

A Guide to Holistic Addictions Treatment

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Understanding Addictions



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*"Momentary freedom from the claims of the aging,
cautious, nagging, frightening flesh."*

—William Burroughs on heroin



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*"An existential anxiety involving not feeling safe in
my own skin"*

—Owen Flanagan on alcohol and benzodiazepine



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Addict

*"Had a depth and complexity that helped to point toward
that confusing gray area between free will and
compulsion."*

— Carl Erick Fisher *The Urge*



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Free choice vs. Total compulsion

- Teng Cen (AD 1137- 1224) – "True nature"
- Augustine- Sin for the sake of sinning
- Edgar Allen Poe- "unfathomable longing of the soul to vex
itself"



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Akasia

- "Weakness of the will"
- Doing something even though you truly believe it would be better not to
- Socrates – People never truly act against their better judgement
- Aristotle- Various ways inter conflict interfere with choice
- Plato- Divided self



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History of SUD



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History of SUD



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It's the substance

*"The barbarous and beastly maners of the wilde,
godlesse,... especially is so vile and stinking a
custome"*

-King James I on tobacco (1604)



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*"Drugs are not entities with fixed meaning;
our ideas about them are framed by the era we
live in."*



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Racially biased evaluations

- "Firewater myths"
 - disguise the use of alcohol as a weapon and provide ideological support for colonization and supremacy
- "Cocaine Fiend" "Junkies"



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It's the person

"A strong habit of virtue, and a great degree of holiness, may cause a moral inability to love wickedness in general, and may render a man unable to take complacency in wicked persons or things; or to choose a wicked in preference to a virtuous life."

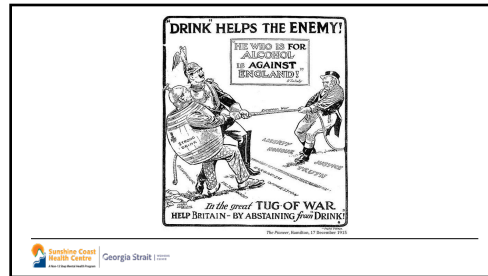
-Jonathan Edwards (1703-1758) , American Original.



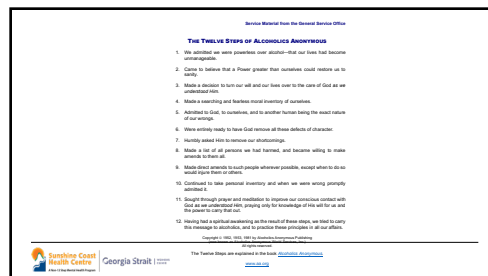
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Pursuit of Addictive Personality

- Weiss (1942)
 - Abnormal drinking as a symptom of inadequate personality
- Gray and Moore (1942)
 - Foundation of personal inadequacy, social maladjustment and psychological disturbances
- Moore (1943)
 - More immature than average and may have "paranoid tendencies"

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It's a disease



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Disease Based Interventions

- Psychopharmaceuticals
 - Opioids- Methadone, Suboxone
 - Alcohol- Disulfiram, Naltrexone
- Rehabilitation
 - Hazelden, Minnesota

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Minnesota Model (Hazelden Model)

- Abstinence off all psychoactive substances
- "This model drew heavily on the experience of AA members in its conceptualisation of alcoholism as a primary, progressive, disorder whose management required sustained abstinence and an active, continuing, programme of recovery" (White, 2001, p50).
 - Five rules to prevent "self-will run riots"- behave responsibly, attend lectures on the Twelve Steps of Alcoholics Anonymous, talk with the other patients, make your bed, and stay sober.

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It's from trauma

"If you look at why addicts are soothing themselves through chemicals, you have to look at why they have discomfort and you will see that they have all experienced childhood adversity—the pain and distress that they needed to escape."

—Gabor Mate in the Realm of Hungry Ghosts



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It's a choice

"A person is addicted to a specified behavior if they have demonstrated repeated and continuing failures to refrain from or radically reduce the behavior despite prior resolutions to do so or if they would have demonstrated such failures under different personal or environmental circumstances."

— Nick Heather 2017



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Spontaneous Remission

"The material and emotional costs and benefits of everyday life, including existential and value laden self-reflections, are the correlates of remission from addictions."

—Gene H. Heyman and Verna Mims



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But.. A choice not like any other

"Were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon, in order to get at the rum."

