

Management of Substance Use Disorders

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SUBSTANCE USE DISORDER

A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

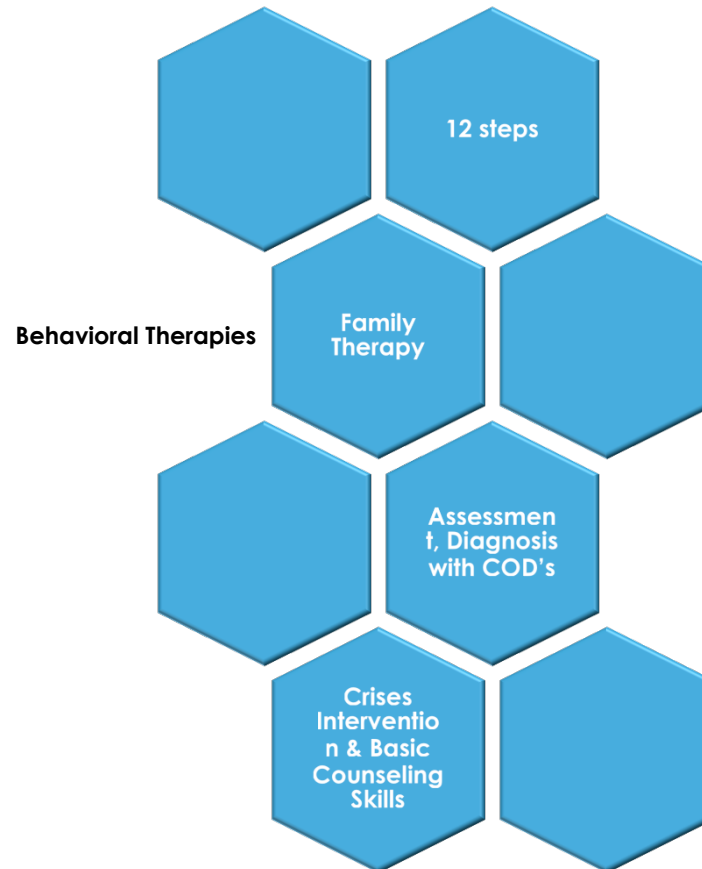
EXPECTATIONS



ACTIVITY 1- Move!

Share your expectations with this session!

Contents of the session:



Assessment, Diagnosis & Co-occurring Problems

- ▣ Intake Form
- ▣ Scales and FID's (Frequency, Intensity and Duration)
- ▣ Diagnosis
- ▣ 4P's (Predisposing/Perpetuating/perpetuating/Prognostic/protective)
- ▣ Subjective Assessment (Motivation and Strengths)
- ▣ Management Planning
- ▣ Monitoring and Revision if necessary

ORIGINAL RESEARCH article

Front. Psychol., 26 November 2018

Sec. Psychopathology

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Validation of the Substance Use Risk Profile Scale (SURPS) With Bulgarian Substance Dependent Individuals



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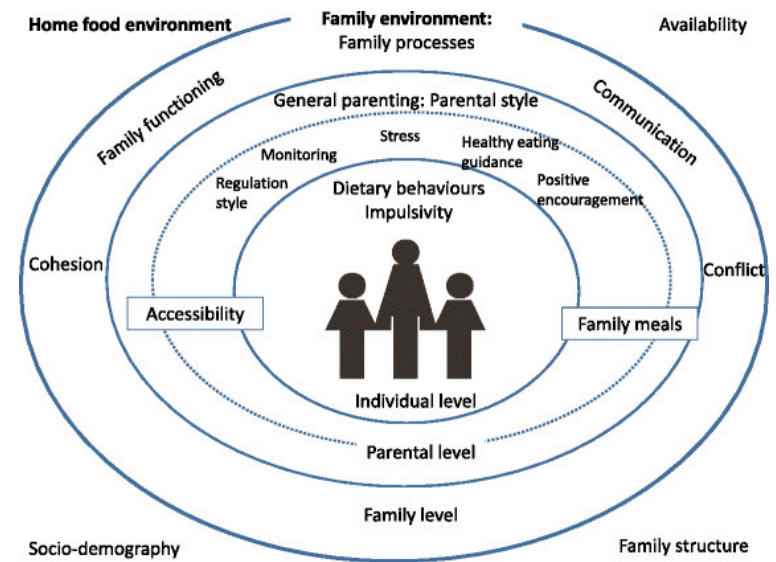
ACTIVITY 2-Narrate

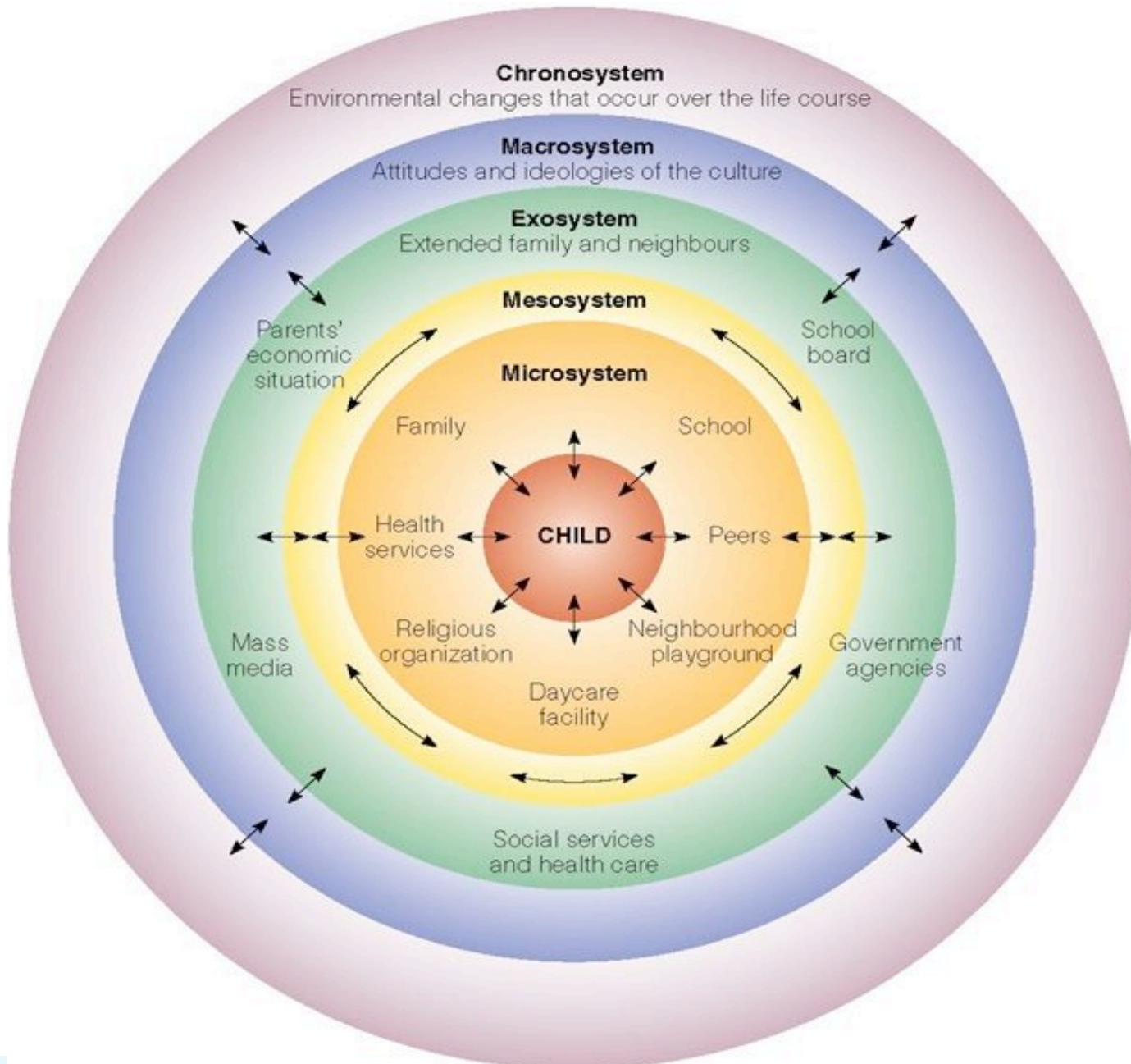
How do you approach assessment and diagnosis to seek direction for the outcomes?

