

IRWC WORLD ONLINE **Conference**

‘Bringing Coaching into Recovery, Wellness and Healthcare’

What we know really works in addiction treatment

John Hamilton, LMFT, LADC
Recovery Network of Programs

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Why do people take drugs?

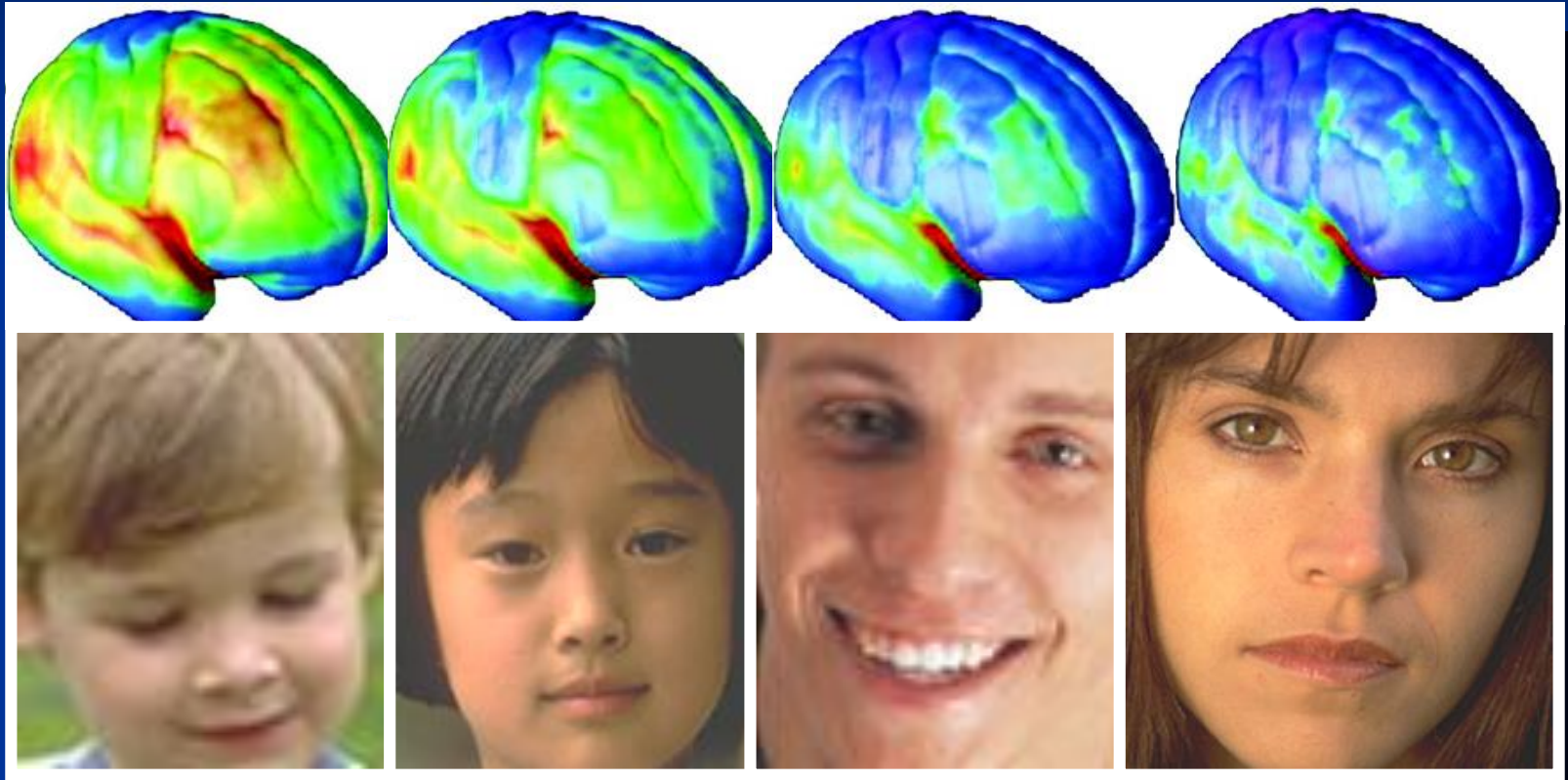
To feel good
To have novel:
Feelings
Sensations
Experiences
AND
To share them



To feel better
To lessen:
Anxiety
Worries
Fears
Depression
Hopelessness
Withdrawal

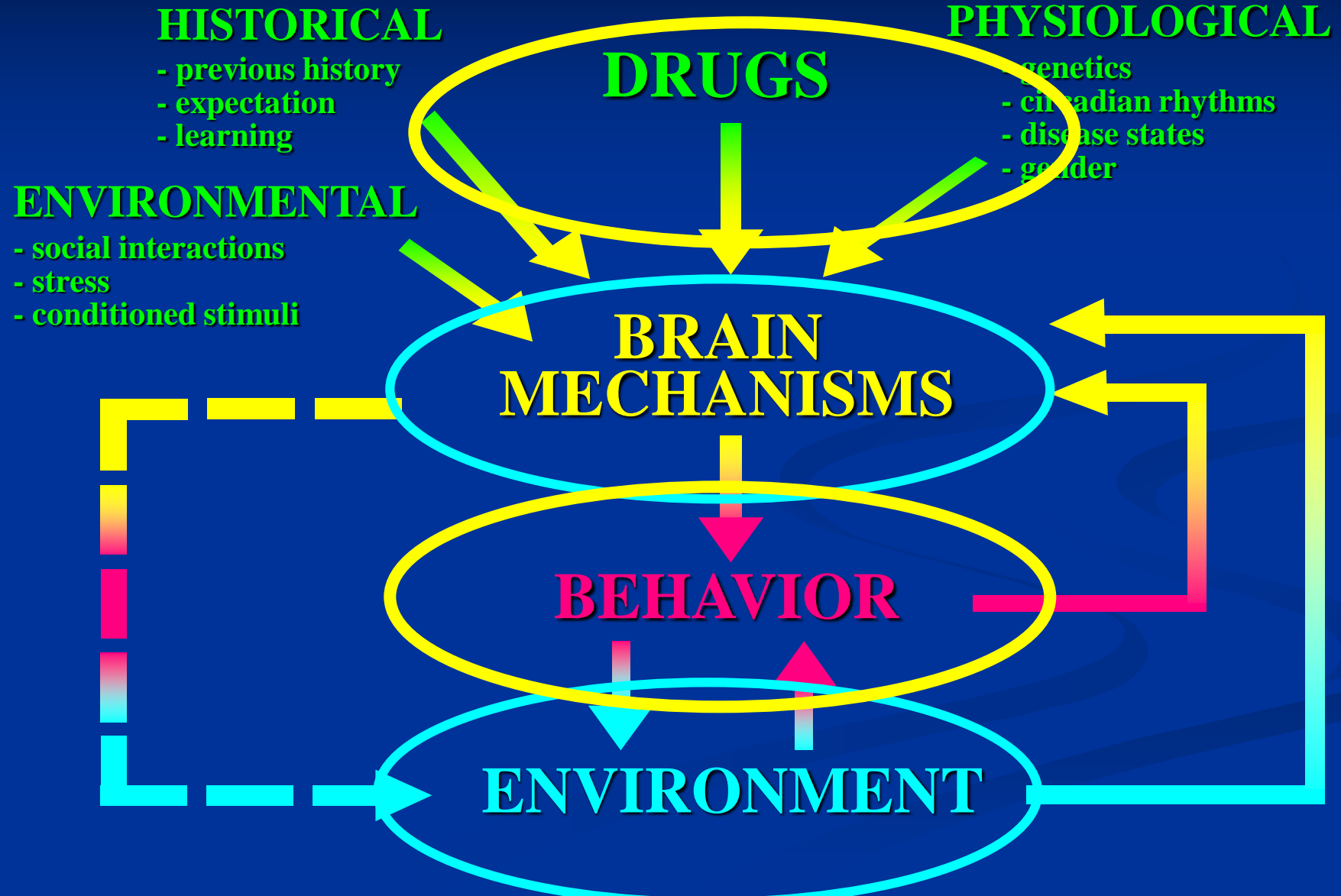
■ INCREASED
EXPOSURE TO
DRUGS AND STRESS
INCREASES RISK

- Exposure to drugs of abuse during adolescence could have profound effects on ***Brain Development & Brain Plasticity***



- Understanding drug abuse and addiction from a ***Development Perspective*** has important implications for their ***Prevention & Treatment***