- Rush 1812 quoting a user of alcohol



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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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Behavioural addictions

- Gambling
- Video games
- Food
- Sex
- Shopping

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Internet, Phone, & Video Games

- Gaming Disorder - in ICD- 11 (need of more research for DSM-5-TR)
- Internet and Phone Addiction
 - Social Media – Helpful or harmful depending on meaning and use

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Stigma

“Criminal Addict”



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Social Policy

- Opium Act 1908
- Opium and Narcotics Drug Act 1920
- Narcotics Control Act 1961
- National Drug Strategy 1987
- Controlled Drug and Substance Act 1997
- National Anti-Drug Strategy 2006

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Topic	Instead of	Use
People who use drugs	<ul style="list-style-type: none"> • Addicts • Junkies • Users • Drug/substance abusers • Recreational drug users 	<ul style="list-style-type: none"> • People who use drugs/substances • People with an addiction or substance use disorder • People with lived/living experience • People who occasionally use drugs
People who have used drugs	<ul style="list-style-type: none"> • Former drug addict • Referring to a person as being 'clean' 	<ul style="list-style-type: none"> • People who have used drugs/substances • People in recovery • People with lived/living experience
Drug use	<ul style="list-style-type: none"> • Drug/substance abuse • Drug/substance misuse • Problematic drug/substance use 	<ul style="list-style-type: none"> • Drug/substance use • Addiction/substance use disorder • Drug dependence • Higher risk drug/substance use • Substance use harms


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Four Components of Addictions

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Model of Addictions

- Earliest models of addictions (1812, 1890)
Explain addiction as excessive behaviour patterns from a moral turpitude that requires values conversion and piety.
- Minnesota Model
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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Biopsychosocial Model

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



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Case Study – John

John is a 42-year-old male from Alberta. He was referred for inpatient treatment to address his PTSD and alcohol use. He is currently single and has partial custody of his 9-year-old daughter.

He described his childhood home as abusive. He joined the Canadian Armed Forces at age 20 stating he needed a job and did not know what else to do. He served three tours of duty and stated he was exposed to traumatic events each time. He was honorably discharged from the CAF at age 32 and has worked as an mechanic since.

At age 41, he was admitted to the hospital for approximately one month following a suicide attempt via overdose. He has regularly sought out individual counselling, but reported that he does not feel he has made much progress. He was prompted to attend inpatient treatment at the encouragement of his wife threatened to seek full custody of their daughter.



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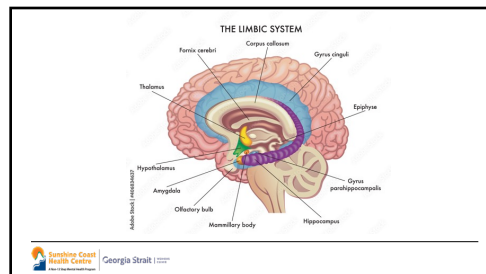
Biological

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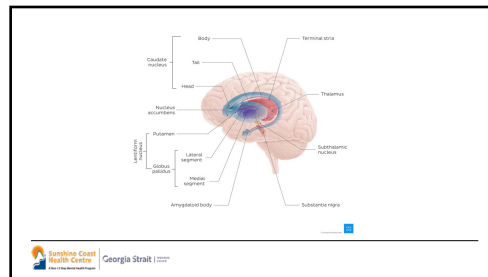
Neuroscience of Addiction

- Addiction develops from chronic intermittent exposure
- Progressive and functional disruptions to brain regions that underlie motivation, reward, and inhibitory control
- Includes a transition from impulsive drug intake to compulsive intake
- Mediated by positive and negative reinforcement
- Inhibitory control diminished due to impairment in executive functioning from substance use

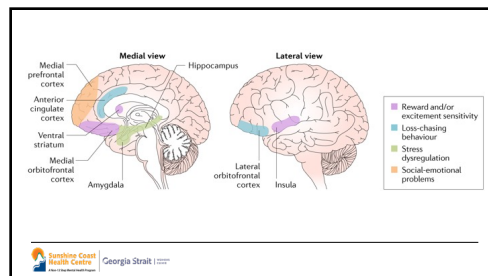
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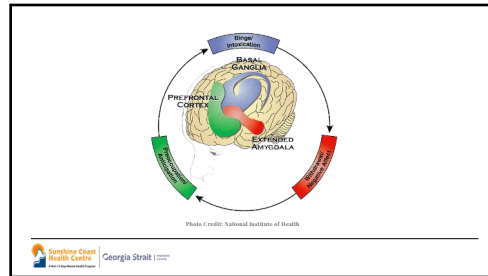


