

#### **Objectives**

- Describe the neurological basis of addiction
- Explain how addiction manifests in various aspects of the whole person
- Effectively raise the topic of addiction and recovery with clients
- Describe specific strategies that are appropriate for early stages of change

# Agenda

Overview

**Exploring Attitudes** 

Addiction: Disease of the Brain

Aspects of Disease

**Recovery and Recurrence** 

Resources

Stigma

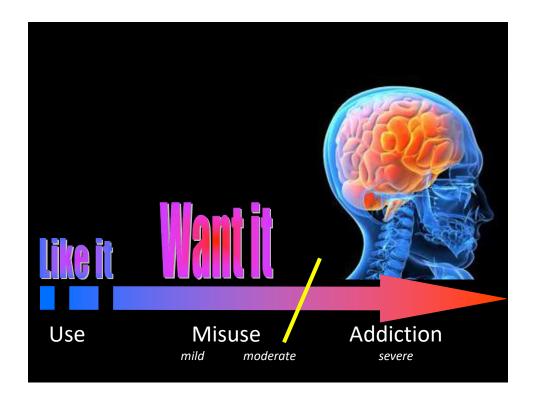
**Inviting Communication** 

Stages of Change

Motivational Enhancement

Closing





#### Disease of the Brain

"...in the vulnerable brain, if you use drugs at a high enough dose, frequently enough and for long enough, you literally *change the way the brain works*, you change the way nerve cells communicate in such a way that you develop this compulsive, out of control use despite knowing that all kinds of terrible things can happen to you, and despite even experiencing many of those things."

-Hyman

#### **ASAM Definition**

American Society of Addiction Medicine

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.

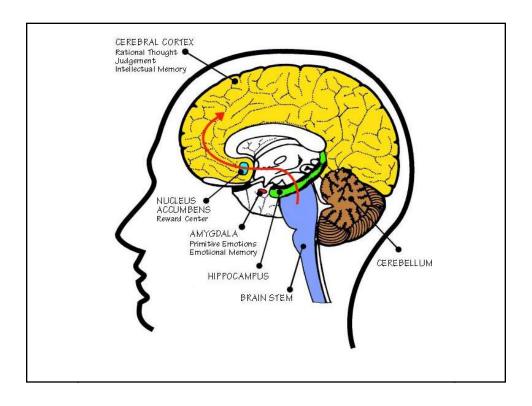
Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

## Characterized by:

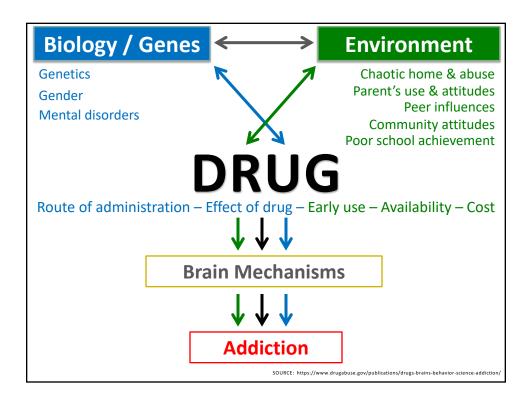
- Inability to consistently abstain
- Impairment in behavioral control
- Craving
- Diminished recognition of significant problems with one's behaviors and interpersonal relationships
- Dysfunctional emotional response

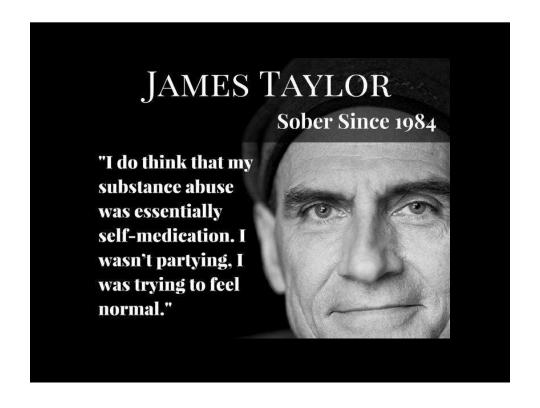




## **Characteristics**

- Craving, strong desire to use
- Persistent desire or unsuccessful efforts to control use
- Use despite adverse consequences
- Sacrificing important activities
- Failure to fulfill role obligations







