Re-Envisioning Addiction Treatment: A Six-Point Plan

Scott Kellogg, PhD
New York University
Andrew Tatarsky, PhD
Center For Optimal Living
Mechanisms of Change

Leonardo Da Vinci
Addiction Treatment System
Six-Point Plan

1. Define and treat addictions as a Psychiatric/Mental Health Disorder

2. Give central importance to the Therapeutic Alliance

3. Treat patients using models based on Personal Complexity and Multiplicity of Self
Six-Point Plan

4. Make Contingency Management a standard treatment practice

5. Understand long-term change through the lens of Identity Theory

6. Integrate formal treatment with Recovery Culture
Addiction as a Psychiatric/Mental Health Disorder
1. Not a “True” Disease Model – More of a Metaphor
2. Opposition to Medication
Addiction is a Brain Disease
Psychiatric Disorder

- NIDA – Addiction is a “brain disease”
- NIDA – Addiction involves a “changed brain”
- ATTC – Addiction is a “brain disease”
- NIAAA – Addiction is a “chronic disease”
- CSAT – Addiction is a “medical condition”
Comorbidity is a topic that our stakeholders—patients, family members, health care professionals, and others—frequently ask about. It is also a topic about which we have insufficient information, and so it remains a research priority for NIDA. This Research Report provides information on the state of the science in this area. And although a variety of diseases commonly co-occur with drug abuse and addiction (e.g., HIV, hepatitis C, cancer, cardiovascular disease), this report focuses only on the comorbidity of drug use disorders and other mental illnesses. * 

To help explain this comorbidity, we need to first recognize that drug addiction is a mental illness. It is a complex brain disease characterized by compulsive, at times uncontrollable drug seeking, using, and use despite devastating consequences—behaviors that stem from dysregulated changes in brain structure and function. These changes occur in some of the same brain areas that are disrupted in various other mental disorders, such as depression, anxiety, or schizophrenia. It is therefore not surprising that population surveys show a high rate of co-occurrence, or comorbidity, between drug addiction and other mental illnesses. Even though we cannot always prove a connection or causality, we do know that certain mental disorders are established risk factors for subsequent drug abuse—and vice versa. 

It is often difficult to disentangle the overlapping symptoms of drug addiction and other mental illnesses, making diagnosis and treatment complex. Correct diagnosis is critical to ensuring appropriate and effective treatment. Ignorance or failure to treat a comorbid disorder can jeopardize a patient’s chance of success. We hope that our enhanced understanding of the common genetics, environmental, and neural bases of these disorders—and the dissemination of the information—will lead to improved treatments for comorbidity and will diminish the social stigma that makes patients reluctant to seek the treatment they need.

Maria O. Velloso, M.D.
Director
National Institute on Drug Abuse

*Drug abuse and drug dependence, or addiction, are considered drug use disorders—a subgroup of mental disorders—when they meet the diagnostic criteria delineated in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Drug dependence, as DSM defines it, is synonymous with the term “addiction,” which will be used interchangeably in this report. Since the focus of this report is on comorbid drug use disorders and other mental illnesses, the terms “mental illness” and “mental disorders” will refer here to disorders other than substance use, such as depression, schizophrenia, anxiety, and mania. The terms “dual diagnosis,” “mentally ill chemical abuser,” and “co-occurrence” are also used to refer to drug use disorders that are comorbid with other mental illnesses.
Advantages of a Psychiatric/Mental Health Model

- Provides a foundation for the judicious use of addiction-related medications
  - Methadone, Naltrexone, Suboxone, Topiramate, Acamprosate, and Disulfiram

- Supports the use of the full range of Psychiatric medications

- Serves as the medical base for such Harm Reduction interventions as Naloxone
Advantages of a Psychiatric/Mental Health Model

- Embraces the full range of Cognitive, Behavioral, Psychodynamic, and Experiential therapies
- In treating The Addiction, The Underlying Causes, and The Co-Occurring Disorders
Therapeutic Relationship
Therapeutic Alliance

- A central factor in successful recovery

- Therapists demonstrate:
  - Love
  - Empathic Listening
  - Authenticity and Optimism
  - Courage and Determination

