


 Project supported by the PHA


Foundation Module: **Adults** and **Family** Members



Day Three



  **Housekeeping**


- Breaks
- Microphones
- Internet connections
- Confidentiality
- Questions/comments





  **Course Objectives: Day **Three****

By the end of today, you will be able to:

- Explain the difference between dependence and addiction
- Identify elements that should be considered when choosing substance misuse interventions
- Identify common treatment approaches/modalities
- Describe the Stepped Care Model used in Northern Ireland




  **Working With
Change: Drug
Dependence**

How can drug dependence complicate change?

ASCERT

Is Change That Simple?

- Let's remind ourselves about drug dependence
- A key biological commonality of all drugs of dependence is that they will release dopamine in the reward pathway



ASCERT



Are “dependence” and “addiction” the same?

ASCERT

Confusion Around Terminology

- Many people think that “substance dependence” and “addiction” are interchangeable terms
 - i.e. They think that addiction just means “needing a substance to function”
- Dependence can be a normal bodily response to using a substance
 - Example: when someone because physiologically dependent on a medication while adhering to a prescribed medication
- Addiction = loss of control over intense urges to use a substance, despite harmful consequences


ASCERT

Drug Dependence: Physical

- Most drugs that are misused are done so for their psychoactive effects
- Physical dependence on psychoactive substances is associated with:
 - Release of dopamine in the reward pathway (neuroadaptation)
 - Development of tolerance
 - Withdrawal symptoms after regular use of a drug is stopped
- After ongoing drug use, particularly when there is considerable neuroadaptation, withdrawal of that drug may produce signs and symptoms that are very uncomfortable and sometimes life-threatening

ASCERT


Drug Dependence: Physical



- Withdrawal is caused by drug-induced neuroadaptation
 - Can persist for days to weeks after stopping a drug
 - Symptoms associated with withdrawal often include the opposite to the effects of the drug that were initially sought/to which tolerance has developed
 - Can be life-threatening or so uncomfortable that someone may be motivated to re-take the drug

ASCERT

Drug Dependence: Physical




- The intensity and nature of withdrawal is explained by the half-life of the drug
 - Shorter half-life → more intense withdrawal period
- Can you think of examples, and does it help explain addiction?

Mass, Antony C.; Dyer, Kyle R. Psychology of Addictive Behaviour (Palgrave Insights in Psychology series) (p. 46). Palgrave Macmillan. Kindle Edition.

ASCERT

Drug Dependence: Physical



- Nicotine
 - Half-life = approx. 2-3 hours
 - May accumulate in the body after smoking regularly for 6-9 hours
- Alcohol
 - Metabolism occurs primarily in the liver at a rate of approx. 1 unit/hour (but may be higher in experienced drinkers)
- Heroin
 - Half-life = approx. 3-6 hours
 - Injecting goes from bloodstream → brain (quickly) and metabolised to form morphine (diamorphine)


ASCERT

Drug Dependence: Psychological

Robinson and Berridge (1993, 2000) describe *drug liking* and *drug wanting*:


<p>Drug Liking</p> <ul style="list-style-type: none"> ○ Using a drug because you expect that it'll induce positive effects ○ "I use heroin because it'll make me feel euphoric, and I like that feeling" 	<p>Drug Wanting</p> <ul style="list-style-type: none"> ○ Using a drug in the absence of wanting to, but feeling powerless ○ "I don't want to use heroin, but I feel a strong urge to do so nonetheless"
---	--

Mass, Antony C.; Dyer, Kyle R. Psychology of Addictive Behaviour (Palgrave Insights in Psychology series) (pp. 79-80). Palgrave Macmillan. Kindle Edition.


 **Drug Dependence: Psychological**


- Psychological drug dependence is characterised by compulsion and craving
 - Results from the acute positive rewarding effects of the drugs and the consequences of tolerance + withdrawal
- What is the power of cravings in recovery?