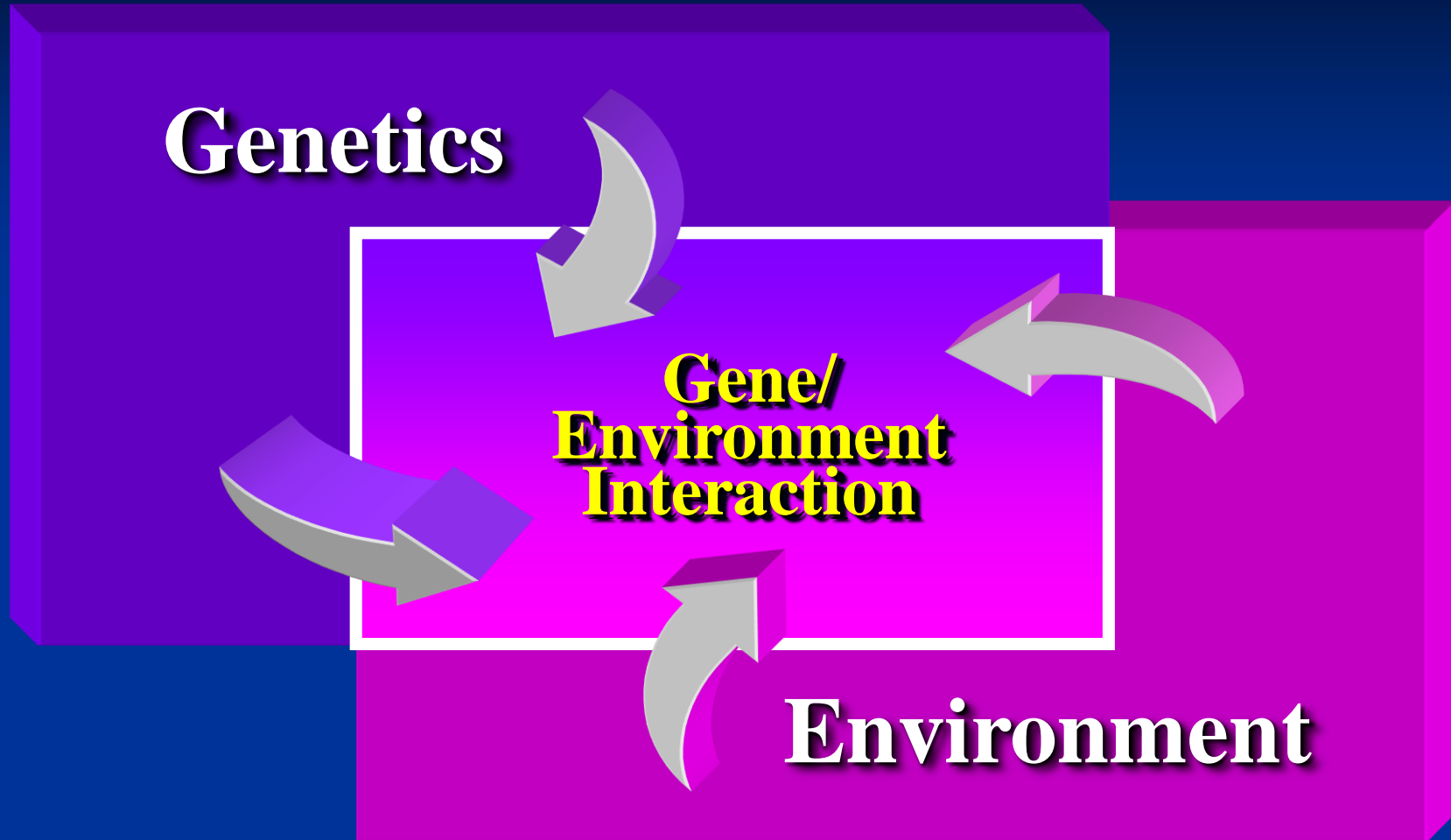
Drug Addiction: A Complex Behavioral and Neurobiological Disorder



Genetics

**Gene/
Environment
Interaction**

Environment



Dopamine Pathways

Serotonin Pathways

Frontal cortex

Striatum

Substantia nigra

Nucleus accumbens

VTA

Hippocampus

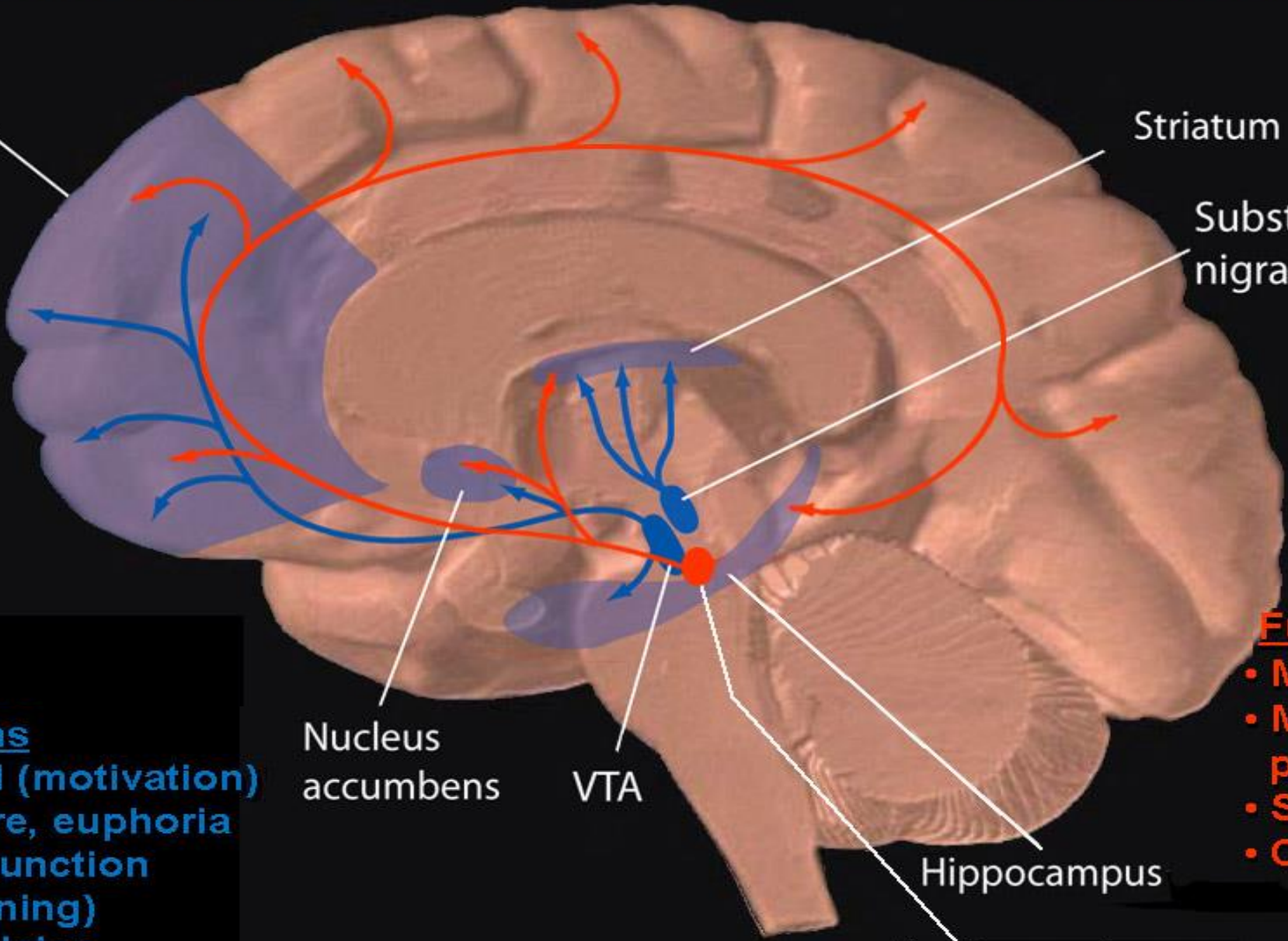
Raphe nucleus

Functions

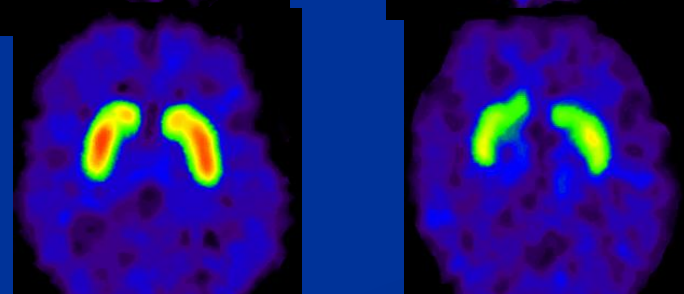
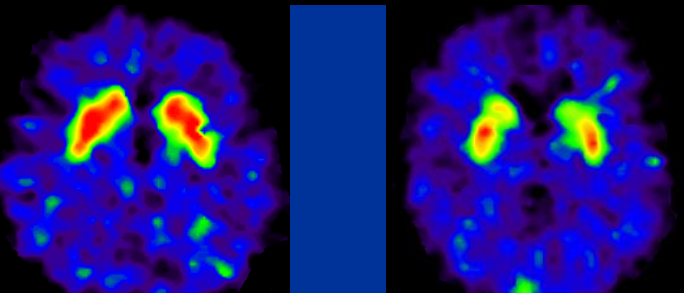
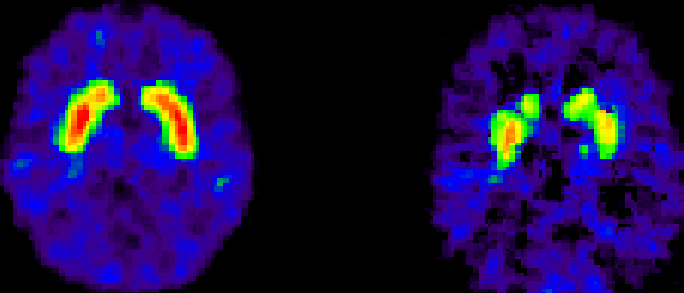
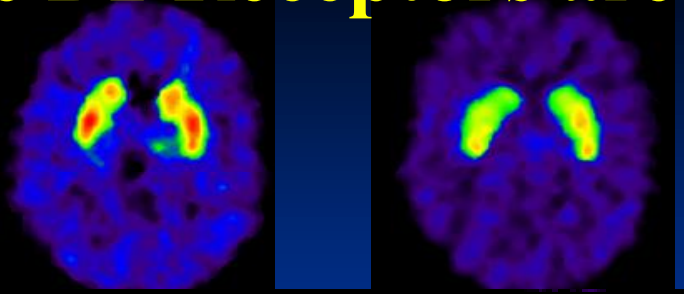
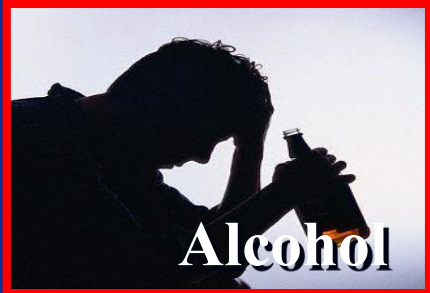
- Mood
- Memory processing
- Sleep
- Cognition

