



THERAPIES FOR ADDICTION

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HOW TO MEASURE IF TREATMENT FOR ADDICTIONS WORK

- Abstinence
- Clinically meaningful reduction in substance use
- Associated problem improvement ie family relationships, employment, health
- Treatment retention
- Switch to different substance



WHY DO PEOPLE DECIDE TO STOP USING DRUGS

- Health problems (tobacco)
- Situation/times change, new responsibilities (cannabis, alcohol)
- Negative role models, fear of sanctions
- Family/friends
- Most decide the benefits of use are not worth the problems
- Aging out
- Following dominant cultural norms

DOES EVERYONE NEED TREATMENT ?

- [Gene Heyman](#), a research psychologist at McLean Hospital in Massachusetts, found that between 60 to 80 percent of people who were addicted in their teens and 20s were substance-free by their 30s
- [Studies on Vietnam War veterans](#) suggest that the majority of soldiers who became addicted to narcotics overseas later stopped using them without therapy.
- Average Cocaine addiction 4 years, MJM- 6 years, alcohol and heroin, 15 years.
- 2/3rd's of quitters, quit without treatment
- Aging out of addiction



DIFFERENCE IN THOSE NEEDING TREATMENT VS SELF RECOVEREES

- More likely to be male
- Younger with more complicated and extreme drug use
- Multiple substances
- More mental health comorbidities
- Less education
- Fewer financial resources
- Less supportive relationships
- Homelessness (reliance on others to survive)
- Institutionalized inequalities- fewer access to social roles that trigger aging out



TYPES OF DRUG TREATMENT FACILITIES

Residential treatment – Residential treatment involves living at a facility and getting away from work, school, family, friends, and addiction triggers while undergoing intensive treatment. Residential treatment can last from a few days to several months.

Day treatment/Partial hospitalization – Partial hospitalization is for people who require ongoing medical monitoring but wish to still live at home and have a stable living environment. These treatment programs usually meet at a treatment center for 7 to 8 hours during the day, then you return home at night.

Outpatient treatment – Not a live-in treatment program, these outpatient programs can be scheduled around work or school. You're treated during the day or evening but don't stay overnight. The major focus is relapse prevention.

Sober living communities – Living in a sober house normally follows an intensive treatment program such as residential treatment. You live with other recovering addicts in a safe, supportive, and drug-free environment. Sober living facilities are useful if you have nowhere to go or you're worried that returning home too soon will lead to relapse.



PRINCIPLES OF EFFECTIVE THERAPY IN GENERAL

- Nonspecific factor or nontechnical factors in all effective therapies
 - Therapeutic alliance
 - Enhancing positive expectancies
 - Inspiring hope
 - Conveying a deep understanding of the patient struggle
 - Adding coach to iCBT (app lead evidenced based therapy) doubles effectiveness



COMMONALITIES OF EFFECTIVE THERAPY FOR SUBSTANCE ABUSE

- Addressing motivation
- Teaching coping skills
- Challenging reinforcers
- Managing painful feelings
- Improving interpersonal functioning (happier relationships)
- Enhancing social supports
- Compliance and retention in pharmacotherapy
- Provide for social determinants of health



TREATMENT DISSEMINATION (IT CAN'T HELP IF IT WON'T WORK IN THE REAL WORLD)

- Too costly
- Unethical
- Too complicated
- Not economically supportable
- Not suitable for regular people
- Too complex for clinicians to learn
- Not compatible with life roles
- Life roles support sobriety



LONGER DURATION=BETTER OUTCOME

BEHAVIORAL THERAPY

- Examine behaviors that are unhealthy and undesirable
- While examining situations that support their continued presence

What are the rewards and consequence of use?

Let's form a plan to avoid use.

