Understanding Addiction: Squirrel Logic

Part 2 - Recovery

Brad Lander PhD, LICDC Clinical Psychologist

Talbot Hall - Addiction Medicine at The Ohio State University
Wexner Medical Center

The ASAM Criteria

The ASAM Criteria describes treatment as a continuum

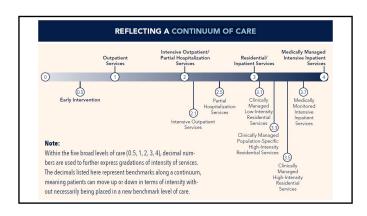
Patients are assessed along 6 dimensions to assist placement, continuing stay and discharge decisions

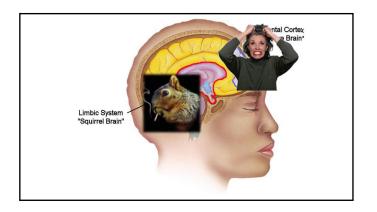


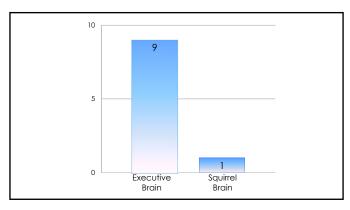
2013, American Society of Addiction Medicine, Inc.

Levels of Treatment

- · Hospital-based detoxification
- Long-term residential (60+ days)
- Short-term residential (14-30 days)
- Partial hospitalization
- · Intensive outpatient
- Individual and group therapy
- Education







Brain Distress

In distress, the most complex and sophisticated areas of the brain are affected first.

Prefrontal cortex

Loss of PFC Power

Classical Conditioning

- Fatigue
- Illness
- Unbalanced sugar levels
- Alcohol / drug use
- Stress

• Pain



Healthy Brain

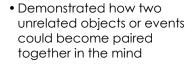
Empowering The Midbrain

EXPOSURE

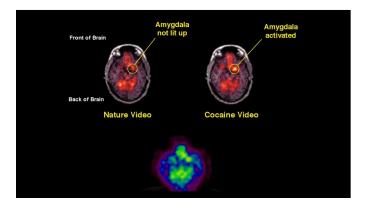
Contact with anything associated with use:

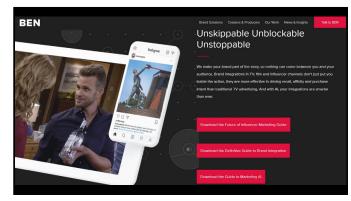
- People
- Places
- Things



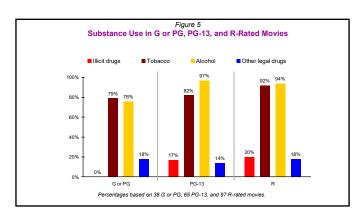












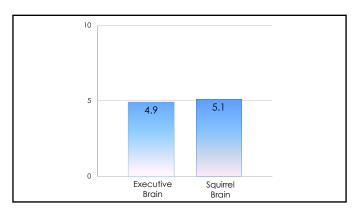






Common Triggers Cans/bottles Holidays Paydays Money College football Using friends Sex Common Triggers Holidays Paydays Paydays Money Money Needles Soredom/Anger/ Sadness/Anxiety Smells





Treatment Tasks

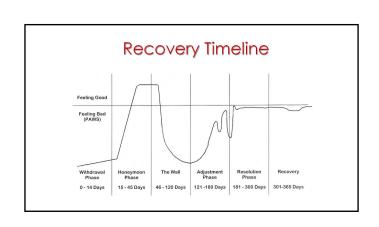
- Physical Stabilization
- Cognitive/Neural Strengthening
- Environmental Management
- Quit Smoking
- Medication-Assisted Treatment

Post Acute Withdrawal (PAWS)

- Withdrawal-like symptoms occur intermittently in the first 18-24 months of recovery
- They are made worse by stress or other triggers but may arise at unexpected times and for no apparent reason
- They may last for minutes or weeks

Symptoms of (PAWS)

- Inability to think clearly
- Memory problems
- No energy
- Emotional overreactions or numbness
- Sleep disturbances
- Physical coordination problems
- Stress sensitivity
- Increased sensitivity to pain
- Muscle aches