Functions

- Reward (motivation)
- Pleasure, euphoria
- Motor function (fine tuning)
- Compulsion
- Perseveration

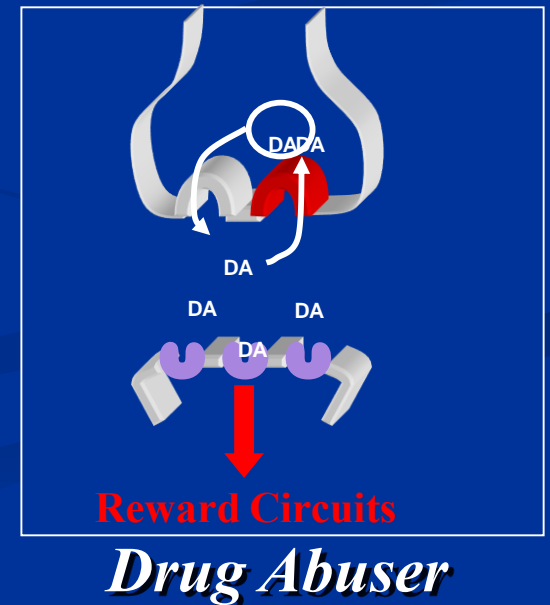


Dopamine D2 Receptors are Lower in Addiction



control

addicted



Effects of a Social Stressor on Brain DA D2 Receptors and Propensity to Administer Drugs

Individually Housed

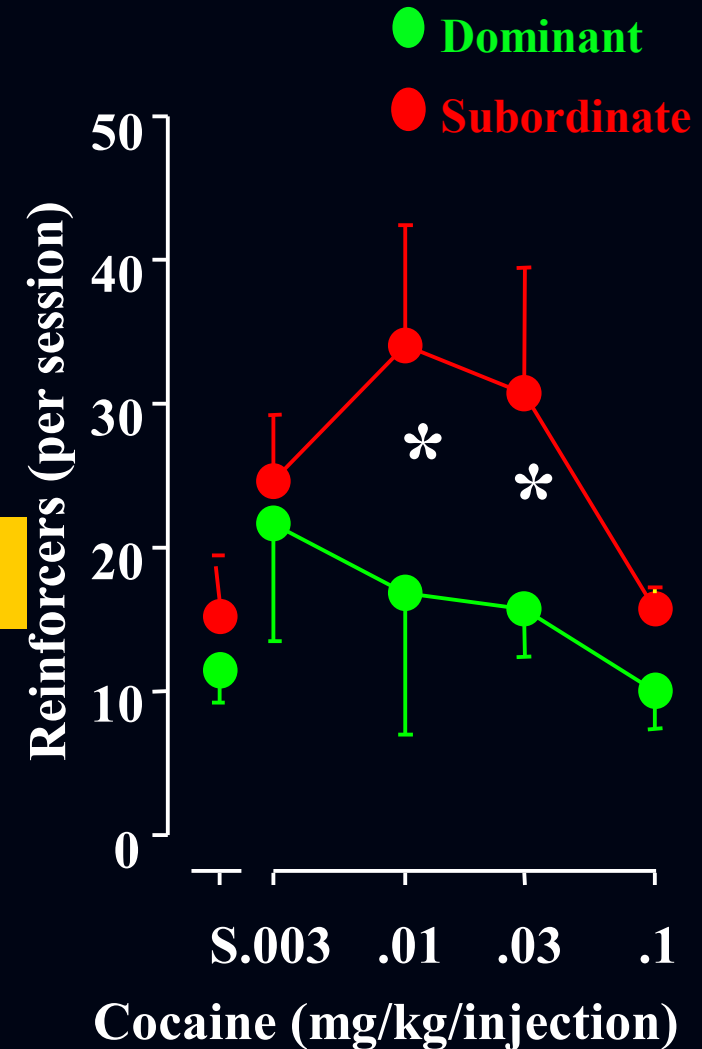
Group Housed

Becomes *Dominant*
No longer stressed



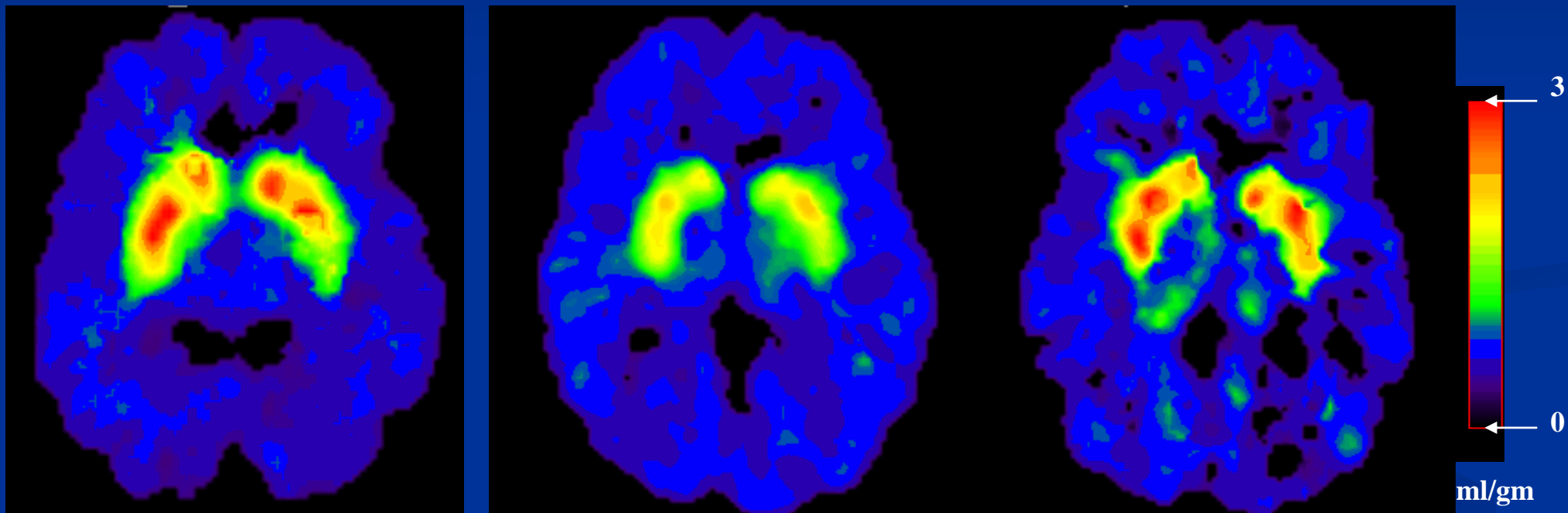
Isolation Can Change Neurobiology

Becomes *Subordinate*
Stress remains



ADDICTION CAN BE TREATED

Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence



Normal Control

METH Abuser
(1 month detox)

METH Abuser
(24 months detox)

Source: Volkow, ND et al., *Journal of Neuroscience* 21, 9414-9418, 2001.

