

Reminders from first 2 sessions

Patient / Client Centered

- What are the READY to do? Abstinence, harm reduction, combo?
- Our attitudes, approach, internal biases will influence the therapeutic relationship.
- We have the power to change the language we use, as well as our co-workers and patients.
- Frontal cortex offline for at least the first few months of recovery.
- Return to use is most likely the management of withdrawal symptoms or unwanted emotions.



CANNABIS WITHDRAWAL

1 – 6 DAYS

- > Anger, irritability, and aggression
- > Feelings of nervousness and anxiety
- > Restlessness
- > Decreased appetite or weight
- > Depression
- > Insomnia
- > Experiencing strange or unsettling dreams
- > Headaches, nausea, vomiting, sweating, and abdominal pain.
- > Tremors

TO 45 DAYS

- Sleep disturbances
- Strange dreams



Old / New Paradigm

Old School SUD Treatment	Medical Model Treatment
“Addiction is a disease.”	Views addiction as a “chronic reoccurring medical disorder”
Treatment begins when patient has already made behavior change or “is ready” make behavior change.	Treatment begins at or before the time when symptoms are interfering with patient health and functioning.
Views an increase in symptoms as a sign to withhold treatment.	Views an increase in symptoms as a reason to apply more or different treatment.
Not always 100% effective	Not always 100% effective
Blames patient for “failing” in treatment.	Blames treatment for failing patient.



“Resistance:”

- When the patient is arguing or not complying with treatment, they are “resistant.”
- When the patient agrees with the professional – they have “insight.”



Treatment
Planning

Recovery
Targets



WHAT DOES IT FEEL LIKE TO GO THROUGH DRUG WITHDRAWAL?



Once you stop using drugs or alcohol, withdrawal can send your body and mind into a downward spiral.

The range and severity of withdrawal symptoms will be different for each person.

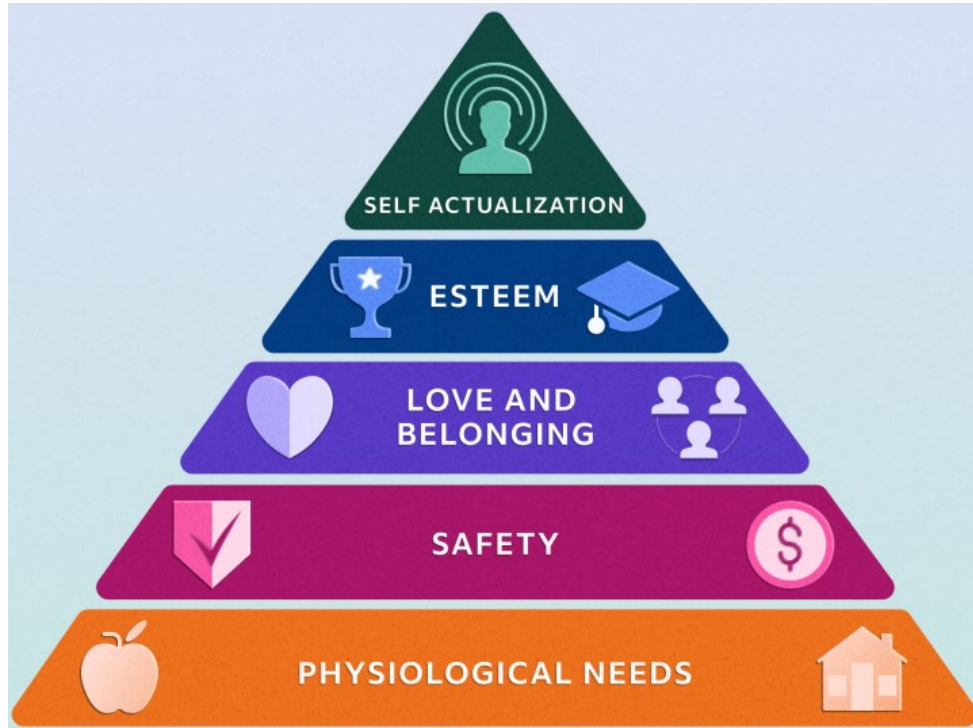
Here are the common withdrawal symptoms you can expect.

Early Remission Expectations

- ❖ Engagement and Rapport Building
 - ❖ Symptom Management
 - ❖ Craving - Urges
 - ❖ Irritability
 - ❖ Unconditional Positive Regard
- ❖ Identifying Warning Signs and New Coping Skills and Rituals
- ❖ Recovery Plan – Many Roads One Journey
 - ❖ Support system: Physical, Emotional, Spiritual
 - ❖ Nutrition, Sleep, Exercise
 - ❖ Relationships
 - ❖ Self Care
 - ❖ Grief...



Treatment Planning



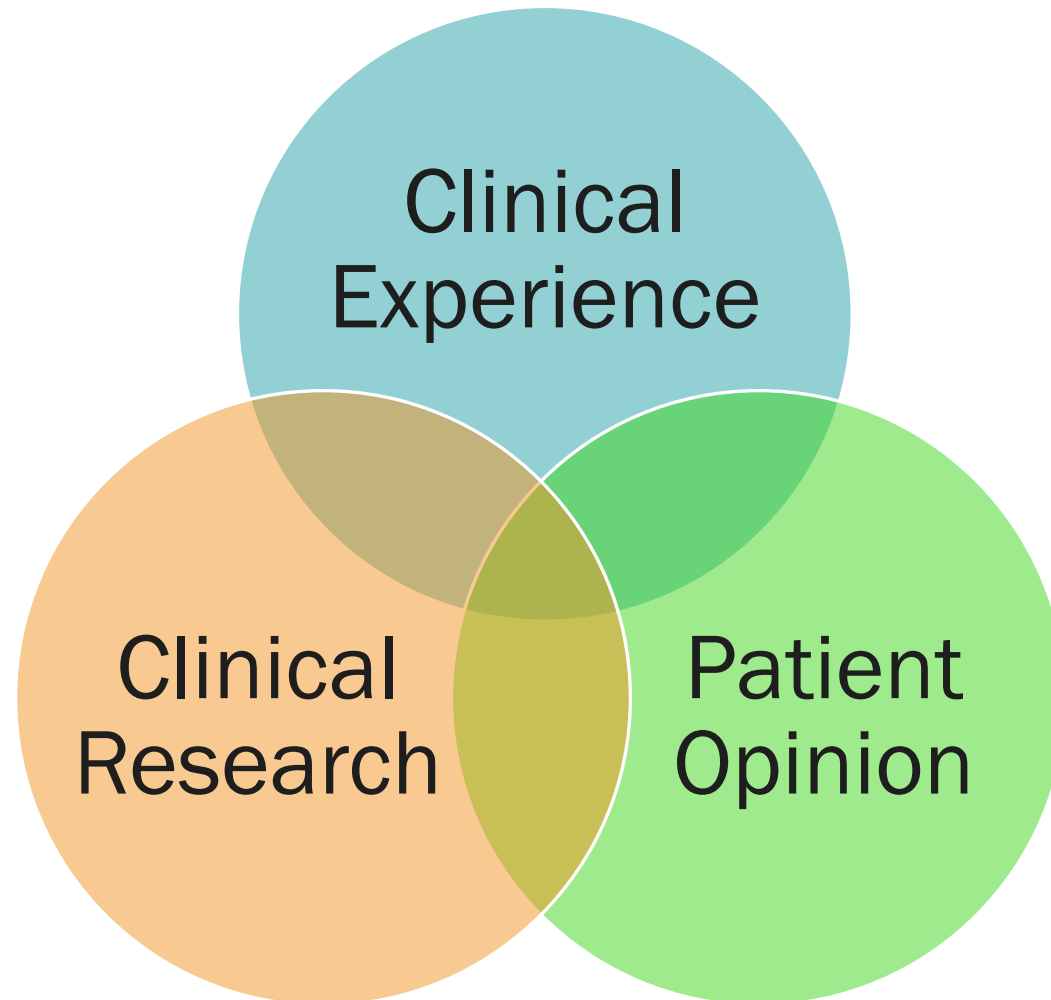
- ❖ Keep it simple!!!
- ❖ Highest priorities first – housing/transportation/
- ❖ Treat to Target
- ❖ SMART Goals
- ❖ Evidenced Based
- ❖ Evolving and dynamic
- ❖ Patient Centered and Wholistic
- ❖ Reviews..... 45/90



Evidence Based Best Practice Interventions



What is Evidence Based Care?



