Capstone Project: The Study of Addiction & Treatment

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Author Note:

This presentation was prepared for a course evaluation, and as a presentation (portfolio - resume) for future interviews within the community of behavioral health, & the targeted population of addiction treatment. This presentation is a synthesis of all previous knowledge & studied research implemented from a collaboration of courses.

Identify 4 of the Major Therapeutic Approaches in Mental Health Services

- **Behavioral Therapy**: *(System desensitization, cognitive-behavioral therapy (play, talk, animal, art, music, etc. therapy), Aversion therapy, Rational Emotive Behavioral Therapy (REBT), Applied Behavior Analysis [ABA], etc.)*

- **Cognitive Therapy**: *(Eye Movement Desensitization and Reprocessing Therapy (EMDR), Interpersonal Therapy, Mindfulness-Based Cognitive therapy [MBCT], Trauma – Focused Cognitive Behavioral Therapy [TF-CBT], Emotion – Focused Therapy/ Emotional – Transformational Therapy [ETT], etc.*

- **Psychoanalysis & Psychodynamic Therapies:** *(Exposure Therapy, Animal – Assisted Psychotherapy, Interpersonal Psychotherapy, Dream Analysis, Metallization-Based Therapy [MBT], Somatic Psychotherapy (holistic approach), Dialectical Behavior Therapy [DBT], etc.)*

- **Humanistic Therapy**: *(Client-centered therapy, Gestalt therapy, Existential therapy, Solution-Focused Brief Therapy, Compassion – Focused Therapy [CFT], Transactional – Analysis Therapy, Transpersonal Therapy, etc.)*

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services:

- **Behavioral Therapy:** In behavioral therapy, the goal is to reinforce desirable behaviors and eliminate unwanted or maladaptive ones. Behavioral therapy is rooted in the principles of behaviorism, a school of thought focused on the idea that we learn from our environment. The techniques used in this type of treatment are based on the theories of classical conditioning and operant conditioning (K. Cherry, 2016)

- Behavioral therapy is used to seek and identify/ help change potentially self-destructive or unhealthy and negative behaviors that patients struggle with normally (lack the basic social skills). This type of therapy functions on the idea that all behaviors are learned - therefore based on this principle, unhealthy behaviors can be unlearned. The overall goal and expected outcome of this treatment is to focus on the patients current problems and how to change them in a way that best suits that individual. It is crucial to make these new positive changes a learned habit by the time the treatment is done. This way the patient can maintain their desired quality of life.
- Among the majority of approaches used today in mental health, such as psychoanalytic and humanistic therapies (which focuses on insight and uncovering layers of a person deep within), behavioral therapy has a very simplistic goal, and is action-based. Behavioral therapists are focused on using the same learning strategies that led to the formation of unwanted behaviors. (based on the theory of classical conditioning). Given this simplistic approach, the therapy session is very focused and straight forward. The behavior itself is the problem – so the common goal is to change that unwanted behavior.
- Since this therapy is so well known & very common, it is available to a wide range of people seeking help regarding several mental illnesses, disorders & conditions: depression, anxiety, panic disorders, anger issues, eating disorders, PTSD, phobias, ADHD, substance abuse, bipolar disorders, self-harm, etc. (theses only being the most common issues amongst many more).

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services:

Behavioral Theory (…continued)

- Behaviorism see psychological disorders as the result of maladaptive learning, as people are born tabula rasa (a blank slate). They do not assume that sets of symptoms reflect single underlying causes (Saul McLeod, 2010)
- Behaviorism assumes that all behavior is learnt from the environment and symptoms are acquired through classical conditioning & operant conditioning.
- **(Ivan Pavlov)** made important contributions to behavior therapy by discovering **classical conditioning**/ **associative learning**. And then there is **(E. L. Thorndike),** who discovered **operant conditioning**, which consists of learning by rewards & punishments to shape people's behavior.
- **Classical Conditioning**: involves learning by association (usually the cause of most phobias). The theory of classical conditioning suggests a response is learned and repeated through immediate association. behavioral therapies based on classical conditioning aim to break the association between stimulus and undesired response (e.g. phobia, additional etc.).
- **Operant Conditioning**: involves learning by reinforcement (rewards – a positive reinforcement) and punishment. This is phenomenon can explain the certain abnormal behaviors people develop (eating disorders, addictions, etc.)
- ***These two concepts are basically the foundation of behavioral therapy.***
- This simplistic foundation of behaviorism is basically the opposite of many other mental health approaches, such as psychodynamic therapy **(Sigmund Freud)** where the focus is much more on trying to uncover unresolved conflicts from childhood - which Freud believed was the cause of abnormal behaviors. McLeod, S. A. (2010).

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services:

- Cognitive Therapy*: **Cognitive therapy emphasizes what people think rather than what they do.***
- **Cognitive therapists** believe that it's dysfunctional thinking that leads to dysfunctional emotions or behaviors. By changing their thoughts, people can change how they feel and what they do.
- Cognitive Therapy is a psycho-social intervention that is the most widely used/ popular and accepted evidence-based practice for improving peoples mental health. CBT is a form of psychotherapy that is used to treat problems and help boost/ bring up patients happiness by modifying and eliminating dysfunctional emotions, behaviors, and thoughts. CBT merely focuses on solutions, which encourages patients to challenge distorted cognitions and change self-destructive patterns of their behavior.
- Another commonly known term for this approach is “talk therapy” that you talk with your therapist/ mental health counselor, which you usually attend to numerous sessions in order to improve one’s sense of self-worth. CBT helps you become aware of inaccurate/ wrongly exaggerated or negative thinking, that way you can view challenging situations and experiences more clearly and level headed. When the patients achieve these skills and are used to applying it to their daily lives, they can now respond to those challenging situations in a more effective/ efficient and appropriate way.
- Since cognitive therapy is the most commonly used and sought out treatment, with behavioral therapy being right up there with the popularity and success rate; all kinds of variations & subtypes have been discovered & developed since behavior therapy's awakening and awareness in the 1950s sky rocketed. One of these successful variations became well known for its combined therapies: Cognitive Behavioral Therapy (CBT). Which is now probably the most realistic & best solution for almost any type patient seeking help for almost any type problem. The combination of the two cover such a wide variety of self efficient skills and techniques that are most important to achieving and maintain a stable and well established quality of life.

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services: Cognitive Therapy (….continued)

- Cognitive-behavioral therapy (CBT) refers to a class of interventions that share the basic premise that mental disorders and psychological distress are maintained by cognitive factors. The core premise of this treatment approach, as pioneered by Beck (1970) and Ellis (1962), holds that maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems. According to Beck's model, these maladaptive cognitions include general beliefs, or schemas, about the world, the self, and the future, giving rise to specific and automatic thoughts in particular situations. The basic model posits that therapeutic strategies to change these maladaptive cognitions lead to changes in emotional distress and problematic behaviors.
- "Consistent with the medical model of psychiatry, the overall goal of treatment is symptom reduction, improvement in functioning, and remission of the disorder. In order to achieve this goal, the patient becomes an active participant in a collaborative problem-solving process to test and challenge the validity of maladaptive cognitions and to modify maladaptive behavioral patterns. Thus, modern CBT refers to a family of interventions that combine a variety of cognitive, behavioral, and emotion-focused techniques" (e.g., Hofmann, 2011; Hofmann, Asmundson, & Beck, in press).

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services:

- **Psychoanalysis and psychodynamic therapies** are also definitely included in the top major therapeutic approaches. A lot of cognitive therapy approaches are connected to quite a few of psychoanalytic approaches because of their connection with "talk therapy" and have their own variations off of those subtypes. This approach focuses mainly on changing problematic behaviors, feelings, and thoughts by discovering their unconscious meanings and motivations. Which is why it is connected with cognitive approaches since they both have the same motivational outcome: to help strengthen the mind with the right set of skills and tools to apply towards behaviors and thinking patterns (American Psychological Association, 2018).
- **Psychoanalytically oriented therapies** are characterized by a close working partnership between therapist and patient. Patients learn about themselves by exploring their interactions in the therapeutic relationship. While psychoanalysis is closely identified with **Sigmund Freud**, it has branched off into many other variations that categorize into different therapeutic approaches.
- **Psychodynamic therapy** is similar to psychoanalytic therapy in that it is an in-depth form of talk therapy (much like cognitive therapy) based on the theories and principles of psychoanalysis. But psychodynamic therapy is less focused on the patient-therapist relationship, because it is equally focused on the patient's relationship with his or her external world. They see how their repressed emotions from the past
- During these sessions, there's a much more broader approach, considering the patient can talk about anything they like with the therapist. The goal & primary focus is for the patient to recognize, acknowledge, understand, and be comfortable expressing and overcoming negative feelings and their repressed emotions. It might be hard going over certain experiences first, but with the guidance of the therapist to see from a new approach, many benefits come into light. It helps increase self-esteem, better use of their own talents & abilities, and an improved capacity for developing and maintaining more satisfying relationships. Psychodynamic therapy is primarily used to treat depression and other serious psychological disorders. People who seek this certain treatment and benefit from it most are ones who have lost meaning in their lives and have difficulty forming or maintaining personal relationships. Studies and recent research have found that other effective applications of psychodynamic therapy include addiction, social anxiety disorder, and eating disorders.

