Effective Treatment for Substance Related Disorders

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LEARNING OBJECTIVES

- After this session, participants will be able to:
- Understand the DSM-5 criteria for substance related disorders.
- Review the Kinsey method for interviewing resistant clients.
- Describe addiction issues among different populations, such as men, women, and adolescents.
- NIDA's thirteen (13) necessary components of an effective drug treatment program.

“ Seek first to understand, then to be understood“

Stephen R. Covey (1989)

IN OTHER WORDS:

FOR YOUR THERAPEUTIC INTERVENTION TO BE EFFECTIVE, YOU MUST BEGIN WHERE THE CLIENT IS . . .

NOT WHERE YOU WANT THEM TO BE!

A REVIEW OF THE EIGHT MAJOR LIFE AREAS

--

Social and Occupational Functioning

THE EIGHT (8) MAJOR LIFE AREAS

- **PSYCHOLOGICAL/EMOTIONAL: Prior or existing mental/substance induced co-occurring: mood, personality, cognitive or stress related disorders.**
- **PHYSICAL/MEDICAL: Prior or existing medical/substance induced physical disorders: organic, functional, organ or systemic (body-wide) complications.**
- **FAMILY/DOMESTIC: Extended or current family Hx. of SUD's, child abuse/neglect.**
- **MARITAL: Threats or actual separations, divorces, infidelity, phy/emo. abuse.**
- **SCHOOL/EMPLOYMENT: Threats or loss of work, money, customers, grades.**
- **LEGAL: Divorces, DUI's, arrests, threats of legal actions.**
- **FRIENDS: Lost friends due to SUD's, maintains using friends (Birds of a feather).**
- **ETHICAL: Behavior's that result in moral guilt or shame.**

DSM-5
DIAGNOSIS
SUBSTANCE-RELATED
and
ADDICTIVE DISORDERS
“Substance Related Disorders”

ONE (1) SYMPTOM DOES NOT MAKE A DIAGNOSIS!

A PATTERN OF SPECIFIC SYMPTOMS PRESENTED OVER A PERIOD OF TIME. . . MAKES A DIAGNOSIS.

DSM-5

- **DSM-5 recommends the use of the term "Substance Related Disorder" and not the term "Addiction".**

- **DSM-5 states that the diagnosis of a "Substance Related Disorder" applies to all 10 classes of substances (drugs).**

- **DSM-5 uses a "Severity" continuum when ranking the degrees of harmful substance involvement.**
  1. **Mild: 2 to 3 symptoms. (DSM-IV-TR: Abuse "Psychological")**
  2. **Moderate: 4 to 5 symptoms. (DSM-IV-TR: Dependence Psy./Physical")**
  3. **Severe: 6 or more symptoms. (DSM-IV-TR: Dependence "Chronic")**

- **DSM-5 recommends that you use the name of the specific substance "Xanax" rather than the class "anxiolytic" when diagnosing.**

  Example: 304.10 moderate Xanax use disorder.

DSM-5 CRITERIA FOR A DIAGNOSIS OF MILD TO MODERATE

(aka: DSM-4 "ABUSE")

"MILD"

- MILD IMPAIRMENT IN THE INDIVIDUAL'S SOCIAL OR OCCUPATIONAL FUNCTIONING (Major Life Areas).
- EPISODES OF UNPREDICTABLE BEHAVIORS AFTER USING.
- OCCASIONAL DRUG SEEKING BEHAVIORS.
- EPISODES OF INCREASED USE OR CONSUMPTION DURING PERIODS OF STRESS OR INTERPERSONAL CONFLICT.
- OCCASIONAL USE IN SPITE OF THE CONSEQUENCES (Legal, Domestic, Financial etc.).
- INCREASED EVIDENCE OF EPISODIC BLACKOUT (Temporary).
- INCREASED EVIDENCE OF PERSONALITY CHANGES WHEN USING.
- MILD TO MODERATE PHYSICAL TOLERANCE.
- NO EVIDENCE OF A WITHDRAWAL SYNDROME MORE THAN A HANGOVER.
- NO EVIDENCE OF PERMANENT BIOLOGICAL CHANGES.

DSM-5 CRITERIA FOR A DIAGNOSIS OF MODERATE TO SEVERE
(aka: DSM-4 "DEPENDENCY")

"MODERATE"

- SIGNIFICANT IMPAIRMENT IN THE INDIVIDUAL'S SOCIAL OR OCCUPATIONAL FUNCTIONING (Major Life Areas).
- LOSS OF CONTROL OVER THE USE DRUGS.
- INCREASED DRUG SEEKING BEHAVIORS (Addiction Behaviors).
- INCREASED USE OR CONSUMPTION.
- USING IN SPITE OF THE CONSEQUENCES (Legal, Medical, etc.).
- OCCURRENCE OF DURATIONAL BLACKOUTS (En-Bloc).

"SEVERE" (aka: DSM-4 Dep. "Chronic")

- SIGNIFICANT PHYSICAL TOLERANCE (Increase or Loss).
- EVIDENCE OF A WITHDRAWAL SYNDROME.
- USING IN ORDER TO AVOID THE WITHDRAWAL SYNDROME.
- USING IN ORDER TO FUNCTION NORMALLY (Maintenance).
- THE PRESENCE OF PHYSICAL CRAVINGS WHEN NOT USING.
- THE PRESENCE OF CELLULAR, TISSUE AND ORGAN CHANGES.

INTERVIEWING TECHNIQUES FOR RESISTANT CLIENTS

THE KINSEY METHOD OF INTERVIEWING RESISTANT CLIENTS

- ASK OPEN ENDED QUESTIONS THAT DON'T ALLOW YES OR NO RESPONSES.
- ASSUME THE PERSON IS GUILTY AND LET THEM PROVE THEIR INNOCENCE.

- ROTATE YOUR INTERVIEW AROUND THE FOLLOWING QUESTIONS:

WHEN: "WHEN WAS THE LAST TIME YOU USED MARIJUANA" ?

WHERE: "WHERE WERE YOU OR WHAT WERE YOU DOING"?

HOW: "HOW MUCH DID YOU USE"?

WHO: "WHO WERE YOU WITH"?

WHAT: "WHAT HAPPENDED"?

NO WHY QUESTIONS: "WHY DO YOU USE MARIJUANA"?

ADULT, ADOLESCENT, GENDER DIFFERENCES

ADULT, ADOLESCENT, GENDER DIFFERENCES

- **WOMEN IN TREATMENT, BLAME "STRESS" AS THEIR MOST COMMON REASON FOR USING DRUGS.**

- **MEN IN TREATMENT ROUTINELY STATE THAT "PEER PRESSURE" WAS THEIR REASON FOR FIRST USING DRUGS.**

ADULT, ADOLESCENT, GENDER DIFFERENCES

- **WOMEN IN TREATMENT ARE MORE FREQUENTLY IDENTIFIED AS HAVING HAD A "PRE-EXISTING "MOOD" DISORDER PRIOR TO THEIR USE OF DRUGS.**

- **MEN IN TREATMENT, ARE FREQUENTLY FOUND TO HAVE AQUIRED A "MOOD" DISORDER AFTER THEIR INITIAL INTRODUCTION AND USE OF DRUGS.**

GENDER DIFFERENCE

- **WOMEN (GIRLS) IN TREATMENT,**

  STRUGGLE MORE WITH ISSUES OF "SHAME" OR

  "IS THERE IS SOMETHING WRONG WITH ME?"

- **MEN (BOYS) IN TREATMENT, TEND TO**

  STRUGGLE MORE WITH ISSUES OF "GUILT" OR . . .

