



Published Reports from 1940 to 2009 Document the Unrivalled Effectiveness of Schick Shadel Hospital's Counter Conditioning Based Treatments of Alcohol and Other Substance Use Disorders

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Schick Shadel Hospital leads the field with the #1 success rate among alcoholism treatment providers that serve the general public. This achievement is validated by multiple published follow-up reports as documented below. Those reports have tracked patients' abstinence performances across ensuing decades for more than 75 years. Many treatment providers, if pressed, will claim a post treatment abstinence percentage. However, these claims typically lack any published documentation. In fact, the vast majority of treatment programs lack any reliable knowledge about their follow up efficacy as has been recently documented.¹⁻² No extant alcoholism treatment approach (such as pharmacological, behavioral, Minnesota Model 12-step, or some combination thereof) can even distantly rival Schick Shadel's preeminence with respect to documented outcome efficacy. The treatment also has been found to be effective with a range of other psychoactive substance dependencies as documented below.

Schick Shadel's treatments are multimodal, but since 1935 have featured a highly effective chemical aversion counter-conditioning (CACC) that is without rival with respect to documented abstinence outcomes and anti-craving benefits. In addition, a very extensive conditioned taste aversion (CTA) literature also provides CACC with a theoretical and empirical foundation that is unrivalled by any competing substance use disorder treatment. CACC was developed from Pavlov's classical conditioning, but now is known to be a highly effective clinical application of CTA learning. Conditioned taste aversions, which evolved as powerful protective capabilities, are among the strongest learned responses that humans normally acquire. In particular, CTA learning has functioned to increase survival probability (and thereby reproduction likelihood) by reprogramming humans to acquire strong learned revulsions to the sight, smell, taste, and even to the mere thought of an ingestible substance that had been paired with gastrointestinal distress involving strong nausea. Most humans have acquired one or more such CTAs during their normal development.

CACC makes good therapeutic sense to Schick Shadel's patients. They recognize that it is based on a natural protective capability that can eliminate their cravings and transform their problem substance(s) into repugnant ingestible(s). This affords patients the exceptional benefit of a cravings free recovery during which they can reinforce a substance free lifestyle. Many abstinence oriented alcoholics who investigate therapeutic alternatives for their substance use dependence conclude that Schick Shadel's 10 to 14 day inpatient treatments and aftercare programming offer them their best opportunity for personal recovery. In particular, Schick Shadel accepts no mandated patients and admission is the result of a patient's personal choice among many competing rehabilitation alternatives. The patients' strong acceptance of Schick Shadel's multimodal inpatient treatments is confirmed by anonymous pre-discharge ratings of the individual treatments as well as by a very low against-medical-advice (AMA) discharge rate. Although all treatment offerings generate high patients' ratings, counter conditioning invariably receives the highest yearly mean satisfaction rating among the standard treatments (Individual, Group, and Relapse Prevention Counseling as well as Versed/Propofol Facilitated Rehabilitation Interviews). The annual AMA discharge rate consistently is below 5% per year. Aftercare programming, which is widely used following the inpatient treatments, includes regularly scheduled booster treatments plus Schick Shadel Group Aftercare, A.A. participation, or individual counseling with a referred or otherwise personally selected therapist.

Treatment providers must keep abreast of their follow-up outcomes if they wish to assess and maintain or improve the effectiveness of their offerings. Moreover, prospective patients deserve access to outcome data upon which they can base their decisions about treatments that are likely to be personally beneficial. Unfortunately, most treatment providers have ignored or have been woefully remiss with respect to fulfilling these data collection and dissemination obligations.¹⁻² Schick Shadel Hospital indisputably has set the industry standard with respect to having conducted and published numerous follow-up assessments since its founding as the Shadel Sanitarium in 1935. Highlights of abstinence reports as published between 1940 and 2009 are summarized below.

In the 1940s, multiple studies have indicated the effectiveness of counter conditioning in the treatment of alcohol dependence. The first, a 1940 study, found that counter conditioning was effective in maintaining a four year period of abstinence for more than 60% of alcoholic patients.³ This high abstinence rate is replicated by a 1942 study, which found a two year abstinence rate of more than 70% and a four year abstinence rate of more than 50% for alcoholic patients who received

counter conditioning treatments.⁴ Additionally, this high abstinence rate is still maintained in a 1948 study, which reported that 70% of alcoholic patients were abstinent for a year and that about 25% of these patients were abstinent for ten years after treatment.⁵ Similarly, studies from the 1970s to the 2000s have also demonstrated the effectiveness of counter conditioning in treating alcoholism. Ten studies, from 1976 to 2009, reported that more than 60% of alcoholic patients were abstinent for at least one year following counter conditioning treatments.⁶⁻¹⁵ In addition, studies have also demonstrated that the effects of counter conditioning on alcohol abstinence are stable over time. Particularly, a 1982 study found a one year abstinent rate of at least 50% for alcoholic patients for four consecutive years.¹⁶ Moreover, a 1988 study found that counter conditioning treatments are consistently effective in maintaining at least a 69% abstinence rate from six months to two years.¹⁷

Furthermore, studies have also shown the effectiveness of counter conditioning in treating dependence to non-alcohol substances and dependence to more than one substance (polysubstance dependence). From 1988 and 1993, two studies found that counter conditioning was effective in maintaining a one year abstinence rate of at least 65% for all chemical use.^{12, 17} From 1987 to 2009; three studies reported that at least 50% of cocaine dependent patients are abstinent for one year following treatments.^{14, 18-19} A 2003 study found that counter conditioning was effective in maintaining a one year abstinent rate for more than 60% of marijuana dependent and opiate dependent patients.¹⁴ Lastly, a 2009 study reported a one year abstinence rate for more than 50% of alcohol-cocaine and alcohol-opioid dependent patients.²⁰

In summary, the effectiveness of counter conditioning in treating substance use problems has received consistent strong support from the above cited studies. Since the 1940s, studies have demonstrated the long term effectiveness of counter conditioning in the treatment of alcoholism. Additionally, multiple studies since the 1980s have also shown counter conditioning to be effective in treating non-alcohol polysubstance dependencies. The published outcome reports are noteworthy for their consistency. In particular, there are no major differences in findings despite the decade of the reports, the investigators involved, or whether specific studies were internal or external efforts. In sum, findings of these studies strongly support the efficacy of counter conditioning in maintaining long periods of abstinence from a variety of substances, and indicate that counter conditioning is a viable and effective component treatment for substance use dependencies. Additional findings and discussions are available at www.schickshadel.com and in three review articles²¹⁻²³

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