Behavioral Elements of Addiction

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Julie’s why...
What is your why?
What I ask of you

Staying curious helps us navigate life, step outside of judgment and be open to surprises. It helps us remember we don't have all the answers and that's exactly how it's meant to be.
How the brain behaves in health and disease may well be the most important question in our lifetime.

Richard D. Broadwell, 1995
Three C’s of Addiction

- Control
  - Context: Attempt to control substance use
- Compulsion
  - Context: Impaired control of substance use
- Chronicity
  - Context: Substance use that happens over a long period of time, is marked by frequent recurrence, or both.
My Brother’s Wedding...
Control

Examples of attempts to control substance use
Compulsion

Examples of compulsion with substance use
Chronicity

Examples of chronicity with substance use
Why do people use alcohol and other drugs?

To feel good (to create)
• To have feelings
• To have sensations
• To have experiences

To feel better (to remove)
• To lessen anxiety, stress, fear, depressions, hopelessness
Vulnerability

Previous theories about addiction:

- Environment – people who were exposed to addiction become addicted
- Psychological – people had underlying psychological issues that needed resolution
- Genetic – it is in the genes and there is nothing a person can do.
There is one place that all of these factors converge – one organ that is responsible for processing it all. Addiction, as a disease, irrefutably starts in once place: the brain.
Additional Vulnerability Factors

- History of trauma
- Chronic stress
- Drug used
- Route of Administration
- Dose
- Frequency Used
- Length of Use
- Availability
- Acceptability
- Settings
- Presence of conditioned cues
- Available alternatives
- Co-occurring D/O
- Comorbidity
Addiction is not just tolerance

- Reduced drug effect with repeated administration of the same dose of the drug, or a need for an increased dose to maintain the same level of effect

Not just physical dependence

- When drug cessation produces pathologic symptoms and signs
Addiction is

- Compulsive non-medical use of a substance
- Loss of control over use despite negative consequences
- Can include physical dependence (but not necessarily)
Back to why people use alcohol and other drugs...

• Initially, a person uses a substance hoping to change their mood, perception, emotional state…
And what happens with addiction

Attempts at control:

• Vulnerabilities: early use/initial reactivity
  • Ex: Sitting through a stomach virus

• The brain is a complex system that sets behavioral priorities…and this system becomes captured by the substance.
And what happens with addiction

Compulsive use (impaired control)

• This creates a complex behavioral neurobiological disorder which in turn creates powerful emotional memories (both fear and pleasure) – like those that drive survival behavior in all of us.

• Eventually need to use = survival (being underwater)
And what happens with addiction

Chronicity

- The longer the use, the more complex the variables in initiating and sustaining recovery
- Basic conditioning – drug cues fade and environmental cues become the activator
- i.e., the longer a person uses, the more “people, places and things” become akin the substance
Addiction is…

- Addiction is a primary chronic disease of brain reward, motivation, memory and related circuitry.
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behavior.

American Society of Addiction Medicine, 2011
Addiction is…

- Addiction is characterized by inability to consistently abstain, impairment in behavior control, craving, diminished recognition of significant problems with one’s behavior and interpersonal relationships and a dysfunctional emotional response.

- Like other chronic diseases, addiction often involves a cycle of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

American Society of Addiction Medicine, 2011
Brain Mechanisms

- Previous history
- Expectation
- Learning

Historical

- Social Interactions
- Stress
- Conditioned Stimuli

Environmental

- Genetics
- Disease States
- Gender
- Circadian Rhythms

Physiological

Behavior

Drugs

Environment
RECOVERY

Expectations

Reality
Addiction career?

Number of abstinent periods one month or longer followed by return to drug use prior to current abstinence*

50% reported 4 or more abstinent periods followed by return to active addiction

*Outside of controlled environment, among those who report one or more such periods: 71%  N=248
Laudet & White 2004b
<table>
<thead>
<tr>
<th>Condition</th>
<th>Compliance Rates</th>
<th>Recurrence Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>30-50%</td>
<td>50%</td>
</tr>
<tr>
<td>Opioid</td>
<td>30-50%</td>
<td>40%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>30-50%</td>
<td>45%</td>
</tr>
<tr>
<td>Nicotine</td>
<td>30-50%</td>
<td>70%</td>
</tr>
<tr>
<td>Insulin Dependent Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>&lt;50%</td>
<td>30-50%</td>
</tr>
<tr>
<td>Diet and Foot Care</td>
<td>&lt;50%</td>
<td>30-50%</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>&lt;30%</td>
<td>50-60%</td>
</tr>
<tr>
<td>Diet</td>
<td>&lt;30%</td>
<td>50-60%</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>&lt;30%</td>
<td>60-80%</td>
</tr>
</tbody>
</table>

(O’Brien & McLellan, 1996)
My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope. — Outreach Worker (Quoted in White, Woll, and Webber 2003)
There is hope...

- Science is revealing much about recovery, what works in treatment and other pathways to recovery
- Research shows that the brain has a remarkable ability to adapt, heal and change.
- The recovery process takes time:
  - For the brain to heal
  - To reduce the effects of relapse cues
  - To learn new ways of reacting to the environment
Change in Perspective

• A single, acute intervention rarely has sufficient effect to initiate stable and enduring recovery in those with severe and persistent alcohol and other drug problems.

