The Cognitive Bases of Addictive Behaviors:

Effectiveness of Drug-Attention-Control Training Program with Drug Abusers

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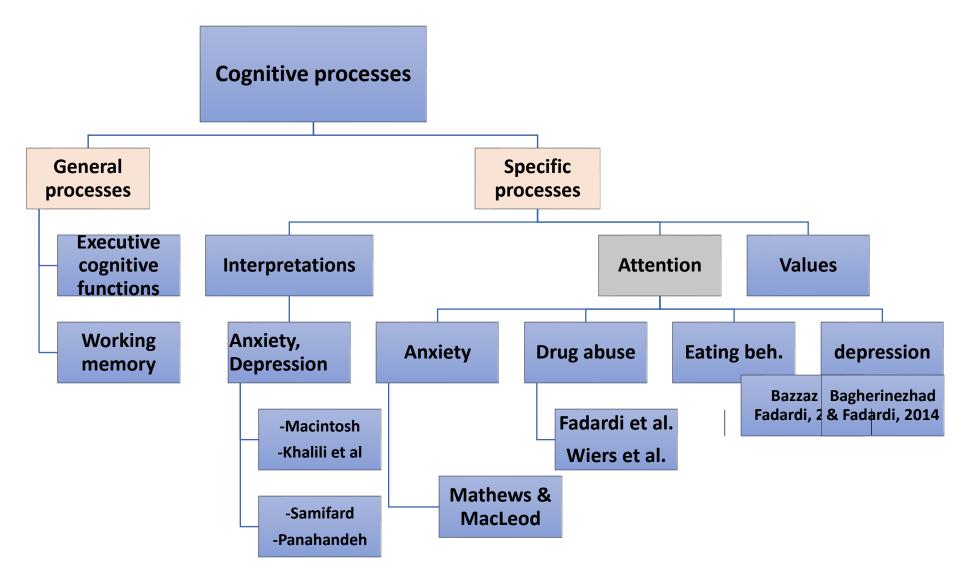
Mashhad





Faculty of Education and Psychology





Substance-related cognitive biases

- plays an important role in the continuation of and relapsing to addictive behaviors (Garland et al. 2012; Marhe et al. 2013).
- more *aware* of substance-related cues
- interfere with *higher-order cognitive processes*, including concentration (Waters & Green 2003) and working memory (Houston et al. 2014; Narendran et al. 2014).

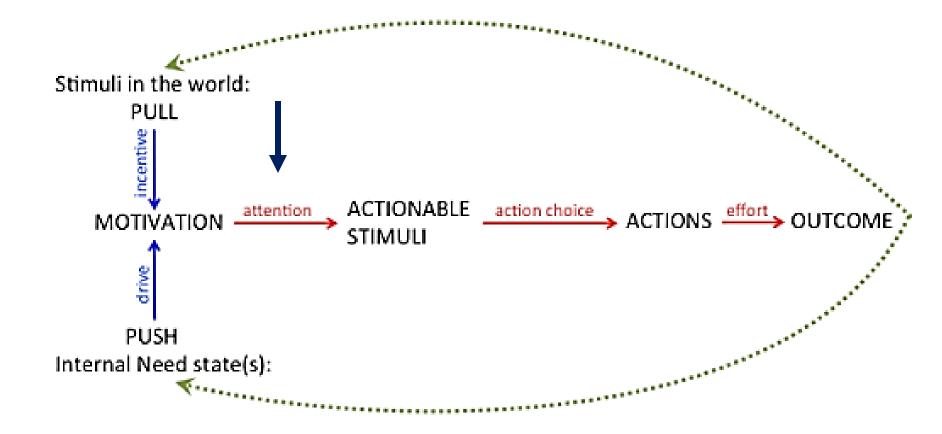
Substance-related cognitive biases (Cont'd)

- affects information processing in mesolimbic brain areas: nucleus accumbens and the amygdala (Wiers et al. 2014).
- reduce the controlling role of reflective (cold) processes over impulsive (hot) processes (Pieters et al. 2014).
- Increases the triggering effects of cognitive biases on drinking-related decisions (Wiers et al. 2014).

Attentional bias

 refers to a person's *automated* tendency to focus on and give processing priority to **Stimuli** that are related to his or her *current concerns* (Cox, Klinger, Fadardi, 2015)





Motivation Cycle:

•Push/pull, drive/incentive elements of motivation denoted in blue.

•Basic functions of motivation in red.