FAMILY Therapy

◆ Family systems theory

◆ Ecological Systems Theory





Culture and SUD Treatment

In what ways does your community view drug use?

How are drug use problems treated in your community?

What cultural, religious, spiritual and community factors can hinder or help address drug use?

How do you define family? What's the role of the family in addressing drug abuse?

How would family members respond to a family intervention?

What else should I know about cultural, spiritual or community factors in your country?

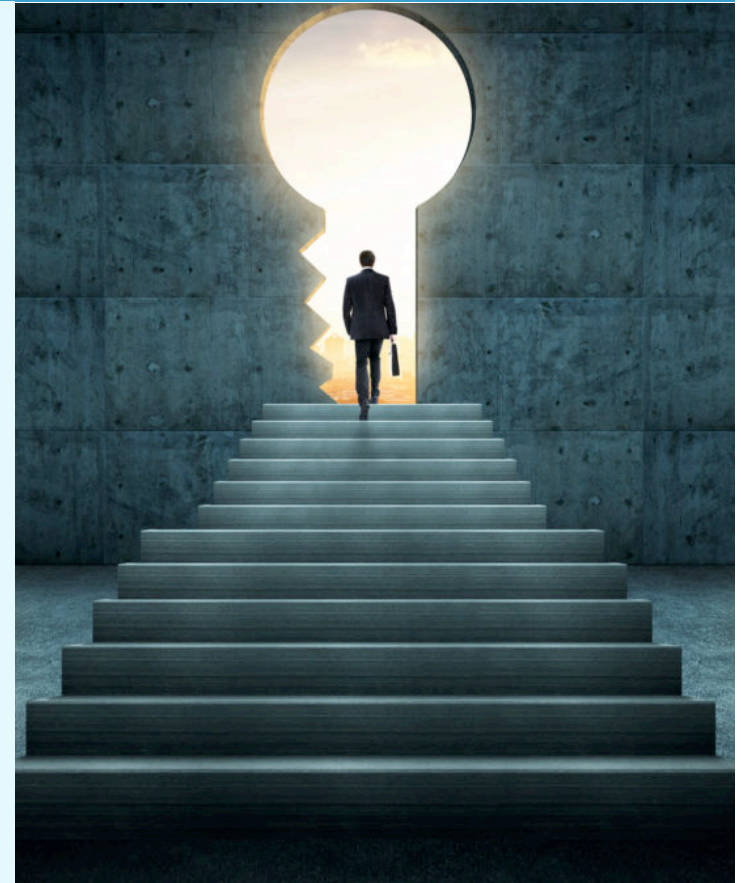


12 Steps Program

Bill Wilson, a former member of Alcoholics Anonymous, created the 12 Steps in 1938.

During his experience, he wrote down his ideas and tips regarding sobriety.

They are applicable to all religions and atheists!



THE 12-STEP PROGRAM

• a road to recovery for many •

The steps outlined below are taken directly from the Alcoholics Anonymous *The Big Book* and are not representative of GoodTherapy.org's views or of every participant's journey through the program. Other programs may use an adapted version of these steps. Some present a plainly secular message, while some maintain a religious or spiritual element. Not everyone experiencing addiction will follow the same path. Recovery is a journey complete with challenges, successes, and setbacks that are different for each individual.

ADMISSION

We admitted we were powerless over alcohol—that our lives had become unmanageable.

1

SUBMISSION

Made a decision to turn our will and our lives over to the care of God as we understood Him.

3

CONFESSION

Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

5

HUMILITY

Humbly asked Him to remove our shortcomings.

7

APOLOGY

Made direct amends to such people wherever possible, except when to do so would injure them or others.

9

MEDITATION

Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

11

READINESS

Were entirely ready to have God remove all these defects of character.

6

REPARATION

Made a list of all persons we had harmed and became willing to make amends to them all.

8

INTEGRITY

Continued to take personal inventory and when we were wrong promptly admitted it.