 **Working With Change: What to Consider When Choosing Interventions**

3 **What tools can we use to assess the client's situation before choosing appropriate intervention/treatment approaches?**

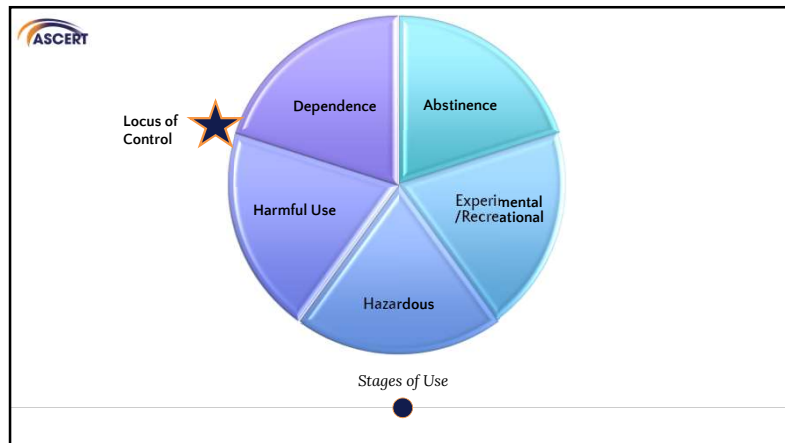
 **What to Consider: Overview**




- There are multiple tools we can use to consider the client's situation → choose the most appropriate intervention/treatment approach
 - Where the person is at with their substance use = Stages of Use; Alcohol and Drug Screening and Assessment Tools
 - What might have brought them to substance use and how their use is impacting them = Biopsychosocial Model; Maslow's Hierarchy of Needs
 - Readiness for change/what they need for change = Transtheoretical Model (Stages of Change)

 **Working With Change: What to Consider When Choosing Interventions - Where They're At**

3.1 **How can we assess where someone is at with their substance use?**



Substance Use Screening and Assessment Tools: Alcohol



- CAGE Questionnaire – 2+ yes = problematic use
 - Have you ever felt you should cut down on your drinking?
 - Have people **annoyed** you by criticising your drinking?
 - Have you ever felt bad or **guilty** about your drinking?
 - Have you ever had a drink first thing in the morning to steady your nerves/get rid of a hangover? (**Eyeopener**)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had six or more units if female, or eight or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

AUDIT-C
If score = 5+, do rest of AUDIT

Your score from the previous page						
Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last six months have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last six months have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last six months have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last six months have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last six months have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Your total score						

AUDIT

- 0- 7 = low risk
- 8-15 = hazardous
- 16 - 19 = higher risk
- 20+ = highest risk (likely dependent)

ASCERT

Substance Use Screening Tools: Other Drugs

- CUDIT
 - Cannabis Use Disorders Identification Tool
 - Questions similar to AUDIT
 - Score of 8+ = problematic use
- DAST
 - Drug Assessment Screening Tool
 - Score 1-5: BI

Check all the following drugs have you used in the past year?

methamphetamine (speed, crystal) cocaine
 crack/cocaine (crack, powder, glue) heroin (heroin, morphine, methadone, etc.)
 inhalant (glue, fumes, aerosol, glue) hallucinogens (LSD, mushrooms)
 marijuana (cannabis) other

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or partner) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (ill skills) when you stopped using drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

How often have you injected drugs? Never Yes, in the past 90 days Yes, more than 90 days ago

How often have you been in treatment for substance abuse? Never Currently In the past

ASCERT

Substance Use Screening and Assessment Tools: Dependent Use

- Tend to be for more significant interventions/treatment programmes - dependent use
 - Addiction Severity Index (ASI)
 - Leeds Dependence Questionnaire (Drugs and Alcohol)
 - Leeds Dependence Questionnaire (Alcohol Only)
 - Leeds Dependence Questionnaire (Drugs Only)
 - Severity of Alcohol Dependence Questionnaire (SADQ - C)

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ-C)

NAME: _____ AGE: _____ No. _____

DATE: _____

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month: _____ Year: _____

Please answer all the following questions about your drinking by circling your most appropriate response.

During that period of heavy drinking

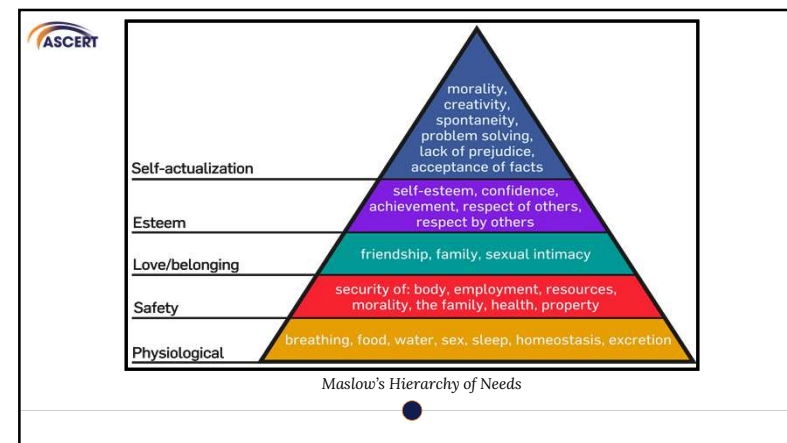
- The day after drinking alcohol, I woke up feeling sorry.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
- The day after drinking alcohol, my hands shook like firing in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
- The day after drinking alcohol, my whole body shook violently first thing in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
- The day after drinking alcohol, I woke up absolutely disoriented in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
- The day after drinking alcohol, I found waking up in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
- The day after drinking alcohol, I was frightened of meeting people first thing in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

