

Functional Analysis: Integral Component of SUD Treatment

Laurie Redelman, LCSW

Encompass Program

Riley Adolescent Dual Diagnosis Clinic



SCHOOL OF MEDICINE

Disclosure Statement

I have no conflicts to disclose.



Functional Analysis

- Used in many treatment models for SUDs: CBT, MET-CBT, Encompass
- A systemic examination of behavior



FUNCTIONAL ANALYSIS FOR SUBSTANCE-USING BEHAVIOR

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
<p>1. Who are you usually with when you use drugs or alcohol?</p> <p>2. Where do you usually use substances?</p> <p>3. When do you usually use drugs or alcohol (times of day, days of the week)?</p> <p>4. What things are usually around when you use substances (music, paraphernalia)?</p>	<p>1. What are you usually thinking about right before you use substances?</p> <p>2. What are you usually feeling physically right before you use drugs or alcohol?</p> <p>3. What are you usually feeling emotionally right before you use substances?</p>	<p>1. What substances do you usually use?</p> <p>2. How much do you usually use?</p> <p>3. Over how long a period of time do you usually use substances (hours, days, weeks, etc.)?</p>	<p>1. What do you like about using substances with _____? (who)</p> <p>2. What do you like about using substances _____? (where)</p> <p>3. What do you like about using substances _____? (when)</p> <p>5. What are some of the <u>pleasant thoughts</u> you have while you are using drugs or alcohol?</p> <p>6. What are some of the pleasant <u>physical feelings</u> you have while you are using substances?</p> <p>7. What are some of the pleasant <u>emotional feelings</u> you have while you are using drugs or alcohol?</p>	<p>What are the negative results of your substance use in each of the areas below?</p> <p>a. Family members</p> <p>b. Friends</p> <p>c. Physical feelings</p> <p>d. Emotional feelings</p> <p>e. Legal situations</p> <p>f. School situations</p> <p>g. Job situations</p> <p>h. Financial situations</p> <p>i. Unprotected sex (e.g. unwanted pregnancy, HIV/STDs)</p> <p>j. Victim or perpetrator of violence (e.g. date rape, sexual assault, unwanted sex, theft)</p> <p>k. Other situations</p>

FUNCTIONAL ANALYSIS OF PRO-SOCIAL BEHAVIORS

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	BEHAVIOR	SHORT-TERM NEGATIVE CONSEQUENCES	LONG-TERM POSITIVE CONSEQUENCES
<p>1. Who are you usually with when you _____? (behavior/activity)</p> <p>7. Where do you usually _____?</p> <p>8. When do you usually _____?</p>	<p>1. What are you usually thinking about right before you _____? (behavior/activity)</p> <p>2. What are you usually feeling physically right before you _____?</p> <p>3. What are you usually feeling emotionally right before you _____?</p>	<p>1. What is the non-using behavior activity? _____</p> <p>2. How often do you usually _____? _____?</p> <p>3. How long does _____ usually last?</p>	<p>1. What do you dislike about _____ (behavior/activity) with _____? (Whom)</p> <p>2. What do you dislike about _____ (behavior/activity) _____? (Where)</p> <p>3. What do you dislike about _____ (behavior/activity) _____? (When)</p> <p>9. What are some of the unpleasant thoughts you have while you are _____?</p> <p>10. What are some of the unpleasant physical feelings you have while you are _____?</p> <p>11. What are some of the unpleasant emotional feelings you have while you are _____?</p>	<p>1. What are the positive results of _____ (behavior/activity)</p> <p>In each of these areas:</p> <p>l. Family members</p> <p>m. Friends</p> <p>n. Physical feelings</p> <p>o. Emotional feelings</p> <p>p. Legal situations</p> <p>q. School situations</p> <p>r. Job situations</p> <p>s. Financial situations</p> <p>t. Other situations</p>



Introduce the Module & Present a Rationale

- “It’s really helpful for me to learn more about you and [your use of alcohol and weed] or [activities you enjoy while sober]. Today we’re going to do an analysis of those [your substance use] [those activities] so I can understand you better and be more helpful to you in achieving your goals.”



OPPORTUNITY TO USE MI SKILLS AND ELICIT CHANGE TALK

- Use open ended questions and directives.
- Listen attentively.
- Provide reflections and summaries.
(Strive for ratio of 3-4 reflections per 1 open-ended question.)
- Don't rush!



How many (substance related) F.A. do we need to do for one patient?

- If a patient has significant substance use disorders for only 2 substances I typically use 1 form and complete it in 1 session.
- If a patient has significant substance use disorders for 3 or more substances, I use a second Functional Analysis form.
- I may not complete them consecutively depending on how patient is tolerating the process.

First Column–External Triggers

- This section is fairly easy for adolescents...the “who, what, when, where” of use:
 - We want to know who they typically use substances with (or if they use alone). If a patient seems uneasy, we don’t need names—just roles (best friend, etc.)
 - Where they use substances (in the woods, under the bridge, in their room)
 - What time of day (Only at night? Every few hours all day?)
 - What items are around them (bong, dab pen, snacks, etc.)



Second Column—Internal Triggers

- This section is more challenging. We want patients to get in touch with what they're thinking, feeling and any body sensations that occur right before they decide to use.
- Patients who use most days are often using as part of their routine (a few hits of dab in the restroom after 4th period...every day after school with their friends), but some of their use will also be in response to internal triggers.
- Even if an adolescent isn't ready to stop using, they may have interest in not using in response to emotional triggers. I've had many patients say they want to get high at parties/with friends but don't want to feel like they "need" to get high.
- Offer examples....