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Dopamine

- Increase extracellular dopamine concentrations in limbic region
- Stimulants directly increase dopamine in synaptic space
- Other substances work directly or indirectly to modulate dopamine cell firing
- Increases motivation to seek substance

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Cannabinoids

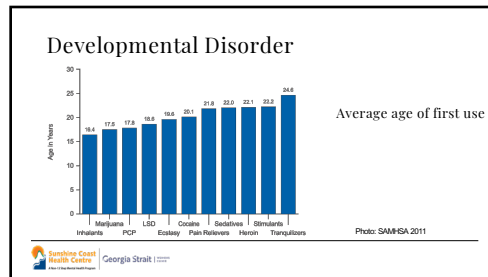
- CB1 and CB2 receptors function to inhibit adenylate cyclase
- Found in the basal ganglia, hippocampus, cerebellum, cerebral cortex, and striatum

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Genetics

- 40 to 60% of vulnerability to addictions linked to genetic factors


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Alcohol

- Central nervous system depressant
 - Initial: Relief of anxiety, increased talkativeness, feelings of confidence and euphoria, and enhanced assertiveness
- Medical complications
 - Skeletal fragility and damage to tissue such as brain, liver, and heart



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- Alcohol is a neurotoxin
- Associated with atrophy of the cerebral cortex, reduced white matter volume, enlarged ventricles, and atrophy of subcortical structures
- Cognitive deficiencies with both white and grey matter abnormalities
- Frontal lobes, limbic system, and cerebellum particularly vulnerable to chronic alcohol abuse
- Alcoholic dementia
- Korsakoff's syndrome

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Cannabis

- Acute effects: hallucinatory and reactive emotional states, some pleasant, some unpleasant and even terrifying; time disorientation; and recent- transient- memory loss
- Likely no permanent neurotoxic effects
- Impact on neurodevelopment: changes in adult brain circuits after heavy cannabis consumption during adolescence, leading to impaired emotional and cognitive performance and potentially representing a risk factor for developing schizophrenia



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Cocaine

- Disrupts the functional integrity of the brain's reward centres
- Abnormal metabolism and hypoperfusion even after sustained abstinence- slowed mental processing, memory impairments, reduced mental flexibility



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Opiates

Long- term uses can sustain permanent cognitive impairments- attention, concentration, various aspects of memory and learning, and visuospatial and visuomotor activities



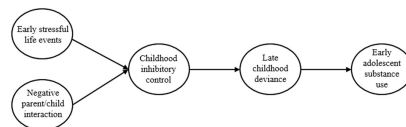
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Methamphetamine

- Paranoid psychotic episodes with vivid hallucinations, both auditory and visual, and vulnerability to psychotic relapses
- Damage to dopaminergic and serotonergic terminals
- Cognitive impairments- attention, memory, executive functions

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Cascade Model



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Epigenetics



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BIOLOGICAL - John

- Parents did not struggle with an addiction but his father did consume alcohol frequently
- No addictions in the immediate family but his uncle also struggles with alcohol abuse
- Has tried to quit drinking on his own 4 times. Successfully reduced his use with the help of therapy



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Attachment



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Attachment

- Early childhood experiences and insecure attachments - Interrelated risk factors for addictions
- Bowlby's internal working model
- Self- Medication theory of addictions
- "Significant positive association between insecure attachment (anxious and avoidant) and a more intensive and dysfunctional use of the internet and social media"



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Self- Regulation

- Interpersonal trauma
- Social adaptation
- Loneliness

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Social Learning Theory



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Social Dislocation



Mohegan

Dislocation - lack of attachment, belonging, identity, meaning, [and] purpose

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Social Disparity

- Poverty
- Lack of mental health resources
- Housing
- Increased stress



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SOCIAL – John

- Insecurely attached- Childhood abuse
- Single and spends most of his time outside work drinking alone
- At risk of losing his daughter
- Witnessed his father drinking alcohol whenever “stressed” from work



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Addiction and ADHD

- Etiology
 - Genetic - 0.8 heritability estimate
 - Environment- Risk factors smoking during pregnancy, premature birth, low birth weight
- Medications that inhibit the dopamine transporter increase synaptic dopamine levels and ameliorate the symptoms of ADHD
- Reduced volume prefrontal cortex
- Effects 8%-18% of children and adolescents
- 60% continue to show symptoms into adulthood (4.4%)



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Addiction and ADHD

- When combined with SUD, severity of impairment increases
- More likely to move to another DOC after a period of sobriety
- Longer duration of having a substance use disorder and a slower remission rate
- Poor emotional regulation and rejection sensitive dysphoria



