “tough it out” (p. 265) and accept urges* 65%

Primary Strategies Used to Maintain Change: Cocaine

What Does the Research Suggest?

based on Toneatto et al., 1999* and Flynn et al., 2003a**

- Support of spouse* 65%
- Religion and spirituality** 63%
- Support of friends* 58%
- Active in recovery**
- Change of drug use (to alcohol and/or
cannabis)* 56%
- Change of address* 54%
- 12-step help** 51%

Primary Reasons to Moderate or Abstain: Gambling

What Does the Research Suggest?

based primarily on Hodgins and El-Guebaly (2000); where this is not the case, the source is cited.

- Financial concerns 93%
- Negative emotions, including stress, panic, depression and guilt 86%
- “hit rock bottom” (p. 783) 65%
- Self-discontinuity (Kim et al., 2017) n.a.
- Guilt (but not shame or self-stigma) (Kim et al., 2017) n.a.

Primary Strategies Used to Moderate or Abstain: Gambling

What Does the Research Suggest?

based on Hodgins and El-Guebaly (2000)

- **Staying away from gambling places and friends** 49%
- **New activities, e.g., exercise, reading, spending time with family** 47%
- **Treatment** 28%

Primary Strategies Used to Maintain Change: Gambling

What Does the Research Suggest?

based on Hodgins and El-Guebaly (2000)

- **Past gambling problems recalled** 86%
- **Self-control/willpower** 79%
- **New Activities** 58%

Self-guided Change: Overeating

- Only 20% of people lose weight and keep it off.
- But 20% represents millions of people who change their eating behavior and maintain that change.

(In addition, although many may not lose weight and keep it off, many maintain their weight by changing their eating behavior as they age.)

Primary Strategies Used to Maintain Weight Loss

What Does the Research Suggest?

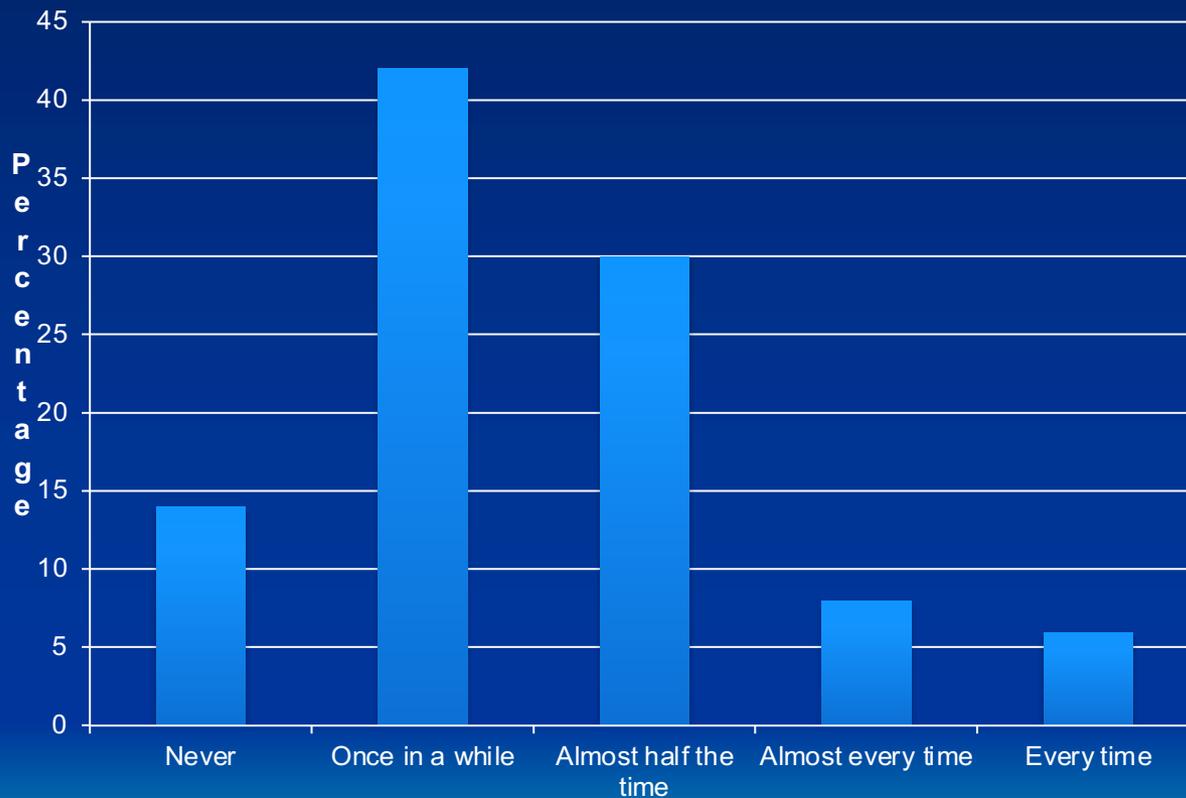
based on National Weight Control Registry data (NWCR, 2017)