Behavioral Interventions and Approaches

<i>Substance Use Disorder</i>	<i>Behavioral Interventions and Approaches</i>
Alcohol, Cocaine, Nicotine, Cannabis, Methamphetamines	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy (DBT) • Motivational Enhancement Therapy (MET) • Contingency Management (CM) • Interventions/Motivational Incentives • Assertive Community Treatment (ACT) • Seeking Safety (SS)
Stimulants: Cocaine and Methamphetamine	<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Contingency Management (CM) • Matrix Model (MM) Now TRUST
Opioid Use Disorder	<ul style="list-style-type: none"> • Seeking Safety • Assertive Community Treatment (ACT) • Contingency Management (CM) • Motivational Enhancement Treatment (MET) (Engagement Only)

FDA Approved Recovery Medications

<i>Indication</i>	<i>Medication</i>	<i>Route</i>
Alcohol Use Disorder	Acamprosate	Oral
	Disulfiram	Oral
	Naltrexone	Oral/Injectable
Opioid Use Disorder	Buprenorphine	Transmucosal/ Injectable
	Methadone	Oral
	Naltrexone	Injectable
Tobacco Use Disorder	Bupropion	Oral
	Nicotine	Transmucosal/ Inhaled/ Transdermal
	Varenicline	Oral

All these medications are underutilized.

Peer and Community-Based Supports



- ***Alcoholics Anonymous and other 12-step groups***
 - Free, peer-led and available in most communities
 - Abstinence-focused
- ***Self-Management and Recovery Training (SMART) Recovery***
 - Peer-led; available in-person and online
 - Concepts from cognitive behavioral therapy (CBT)
- ***Peer Recovery Support Specialists***
 - Individuals in long-term recovery
 - Scope often depends on where they are employed
- ***Community Harm Reduction Programs***
 - Syringe service programs
 - Naloxone distribution programs
 - Fentanyl test strip distribution



Recovery is the Brain Relearning What it Used to Know How to Do

Focus on Behavior



Anchoring Feelings to Behaviors

- Use behavior to define emotions
- Use a physical sensation to identify feeling happy
- Define what is their definition of "Happy"

Substances assist in people feeling close to normal and not in withdrawal so most forgot what "Happy" emotion felt like... and then when it happens, it's scary, untrustworthy, almost intolerable!



TARGETED THERAPY



Why Targeted Therapy?

In a naturalistic study of over 9,000 patients seeking therapy, the modal number of psychotherapy visits was 1 (Brown & Jones, 2004).

Clients seek treatment when psychological distress is high and stop coming when distress level drops; for most this is within 5 visits (Brown & Jones, 2004)

30 to 40 percent drop out of treatment without consulting their therapist (Talmon, 1990, Olfson et.al., 2009) *



Treatment at this Moment in Time:

- ❖ It is not a specific “modality”
- ❖ It’s a way of approaching the session with the patient
- ❖ A “single session” mindset
- ❖ The most common number appointments that a patient attends is 1
- ❖ So how can I make the most of this moment?

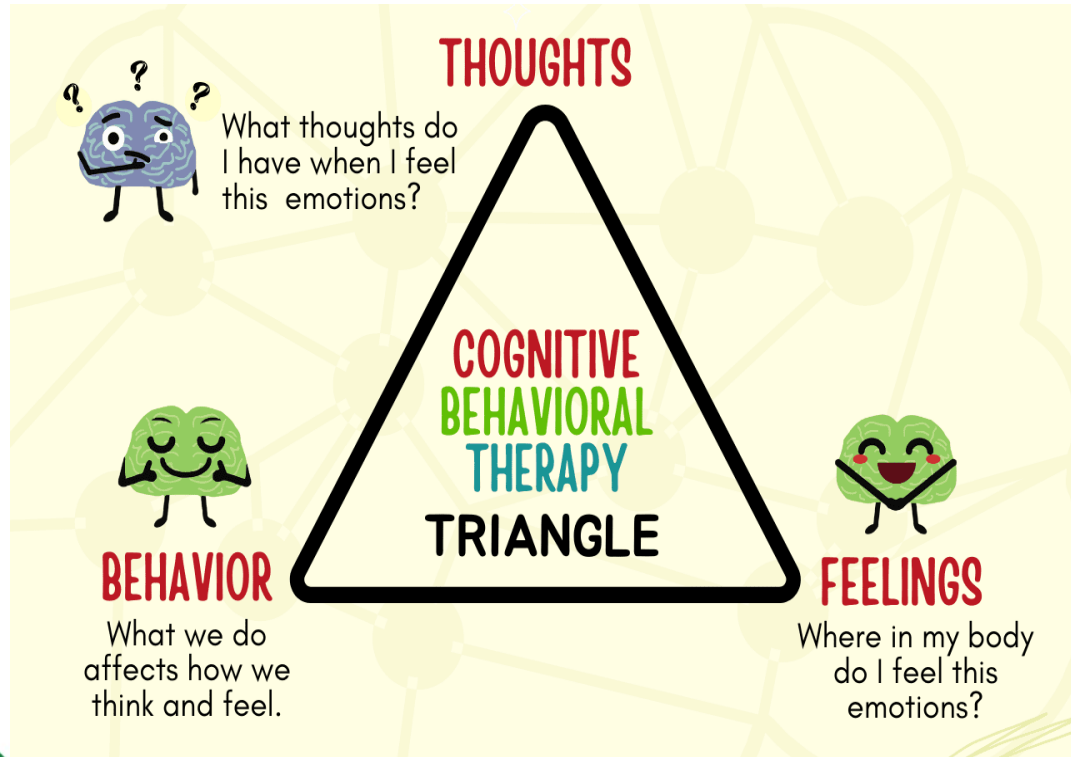


“I don’t want to change. I want all of you to change!”

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What's your Worldview?