  "I UNDERSTAND I DID SOMETHING WRONG"

ADOLESCENT-GENDER DIFFERENCES

- WOMEN (GIRLS) IN GENERAL ARE TWICE (2X'S) AS LIKELY TO STRUGGLE WITH DEPRESSION AND ANXIETY RELATED MOOD DISORDERS THAN MEN.

- AS A CONSEQUENCE . . .
  THEY ARE ALSO MORE LIKELY TO BE
  ATTRACTED TO ILLICIT DRUGS THAT POSSESS:
  "ANTI-DEPRESSANT" PROPERTIES LIKE AMPHETAMINES, METHAMPHETAMINE AND COCAINE AND . . . PERSCRIPTION "ANTI-ANXIETY" MEDICATIONS LIKE XANAX OR SEDATIVE-HYPNOTIC SUBSTANCES "SLEEP-AIDS".

ADULT, ADOLESCENT, GENDER DIFFERENCES

- **WOMEN (Girls) IN TREATMENT, ARE FOUND TO RESPOND MORE EFFECTIVELY TO A**

  “LESS-CONFRONTATIONAL“

  THERAPEUTIC COMMUNITY. . .

  THAT EMPHASIZES AND REWARDS . . .

- **POSITIVE SELF-GROWTH.**
- **ESTEEM BUILDING AND DEVELOPMENT.**
- **PERSONAL EMPOWERMENT.**

ADULT, ADOLESCENT, GENDER DIFFERENCES

- MEN (BOYS) IN TREATMENT, ARE FOUND TO RESPOND MORE POSITIVELY TO TRADITIONAL TREATMENT CONCEPTS INVOLVING . . .

1. A MORE DIRECT “CONFRONTATIONAL“ THERAPEUTIC APPROACH.

2. SELF-HELP GROUPS, (A.A./N.A). . .

3. ISSUES SURROUNDING “POWERLESSNESS“, “LIFE UNMANAGIBILITY“.

ADULT, ADOLESCENT AND GENDER DIFFERENCE IN SUBSTANCE ABUSE TREATMENT

CURRENT RESEARCH COMPILED BY SAMHSA/CSAT, INDICATES THAT ADOLESCENT TREATMENT PROTOCOLS, GOALS AND OBJECTIVES ARE NOT MUCH DIFFERENT THAN THE TREATMENT PROTOCOLS, GOALS AND OBJECTIVES FOR ADULTS IN TREATMENT. . .THE GREATEST DIFFERENCES APPEAR IN ADDRESSING ADOLESCENT RELATED AND GENDER DIFFERENCES.

GENDER DIFFERENCES

- **RESEARCH ON WOMEN (GIRLS) AND STIMULANT DRUG USAGE, FINDS THE FOLLOWING:**

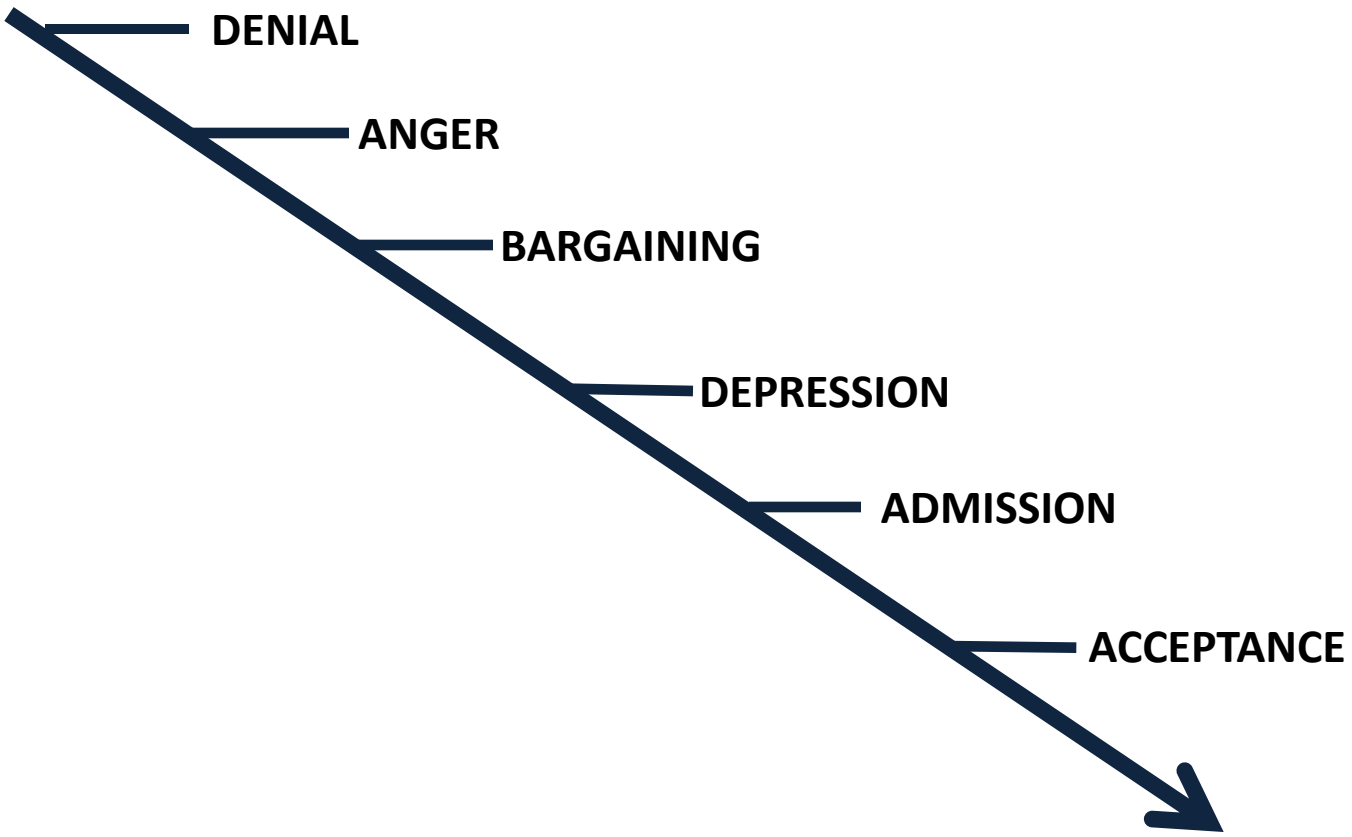
1. **WOMEN (GIRLS) ARE LIKELY TO DEVELOP A DEPENDENCY ON METHAMPHETAMINE AND COCAINE SOONER THEN MEN,**