• Multiple episodes of treatment may be viewed not as failures but as incremental steps in the developmental process of recovery.

• Treatment episodes may have effects that are cumulative
PARADIGM

An example or model, especially one that forms the basis of a methodology or theory.
Shifting from a crisis-oriented, professionally-directed, acute-care approach with its emphasis on discrete treatment episodes....

...to a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.
The Pathology Paradigm

- Response to chronic “drunkenness” starting in the late 1700’s
- Compulsive and destructive AOD use defined as a “disease of the mind and will”
- Reflects the assumption that knowledge of the source of the problem will lead to the eventual solution.
- Provides the underpinning for our extensive knowledge of the psycho-pharmacology and epidemiology of AOD Problems.
The Intervention Paradigm

- Focused on attempts to resolve both at a personal and social level.
- Precipitated professionally directed treatment for AOD problems.
- Provides knowledge of what individuals look like prior to being admitted to treatment.
- Has allowed the majority of people who achieve sustained recovery do so after participating in treatment.
- Severe AOD Problems require 3-4 acute treatment episodes
Advocacy Vision vs. Reality

Vision 1963-1970

Recovery

Reality 2017

Treatment

Recovery

TX
The Recovery Paradigm

- Returning the focus from treatment to long term recovery.
- Shift of focus from addiction to recovery
- Shifting the fields energy and slogans from:
  - The nature of the problem – “addiction is a disease”
  - The effectiveness of interventions – “treatment works”
  - To the living proof of a permanent solution to AOD problems – “recovery is a reality”
- Examples: Faith-based recovery support structures; recovery employment co-ops; Wellbriety Movement
RECOVERY

“Recovery is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.”

SAMHSA/CSAT 2011
Guiding Principles of Recovery

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect
Change Agents

Insurance Agent

Travel Agent

Change Agent

www.FieldstoneAlliance.org
Recovery-Oriented Approach

A recovery-oriented systems approach supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

(SAMHSA, 2010)
Recovery-Oriented Systems of Care

“A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve improved health, wellness and quality of life for those with or at risk of substance use disorders.”
SC Vision - ROSC

“A South Carolina of healthy people, families and communities where recovery from substance use disorders is expected, honored and celebrated.”
Describing ROSC

Recovery-oriented systems of care shift the question from “How do we get the client into treatment?” to “How do we support the process of recovery within the person’s environment?”

H. Westley Clark, MD, JD, CAS, FASM
Recovery Management (RM) is a philosophical framework for organizing addiction treatment and recovery support services across the stages of:

- pre-recovery identification and engagement
- recovery initiation and stabilization (treatment), and
- long-term recovery maintenance

With the ultimate goal of quality of life enhancement for individuals and families.
The Shift to Recovery Management

- Intensifying pre-treatment recovery support services
- Strengthening in-treatment recovery support services
- Shifting the focus of treatment from acute stabilization to support for long-term recovery maintenance.
Role of Treatment in the Recovery Continuum

Provide appropriate stabilization:
- Physical
- Emotional
- Social

Meet the outcomes established by:
- The client
- The payer
- Regulations
- Agency Mission

Initiate and enhance the knowledge, skill and attitudes that support and sustain recovery.
Treatment Goals ➔ Recovery Goals

- Provide appropriate stabilization
- Meet established outcomes
- Initiate and enhance recovery by reducing vulnerabilities and increasing resilience (recovery capital)
- Reduction and/or elimination of symptoms
- Improving internal wellness and health
- (Re)joining and (Re)building a life in the community.
Each person is unique

Increased awareness of the problem(s)

Abstinence

Meaningful work and safe housing

Meaningful connection to others

Increased self-efficacy

Reduction of illegal & risky behaviors

Improved wellness and physical health

Abstinence

Racism

Ethnicity

Family History

Sexual Orientation

Life-cycle stage

Environment

Perspective

Unique Experiences

Strengths

Values

Needs & Desires

Increased self-efficacy

Overcoming reluctance and committing to change

Sense of hope

Personal empowerment and self-respect

Recovery: A Dynamic Process

And has many possible recovery outcomes
Recovery Capital

- **Recovery Capital (RC)** is the breadth and depth of internal and external resources that can be drawn upon to **initiate** and **sustain** recovery.

- There are three types of Recovery Capital that can be influenced by addictions professionals.

White and Cloud, 2008
Personal Recovery Capital

Physical recovery capital includes:

- physical health
- financial assets
- health insurance
- safe and recovery-conducive shelter
- clothing, food, and
- access to transportation.