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Mood Disorders and Addiction

- Major Depressive Disorder most common – 15% to 50% lifetime prevalence rate
- MDD linked to worse outcomes in addiction treatment
- Bipolar Disorder – 1%-3%
- Largest strength of association between addiction and Bipolar, increase likelihood of addiction by four



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Anxiety Disorders and Addiction

- High comorbid relationship between alcohol and anxiety
 - Overlap of symptoms between disorders makes it difficult to know rates of prevalence
- NESARC study – 50% of those with lifetime GAD had a lifetime comorbid SUD



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Psychotic Disorders and Addiction

- Transient substance-induced psychotic symptoms are not uncommon
- One month of abstinence needed to make the diagnosis of a primary psychotic disorder
- 47% of persons with schizophrenia have a lifetime experience of SUD



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Personality Disorders and Addiction

- Usually experiences the PD as ego-syntonic and externalizes blame for their dysfunction
- Onset of PD typically late adolescence or early adulthood
- Treatment
 - Structured environment with dual focus of PD and SUD
 - Utilize integrated psychosocial treatments
 - Integrated system of care
 - Symptom-targeted pharmacotherapy
 - Psychosocial interventions



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PTSD and Addiction

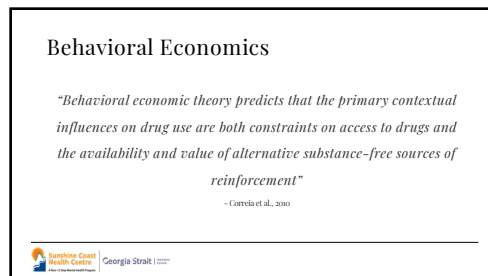
- In civilian populations- SUD occurs in 21.6% to 43% of individual with PTSD
- Self-medication theory
- Treatment
 - Cognitive Therapy
 - Exposure therapy (CPT, PE, EMDR, NET)



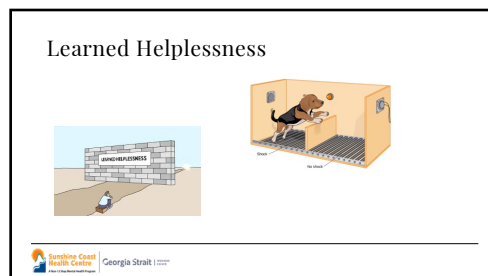
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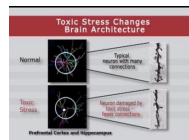


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Developmental Impacts



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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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Emotional Regulation



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PSYCHOLOGICAL - John

- ACE = 4
- Little self-awareness as to emotional experiences
- Utilized substance when experiencing distressing emotions
- PTSD
 - Hypervigilance
 - Recurrent, intrusive distressing memories of the traumatic event
 - Avoidance of external reminders of the traumatic event
 - Persistent and exaggerated negative beliefs - "I am bad"
 - Persistent negative emotional state - guilt and anger
 - Difficulty concentrating
 - Poor sleep



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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."

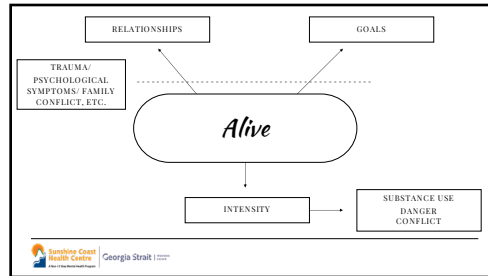
— Viktor E. Frankl



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Developing Meaning

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



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*“If there is meaning in life at all,
then there must be meaning in
suffering.”*

—Viktor Frankl

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"...the individual is defined only by his relationship to the world and to other individuals; he exists only by transcending himself, and his freedom can be achieved only through the freedom of others. He justifies his existence by a movement which, like freedom, springs from his heart but which leads outside of himself."

— Simone de Beauvoir, 1948, [The Ethics of Ambiguity](#), p. 156

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"In order to live a meaningful life, humans need answers, i.e., a certain understanding of basic existential questions. These 'answers' do not have to be made completely explicit, as a lack of words does not necessarily indicate a lack of understanding, but one has to be able to place oneself in the world and build a relatively stable identity. The founding of such an identity is only possible if one can tell a relatively coherent story about who one has been and who one intends to be."

— Lars Fr. H. Stenlund, [A Philosophy of Existence](#)

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"People have two basic concerns: One is to survive; one is to exist. The former only asks to go on living; the latter asks for meaning. The former concerns itself with how to live, the latter with why to live, the meaning of living."