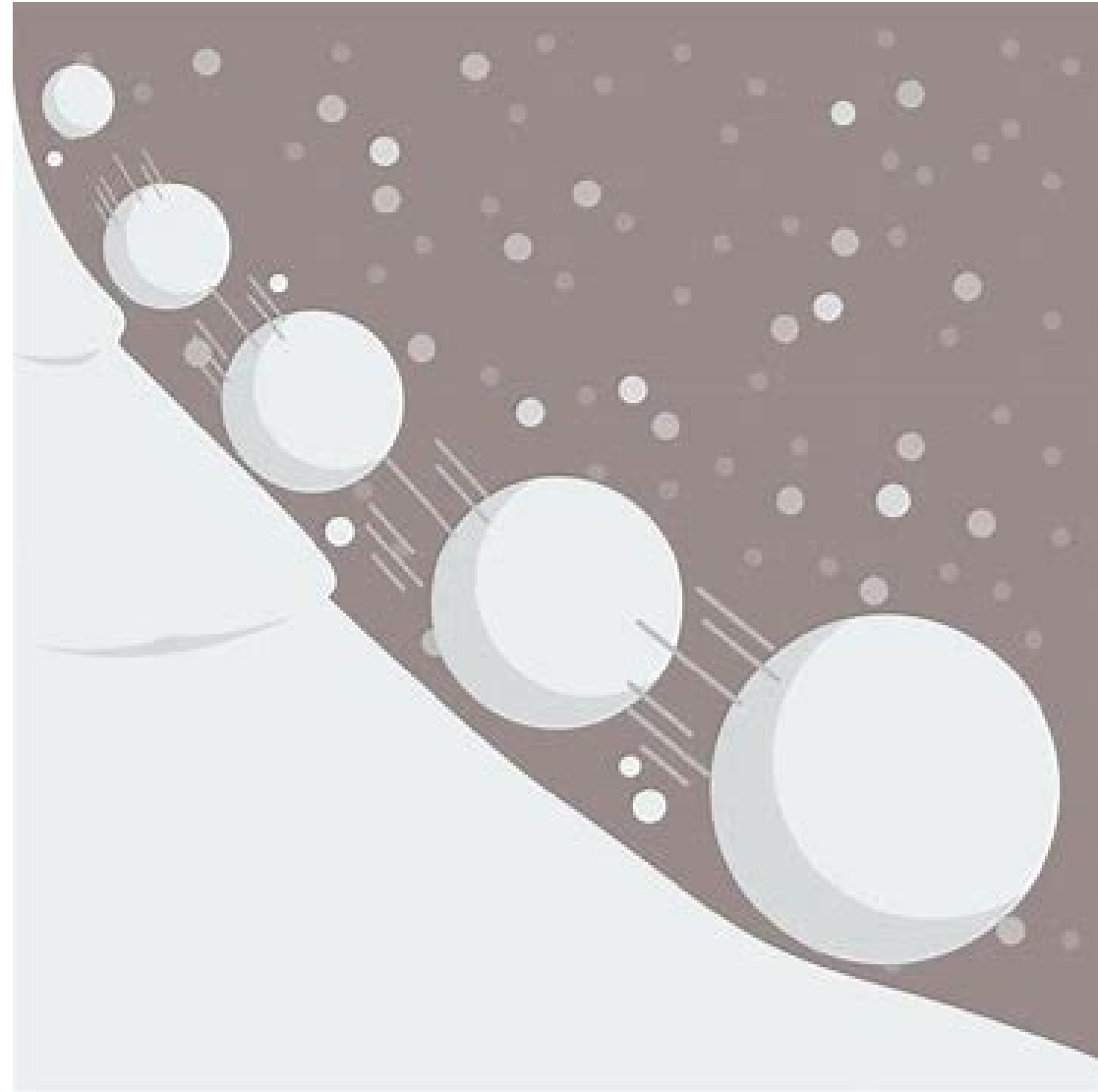
To be effective with targeted therapy...

- ❖ You must believe what you are practicing.
- ❖ BH/SUD should be normalized as routine care.
- ❖ Must have a “no wrong doors” policy.
- ❖ Must be patient-centered and willing to work where the patient is.



Snowball Effect

- ❖ Meet your patient where they are,
- ❖ and trust when they take one single step
- ❖that will motivate them to take one more
- ❖ and one more...



Studies of the “Dose-Effect” Relationship

Studied the number of therapy sessions received relative to the amount of clinical benefit experienced

Conclusion: Treatment beyond session 8 is nowhere near as cost effective as the first 8 sessions (Howard, Kopta, Krause & Orlinsky, 1986)

15 percent of clients are clinically improved before they arrive for the first session

50 percent of all clients are clinically improved by the 8th session

To get 75 percent of clients clinically improved requires at least 26 sessions



Features Targeted Therapies

Treat every session as if it is the last session.

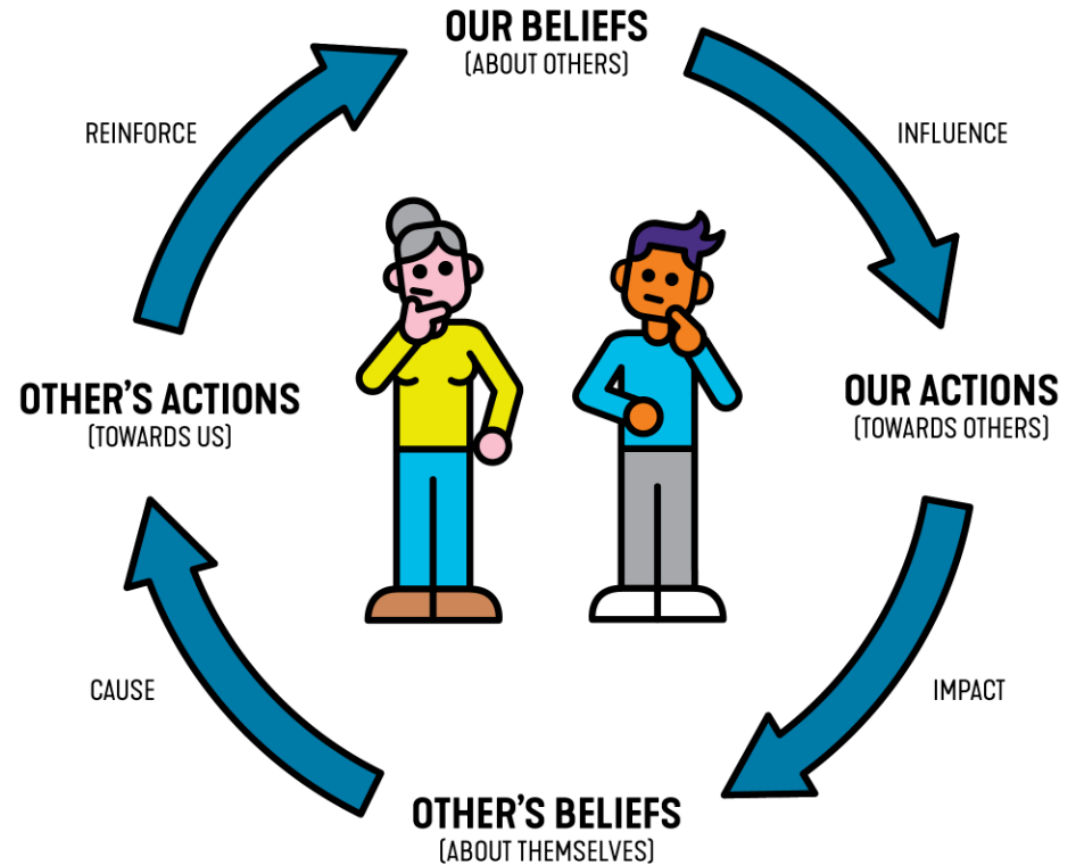
Brief therapy can achieve its' goals before the client's natural tendency to drop out is realized.

The change process begins in the first visit.

Talking in rapid change terms is likely to induce rapid change.



THE PYGMALION EFFECT



Features of Effective Brief Therapy

Clearly defined goals that are related to specific behavior change

Active and empathetic therapeutic style

Patient's values and beliefs are incorporated into the intervention

Measurable outcomes (utilizes rating systems, or other measures)

Enhance patient's self efficacy

Responsibility for change is with the patient





Motivational Interviewing

"The curious paradox is that when I accept myself just as I am, then I can change."

~ Carl Rogers

What is MI?

- A particular way of talking with people about *change and growth* to strengthen their own motivation and commitment.
- MI flows like a normal conversation – It's not something being done **to** a patient.
- Directional and Purposeful
- Compassionate attention to the person while watching/listening for change and growth
- MI is a way of doing what you already do.
- It is person-centered.
- It is **not** primarily seeing deficits, diagnoses or problems to be solved.
- It sees a person with strengths, hopes, and relationships who wants to be heard, valued, and viewed as competent.



Spirit of Motivational Interviewing



I RESPECT YOUR AUTONOMY, SWEETIE.
I JUST KNOW I CAN MAKE IT BETTER.