White and Cloud, 2008
Personal Recovery Capital

Human recovery capital includes:
• values
• knowledge
• educational/vocational skills and credentials
• problem solving capacities

• self-awareness, self-esteem, self-efficacy
• hopefulness/optimism
• perception of one’s past/present/future
• sense of meaning and purpose in life, and
• interpersonal skills

White and Cloud, 2008
Family/Social Recovery Capital

- Encompasses intimate relationships, family and kinship relationships, and social relationships that are supportive of recovery efforts
- Is indicated by:
  - the willingness of intimate partners and family members to participate in treatment
  - the presence of others in recovery within the family and social network
  - access to sober outlets for sobriety-based fellowship/leisure,
  - relational connections to conventional institutions
Community Recovery Capital

Community recovery capital includes:

• active efforts to reduce addiction/recovery-related stigma
• visible and diverse local recovery role models
• a full continuum of addiction treatment resources
• recovery mutual aid resources that are accessible and diverse
• local recovery community support institutions
• cultural capital

White and Cloud, 2008
Four Factors of Lasting Change

- **Expectancy**
  Expectancy equates to Hope; Hope on the part of both the client and the counselor.

- **Techniques**
  Counseling strategies, evidence based practices.

- **Extra-therapeutic**
  That which the client brings into treatment. Intrinsic and extrinsic motivation.

- **Therapeutic Relationship**
  The relationship between the client counselor
Counselors assist the natural healing process of a client. In the therapeutic alliance the counselor has to believe in this process. There are endless paths to personal change. We have to help the client find the most effective path for them.
Therapeutic Collaboration

Therapeutic collaboration means mutual trust, mutual respect, and mutual dialogue that leads to agreed upon goals, objectives and solutions. Solutions to problems need to pass through the gender and cultural experiences of the client. As the client feels understood and validated, they begin to trust. As they begin to trust they begin to move. Change occurs..........
Predicting Positive Outcomes

“We common therapeutic factors are the most robust predictors of client engagement, retention and outcome. The therapist behaviors that are common across most therapies consist of relationship variables such as warmth, empathy, acceptance, and encouragement of risk taking.”

_The Heart and Soul of Change_ (Hubble, Duncan and Miller, 2010)
Words are important. If you want to care for something, you call it a flower; if you want to kill something, you call it a weed.

Don Coyhis
Language Matters

- Language is the key to changing the way people with substance use disorders see themselves and the way they are seen by others.

- Changing language is a way to personally and culturally close one chapter in our history and open another.

- Important distinction:
  - Professional vs. personal language (anonymity)
  - Assigning vs. choosing (labeling vs. use of own language)
## Language of Recovery

<table>
<thead>
<tr>
<th>Current Terminology</th>
<th>Alternative Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment is the goal; Treatment is the only way into</td>
<td>Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)</td>
</tr>
<tr>
<td>Recovery</td>
<td>Substante Use Disorder/Substance Misuse</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Drug of Use</td>
</tr>
<tr>
<td>Denial</td>
<td>Ambivalence</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>Recovery Management</td>
</tr>
<tr>
<td>Pathology Based Assessment</td>
<td>Strength / Asset Based Assessment</td>
</tr>
<tr>
<td>Focus is on total abstinence from all illicit and non-</td>
<td>Focus on the drug CLIENT feels is creating the problems</td>
</tr>
<tr>
<td>prescribed substances the CLINICIANS identifies</td>
<td>Each illicit substance has unique interactions with the brain; medication if available is appropriate.</td>
</tr>
<tr>
<td>A Drug is a Drug</td>
<td>Recurrence/Return to Use</td>
</tr>
<tr>
<td>Relapse</td>
<td>Recurrence/Return to Use may occur as part of the disease</td>
</tr>
<tr>
<td>Relapse is part of Recovery</td>
<td>Drug Free / Free from illicit and non-prescribed medications</td>
</tr>
<tr>
<td>Clean / Sober</td>
<td>Mutual Aid Group</td>
</tr>
<tr>
<td>Self Help Group</td>
<td>Individual not yet in Recovery</td>
</tr>
<tr>
<td>Untreated Addict/Alcoholic</td>
<td></td>
</tr>
</tbody>
</table>
# The Most Respectful Way of Referring to People is as People

<table>
<thead>
<tr>
<th>Current</th>
<th>Alternative</th>
<th>Reasoning</th>
</tr>
</thead>
</table>
| Clients / Patients / Consumers | The people in our program  
The folks we work with  
The people we serve | More inclusive, less stigmatizing                              |
| Alex is an addict        | Alex is addicted to alcohol  
Alex is a person with a substance use disorder  
Alex is in recovery from drug addiction | Put the person first  
Avoid defining the person by their disease                     |

The terms listed below, along with others, are often people’s ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.

| Mathew is manipulative | Mathew is trying really hard to get his needs met  
Mathew may need to work on more effective ways of getting his needs met | Take the blame out of the statement  
Recognize that the person is trying to get a need met the best way they know how |
|------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| Kyle is non-compliant  | Kyle is choosing not to…  
Kyle would rather…  
Kyle is looking for other options | Describe what it looks like uniquely to that individual—that information is more useful than a generalization |
| Mary is resistant to treatment | Mary chooses not to…  
Mary prefers not to…  
Mary is unsure about… | Avoid defining the person by the behavior.  
Remove the blame from the statement |
| Jennifer is in denial  | Jennifer is ambivalent about……  
Jennifer hasn’t internalized the seriousness of….  
Jennifer doesn’t understand……….. | Remove the blame and the stigma from the statement |
Reality of Recovery
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