2. **THEY ARE PRONE TO USE STIMULANT DRUGS MORE IMPULSIVELY THAN MEN (BOYS) AND,**

3. **EXPERENCE A HIGHER RATE OF DRUG RELAPSE THAN MEN (BOYS).**

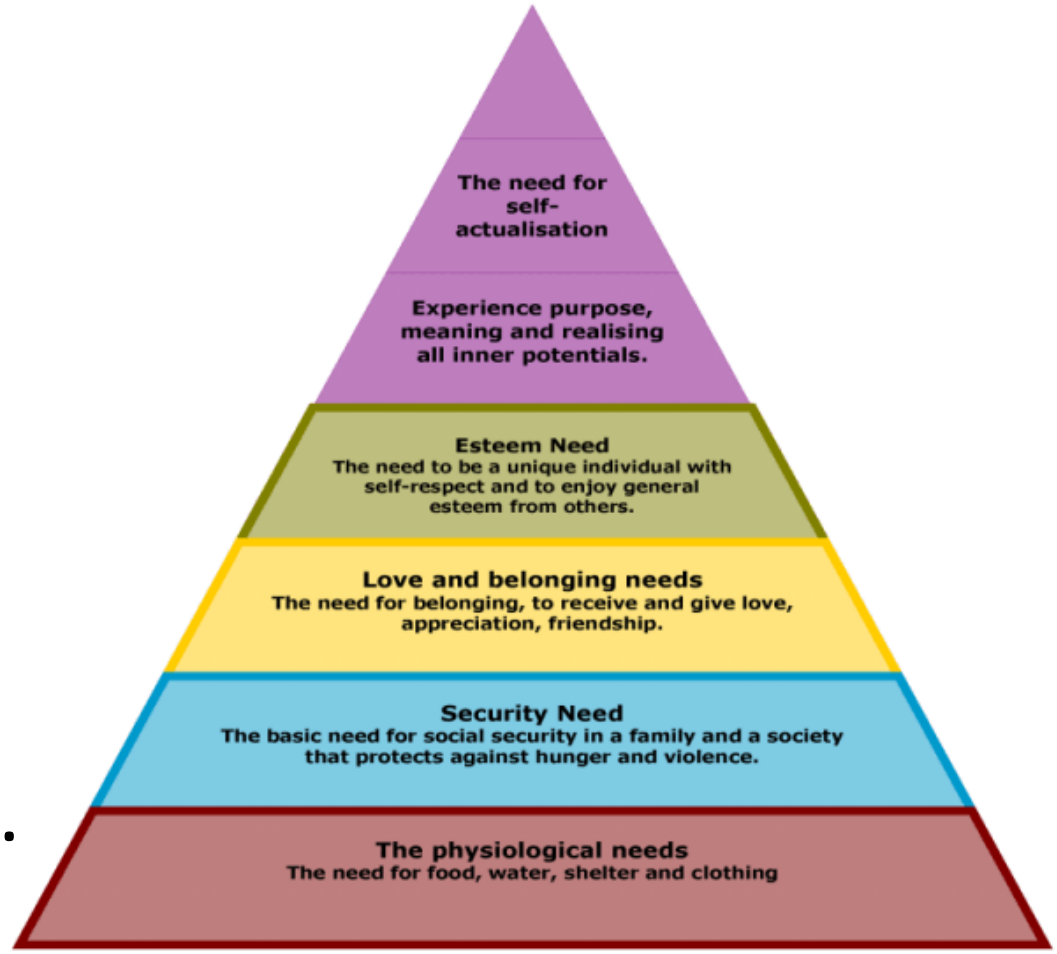
READY FOR CHANGE

THE GRIEF PROCESS (E.K. ROSS)



Maslow's Needs

Individuals in recovery may need to re-experience and redefine each stage of interpersonal, emotional and mental development before their healing is complete.

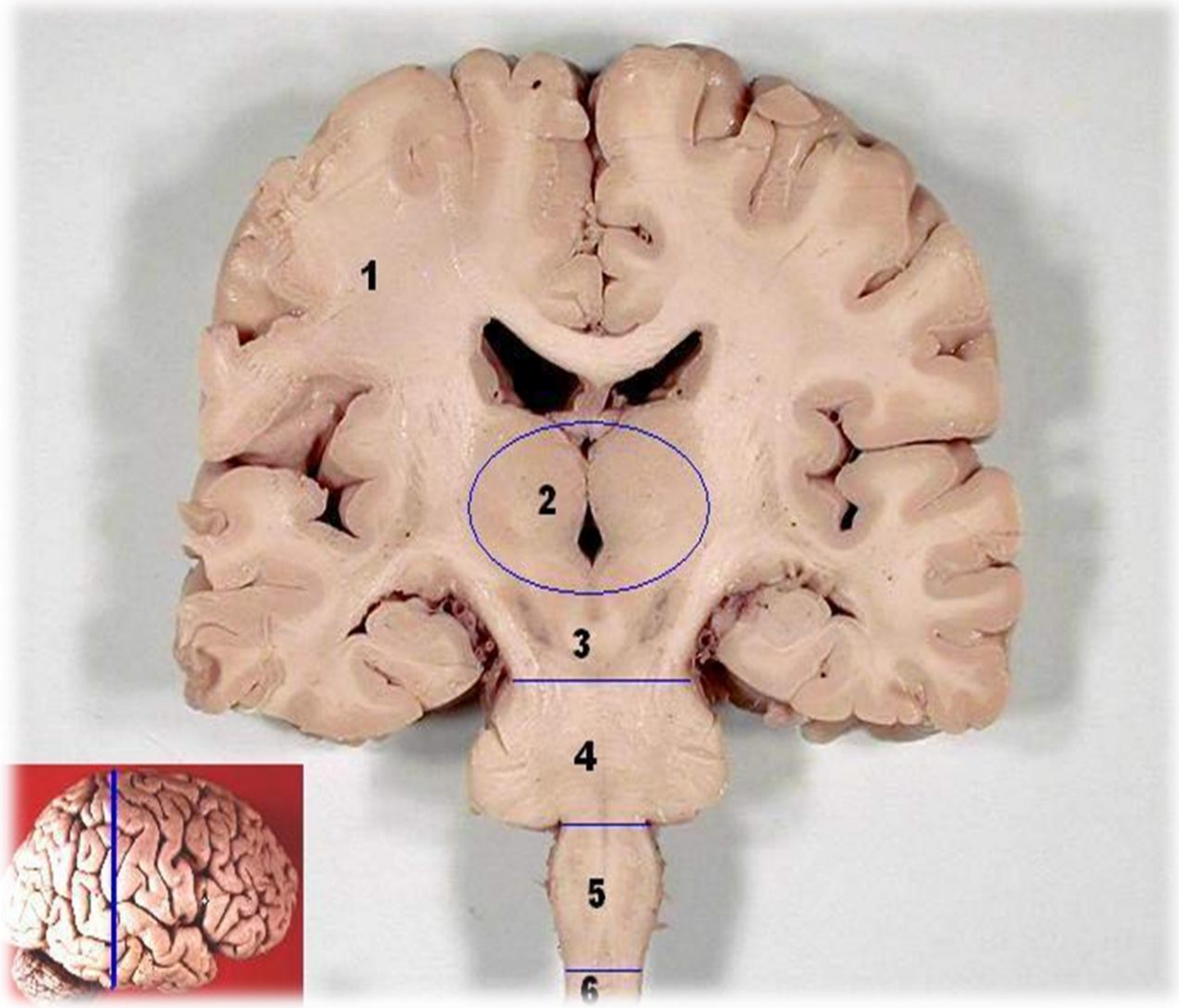


TREATMENT

Treatment

COMPLETE ABSTAINCE FROM THE USE OF ALL MOOD ALTERING SUBSTANCES, INCLUDING THE INDIVIDUAL'S "LEAST" DRUG OF CHOICE, SHOULD BE THE FUNDAMENTAL PHILOSOPHY AND GOAL OF EVERY EFFECTIVE TREATMENT PROGRAM!

REMEMBER: CURRENT THERAPEUTIC APPROACHES ONLY IMPACT APPROXIMATELY 10 BILLION OF THE 100 BILLION NEURONS IN THE HUMAN BRAIN.



TREATMENT

- GROUP DIRECTED TREATMENT HAS BEEN FOUND TO BE MORE EFFECTIVE WHEN TREATING ADDICTION DISORDERS THAN INDIVIDUALLY DIRECTED TREATMENT.

- "CULTURAL" SPECIFIC TREATMENT HAS BEEN FOUND TO BE MORE EFFECTIVE THAN "GENERIC" ORIENTED TREATMENT.

- FAMILY THERAPY AND FAMILY INVOLVEMENT IS THE "**MISSING LINK**" AND KEY FACTOR IN ALL EFFECTIVE SUBSTANCE USE TREATMENT.