- Partnership
 - People are experts on themselves, and if they are the ones wanting to change, you need THEIR expertise!
- Acceptance
 - Belief that people have inherent worth and do not need to earn or prove that they deserve respect.
- Compassion
 - A commitment to support positive growth that is in the best interest of your patient.
- Empowerment
 - Helping people realize and use their own strengths and abilities.
 - *Adjusted in the 4th Edition to emphasize the importance of people's own strengths, motivations, resourcefulness, and autonomy.*



Four Tasks of MI:

1. Engaging
 - Can we walk together?
2. Focusing
 - Where are we going? What shall we talk about?
3. Evoking
 - Why would you go there?
4. Planning
 - How will you get there?



Importance and Confidence

- ❑ Why a 4 and not a 1?
 - ❑ Notice you get change talk
- ❑ Why a 4 and not a 7?
 - ❑ Notice you get sustain talk.
- ❑ On the confidence scale, we want the patient to rate themselves 7 or higher.

Importance & Confidence Ruler

IMPORTANCE SCALE:

How important is it for you right now to...? On a scale from 0- 10... what number would you give yourself?

0 _____ 10

CONFIDENCE SCALE:

If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?

0 _____ 10



Why to How...

- Summarize – Bouquet of Change Talk
- And ask...“What next?”
 - What are you considering?
 - What might you try?
 - How do you want to move forward?
- “You know yourself best, how do you think you could move forward?”
- “How **important** is this to you? How **confident** are you?”
 - Not “are you ready?”



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Contingency Management



Contingency Management

Individuals are 'reinforced', or rewarded, for evidence of positive behavioral change

Reinforcers typically consist of vouchers exchangeable for retail goods and services or the opportunity to win prizes

What is reinforcing and when can vary with memory and other executive functions.



Contingency Management Two Reinforcement Methods

Voucher-Based Reinforcement - The voucher has monetary value that can be exchanged for food items, movie passes, or other goods or services that are consistent with a recovery-based lifestyle.



Two reinforcement methods

Prize Incentives - Similar principles but uses chances to win cash prizes instead of vouchers. Participants who have exhibited positive identified behaviors draw from a bowl for the chance to win a prize worth between \$1 and \$100.



Contingency Management

Why CM interventions works with Stimulants

- Positive
- Rapid
- Enduring effects

Whereas measurable effects of cognitive-behavioral therapy emerge after treatment and are not as reliable as effects with contingency management.





Exercise as a Useful Approach to Aiding Individuals With SUDs

Exercise facilitates recovery by enhancing positive mood states and reducing craving.

Helps people develop new positive behaviors to support recovery.

Growing body of literature that exercise can have substantial benefits for individuals in recovery from SUDs

Exercise may hasten or improve recovery from SUDs by modifying underlying neurobiological processes, such as dopamine activity (Robertson et al., 2016).

Cognitive deficits have been observed in individuals who use substances chronically as evidenced by poor performance on memory, attention tasks, and learning deficits (Ramey & Regier 2018).

Substance use disorders are also associated with poor impulse control and selective processing (Lundqvist, 2005). These deficits are positively affected by exercise.

In addition, exercise has been shown to ameliorate negative mood states that may contribute to a resumption of substance use.



What kind of exercise ?



“Best guesses” as to what types of exercise

- Exercise that elevates heart rate to 120 beats per minute
- Three times per week for 20 - 30 minutes

Start gradually, go slower for shorter periods of time

Obtain medical clearance

GET OUTSIDE when possible!!



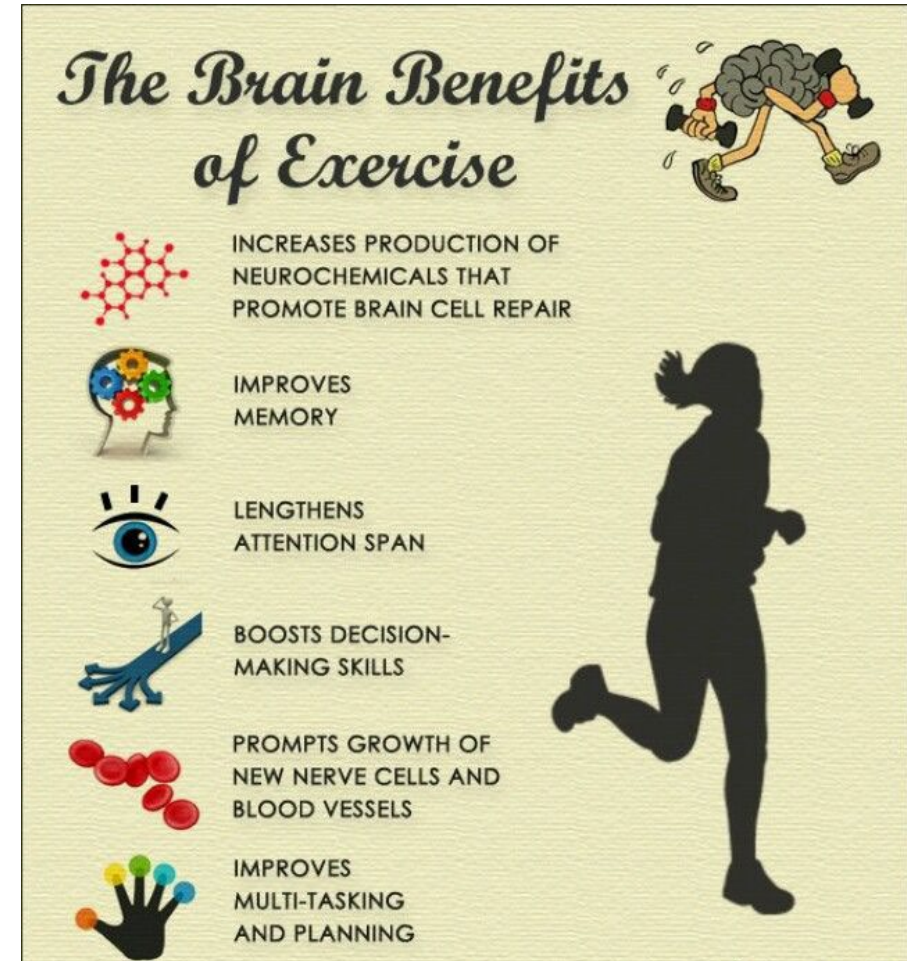
Factors to Consider

Convenience- The exercise must be easy to fit into your schedule. Avoid complicated arrangements (ie., going to a gym before or after work when you have kids at home, etc.).

Comfortability- The exercise should not be intimidating. Walking into an unfamiliar gym or class can be uncomfortable. Promote activities that are familiar and/or have friend go with you.

Affordable-Gym memberships can be expensive, but there are low-cost alternatives (YMCAs; College gyms).

Consistency is important. Better that you do something on a regular basis than less frequent big workouts. "A short workout is better than no workout."



The image features the acronym 'ACT' in large, bold, white, sans-serif capital letters. The letters are centered and appear to be floating or attached to a background of vertical wooden planks. Each plank is painted a different color, including shades of red, orange, yellow, green, blue, purple, and pink. The wood grain is visible on the unpainted parts of the planks. The overall composition is vibrant and textured.

ACT

Acceptance and Commitment Therapy

“A core conception of ACT is that psychological suffering is usually caused by avoidance and cognitive entanglement and rigidity that leads to a failure to take needed behavioral steps that are in accord with core values.”