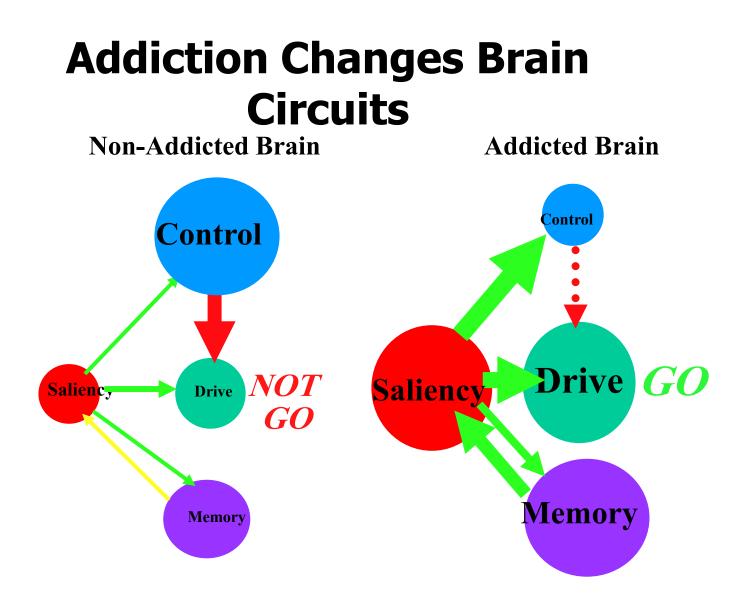
•Effect of experience on motivation, green.











Source: Adapted from Volkow et al., Neuropharmacology, 2004.

DO NOT ATTEND to IT!





The AACTP Procedure....

- 1. To slow down cognitive processes elicited by alcohol cues.
- 2. To speed up (strengthen) inhibitory processes paradoxical to alcohol-attentional bias.

The AACTP

• A newly developed, user-friendly version

OUT OF SIGHT, OUT OF MIND!







A.A.C.T.P. v.1

Javad S. Fadardi, PhD W. Miles Cox, PhD University of Wales, Bangor

Continue



Concept demonstrator by Xavier Educational Software Ltd

AACTP_Shockwave - Microsoft Internet Explorer

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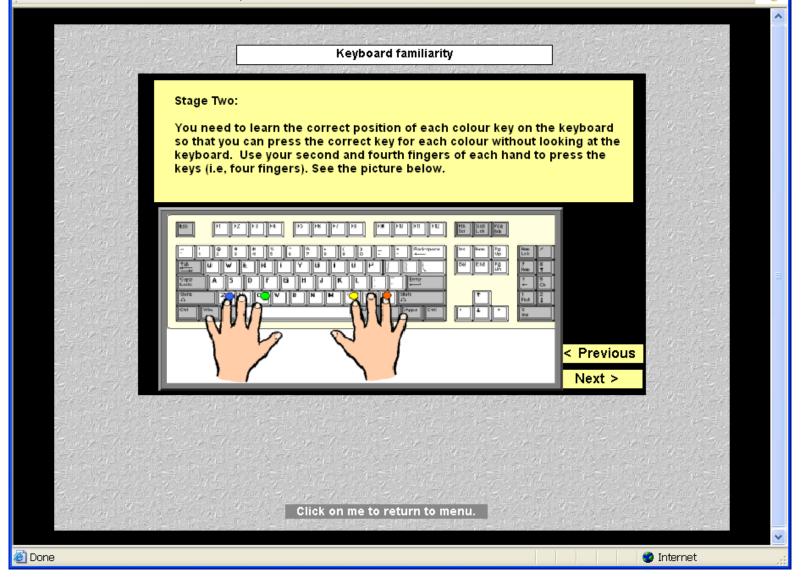


