Help me help you

COMPASSIONATE CARE IN THE
TREATMENT OF SUBSTANCE USE DISORDERS



Let's talk about change

Bring to mind a thing you'd like to see different in your life.

Something you do that you'd rather not be doing.

In your mind, construct a sentence that describes the behavior.



Let's talk about change

Questions

- How many times have you tried to change it?
- What got in the way of making it stick?
- If you were to ask someone in your life to help you with it, what could they do that's helpful? How would they be with you?
- What would be really unhelpful?



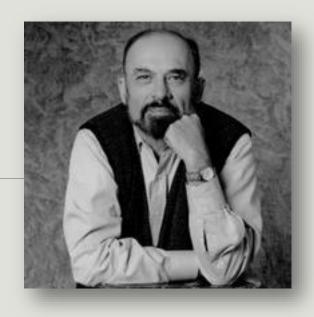
Question

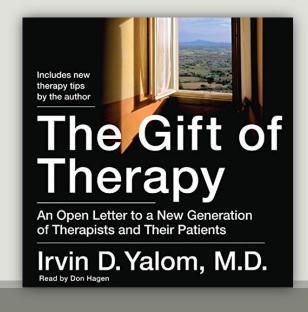
Why do your patients use alcohol and other drugs?



From the horse's mouth (aka Yalom)

"A great many of our patients... believe there is something basically unacceptable about them, something repugnant and unforgivable. Given this, the act of revealing oneself fully to another and still being accepted may be the major vehicle of therapeutic help."

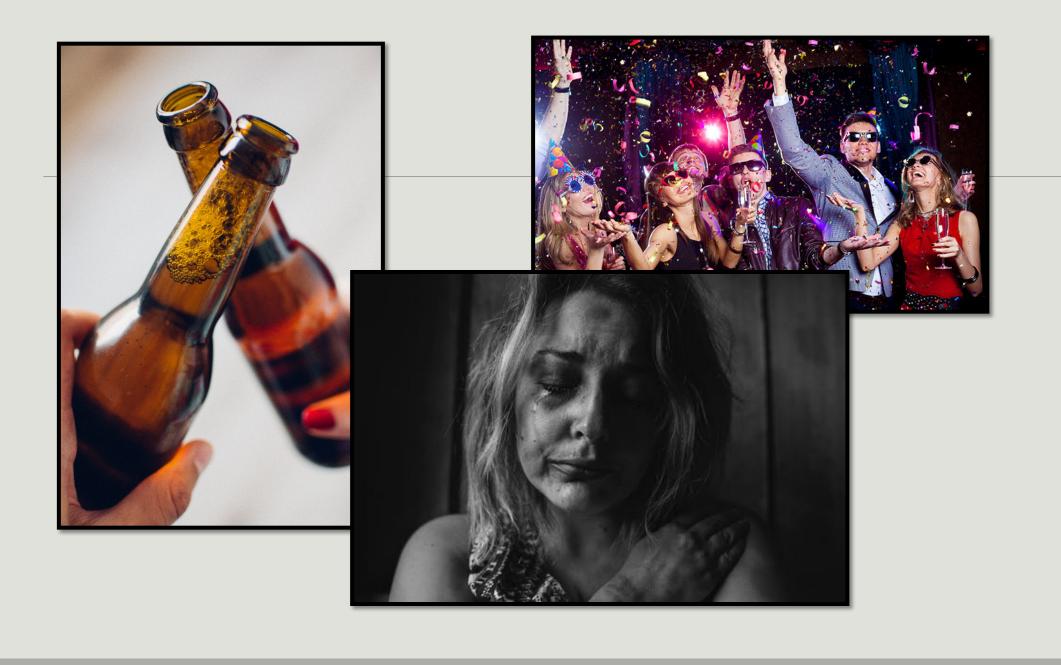




Behavioral Conditioning



	Stimulus Added + (<i>Positive</i>)	Stimulus Removed - (<i>Negative</i>)
Reinforcement (Behavior Increases Freq.)	Positive Reinforcement (R+) <u>Reward</u>	Negative Reinforcement (R-) <u>Relief</u>
Punishment (Behavior Decreases Freq.)	Positive Punishment (P+) <u>Punishment</u>	Negative Punishment (P-) <u>Penalty</u>



Challenges of therapy for substance use

What challenges have you encountered in your work with treating people with SUDs?

What makes this challenging for you?