Third Column–specifics

- We typically know most of the answers from the intake but we ask again...
 - What are they using (medical marijuana, dab, Xanax bars, heroin, LSD)
 - How much—1/2 a blunt? 2 hits? 2 bars? (what mg.?), how many tabs of LSD, etc.?
 - How often—how many hours per day/how many days per week.



Fourth Column—Positive Consequences

Non-judgmental Approach is Key!

- When patients/clients talk about the positives of their use, the clinician should listen with neutrality and reflect.
- This builds momentum and allows clients/patients the freedom to voice their ambivalence/concerns about their use when you get to “Negative Consequences”.

“What do you like about getting high with your friend Evan?”

“We laugh and laugh.”

“We get into some really deep conversations.”

“What do you like about getting high in your room?....on the roof?....in the woods?”

“I feel safe....It’s so peaceful up there...the woods calms me down.”



5th Column—Negative Consequences

- Give examples if needed....
 - Related to family relationships and friendships
 - Physical
 - Emotional
 - Legal
 - School
 - Job
 - Finances
 - Unprotected sex
 - Victimization (or perpetration) of crime



- **Reflect**
- **Reflect**
- **Reflect**
- **Provide Summaries**



FUNCTIONAL ANALYSIS FOR SUBSTANCE-USING BEHAVIOR

EXTERNAL TRIGGERS	INTERNAL TRIGGERS	SUBSTANCE-USING BEHAVIOR	POSITIVE CONSEQUENCES	NEGATIVE CONSEQUENCES
<p>1. Who are you usually with when you use drugs or alcohol? Chad (best friend) Skye, Damonte, Brad, Amber,</p> <p>2. Where do you usually use substances? --in my room --My garage --on my roof --Skye's basement --the woods --school bathroom</p> <p>3. When do you usually use drugs or alcohol (times of day, days of the week)? --before school --during lunch period --right after school --late at night weekends: anytime</p> <p>4. What things are usually around when you use substances (music, paraphernalia)? one-hitter Black & Milds dab pen--cart Baggie 2 liter Mt. Dew Little Debbie nutty bars Lil Wayne Jack Harlow</p>	<p>1. What are you usually thinking about right before you use substances? --how much I hate school --how much make-up work I have --how much I hate my step-father --what my high will feel like</p> <p>2. What are you usually feeling physically right before you use drugs or alcohol? stomach hurts back hurts muscles tight no physical symptoms</p> <p>3. What are you usually feeling emotionally right before you use substances? mad/pissed off sad tired stressed excited happy</p>	<p>1. What substances do you usually use? dab pen vape pen edibles weed oxycotin Xanax White Claw vodka beer Juul Suorin NJOY</p> <p>2. How much do you usually use? 2 hits 1 gram 5 shots 200 hits (vape pen) 5 beers 2 bars (Xanax) 2 blunts</p> <p>3. Over how long a period of time do you usually use substances (hours, days, weeks, etc.)? 1 time a day--high lasts 1 1/2 hours uses every few hours--all day All day on Saturday and Sunday 2 hours on weeknights every day--most of the day unless it's a work day.</p>	<p>1. What do you like about using substances with Chad _____? (who) We laugh and laugh. We talk about all sorts of stuff.</p> <p>2. What do you like about using substances my roof--peaceful--quiet _____? (where) the woods--nature-- Skye's basement--I feel safe</p> <p>3. What do you like about using substances after school/at night _____? (when) gets rid of my school stress helps me sleep</p> <p>5. What are some of the pleasant thoughts you have while you are using drugs or alcohol? I don't have that many thoughts my thoughts slow down.</p> <p>6. What are some of the pleasant physical feelings you have while you are using substances? I feel like I'm floating my back doesn't hurt</p> <p>7. What are some of the pleasant emotional feelings you have while you are using drugs or alcohol? Just chilled out-- Calm-- Not stressed Happy Relaxed</p>	<p>What are the negative results of your substance use in each of the areas below?</p> <p>a. Family members Mom doesn't trust me--Dad mad Older bro. said I was stupid</p> <p>b. Friends Aunt won't let me babysit Aunt won't let cousins be around me-- Girlfriend/boyfriend doesn't like it. My friend's Skylar's mom won't let us hang out. My friend said I use too much of their Juul</p> <p>c. Physical feelings occasional psychosis peaking, hangover, burned out, overdose.</p> <p>d. Emotional feelings angry/down (when runs out of substances), paranoia embarrassed/guilty (occasionally)--freaking out on ACID</p> <p>e. Legal situations probation, locked up, felonies arrests, tased.</p> <p>f. School situations suspended/expelled, poor grades/failing grades, bad reputation with teachers/labeled by adults</p> <p>g. Job situations missed work, lost job, won't apply at places that drug test</p> <p>h. Financial situations only spends money on substances, always needing money (ask how much they are spending).</p> <p>i. Unprotected sex (e.g. HIV/STDs) unwanted pregnancy, Unprotected sex is common--(Can ask if they would likely have used a condom if sober.)</p> <p>j. Victim or perpetrator of violence (e.g. date rape, sexual assault, unwanted sex, theft) patients assaulted in fights sex while drunk/high/passed out/not consensual</p> <p>k. Other situations</p>



The Functional Analysis is a primary foundational piece of treatment. It is more important to do a thorough job than it is to finish in one session, so whatever you don't get to, can be completed next session.



Questions?

Comments?