10

AWAKENING

Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

12

RECOGNITION

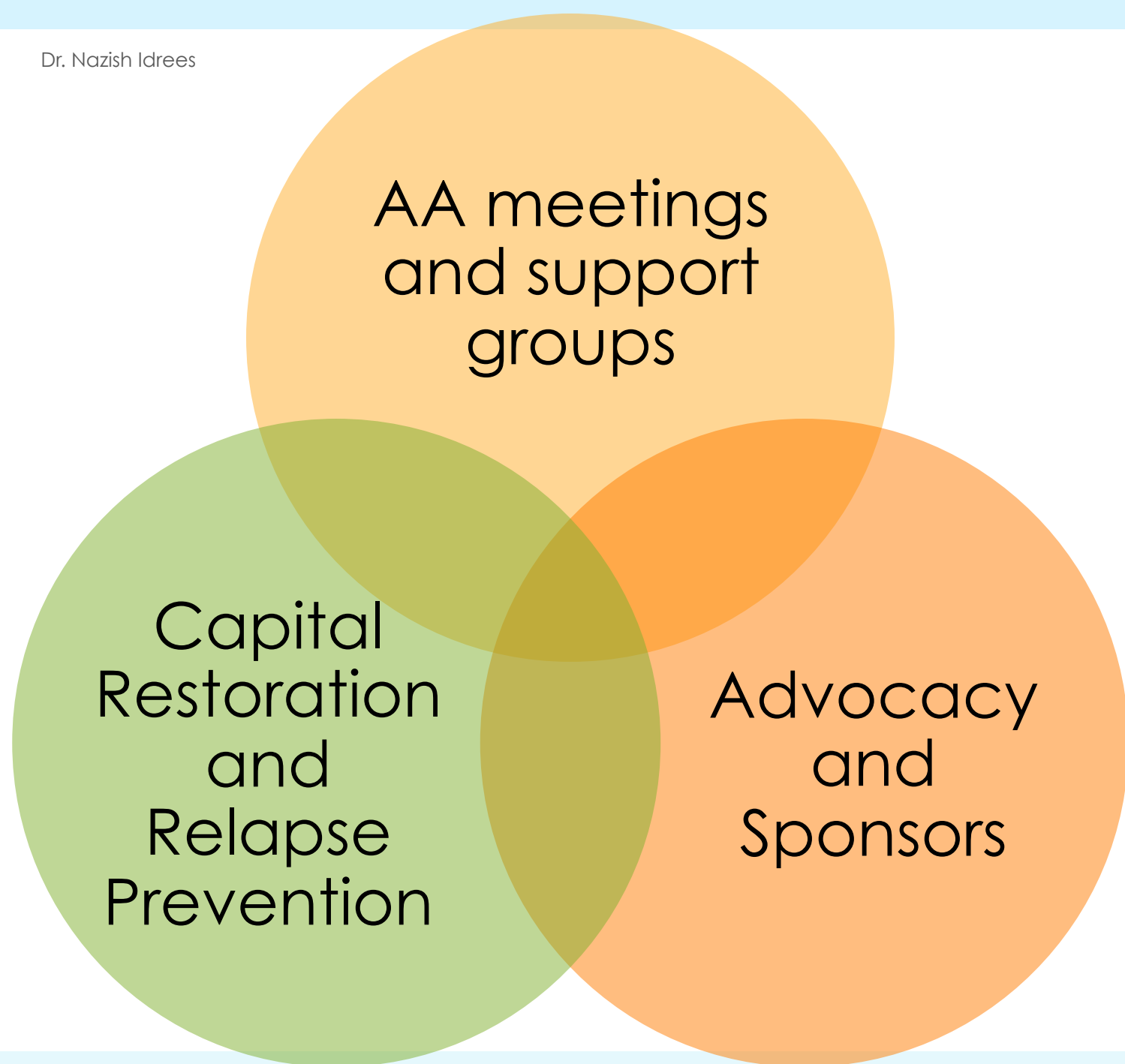
Came to believe that a Power greater than ourselves could restore us to sanity.

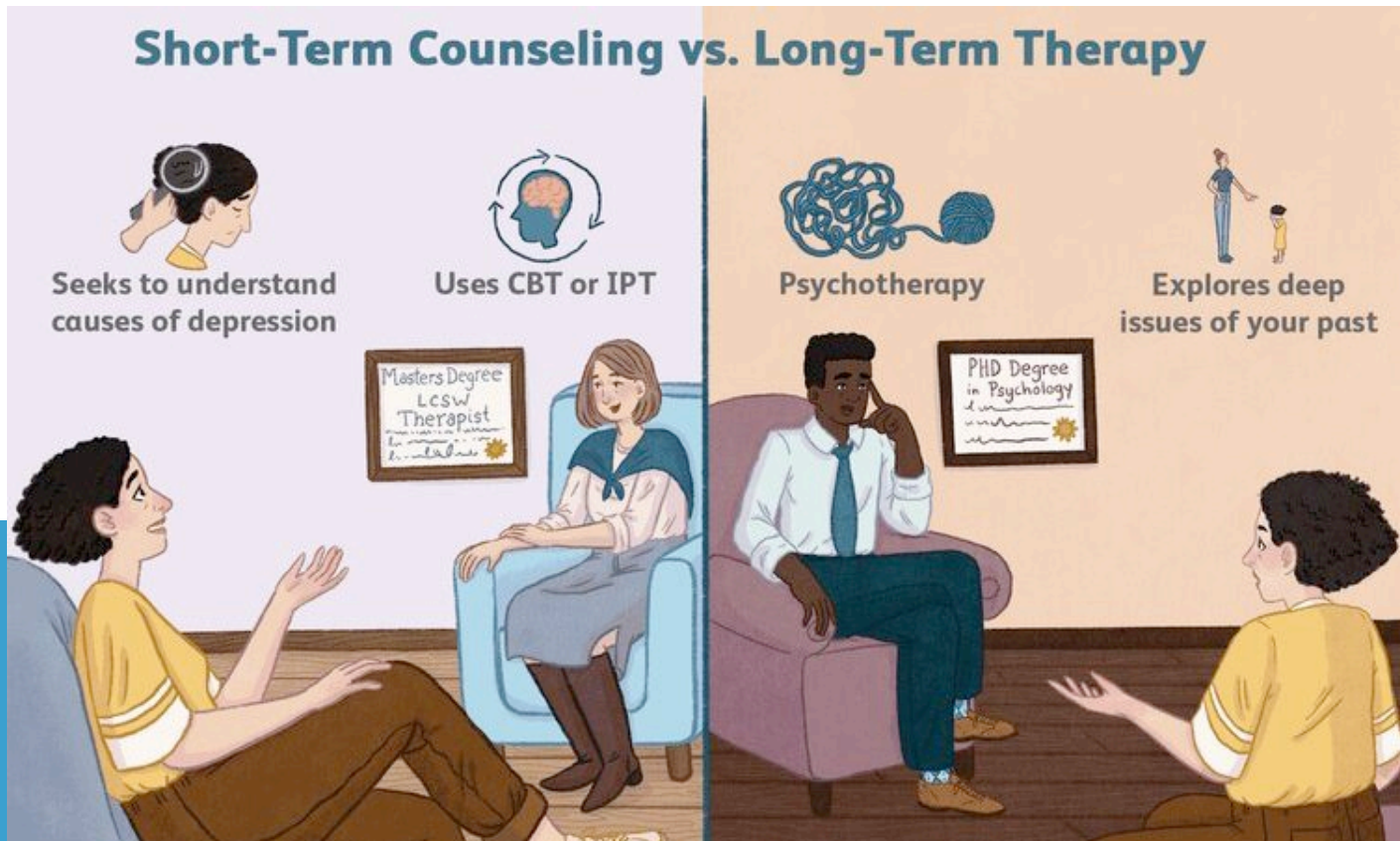
2

UNDERSTANDING

Made a searching and fearless moral inventory of ourselves.