- Within the Context of their Personal Style
Multiplicity of Self

Dancing of the Selves

By Brenda Clews
Substance Use Domains

**Self-Stimulation Domain**
Drug Use to Feel Alive, Experience Pleasure; Access Creative and Spiritual Aspects of Self

**Self-Soothing Domain**
Drug Use to Treat Inner Anguish, Pain, and Psychopathology

**Somatic Domain**
Drug Use to Address Brain Changes, Withdrawal, Mood Dysregulation, Cravings, and Medical Illness

**Social Identity Domain**
Drug Addiction Lifestyle; Addict Identity

**Social Justice Domain**
Social Oppression: Sexism, Racism, Homophobia, Disenfranchisement; Poverty
Motivations to Change

- Family/Parental/Relational Threats
- Job Loss/Economic Damage/Prestige Threats
- Existential/Spiritual Concerns
- Health Concerns
- Legal Problems
- Role Strain/Role Conflict
## Decisional Balance

<table>
<thead>
<tr>
<th>Positives of Drug Use</th>
<th>Positives of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate physical pleasure (10)</td>
<td>Feel a greater sense self discipline (9)</td>
</tr>
<tr>
<td>Escape/Feeling more “there” (10)</td>
<td>Would be more productive (10)</td>
</tr>
<tr>
<td>Feels more emotion (10)</td>
<td>Help him be more comfortable with self (8)</td>
</tr>
<tr>
<td>Reduces social anxiety (6)</td>
<td>Greater confidence (6)</td>
</tr>
<tr>
<td>Shuts out critic (7)</td>
<td></td>
</tr>
<tr>
<td>People will know “real” self (7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Negatives of Drug Use</th>
<th>Negatives of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels guilty (7)</td>
<td>Would not enjoy life as much (9)</td>
</tr>
<tr>
<td>Others are concerned (6)</td>
<td>Would be ignoring a part of himself (10)</td>
</tr>
<tr>
<td>Not as productive (10)</td>
<td>Breaking up with something he loves – a hard breakup (9)</td>
</tr>
<tr>
<td>Feels like it a crutch (10)</td>
<td></td>
</tr>
<tr>
<td>Feels bad (7)</td>
<td></td>
</tr>
<tr>
<td>Health Problems (7)</td>
<td></td>
</tr>
</tbody>
</table>
Transformational Chairwork

Northern Tide
By Tim Wallace
Horizontal and Vertical Interventions
Interventions

- **Horizontal Interventions**
  - Those focused on controlling and/or discontinuing drug use

- **Vertical Interventions**
  - Those that are used to address and treat the underlying issues and co-occurring psychopathology
Horizontal Interventions

Substance Use Management

Ideal Use Plan
Vertical Interventions
Vertical Interventions
Contingency Management in the Treatment of Addictive Disorders

- Uses positive reinforcement principles to:
  - Improve retention
  - Decrease substance use
  - Increase group attendance
  - Improve medical compliance
  - Encourage harm-reducing and recovery-related behaviors
Identity Theory
Identity Theory

- Addresses the questions:
  - Why do people change?
  - How do they change?
  - How do they maintain long-term abstinence, sobriety, or moderation?
Identity and Recovery

- The core idea:
  
  Drug use will decrease and eventually cease as:

  - Nonaddict identities become more central, reinforcing, and important to individuals

  - And as they compete with the Addict Identity

Recovery Culture

http://goodmenproject.com/ethics-values/come-out-come-out wherever-you-are/
Shortcomings

- “Treatment is best thought of as an adjunct of the community rather than the community being viewed as an adjunct of treatment.”
  
  – William White

- Goes against basic arguments in our model

- Addiction as a Psychiatric/Mental Health Disorder

- “Psychophobia”
  
  - A deep fear of looking at internal life experiences
    (Wurmser)
Strengths

- Create networks of support
- Provide identity materials and niches
- Help addicted individuals claim
  - A Recovery Identity
  - Other Identities
Conclusion

- Each of the Six Points has a valuable contribution to make in improving addiction treatment
- We are aware that some of these may be in use already
- However, the conscious and purposeful use of all of these Conceptual Paradigms, Clinical Interventions, and Mechanisms of Change will only serve to increase their therapeutic power and value