

Pennsylvania Model of Recovery

Founder (s)

Joseph Volpicelli, MD

Acknowledgements:

University of Pennsylvania

Institute of Addiction Medicine

Assisted Recovery Centers of America

Reference:

Recovery Options: Your Complete Guide

The BRENDA Model: Integrating Psychosocial Treatment and Pharmacotherapy for the Treatment of
Alcohol Use Disorders

Journal of Psychiatric Practice. 2006 March; 12(2): 80-89.3

Pennsylvania Model of Recovery

Evidence-based treatment,
“higher power”—optional.

The Pennsylvania Model of Recovery offers an effective option for individuals suffering from alcohol and substance dependence issues utilizing Evidence Based Treatment, rather than spiritual or faith based treatment.

The Pennsylvania Model is a medical model, in which a full range of empirically tested treatment options is offered to individuals who are dependent upon alcohol.

This type of integrated program is distinguished from other protocols (12-Step based treatment), which generally reject the use of pharmacological agents as an aid in the recovery process. The Pennsylvania Model does not require a spiritual epiphany or the acceptance of a Higher Power for recovery.

The Pennsylvania Model, in addition to the use of effective, approved medications, also relies heavily upon counseling that utilizes Cognitive Behavioral Therapy to address the Psychological and Social components of recovery.

The Pennsylvania Model of Recovery is so named in recognition of the work and research of the University of Pennsylvania, School of Medicine, Treatment Research Center in Philadelphia, and in particular the research of Dr. Joseph Volpicelli, MD, PhD of the University of Pennsylvania. The foundation for the Pennsylvania Model is fully researched and documented Evident Based Treatment.

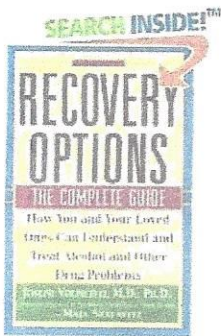
Dr. Volpicelli recognized that alcohol dependence is indeed a disease, albeit a very complicated disease with distinct Biological, Psychological and Social components.

He came to believe that treatment should be more broad-based and include such new developments as pharmacotherapy, for example the utilization of naltrexone as an important component of the



"All approved drugs have been shown to be effective adjuncts to the treatment of alcohol dependence. They have been shown to be helpful to patients in reducing drinking, reducing relapse to heavy drinking, achieving and maintaining abstinence, or a combination of these effects."

-National Institute on Alcohol Abuse and Alcoholism, A CLINICIAN'S GUIDE 2005, endorses one of the cornerstone's of the Pennsylvania Model.



Dr. Volpicelli is the author of numerous published scholarly articles and books, including **RECOVERY OPTIONS-How You and Your Loved Ones Can Understand and Treat Alcohol and Other Drug Problems** and the **BRENDA MANUAL**, which is the foundation of the Pennsylvania Model of Recovery. [Click to order from Amazon.com](#)

treatment processes. The protocols of the Pennsylvania Model fully integrate pharmacological and psychosocial support in the recovery process.

The University of Pennsylvania has a 30-year history of clinical studies, which has led to the development of these protocols. The medical and scientific community has recognized the research of the University of Pennsylvania for developing important advances in the treatment of alcohol and drug dependence. For example, the University pioneered the use of the pharmacological agent **maltrexone HCl**, which suppresses the craving to consume alcohol or opiates, and dramatically reduces relapse. (Archives of General Psychiatry, 49:876-880, 1992 Volpicelli etc.)

The vast majority of treatment providers incorporate the protocols of the Minnesota Model, which has as its cornerstone the acceptance of a higher power before recovery can be achieved. This is the model that has been used to train treatment professionals for decades. As a result, the Minnesota Model has been accepted almost without question as the only effective treatment option. It is a very rigid method that does not allow individuals to stray far from established procedures. For example, individuals must work each of the twelve steps in order, and secure a "sponsor" or advisor. The utilization of any treatment technique, other than what is proscribed in the Big Book of AA is frowned upon.

While the use of medications is not specifically discouraged by AA or the Minnesota Model, neither is it encouraged. For many years, even the use of physician prescribed anti-depressants was actively discouraged by most well meaning AA groups. The bias against the use of any medication that alters mood or the need to consume alcohol is clearly part of the AA mantra. This is largely due to the fact that many medications (especially psychotropic medications) are not understood by the general public, and in turn, by members of the AA community. As a result, this continuing bias against the use of appropriate medications has resulted in disastrous consequences for countless individuals.

This bias against the use of safe, effective medications to assist in the recovery process has dramatically reduced their utilization. It became apparent to Dr. Volpicelli and to many treatment providers that new options for the treatment of dependence needed to be developed.

In February 1995, Assisted Recovery Centers of America, working with Dr. Volpicelli, became the first non-academic, non-institutional treatment provider to fully embrace the protocols of the Pennsylvania Model. While acceptance of the model has been slow, its use is now becoming an option that many treatment providers are now offering their clients.

In July 2005, the National Institute on Alcohol Abuse and Alcoholism endorsed one of the cornerstones of the Pennsylvania

Model. In A CLINICIAN'S GUIDE 2005 Edition, it stated that "All approved drugs have been shown to be effective adjuncts to the treatment of alcohol dependence." Further, "They have been shown to be helpful to patients in reducing drinking, reducing relapse to heavy drinking, achieving and maintaining abstinence, or a combination of these effects."

The primary cause for the slow process of acceptance appears to be the lack of understanding among treatment professionals and physicians, as to the proper use of approved medications. The majority of whom have very little experience with pharmacotherapy for the treatment of alcohol dependence.

While many medical and treatment professionals are generally receptive to the concept of pharmacotherapy, most have never heard of the most promising medication for the treatment of alcohol dependence, naltrexone, ten years after its approval by the United States Food & Drug Administration. In addition to naltrexone (ReVia®), other medications currently utilized in the United States for the treatment of alcohol dependence include Campral® (Acamprosate), Ondansetron (Zofran®) and to a lesser extent Topamax®.

For further information on the Pennsylvania Model of Recovery, refer to the American Council on Alcoholism website.