TREATMENT

- **NINETY (90%) OF SUCCESSFUL RECOVERY OCCURS AFTER THE INDIVIDUAL COMPLETES FORMAL TREATMENT.**

- **NETWORK THERAPIES: INVOLVING AFTERCARE COUNSELING, SELF-HELP GROUPS, SPONSERSHIP, AND CONTINUED INVOLVEMENT IN RECOVERY ORIENTED ACTIVITIES FOR A PERIOD OF THREE (3) TO FIVE (5) YEARS HAVE BEEN FOUND TO BE MOST EFFECTIVE WITH REGARDS TO ESTABLISHING A LONG-TERM RECOVERY AND RELAPSE PREVENTION PROGRAM.**

TREATMENT

“RESIDENTIAL“ DRUG TREATMENT HAS BEEN FOUND TO BE MORE EFFECTIVE THAN “OUTPATIENT“ DRUG TREATMENT WHEN ADDRESSING ADOLESCENT ADDICTION ISSUES.

TREATMENT

- **WHAT AGE DID THE INDIVIDUAL FIRST BEGAN USING DRUGS?**

- **THAT IS THE EMOTIONAL AGE OF THE INDIVIDUAL . . . AND EMOTIONALLY THAT IS WHERE DRUG TREATMENT SHOULD BEGAN.**

- **<u>REMEMBER</u>: FOR DRUG TREATMENT TO BE EFFECTIVE, YOU MUST BEGAN WHERE THE INDIVIDUAL IS . . . NOT WHERE YOU WANT THEM TO BE!**

NIDA'S THIRTEEN (13) NECESSARY COMPONENTS OF AN EFFECTIVE DRUG TREATMENT PROGRAM

(1) NO SINGLE TREATMENT IS APPROPRIATE FOR ALL INDIVIDUALS

- PROPER IDENTIFICATION AND PLACEMENT IS CRUCIAL IN DETERMINING CLIENT-TREATMENT COMPLIANCE AND SUCCESS.

- RESEARCH CONDUCTED BY CSAT AT UCLA CONCLUDED: THE MATRIX MODEL APPLIED TO A DRUG COURT PHILOSOPHY WAS MORE EFFECTIVE THAN TREATMENT AS USUAL.

(2) TREATMENT NEEDS TO BE READILY AVAILABLE

- **STRIKE WHILE THE IRON IS HOT!**

- **POTENTIAL TREATMENT APPLICANTS CAN BE LOST IF TREATMENT IS NOT IMMEDIATELY AVAILABLE OR IS NOT READILY ACCESSIBLE.**

(3) EFFECTIVE TREATMENT ATTENDS TO THE MULTIPLE NEEDS OF THE INDIVIDUAL. . .NOT JUST THEIR DRUG USE

- IN ORDER FOR TREATMENT TO BE EFFECTIVE A TREATMENT PROGRAM MUST BE ABLE TO ADDRESS THE INDIVIDUAL'S DRUG USE. . . AND OTHER MEDICAL, PSYCHOLOGICAL, VOCATIONAL, SOCIAL, AND LEGAL PROBLEMS.

(4) A CLIENT'S TREATMENT PLAN NEEDS TO BE PERIODICALLY REVIEWED TO ENSURE THAT THE PLAN IS MEETING THE CLIENT'S CHANGING NEEDS

- A CLIENT THAT REQUIRES MULTIPLE COMBINATIONS OF ASSISTANCE WILL REQUIRE MORE TIME AND ATTENTION TO ENSURE SUCCESSFUL COMPLIANCE AND PARTICIPATION IN TREATMENT.

(5) THE LENGTH OF TIME IN TREATMENT IS CRITICAL FOR OVERALL TREATMENT EFFECTIVENESS

- MOST RESEARCH INDICATES THAT A MINIMUM OF THREE (3) MONTHS OF CONTINUOUS TREATMENT IS NECESSARY FOR A SUCCESSFUL TREATMENT OUTCOME.

- THE RESEARCH ALSO INDICATES THAT THE LONGER A PERSON REMAINS IN CONTINUOUS TREATMENT (from 3 to 14 mo.) THE RELAPSE RATE DROPS SIGNIFICIANTLY.

(6) COGNATIVE-BEHAVIORAL THERAPIES ARE MOST EFFECTIVE IN TREATING ADDICTION DISORDERS

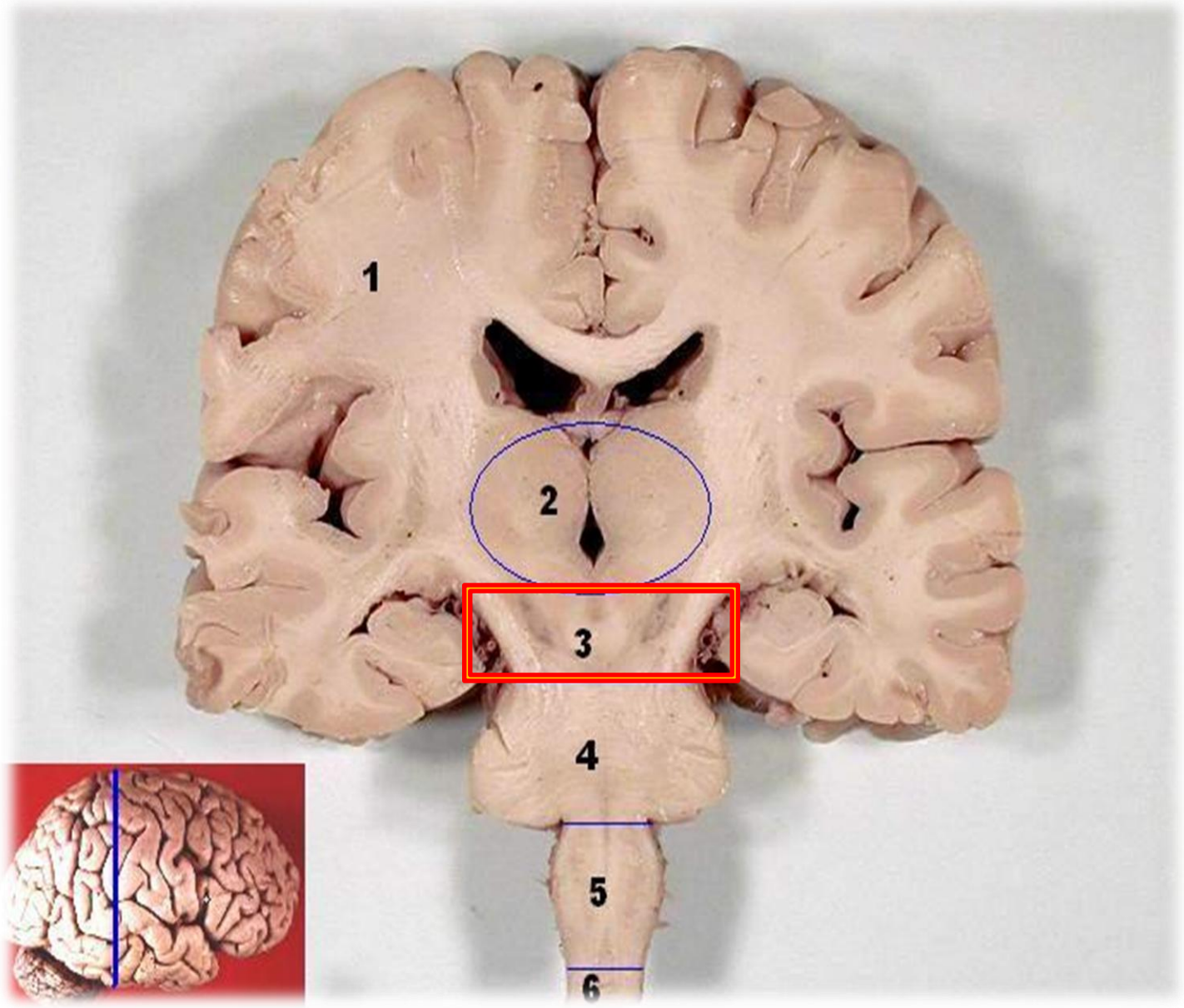
- (MULTI-DISCIPLINARY TREATMENT) INVOLVING GROUP THERAPIES, INFORMATIONAL LECTURES, DIDACTIC DISCUSSIONS, PEER INTERACTION (A.A. OR N.A.), PROBLEM SOLVING AND SKILL BUILDING, MARTIAL COUNSELING AND FAMILY INVOLVEMENT IS MOST EFFECTIVE IN SUBSTANCE ABUSE TREATMENT.