Here are some tools; assertiveness training, relaxation training, boundary setting, effective communication

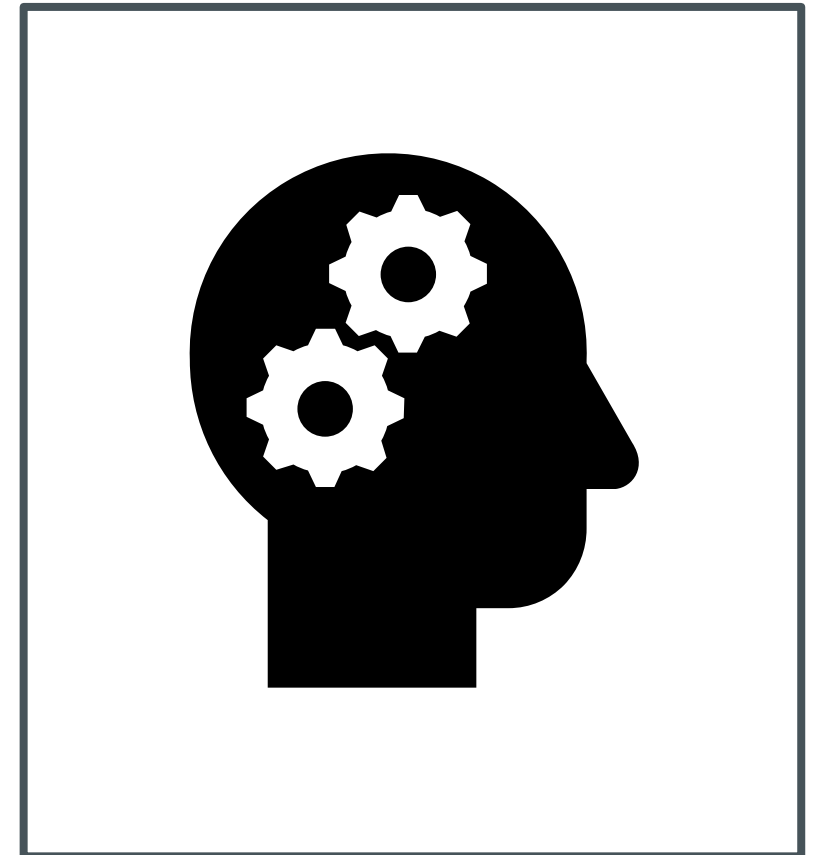
COGNITIVE BEHAVIORAL THERAPY (CBT)

Basically, adding to behavioral therapies to assign equal importance to **thoughts and feelings**.