ACT and Addiction

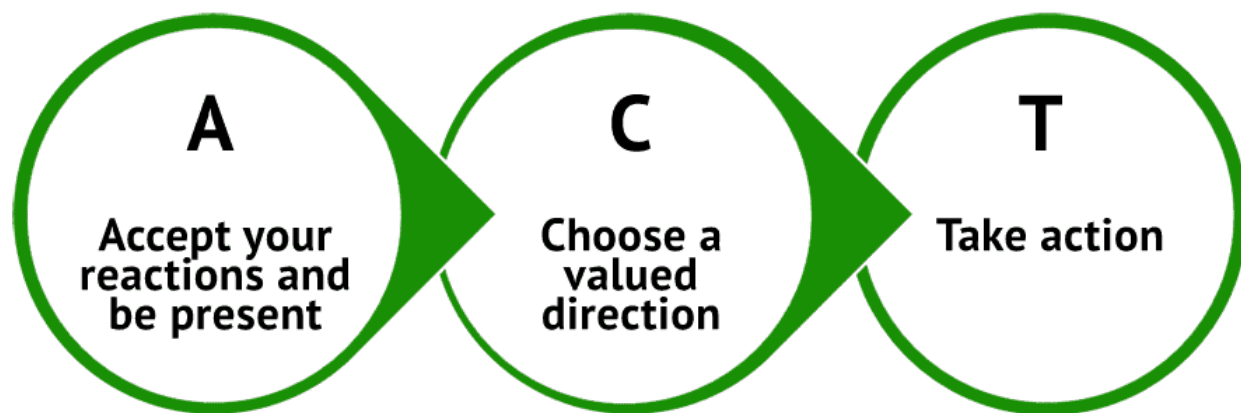
“What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.” – Alice Miller



ACCEPTANCE AND COMMITMENT THERAPY

Emphasizes openness to emotions regardless of positive or “negative.”

It also encourages increased commitment to healthy, constructive activities that uphold your values or goals.



Six Core Processes of ACT



1. Values

A key component of ACT is *values*. This means recognizing what matters **most** to you what you truly want your life to be about.

Examples include friendships, family, work relationships, spirituality and so forth.

2. Committed Action

In this context, *committed action* means doing the things that bring value to your life.

Examples include writing, reading, giving presentations, forming bonds with loved ones, nurturing others, care-taking and creating.



Six Core Processes of ACT

3. Acceptance

A huge aspect of ACT is *acceptance*. In short, this means embracing all your experiences, including unwanted ones or things you view as “negative”..... But don't say “acceptance!”

Example: Accepting that as part of your personality, you can be generous and kind but also quick to judge or lash out.

4. Defusion

This aspect of ACT requires that you stand back from yourself in an objective way. Essentially, *defusion* means noticing your thoughts and thinking processes, without getting obsessed or trying to alter them.

Example: Occasionally, you have intrusive thoughts about someone you love being hurt. Instead of trying to stop the thoughts, you simply acknowledge their presence while realizing thoughts are not reality.



Metaphor:

Avoidance:

It's like you're pushing your anxiety on a swing...

You want it further away, so you push harder,

And it comes at you faster...

But what would happen if you stop pushing the swing?

It's still there...



Six Core Processes of ACT

5. Contact with Present Moment

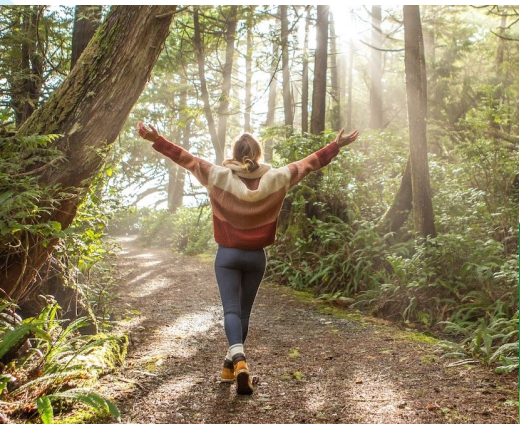
One of the amazing aspects of ACT is its emphasis on living in the here and now. By having *contact with the present moment*, you are more fully aware of your experiences as they happen at this very moment in time.

Example: While camping in the woods, you notice an eagle flying overhead. In your mind, you say to yourself: I see the eagle and am aware of his flying pattern.

6. Self in Context

The final component of ACT is seeing the *self in context*. This basically means that you get in touch with your deep sense of self (meaning the “you” who sits behinds your eyes). This is the observant part of who you are and is distinct from your own thoughts, memories, and feelings.

Example: You consider your own human development and where you are in life. As part of this reflection, you are aware that your upbringing has influenced the here and now and may or may not impact the future.





Cognitive Behavioral Therapy

helps a client to recognize their style of thinking and to modify it through the use of evidence and logic.

CBT is prefrontal cortex intensive

Best done when brain not on
fire.



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Focus is on cognitive restructuring, modifying behavior, and/or developing alternative coping skills.

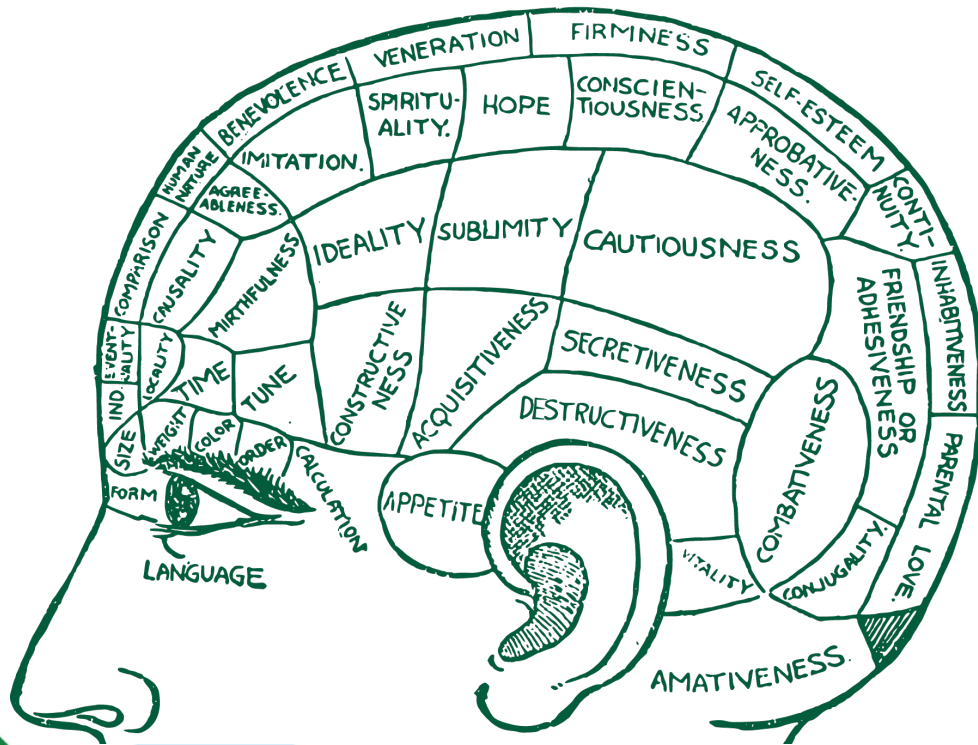
The cognitive difficulties of substance use can make approaches that require learning and remembering new information somewhat challenging ~Dr. Richard Rawson



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CBT CORE THEORY



- Emphasizes how our thinking interacts with how we feel and what we do.
- Based on the view that when a person experiences depression, anxiety, or anger that these stressors can be exacerbated (or maintained) by exaggerated or biased ways of thinking
- These patterns can be modified by reducing erroneous and maladaptive beliefs



Advantages and Components CBT

ADVANTAGES

The advantages of using CBT include:

- Structure that reduces the possibility that sessions will become “chat sessions”, and more therapeutic work may be accomplished,
- An emphasis on getting better by learning how to recognize and correct problematic assumptions
- Clearly defined goals and methods that can be evaluated (measurable)

COMPONENTS

- *Brief and Time Limited (20 sessions)*
- *Present Centered*
- *Thought Focused*
- *Practice and Homework*
- *Sound Therapeutic Relationship*



Psychoeducation.

Teaching skills designed to improve management of negative emotions.

Identification of maladaptive thinking patterns that may be related to returning to substance use.

Functional analysis – Helping patients better understand the function of their substance use.