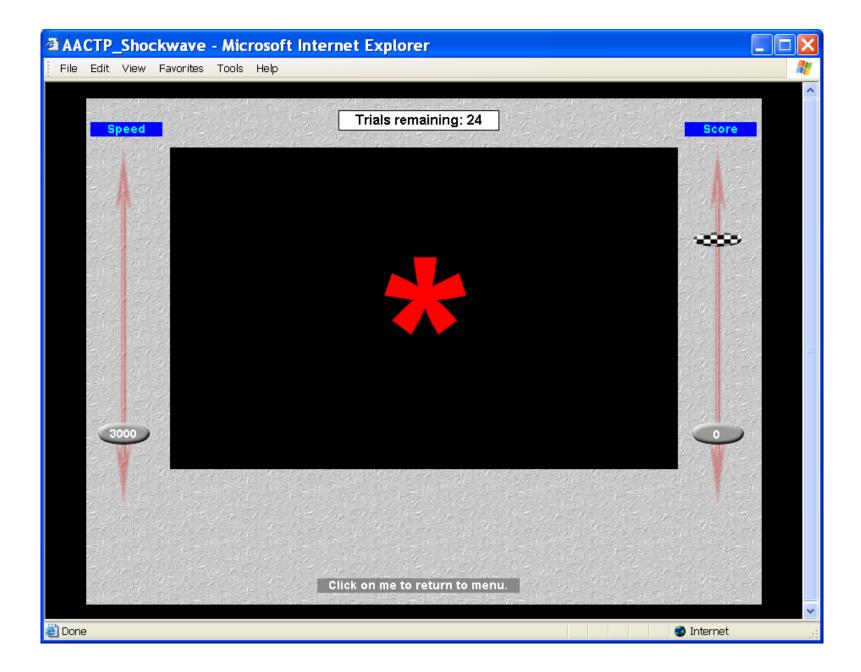


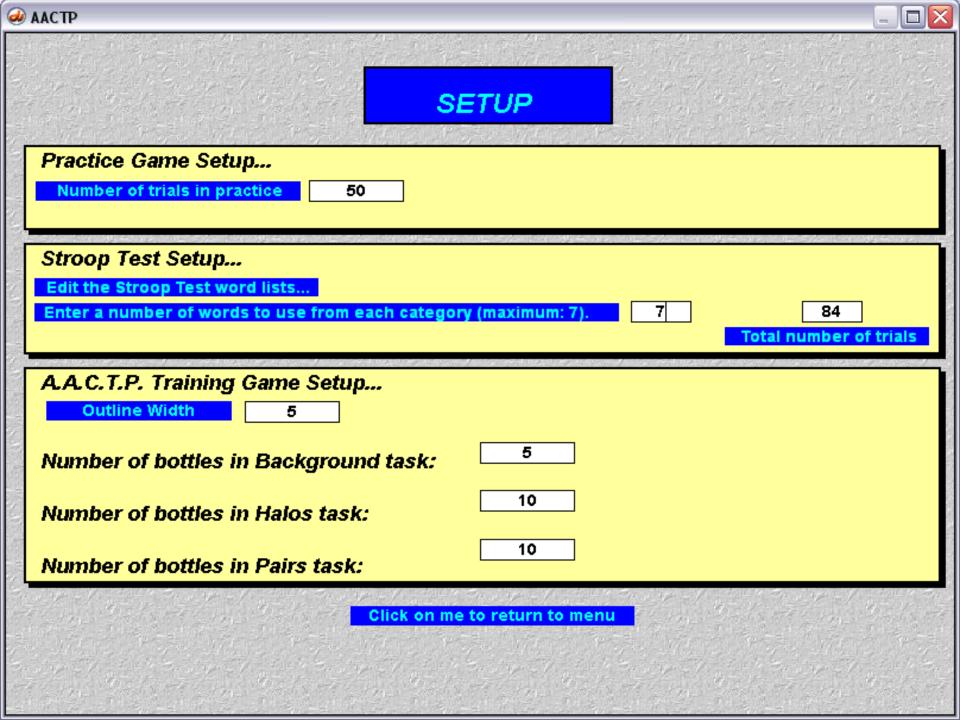
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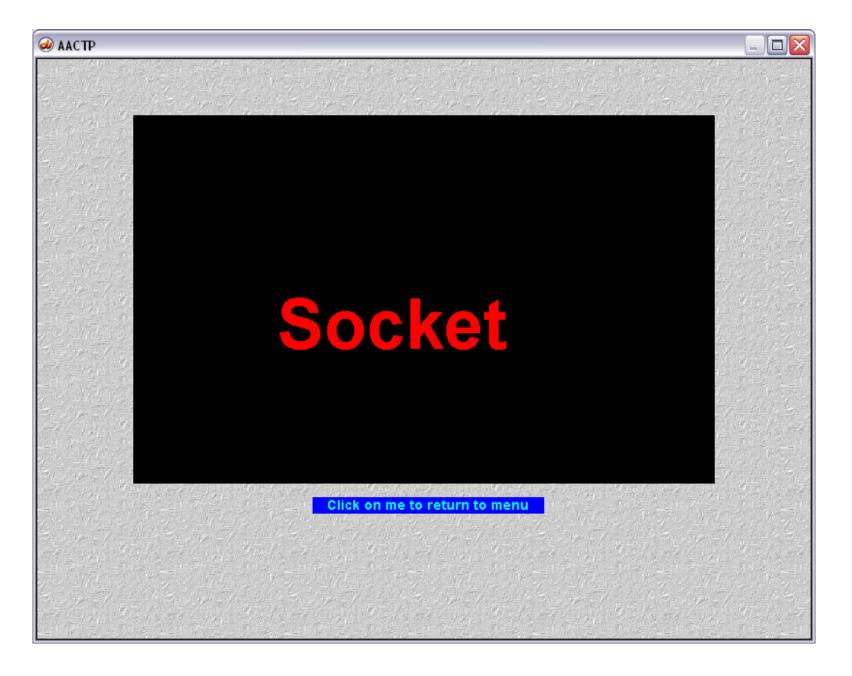