ASCERT

Working With Change: What to Consider When Choosing Interventions - Origins and Impact

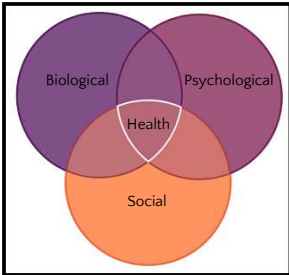
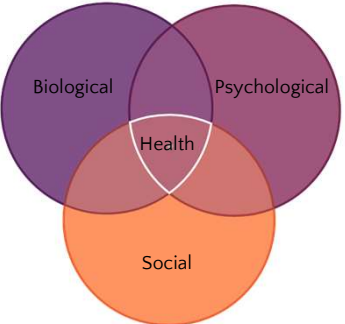
3.2

How can we assess potential motivating factors for substance use and the impact their use is having?



Engel & Romano's Biopsychosocial Model

- Substance use rarely impacts on just one area of an individual's life
- One way to think about this relationship: Biopsychosocial Model
 - All domains are interconnected, interdependent, and determine health-related outcomes

Biological

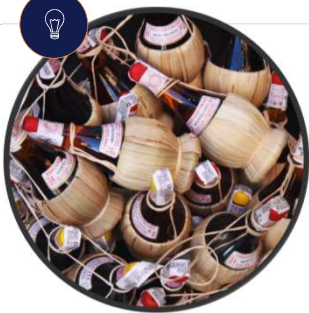
- Biological sex
- Physical illness
- Genetics
- Immunity
- Neurochemistry
- Stress reactivity
- Medication effects

Psychological

- Learning/memory
- Attitudes/beliefs
- Personality
- Behaviours
- Emotions
- Coping skills
- Past trauma

Social

- Social supports
- Family background
- Cultural traditions
- Socioeconomic status
- Education



Biopsychosocial Model and Alcohol

In groups, think about the factors involved with alcohol use, using the Biopsychosocial Model.

Working With Change: What to Consider When Choosing Interventions – Readiness for Change and Change Actions

3.3

How can we assess readiness for change and what a person might need to help them change?

ASCERT

The Transtheoretical Model

STAGES OF CHANGE

- PRE-CONTEMPLATION** (Not considering change - may be happy where they're at)
- CONTEMPLATION** (Considering change, Weighing up pros and cons, May lack information or confidence for change)
- PREPARATION** (Decided to change, Likely to take action within the next 6 months)
- ACTION** (Actively engaged in change)
- MAINTENANCE** (Maintained change for 6+ months)

- Model from DiClemente and Prochaska (1982)
- Sets out 5 separate stages through which an individual would pass when changing their behaviour
- Meant to be applicable to any form of behaviour change
- Also called the "Stages of Change"

ASCERT

Prochaska & DiClemente's Stages of Change Model

Engaged in previous behaviour

Maintained change for 6+ months

Actively engaged in change

Not considering change – may be happy where they're at

Considering change
Weighing up pros and cons
May lack information or confidence for change

Decided to change
Likely to take action within the next 6 months

ASCERT

Prochaska & DiClemente's Stages of Change Model

Approaches depend on what stage the person goes back to

Providing information about risks associated with level/pattern of substance use

Providing information/advice on risks, how to cut down/stop, and help them identify their own reasons for doing so (decisional balance)

Helping client recognise strengths/ability to change; advice for changing

Encouragement and praise; giving a menu of options for change; identifying situations that have risk of relapse and how to negate those risks (A&M)

ASCERT


4 Working With Change: Treatment Modalities and Approaches

What are some treatment modalities/approaches for substance misuse?