Identifying triggers to use drugs; increase coping skills that help patients manage emotions.

Enhancing interpersonal functioning.

Increasing recovery-focused activities.

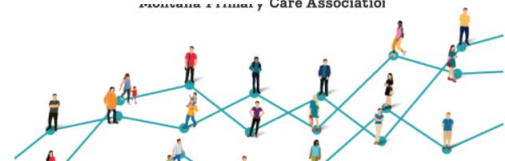
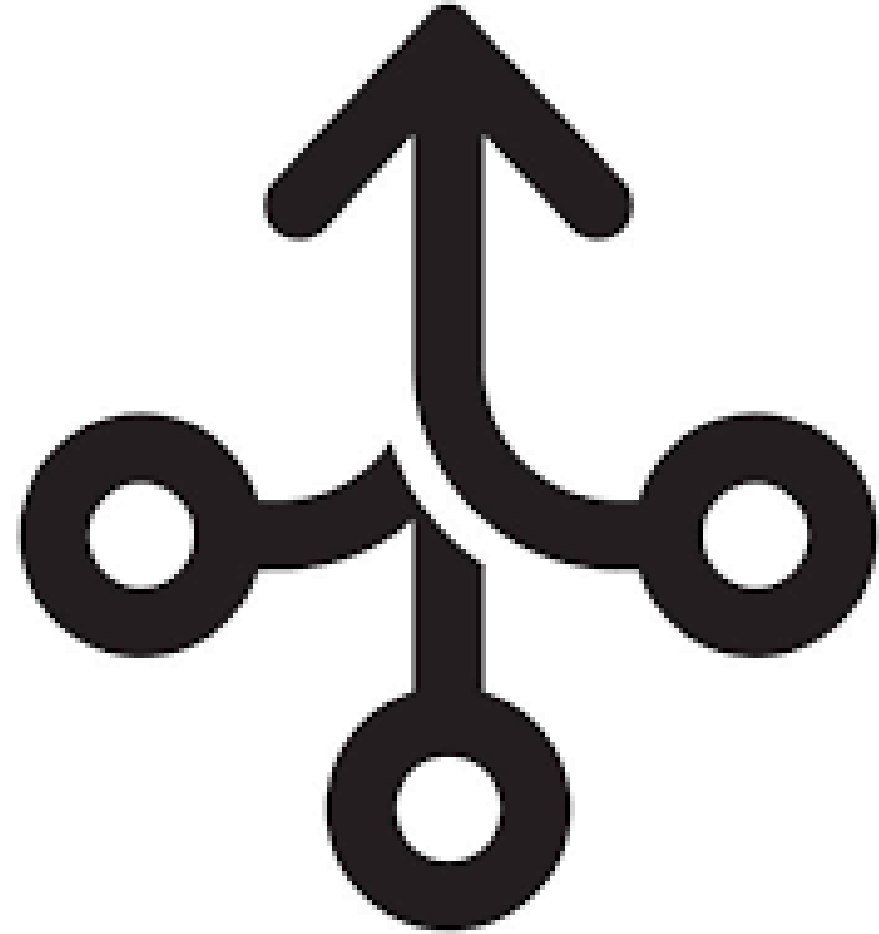
Promoting behavioral activation, i.e., activities that improve mood & increase pleasure.

Enhancing drug refusal and problem-solving skills.

CBT for SUD



Dialectic Behavioral Therapy



ACCEPTANCE

MINDFULNESS

Being aware of the present moment without judgement

DISTRESS TOLERANCE

Managing a crisis without worsening the situation, accepting reality as it is

CHANGE

EMOTIONAL REGULATION

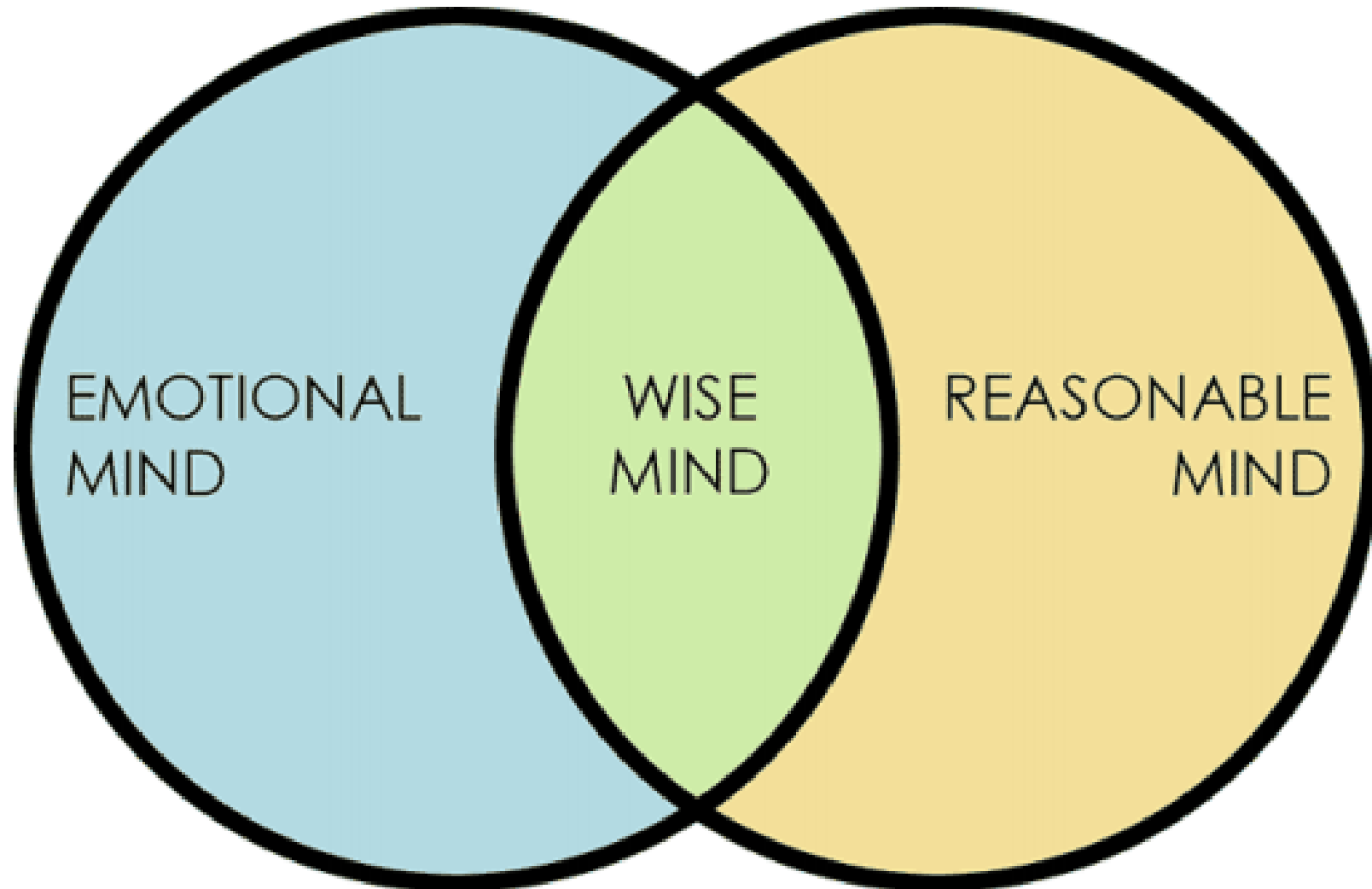
Understanding and reducing vulnerability to emotions, changing emotions

INTERPERSONAL EFFECTIVENESS

Getting needs met, maintaining relationships, increasing self-respect in relationships