4





ACTIVITY 4- ACTION

Suggest one therapeutic technique or intervention to practice and achieve each of the 12 steps!

Crises Intervention

- Crisis intervention is an immediate and short-term emergency response to mental, emotional, physical, and behavioral distress.
- Crisis interventions help restore an individual's equilibrium to their biopsychosocial functioning and minimize the potential for long-term trauma or distress. A crisis can be difficult for anybody to cope with, and many times crises are recurring situations for an individual suffering from mental illness or a substance use disorder.
- A crisis can refer to situations such as: Trauma, A natural disaster, Mental illness, Medical illness, Victimization, Grief and Relationship changes

Intervention Alert

- For many people, the ability to handle change is something that is learned over time, and recurring crises can make this more difficult. A person's inability to cope with a crisis may present itself with the following signs:
- Hopelessness
- Poor concentration
- Irritability
- Conflicts with others
- Avoiding social situations
- Difficulty eating or sleeping
- Abusing alcohol or other drugs

Assessing Crises

- For the most part, both crisis and crisis interventions occur without notice. Conducting a crisis intervention assessment as quickly as possible may be necessary to help a person regain a sense of control and balance in their life.

Assessment of a Crisis Situation

- There are three types of assessment that need to be conducted in a crisis situation. The first step of a crisis assessment is the triage assessment, in which a patient's condition and appropriate treatment approach are evaluated.
- The second appropriate step is crisis assessment, in which general information regarding an individual's crisis experience is collected.
- The third and final area is a social and cultural assessment which uses systematic tools to measure an individual's level of stress, problem, situation, and severity of the crisis episode.

The Seven-Stage Crisis Intervention Model

- Also known as the Assessment, Crisis, Intervention, Trauma, Treatment (ACT) Model, The Seven-Stage Crisis Intervention Model is designed to be followed as a guide to resolving crises and returning things to the way they were before the crisis occurred. The seven stages of the ACT Model are listed below:
- Plan and conduct a thorough biopsychological and lethality/imminent danger assessment.
- Make a psychological contract and rapidly establish a collaborative relationship.
- Identify the major problems, including what precipitated the crisis.
- Encourage exploration of feelings and emotions.
- Generate and explore alternatives and new coping strategies.
- Restore functioning through the implementation of an action plan.
- Plan for follow-up and booster sessions.

CRISIS



**STRESSFUL EVENT
PERCEIVED as THREAT**

↳ SUDDEN, TEMPORARY,
OVERWHELMING
EMOTIONAL REACTION



CRISIS INTERVENTION



**SHORT-TERM
MANAGEMENT METHOD**

↳ USED by HEALTH
PROFESSIONALS in CLIENTS
EXPERIENCING a CRISIS

Basic Counseling Skills

- An intervention which gives the client an opportunity to explore his or her drug use and consequences confidentially, and to discuss available treatment options most appropriate to his/her circumstances . Counseling sessions help clients:
 - reduce risk or stop drug use
 - set goals and develop plans
 - develop problem solving and refusal skills identify risky situations
 - identify ways to deal with risk

Skills

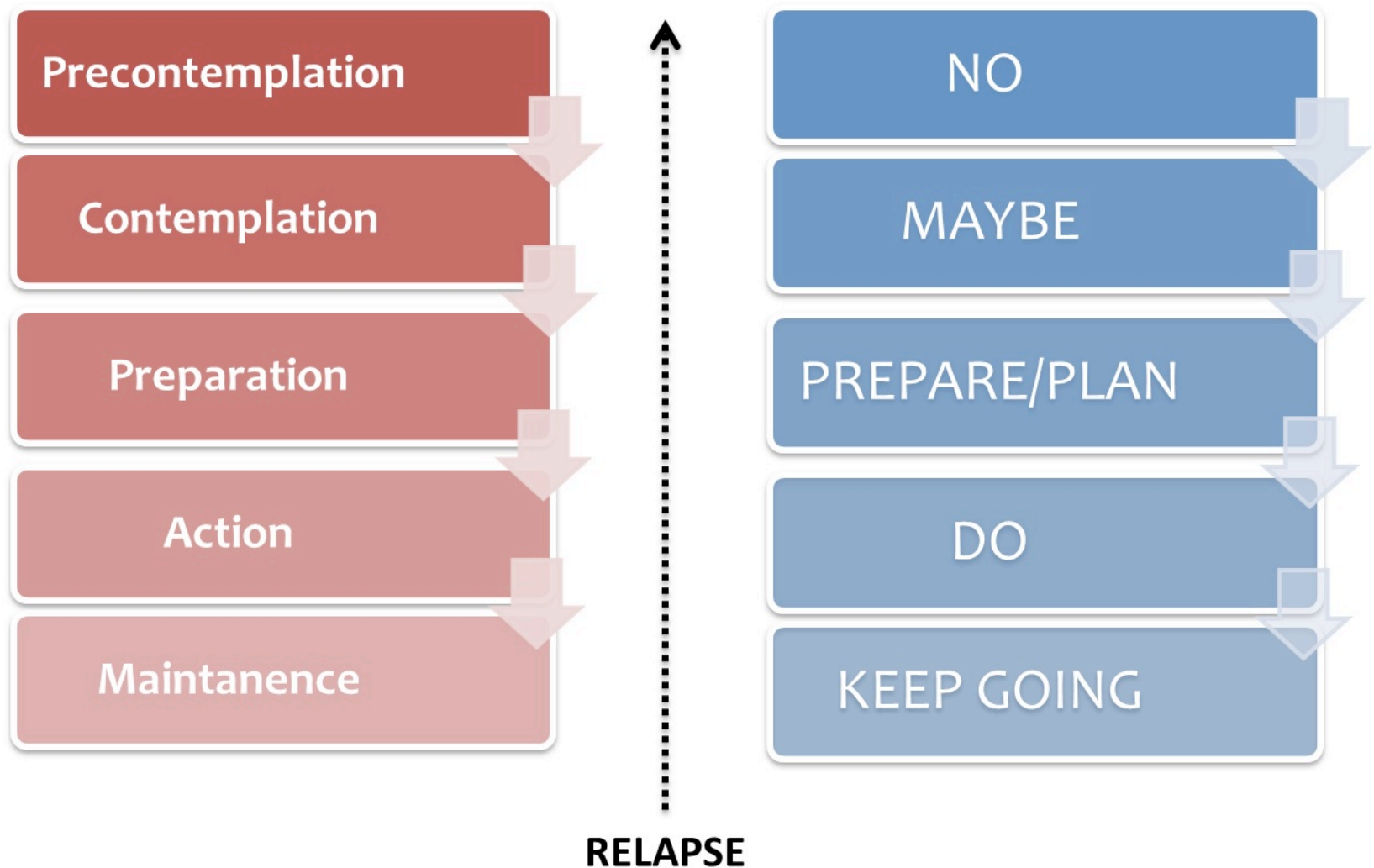
- ▣ Sense of Trust
- ▣ Non-Judgmental
- ▣ Empathy
- ▣ Active listening
- ▣ Summarize
- ▣ Respectful
- ▣ Goal oriented
- ▣ Ethical
- ▣ Open ended questions
- ▣ Reflection
- ▣ Silence
- ▣ Summarizing
- ▣ Probing
- ▣ Attending