Discuss & Describe the 4 Major Therapeutic Approaches in Mental Health Services:

- **Humanistic therapy**: The **"humanistic perspective"** is an approach to psychology that emphasizes empathy and emphasizes peoples capacity to make rational choices and help them reach their maximum potential, and also focuses mainly on seeing the good in human behavior. Not only do the patients work on making themselves as best as they can be, but to also demonstrate that onto other people and how to treat them the best way possible as well. In counseling and therapy, this approach allows a psychologist to focus on ways to help improve an individual's self-image or self-actualization – the things that make them feel worthwhile, and how to make others feel that way as well to make this world a better place.
- There are three main type of approaches to humanistic therapy that majority of everyone has heard of, and are very influential for others and especially in the area of **addiction**:
  - **Client-centered therapy** is widely known and very common in the mental health world. It is based off the theory and belief to reject the idea of therapists as authorities on their clients' inner experiences. Instead, therapists help clients change by emphasizing their concern, care and interest. Which today, is integrated into a lot of different approaches in all variations and categories. Just basically getting onto a more personal connection with them which creates higher success rates for that type of therapy.
  - **Gestalt therapy** emphasizes what it calls "organismic holism," the importance of being aware of the here and now and accepting responsibility for yourself. This is a basic concept applied to a lot of theories especially for recovering addicts taking it day by day and living in the moment and being grateful for that time of day and not worry about anything else.
  - **Existential therapy:** focuses on free will, self-determination and the search for meaning. Once again, a common theme that connects with other approaches and is a huge benefactor for people recovering from an addiction.

Extra Therapeutic Approach: Unique Approach & Outlook on the Mind & Body

- **Somatic psychotherapy**: a holistic therapeutic approach, incorporates a person's mind, body, spirit, and emotions in the healing process. Proponents of this type of therapy believe a person's thoughts, attitudes, feelings, and beliefs can have an impact on physical functioning, while physical factors such as diet, exercise, and posture may positively or negatively affect a person's mental and emotional state. Thus, those seeking treatment for any number of mental health concerns and becoming aware for recovering addicts seeking/ continuing treatment may incorporating somatic therapy into treatment to be beneficial.
- Somatic psychotherapy (also been known and called *body psychotherapy* or *body-oriented psychotherapy)* Contemporary practitioners of somatic therapy believe that 'viewing the mind and body as one entity' is essential to the therapeutic process.
- According to **somatic therapy theory**, the sensations associated with past trauma may become trapped within the body and reflected in facial expressions, posture, muscular pain, or other forms of body language. Talk therapy can help address this trauma (which is common in a lot of therapeutic approaches and variations of those approaches now), but depending on the needs of the person in treatment, therapeutic body techniques can supplement more conventional approaches (such as talking therapy) to provide holistic healing.
- The use of ***body-oriented psychotherapies*** as part of an integrated approach to the *treatment* of *posttraumatic stress* is becoming *more prevalent*, and trauma expert **Bessel van derk Kolk** has stated that somatic approaches may in fact be essential in trauma treatment. **Sigmund Freud** & his former student Wilhelm Reich was accepted by the psychoanalytic community with the connection of negative emotions connected towards muscle tension and imbalance in the body.
- http://www.treatment4addiction.com/treatment/types/somatictherapy/

Current Best Practices for the Therapeutic Approaches: Behavioral Therapy

- **Behavioral Therapy:** *(System desensitization, cognitive-behavioral therapy (play, talk, animal, art, music, etc. therapy), Aversion therapy, Flooding, Rational Emotive Behavioral Therapy (REBT), Applied Behavior Analysis [ABA], etc.)*
- Behavior therapy is a genuine psychological treatment approach that includes a large variety of specific techniques and interventions. *(Comprehensive Clinical Psychology, 1998)*
- There are **three major areas** that also draw on the strategies of **behavioral therapy:**
  - **Cognitive-behavioral therapy** relies on behavioral techniques but adds a cognitive element, focusing on the problematic thoughts that lie behind behaviors.
  - **Applied behavior analysis** utilizes operant conditioning to shape and modify problematic behaviors.
  - **Social learning theory**, centers on how people learn through observation. Observing others being rewarded or punished for their actions can lead to learning and behavior change.
- **Classical Conditioning** is one way to **alter behavior**, which consists of several different techniques. Originally known as **Behavior Modification**, this type of therapy is often referred to/ mostly known today as **Applied Behavior Analysis**.

Current Best Practices for the Therapeutic Approaches: Behavioral Therapy – Classical Conditioning

- **Behavior Therapy based on Classical Conditioning:**

Some of the current practiced techniques & strategies used in this approach to therapy include:

- ***Classical Conditioning*** *is one way to* ***alter behavior****, which consists of several different techniques. Originally known as* ***Behavior Modification****, this type of therapy is often referred to/ mostly known today as* ***Applied Behavior Analysis****. (Cherry. K, 2017)*

- **Flooding:** This process involves exposing people to fear-invoking objects or situations intensely and rapidly. It is often used to treat phobias, anxiety and other stress-related disorders. During the process, the individual is prevented from escaping or avoiding the situation.

- **Aversion Therapy**: This process involves pairing an undesirable behavior with an aversive stimulus in the hope that the unwanted behavior will eventually be reduced. For example, someone suffering from alcoholism might utilize a drug known as disulfiram, which causes severe symptoms such as headaches, nausea, anxiety and vomiting when combined with alcohol. Because the person becomes extremely ill when they drink, the drinking behavior may be eliminated.

- **Systematic Desensitization:** This technique involves having a client make a list of fears and then teaching the individual to relax while concentrating on these fears. The use of this process began with psychologist **John B. Watson** and his famous *Little Albert experiment* in which he conditioned a young child to fear a white rat. Later, Mary Cover Jones replicated Watson's results and utilized ***counterconditioning*** techniques to ***desensitize*** and ***eliminate*** the *fear response*.

  - **Systematic Desensitization** is often used to **treat phobias**. The process follows **three basic steps:**

    - ***First***, the client is taught relaxation techniques.
    - ***Next,*** the individual creates a ranked list of fear-invoking situations.
    - ***Starting*** with the *least fear-inducing item* and working their way up to the *most fear-inducing item*, the client *confronts* these fears under the guidance of the therapist while maintaining a *relaxed state*.

Current Best Practices for the Therapeutic Approaches: Behavioral Therapy – Operant Conditioning

- **Behavior Therapy Based on Operant Conditioning:**

Some of the current practiced techniques & strategies used in this approach to therapy include:

- *Many behavior techniques rely on the principles of operant conditioning, which means that they utilize reinforcement, punishment, shaping, modeling and related techniques to alter behavior. These methods have the benefit of being highly focused, which means that they can produce fast and effective results:*

- **Token Economies:** This type of behavioral strategy relies on reinforcement to modify behavior. Clients are allowed to earn tokens that can be exchanged for special privileges or desired items. Parents and teachers often use token economies to reinforce good behavior. Kids earn tokens for engaging in preferred behaviors/ lose tokens for displaying undesirable behaviors. These tokens can then be traded for whatever positive reinforcement you find worthy. This can be applied for any age and the tokens can represent whatever currency you value.

- **Contingency Management:** This approach utilizes a formal written contract between the client and the therapist that outlines the behavior (goals, reinforcements, rewards & penalties for failing to meet the demands of the agreement. Therapists, teachers & parents can all use these agreements when using them with students & children in the form of behavior contracts. Contingency contracts can be very effective in producing behavior changes since the rules are spelled out clearly, both sides have motivation, preventing both parties from backing down on their promises.