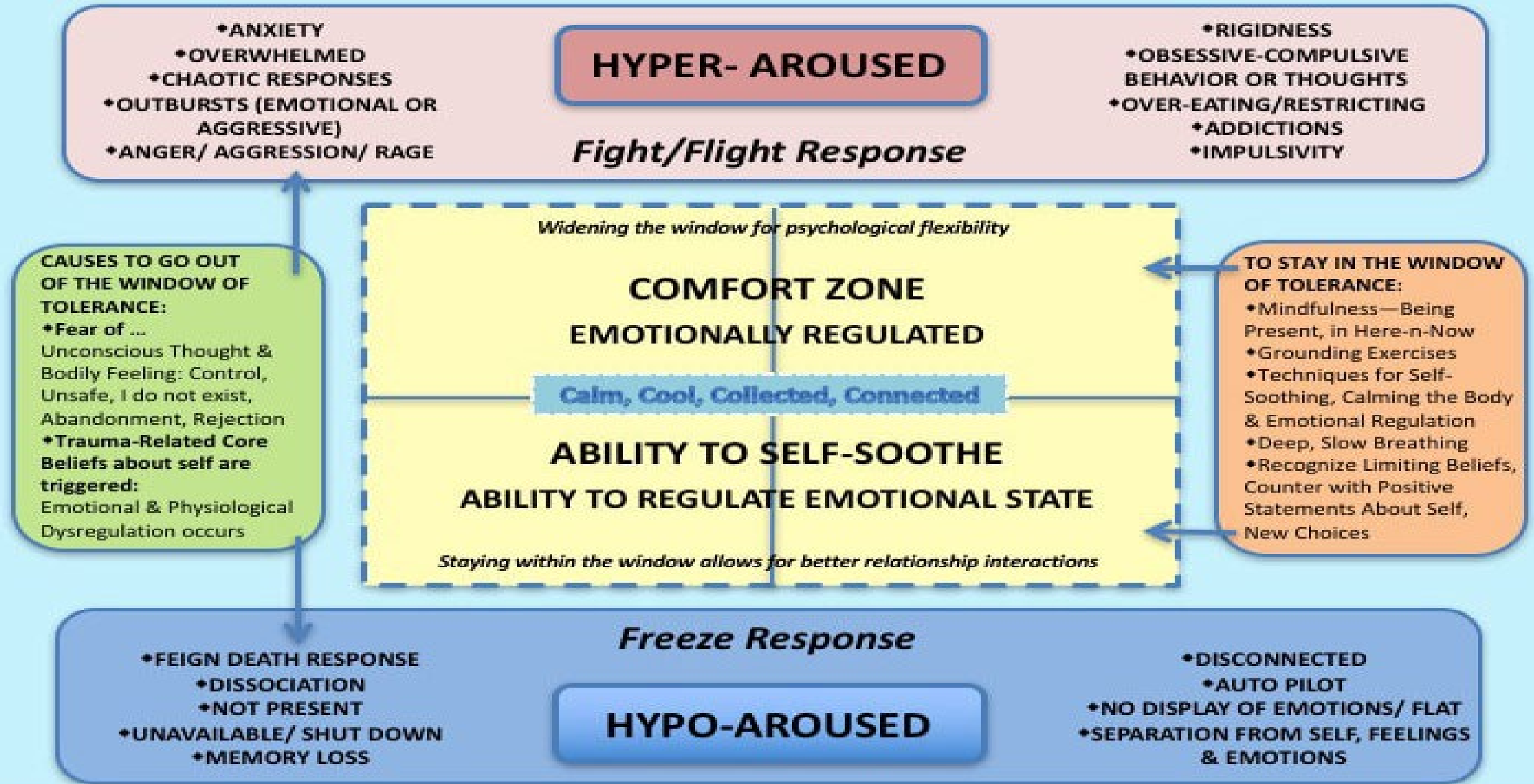


OVERALL GOAL



WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES:

Widening the Comfort Zone for Increased Flexibility



Why is DBT important?

- **To reduce suffering**
 - Improving quality of life
- **To calm and centre yourself in stressful situations**
 - Quietening the body (racing heart, fast breathing, muscle tension, etc.) reduces intense emotions
- **To reflect on and better understand your emotions**
 - Lowering stress levels reduces impulsive behaviour
- **To improve self-respect**
 - Validating the way you feel and improving your relationship with yourself leads to higher self-esteem
- **To improve your communication skills**
 - Avoiding power struggles and taking things personally results in better relationships with others
- **To be more effective in meeting goals**
 - Mindfulness leads you towards your goals and away from distracting emotional tangents
- **To make Wise Mind easier to find**
 - Using practical skills that are empirically supported lead to creating healthy habits



Coaching – Phone and Text

First used with DBT Patients via phone with 3-minute limit.

Only for use after all skills were tried;
Call based on skills coaching only.

TEXT Coaching:

Format: More informal and flexible than traditional therapy. Often provided by life coaches or therapists in between psychotherapy sessions.

Purpose: Targets immediate concerns or guidance, such as managing stress, improving motivation, or developing specific skills.

Techniques: Can include motivational messages, check-ins, reminders, or brief problem-solving sessions.

Platforms: Apps like BetterHelp, Talkspace, or platforms specializing in coaching offer these services.

Limits: It's generally not intended for treating severe mental health conditions but can complement therapy.



Mindfulness



*MINDFULNESS IS . . .
PAYING ATTENTION,
IN A PARTICULAR WAY:
ON PURPOSE,
IN THE PRESENT MOMENT, AND
NON-JUDGMENTALLY.*

From Jon Kabat-Zinn, founder of the Mindfulness-Based Stress Reduction Programs and author of many books including *Full Catastrophe Living* and *Wherever You Go, There You Are*

What is Mindfulness



Mindfulness is living
in the present.

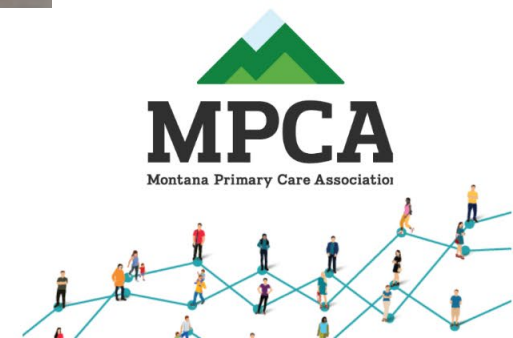


I FEEL BETTER
ALREADY!



First,
“on purpose”

Having the
intention to step
out of “autopilot
mode”



AUTOPILOT

- Fast and Intuitive
- Emotional Self
- Subconscious
- Automatic
- Everyday Decisions
- Requires no Effort
- Makes good decisions 80% of the time
- Creativity lives here
- Prone to predictable and systematic errors
- Biased

INTENTIONAL

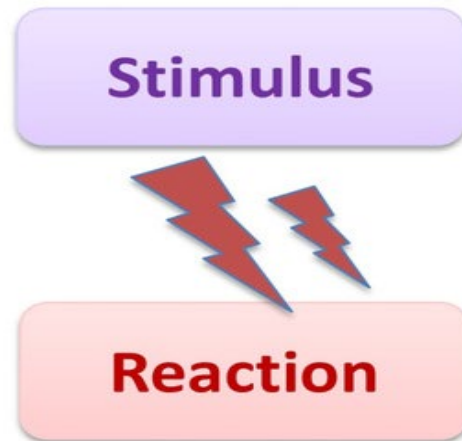
- Slow and Logical
- Conscious
- Drains mental energy
- Used mainly when we learn new information and when we use reason and logic.
- Can be trained to turn on when it detects Autopilot System may be making error.
- Mindful
- Complex Decisions
- Reliable



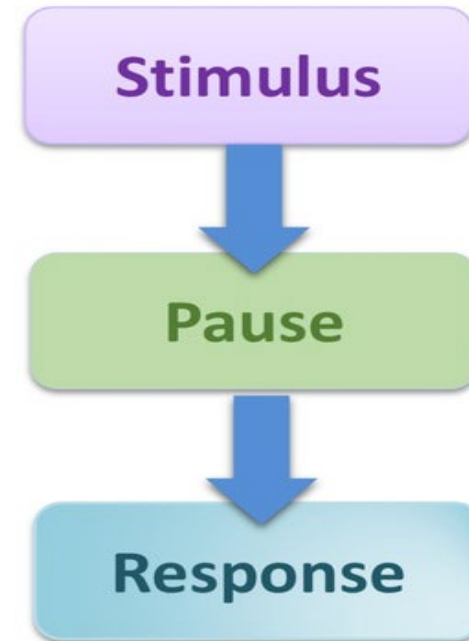
Mindful Behavior

Being mindful creates space to pause...
Replacing impulsive reactions with thoughtful responses.