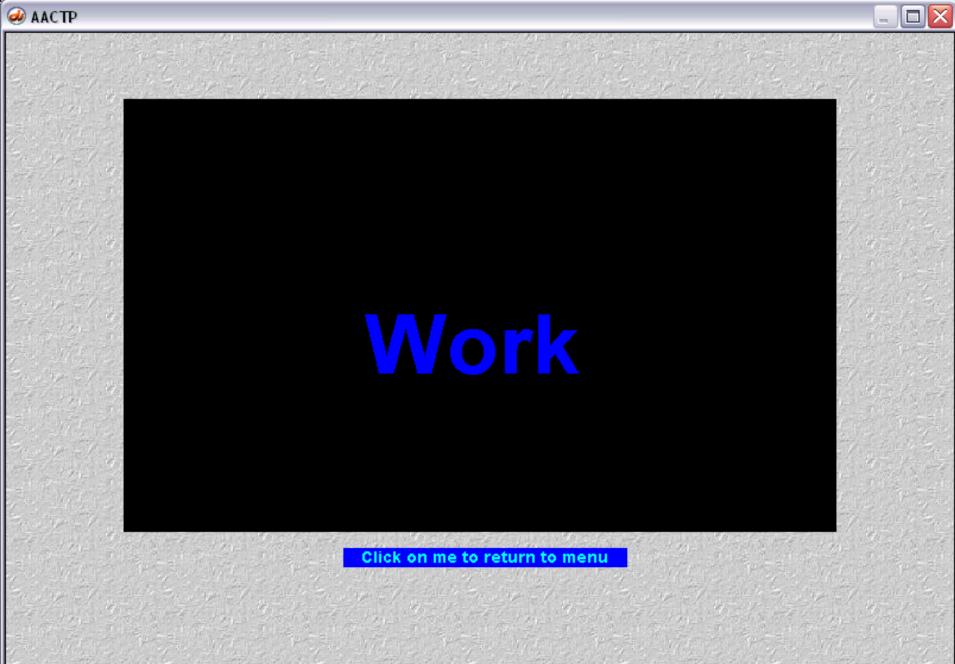




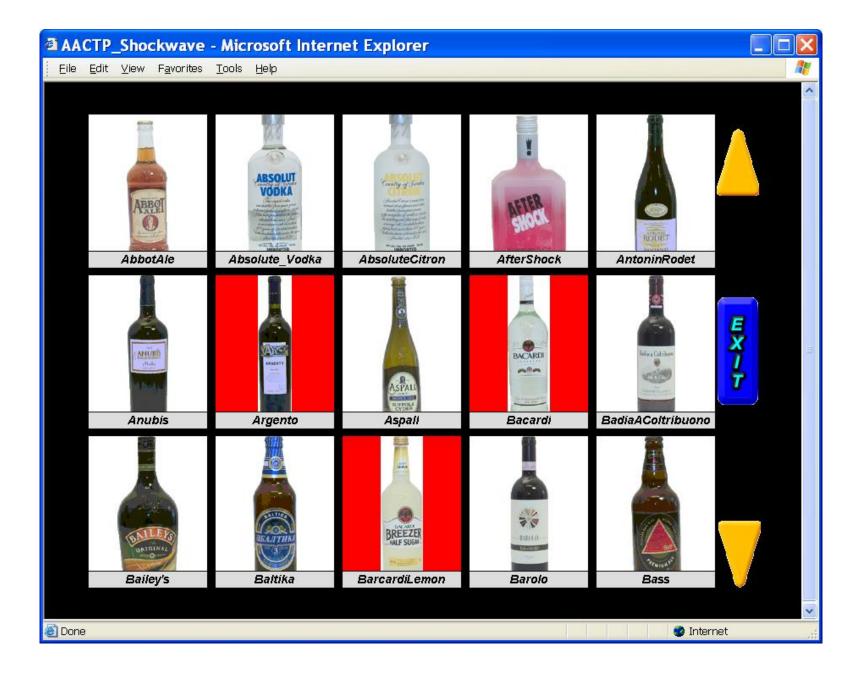
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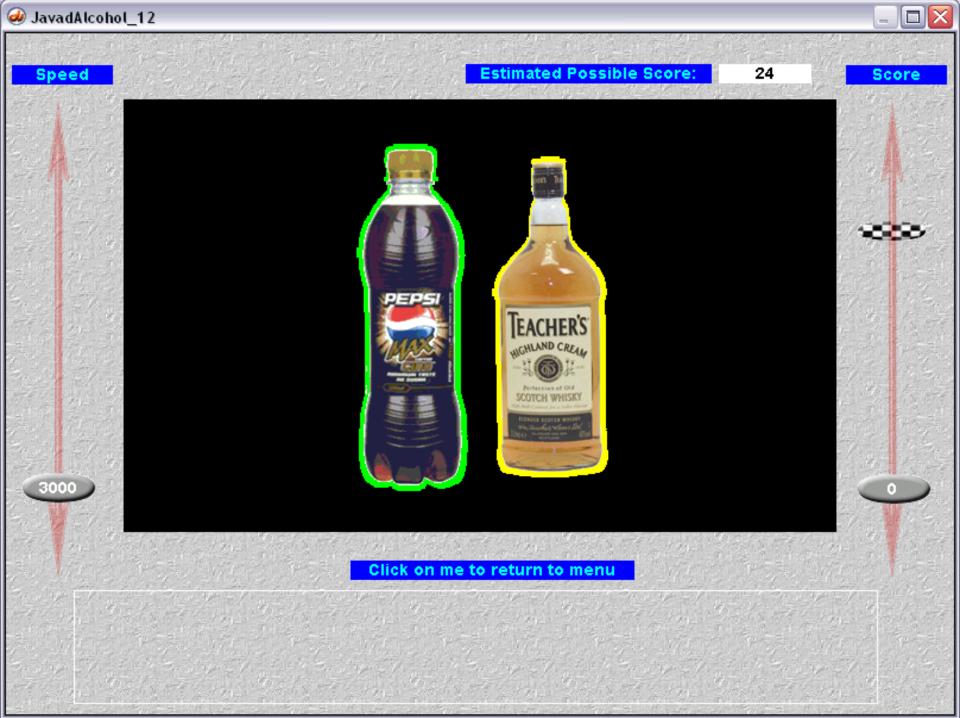
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Promising CBM-A

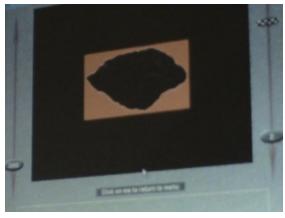
- Most of the CBM-A addressed alcohol abusers' implicit cognitive reactions to alcohol-related stimuli (Fadardi & Cox, 2009; Cox et al., 2011; Schoenmakers, Wires, Jones, Bruce & Jansen, 2006; Wiers et al., 2006, 2008)
- One study with Overweight and Obese Dieters (Bazzaz, Fadardi, Cox, Parkinson, 2017)

Drug-ACTP?

