

Treatment

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State of California

- ▶ The Department of Health Care Services (DHCS) has the sole authority in state government to license adult alcoholism or drug abuse recovery or treatment facilities.
- ▶ Affordable Care Act (Affordable Care Act), effective January 1, 2014, the Department of Health Care Services (DHCS) has adopted additional DMC services included 'intensive outpatient' and 'non-perinatal residential' services

Los Angeles County of Public Health

- ▶ Substance Abuse Prevention and Control (SAPC)
- ▶ Delivery of a full spectrum of prevention, treatment, and recovery support services
- ▶ Services are provided through contracts with over 150 community-based organizations to County residents
 - ▶ Drug Medi-Cal Certification (DMC)
- ▶ Utilizes ASAM–American Society of Addiction Medicine

Private Insurance

- ▶ PPO- Preferred Provider Organization
- ▶ HMO- Health Maintenance Organization
- ▶ Private Pay

Treatment

Primary Goal: Motivate client's towards abstinence and reconstructing lives without drug use/abuse

Supporting Goals: enriching the persons life, career, medical, emotional functioning.

Principles and Goals of Treatment

- ▶ Addiction is a complex but treatable disease that affect brain function and behavior.
- ▶ No single treatment is appropriate for all individuals.
- ▶ Treatment must be readily available.
- ▶ Effective treatment attends to multiple needs of the individual, not just his or her drug use.
- ▶ Remaining in treatment of an adequate period of time is critical for treatment effectiveness.
- ▶ Counseling (individual and/or group) and other behavioral therapies are the most common forms of treatment.
- ▶ Medications are an important element of treatment for many patients.

...Principles and Goals of Treatment

- ▶ An individual's treatment and services plan must be assessed continually and modified when necessary to ensure that it meets the person's changing needs.
- ▶ Many drug-addicted individual have other mental disorders.
- ▶ Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
- ▶ Treatment need not be country to be effective.
- ▶ Drug use during treatment must be monitored continuously, as lapse during treatment do occur.
- ▶ Treatment program should provided assessment for HI/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as risk reduction counseling to help patients modify or change behaviors that place themselves or others at risk of infection.

Treatment Team

- ▶ Licensed Therapist
 - ▶ Co-Occuring
- ▶ AOD Counseling
- ▶ Medication Support
 - ▶ MD
 - ▶ Psychiatrist
- ▶ Peer/Family Support

Clinical Evaluation

Screening

Screening is the process by which the counselor, the client, and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources within the community.

Assessment

Assessment is an ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress.

Screening

- ▶ Formal process to determine if further assessment is needed or not needed
- ▶ Does necessarily identify specific problems or severity of problems
- ▶ Screening tools needs to be professionally designed to positively identified needed assessment
- ▶ Screening is needed for most common COD
- ▶ Example: CAGE, AUDIT, CRAFT,DAST, ASAM PPC

Assessment

- ▶ **Background**—family, trauma history, history of domestic violence (either as a batterer or as a battered person), marital status, legal involvement and financial situation, health, education, housing status, strengths and resources, and employment
- ▶ **Substance use**—age of first use, primary drugs used (including alcohol, patterns of drug use, and treatment episodes), and family history of substance use problems
- ▶ **Mental health problems**—family history of mental health problems, client history of mental health problems including diagnosis, hospitalization and other treatment, current symptoms and mental status, medications, and medication adherence

Treatment Planning

- ▶ A collaborative process (professionals and client)
- ▶ Written document that identifies important treatment goal(measurable, time-sensitive action steps)
- ▶ Reflects a verbal agreement between a counselor and client
- ▶ Individualized plan addresses the identified substance use disorder(s)
- ▶ Includes issues related to treatment progress (i.e., relationships with family and significant others, potential mental conditions, employment, education, spirituality, health concerns, and social and legal needs)

Types of Treatment

- ▶ Medical Model Detoxification Program
- ▶ Residential/Inpatient Treatment
- ▶ Partial Hospitalization and Day Treatment
- ▶ Methadone Maintenance/Other Replacement Therapy
- ▶ Social Model Programs (outpatient)
- ▶ Halfway Houses
- ▶ Sober Living/ Transitional Living
- ▶ Harm Reduction

Phases of Recovery

- ▶ Detoxification
 - ▶ Eliminating substance from the body
- ▶ Initial abstinence
 - ▶ The body chemistry must be allowed to regain balance
- ▶ Long-term abstinence (Sobriety)
 - ▶ Continuing participation in group, family 12-step program or similar support therapy.
- ▶ Continuous Recovery
 - ▶ Restructure their lives, replacing the artificial highs provided by the drug with the natural highs that come from activities that provide them with satisfaction and enjoyment.