CAN EVIDENCE BASED NEUROSCIENCE TELL US IF THERAPY IS OCCURING?

YES!

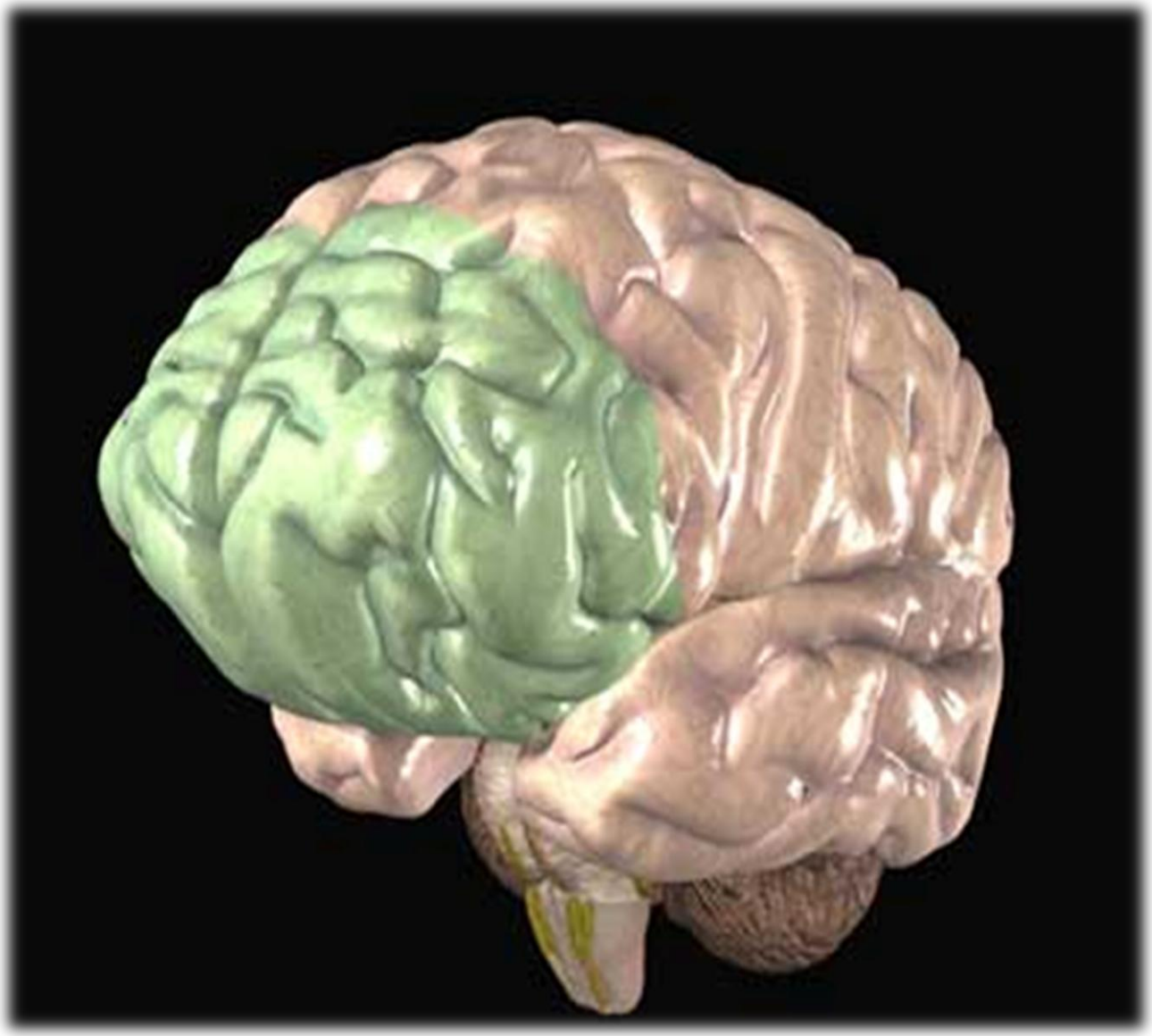
<u>THANKS</u> to functional Magnetic Resonance Imaging (fMRI)

IMPORTANT REGIONS OF THE BRAIN

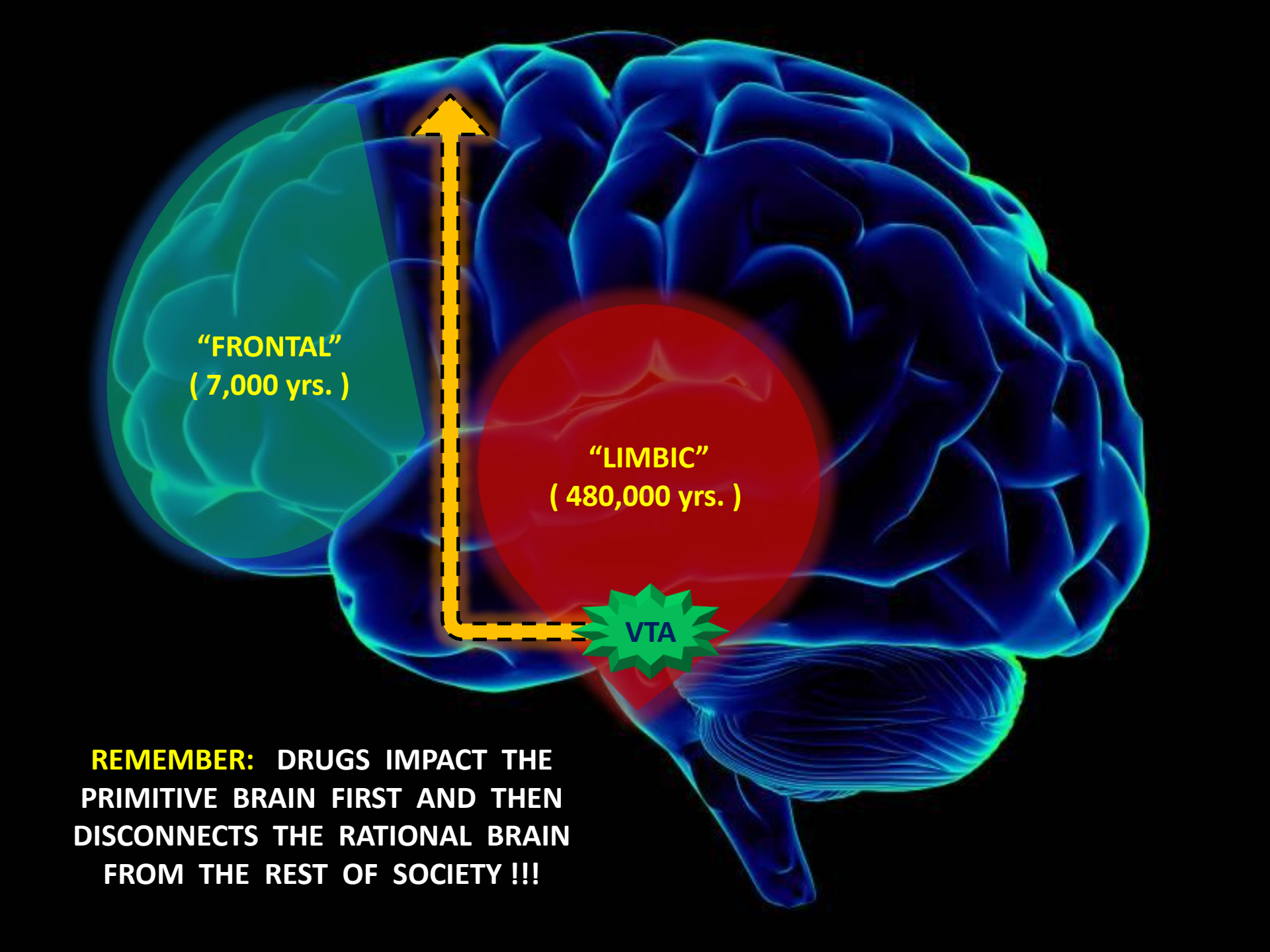


THE LIMBIC REGIONS ARE RESPONSIBLE FOR OUR PRIMITIVE RESPONSES AND REACTIONS ASSOCIATED WITH ADDICTION BEHAVIOR AND PTSD !!!