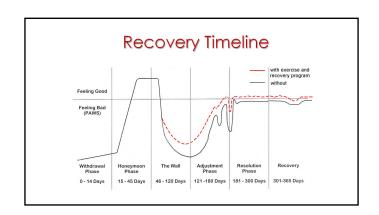


Treatment Tasks

Physical Stabilization

- Sleep
- Diet (balance sugar levels
- Vitamins
- Relaxation
- Exercise





Cognitive/Neural Strengthening

- Develop new [sober] neural pathways
- Learn recovery skills
 - Crisis management, problem solving, refusal skills, craving management
- Counseling

Environmental Management

- Safe place to live
- Triggers lists
- Management plan

Immersion into sober activities with sober people

- 12-step or other recovery activity
- Meetings
- Sponsor (guide)



Quit Smoking



- Nicotine depletes serotonin
- The seriousness of suicidal behavior is directly correlated with amount of cigarette smoking
- Recovery rates for non-smokers is double that of smokers regardless of when the smoking stopped

Medication for Opioid Use Disorder (MOUD) Medication-Assisted Treatment (MAT)

- The term Medication for Opioid Use Disorder (MOUD) is the new term for Medication-Assisted Treatment (MAT)*
- The use of FDA approved medication for the treatment of opiate/opioid addiction and substance abuse

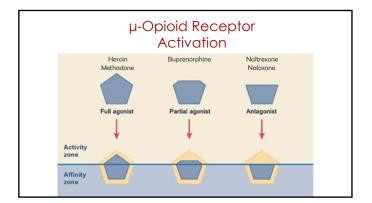
*Definition of Addiction. American Society of Addiction Medicine, September 15, 20

Four Methods

- Medical Maintenance
 - Medication only
- Comprehensive Maintenance
 - Medication plus counseling and support services
- Discontinuation
 - Short-term 3-10 days (taper)
- Medically Supervised Withdrawal
 - Long-term taper 6 weeks to 2 years

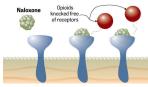
Medications Used for Opiate Addiction

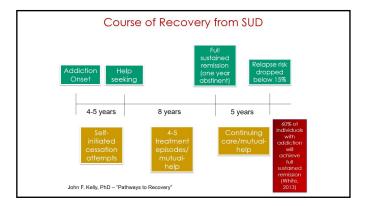
- Methadone
 - Dolophine
- Buprenorphine
 - Subutex, Suboxone, Zubsolv, Probuphine
- Naltrexone
 - Revia, Vivitrol



Naloxone

- Opiate antagonist
- Brand name Narcan™
- Used to treat opiate overdoses by "cleansing" and blocking opiate receptors





Coerced Treatment

- Evidence shows that substance abuse treatment for people that are court ordered to treatment equally effective as for voluntary participants
- "Pressure" to stay in treatment helpful to patients' long-term success



Enabling

- Enabling is any behavior that has a reinforcing effect on someone's drinking/using behavior.
- It is rarely intended to have this effect.
- It is usually passive.



Examples of Enabling

- Making excuses for someone's using behavior
- Calling in sick for him
- Allowing a using person to live with you
- Paying for her tuition
- Giving/lending him money

- Covering bills and other expenses
- Assuming his work/household responsibilities
- Bailing her out of jail or paying for her legal fees
- Drinking with him to "protect them"
- Giving her "one more chance" ... and then another and another
- Threatening to leave and not leaving
- · Avoiding talking about his drinking

Adolescent Treatment is Family Therapy

The actual target of change is the parents/care givers.

Boundaries

Communication

Home contract House rules

Enabling

. . .

Crisis

Management





Guidelines for Working with Substance Use Disorder People

- SUD patients look better than they are
- It is okay not to believe your SUD patients
- SUD his not a singular entity
- All medications need to be considered in treatment

- Be direct, instructional, and (gently) confrontive
- Put everything in writing (easier to recognize than remember)
- Be clear, consistent, & concrete (they can't handle ambiguity)



- Repetition, Repetition, Repetition
- Emotional centers are easily overwhelmed They are probably not "just over-reacting"
- BUT... always acknowledge and validate a their feelings
- Don't shame them
- Know they are always trying their best
- Have fun and laugh with them (laughter is therapeutic)

#1 Problem - Our Expectations

Our frustrations with substance use disorder people usually involves them not doing something that they are incapable of doing at that point.



Dumb dog doesn't even know how to calculate

REMEMBER

Love and acceptance go a long way