Relapse Prevention

- ▶ Recognize personal triggers
- ▶ Develop behaviors to avoid external triggers
- ▶ Prepare automatic reflex (positive coping, challenging distortions)

Addiction Counseling Competencies

The Knowledge, Skills, and

Attitudes of Professional Practice

Technical Assistance Publication (TAP) Series 21

Substance Abuse Counseling

Individual

- ▶ One-on-one
- ▶ Focus on MHD (licensed)
- ▶ Focus on SUD
- ▶ Motivational Interviewing

Group

- ▶ Peer group
- ▶ 12-steps
- ▶ Topic-Specific
- ▶ Targeted Group

10 Common Errors Made in Group Treatment by Beginning Counselor or Substance Abuse workers

- ▶ Failure to have a realistic view of group treatment
- ▶ Self-disclosure issues and the failure to drop the “mask” of professionalism
- ▶ Agency culture issues and personal style
- ▶ Failure to understand the stages of therapy
- ▶ Failure to recognize counter-transference issues
- ▶ Failure to clarify group rules
- ▶ Failure to use the entire group effectively by focusing on individual problem solving
- ▶ Failure to plan in advance
- ▶ Failure to integrate new members into the group
- ▶ Failure to understand interactions in the group as a metaphor for drug-related issues occurring in the group member's family of origin

Motivation Interviewing

- ▶ Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Evidence Based Practice

- ▶ ATTC Addiction Technology Transfer Center
- ▶ The Matrix Model (Stimulants)
- ▶ Cognitive-Behavioral Therapy
- ▶ Seeking Safety

Cognitive Therapy

- ▶ Change thinking pattern
- ▶ Addicts think differently
- ▶ Distortions of the truth, protection
- ▶ Truth of consciousness (self-actualization)

Seeking Safety

- ▶ Treat dual diagnosis of substance abuse and PTSD
- ▶ Group setting
- ▶ Focus on safety
- ▶ Not focused directly on the substance use
- ▶ Accountability
 - ▶ Check in
 - ▶ Accountability
 - ▶ Topic
 - ▶ Check out
 - ▶ Commitment

Mental Health

- ▶ Not diagnosed
- ▶ Misdiagnosed
- ▶ Ignore substance abuse
- ▶ Dual-Diagnosis (complex)

Medical Doctor/Psychiatrist

Psychiatric Medication

- ▶ SSRI
- ▶ Anti-Anxiety
- ▶ Anti-psychotics

Medication-Assisted Treatment

- ▶ Naltrexone/Vivitrol (alcohol/Opioids)
- ▶ Suboxone (opioids)
- ▶ Methadone (opioids)
- ▶ Anticonvulsant/ Topamax (alcohol/stimulants)

Treatment Considerations

- ▶ Nondrug treatment strategies alone are inappropriate for acute and severe symptoms of schizophrenia and mood disorders
- ▶ *Medications that have a low abuse potential
- ▶ Different treatment approaches should be viewed as complementary, not competitive

Talking about Medication

- ▶ Taking care of their mental health will help prevent relapse
- ▶ Acknowledge challenges
- ▶ Discuss the importance of following prescriptions
- ▶ Acknowledge the right to choose not to use medication

Alternative/Adjunct Approaches

- ▶ Art Therapy
- ▶ Hypnosis
- ▶ Guided Imagery
- ▶ EMDR (eye movement desensitization)
- ▶ Acupuncture
- ▶ Mindfulness/Meditation
- ▶ Hatha Yoga
- ▶ Equine/pet therapy

Barriers for Treatment

- ▶ Conflicting goals
- ▶ Homelessness
- ▶ No insurance/Long Waiting
- ▶ Lack of resources
- ▶ Legal Status
- ▶ Stigma
- ▶ Medication or No medication use

Monday May 23

- ▶ LAST ZOOM Meeting
- ▶ Chapter 10: Mental Health and Drugs
- ▶ FINAL PAPER Review
- ▶ Certification Process overview (after class for those that are interested)