Motivational Interviewing

- MI is a drug addiction treatment method of resolving ambivalence in recovering individuals to allow them to embrace their treatment efforts to best change their problematic substance use behavior.
- The purpose is to strengthen the client's own motivation for and commitment to change in a manner that is consistent with said client's values. T
- Therefore, rather than imposing or forcing particular changes, we “meet the client where the client is” and help her/him move toward his/her goals by drawing out and building his/her readiness to change.
- One benefit of MI is that, despite being facilitated by a therapist, those in recovery develop their own motivation and a plan for change over the course of several sessions, which can provide them with more of a sense of control over the course of their treatment.

Transtheoretical Model

Stages of change



MAGIC!

For what are you motivated?

- What change do you want most?
- On a scale of 1 – 10, how important is it to you to change?
- What are your most important reasons for changing?
- What are the benefits of changing?
- What steps are you willing to take?

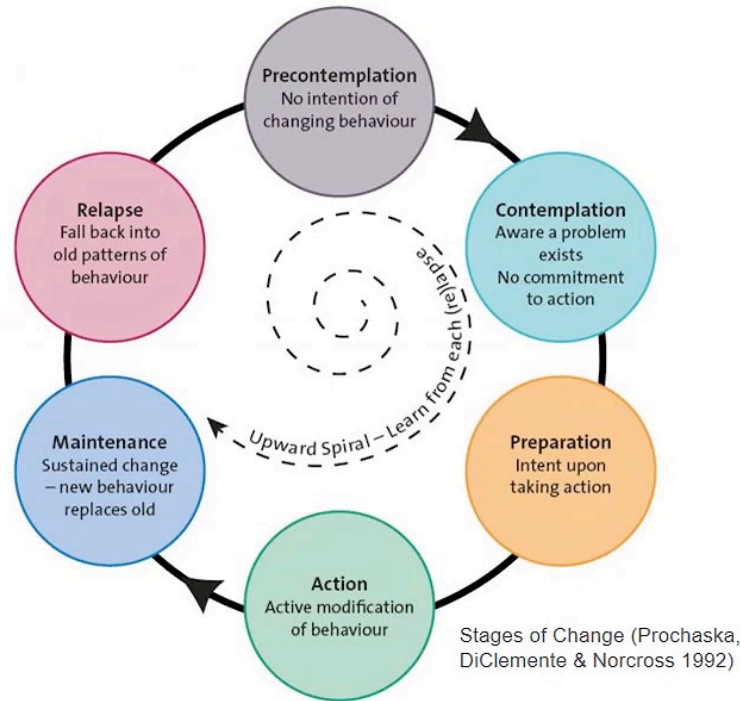
How will you do it?

What ways are you already able to make the

changes you want to make?

all of these are CHANGES

Stages of Change



ACTIVITY 5- Construct

Develop a series of 5 questions showing how to motivate client to express honestly?

TYPES OF TREATMENT METHODS

- ❑ **Depending on the severity of the addiction, you or a loved one may require either 1 level of care or multiple levels to achieve long term recovery. The following are the types of rehab where therapy programs will be utilized:**
- ❑ Detoxification is a medically managed detox program will help stabilize the patient and help them overcome the symptoms of withdrawal from drugs or alcohol. These programs may last a few days to weeks. Once stabilization is achieved, the patient may need an inpatient program.
- ❑ Inpatient and residential rehab programs are live-in solutions where patients will receive supervised treatment and structured care plans to overcome their addiction. These programs may last anywhere from a few weeks to a number of months, and may be followed by outpatient rehab. Depending on the program, patients may receive 24/7 monitoring from a general physician or a psychiatrist.
- ❑ Outpatient programs allow users to attend therapy and receive treatment on their own time as patients do not need to be on-site or live at the facility. Treatment may occur at a substance use treatment center, community health clinic, hospital-affiliated clinic, or other facility, meeting on a regular basis. Some outpatient programs may even offer night and weekend programs which make them a favorite for those personal, family, and/or professional responsibilities that may prevent them from attending an inpatient rehab.

BEHAVIORAL THERAPIES

- ▣ **In Individual, Group & Family Therapy** patients may partake in therapy guided by a therapist in a 1 on 1 format, with a group in a safe, peer-supported atmosphere, and/or with participation from family or anyone significant in the patient's life.
- ▣ **Cognitive Behavioral Therapy (CBT)** encourages clients to question and examine recurring thoughts in order to phase out those that are negative and unhealthy. CBT can be applied in the treatment of many different types of problematic substance use.
- ▣ People treated with CBT techniques learn to recognize and change their maladaptive behaviors. CBT can help people with coping skills, with identifying risky situations and what to do about them, and with preventing relapse.
- ▣ This approach is helpful because it can be paired with other techniques. The skills learned through CBT continue to be of benefit long after the initial therapy, and it can be used to treat co-occurring mental or physical health disorders as well.