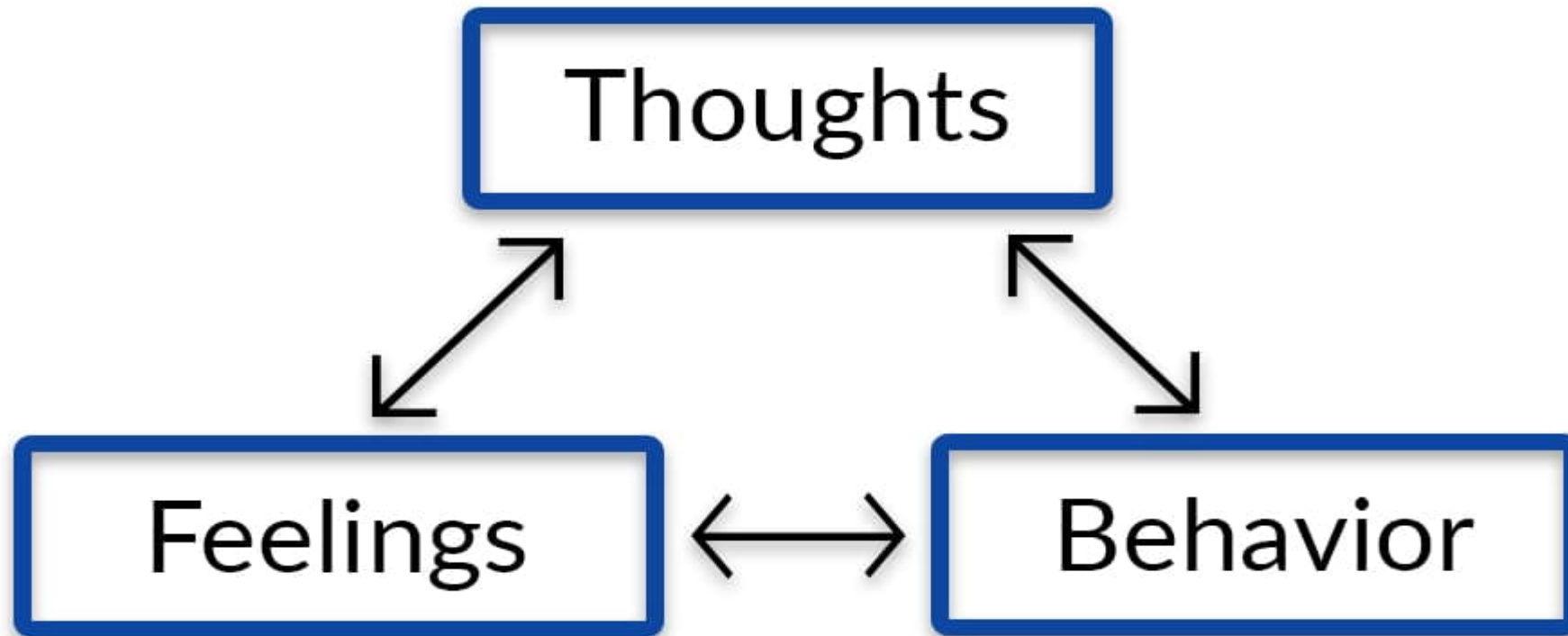
Negative thinking patterns → leads unwanted feelings and behaviors → lead to unwanted feelings and negative thinking

Cognitive distortions feed these negative thinking patterns.

Cognitive distortions are flawed ways of thinking that may sound rational at the time while actually being irrational and illogical.



The Cognitive Triangle





COMMON COGNITIVE DISTORTIONS EFFECTING MOOD AND BEHAVIOR

All-or-nothing thinking

- You see things in black and white categories. If a situation falls short of perfect, you see it as a total failure.

Overgeneralization

- You see a single negative event, such as a romantic rejection or a career reversal as a never-ending pattern of defeat by using words such as 'always' or "never" when you think about it.

Mental filter

- You pick out a single negative detail and dwell on it, discounting the positive.

Jumping to conclusions

- You interpret things negatively when there are no facts to support your conclusion.
Mind reading, Fortune telling: You predict that things will turn out badly.



Magnification

- You exaggerate the importance of your problems and shortcomings, or you minimize the importance of your desirable qualities. This is also called the ‘binocular trick.’

Emotional reasoning

- You assume that your negative emotions necessarily reflect the way things really are: ‘I feel terrified about going on airplanes. ‘It must be very dangerous to fly.’

“Should” statements

- You tell yourself that things should be the way you hoped or expected them to be. After playing a difficult piece on the piano, a gifted pianist told herself, ‘I shouldn’t have made so many mistakes.’

Labeling

- Labeling is an extreme form of all-or-nothing thinking. Instead of saying ‘I made a mistake.’ you attach a negative label to yourself: ‘I’m a loser.’ You might also label yourself ‘a fool’ or ‘a failure’ or ‘a jerk.’
- You may also label others.

Personalization and blame

- Personalization occurs when you hold yourself personally responsible for an event that isn’t entirely under your control.

CONTINGENCY MANAGEMENT THERAPY

- CM (use with alcohol, opiates, MJM, and stimulants) This method provides material rewards as motivation for desirable behaviors, such as maintaining sobriety. A major benefit of CM is that it can result in a reduction in the two of the biggest treatment-related issues: dropping out and relapse.