- Only ONE prior intervention on drug-related stimuli among drug abusers in MMT (Ziaee, Fadardi, & Cox, & Yazdi 2016)
- The present study was the first attempt to test the effectiveness of Drug-ACTP on **detoxified** drug-abusers' attentional bias and treatment indices.

Sample of drug-related and alternative stimuli in the drug-ACTP





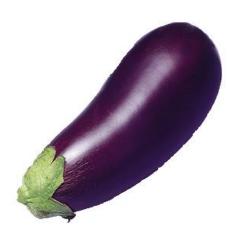




Samples of salient stimuli for drug abusers



Samples of alternative stimuli for drug abusers



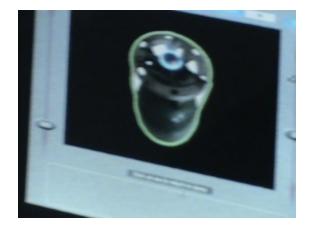


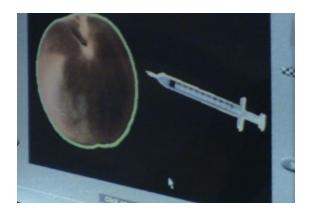




Single and paired presentation of the stimuli



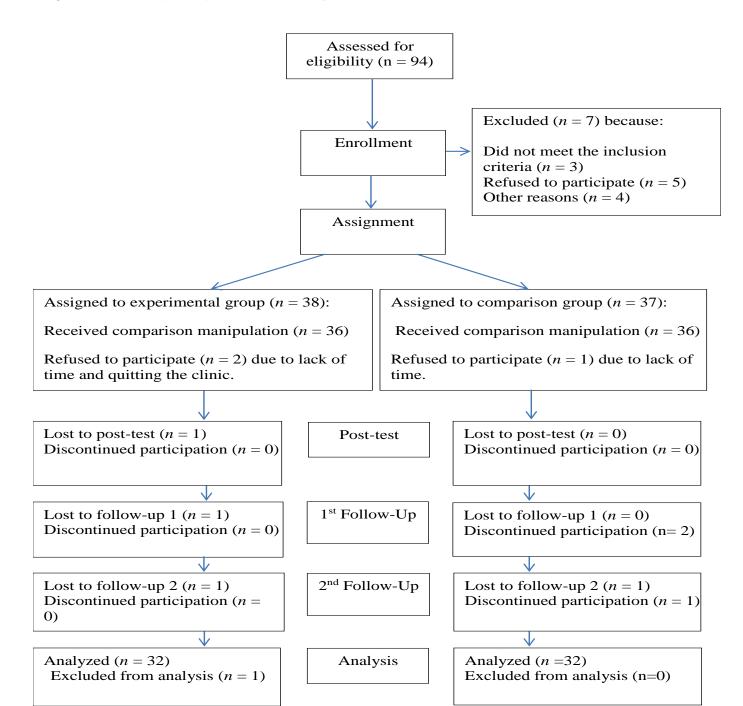






	Control Group	Experimental group
Pre-test	Yes	Yes
Drug ACTP (three weks)		Yes
Post-test: week 4	Yes	Yes
Follow-up: Six months	Yes	Yes

Note. Each Drug-ACTP training session lasted about 50 minutes with 4-5 training episodes dispersed for 2-3 minutes



Instruments

- 1. The Drug Abuse Temptation scale (Fadardi & Barerfan, 2011)
- 2. Positive and Negative Affect Schedule (Watson et al., 1988)
- 3. Perceived Stress Scale (Cohen et al., 1983).
- 4. Readiness to Change Questionnaire (Heather et al., 1993)
- 5. Situational Confidence Questionnaire (Annis & Graham, 1988)
- 6. Intervention evaluation form (Fadardi, 2003)
- 7. Follow-up Telephone Questionnaire
- 8. Saliva test (Peck, 1959)
- 9. Stroop test:
 - Drug-related (opium, alcohol, cigarette)
 - drug-unrelated (table, dress, door)
 - Goal-related words (family, love, health)

Peck's Method for Collecting Saliva in response to blocks of drugrelated vs. control stimuli (passive observation)









Classic stroop





Emotional Stroop









The results of MANCOVA models testing for changes in the experimental and control groups' drug-related, concern-related, and classic **Stroop interference scores** and the number of errors in classic-Stroop from pre-test to post-test and follow-up.