— Xuefa Wang, 2019, The Symbol of the Iron House: From Survivalism to Existentialism, in [Existential Psychology East-West Vol. 26](#), p. 1

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"Personal meaning is defined as feelings of satisfaction and fulfillment that flow from the pursuit of worthwhile activities and life goals"

- Dr. Paul Wong



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"The existential vacuum manifests itself mainly in a state of boredom. now we can understand Schopenhauer when he said that mankind was apparently doomed to vacillate eternally between the two extremes of distress and boredom. In actual fact, boredom is now causing, and certainly bringing to psychiatrists, more problems to solve than distress."

- Viktor Frankl



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MEANING - John

- Picked career by default
- Sense of identity connected to being a "soldier"
- Community and purpose from military service
- Desire to be healthy stems from avoidance of a loss



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Assessment



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Structured Interview

- Background
 - Childhood- medical issues, traumatic events, relationship with family
 - Education- primary and secondary school, social connections, academic performance, any difficulties
 - Employment- patterns of length of employment
 - Psychiatric history- medications, diagnosis, treatment
 - Substance use history
- Current
 - Psychological symptoms- MSE presentation



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Mini- Mental Status Exam

<https://ceatoolkit.ca/Uploads/ContentDocuments/MMSE.pdf>



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ADHD Screening Tools

- [Wender Utah Rating Scale](#)
- Conners Adult ADHD Rating Scale
- [Adult ADHD Self-Report Scale version 1.1](#)

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PTSD Screening Tools

- [PCL-5](#)
- [PC-PTSD-5](#)

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Depression Screening Tool

- [Patient Health Questionnaire \(PHQ-9\)](#)
- [Beck's Depression Inventory \(BDI-2\)](#)

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Anxiety Screening Tool

- [General Anxiety Disorder \(GAD-7\)](#)
- [Beck Anxiety Inventory \(BAI\)](#)

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Dementia Screening Tool

- [Montreal Cognitive Assessment \(MoCA\)](#)

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Risk Factors

- Childhood adversity
- Emotional Intelligence
- Stress

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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

When 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: **Swear, use harsh or cruel language or threats?**
 Yes ☐ No ☐ If you answer 1, _____

2. Did a parent or other adult in the household often or very often: **Push, grab, slap, or throw something at you?**
 Yes ☐ No ☐ If you answer 1, _____

3. Did an adult or person in your home ever: **Swear at you or treat you badly?**
 Yes ☐ No ☐ If you answer 1, _____

4. Did you often or very often: **Have someone drink to you or get you drunk or high?**
 Yes ☐ No ☐ If you answer 1, _____

5. Did you often or very often: **Have someone threaten or scare you?**
 Yes ☐ No ☐ If you answer 1, _____

6. Did you often or very often: **Have someone threaten or scare you?**
 Yes ☐ No ☐ If you answer 1, _____

7. Was your mother or stepmother: **Often or very often: Depressed or had a mental illness?**
 Yes ☐ No ☐ If you answer 1, _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
 Yes ☐ No ☐ If you answer 1, _____

9. Was a household member ever: **Physically or sexually abused?**
 Yes ☐ No ☐ If you answer 1, _____

10. Did a household member ever: **Have a mental illness?**
 Yes ☐ No ☐ If you answer 1, _____

Now add up your "Yes" answers. _____ This is your ACE Score.



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Emotional Intelligence


- Ability to identify and communicate emotional experiences
- Ability to connect specific mental experiences with situations and behaviors
- Ability to self-regulate negative emotional states
- Ability to monitor future behavior from prior feelings and emotions




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Alexithymia

- Difficulty identifying feelings and distinguishing between these feelings and bodily sensations of emotional arousal
- Difficulty describing feelings
- Constricted imaginal processes
- Externally oriented cognitive style


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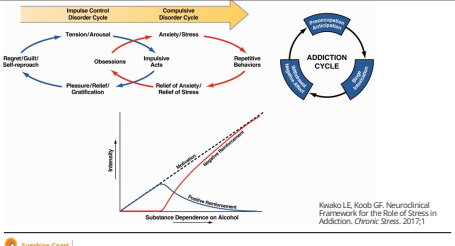
Stress

- “Anything which causes an alteration of psychological homeostatic processes”
- Brain responses to chronic stress
- Stress management and learned behaviour