- **Modeling:** This technique involves learning through observation & modeling the behavior of others. The process is based on ***Albert Bandura's*** social learning theory, which emphasizes the social components of the learning process. Rather than relying simply on reinforcements & punishments, modeling allows individuals to learn new skills or acceptable behaviors by watching someone else perform those desired skills. Depending on what cases, the therapists might model out the desired behavior, or if preferred one of the peers can model out the behavior to follow.

- **Extinction:** Another way to produce behavior change is to stop reinforcing a behavior in order to eliminate the response. Time-outs are a perfect example of the extinction process. During a time-out, a person is removed from a situation that provides reinforcement. For example, a child who starts yelling or striking other children would be removed from the play activity and required to sit quietly in a corner or another room where there are no opportunities for attention and reinforcement. By taking away the attention that the child found rewarding, the unwanted behavior is eventually extinguished.

Current Best Practices for the Therapeutic Approaches – Treating Addiction

- **Cognitive-Behavioral Therapy correlating with addiction:**
  - Using positive behavior supports in correlation to these effective therapeutic interventions (Cognitive-Behavioral Therapy) leads to high success rates and increased probabilities among clients' developmental success and progress throughout the program.
  - An approach that has gained widespread application in the treatment of substance abuse is cognitive-behavioral therapy (CBT). Its origins are in behavioral theory, focusing on both classical conditioning and operant learning; cognitive social learning theory, from which are taken ideas concerning observational learning, the influence of modeling, and the role of cognitive expectancies in determining behavior; and cognitive theory and therapy, which focus on the thoughts, cognitive schema, beliefs, attitudes, and attributions that influence one's feelings and mediate the relationship between antecedents and behavior
  - In most substance abuse treatment programs and settings, the prominent features of these three theoretical approaches are merged into a cognitive-behavioral model. Using these certain behavioral approaches towards the treatment of substance abuse has shown substantial research evidence supporting the positive effectiveness these approaches have on clients admitted into treatment. Two recent comprehensive reviews of the treatment research literature offer strong evidence for their effectiveness (Holder et al., 1991; Miller et al., 1995). These techniques can offer several beneficial variables that can be conducted successfully in individual, group, and family settings, and many more, to help clients change their substance abuse behaviors.
  - Behavioral approaches assume that substance abuse disorders are developed and maintained through the general principles of learning and reinforcement. The early behavioral models of substance abuse were influenced primarily by the principles of both Pavlovian classical conditioning and Skinnerian operant learning (O'Brien and Childress, 1992; Stasiewicz and Maisto, 1993).

Current Best Practices for the Therapeutic Approaches – Treating Addiction (..continued)

Cognitive Behavioral Treatments for Substance Use Disorders

- Danielle Barry, Nancy M. Petry, in Evidence-Based Addiction Treatment, (2009)
  - Cognitive behavioral therapy combines behavior therapy and cognitive therapy by applying learning theory to both observable behavior and to thoughts and emotions as well. CBT is based on social learning theory (Bandura, 1969) and the assumption that behavior, including maladaptive behavior such as substance abuse, is learned through a combination of classical conditioning, operant conditioning, and modeling (Carroll, 1998). When applied to substance use disorders, the CBT approach suggests that individuals first learn to use drugs or alcohol by observing other people using them. If their observations convince them to try a substance, then operant conditioning can occur as the individual experiences pleasurable effects and uses the substance repeatedly in order to recreate those effects. Anticipation of substance use can create a strong desire, or craving, and, consequently, elimination of craving by using the substance is strongly reinforcing. Classical conditioning contributes to dependence when substance use is paired repeatedly with environmental cues, such as certain people, locations, objects, times, situations, and moods (Marlatt, 1985). Over time, these cues can trigger craving for the substance. CBT models view addictive behaviors as acquired habits that are shaped by learning, and these models further maintain that habits can be changed through the development of behavioral skills and cognitive strategies (Marlatt, 1985).
  - Similar to behavior therapy, CBT uses techniques based on classical and operant conditioning. Because classical conditioning results in certain stimuli (e.g., particular people, places, or situations, sight or smell of substances, drug use equipment) being associated with substance use, clients experience cravings when exposed to those stimuli. To reduce risks of cravings, clients are taught to recognize and avoid conditioned triggers. When using operant techniques, clinicians instruct clients to reward themselves for meeting goals (e.g., engaging in an enjoyable activity or purchasing a desired item after a sustained period of abstinence).

Current Best Practices for the Therapeutic Approaches – Treating Addiction (..continued)

- Cognitive Behavioral Treatments for Substance Use Disorders:
  - As with **cognitive therapy**, a major tenet of CBT is that behaviors and feelings are caused by thoughts about other people, events, and situations (Beck, 1963, 1964; Ellis, 1957). **The theory and practice of CBT are based on an ABC model of human emotions and behavior.** ***People, events, and situations*** are considered determinants or ***antecedents (A)*** that may or may not lead to particular ***feelings or behaviors (consequences or C)*** depending on the ***intervening beliefs (B)*** (Thompson & Hollon, 2000). Ways of thinking about the world are learned, and *maladaptive behavior and feelings can be changed if one learns to think in a different way*.
  - **Antecedents** for **substance use** can be ***negative events*** such *as job loss, interpersonal conflicts, or financial problems*. Although these events tend to be *associated with stress* and a *range of negative emotions*, the particular association depends on an *individual's beliefs about the situation.* One individual might believe, "This is difficult, but I can deal with it," while another believes, "This is terrible, and I can't cope with it unless I have a drink." Consequences are likely to be different for each of these individuals. The first will feel somewhat anxious but is likely to contact prospective employers, consider how to patch up relationships, or decide whether to take out a loan; the second will feel overwhelmed and may become intoxicated.
  - Personally, the **ABC model** works great for people who are in treatment and in recovery from an addiction. The key component to having the treatment plan be successful, is to have the new ***positive reinforcement*** be just as equal of a stimulus or more. Otherwise it wont work and the individual will most likely relapse. It's a great positive behavior support technique to practice in all recovery. And even for people who need treatment for behavior problems or a mental disorder, that model works for everyone because they have a motivational goal to work towards. Especially if you include a **token economy** system with it. It makes the individuals pay attention to their target behavior and think about their trigger "***antecedent"*** and choose which "***behavior"*** will benefit them or punish them, and they think about their "***consequence"*** before acting out on that bad behavior.
  - Also**, CBT therapy combined with medication assistance for addictions is the best working treatment** at the moment. Especially if the addiction is associated with ***opiates***, then either ***methadone, suboxanne***, or ***subtext*** is the best medications to assist cognitive behavioral therapy.

Evidenced based Programs in Las Vegas using the best Practices & Approaches –

Addiction Treatment & Recovery

- Several Rehab/ Inpatient/ Outpatient Substance Abuse Programs that are available throughout the city, and depending on your individualized addiction and what type of therapeutic approaches and practices best work for your best chances at recovery. Whether its CBT with medication, or any other practices that someone prefers. Here is a main general website for majority of the treatment centers within Las Vegas that has accredited evidenced based programs – and a few more treatment centers with high success rates – and apply the newest/ best therapeutic approaches and treatment program's:
  - https://www.psychologytoday.com/us/treatment-rehab?search=las%20vegas
  - https://abtrs.com/las-vegas-nv
  - https://www.solutions-recovery.com/drug-treatment/outpatient-treatment/
- **Las Vegas Recovery Center - Location**
  - Las Vegas Recovery Center
  - 3321 N Buffalo Drive #150
  - Las Vegas, Nevada 89129
  - Call Dr. Mel Pohl: (888) 997-4695
  - **Treatment Programs:** Addiction, Medication-Assisted Detox, Opiate Drug Detox, Pain Management, residential Inpatient
  - **Out / Inpatient:** Intensive Outpatient Program / Long Term (>30 Days) Residential / Short Term (<30 Days) Residential
  - **Treatment Approach/ Types of Therapy:** 12 – step Facilitation Therapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral (CBT), Dialectal (DBT), EMDR, Existential, Humanistic, Hypnotherapy, interpersonal, Intervention, Mindfulness based (MBCT), Mindfulness-Based Stress Reduction, Person centered therapy, Play Therapy, Positive Psychology, Psychoanalytic, psychodynamic, Solution focused brief therapy, Structural family therapy, and more.
  - https://www.psychologytoday.com/us/treatment-rehab/las-vegas-recovery-center-las-vegas-nv/158656?sid=1525814784.7987_462&search=las+vegas&city=Las+Vegas&state=NV&ref=11&tr=ResultsProfileBtn