				Covariates				Change indices				
			Group	age	education	No. of withdrawals	Pre-Classic Int.	Exp	Ctrl			
Model		<u>F(</u> 1,6	62)(<i>p</i>)η2	F (<i>p</i>)η2	F (<i>p</i>)η2	F (<i>p</i>)η2	F (<i>p</i>)η2	М	М	Se Diff	Pairwise results	
Drug-	$T_2 - T_1$	8.75(0.	0.005)0.139	0.007(0.93)0.00	1.19(0.28)0.02	2.23(0.14)0.04	8.11(0.006)0.13	-21.76	32.80	18.45	Ex <ctrl< td=""></ctrl<>	
Stroop	T3 -T1	5.04(0).029)0.085	0.10(0.75)0.00	8.16(0.006)0.13	1.42(0.28)0.03	0.08(0.78)0.03	-21.16	20.36	18.49	Ex <ctrl< td=""></ctrl<>	
Concern-	T ₂ -T ₁	(((0.44)	(0.59)	(0.39)	(0.23)	(0.78)					
Stroop	T3 - T1	(((0.26)	(0.58)	(0.071)	(0.74)	(0.45)					
Classic-	T ₂ -T ₁	(((0.65)	(0.46)	(0.48)	(0.47)						
Stroop	T3 - T1	(((0.79)	(0.94)	(0.96)	(0.074)						
No. errors	T ₂ -T ₁	(((0.12)	(0.035)	(0.99)	(0.59)						
Stroop	T3 - T1	5.33(0).025)0.09	1.35(0251)0.02	3.37(0.073)0.06	0.13(0.72)0.00		-3.65	1.04	2.04	Ex <ctrl< td=""></ctrl<>	

POST-TEST MANCOVA Testing Groups' drug temptation, readiness to change, positive and negative affect, perceived stress, and SCQ

		Group			Covariates			Changeindices			
Model					No. of detoxifications	education	age	Ctrl	Exp	Se	Pairwise
		F (1,62)	р	η2	$F(p)\eta 2$	$F(p)\eta 2$	F (p) η2	м	м	Diff	results
Dens terrentation	T2-T1	7.29	0.009	0.11	(0.76)	4.88(0.03)0.079	(0.35)	-16.81	-0.80	5.93	Exp > Ctrl
Drug temptation T3-			0.18		(0.40)	(0.47)	(0.50)				
RTC: total score	T2-T1		0.11		(0.54)	(0.48)	(0.29)				
RIC: total score	T3-T1		0.40		(0.97)	(0.84)	(0.91)				
Positive affect	T2-T1		0.30		4.60(0.036)0.076	(0.69)	(0.70)				
rositive affect	T3-T1		0.57		(0.1)	(0.34)	(0.80)				
Negative affect	T2-T1	8.32	0.006	0.13	(0.60)	(0.8)	(0.86)	-11.18	-4.00	2.08	Exp > Ctrl
ivegative affect	T3-T1		0.092		(0.28)	(0.66)	(0.60)				
Perceived stress	T2-T1	11.60	0.001	0.17	(0.39)	(0.33)	(0.25)	-8.18	-1.50	1.96	Exp > Ctrl
refectived stress	T3-T1	4.52	0.038	0.073	(0.70)	(0.72)	(0.16)	-3.83	-3.75	2.39	Exp > Ctrl
SC: total score	T2-T1		0.91		(0.73)	(0.48)	(0.25)				
SC: total score	T3-T1		0.57		(0.42)	(0.49)	(0.36)				
SC: pleasant	T2-T1		0.40		(0.20)	(0.75)	(0.40)				
emotions	T3-T1		0.89		(0.064)	(0.13)	(0.89)				
SC: unpleasant	T2-T1		0.076		(0.97)	(0.67)	(0.076)				
emotions	T3-T1		0.61		(0.58)	(0.25)	(0.61)				
SC: urges and	T2-T1		0.76		(0.42)	(0.55)	(0.76)				
temptations	T3-T1		0.64		(0.097)	(0.079)	(0.63)				
SC: positive social	T2-T1	6.37	0.014	0.10	(0.95)	(0.26)	1.11(0.01)0.019	0.31	0.27	0.25	Exp > Ctrl
situations	T3-T1		0.29		(0.88)	(0.69)	(0.29)				
SC: social tension	T2-T1		0.49		(0.18)	(0.81)	(0.49)				
SC: social tension	T3-T1		0.82		(0.47)	(0.76)	(0.82)				
SC: Social	T2-T1	5.019	0.029	0.081	(0.58)	(0.25)	5.02(0.029)0.081	0.13	0.098	0.22	Exp > Ctrl
problems at work	T3-T1		0.075		(0.68)	(0.55)	(0.075)				
SC: testing	T2-T1		0.95		(0.17)	(0.22)	(0.95)				
personal control	T3-T1		0.44		(0.29)	(0.66)	(0.44)				
SC: physical	T2-T1		0.19		3.99(.051)0.065	(0.89)	(0.19)				
discomfort	T3-T1		0.73		(0.27)	(0.73)	(0.73)				