Other THERAPIES

- ▣ **Dialectal Behavioral Therapy (DBT)** teaches clients how to regulate their emotions to reduce the self-destructive behaviors that derive from extreme, intense emotions. DBT focuses on 4 skill sets that include distress tolerance, emotion regulation, mindfulness, and interpersonal effectiveness. DBT can be adapted for many substance use cases, but mainly focuses on treating severe personality disorders, such as borderline personality disorder. DBT works to reduce cravings, help patients avoid situations or opportunities to relapse, assist in giving up actions that reinforce substance use, and learn healthy coping skills.
- ▣ **Rational Emotive Behavior Therapy (REBT)** helps clients identify, challenge, and replace their destructive thoughts and convictions with healthier, adaptive thoughts. Empirical studies demonstrate that this process incites emotional well-being and goal achievement. It helps patients understand their own thoughts and then helps to develop better habits and thinking in more positive and rational ways and gain healthier emotions. The base for REBT is the idea that rational thinking comes from within; external situations are not what give one the feeling of happy or unhappy.

Other THERAPIES

- **Eye Movement Desensitization and Reprocessing (EMDR)** help clients recover from traumatic experiences that result in symptoms and distress. Utilizing “dual stimulation” exercises to discuss past trauma while simultaneously engaging other parts of the brain through bilateral eye movements, tones, or taps.
- EMDR helps heal the brain’s information processing system and promotes emotional stability and symptom reduction.
- EMDR’s benefits are so empirically effective that it has been officially approved by the American Psychological Association as a treatment for post-traumatic stress disorder (PTSD) and other trauma conditions

Other THERAPIES

- **Contingency Management (CM)** may also be effective in treating several types of substance use disorder—for example, alcohol, opioids, marijuana, and stimulants—and is used to encourage or reinforce sobriety.
- This drug addiction treatment method provides material rewards as motivation for desirable behaviors, such as maintaining sobriety.
- A major benefit of CM is that it can result in a reduction in the two of the biggest treatment-related issues: dropping out and relapse.



ACTIVITY 6-Reflect back

Mention what management recommendations and treatment methods we have covered in this session?

Case Study-

CLIENT NAME: M.

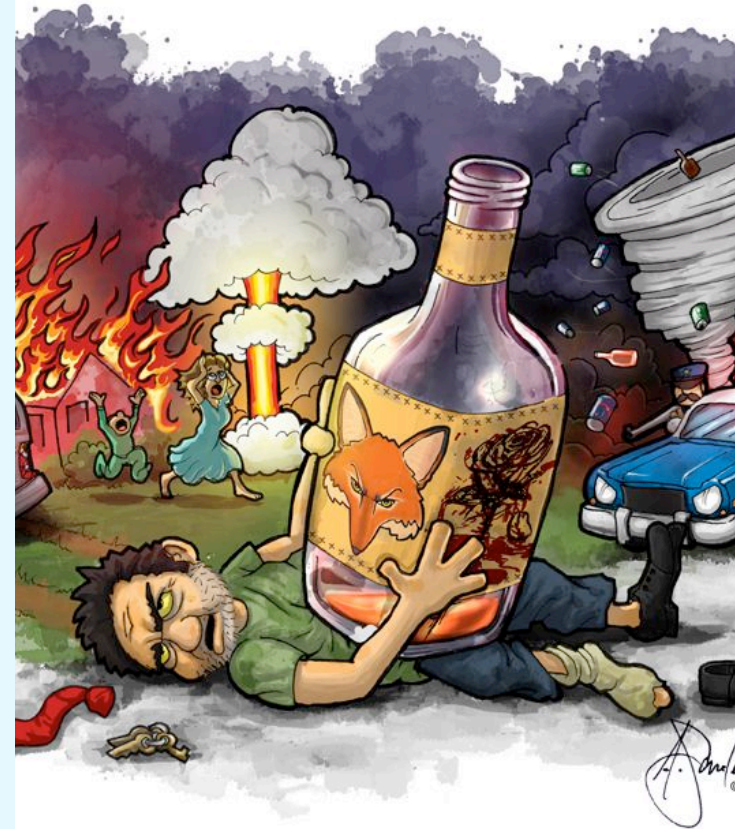
AGE & GENDER: 37; Female

OCCUPATION: Stay at home mother / former attorney

DIAGNOSIS: Alcoholic use disorder/
Alcoholism

TREATMENT: Residential treatment
and intensive outpatient

CURRENT STATUS: Sober



HISTORY

- Upper-middle class family, achieved excellent grades in school, attended college, studied law and started work in a prestigious multinational law firm. She worked long hours and seldom had time for herself.
- After four years, she got married to an attorney, decided to stay at home to raise the children, while her husband continued working.
- Within next few years she started feeling left behind. Her husband continued to achieve success and travel around the world, while M. held the less gratifying job of tending to the children and running errands.

HISTORY

- When the children started school full time she discovered a glass of wine at lunch would ease her feelings of boredom and the resentment that had been simmering inside of her for sometime.
- Soon the single glass of wine at lunch turned into a second glass in the afternoon, and another while the children ate dinner. In the span of less than one year she was drinking quite frequently and hiding the evidence.
- It wasn't until her husband received a call from the school that no one had picked up their children.

HISTORY

- Her husband rushed to the school and when he and their children got home they found her passed out on the bed with an empty wine bottle on the nightstand.
- The husband had suspected there was a problem, but the day's events removed any doubt and he decided that action had to be taken. That evening he went online looking for solutions and through a series of phone calls.
- Her husband thought for over an hour about his concerns and uncovered why he was reluctant to send his wife to treatment.

HISTORY

- He feared she would feel betrayed, or be so angry at him their relationship would never be the same even if she stopped drinking.
- Intervening on an addicted family member is doing what is medically necessary. He wouldn't hesitate to get her help if she were diagnosed with another disease and that addiction is no different.
- The patient's initial reaction to the intervention, and having to go to treatment, may be anger stemmed from shame and embarrassment.

HISTORY

- However, after being sober for a short time she would understand the necessity of his actions.
- The team at a rehab started planning an intervention with an approach would consist of love and kindness with strong boundaries considering the consequences in the event that she refused treatment.
- On the afternoon of the intervention the family was prepared for what was to come. After working closely together discussing treatment options and answering any anticipated objections she would have.