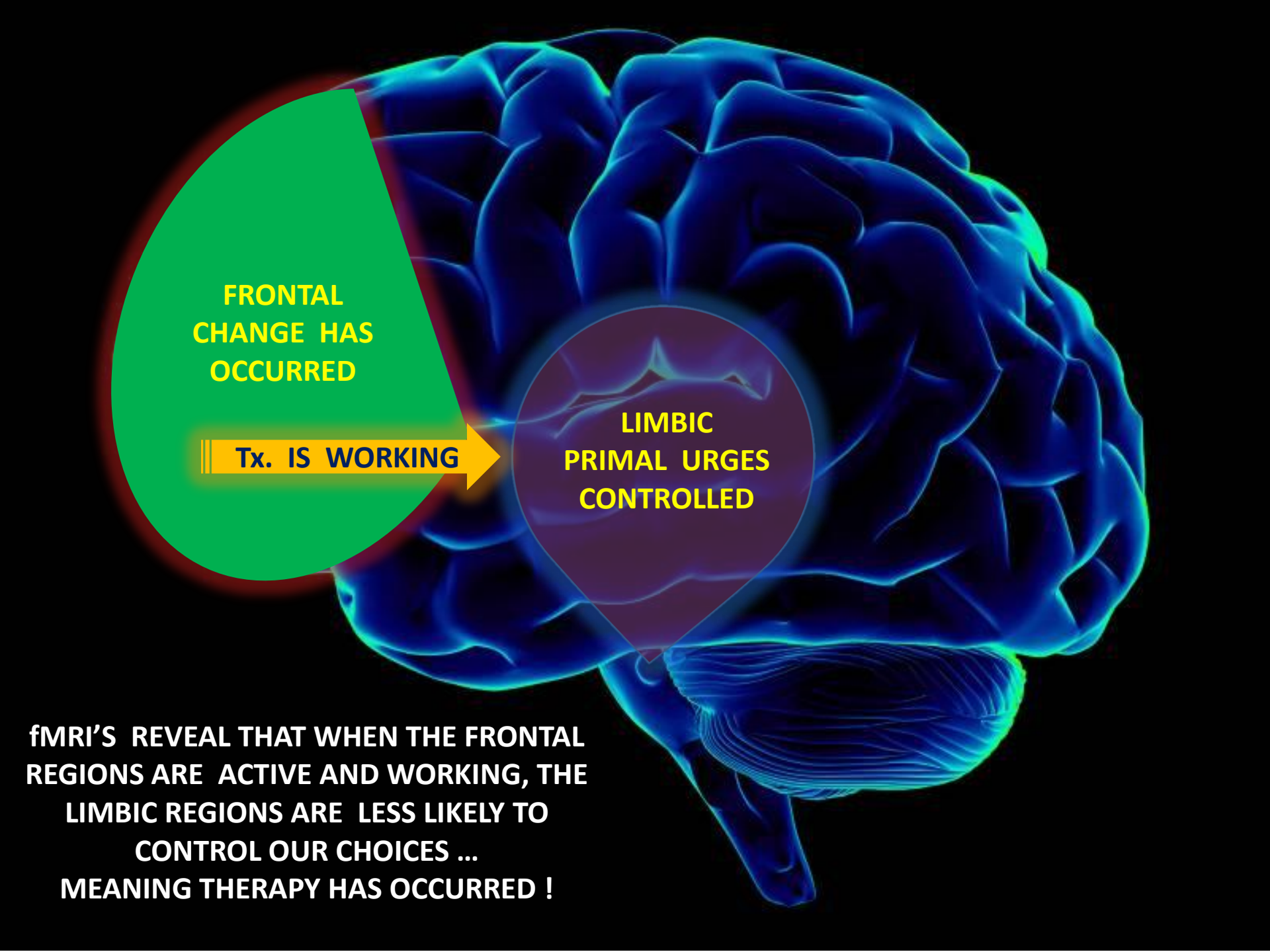
ORIBITAL-FRONTAL LOBES OF THE BRAIN ARE CENTERS FOR MORAL, ETHICAL AND PERSONALITY DEVELOPLMENT



