

## Navigating Addictions: Practical Interventions to Promote Healing & Recovery (Part 1)

Dr. Carissa Muth, R.Psych (AB and BC)



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## Defining Addictions

DSM-5 - Substances and Gambling

Criteria (at least 2 in 12 months)

- Larger amounts or over longer period of time than intended
- Persistent desire or unsuccessful efforts to cut down or control use
- A great deal of time is spent in activities necessary to obtain substance
- Craving or strong urge to use
- Failure to fulfill major role obligations
- Continued use despite persistent social or interpersonal problems
- Important activities given up because of use
- Recurrent use in situations in which it is physically dangerous
- Continued use despite knowledge of having recurrent problems
- Tolerance
- Withdrawal



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## Defining Addictions

- Excessive habits of everyday life
- Dynamic
- View behaviour as ego syntonic when it is not
- Not strictly due to neuroadaptation



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## Model of Addictions

- Earliest models of addictions (1812, 1891)  
Explain addiction as excessive behaviour patterns from a moral turpitude that requires values conversion and piety.
- Alcoholics Anonymous  
Disease or illness model that consider excessive behaviour as a chronic, fundamental disorder for which there is no cure other than abstinence.
- Biological Model  
Person has no control, shifts in the reward cycle.
- Psychodynamic  
Addiction as adaptive response, keep people from regressing to a more primitive state, self-medication.




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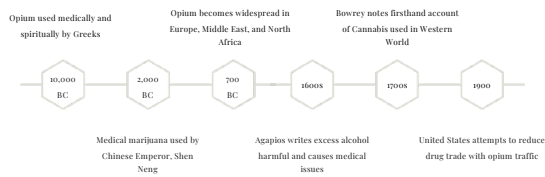
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## History of SUD




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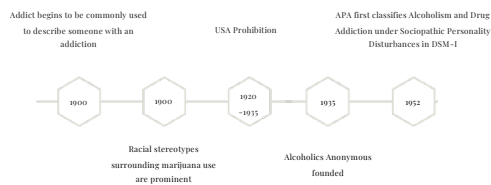
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## History of SUD




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## Biopsychosocial Model

- Considers the complexity of addictions
- Constellation of factors rather than one cause for addictions
- Biological
- Psychological
- Social

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## Etiology - BIOLOGICAL

40-60% Biological Factors

Epigenetics

Cascade Model

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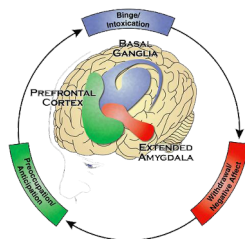


Photo Credit: National Institute of Health

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## Etiology - SOCIAL

Attachment

Loneliness

Social Learning  
Theory



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## Etiology - PSYCHOLOGICAL

Comorbidity

Emotional Regulation

Development



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## Adverse Childhood Experience (ACE) Study

- Higher ACE Score = Great risk of addiction
- Higher ACE Score = Lower resilience
- Resilience mitigates drug use
- Building resilience



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## Adverse Childhood Experience (ACE) Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often get drunk or high or take care of you or take you to the doctor if you needed it?  
Yes No If you enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household often or very often get angry, yell, or lose something or your temper?  
Yes No If you enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you ever...  
Touch or fondle you or have you touch their body in a sexual way?  
Yes No If you enter 1 \_\_\_\_\_
4. Did you often feel that...  
No one in your family loved you or thought you were important or special?  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If you enter 1 \_\_\_\_\_

5. Did you often feel that...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If you enter 1 \_\_\_\_\_
6. Were your parents ever separated or divorced?  
Yes No If you enter 1 \_\_\_\_\_
7. Was your mother or stepmother...  
Often pushed, grabbed, slapped, or had something thrown at her?  
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?  
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If you enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If you enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If you enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If you enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score



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## Schemas

- Patterns of thinking and behavior that are used to interpret
- Maximum neurons at 3 years old
- Pruning for efficiency
- Chronic stress causes excess pruning
- Self-protection and survival
- Narrative therapy and challenging schemas



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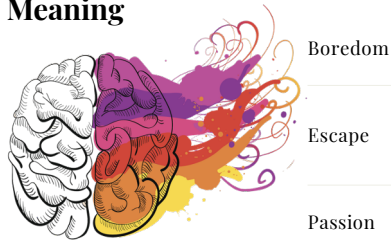
## Desensitization

- Maladaptive cognitive appraisals
- Every act of recall is also potentially an act of modification
- Learning safety
- Prolonged Exposure Therapy



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## Meaning




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## Addiction as a Response

*"Such widespread phenomena as depression, aggression and addiction are not understandable unless we recognize the existential vacuum underlying them."*

*"When a person can't find a deep sense of meaning, they distract themselves with pleasure."*