Evidenced based Programs in Las Vegas using the best Practices & Approaches – Addiction Treatment & Recovery

Seven Hills Hospital Addiction Treatment Center:

- **Location & Contact Information:**
  - Addiction Treatment | Seven Hills Hospital
    3021 W Horizon Ridge Parkway
    Henderson, Nevada 89052
    Call Seven Hills Admissions : (855) 779-6961
- **Specialties**
  - Substance Abuse
  - Addiction
  - Alcohol Abuse
- **Client Focus**
  - Age
  - Preteens / Tweens (11 to 13)
  - Adolescents / Teenagers (14 to 19)
  - Adults
  - Elders (65+)
- **Programs & Services/ Treatment**
  - Addiction
  - Alcohol Rehab
  - Detox Program
  - Medication Assistance w/ Therapy
  - Drug Rehab
  - Substance Abuse
  - Out / Inpatient
  - Intensive Outpatient Program
- **Types of Therapy/ Treatment Approach**
  - Art Therapy
  - Play Therapy
  - Recreational Therapy
  - Physical Fitness
  - Dietician

Evidence-Based Therapeutic Practices - The addiction treatment program at Seven Hills Behavioral Health Hospital is run by a multidisciplinary team of all licensed alcohol & drug addiction counselors, professional technicians, physicians, psychiatrists, nurse practitioners, psychologists, etc. They meet the physical, mental, social, & spiritual needs. Our team accomplishes this through a variety of therapeutic practices: Cognitive-behavioral therapy, Group therapy, Family education, Medication, Exercise & Nutritional care

Ethical & Therapeutic Issues

Related to the Interdisciplinary Process

(Mental Health Services)

- **When putting an interdisciplinary team together, human service professionals recognize and build on client and community strengths**. It's a **whole team effort to help the individual client succeed** and overcome whatever troubles that may be present at the time. A lot of times, the interdisciplinary team, includes everyone who is involved in the individuals life. It may be their different counselors, behavioral technicians if they are in a home, it could involve parents/ friends, and if it's a younger person then sometimes their teachers or guardians at specific times. **The whole point is to collaborate together in order to form a positive behavior support plan for that individual**. It is *important to consider* certain **ethical guidelines** within these personalities of each member of the team, and *which decisions* are ***best*** for the ***client*****. It is imperative to follow the right ethical guidelines and that everyone is on the same page in order to avoid inappropriate decisions or issues, especially within therapeutic processes.**

- When collaborating an **interdisciplinary team**, it's very important that **each member** of the **team** is **aware** and consciously **understanding** of **each role** they are to **perform**, in order to *provide* the *best treatment* and *therapeutic techniques* to the **client**.

- It is also important for the **team** to *discuss* **several positive behavior supports**/ **therapeutic techniques** that **best work** for the **client.** This is *important no matter what*, but is especially a **key role** when working in the felid of **addiction treatment** and **prevention/ recovery**. **Each member** must **corporate** in order for the **therapeutic techniques to work**, or else ethical issues come into play. **When using any type of therapeutic technique, positive behavior supports are always the core basis**, and if one or more *team members aren't performing their duties* ***efficiently*** or ***appropriately***, it disrupts the whole process. performing therapeutic techniques, the **counselor** and **all other members** of the **interdisciplinary team** must do the **right duties** that are **required** of that therapeutic technique, in order for the **client** to **receive efficient therapy**.

Ethical & Therapeutic Issues Related to the Interdisciplinary Process (Mental Health Services)

- It's important to make the **client feel safe** and comfortable and trusting that you have their best interest at heart, especially the *privacy and confidentiality* between you two
- The client should be informed that if there are *signs or hints towards self-harm or to others*, then the counselor has to make the **right ethical choice** whether its attainable/ controllable within the limits of your relationship, or to *break the privacy policy* and get immediate help.
- It's up to the counselor to *determine* whether it's an *immediate threat or danger*, or if the client is simply speaking out of context without realizing the actual depth of the words they are saying. That's why it's *crucial* for the counselor to be able to have their ***own ethical scale*** to *determine which situation deserves which appropriate action*, and to use to your best knowledge of what's the ***best choice for your client*** and the ***well-being of everyone else***.
- Another *crucial* and *imperative* **ethical guideline** for **all counselors** to follow by, is that human service professionals need to ensure that *their own values* or *biases* are **not** *imposed* upon their *clients,* no matter what
- Just because something might work for one person, doesn't mean it will have the same effect on another. So it's wise to be **aware** of your **clients**' *needs and issues,* and to ***gather all*** the ***information/ data*** to make an **analyzed decision** that best suits/ fits the client. This is especially effective when concerning **therapeutic techniques** and which one works best for the client.
- These last two examples of ethical guidelines & codes to follow by are *very critical* when you're in the profession of **counseling recovering addicts**. One wrong ethical decision can change the whole process for the patient.
- Especially in this field of work, the counselor needs to ensure to **avoid ALL biases** *(even unconscious ones)* and to **refrain** from any **judgmental thoughts** and *never* let them **effect your decision making**.
- These type of mental health professionals need to have an **open mind** and be aware/ **empathetic** towards the **addict/patient** or else you aren't putting the patients best interest as first priority.

Ethical & Therapeutic Issues Related to the Interdisciplinary Process (Mental Health Services)

- A common ethical problem/ situation that counselors find themselves within at least once if not more, is when the counselor feels too emotionally compromised to help that client in the way that's most beneficial for them, instead of the counselor's preferences.
  - If that's the situation at hand, then the ***ethically right thing to do*** is switch the client to another mental health provider that can help them more appropriately – without the counselor feeling compromised with the similarities of issues that the former counselor may have been struggling with.
  - Sometimes a clients crisis/ problem that they are currently struggling through, can hit too close to him with the counselor because they may have had a similar experience that they might have possibly never moved on from – or capable enough to help others use the right problem solving skills towards that problem if the counselor couldn't do the same steps.
- **Human service professionals protect the client's right to privacy and confidentiality except when such confidentiality would cause serious harm or danger to the client or others**. If this is the case, and the counselor suspects any type of danger or harm that may occur to the client or to others because of their inappropriate behavior, then the counselor/ human service professional acts in an appropriate and professional manner to protect the safety of those individuals. When this issue occurs, it's very important for the **counselor** to be able to have an **appropriate ethical code** and **self-guideline** in order to make the **right ethical decisions**. It can sometimes get tricky, because it may damage or worsen the condition of the client if law enforcement or other supervisors get involved, so it's *important to realize when it's the right time to call in for extra help* and to *break the privacy policy between you and the client.*

Ethical & Therapeutic Issues Related to the Interdisciplinary Process (Multicultural Backgrounds & Beliefs)

- Another important philosophy to take into consideration when coming together collaboratively as an interdisciplinary team, is people's multicultural backgrounds and beliefs. There's been some ground rules explained already but this one is also very important that is very easy for people to overlook without meaning too. It's important for the interdisciplinary team to consider what their clients belief systems and opinions are, which then would help towards the decision on which therapeutic intervention to use. There are a lot of different therapies, and some might offer skills involving religion and belief in higher powers, so it's imperative to choose which therapeutic intervention best fits the needs for the client. Each team member should agree and collaborate based on the data and information of the client, and make sure to never make the client feel undermined or less, because of their individual belief. Regardless of the team's beliefs/ opinions, it's only the clients' beliefs that are taken into consideration and it's important to not go against ethical guidelines, and to incorporate your biases with the clients.

What is Cultural Competency, and its Significance?

- **What is Cultural Competency, and what defines its characteristics?**

- **Cultural Competence:** It is the ability to interact effectively with people of different cultures, and helps to ensure the needs of all community members are addressed. Regardless of a person's social context/ network, it's important that individuals and organizations contain the appropriate knowledge in order to successfully be culturally competent. Culture must always be considered in any type of situation or interaction, impacting whatever reasoning that would require its acknowledgment on a societal basis.