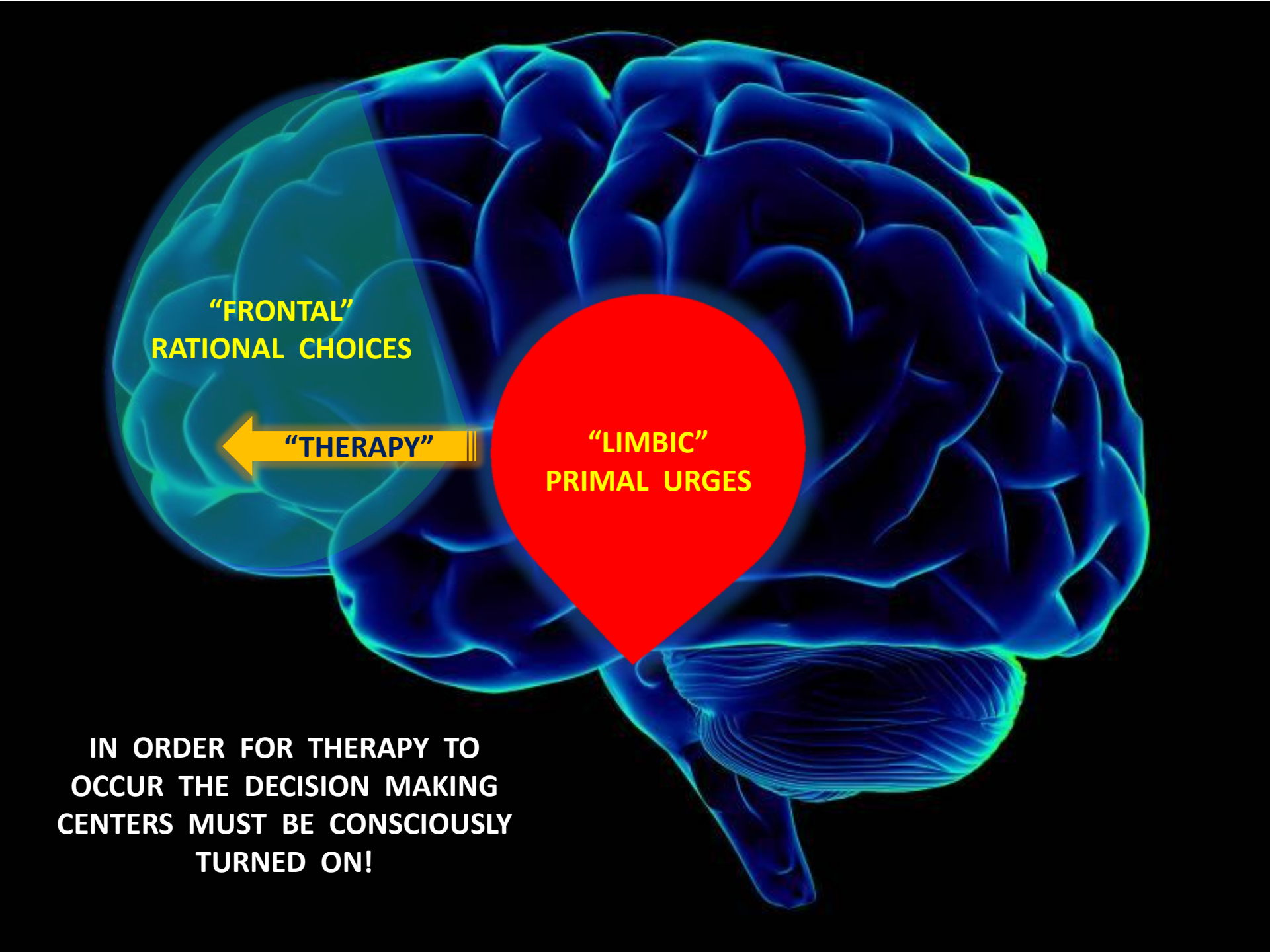

"FRONTAL"
(7,000 yrs.)
RATIONAL CHOICES
INTELLECT
THE FRONTAL REGIONS MAKE US UNIQUELY HUMAN AND ARE RESPONSIBLE FOR DECISION MAKING AND UNDERSTANDING THE CONSEQUENCES OF OUR ACTIONS !!!



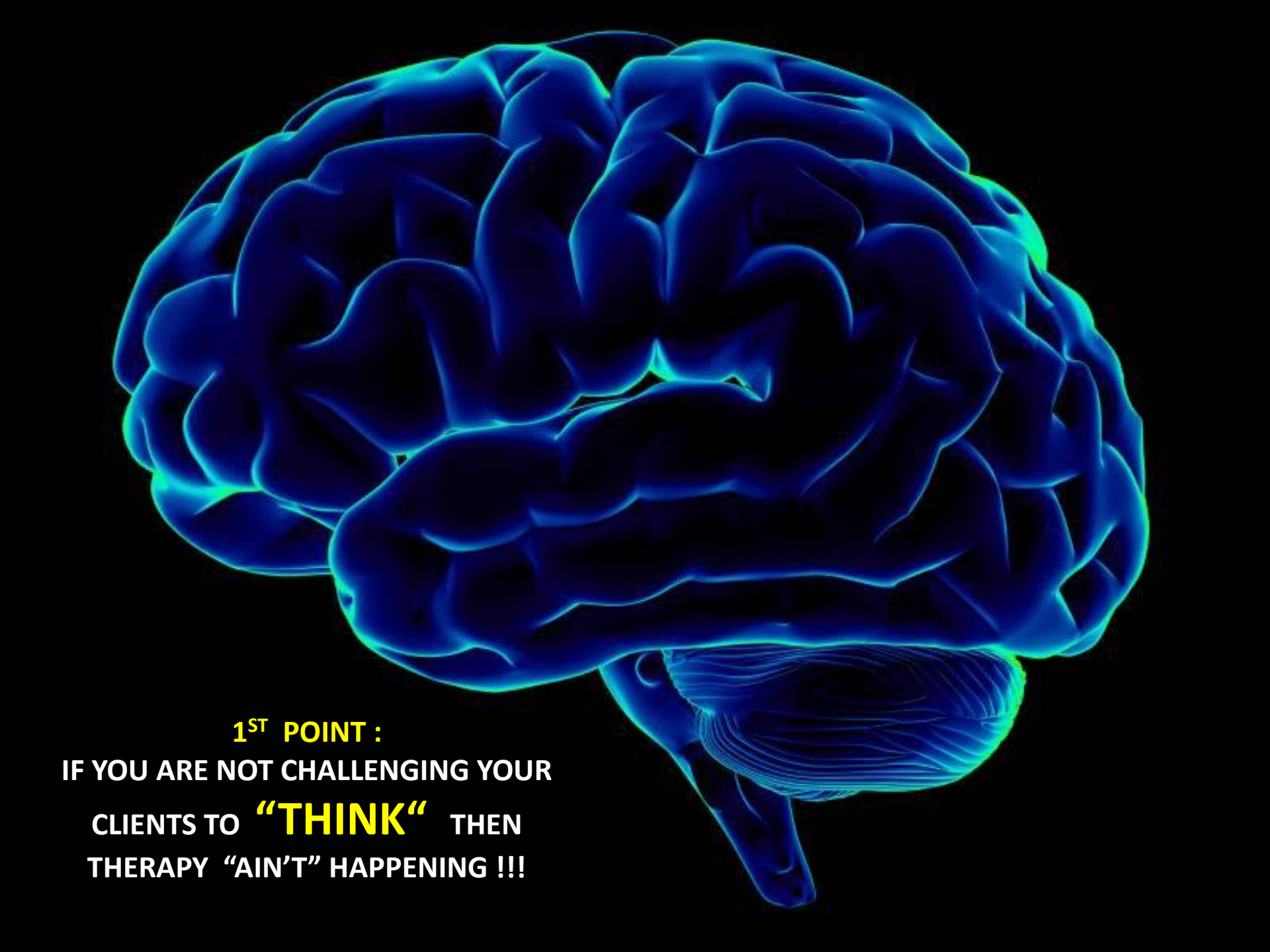
REMEMBER: DRUGS IMPACT THE PRIMITIVE BRAIN FIRST AND THEN DISCONNECTS THE RATIONAL BRAIN FROM THE REST OF SOCIETY !!!



fMRI'S REVEAL THAT WHEN THE FRONTAL REGIONS ARE ACTIVE AND WORKING, THE LIMBIC REGIONS ARE LESS LIKELY TO CONTROL OUR CHOICES …
MEANING THERAPY HAS OCCURRED !



