

	Minnesota Model	Self Medication Hypothesis	Cognitive/ Behavioral Models	Harm Reduction Treatment
Basic beliefs about addiction: Etiology and Course	Biopsychosocial disease Progressive Loss of Control Can't moderate	Significant problems managing feelings. May mask underlying problems.	Combo of learned behaviors, habit, and cognitive distortions. Ambivalence about change is normal. Brain changes make control more difficult, not impossible	Biopsychosocial phenomena, not disease. Different for different people. Trauma plays a large role in development of addiction.
Basic beliefs about people with addictions and their needs	In denial Loss of Control Lie or minimize use	Misuse due to need to cope with life. Poor self care. Co-occurring is the rule	Clients have trouble with cognitive styles (black & white thinking) Can learn skills to make changes. Loss of control isn't inevitable.	Not in denial- afraid of punishment and shaming. Can learn to modify use. Ambivalence is normal. Self medication.
Assessment strategies	Objective measures: ASI, CAGE, MAST	Interviews and observations	Objective measures. Self report & behavioral analysis	Relative impact of biopsychosocial detailed. Interviews Stages of Change measure
Goal of Treatment and who sets the goal	Lifelong abstinence from all drugs. Program sets goal.	Generally abstinence from problematic drug. Therapist sets goal.	Return person to healthy functioning with or without abstinence. Client may set goal usually.	Reduce drug related harm. May or may not be abstinence from some or all drugs. Client decides.
Modalities available and preferences	Inpatient, Detoxification, Outpatient,	Outpatient, some inpatient.	Outpatient, generally short term	Currently outpatient. Brief and/or ongoing.

	Residential, IOP			
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Methods of treatment	Former "addicts" seen as best to treat clients. Group work dominates. Families often involved in tx	Mental health professionals. Mostly individual, some group. No family involvement	Individual and groups.	Both Individual & group sessions primary. Family treatment and support. Drop in.
Techniques of treatment	Confrontation of denial. Education about disease. 12 Step facilitation.	Dynamic psychotherapy. Confrontation of lack of self care	Focus on "here & now, not there and then". Behavior rehearsal and skills training	Motivational Interviewing. Substance Use Management. Decisional Balance. Cognitive and dynamic therapy. Psychiatric meds
Beliefs and interventions regarding relapse	Relapse returns person to beginning of recovery again. Exposure to triggers must be avoided.	Relapse indicates being overwhelmed by feelings. No adjustment of tx. Causes explored.	Relapse is an educational opportunity to fine tune skills.	Natural part of change. Learning opportunity.
Cultural sensitivity and competency	"Equal Opportunity Disease" dominant. Recent focus on activities for different populations	Not mentioned in literature	Not generally a focus.	Primary importance on developmental differences: race, gender, class, etc. How they affect drug use, addiction, and relative harms suffered.

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