Substance Abuse

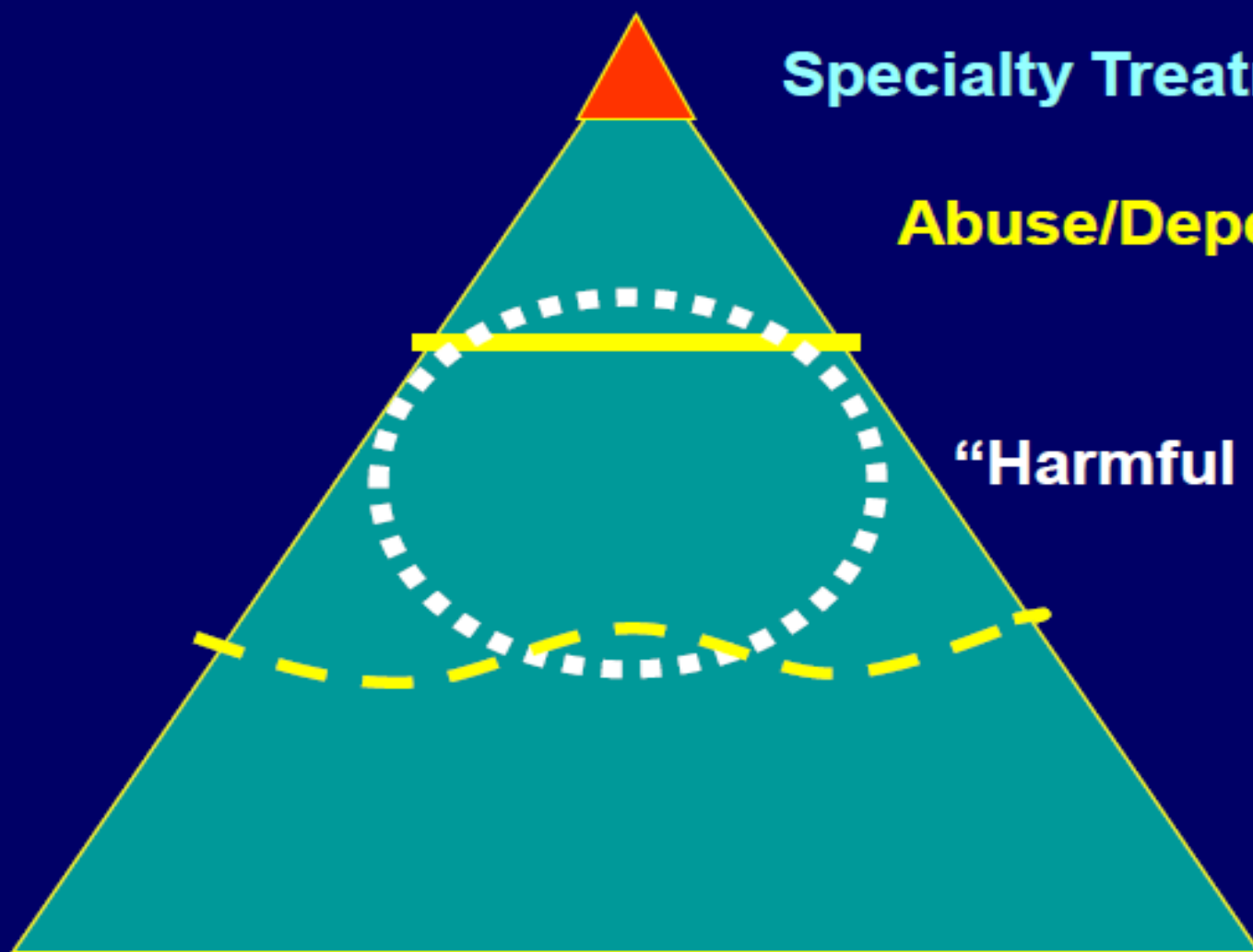


Specialty Treatment ~ 2,300,000

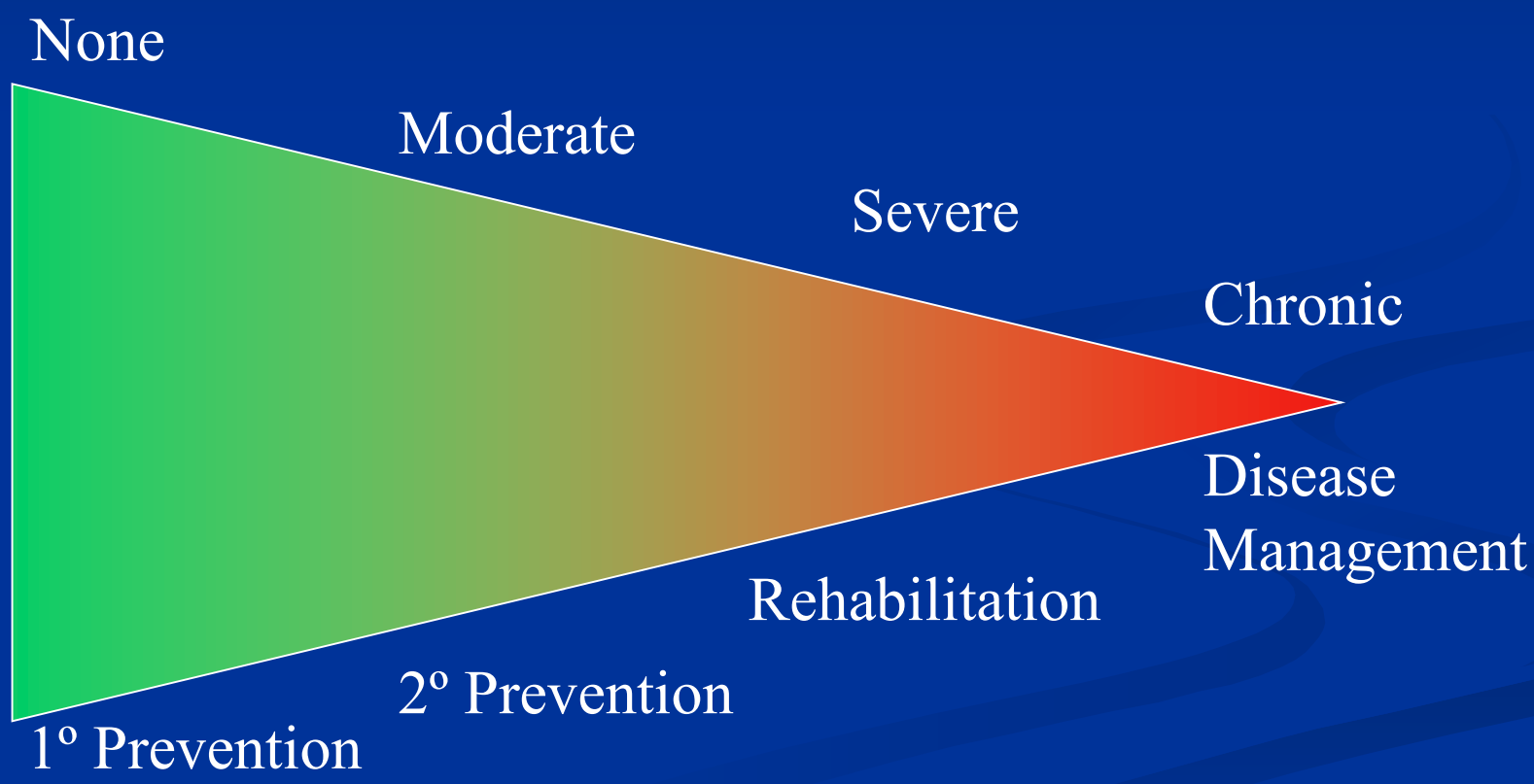
Abuse/Dependent – 25,000,000

“Harmful Users” – ??,000,000

Little or No Use



Use &
Problems



Modality

Extended Continuum

Heavy drinking
only

Harmful
drinking

Dependence

Chronic

Increased quantity, frequency & consequences of alcohol use

Disease
Management

Specialized
remission-
oriented
treatment

Medical
management +
pharmacotx
or CBI

Brief
motivational
counseling

Facilitated
self change



Specialty Care

- ~ **12,000** specialty programs in US
- **31%** treat less than 200 patients per year
- ~ **77%** government funded
 - Private insurance <12%

Sources – NSSATS, 2008; D'Aunno, 2004

What Are Evidence-Based Practices?

Interventions that show consistent scientific evidence of being related to preferred client outcomes.

How Are Evidence-Based Practices Documented?

Gold Standard

- Multiple randomized clinical trials

Second Tier

- Consensus reviews of available science

Third Tier

- Expert opinion based on clinical observation

(Drake, et al. 2001. Implementing evidence based practices in routine mental health service settings. *Psychiatric Services*, 52, 179 – 182)

Important Distinctions

- Evidence-based **principles** and practices guide system development
 - Example: care that is appropriately comprehensive and continuous over time will produce better outcomes
- Evidence-based **treatment interventions** are important elements in the overall picture. They are not a substitute for overall adequate care.

WHAT WORKS

- Motivational Interviewing (MI)
- Motivational Incentives (Contingency Management)
- Matrix Model (Stimulants)
- Seeking Safety Model (Women and Trauma)
- Relapse Prevention (Marlatt)
- Cognitive Behavioral Therapy

WHAT WORKS (Continued)

- Methadone (Heroin)
- Buprenorphine (Heroin)
- Naltrexone (Alcohol)
- Family Therapy (Behavioral)
- Case Management

WHAT IS NEEDED WITH ADDICTIONS

1. COMPULSORY SUPERVISION
2. PROVIDE A SUBSTITUTE DEPENDENCE
3. PROVIDE A SOURCE OF HEIGHTENED HOPE
AND INSPIRATION
4. HELP CLIENTS FIND NEW RELATIONSHIPS
OUTSIDE OF TREATMENT

(VALLIANT)

What Does Not Work

- Confrontation -confrontation is only effective if it is perceived as concern . It assumes a therapeutic relationship between the teacher/counselor and the student
(The goal of the first session is to have a second session)
- Substance abuse education alone
- Group Therapy and residential treatment with some adolescent populations

Policies and Practices Not Supported by Research

- Requiring abstinence as a condition of access to substance abuse or mental health treatment
- Denying access to AOD treatment programs for people on prescribed medications
- Arbitrary prohibitions against the use of certain prescribed medications
- Discharging clients for alcohol/drug use

NIDA

Principles of Effective Treatment

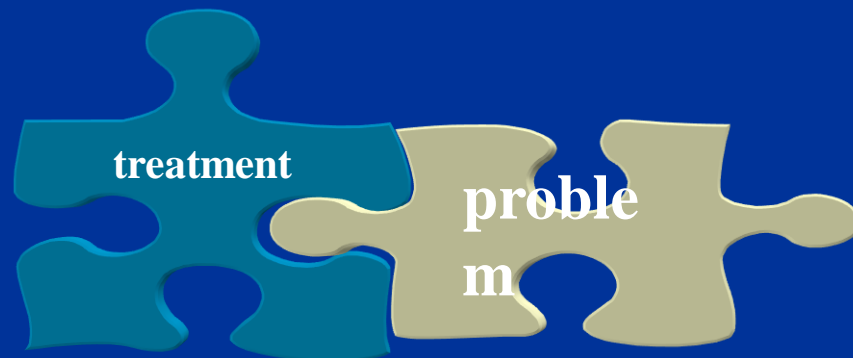
Treatment Needs To Be Readily Available

Individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial.