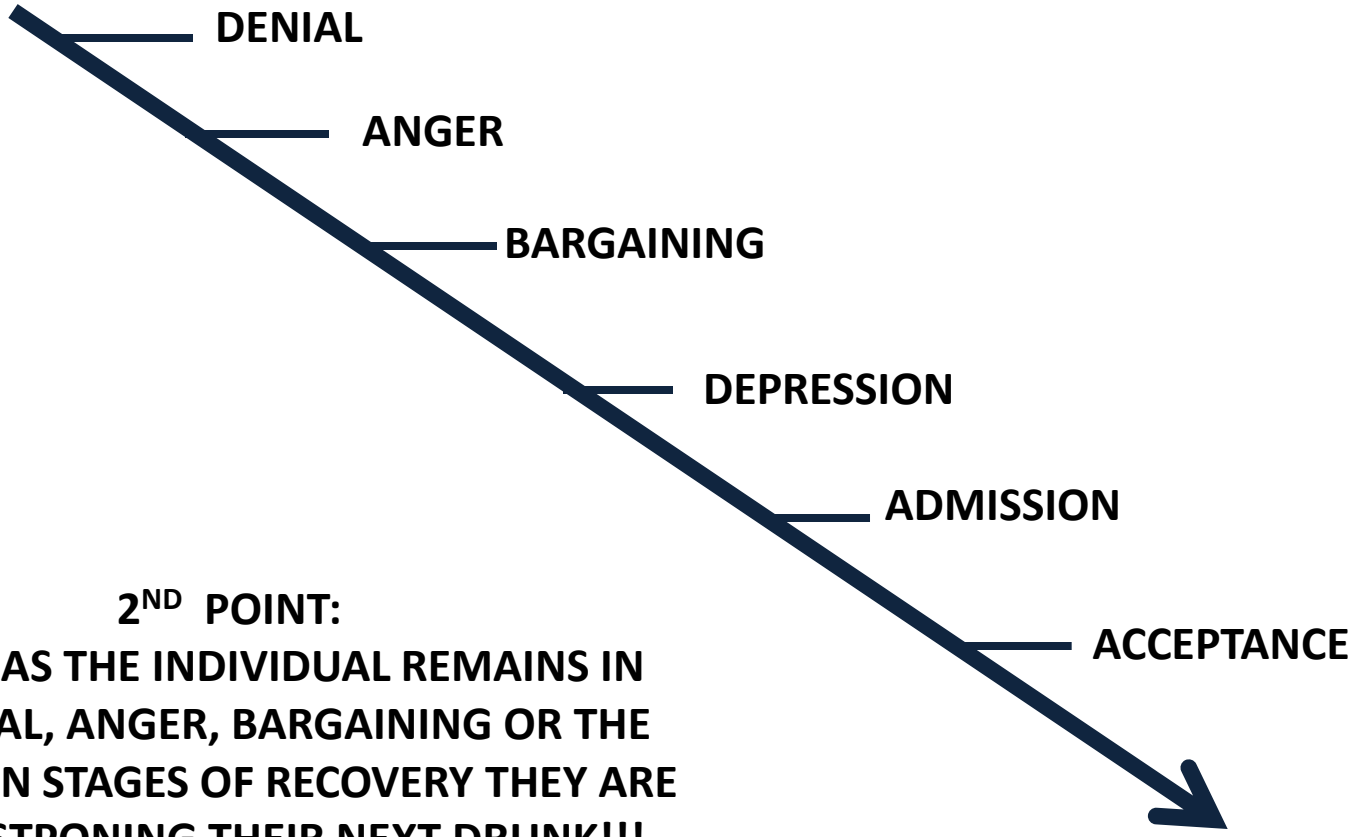
IN ORDER FOR THERAPY TO OCCUR THE DECISION MAKING CENTERS MUST BE CONSCIOUSLY TURNED ON!



1ST POINT :

IF YOU ARE NOT CHALLENGING YOUR CLIENTS TO "THINK" THEN THERAPY "AIN'T" HAPPENING !!!

THE GRIEF PROCESS (E.K. ROSS)



2ND POINT:

AS LONG AS THE INDIVIDUAL REMAINS IN THE DENIAL, ANGER, BARGAINING OR THE DEPRESSION STAGES OF RECOVERY THEY ARE ONLY POSTPONING THEIR NEXT DRUNK!!!

(7) EFFECTIVE TREATMENT PROGRAMS SHOULD BE CAUTIOUS BUT WILLING TO CONSIDER THE USE OF APPROPRIATE MEDICATIONS

- **PSYCHO-PHARMACOLOGICAL INTERVENTION IS PROVING TO BE AN IMPORTANT AND SOMETIMES NECESSARY ADDITION TO TRADITIONAL SUBSTANCE ABUSE TREATMENT.**

- **MARIJUANA: RIMONABANT "ACOMPLIA "**
  IMPACTS THE ENDOCANNABINOID SYSTEM.

- **TOBACCO: VARENICLINE "CHANTIX ".**
  ANTI-DEPRESSANTS "WELLBUTRIN ".

- **NICOTINE VACCINE INVENTED BY NABI BIOPHARM, MARYLAND.**

- **OPIOIDS-OPIATES: METHADONE,**
  NALOXONE, NALTREXONE,
  BUPRENORPHINE.
- **ANTI-HEROIN: 60XY-KLH.**
- **ANTI-COCAINE VACCINE: TA-CD.**
- **ANTI-METHAMPHETAMINE: MH6)**

CURRENT AND FUTURE "ANTI-CRAVING" MEDICATIONS

ALCOHOL: **DISULFRAM** "ANTABUSE".

ACAMPROSATE "CAMPARAL":

NALTREXONE "VIVITROL":

GABAPENTIN "NEURONTIN":
IMPACTS THE GABA SYSTEM.

BACLOFEN: AN ANTI-ANXIETY
AGENT THAT IMPACTS THE
GABA SYSTEM.

TOPIRAMATE "TOPAMAX ": IMPACTS
THE GABA AND THE
GLUTAMATE SYSTEM.

CURRENT MEDICATIONS (Under review)

ANTI-ANXIETY MEDICATIONS: BENZODIAZEPINES " XANAX ".

GABA-ENHANCING MEDICATIONS:

GABAPENTIN "NEURONTIN" (COCAINE ONLY)

BACLOFEN (METHAMPHETAMINE ONLY),

TOPIRAMATE "TOPAMAX ".

ANTI-DEPRESSANT MEDICATIONS: BUPROPION "WELLBUTRIN"

NORPRAMIN "DESIPRAMINE" (NOT ESPECIALLY SSRI'S).

ANTI-ADHD MEDICATIONS: METHYLPHENIDATE "RITALIN",

AMPHETAMINES, MODAFINIL "PROVIGIL", ARMODAFINIL "NUVIGIL".

ANTI-MANIC MEDICATIONS: VALPROATE "DEPAKOTE"

ANTI-ALCOHOL MEDICATIONS: DISULFIRAM "ANTABUSE".

(8) CO-EXISTING (SUBSTANCE ABUSE AND PSYCHIATRIC DISORDERS) NEED TO BE ADDRESSED IN AN EFFECTIVE TREATMENT PROGRAM

- **SUICIDE: FOUR (4) OUT OF FIVE (5).**
- **MOOD DISORDERS:**

  Bi-Polar: (20% to 60%).

  Depression: (98%).
- **ANXIETY DISORDERS: (23%).**
- **STRESS-TRAUMA DISORDERS: (60% to 80%).**
- **PERSONALITY DISORDERS: (40%).**
- **PSYCHOTIC DISORDERS: (14% to 47%).**

(9) MEDICAL DETOXIFICATION AND INTERVENTION IS ONLY THE "FIRST" STAGE OF TREATMENT

MEDICAL INTERVENTION, IDENTIFICATION, DIAGNOSIS AND DETOXIFICATION ARE CRITICAL FIRST STEPS IN EFFECTIVE SUBSTANCE ABUSE TREATMENT.

(10) TREATMENT DOES NOT HAVE TO BE VOLUNTARY TO BE EFFECTIVE!

- SANCTIONS AND BEING FORCED TO BE RESPONSIBLE, RELIABLE, DEPENDABLE, AND CONSISTANT . . . HAS BEEN FOUND TO BE A STRONG MOTIVATION TO ATTEND, PARTICIPATE, AND COMPLETE TREATMENT.

(11) POSSIBLE DRUG USE DURING TREATMENT MUST BE MONITORED CONTINUOUSLY

- DRUG MONITORING HOLDS THE CLIENT RESPONSBILE TO THEIR COMMITMENTS.

- DRUG MONITORING PERMITS THE TREATMENT TEAM TO ADJUST AN INDIVIDUAL'S TREATMENT PLAN ACCORDING TO THE NEEDS OF THE INDIVIDUAL.

(12) EFFECTIVE TREATMENT PROGRAMS SHOULD HAVE AVAILABLE . . . OR ACCESS TO . . . ASSESSMENT AND COUNSELING SERVICES FOR HIV-AIDS, HEPATITIS "B" AND "C", TUBERCULOSIS AND OTHER INFECTIOUS DISEASES THAT PLACE THEM OR OTHERS AT RISK OF INFECTION.

(13) TREATMENT AND RECOVERY IS LONG TERM PROCESS . . . PRONE TO EPISODES OF RELAPSE AND MULTIPLE TREATMENT ATTEMPTS

REMEMBER:

TREATMENT AND RECOVERY FROM ALCOHOL AND DRUGS IS A PROCESS . . .

NOT AN EVENT!

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