- Increase exercise, especially walking 90%
- Eat breakfast every morning 78%
- Weigh themselves at least one time per week 75%
- Watch TV less than 10 hrs./week 62%

Self-guided Change: Clinical Needs

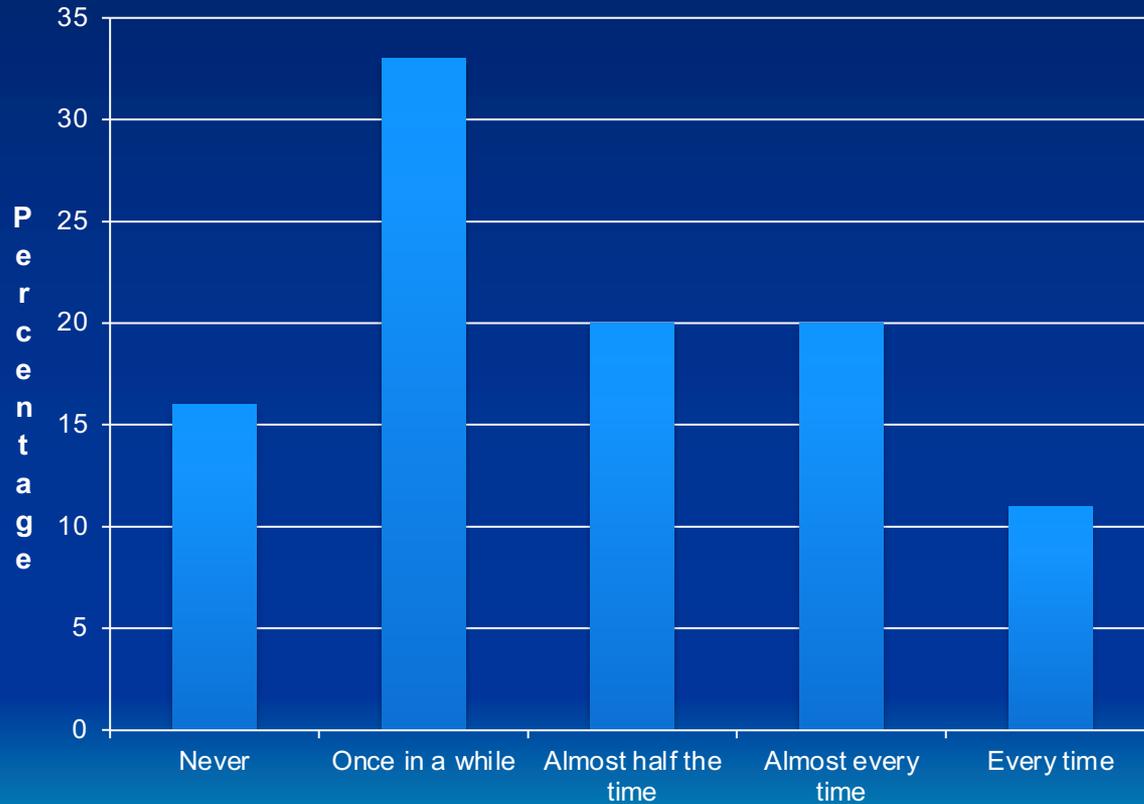
1. We need to know more about the ways people initiate changing an addictive behavior.
2. We need to know more about how they maintain the change.
3. If we gave people a list of strategies they could pursue, would they do better over time? Little research outside of MI and PBSs research supports this idea.
4. Could we predict, i.e., an app predict, at a given time and on a given day the probability of a relapse? What factors must come together to cause a relapse?