Potential treatment applications can be lost if treatment is not immediately available or is not readily accessible.

No Single Treatment Is Appropriate For All Individuals

Matching treatment setting, interventions and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.



Effective Treatment Attends To Multiple Needs Of The Individual, Not Just His or Her Drug Use

To be effective:

- *Treatment must address the individual's drug use.*

- AND -

- *Any associated ,medical, physiological, social, vocational, and legal problems.*

Individual Treatment and Service Plans Must Be Assessed and Continually Modified As Necessary To Ensure The Plan Meets The Person's Changing Needs

- *Varying treatment components and other medical services.*
- *Family counseling, parenting, vocational rehabilitation, social and legal services.*
- *Medication.*
- *Appropriate to the individual's age, gender, ethnicity, and culture.*

Remaining In Treatment For An Adequate Period Of Time Is Critical For Treatment Effectiveness

- ✓ *Duration depends on his/her problems/needs.*
- ✓ *Significant improvement is reached in about 3 months for most patients.*
- ✓ *Additional treatment is often needed.*
- ✓ *Include strategies to engage and keep patients in treatment.*

Counseling and Behavioral Therapy Critical Components Of Effective Treatment For Addiction:

- *Address issues of motivation*
- *Build skills to resist use*
- *Replace with constructive activities*
- *Improve problem solving abilities*

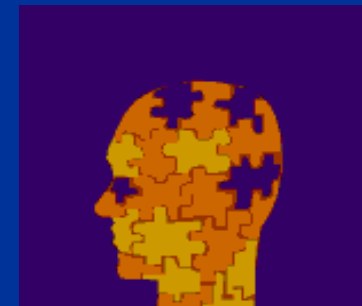
Behavior therapy facilitates interpersonal relationships and the individual's ability to function in the family and community.

**Medication Is An Important Element Of Treatment
For Many Patients Especially When Combined With
Counseling And Other Behavioral Therapies**



Addicted or Drug-Abusing Individuals With Coexisting Mental Disorders Should Have Both Disorders Treated In An Integrated Way

Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.



Medical Detoxification Is A Stage Of Addiction Treatment And By Itself Does Little To Change Long-Term Drug Use

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use.

Detox alone is rarely sufficient to help achieve long-term abstinence. For some individuals it is a strongly indicated precursor to effective drug addiction treatment.

Drug Use During Treatment Must Be Continually Monitored

Lapses to drug use can occur during treatment. Objective monitoring through urinalysis or other tests can help the patient withstand urges to use. Can also provide early evidence of drug use so the individuals treatment plan can be adjusted.

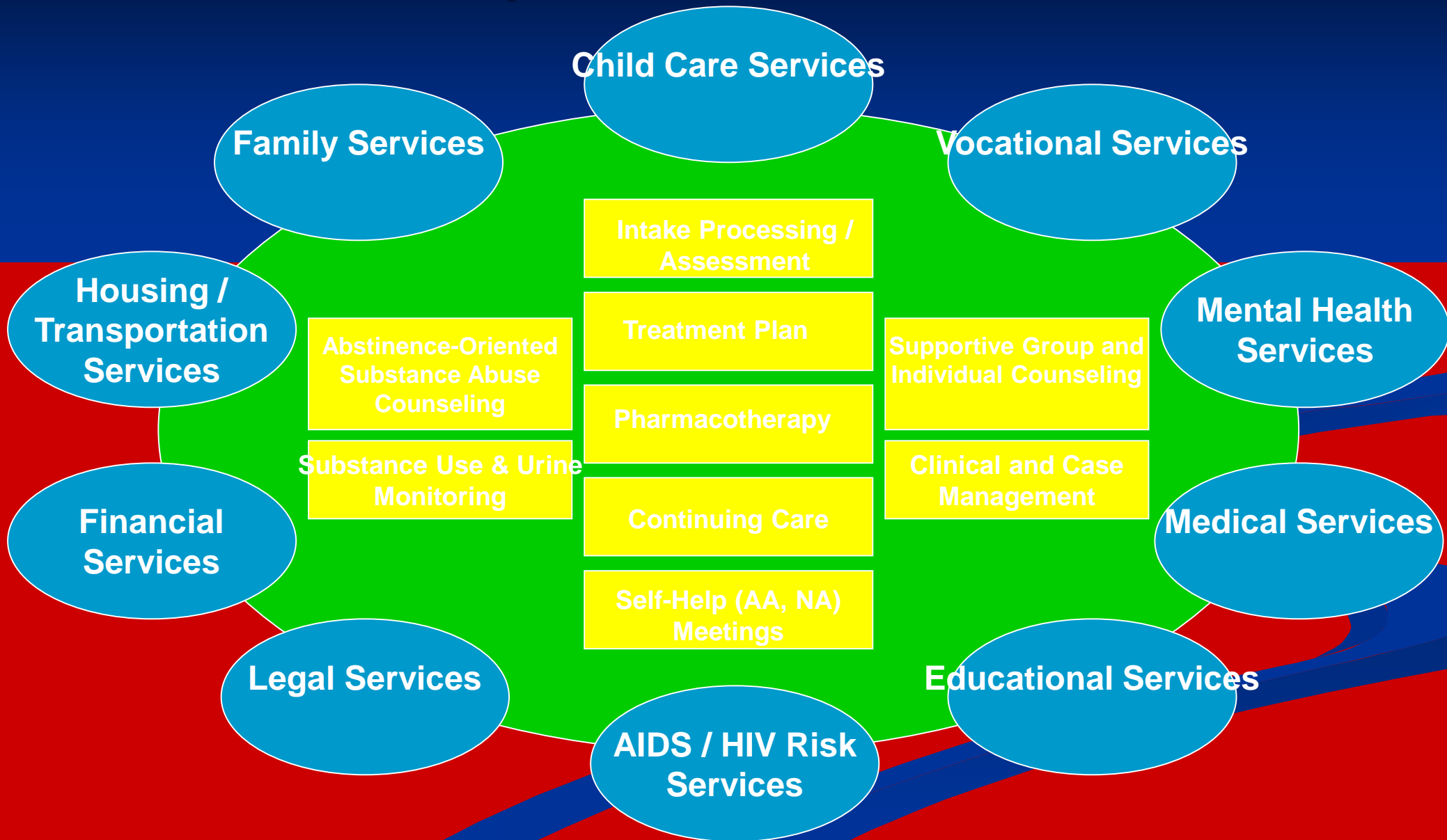


**Treatment Programs Should Provide
Assessment For HIV/AIDS, Hepatitis B &
C, Tuberculosis, and Other Infectious
Diseases**

Recovery Can Be A Long-Term Process That Frequently Requires Multiple Episodes Of Treatment

- *Relapses can occur during or after*
- *May require prolonged treatment*
- *Participation in self-help support programs*

Drug Abuse Treatment Core Components and Comprehensive Services



ASAM Patient Placement Criteria

- Level 0.5 Early Intervention
- Level 1 Outpatient
- Level II Intensive Outpatient
- Level III Residential/Outpatient
- Level IV Medically Managed Care

ASAM PPC-2

6 DIMENSIONS

1. Acute intoxication/withdrawal
2. Biomedical conditions and complications
3. Emotional, behavioral and cognitive conditions
4. Readiness to change
5. Relapse, continued use or problem potential
6. Recovery environment

Stages Of Change

- Pre-Contemplation (Denial)
 - ✎ (“I’ m Only Here Because ...”)
- Contemplation (Ambivalence)
 - ✎ (“I’ m Not Sure What To Do”)
- Preparation (Early Recovery)
 - ✎ (“I’ ve Cut Back A Little Already”)
- Action (Treatment Ready)
 - ✎ (“I’ ll Do What It Takes”)
- Maintenance (Relapse Prevention)
 - ✎ (“This Isn’ t As Easy As I Thought”)

Contingency management reduces drug use

■ Opioids

(Bickel et al., 1997; Preston et al., 1998)

■ Cocaine

(Higgins et al., 1991, 1993, 1994; Silverman et al., 1996)



■ Benzodiazepines

(Stitzer et al., 1992)