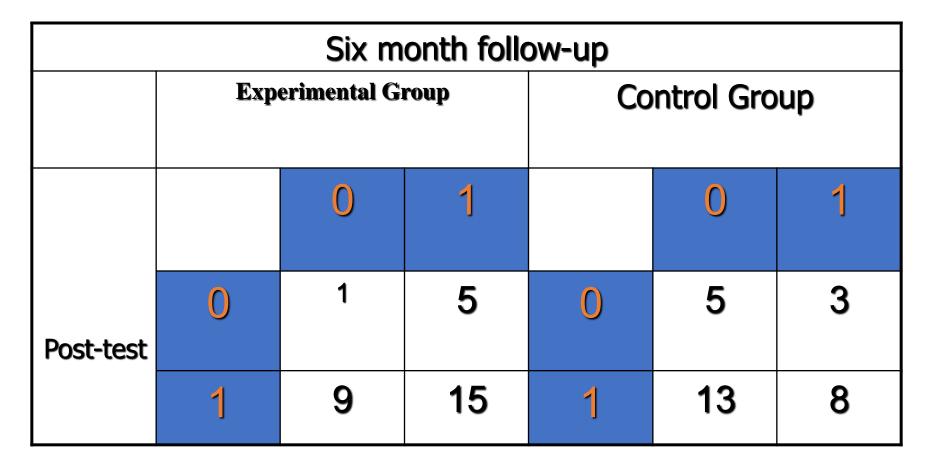
6-month follow-up MANCOVA Testing Groups' drug temptation, readiness to change, positive and negative affect, perceived stress, and SCQ

Posttest score	Group	Covariate: pretest score	Exp	Ctrl	Se Diff	Pairwise results
	$F(1, 59)(p)\eta^2$	$F(p) \eta^2$	M	М		
Temptation	42.67(0.001)0.43	(0.14)	4.70	8.82	0.43	Exp > Ctrl
SC	5.99(0.018)0.09	(0.096)	10.09	8.35	0.50	Exp > Ctrl
Positive affect	2.91(0.093)0.047	(0.41)	4.09	3.60	0.28	
Negative affect	5.11(0.027)0.08	6.66(0.012)0.10	2.11	2.75	0.28	Exp > Ctrl
Perceived stress	11.57(0.001)0.16	(0.40)	7.40	5.88	0.45	Exp > Ctrl
RTC	0.029(0.86)0.001	(0.90)	6.50	6.56	6.07	

Note: Exp = Experimental group; Ctrl = Control group; RTC = Readiness to Change; SC = Situational Confidence

Medication Dose

0 = No Change or Increase in Dose of Medication 1= No or reduced does of Medication



The results of MANCOVAs model testing for changes in the experimental and control groups' **salivation response** from pretest to post-test and the follow-up.

		18	51	1 3	ange indices		
	Group				ľ	Se	Pairwise
Model	<u>F(1,62)(</u> <i>p</i>)η2	MAL	1	N.	ľ	Diff	results
T ₂ -T ₁	4.361(0.041)0.070			at the	33	0.141	Ctrl <exp< td=""></exp<>
T3 - T1	0.351(0.0556)0.06		-	She)1	0.174	
				ALL P	E.	1	1
		all.					
		- Cos	TIN				
			A SIL				

Lapse and Relapse

t-test on 4-week relapse (p = .012.)

t-test on 4-week lapses (p = 0/010)

Participants' Evaluation of the Program (not blind)

Useful = %96

Helping reduce dependence on medication = %87

Helping reduce hypersensitivity to drug-related cues = %67

Helping reduce rumination with drugs and use = %64

Attention Retraining Cellphone App



Attention Retraining

From the following pictures, please select the top 10 objects that are mostly related to your smoking habit.

CONFIRM 0 of 10











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🗢 マ 📶 100% 🗎 2:19





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Attention Retraining



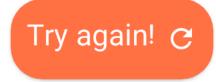
Nice try! However, you need less mistakes to get a pass score to the next step. Please try again.

Correct Responses Percentage

Mean Reaction Time

78.57% 676 milliseconds

😑 💎 📶 100% 📋 2:20



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Excellent! You could pass this step successfully!