Prevalence of Overdrinking



Bishop & Rodriguez Orjuela, 2018

Percentage of Times Respondents Are Surprised that They Overdrank



Bishop & Rodriguez Orjuela, 2018

Factors Necessary to...

Start a fire:

1. Fuel
2. Heat
3. Oxygen

Create a tornado:

1. Shear
2. Lift
3. Instability
4. Moisture

Factors that, coming together, may trigger a “surprise”

- **Fatigue**
- **Time of the day**
- **Day of the week**
- **Location**
- **Metastability (of the neurological/neurochemical systems)**
- **Beliefs/Automatic thoughts**
- **Identities**

Modern Psychotherapy Can Help

Over the past 50 years, revolutionary changes have made psychotherapy more effective for the treatment of addictions.

1. Some form of CBT is the norm.
2. Most therapy sessions are structured.
3. Modern therapy is future-oriented and goal-focused.

Modern Psychotherapy Can Help

4. Insight is no longer the primary process of change.
5. The development of skills has equal or more importance, e.g., for better behavioral and emotional regulation and distress tolerance.
6. Modern therapy is collaborative. The doctor is not always presumed to know best.
7. The focus is less on curing pathologies and more on helping clients live fuller, more meaningful lives.

Modern Psychotherapy Can Help

8. **Between-session work is as important as in-session work.**
9. **Self-help has continued to grow as a means of self-guided change.**
10. **Neuroscience, the popularity of the Medical (brain disease) Model, and the concept of neuroplasticity have grown exponentially.**

Three other significant changes:

- 1. Briefer therapy has become the norm. Even intentional, on-demand, single session therapy is gaining in popularity (sporadic therapy)**
- 2. Over the past ten years, research has shown some other therapies to be as effective as CBT.**
- 3. Mental health counselors, social workers, pastoral counselors and psychiatric nurses have become the primary deliverers of mental and behavioral health services.**

Modern Therapy Can Help Accelerate Change in Addictive Behaviors

- **Session structure**
- **Future-oriented and goal-focused sessions**
- **Emphasis on skills building**
- **Collaboration**
- **Between-session work**
- **Self-help / self-guided change**
- **Neuroscience, medications, metastability**
- **Other forms of therapy may add value**
- **Briefer, as-needed, on demand, sporadic therapy may help**

Clients Have Many Questions

Am I Addicted? 64 Questions and Answers to Help You Change an Addictive or Semi-Addictive Behavior

- *Research-based*
- *Suggestions for change*
- *Alcohol, opioids, cocaine, marijuana, gambling, pornography,...*



There's Life Beyond Addiction

SMART Recovery can help you get there.

Our mutual support meetings are free and open to anyone seeking science-based, self-empowered addiction recovery.



HELP FOR MYSELF



HELP FOR FAMILY & FRIENDS



HELP FOR OTHERS

Summary

- **Most people recover on their own.**
- **Modern therapy could help accelerate that process.**
- **More research could help us better understand how people help themselves change.**
- **Apps and on-demand, as-needed counseling and therapy may help.**

Thank You

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NEW Am I Addicted? 64 Questions and Answers to Help You Change an Addictive or Semi-Addictive Behavior

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