— Viktor E. Frankl

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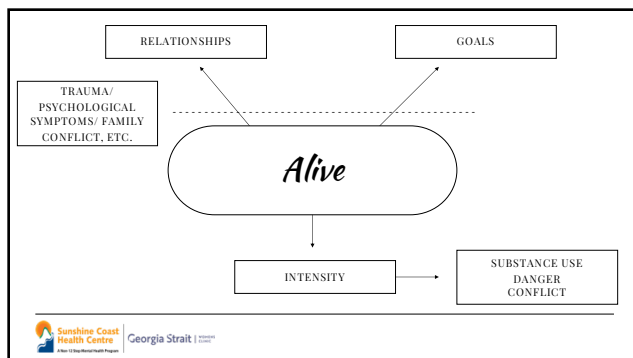
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## Developing Meaning

- Self- awareness
- Acceptance of suffering
- Relationships
- Intrinsic goals




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## Assessment

- Gold Standard
- Distinguish overwhelming impulses versus and unwillingness to resist those impulses




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## Psychometric Tools

- **AUDIT**  
Alcohol screening tool, identify potential hazardous use, 10 questions
- **CIWA**  
Assess severity of alcohol withdrawal
- **SCID-5**  
Structured clinical interview for DSM-5 assessment




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**Test for Nicotine Dependence**

At what age did you start smoking? <input type="text"/>	
When did you stop smoking? (if applicable) <input type="text"/>	
How many times have you tried to quit smoking over the past 12 months? <input type="text"/>	
How soon after you wake up do you smoke your first cigarette? <input type="text"/>	Select from list
Do you find it difficult to refrain from smoking in places where it is not allowed? <input type="text"/>	Select from list
Which cigarette would you hate most to give up? <input type="text"/>	Select from list
On average, how many cigarettes do you smoke a day? <input type="text"/>	Select from list
Do you smoke more frequently during the first hour after waking, than during the rest of the day? <input type="text"/>	Select from list
Do you smoke even when you are so ill that you are in bed most of the day? <input type="text"/>	Select from list

Specify severity:

☐ Low dependence (score of 1-2)

☐ Low to moderate dependence (score of 3-4)

☐ Moderate dependence (score of 5-7)

☐ High dependence (score of 8 or higher)

Notes:



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**Substance Use Disorder – Substance #1:**

Substance used in larger amounts or over longer period than intended. Have you often found that when you start [drinking/using substance] you ended up drinking much more than you were planning to? If so, What about [drinking/using substance] over a much longer period of time than you were planning to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Persistent desire or unsuccessful efforts to cut down or control use. Have you tried to cut down or stop using [alcohol/substance]? If yes, Did you ever actually stop using [alcohol/substance] altogether? How many times did you try to cut down or stop? If no, Did you want to stop or cut down? Is this something you worry about?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Great deal of time spent in activities to obtain, use, or recover. Have you spent a lot of time using [alcohol/substance], being high, or being hung over?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Craving. Do you have a craving, strong desire, or urge to use alcohol/substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Recurrent failure to fulfill major role obligations. When you were using [alcohol/substance] the most, did you ever miss work or school because you were intoxicated, high, or very hung over? What about doing a bad job at work or failing classes at school because of your [alcohol/substance] use? If yes, How often did this happen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Continued use despite persistent social problems. Did your [drinking/substance use] cause problems with other people, such as family members, friends, or people at work? Have you ever gotten into physical fights when you were [drinking/using substance]? Have you had bad arguments about your [drinking/substance use]? If yes, Did you keep on [drinking/using substance] anyway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	



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Important activities given up or reduced because of substance use. Have you had times when you would use [alcohol/substance] instead of working, spending time with your family or friends, or engaging in other important activities, such as sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Recurrent substance use in dangerous situations. Did you ever use [alcohol/substance] in a situation in which it might have been dangerous? Did you ever drive while you were [drunk/high]? If yes, When? How many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Use continued despite knowledge of recurrent psychological or physical problems caused or exacerbated by the substance. Has your [alcohol/substance] use ever caused any psychological problems, like depression, anxiety, insomnia, or "blackouts"? Has your [alcohol/substance] use ever caused significant physical problems or made a physical problem worse? If yes, Did you keep on [drinking/using substance] anyway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Need for increased amounts or diminished effect with same amount (tolerance). Have you found that you need to use a lot more [alcohol/substance] to get [drunk/high] than you did when you first started using? If yes, how much more? If no, What about finding that when you used the same amount it had much less effect than before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
Withdrawal. Have you ever had any withdrawal symptoms when you cut down or stopped using [alcohol/substance]? If yes, Have you ever started the day by using [alcohol/substance]? Did you use alcohol, a drug, or medication to keep yourself from getting the shakes or becoming sick?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Describe: <input type="text"/>	
There have been two or more symptoms of substance use disorder within a 12-month period.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?
Specify type:	
<input type="checkbox"/> Is only remission (no criteria met [except craving] for 3 months but less than 12 months)	
<input type="checkbox"/> Is sustained remission (no criteria met [except craving] for 12 months or longer)	
<input type="checkbox"/> Is a controlled environment (where access to substance is restricted).	
Specify severity:	
<input type="checkbox"/> Mild (2 or 3 symptoms)	
<input type="checkbox"/> Moderate (4 or 5 symptoms)	
<input type="checkbox"/> Severe (6 or more symptoms)	