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Intensity

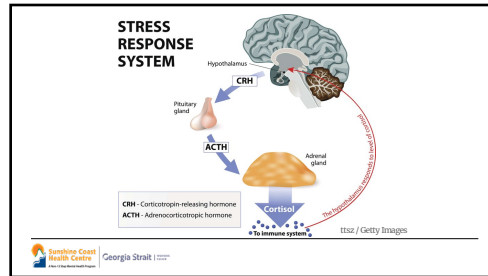
Substance Dependence on Abstinence

Koob GF, Koob GF. Neuroendocrine Framework for the Role of Stress in Addiction. *Chronic Stress*. 2017;1:1

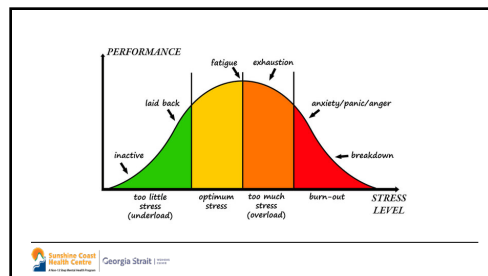
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Assessment

- 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
- [CWA](#)
Assess severity of alcohol withdrawal
- SCID-5
Structured clinical interview for DSM-5 assessment



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Key Factors

- Impact on daily life activities
- Contributing factors to compulsion to consume
- Attempts to stop



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DSM-5 - Substances and Gambling

Criteria (at least 2 in 12 months)

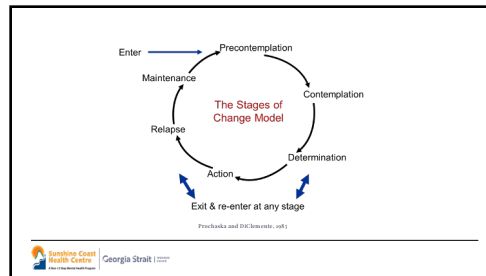
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| <ul style="list-style-type: none"> • Larger amounts or over longer period of time than intended • Persistent desire or unsuccessful efforts to cut down or control use • A great deal of time is spent in activities necessary to obtain substance • Craving or strong urge to use • Failure to fulfill major role obligations | <ul style="list-style-type: none"> • 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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Factors to treatment

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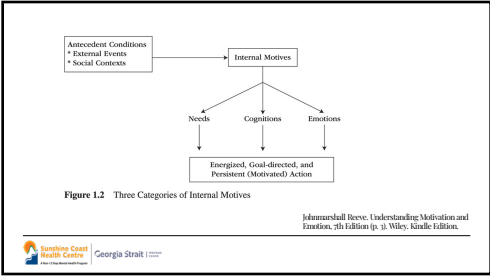


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Motivation

- Intrinsic motivation
- Flow
- External regulation
- Goal
- Value
- Possible Self
- Achievement striving
- Competence
- Opponent process
- Positive affect
- Introjection
- Personal control
- Relatedness

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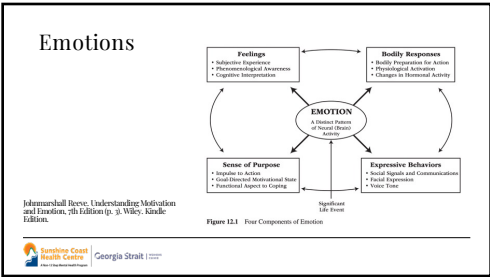
Table 14.1 The Motivational Uprge (Action Tendency) Associated with 17 Emotions

Individual Emotion	Motivational Uprge or Action Tendency
Fear	Threat, protect oneself.
Anger	Overcome obstacles; right as illegitimate wrong.
Disgust	Repugnance; get rid of, get away from.
Contempt	Maintain the social hierarchy.
Submissiveness	Regain a loss or failure.
Joy	Continue one's goal striving; play; engage in social interaction.
Interest	Explore; seek, acquire new information; learn.
Pride (Authentic)	Acquire further skill, persist in challenging tasks.
Shame	Restore the self; protect the self.
Guilt	Make amends.
Embarrassment	Appease others; communicate blunder was unintended.
Envy (Strategic)	Misuse; improve one's position.
Gratitude	Act prosocially; grow the relationship.
Regret	Undo a poor decision or behavior.
Hope	Keep engaged in the pursuit of a desired goal.
Empathy	Act prosocially; help the other.
Compassion	Reduce suffering.