Examples- voucher-based reinforcement- ie vouchers, money entertainment tickets for drug free urine drops

-prize Incentives-draw form a bowl (usually containing money for attendance, drug free urine or negative breath

test, goals achieved

MOTIVATIONAL INTERVIEWING

- MI a method to resolve **ambivalence** in recovering individuals. Benefit of MI is that those in **recovery** **develop their own motivation and a plan for change** which can provide them with more of a sense of control over the course of their treatment.

THE MATRIX MODEL

- The Matrix Model uses a combination of various therapeutic techniques and was originally developed for stimulant addiction. Focus on rewarding good behaviors and teaching patients to believe in themselves; self-esteem, dignity, and self-worth.
- The focus is relapse prevention, family and group therapies, drug education, and self-help participation.

12-STEP FACILITATION

- Taking responsibility
- Hope
- Sober Community/fellowship
- Polarizing
- Question regarding concept of powerlessness
- Spirituality question
- Addict identity
- Human Hazards
- Anti medical advice

FAMILY BEHAVIORAL THERAPIES

- FBT combines behavioral contracting with contingency management.
- FBT involves the patient along with at least one significant other
- Therapists seek to engage families in applying the behavioral strategies taught in sessions and in acquiring new skills to improve the home environment.
- Substance-abusing parents are prompted to set goals related to effective parenting behaviors.
- Patients participate in treatment planning, choosing specific interventions from a menu of evidence-based treatment options.

THERAPIES SPECIFIC FOR ADOLESCENTS

- Family involvement is a particularly important component for interventions targeting youth.
- Multisystemic Therapy (MST) -These factors include characteristics of the child or adolescent (e.g., favorable attitudes toward drug use), the family (poor discipline, family conflict, parental drug abuse), peers (positive attitudes toward drug use), school (dropout, poor performance), and neighborhood (criminal subculture).



COMMUNITY REINFORCEMENT APPROACH

- Drugs due to their immediate gratification compete with prosocial forces
- Skills training that reinforce and teach non drug prosocial behaviors and rewards
- Borrows from CBT, behavioral therapies and reinforcers
- Adolescent CRA approach using involvement of parents has had one of the highest rates of abstinence

PHARMACOTHERAPIES-OPIATES

- - methadone, buprenorphine, harm reduction, increases days in treatment and functioning (opiate that takes the place of opiate on the receptor)
- -naltrexone (blocks the opiate receptor- month long shot, oral pills)

PHARMACOTHERAPIES-ALCOHOL

- **naltrexone**, opiate receptor blocker- reduces progression of relapse, frequency and amount of drinking, craving
- **acamprosate**, 224 days of sobriety vs. 163 (works on the GABA receptor to reduce the effects of prolonged withdrawal)



PHARMACOTHERAPIES-NICOTINE

- Nicotine Replacement-patches, gums, lozenges, nasal sprays, inhalants
- Bupropion (Zyban)
- Varencline (Chantix)

TECHNOLOGY BASED INTERVENTIONS

- Therapeutic Education System (TES)-65 modules, self directed, uses combination of therapies and multimedia
- CBT4CBT4-6 modules of learning games introducing core principles of CBT including, coping with craving, changing thoughts about drug use, improved decision making etc.
- A-CHESS Addiction-Comprehensive Health Enhancement Support system-smartphone app that offers emotional and therapeutic support 24/7.
- Pear reSET-FDA approved, 12 week program with weekly check ins
- Nomo-sobriety clock, Weconnect, rTRIBE, SoberTool etc.
- Encompass- Riley program for adolescent SUD



BEST PRACTICES IN HELPING A PERSON WITH ADDICTION

- Focus on Building Trust
- Be honest
- Respect privacy
- Respect self- determination
- Give treatment options but prepared to have them not used at the time-leave open ended
- CRAFT-Community Reinforcement and Family Training-similar to training, non confrontational vs Alanon