HISTORY

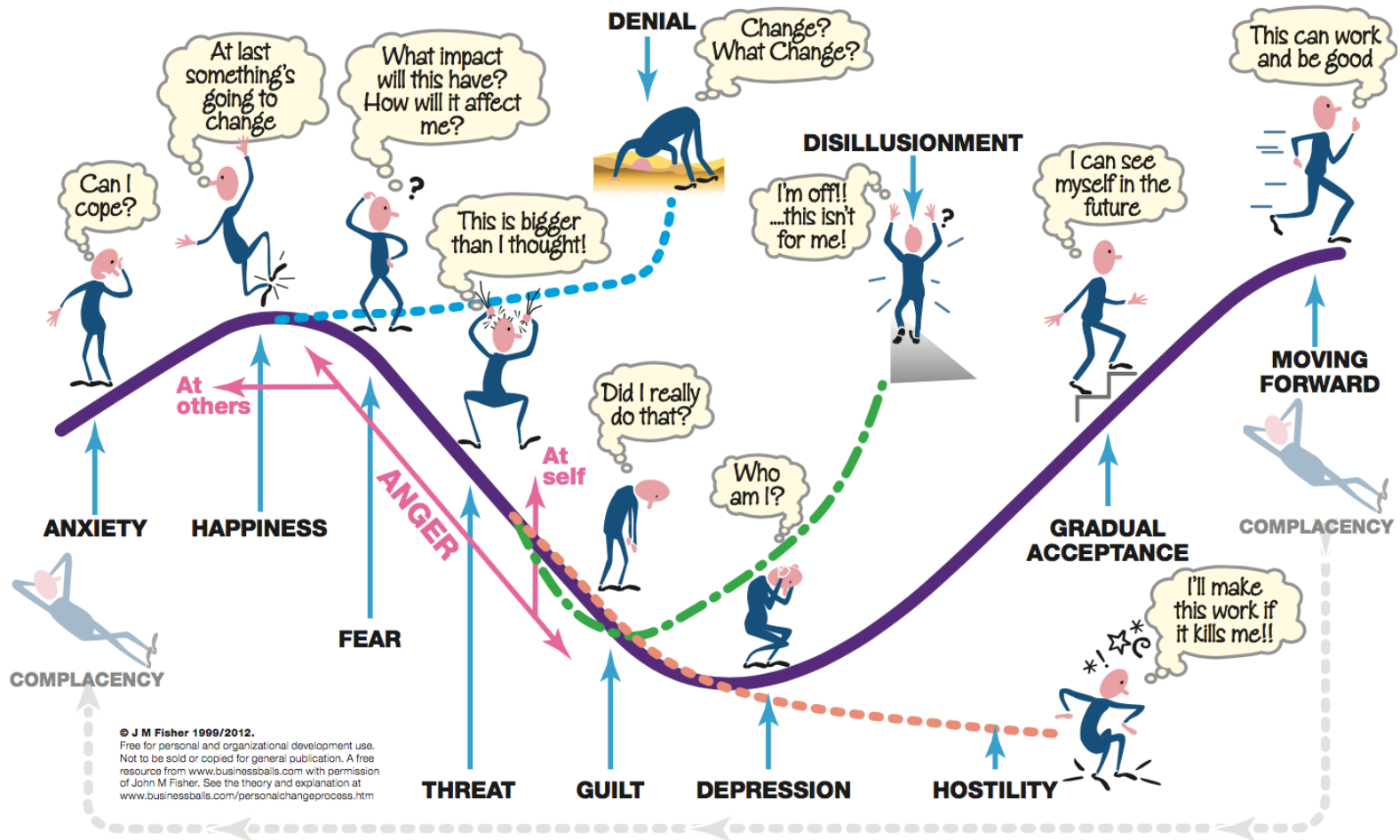
- “I suspect it has something to do with me forgetting to pick-up the kids from school,” she said.
- She realized everybody was there because they loved her and wanted her to get help for her drinking.
- The family read the intervention letters we prepared and she cried during some and laughed during others. Each letter ended with a plea for her to accept help immediately. When the circle was complete, her response was that residential treatment is too big of a response for not picking up the kids one time at school.