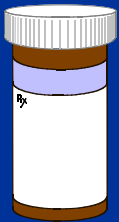
■ Marijuana

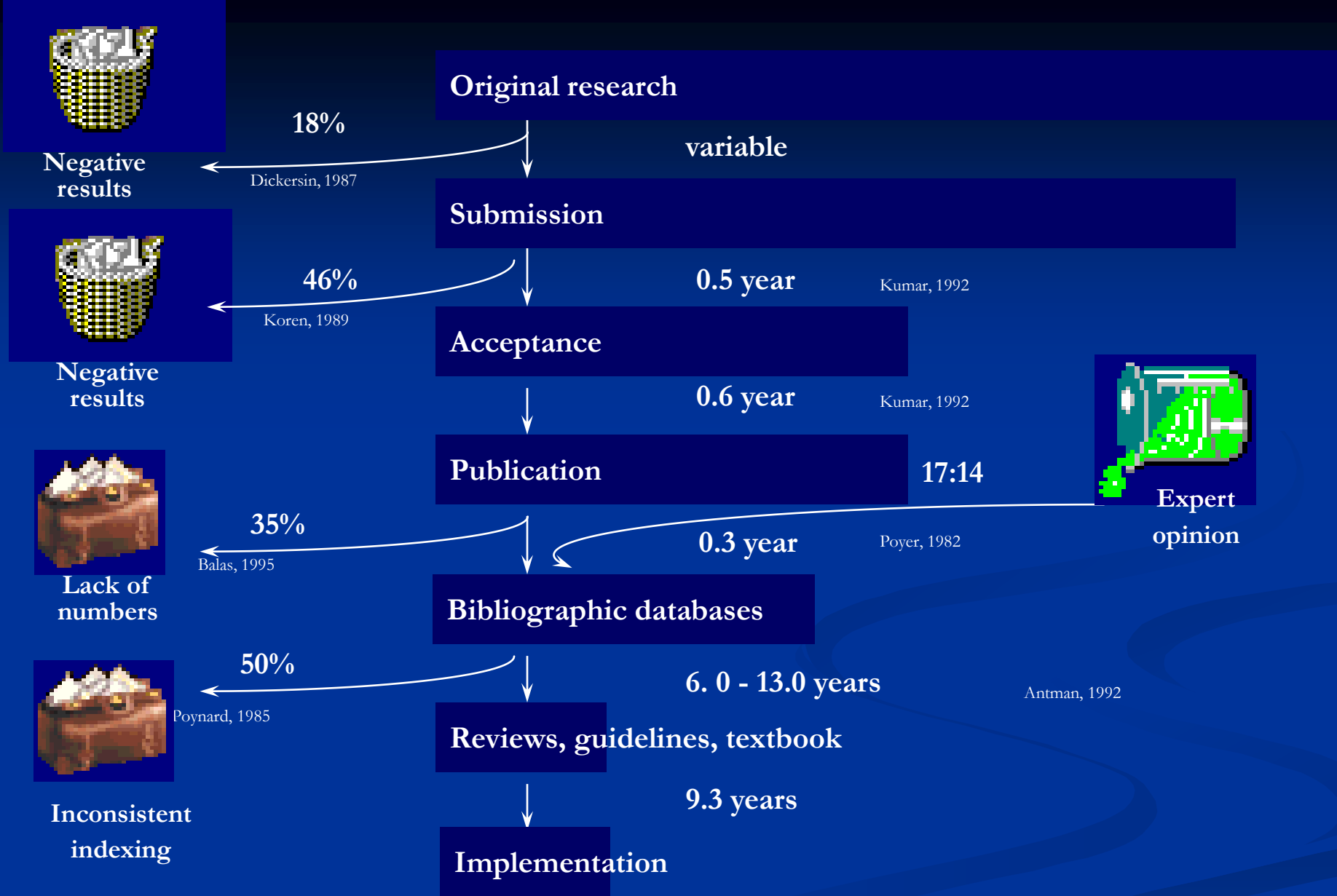
(Budney et al., 1991, Budney et al., 2002)



■ Nicotine

(Stitzer & Bigelow, 1984; Roll et al., 1996)





17 yrs to turn 14% of original research to the benefit of patient care (Andrew Balas)

- **Dissemination:** The study of the distribution of information and intervention materials to a specific public health or clinical practice audience.
- **Implementation:** The study of strategies to adopt and integrate evidence-based health intervention and change practice patterns with specific types of settings.

Lomas, J. (1993). Diffusion, dissemination, and implementation: who should do what? *Annals of the New York Academy of Science*, 703, 226-235.

PAR-07-086: Dissemination and Implementation Research in Health (R01)

DIFFUSION OF INNOVATIONS

FIFTH EDITION



EVERETT M. ROGERS

Characteristics of an Innovation Which Is Most Easily Disseminated

(Everett Rogers, 2003):

1. **Confers a relative advantage compared with the current practice**
2. **Is compatible with other current practices**
3. **Is relatively simple to learn and implement**
4. **May be tried before making a commitment to adoption**
5. **Positive results are observable by the adopter**

When innovations are adopted, "reinvention is inevitable."

Effective Strategy For Implementing a New Intervention

Three-step process

- Provide opportunities to acquire basic knowledge about intervention
- Provide opportunities for practice with feedback
- Provide expert coaching to improve performance

Not dissimilar from how interventions in research protocols are implemented (i.e., training with fidelity monitoring)

Implementability

The characteristics that determine an innovation's rate of adoption are:

- relative advantages
- compatibility
- complexity
- trialability
- observability
- sustainability

And, Fixsen would add



Rogers, E.M. (1995). Diffusion of innovations. (4th ed.). New York: Free Press.

Fixsen, D.L., et al. (2005). Implementation Research: A synthesis of the literature. University of Florida, http://nirn.fmhi.usf.edu/resources/publications/Monograph/pdf/Monograph_full.pdf

Climate & Culture

- Organizational Climate & Culture sustain business and therapeutic practices
- Melnick has shown that strong cultures* produce better outcomes.
- Simpson & Flynn (2007) and Aarons et al. (2007) have shown that staff and organizational reactions (beliefs, values, attitudes, perceptions) effect implementation success.

Melnick, G., Wexler, H.K., Chapel, M., & Banks, S. (2006). JSAT, 31(3), 277-285.

Melnick, G., Wexler, H.K., Cleland, C.M. (In Press). Client consensus on beliefs about abstinence: effects on substance abuse treatment outcomes. Drug & Alcohol Dependence.

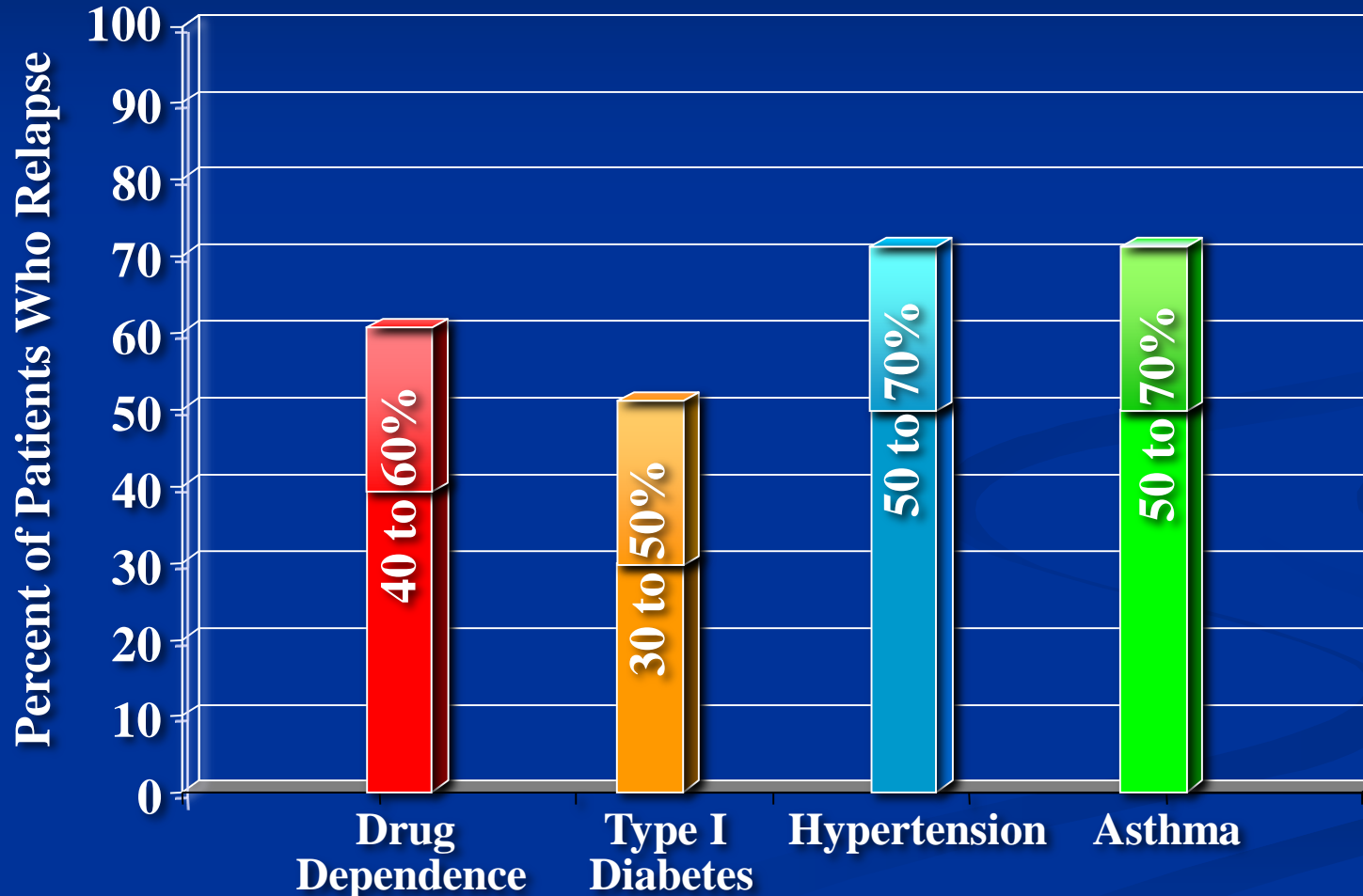
Challenges for the Treatment Program

- Philosophy of care
- Stage of change of program
- TAU varies by clinician
- Funding restrictions
- Timetables vs. milestones
- Lack of cost-benefit data
- Lack of Clinical Supervision