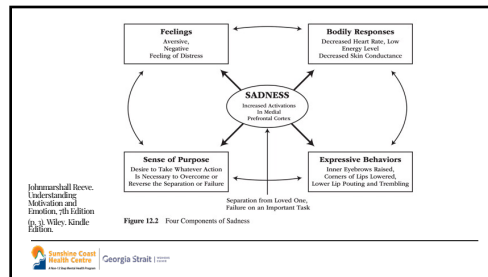
Johnmarshall Reeve, Understanding Motivation and Emotion, 7th Edition (p. 3). Wiley, Kindle Edition.

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Ethical Considerations

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

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Informed Consent and Confidentiality

- Collateral information
- Forced into treatment
- Duty to report

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Family Inclusion

Family Systems
Healthy Dependence
Family Disorder
Myth of Codependence



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Family Impact

- Increased time in recovery
- More beneficial than note
- Autonomy
- Communication



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Harm Reduction

- Safe Injection Sites
- Less severe substances
- Suboxone or Methadone
- Substance use reduction



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Inpatient Treatment

- Concentrated therapeutic interventions
- Behavioral monitoring
- Interpersonal focus
- Interdisciplinary approach
- Multifaceted approach
- Time removed from substance to allow for biological stabilization
- Reduced exposure to stressors to reduce cravings



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Ongoing Care

Goals Monitoring and testing

Community support groups Awareness of self

Cravings and Triggers



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Post Inpatient Treatment Care

Behavioural Stress Difficult
Pattern Management Relationships




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Community Support Groups

SMART
Recovery

Recovery
Dharma

Alcoholics
Anonymous



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Working with Personality Disorders

Goal: Aiding the client in better navigating their world

Key Skills:

Finding their strength

Don't worry about getting them to like you

Don't worry about getting the truth or factfinding


Active listening

Low emotion

Roll with resistance

Set and maintain boundaries


Don't get into a power struggle



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Treatment



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Case Study- John

John is a 47-year-old male from Alberta. He was referred for inpatient treatment to address his PTSD and alcohol use. He is currently single and has partial custody of his 9-year-old daughter.

He described his childhood home as abusive. He joined the Canadian Armed Forces at age 20 stating he needed a job and did not know what else to do. He served three tours of duty and stated he was exposed to traumatic events each time. He was honorably discharged from the CAF at age 32 and has worked as an mechanic since.


At age 43, he was admitted to the hospital for approximately one month following a suicide attempt via overdose. He has regularly sought out individual counselling, but reported that he does not feel he has made much progress. He was prompted to attend inpatient treatment at the encouragement of his therapist after his wife threatened to seek full custody of their daughter.



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Case Conceptualization - John



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Treatment Plan - John



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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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Therapeutic Interventions

2. Shifting

- Creating alternative stories
- Challenging schemas
- CBT thought records
- Amplified reflection (Motivational interviewing)
- Reframing

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Therapeutic Interventions

3. Developing a "New Normal"

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

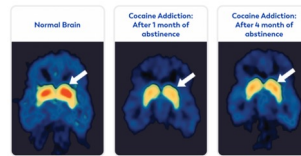
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Biological

- Massage
- Healthy Touch
- Pharmaceutical interventions
- Time for stabilization

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Dopamine Receptors After Cocaine Addiction



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Psychological

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Understanding Adolescence And Prevention



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Adolescence

- Ages 12-18
- Extended adolescence 18-24
- Marked by unique developmental factors



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Risk Taking & Impulsivity

DHEA

Testosterone

Emotional
Dysregulation

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Cognitive Abilities

High order
reasoning

Self-monitoring

Working Memory

Cognitive
flexibility

Complex
decision making

Metacognition



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Social Functioning

Autonomy

Identity
Development

Focus on Peers



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School-Based Interventions

- Building social competence
- Prevention
- Psychoeducation



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Choice Theory

- Encourage non-drug choices
- Take better advantage of current resources



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Emotional Intelligence

- Alexithymia
- Insight based therapy (CPT, IPT) less effective
- Emotionally intelligent therapists more effective
- Somatic based therapies
- Neural integration



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Posttraumatic Growth

- Move beyond happiness
- Suffering as needed for growth
- Resiliency
- Vulnerability and flourishing
- Transforming suffering to flourishing



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Working With Low Motivation

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



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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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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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Common Factors

Catharsis
Trust
Positive relationship
Empathy
Therapeutic alliance
Feedback
Reframing
Reality testing
Modelling

Lambert, 2013

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Common Factors

1. Real relationship
2. Creation of expectations through explanation of disorder and the treatment involved
3. The enactment of health promoting actions

Wampold, 2013

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Session Rating Scale

Name: _____ Age: (Yr) _____ Sex: M/F

Session #: _____ Date: _____

Please rate each session by placing a mark on the line nearest to the description that best fits your experience.