ASCERT

Treatment Modalities and Approaches: Overview

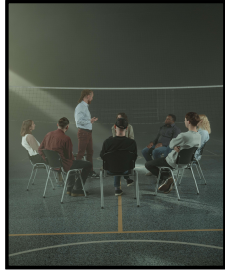
- Harm Reduction
- Brief Interventions/FRAMES
- Motivational Interviewing
- Behavioural Therapies
 - Cognitive Behavioural Therapy (CBT)
 - Group Therapy
 - Family Therapy




ASCERT

Treatment Modalities and Approaches: Overview

- Psychodynamic and Interpersonal Therapies
- Humanistic Counselling
- Self-Help Groups and 12-Step Oriented Approaches




ASCERT



Treatment Approaches: Harm Reduction

ASCERT


Treatment Modalities and Approaches: Harm Reduction



- Examples of harm reduction approaches
 - Reducing the strength of a dose or measure (e.g. replacing whiskey with beer)
 - Spacing out periods of abstinence (dry or non-use day in between bouts of use)
 - Distraction techniques
 - Needle exchange
 - Coping skill development

ASCERT


Treatment Modalities and Approaches: Brief Interventions/FRAMES



- Brief interventions tend to last approx. 6 weeks (sometimes longer) and are based on FRAMES (Hester and Miller)
 - **Feedback:** Give feedback on the risks and negative consequences of substance use. Seek the client's reaction and listen.
 - **Responsibility:** Emphasize that the individual is responsible for making his or her own decision about his/her drug use.
 - **Advice:** Give straightforward advice on modifying drug use.

ASCERT

Treatment Modalities and Approaches: Brief Interventions/FRAMES



- Brief interventions tend to last approx. 6 weeks (sometimes longer) and are based on FRAMES (Hester and Miller)
 - **Menu of options:** Give menus of options to choose from, fostering the client's involvement in decision-making.
 - **Empathy:** Be empathic, respectful, and non-judgmental.
 - **Self-efficacy:** Express optimism that the individual can modify his or her substance use if they choose. Self-efficacy is one's ability to produce a desired result or effect.

ASCERT

Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

“

Miller & Rollnick, 2013, p. 29

ASCERT

<https://motivationalinterviewing.org/understanding-motivational-interviewing>

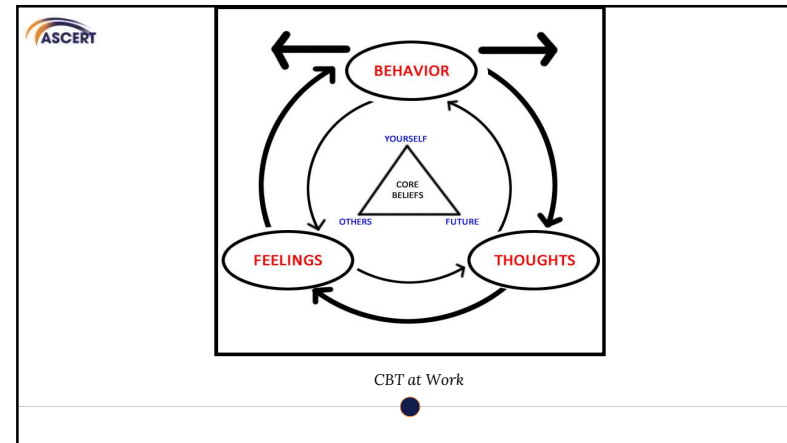
Treatment Modalities and Approaches: Motivational Interviewing

- Processes of Motivational Interviewing
 - Engaging
 - Establishing a productive, collaborative relationship → supporting strengths and autonomy
 - Focusing
 - Client + practitioner expertise combined → shared purpose and conversation about change
 - Evoking
 - Practitioner helps client figure out their own "why" for change/resolve ambivalence
 - Planning
 - Client + practitioner come up with a plan for how change can happen

ASCERT

Treatment Modalities and Approaches: Cognitive Behavioural Therapy

- CBT for substance misuse → learn to identify and correct problematic behaviours by applying skills that can be used to stop drug misuse and address problems that co-occur
- Common elements
 - Anticipating likely problems and developing coping skills to deal with them
 - Cognitive restructuring
 - Changing expectations/beliefs about consequences of use



ASCERT

Treatment Modalities and Approaches: Systemic/Whole Family Therapies

- Aim is to meet the needs for all family members
- Addresses the interdependent nature of family relationships and how they serve the individual using substances and other family members – for good or ill
 - Focus = intervene in these relational patterns and alter them in ways that bring about productive changes for the whole family

ASCERT

Treatment Modalities and Approaches: Psychodynamic Approaches

- Goal: client self-awareness and understanding of the influence of the past on present behaviour
 - Unconscious motivations
 - Early relationships and developmental stages
 - Examining psychic defence mechanisms
 - Projections and introjections (transference and counter-transference)