Challenges for The Addiction Treatment Field

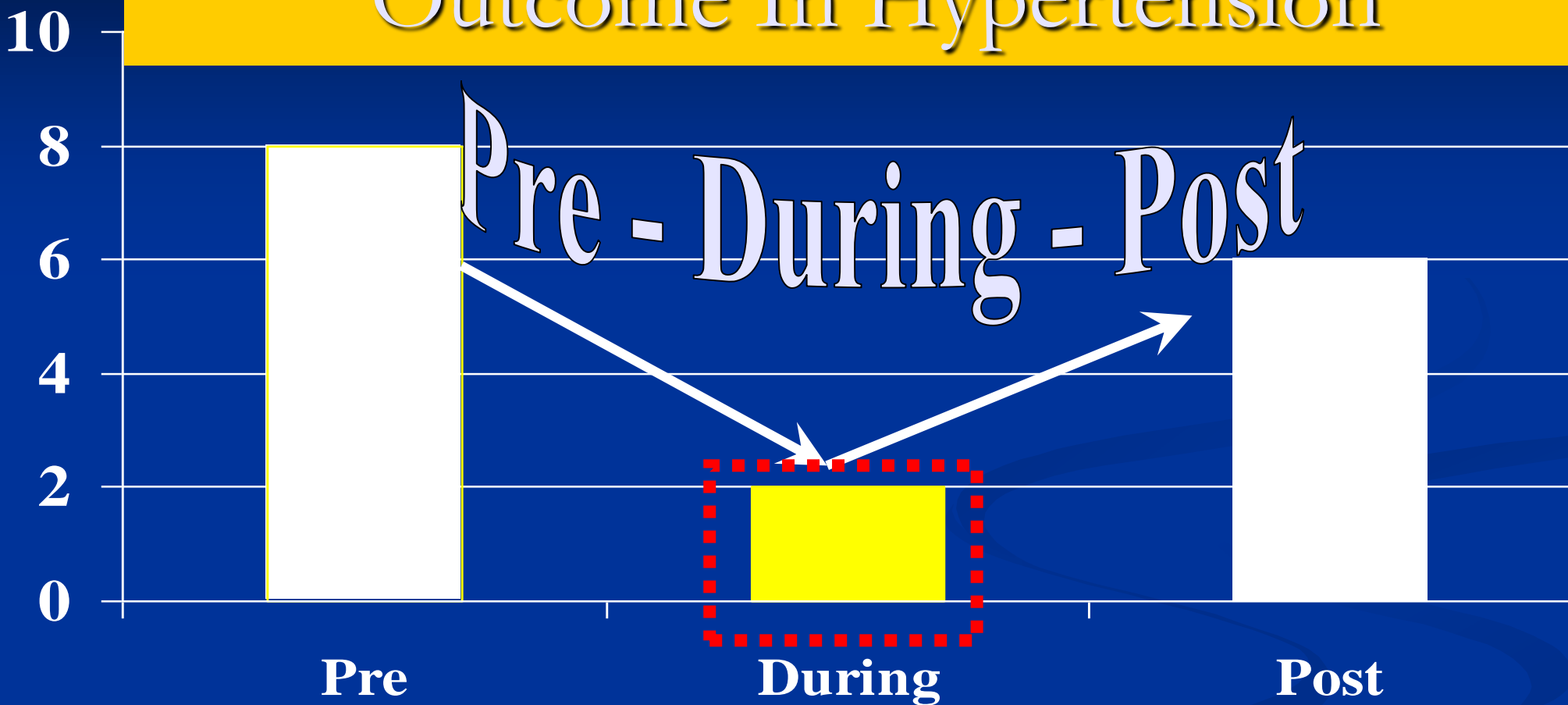
- Lack of longitudinal data on treatment responsiveness indicators
- Variance in treatment delivery systems
- Funding considerations
- Present treatment system operates as an acute vs. chronic treatment model

Relapse Rates Are Similar for Drug Dependence and Other Chronic Illnesses



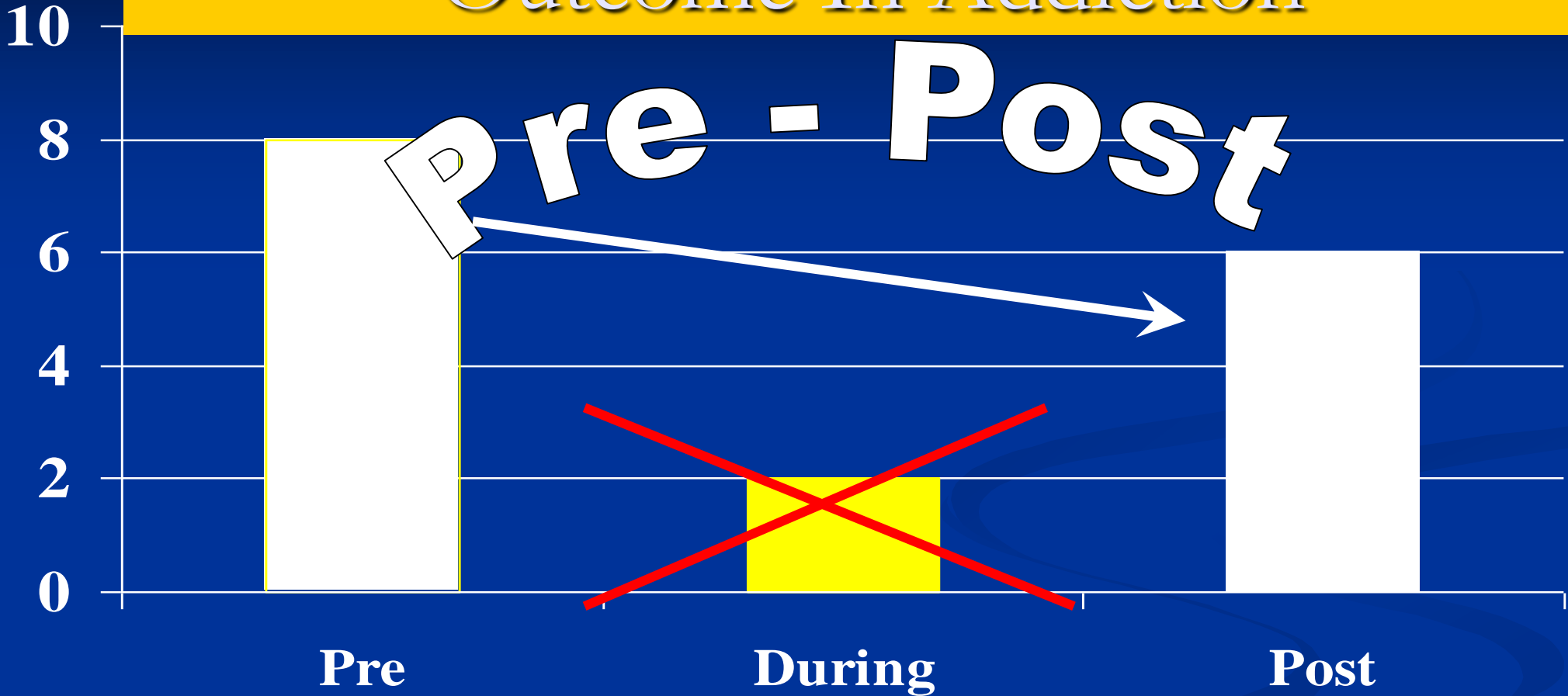
Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.