- According to the **American Psychological Association, (2015)** – they believe its hard to be perfectly cultural competent, but their basic understanding and agreement of this key term is loosely defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own. IT has been a key aspect of psychological thinking and practice for some 50 years. It's become such an integral part of the field that it's listed as one of *psychology's core competencies*. The federal government, too, views it as an important means of helping to eliminate racial, ethnic and socioeconomic disparities in health and mental health care.

- There is an essence to the term "Culture" which has much more significance & value than the common "stigma" or connotation that is regularly portrayed. It's a constant misconception that happens periodically on a daily basis. The basic understanding an average person assumes right, is taken completely out of context, hence an inaccurate interpretation that misconstrues the original denotation. There are various meanings to this term, for instance, ***race or ethnicity, which is the most common perception majority of the time***. But what people aren't aware of, is that it can also refer **all types of characteristics** - such as ***age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession***. There are also numerous implications of ***various symbolisms***, and ***suggestions of higher values*** and ***morality belief systems*****.**

How Assessment Require Cultural Competence

- **Defining Cultural Competency & Determining Most Effective Assessment Tools towards Targeted Audience of Various Cultures**

  Why is Assessing Cultural Competency Important?

  - *Producing positive change*, **requires** prevention practitioners and other members of the behavioral health workforce to understand the cultural context of their **target community**. They must also have the willingness and skills to work within this context. This means drawing on community-based values and customs and working with knowledgeable people from the community in all prevention efforts.
  - *Practicing cultural competence* throughout the program planning process *ensures* that all members of a community are *represented* and *included*. It can also prevent wasteful spending on programs and services that a community can't or won't use. This is why **understanding** the *needs, risks, protective factors, and potential obstacles* of a community or specific population, is obviously imperative and crucial on a certain level.
  - **Sue, S. (1998**) explains and defines her personal perspective and theories towards creating a successful and effective Cultural Competency Assessment. She describes her skills and techniques that she feels is personally most beneficial and essential. Here are some insights; The characteristics involved in cultural competency in psychotherapy and counseling have been difficult to specify. There are attempts to study factors associated with cultural competency and addresses 3 questions. First, is ethnic match between therapists and clients associated with treatment outcomes? Second, do clients who use ethnic-specific services exhibit more favorable outcomes than those who use mainstream services? Third, is cognitive match between therapists and clients a predictor of outcomes? The research suggests that match is important in psychotherapy. The cultural competency research has also generated some controversy, and lessons learned from the controversy are discussed. Finally, it is suggested that **important** and orthogonal ingredients in **cultural competency** are therapists' ***scientific mindedness, dynamic-sizing skills, and culture-specific expertise.***

Various Examples of the most Commonly used Assessment Tools

- **There are several assessment tools in order to demonstrate Cultural Competence. Here are some examples of assessment tools that prove helpful to anyone working in the mental health industry:**

- **Cultural Diversity Self-Assessment** – A broad cultural diversity self-assessment.
- **Cultural Competence Self-Test** – Measures cultural competency in: physical environment, materials and resources, communication styles, and values and attitudes.
- **Cultural Competency Survey for Managers and Supervisors** -An individual cultural competency survey for managers and supervisors.
- **National Center for Cultural Competence** – This assessment is called the Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families. There are 36 questions and the person completing the assessment has three options to answer on how often a particular question or situation applies to them.
- **Project Implicit** – This is an assessment used to discover whether or not you have a hidden bias between particular races. There are two short questionnaires, followed by sorting words and pictures into categories. The projected time of completion is under 10 minutes.
- **Cultural Competence Self-Assessment Questionnaire, Service Provider Version** – This link leads the user to a lengthy 79-question quiz on general cultural competency. Questions are geared towards attendance of cultural events, knowledge of the presence in diversity in their community, and other diversity and culture-related topics.
- **Cultural Sensitivity Test**– This link from the University of Arkansas judges cultural sensitivity by using questions for both personality types and diversity.
- **College & University Cultural Competency Quiz** – This quiz is about college and university cultural competencies which is good for those who don't know the culture of a college.
- **Cultural Competence Checklist** – Is a tool that was developed to heighten awareness of how you view clients/patients from culturally and linguistically diverse populations.
- **5 Elements that contribute to cultural competence** -This assessment identifies five elements that contribute to a systems ability to become more culturally competent.
- **Making Children's Mental Health Services Successful: Organizational Cultural Competence: A Review of Assessment Protocol** – This assessment focuses on an organization's cultural competences in relation to making children's mental health services successful.
- **Diversity Assessment** – This assessment allows the reader or reader(s) to brainstorm different scenarios and personal perceptions of diversity.

Elements of a Culturally Competent Prevention System

- According to **SAMHSA (2017)** – the elements listed, are a few **hand-picked assessment tools** that I found essential and to be the top priorities concerning Cultural Competency.

- **Valuing Diversity**: Prevention practitioners in a prevention system cannot begin to develop policies and procedures around *cultural competence* if the organization and its staff do not value diversity and work well as a team. In order for the system to work for the Practitioners, they must assess and practice the key role of *diversity:* strengthening accessible, efficient, and cost-effective care.
- **Attitude:** ***(****This is one of the most crucial elements in my opinion)* element reflects earlier cross-cultural models in its concern with worker knowledge and beliefs, or the area of cognition as expressed by Harriet Lefley and Paul Pederson in their 1986 book *Cross-Cultural Training for Mental Health Professionals*. One initial concern involves cultural and color blindness—the concept that practitioners should and can treat everyone the same.
- **Practice:** The practice element considers the following issues: (1) **The interview process.** (2) **Diagnostic and assessment approaches** (3) **Treatment planning techniques.** Practitioners are also encouraged to consider other practice skills that are culturally appropriate. Practice skills may be adapted to accommodate within- and between-group differences
- **Cultural Self-Assessment:** A culturally competent organization continually assesses organizational diversity. Should always regularly assess the range of values, beliefs, knowledge, and experiences within the organization that would allow for working with focus communities and a focus population.

How Services Require Cultural Competence.

- **Preparing a Program To Treat Diverse Clients**

- As the 2000 census makes clear, the United States is a diverse multicultural society. Minority groups make up roughly one-third of the Nation's population, up from one-quarter in 1990. Minority groups are the fastest growing segment of the U.S. population (U.S. Census Bureau 2001). Foreign-born people now constitute more than 11 percent of the population—an all-time high (Schmidley 2003).
- Cultural competence requires that people at all levels of the program learn to value diversity. The administration can demonstrate the seriousness of its commitment to cultural competence by investing human and financial resources in the effort and providing incentives for cultural competence training just as it would for other forms of continuing education. A culture of learning, where self-assessment and staff development are regular program activities, lends itself to cultural competence.
- In order for services to relate to all their clients, majority of them are multicultural and need the same empathetic understanding just as everyone else. Which is why its important for professionals and counselors to be able to have the necessary knowledge and skill set to implicate which types of programs for each multicultural individual. In order for a Service to be successful in acquiring cultural competence, all of the professional counselors and rest of the work team are required to understand the following:
    - **Understanding cultural competence,**
    - **Learning about cultural competence in organizations**
    - **Preparing for cultural competence assessment**
    - **Understanding the stages of cultural competence**
    - **Performing cultural competence assessment**
    - **Implementing changes based on cultural competence assessment**
    - **Developing a long-term, ongoing cultural competence process**
    - **Undertaking program planning**

Preparing a Program to Treat Diverse Clients Substance Abuse

- A culturally competent program demonstrates empathy and understanding of cultural differences in treatment design, implementation, and evaluation (Center for Substance Abuse Prevention 1994). According to *Cultural Issues in Substance Abuse Treatment* (CSAT 1999*a*), culturally competent treatment is characterized by
- Staff knowledge of or sensitivity to the first language of clients
- Staff understanding of the cultural nuances of the client population
- Staff backgrounds similar to those of the client population
- Treatment methods that reflect the culture-specific values and treatment needs of clients
- Inclusion of the client population in program policymaking and decision-making

- The Nation's diversity has important implications for treatment programs. The percentage of minority clients in substance abuse treatment is much greater than the percentage of minority treatment counselors (Mulvey et al. 2003). Administrators need to consider whether their organizations provide competent sensitive treatment for individuals from minority groups. Following are compelling reasons for undertaking this effort:

Preparing a Program to treat Diverse Clients Substance Abuse

- **Individuals from minority groups can be a significant—even majority—sector of potential clients.** In 2000, 59.0 percent of those admitted to treatment were Caucasian, 24.0 percent non-Hispanic African-American, 12.0 percent Hispanic, 2.3 percent American Indian and Alaska Native, and 0.8 percent Asian and Pacific Islander (Office of Applied Studies 2003*b*).
- **Understanding and appreciating a client's cultural background expand treatment opportunities.** Every culture has specific values that can be used in treatment, such as the support of extended families and of religious or spiritual communities. By appreciating a client's culture, staff can tap into the most effective treatment strategies—those based on the personal and social strengths of each individual.
- **Enhancing the sensitivity and capacity to treat clients from other cultures improves a program's ability to treat all clients.** The consensus panel believes that the competent handling of diversity is a basic issue underlying good treatment. The empathy and trust that a program's staff needs to practice to move toward cultural competence are an extension of the qualities that make a good counselor.
- **Cultural competence is increasingly a requirement of funding and accreditation bodies.** Attention to cultural competence is a requirement for accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO currently is reviewing and is expected to adopt some form of the national standards for culturally and linguistically appropriate services (CLAS) in health care, developed by the U.S. Office of Minority Health. The CLAS standards were published in 2001 and are available at www.omhrc.gov.
- **The ability to attract and serve ethnic clients is a financial issue. Improvements** in cultural competence may contribute to improved client retention (Campbell and Alexander 2002).

Preparing for Cultural Competence Assessment Plans for Drug Abuse Treatment

Preparing for Cultural Competence Assessment

- **Take advantage of staff knowledge.** Counselors and nonclinical staff members should serve as resources; administrators should find out what staff members have learned from their experience with clients from diverse backgrounds.
- **Educate and motivate staff.** Staff members can learn from resource materials on substance abuse treatment and culturally diverse groups that the administrator has collected. Involving the entire staff in the cultural competence effort promotes self-assessment as a program priority and helps secure the staff's commitment and participation.
- **Establish a cultural competence task force.** This group will lead the cultural competence assessment and will be responsible for planning, carrying out, and evaluating the program's cultural competence initiatives.
- Agency self-assessment is valuable in planning for culturally competent service delivery. To capture all useful information relating to a program's cultural competence, the ***self-assessment must survey the community, the clients, and the program itself.***

- **This Assessment has two key goals**:

1. **Determine how culturally competent the program's services are**
2. **Provide information for a long-term improvement plan.**

- **This Assessment focuses on the following key questions:**
  - *What is the composition of the local population?*
  - *Are all those who need care being served in the program?*
  - *What is the level of satisfaction with the program among clients from minority groups?*
  - *How prepared and competent is the program to meet the treatment needs of the diverse groups in the community?*

Examples & Criteria of Cultural Competency Program Planning for Assessment – Drug Abuse Treatment Plan

- A core set of administrative and structural principles is important for every program providing treatment to diverse groups. Treatment planning and goal setting should be sensitive to the individual client's recovery goals. The client's values and cultural traditions should be accepted and respected in establishing expectations and making the treatment plan. Program staff members should be sensitive to cultural, ethnic, and regional variations in family structures and in the way that clients define their families.
- Programs should consider whether they can address diverse clients' needs within a nonspecialized treatment program or whether it would be preferable to set up a specialized program serving only these clients. If people are ill at ease outside their own culture, they generally are more comfortable and trusting with others who are like them. Specialized treatment programs consisting of clients from a particular group, such as immigrants from a particular country or women, offer the chance to design program strategies for individuals who share a common background and common concerns.
  - Is the potential volume of clients sufficient to support a specialized program?
  - Is financial support available for these clients?
  - Will treatment goals of the specialized services fit into the program?
  - Are counselors available who are sensitive to the group?
  - Will there be access to training regarding the special needs of this population?
  - Are links and referrals to other service providers possible for this target population?

Example Treatment Plans Stemming from the Assessment

- There are many different avenues to take when it comes to choosing the right treatment plan for a specific individual. Many components and factors need to be implemented and taken in for evaluation before making any decisions on what type of treatment plan you want to choose, let alone which specific one out of that general type. The first components needed to be taken into consideration first before taking any other steps, would be the persons age, race, sex, the specific substance they are addicted too, the level/ severity of addiction, their financial status (do they have insurance, if so, which programs does it cover?), the personality and characteristics they have and if it would clash or get along with others, cultural competency: what their ethnicity is and if they choose to be with that specific race or have any values/beliefs that wont be in conflict with the treatment plan, what and who they would be comfortable around/ what setting, etc. As you can see there are several factors to take into consideration before even developing what kind of treatment plan to implicate let alone to start applying. It is a very sensitive and time consuming process. Which is why it was important when talked about (previous slides) cultural competency and making sure the staff have the right set of skills and knowledge on how to work with these individuals appropriately and effectively/ efficiently.
- One example of a culturally competent treatment plan associated/ stemming from the assessment, could be a Specialized Treatment Program for sensitive clients that come from different diverse groups and have specific requirements in their treatment:
  - Clients from diverse groups may need ongoing, long-term social support. The available peer support groups in the community may not serve some of these clients adequately. Programs should identify and maintain a list of local mutual-help groups. If appropriate support groups cannot be identified for a particular group (e.g., Hispanic clients who abuse alcohol), the treatment program should consider sponsoring a specialized alumni support group. Bonding with a long-term support group can be a significant factor in recovery.
- There's individual & group counseling (cognitive behavioral therapy, contingency management, motivational enhancement therapy, 12-step facilitation therapy, usually in this therapy youths work with their family and choose family oriented approaches such as Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC)). There is also Inpatient and Residential settings, or partial hospitalization & intensive outpatient programs, and most commonly for substance abuse treatments, any one of these treatment plans is most always combined with Medication-Assisted Treatment (MAT). There are many others but those are just a few that have been used most popularly and have higher recovery rates.

Example Treatment Plan – Heroin/ Opiate Related Substance Abuse

- Personally speaking from experience, along with the knowledge from research & statistics regarding the evaluations/ outcomes of this segment of Substance Abuse Treatment, the best treatment plan would be using Cognitive Behavioral Therapy (CBT) or Motivational Enhancement Therapy (MET) combined with Medication-Assisted Treatment (MAT). The medications would either be between methadone, buprenorphine, or extended-release injectable naltrexone. Personally I think the buprenorphine would be the best bet, which would be taking (suboxone or subutex) rather than methadone, because that's basically switching one addiction out for another, and you still become physically dependent on methadone.
- The most crucial factor to choosing a treatment plan would be to include MAT considering how efficient/effective it has been with patients and how high the success rates are. For instance here is one piece of research suggesting its successful impact: "**Medication assisted treatment is the use of FDA-approved medications in combination with evidence-based behavioral therapies to provide a whole-patient approach to treating SUDs (Substance Use Disorders)**. There is strong evidence that use of MAT in managing SUDs provides substantial cost savings. For instance: • Persons with untreated alcohol use disorders use twice as much health care and cost twice as much as those with treated alcohol use disorders, and medications treating SUDs in pregnant women resulted in significantly shorter hospital stays for SUD treatment than drug addicted pregnant women not receiving MAT (10.0 days vs. 17.5 days)" (National Institute on Drug Abuse, 2012).

1. **Intake & Detoxification or Stabilization:** This is the most crucial and significant part before working towards recovery. Often the first step is helping an individual to stop using the substance. This must happen before treatment can begin. In some cases medical supervision or hospitalization is required to help clear the toxic substances from the system. An individual going through withdrawal symptoms from opiates or alcohol can sometimes be fatal or be very dangerous so supervision is critical during this process. *This process is known as **detoxification** or **stabilization.***
2. **Medications:** Medications to treat addiction work by reducing cravings and withdrawal symptoms, reducing the highs or rewards associated with substance use and/or serving as a less harmful alternative. The following are U.S. Food and Drug Administration (FDA) approved medications to treat addiction involving **opiates:** Vivitrol®, Revia®, Depade® (generic name naltrexone); methadone; Suboxone®(generic name buprenorphine + naloxone); buprenorphine.
3. **Therapies:** Therapies, including individual, family and group therapy, help people learn to increase their coping skills, manage high-risk situations, avoid substance-use triggers and control cravings. Therapies that have demonstrated effectiveness include*: Motivational interviewing and motivational enhancement therapy, Cognitive behavioral therapy, Community reinforcement approach, Contingency management, Behavioral couples/family therapy, Family therapy for adolescents (multidimensional family therapy, functional family therapy, multi-systemic therapy, brief strategic family therapy, integrated/combined treatments*) CASA Columbia (2012).
4. **Rehabilitation (which includes steps 2 & 3) and then Ongoing Recovery**

13 Key Principles of Addiction Treatment

According to the National Institute on Drug Abuse, there are a number of **key principles** to keep in mind when starting a drug or alcohol treatment program:

1. Addiction not only affects your behavior but also affects your brain.

2. Treating addiction as early as possible is important for successful outcomes.

3. You do not have to go in voluntarily for treatment in order for it to be effective. Many individuals are compelled to go to rehab by the court system, their place of employment, or family or friends — and they are still able to achieve recovery once they go through the program.