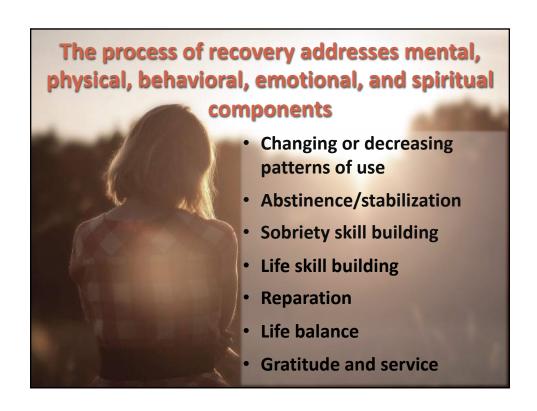


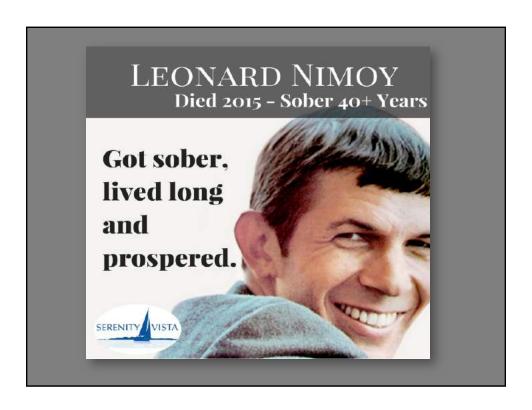
## Recovery

- A process of change through which individuals improve their health and wellness, live a selfdirected life, and strive to reach their full potential
- Many paths
- Person-driven



Source: SAMHSA's Working Definition of Recovery





### Recurrence

- A fact in any chronic disease
- Signals a need to adapt the recovery plan to address lessons learned

Help plan for recurrence, but **EXPECT** recovery

I AM NOT DEFINED
BY MY RELAPSES,
BUT BY MY
DECISION TO
REMAIN IN
RECOVERY
DESPITE THEM
RECOVERYEXPERTS.COM

#### Resources

- Educational materials
- Stories
- Websites
- Apps
- Treatment resources
- Recovery Support Services
- You













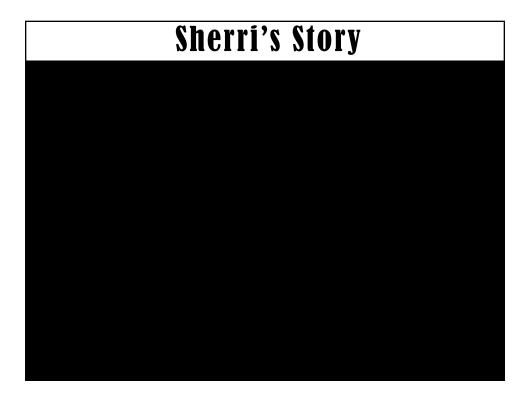


# Decisions in Recovery

https://mat-decisions-inrecovery.samhsa.gov/Default.aspx







## **Evaluation**

- Diagnosis
- Severity
- COD or confounding issues
- Readiness
- Level of care

#### **Levels of Care for Treatment**

**Withdrawal Management** 

**Early Intervention** 

**Outpatient Services** 

**Intensive Outpatient/Partial Hospitalization** 

**Residential Services** 

**Medication Assisted Treatment Services** 

#### **Medication Assisted Treatment**

(MAT)

#### Can occur in:

- Medical office
- SUD or Mental Health Clinic
- MAT specific program
  - Opiate Treatment Program
  - Stand-alone Opiate MAT Program

# Medication Assisted Treatment (MAT)

- Medication addresses neurobiology, physical
- Counseling addresses mental, emotional, social, spiritual
- Care coordinators ensure coordination and access to other services

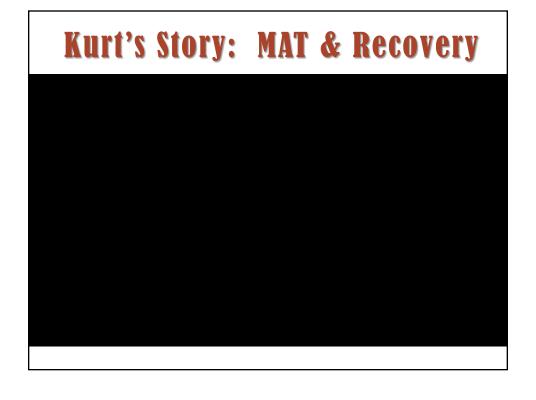
**MAT Guidelines:** 

http://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf

# Medications to Treat Opioid Use Disorders (OUD)

- Medications to reverse overdose
  - Naloxone
- Medications to provide symptomatic relief during withdrawal
- Medications to treat opioid use disorder
  - Methadone (only in certified OTPs)
  - Buprenorphine / Sublocade
  - Naltrexone / Vivitrol





#### **Recovery Support Services Mutual Support Groups Residential Recovery** 12-step group **Centers** SMART recovery Recovery Community Refuge Recovery **Organizations/Recovery** On-line groups **Centers** Faith-based recovery Recovery coaching programs Telephone recovery support Recovery Housing



## **Inviting Communication**

#### **SUD** is stigmatized

- Make it safe
  - -Set the environment
  - -Embed the intake questions
  - -Your approach makes a difference

#### Raise substance use in context of issue

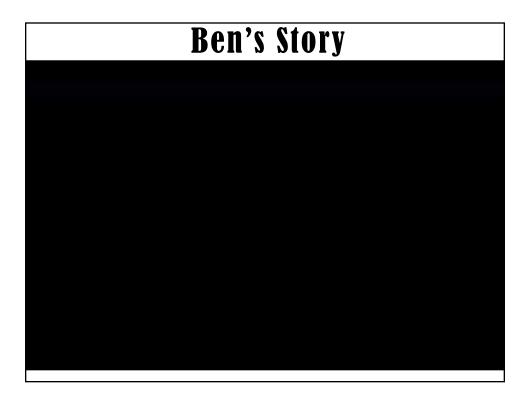
- Be clear and specific about observations
- If general suspicion, raise concerns