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## Navigating Addictions: Practical Interventions to Promote Healing & Recovery (Part 2)

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## Defining Addictions

- Excessive habits of everyday life
- Dynamic
- Interaction of psychological, social, biological, and existential components




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## Barriers to Treatment

- Stigma
- Low self-efficacy
- Cost
- Logistical limitations
- Pre-contemplative




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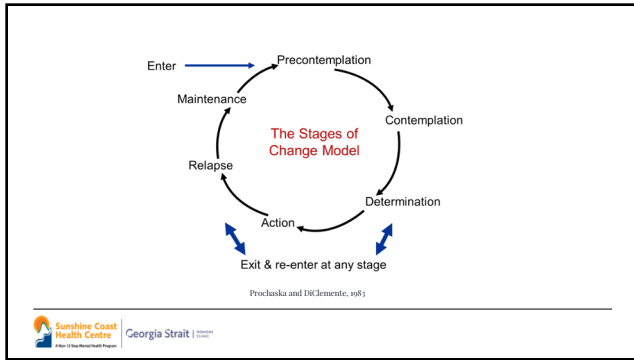
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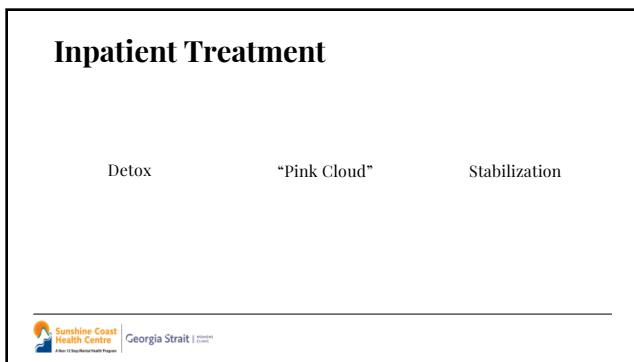
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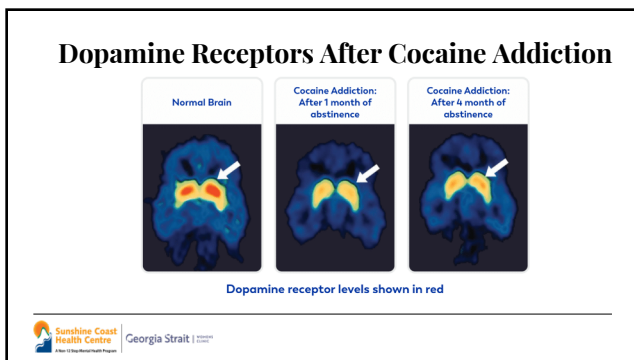
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## Post Inpatient Treatment Care

Behavioural  
Pattern

Stress  
Management

Difficult  
Relationships



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## Community Support Groups

SMART  
Recovery

Recovery  
Dharma

Alcoholics  
Anonymous



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## Working With Low Motivation

- Complexity of motivation
- Resistance
- Mapping effects of the issue
- What does the substance provide you?



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## Boundaries

Unhealthy  
Means of Survival

Not Showing up  
for Appointments

Family  
Involvement



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## Therapeutic Interventions

### 1. Understanding

- What does the substance provide?
- How does the client understand their substance use?
- Identifying thought distortions Goal: understand the client's narrative, cognitive schemas, and relationship with their substance



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## Feedback-Informed Treatment

- Evidenced based approach to assess and adapt to client's feedback in real time in order to improve session outcomes
- Based on common factor model of psychotherapy



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[illegible]



## Therapeutic Interventions

### 3. Developing a "New Normal"

- What gets you out of bed in the morning?
- What do you want to live for?

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## Exploring Meaning

Three types of values whereby one can discover meaning:

- *Creative*  
What the person gives to the world
- *Experiential*  
What the person receives from the world
- *Attitudinal*  
Adopting the right attitude of acceptance and taking a stand towards unavoidable suffering

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ACTIVITY	<ul style="list-style-type: none"><li>• Activities that are intrinsically valuable and interesting</li><li>• Activities that are instrumental in obtaining significant goals</li><li>• Activities that are self- transcended and directed at serving others</li></ul>
BEAUTY	Beauty, truth and love joy and wonder
ACCEPTANCE	Acceptance in suffering



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*Thank you!*

Questions?



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