I did not feel heard, understood, and respected.	Relationship	I felt heard, understood, and respected.
We did not work well together or I did not know what to expect to work on and why.	Goals and Topics	We worked on and shared ideas about what I had to work on and why.
The therapist seemed to lack a good fit for me.	Approach or Method	The therapist's approach to me seemed to be a good fit for me.
There were no learning moments in this session.	Overall	Overall, today's session was a good fit for me.

International Center for Therapist Evaluation
A Project of the International Association of Therapists
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Outcome Rating Scale

Name: _____ Age (Yr): _____ Sex: M/F

Session #: _____ Date: _____

Who is filling out this form? Please check one: Self _____ Other _____

If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, which marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.


Individually
(Personal well-being)

Interpersonally
(Relationships with others)


Socially
(Work, school, functioning)

Overall
(Overall sense of well-being)

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Program on Community Violence Prevention
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ORS Feedback: Outcome Rating Scale

Metric	Score
Individually	7.0 out of 10
Interpersonally	7.0 out of 10
Socially	7.0 out of 10
Overall	7.0 out of 10
Total Score	28.0 out of 40

Outcome Rating Scale



Legend: — ORS Cutoff — ORS — AL Risk — OR Track — On Track




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Emotional Regulation Skills

- Create emotionally safe environments
- Non-judgmental approach
- Teach skills
 - Self-talk, taking a break, catharsis, breathing
- Normalize



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Building Self-Awareness

Mindfulness

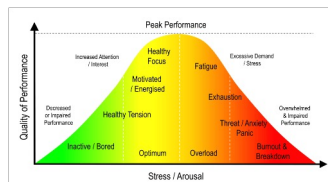
MINUTE 1

- Start by sitting comfortably, eyes either closed or partially open. Take a few deep breaths, or if you prefer, bring your attention to the sounds around you.
- Spend a few moments connecting with your center. When you take notice by just observing, you enter the present. As with an athlete, it's simple and effortless, but the sensation, the thoughts, may "worry, worry, worry." Don't allow yourself to get lost in the "worry" again. In a moment, you'll practice the technique.
- For when you feel this sensation in your body, allow yourself to simply be with it. Notice the sensation you bring to the practice. Are you sitting or standing? Where are your "legs, arms, wings"? Are you sitting yourself that you're a child, or are you here for having this sensation? For if you can hold still, balance, strength, and awareness.
- If it is possible, breathe in and out and you want to get everything in as best as it, simply breathe in your center.
- There is no need to hold on to anything the moment. Let your mind go. The mind is just the moment in time behind the moment. Let it go and let it go.
- Let the moment go by to reach yourself and let it go as possible. If you feel that negative emotions, don't dwell on them, let it go as well. Be open to whatever emotions and let it go.
- Continue to observe the sensation, the sensation, and everything with your center. When you're ready, take a few deep breaths, stretch your legs and arms, stretch, and open your eyes. You have done it. Try to continue to be aware of your emotional reactions as you move into your next activity.

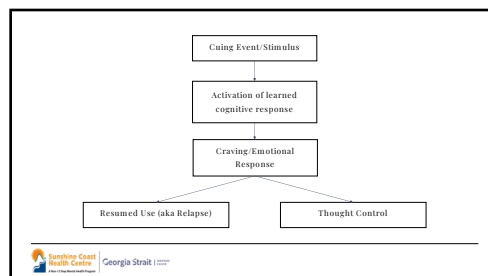
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Building Self-Awareness

Stress Curve



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[illegible][illegible]

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ACTIVITY



- Activities that are intrinsically valuable and interesting
- Activities that are instrumental in obtaining significant goals
- Activities that are self- transcended and directed at serving others

BEAUTY

Beauty, truth and love joy and wonder



ACCEPTANCE

Acceptance in suffering

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Social

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Family Focus

Autonomy Connection

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Tools for Families


- 1 Most relapses happen 1-2 weeks before substance is consumed
- 2 Act as a mirror
- 3 Compassion and empathy provide hope
- 4 Support, don't enable
- 5 Respect autonomy

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Boundaries

- Think about yourself first
- Align with your values
- Focus on relationship health
- Not about control

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Healthy Communication


- Be purposeful with non-verbals
- Remember the objectives of the conversation
- Use "I feel" statements
- Listen more than you talk
- Respond to feelings with empathy
- Stay calm

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Resources

	Presentation PDF
	Family Videos
	Family Resources

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Thank you!

Questions?

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