ASCERT

Treatment Modalities and Approaches: Humanistic Counselling

- Focus on self-development, growth, and responsibilities → help individuals recognize their strengths, creativity, and choice in the “here and now”
 - Existential Therapy
 - Exploring the meaning of certain issues philosophically
 - Gestalt Therapy
 - Focus on the whole of an individual’s experience → self-awareness
 - Human Givens Psychotherapy
 - “Biopsychosocial approach to therapy”

ASCERT


Treatment Modalities and Approaches: Humanistic Counselling

- Focus on self-development, growth, and responsibilities → help individuals recognize their strengths, creativity, and choice in the “here and now”
 - Person-Centred Therapy/Client-Centred Counselling
 - Focus on individual’s self-worth and values → reconnection with the self
 - Skilled Helper (Egan’s Model)
 - Focus on goal setting and empowerment


ASCERT

Treatment Modalities and Approaches: 12 Step Programmes

- Often follow periods of detox in residential settings
- Usually based on total abstinence
- Combinations of group and individual support
 - Can include daily/weekly meetings (AA/GA/NA) and use anonymity
 - See connections as key to recovery – not isolation
 - Role of sponsor an important key component



ASCERT




What do you think about going “cold turkey“ ?

ASCERT

4 Working With Change: Stepped Care Model

What is the Stepped Care Model in NI?

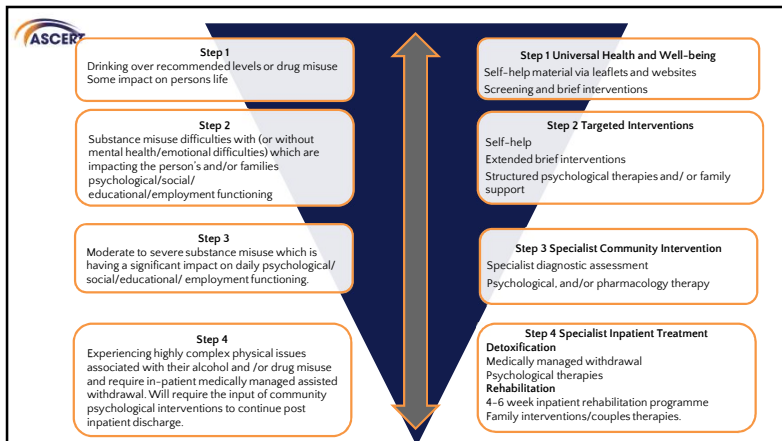
ASCERT



How Services Work

In groups, discuss your experiences of both the delivery and use of services (if applicable).

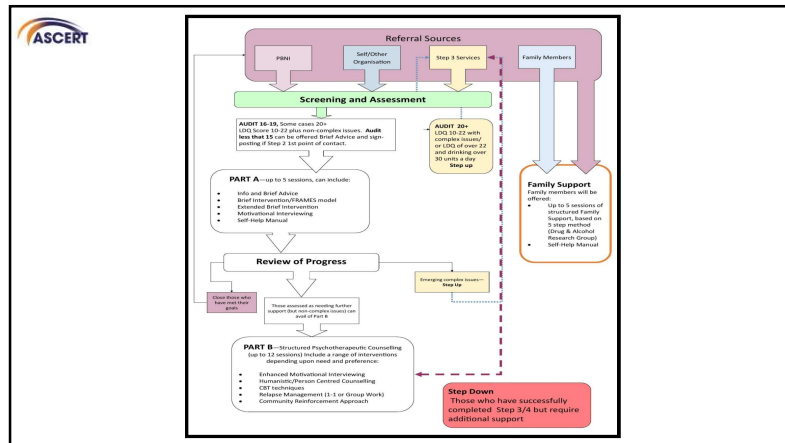
What thoughts do you have around improvement and alternative approaches to working with people experiencing addiction?



ASCERT

Stepped Care Model: Stepping Up and Down

- Step 1 – Supportive, educational approaches – highlight the dangers of addiction to those not experiencing addiction
 - Can step up to Step 2, 3 or 4 if needed
- Step 2 –Community based interventions – Usually broken into two/three components;
 - Individual relapse support (to prevent relapse or deal with aftermath)
 - Individual psychological interventions
 - Family support (individual family members) – often educational
 - Can step up to Step 3 or 4 if needed
- Steps 3 to 4 – Medically supervised detox programmes which may require in patient support
 - Can also Step Down to Step 2



Thanks!

Any questions?

ASCERT
 0800 2545 123
info@ascert.biz
www.ascert.biz