Typical challenges in psychotherapy for SUD

Ambivalence

Acuity and chronicity

Psychosocial skill deficits

Nature of addiction

Feelings of powerlessness

Stages of Change

Precontemplation

Contemplation

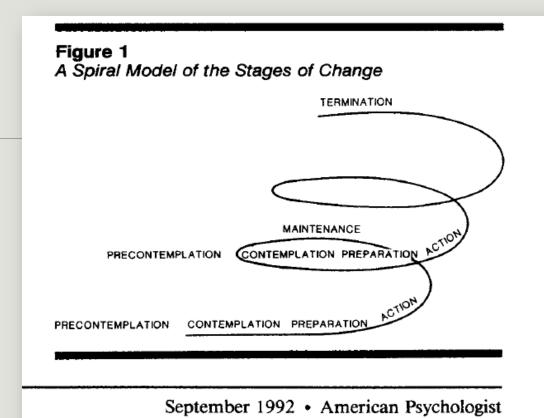
Preparation

Action

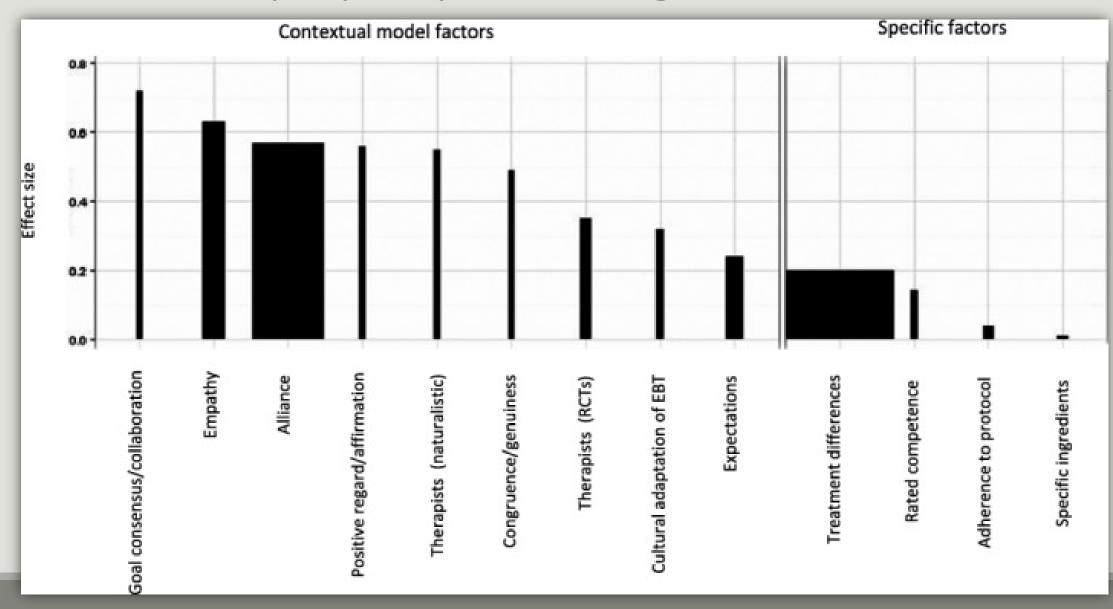
Maintenance

Take home

- Change is complicated
- Change is MOSTLY not actively changing behavior



So what helps people change?



Common Factors

Most critical predictors of change revolve around the relationship quality

- Shared, collaborative goals
- Empathy
- Alliance
- Genuineness
- Safety, positive regard

Take Home

 What you do matters A LOT LESS than how you do it



TEAMWORK

Coming together is a beginning...Keeping together is progress...Working together is a success.

Clinical Vignette James



31yo USMC Veteran presented requesting Ambien.

- Three years ago returned from second combat deployment.
- PMH significant for mTBI (2/2 several blast injuries while deployed), joint pain, severe insomnia.
- He lives alone in VA subsidized housing, divorced, and is largely estranged from his family. Unemployed.
- Insufflates illicit dextroamphetamine in small amounts several times per day, views it as his coffee to get through the day.
- Using 2-3g of cannabis daily because "I can't handle what's going on in my head," has lost several jobs recently because "I can't handle being around people." Reports, "If you would give me Ambien I wouldn't need weed."
- Has had 3 x inpatient SUD treatment admissions in past 2 years, completed a 30-day program but 2 irregular discharges in most recent 2 episodes. Resumed use immediately on each admission.
- He reports, "I don't know what the hell to do with my life. It sounds crazy but it made sense over there. At least I knew my job. Now, what's the point of anything?"

What's going on here?

Why is James struggling? What is he struggling with?

What does his behavior tell you?

How can we be helpful?

From the other APA

Calm yourself – stay in your own skin!

Express genuine empathy

"You're angry with me because.... Am I hearing you right?"

Roll with resistance

- You don't win a tug of war
- You don't win by being smarter than them

Patience

- Marathon, not a sprint
- How long has this problem been around?

Consult!!!!

From me

Radical acceptance

Take off your doctor hat

There is no such thing as purposeless behavior

Even really irritating behavior has intent

Match your intervention to the stage of change

Let people matter and tell them

SELF-CARE