Outcome In Hypertension

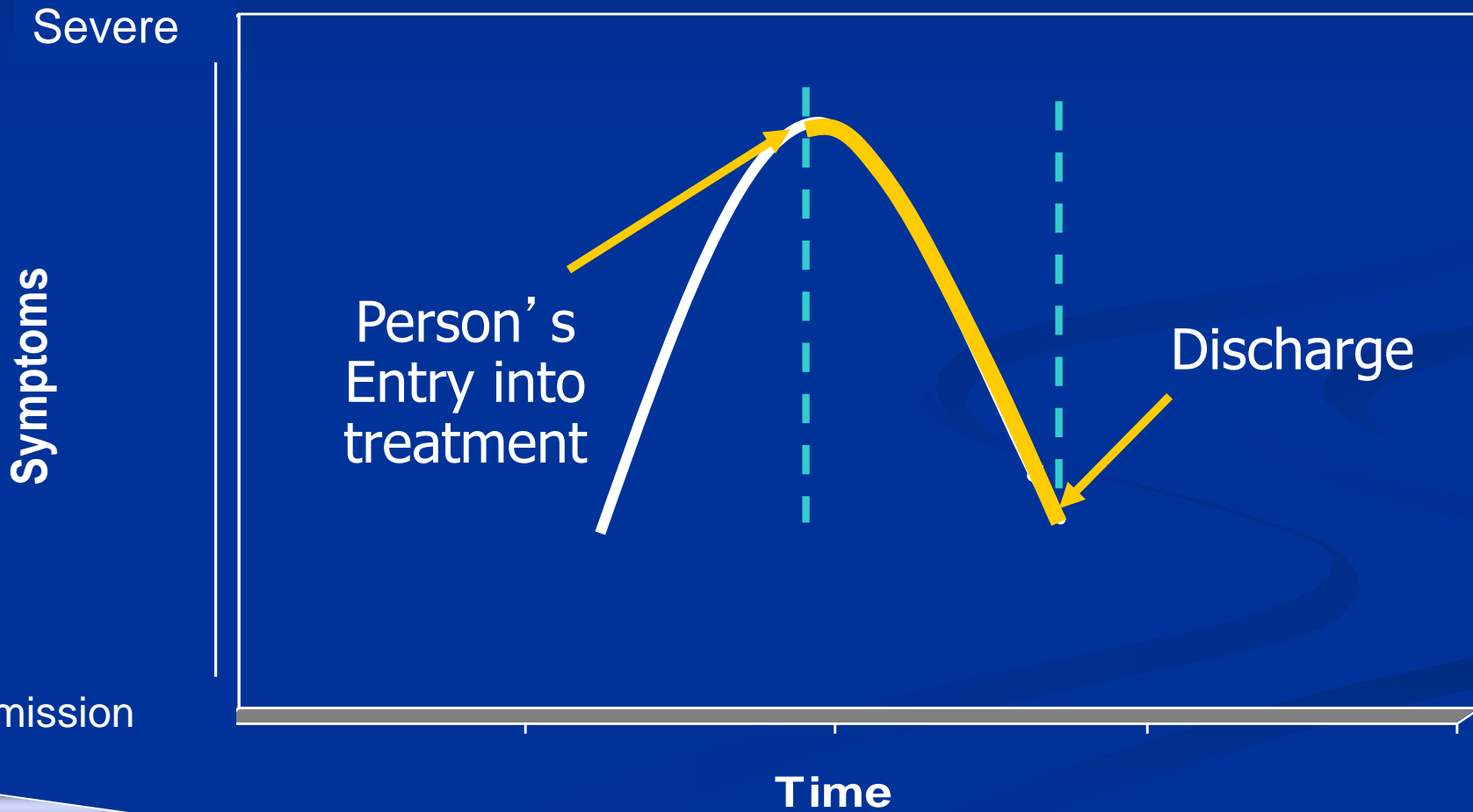


Outcome In Addiction

Pre - Post

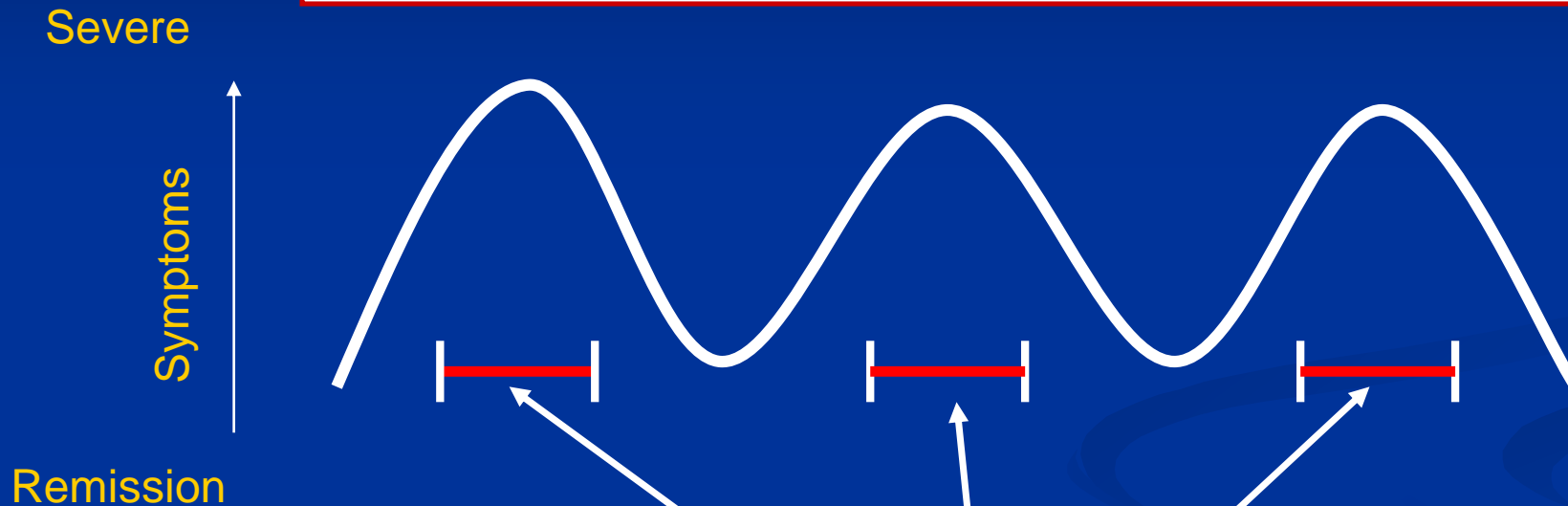


Traditional approach to Substance Use Treatment



Cyclical and Recurrent

Traditional Approach to Care



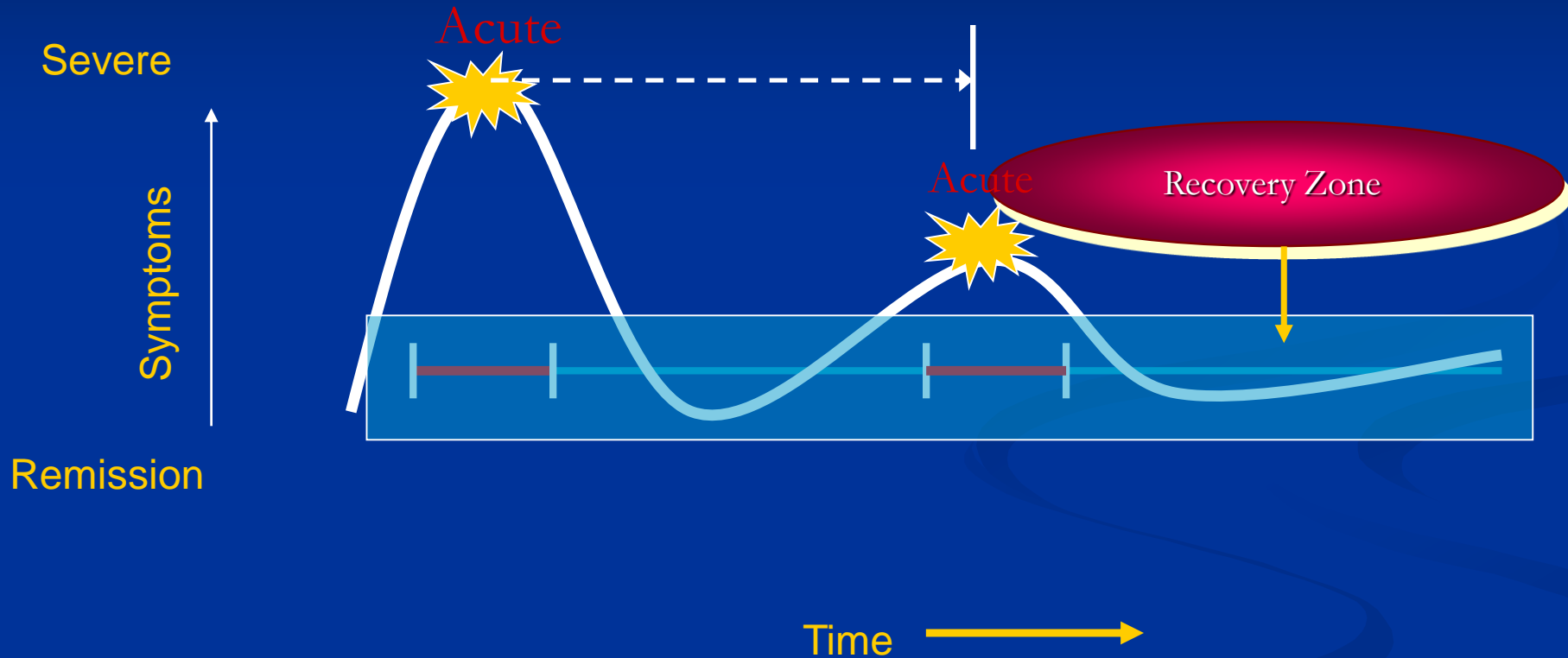
Acute symptoms

Discontinuous treatment

Crisis management



Goal: Helping People Move into Recovery Zone



Recovery

“A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”

J. Substance Abuse Trt, 2008



RECOVERY

Re “cover” the lost parts of self

1. Physical (Detox)
2. Emotional/Psychological
(Rehabilitation or habilitation)
3. Spiritual Recovery

What About the Therapeutic Alliance?

- Studies outside substance abuse show this accounts for a greater % of the variance than specific techniques
- Different “specific” therapies yield similar outcomes, but there is wide variability across sites and therapists
- More therapist education/experience does not improve efficacy

(Adapted from W.R. Miller, Oct 06)

The Therapeutic Relationship: *Research Findings*

- Quality of the relationship more potent predictor of outcome than theoretical orientation, experience level, or professional discipline.
- Client perception of the relationship a better predictor of outcome than therapist's perception.
- No correlation between the length of time spent in therapy and strength of the alliance.

Institute for the Study of Therapeutic Change

The Alliance: Establishing “Fit”

“Therapists need to be sensitive to the risk that their own estimate of the status of the relationship...can be at odds with the client’s...thus it seems prudent to *actively* solicit from the clients their perspective...”

RESILIENCY

- SOCIAL COMPETENCE
- PROBLEM SOLVING SKILLS
- AUTONOMY
- SENSE OF PURPOSE

Mental Health

- Lovable
- Capable
- Connected

An Organization As A Healthy Family System

- Enjoy your mate more than your kids
- Reasonable parenting
- Rational authority
- Clear expectations and boundaries
- Lovable, capable and connected
- Dignity and respect
- Instill hope and faith

**IF YOU MEET CLIENTS
WHERE THEY ARE AT
YOU WILL ALWAYS
WALK AWAY WITH
COMPASSION AND
UNDERSTANDING**

IT IS MORE IMPORTANT TO SHOW
THEM HOW MUCH YOU CARE
BEFORE
YOU SHOW THEM HOW MUCH YOU
KNOW

WEBSITES

- www.drugabuse.gov (NIDA)
- www.samhsa.gov (Substance Abuse and Mental Health Administration)
- www.salis.org (Substance Abuse Librarians and Information Specialists)
- www.promisingpractices.net (Promising Practices Network on Children, Families and Communities)
- www.JoinTogether.org (Join Together)