4. There is no one-size-fits-all solution to treatment. Different treatments and facilities work more effectively for different people.

5. Effective treatment should holistically address all areas of your life — not just your substance abuse or addiction.

6. Mental health conditions are often linked to drug addiction and should also be evaluated and addressed in your treatment.

7. Treatment programs should also assess for any coexisting infectious diseases such as HIV, hepatitis, and tuberculosis.

8. You must commit enough time to treatment in order to effectively overcome your addiction.

9. Physical detox is important but is only the first stage of treatment. Long-term behavioral change usually requires a process of behavioral therapy and ongoing support.

10. The most common form of treatment is behavioral therapy — which may involve some combination of group, family, and individual therapy.

11. Pharmaceutical treatment is often necessary in conjunction with therapy.

12. Good treatment programs will monitor you for any possible relapses throughout the course of treatment.

13. Treatment plans should be continually revised to meet your changing needs and circumstances.[1]

Evaluation of the Treatment Plan

Performance Improvement and Outcomes Monitoring

- Without objective indicators of performance, it is difficult to know how effective a treatment program is, whether its performance is improving or worsening. Its important for services to examine approaches for measuring and improving the performance of outpatient treatment (OT) and intensive outpatient treatment (IOT) programs, using objective performance data.
- Achieving performance improvement can have several different meanings just as long as it's a productive change towards the service. The term ***"quality improvement," "continuous quality improvement," "quality assurance," "total quality management," and "human performance technology"*** *are* all different terms that can apply to this terminology that is required within any services.
- Performance improvement and outcomes monitoring are becoming required elements in health service delivery. Outcomes monitoring has long been important to industry and health care because it provides an excellent and efficient mechanism for improving productivity and care (Mecca 1998). Performance improvement can increase revenues by improving service delivery, reducing costs, and increasing client satisfaction (Deming 1986)
- Performance improvement, which is a set of processes used to improve a clinic's outcomes, need not be complex or expensive. Providers need to consider how they can integrate commonsense performance improvement into their daily treatment activities. Some providers may not realize that they probably are collecting data already that can be used to conduct performance improvement.

Professionals' Role in Treatment is Concise and Aligns with Ethical Standards

- All staff members need to appreciate how their underlying biases and attitudes affect client treatment. Training is required to maintain cultural competence and unbiased clinical service
- A program needs to ensure that all clinical staff members completely understand program, State, and Federal confidentiality regulations, including when and how to use the appropriate release forms (CSAT 2004). Staff members should understand the basic ethical standards regarding client confidentiality.
- Professionals need to know how to analyze, synthesize, and summarize information, with guidelines for documenting cases in a timely, clear, and concise manner. A program must document its case records effectively for the sake of licensure, utilization review, quality assurance, reimbursement, and program evaluation. The records track program changes, client progress, case planning, and hours of service. They help treatment providers communicate with one another, which is especially critical when a client is transferred.
- Support Within the Work Environments very crucial because in order for a professional to be an effective and successful worker and to help the clients to their best needs and have their interest as your top priority, you as the professional need to have your state of mind stable and positive as well to enhance your skills, increase your commitment, and reduce burnout. So a good work environment amongst the employees/ professionals is very imperative for the success and recovery outcomes of the clients.
- Clinical staff should meet counselor standards established by the International Certification Reciprocity Consortium and by State addiction counselor certification boards. In addition, staff members should be aware of best treatment practices as determined by research-based evidence. Programs should have counselors who are licensed or certified to treat co-occurring (substance use and mental) disorders.
- Part of a program manager's job is to encourage and mentor staff, as well as promote excellence. Managers should function as role models in terms of attitudes and performance. To ensure that treatment staff avoid overwork, burnout, and isolation, managers might:
  - **Use clinical teams** so that decision-making about clients is a group endeavor, with input from various disciplines. The team assesses and charts progress, plans treatment, and functions cooperatively, putting the best interests of clients first. A supportive, team approach can help reduce staff stressors because responsibility is shared among all staff members. No individual will feel isolated and overwhelmed. It is imperative that staff members have a full spectrum of clinical support services available on short notice and that clinicians know when and whom to ask for help.
  - **Encourage team building, cooperation, and conflict resolution** & **Promote a culture of mutual**

Professionals' Role in Treatment is Concise and Aligns with Ethical Standards

- Training and professional growth have been associated with increased counselor motivation, improved performance and morale, and decreased stress (CSAT 1999*b* ; Miller and Rollnick 2002). Staff training programs should focus on topics or approaches appropriate for the client mix (e.g., cognitive-behavioral approaches, co-occurring disorders, relapse prevention, motivational techniques) as well as the identified population served by the agency (e.g., cocaine specific, women's programs, criminal justice).
- An environment of learning and inquiry is appropriate for substance abuse treatment—a field now driven by the push to adopt evidence-based practices. All counselors and supervisors should assess their own knowledge and skills and then develop an individualized professional development plan. Professional goal setting is a vehicle for improving staff skills and competence, motivating staff, and counteracting stress
- It is important to set clear professional boundaries for peer volunteers regarding clients. A program needs to set up policies that prohibit peer volunteers from becoming romantically involved with clients. One director recommends that peer volunteers sign ethical guidelines specifying no romantic involvement until a client has been out of treatment for at least 3 years.
- **Professional and ethical responsibilities. All** staff members, and counselors in particular, have access to extremely sensitive personal information about clients. Because of their knowledge of the client and their professional role, they hold significant power over clients, who may be vulnerable because of their criminal justice or employment status. Consequently, staff members need to adhere to their professional and ethical obligations.
- **Client, family, and community education. Education** is an integral part of a treatment program's activities, whether the audience is clients, family members, or the local community. Suitable topics include
- Factors that increase the likelihood of substance use disorders
- Signs, symptoms, and course of substance use disorders
- Continuum of care resources that are available
- Principles and philosophy of prevention, treatment, and recovery
- **A counselor should demonstrate the following:**

• Familiarity with mandatory reporting requirements, Adherence to professional standards and scope of practice, Knowledge of the difference between a clinical relationship and that of a peer counselor or sponsor to a client, Willingness to use clinical supervision and peer assessments to gain insights into clinical deficiencies, Awareness of current research and trends in addiction and related fields, Involvement in professional organizations, Respect for clients from diverse backgrounds, Recognition of the effect that personal bias toward other cultures and lifestyles can have on treatments, Understanding of personal recovery and its effect on the provision of treatment, Capacity to conduct self-evaluation, Participation in regular continuing education, and Use of self-care strategies.

Professionals' Role in Treatment is Concise and Aligns with Ethical Standards

- **Treatment planning skills. The following competencies are needed to plan treatment well:**
- **Effective communication and collaboration skills.** The counselor communicates effectively with the client, the client's family, and colleagues. It is important for the counselor to explain treatment implications to both the client and the client's significant others, working with them in a collaborative effort.
- **Planning, priority setting, and evaluation skills.** The counselor works with clients to define and prioritize their needs. For each need, the counselor formulates a measurable outcome. These outcomes are the basis for treatment evaluation.
- **Knowledge of treatment options and resources.** The counselor develops an individualized action plan, in collaboration with the client. To design the best plan, the counselor should understand all available treatment modalities and community resources consistent with the client's diagnosis
- and demographic background (e.g., race, age, gender, ethnicity, ability, and sexual orientation).
- **Referral skills. Many** clients need referral for social services. To provide adequate service, clinical staff should use community support systems and other providers effectively; this activity involves understanding the continuum of care. Many clients have been involved in the legal/medical/treatment network previously and may have complicated histories. Some clients may need to be referred for crisis intervention related to mental disorders, for in-depth mental status examination, for medication assessment, or for other reasons.
- **Services coordination. Services** coordination depends on the counselor's ability to manage cases, advocate for clients, coordinate community resources and treatment services, and work within managed care systems
- **Counseling skills. Several fundamental counseling skills are common to individual and group counseling:**
- The ability to establish rapport and engage with the client. Counselors and other clinicians should be direct and nonjudgmental and treat clients with respect.
- The ability to recognize whether counseling and other therapeutic interventions are working. Counselors should have an awareness of the client's reaction to the therapeutic process and of their own reaction to the client.
- The ability to integrate therapy with events occurring in the client's life. Staff members should be comfortable becoming involved with the client's family, employer, and community if permission is granted.
- The ability to know when to seek help from other professionals or a supervisor.
- The ability to educate clients about addiction and recovery.
- The ability to help clients build and practice recovery skills.