Correct Responses Percentage

Mean Reaction Time

100.00%

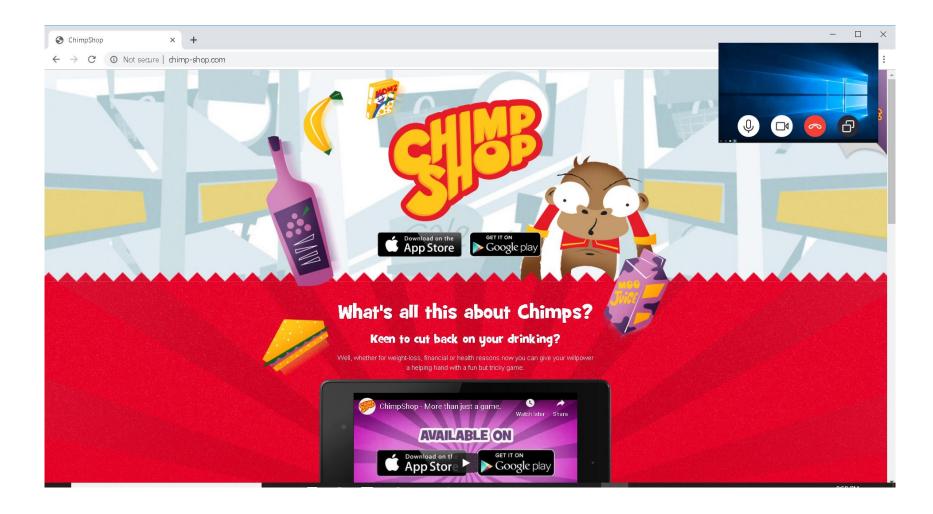
713 milliseconds

😑 マ 📶 100% 💄 2:21

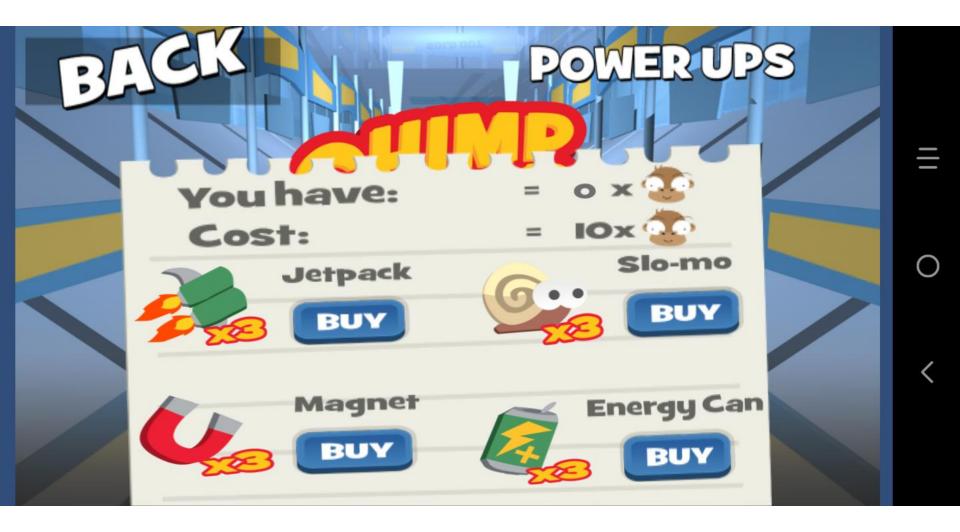
Time remaining to the next level:: 00:00:14

Please wait until the remaining time elapses

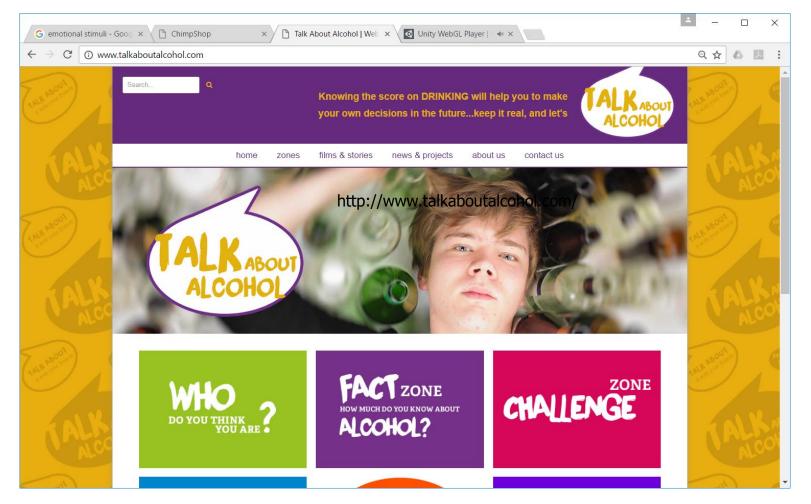
Attention Retraining Web-Based Game: ChimpShop







Adding ChimShop to talkaboutalcohol.com



References

- Cox, W. M., Fadardi, J. S., & Pothos, E. M. (2006). The addiction-stroop test: Theoretical considerations and procedural recommendations. *Psychological bulletin*, *132*(3), 443.
- de Oliveira, R. S., Trezza, B. M., Busse, A. L., & Filho, W. J. (2014). Use of computerized tests to assess the cognitive impact of interventions in the elderly. *Dementia & Neuropsychologia*, 8(2),107-111
- Gualtieri, C. T., & Johnson, L. G. (2006). Reliability and validity of a computerized neurocognitive test battery, CNS Vital Signs. *Archives of Clinical Neuropsychology*, *21(7*), 623-643.
- Hofer, P. J. (1985). Developing standards for computerized psychological testing. *Computers in Human Behavior, 1*(3), 301-315.
- MacLeod, C. M. (1991). Half a century of research on the Stroop effect: an integrative review. *Psychological bulletin*, *109*(2), 163.
- Messick, S. (1995). Validity of psychological assessment: validation of inferences from persons' responses and performances as scientific inquiry into score meaning. *American psychologist*, 50(9), 741.
- Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Margolis, A., & Velasquez, R. (2004). Psychological testing on the Internet: new problems, old issues. *American Psychologist*, 59(3), 150
- Petersen, R. C., Doody, R., Kurz, A., Mohs, R. C., Morris, J. C., Rabins, P. V., ... & Winblad, B. (2001). Current concepts in mild cognitive impairment. *Archives of neurology, 58*(12), 1985-1992.