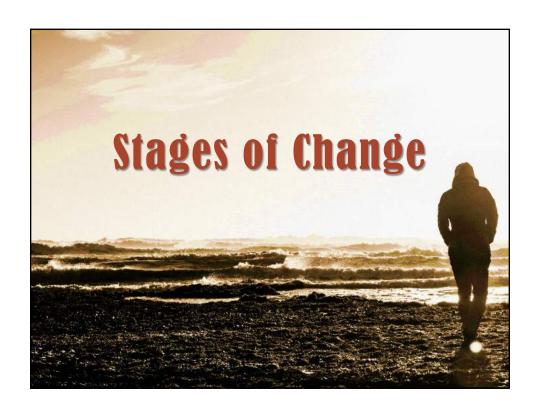
#### Examples:

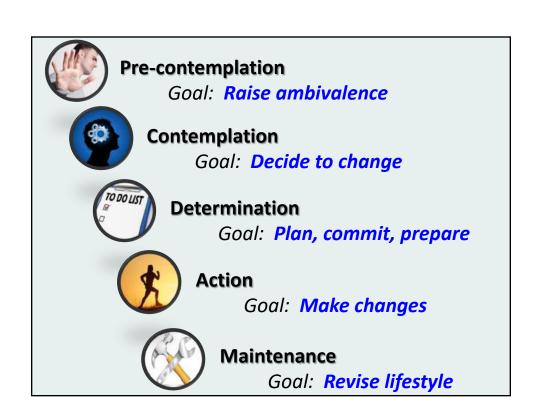
- "Sometimes, situations prevent people from being able to address issues, e.g. health problems / substance use / family issues"
- "Help is available. Things can get better"

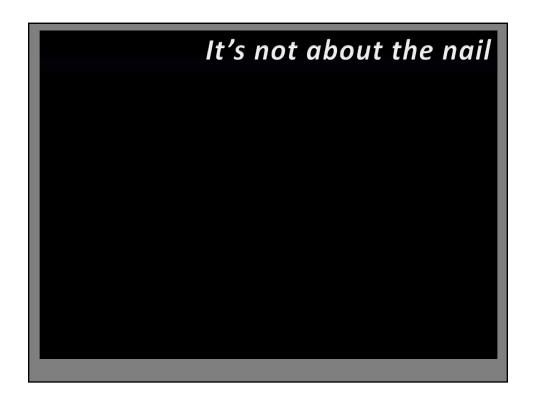
#### Asking and Responding

- Develop a level of comfort
- Be straight-forward and non-judgmental
- Make it routine
- Make it relevant
- Know how to respond
- Communicate hope











# **Elements**of Motivational Approaches

 Discrepancies between personal goals and current behavior

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- Discrepancies between personal goals and current behavior
- FRAMES

#### F.R.A.M.E.S.

Feedback re: personal risk or impairment

Responsibility for change is the client's

Advise non-judgmentally

Menus of options

**Empathetic communication** 

Self-efficacy / empowerment

# **Elements**of Motivational Approaches

- Discrepancies between personal goals and current behavior
- FRAMES
- Flexible pacing; individualized
- Personal contact over time

# **Techniques**

#### that can be used throughout all stages

- Decisional balance
  - 4 quadrants
- Rulers (scale of 1-10)
  - How bad is the problem?
  - How much do you want to change?
  - How likely is it that you can change?

#### **Small Group Activity:**

- 1. Read your scenario
- 2. Decide what stage of change your person is in and what the goal is for that stage
- 3. Discuss strategies you can use to motivate them to the next stage



#### My Own Personal Ride

My own personal ride started off as a bad injury that resulted in prescriptions for pain medication over a long period of time. When I realized that I would become ill if I didn't take my medication, I got scared and told my doctor. He stopped me cold turkey.

I had no clue what my life was about to become as a result of that. I was in pain and very sick and all I knew was that if I had my pain meds, I would feel better. I began doctor shopping and eventually started getting pills on the street.

I just got busted and now I don't know what is going to happen. I know it's wrong to take the drugs, but I also know that it feels like if I don't. I can't bear to be in pain and sick again.

#### At the Bar with Dad

I grew up in an alcoholic family. My father drank a lot. He was a mean drunk and would abuse my mother. I have 5 siblings and we were all exposed to the violence.

When I was 12, I drank my first beer with my dad at the bar where he hung out. That is where it all began. I began stealing my dad's beer while he was at work and drank almost every day to numb the pain. As the years went by I was drinking daily.

I had really good jobs, but lost it all. I lost my house, my husband, even my kids. I have been in jail before, but this is the first time I've been mandated into treatment due to my drinking. I can't stand it. These people are not going to tell me how to live my life.

# Míchaela's Story