Autopilot/Reactive Behavior



Mindful Behavior



*And –
“non-judgmentally”*



Can we truly stop judging?

Can we become aware of the judgments our minds are making?

Can we consider that there may be another equally valid perspective?

How might mindfulness be helpful in preventing return to use?



Mindfully Preventing Recurrence

“Paying attention” leads to greater awareness of triggers and responses, interrupting previously automatic behavior

“In the present moment” means accepting present experience, rather than using substances or behaviors to avoid it

“Non-judgmentally” detaching from attributions and automatic thoughts that often lead to return to use



Mindfulness Based Relapse Prevention



How MBRP is different:

Approach to abstinence – a desired goal rather than a requirement for group participation

Group members focus on moment-by-moment experience rather than telling their stories or processing their emotions

Less emphasis on behavior change; more on self-awareness and acceptance

Cravings seen as based in normal human needs and conditioned response



ENGAGEMENT STRATEGIES



Use of Motivational Interviewing is essential!

Promotes engagement with patients and helps to address patient ambivalence and reluctance to make behavior change

The spirit of MI – compassion – evoking, acceptance, and empathy are fundamental

People entering treatment are often confused, depressed, embarrassed, and ashamed.

They may be defensive and must be treated with respect, compassion, and dignity.



Engagement Awareness

- Establishing a positive, compassionate, respectful, non-judgmental relationship
- Having a mentor, peer, sponsor almost doubles engagement
- The time period between the assessment and orientation or treatment initiation should be as short as possible
- It is a mistake to think that a 12-week treatment service is sufficient for meaningful engagement



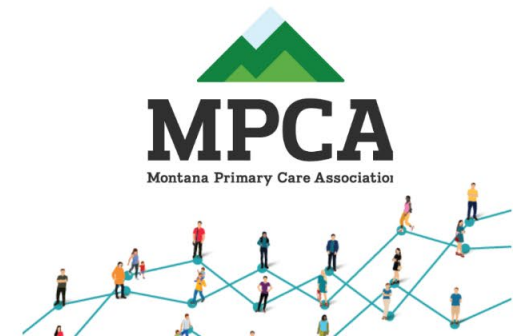
Engagement Strategies – a Few Pearls

The founders of AA and decades of research show that the longer a person remains involved in the recovery process the less they use, are less likely to be involved in criminal activities, and are a better functioning member of society.

To be precise, people in treatment/recovery die less often than those who don't.

We are mitigating death!

Reminder that using is more about alleviating unwanted states; not achieving a more positive state.



Engagement Strategies

1. Build trust and rapport
2. MI Always!
3. Personalized TXP
4. Education
5. Peer Support
6. Addressing co-occurring disorders
7. Supportive, welcoming environment
8. Incorporate behavioral and incentive-based approaches
9. Trauma Informed Care
10. Return to Use Prevention strategies
11. Flexible support
12. Family and social support system involvement



Promoting Patient Retention

Positive, supportive, safe environment

Non-judgmental MI interactional style

Positive incentives

Individualized Treatment Plans

Availability of snacks and drinks

Flexible hours

Telephone/text outreach

Care Coordination

Multidisciplinary approach and strong therapeutic alliance.

Address social determinants of health

Accessibility



Be Sure to Zip Up!

This patient population tends to be higher acuity with higher needs and higher burn out rate

- Boundaries
- What's Mine, What's Yours
- Whose life is this anyway
- Expectations in check
- Holding on to ourselves – maintain ownership





Breakout

Co-occurring Disorders with SUD

Drug Only

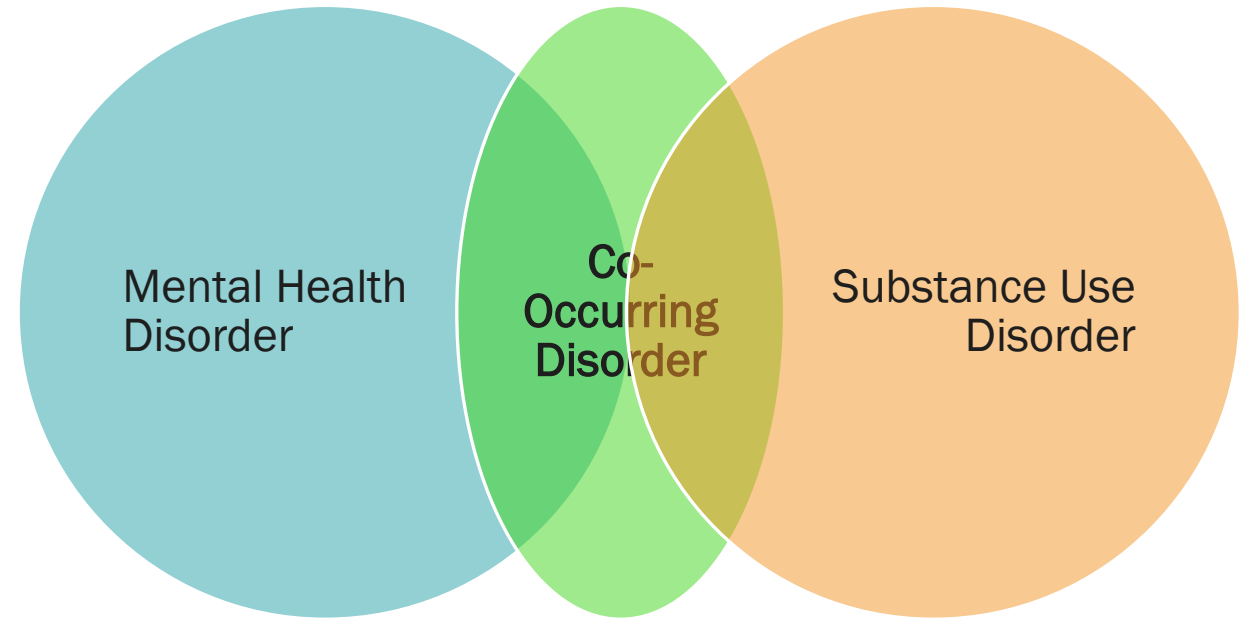
- 44% Personality
- 28% Mood
- 24% Anxiety

Alcohol Only

- 51% Personality
- 35% Mood
- 27% Anxiety

Drug and Alcohol

- 25% Personality
- 16% Mood
- 16% Anxiety



Principles of Successful Treatment

Co morbidity is the expectation – NOT the exception

- Welcoming – Access – Integrated Screening

Empathic, hopeful, integrated, strength-based partnership

- The essence of success!

Integrated longitudinal strength-based assessment

Concurrent, not serial, treatment



Principals of Co-Occurring Treatment

This dynamic is the expectation – NOT the exception.

Screening and/or monitoring leads to prevention.

- Taking Emotional Vitals!
- Tracking symptom progress
- Prevention and monitor by patient

Data is critical to documenting patient progress.

Depression is comorbid with almost everything....

Start with the Low Hanging Fruit

- Depressive Sx.
- Medication Adherence
- Appetite
- Caffeine
- Alcohol Use
- Nicotine Use