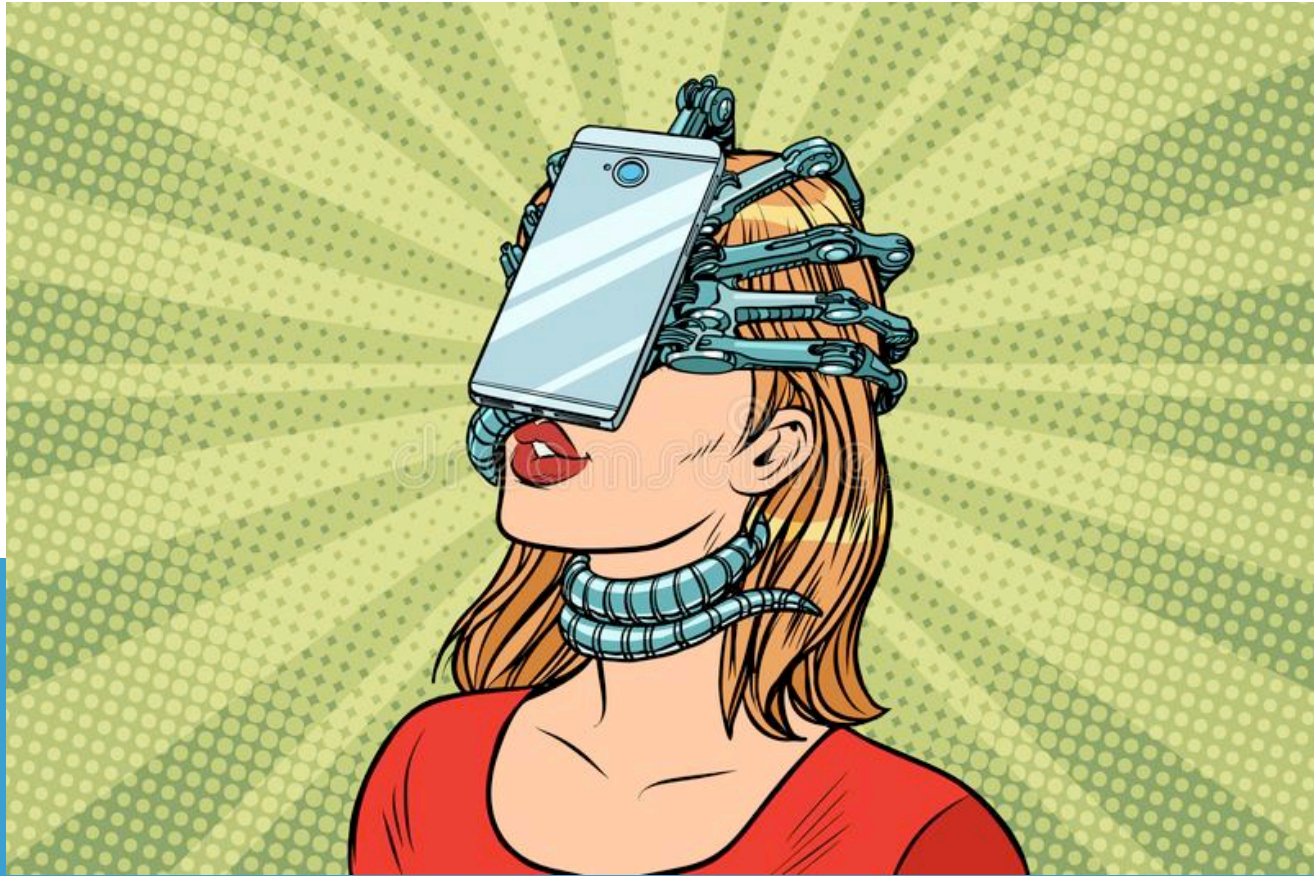
HISTORY

- Not expecting her to accept treatment without a discussion that needs to be explained. In her mind treatment seemed like a punishment for her being an alcoholic.
- Once she accepted, the feeling of relief filled the room. Her children met her and it was not easy for her. Then she completed 30 days of residential treatment followed by 60 days of intensive outpatient treatment locally and individual therapy. She has been sober since completing treatment and attends AA meetings near her home.

Expectations vs. Reality

The Process of Transition - John Fisher, 2012 (Fisher's Personal Transition Curve)

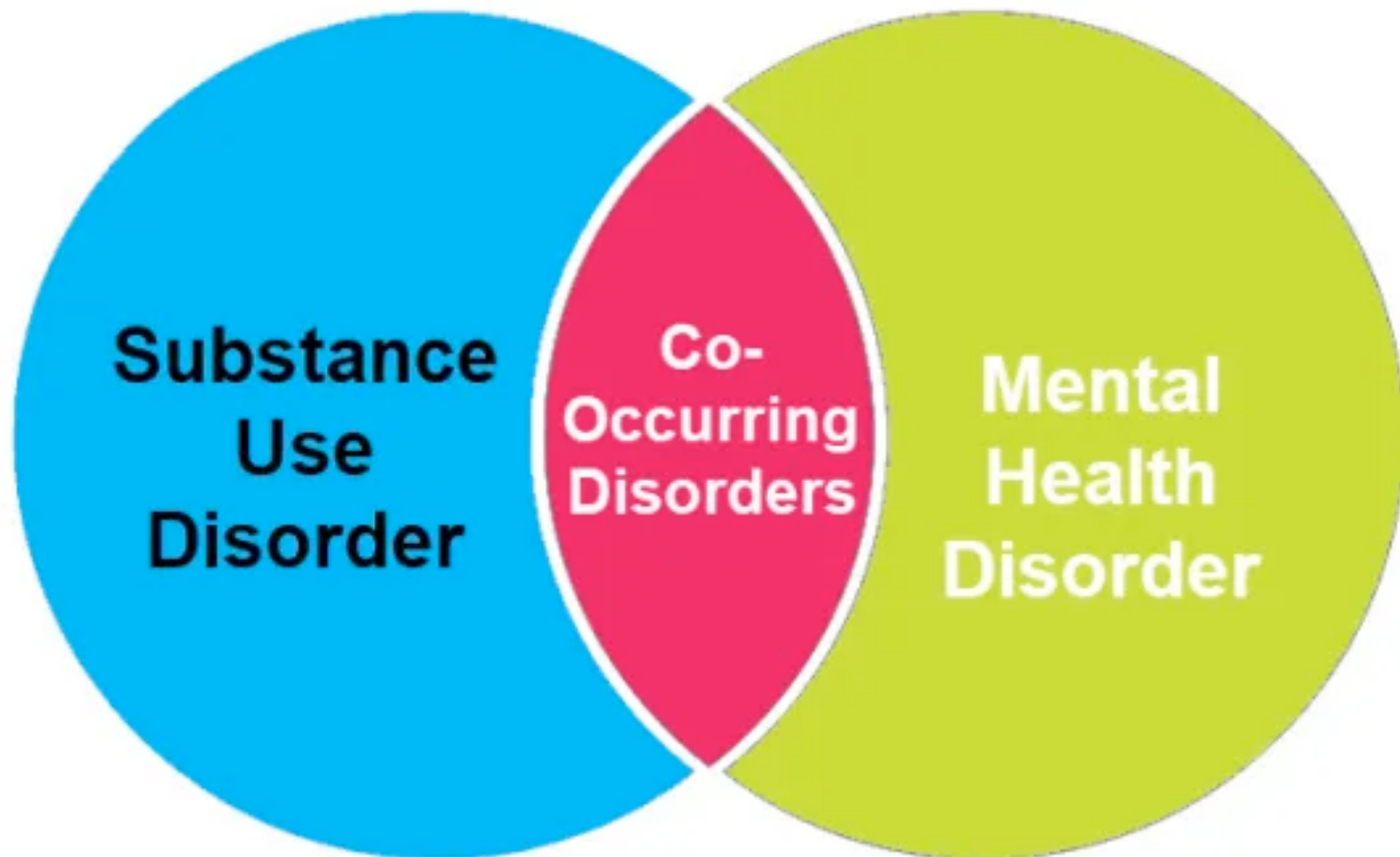




ACTIVITY 7-Practice

Outline a treatment plan based on a case

Common Comorbidities





Depression, Bipolar I and II, Psychosis
HIV/AIDS, Hepatitis, Tuberculosis,

CLIENT NAME: J.

AGE & GENDER: 46; Male

FORMER OCCUPATION: Journalist

DIAGNOSIS: ?

TREATMENT: Residential treatment and intensive outpatient (Outline details)

DESIRED STATE: Recovery





Feedback Time Activity 8

How this session has met your expectations?

REFERENCES

- <https://www.sciencedirect.com/topics/medicine-and-dentistry/family-systems-theory>
- <https://vertavahealth.com/blog/what-is-a-crisis-intervention/>
- <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>
- <https://www.verywellmind.com/what-is-motivational-interviewing-22378>

THANK YOU!