How Services in the Community Enhance/ Revises Services.

- **Gain community visibility and support.** Including governmental officials, community agency executives, or political leaders (the mayor or council members) as board members, for example, raises the program's profile in the community. Board members who have specific skills and connections can advance the purposes of the OT program.
- By improving relationships with people in the community, an administrator can develop sources for support. Even if a source is reluctant to provide funds to support treatment services directly, other aspects of program development, organizational growth, and operations or equipment may be eligible for support. Available support from sources in the community may range from financial support to donations of time, expertise, used or low-cost furniture and equipment, and space for activities. Potential sources include:
- **Community groups.** Faith-based agencies and community centers may let the program use rooms for meetings, alumni groups, recovery support groups, or classes. Community groups can contribute reading materials, clothes, toys for clients' children, furniture, or computers.
- **Fundraisers.** People who raise funds can help the program develop a campaign. Many States and the District of Columbia require charitable organizations to register and report to a governmental authority before they solicit contributions. A list of State regulating authorities is available at www.labyrinthinc.com/index.asp.
- **Foundations and local charities.** A program may qualify as a recipient of funds for capital, operations, or other types of support such as board development from foundations, the Community Chest, United Way (www.unitedway.org), or other charities. More information is available at www.fdncenter.org.
- **Alumni.** Graduates from a program may donate money to the program or provide support for clients.
- **Internships.** Local colleges and universities may need internship slots for students planning careers in human services.
- **Volunteers.** Some programs use volunteers in various capacities. Sources include local retirement organizations and faith-based agencies.
- **Local businesses and vendors.** Local businesses may contribute useful items, such as snacks, office supplies, or computers.
- **Community corrections.** Community corrections provides a system of presentence diversion or parole services, including drug courts, that may mandate substance abuse treatment in lieu of incarceration.
- **Community drug court.** Drug courts may send low-risk, nonviolent offenders to substance abuse treatment in lieu of incarceration. Programs can be under contract to provide this treatment.

How Services in the Community Enhance/Revises Services.

- **Helpful Feedback from Community Assessment of Programs:**
  - The percentage of minority and ethnic individuals residing in the catchment area
  - The extent to which individuals from various ethnic groups are accessing services
  - The underrepresented groups that may need targeted outreach
  - The census data also allow a program administrator to compare community demographics with those of the program staff. Does the staff reflect the makeup of the community? Does the board of directors include individuals who represent local population groups? Does the program have caseworkers, outreach workers, or other personnel who have links to all groups in the community? Cultural competence has different emphases depending on the makeup of the local community. Each program establishes what cultural competence means with respect to the clients it serves. People from the community and members of the board and the staff who represent diverse groups can provide useful information about the program's level of cultural competence and needed services.
- Once the administrator or planner identifies a need for treatment services, potential financial support and other resources should be identified and secured to provide for both implementation and initial operating costs. Strategic partners may provide resources, work with the program planner, provide office space, or help obtain funding. Community organizations that see a need for establishing treatment services are likely partners. Locally based foundations and businesses also may be approached for assistance in developing a program. Potential funders are more likely to contribute startup money if they are convinced that the program can cover costs once it is operating.
- Community involvement and outreach are critical parts of any long-term, cultural competence plan. Providers need to think about how they can recruit clients from cultures not adequately reached by the program. Programs should reach out to minority individuals who are in need of treatment but may be reluctant to seek it.
- Programs will benefit greatly from drawing on the cultural experience and expertise of diverse members of the community. Administrators should involve the diverse groups in developing program goals, designing networking, and ensuring client entry and retention.

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Methods and Interventions

Hamed Ekhtiari[*†‡], ... Martin P. Paulus[//#1], in Progress in Brain Research, 2016*

Main Cognitive Targets in fMRI for Addiction Medicine

- Traditionally, addiction medicine has been focused on clinical parameters that characterize individuals with substance use disorder such as duration of sobriety and attendance in programs. More recently, cognitive and systems neuroscience have provided additional targets that may proof to be more useful in quantifying the severity of illness and may also help to better predict future clinical behavior.
- A wide range of cognitive processes such as drug craving, attentional bias, impulse control, or stress reactivity which may not be easily assessed by verbal self reports, written inventories, or urine analysis are potential targets in this new approach (Ekhtiari, 2010). Task-based fMRI with specific paradigms for these cognitive targets enhances opportunities for reliable and valid definition of their neural correlates to employ quantitative measures from these neurocognitive targets for primary prevention, treatment administration, treatment planning, response monitoring, and outcome prediction in an individualized and patient-tailored way to enhance the final impact of the addiction medicine (Konova et al., 2013).
- These **joint targets** for **addiction medicine** and **fMRI** could be mainly *categorized* into **six groups:**

1. **Drug Cue Reactivity (Positive Reinforcement)**
2. **Stress/Emotion Reactivity (Negative Reinforcement)**
3. **Decision Making**
4. **Executive Control**
5. **Other Processes Associated with Addictive Behaviors**
6. **General Cognitive Impairments**

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Methods and Interventions

Hamed Ekhtiari[*†‡], ... Martin P. Paulus[//#1], in Progress in Brain Research, 2016*

- **Main Cognitive Targets in fMRI for Addiction Medicine**
  - *These joint targets for addiction medicine and fMRI could be mainly categorized into six groups:*

1. **Drug Cue Reactivity (Positive Reinforcement):** Drug craving as a motivational state for drug-seeking behavior is finally considered as one of the main features of substance use disorders in the new DSM-V classification (Sinha, 2013). Learning the association of salient cues with rewards of drug use through the process of "Positive Reinforcement" plays a central role in cue reactivity and cue-elicited craving. Cue-reactivity paradigms in fMRI could be considered as one of the ecologically valid and reliable quantitative assessments for drug craving in the experimental settings avoiding long-term debate on explicit versus implicit nature of drug craving. Recording brain activations with fMRI during exposure to drug-related cues, which could employ all five senses and mental imagery, bridge the gap between animal model studies on the neuroscience of incentive saliency and human experimental studies on drug craving. There is a wide range of methodological space for cue-reactivity paradigms for task-based fMRI from block designed to fast event-related methods without any consensus on the most efficient protocols (Jasinska et al., 2014).
2. **Stress/Emotion Reactivity (Negative Reinforcement):** Stress is defined as a "state of disrupted homeostasis in response to challenging or threatening physiologic, psychological, or pharmacological stimuli" and could be associated with negative emotions (Seo and Sinha, 2011). Dysphoric state, which is usually associated with stress and negative emotions, plays a central role in establishment of addictive behaviors by "Negative Reinforcement". Self-medication with drugs of abuse to reduce this dysphoric state could play a significant role in (1) vulnerability to addiction and (2) susceptibility for relapse. Induction of negative emotions or a stressful state inside the scanner could be reliably done with exposure to the pictorial or verbal cues or scripts for mental imagery (Schmidt et al., 2014). The role of different brain areas for emotion regulation and stress coping and the overlaps between reward and stress neurocircuits remained to be elucidated by neuroscientist to contribute in designing effective approaches for addiction treatment and prevention.

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- **Main Cognitive Targets in fMRI for Addiction Medicine**
  - *These joint targets for addiction medicine and fMRI could be mainly categorized into six groups:*

3. **Decision Making:** Decision making (DM) fundamentally is about choosing between different options. Each option may have positive and/or negative outcomes associated with it. Therefore, some DM situations are complex because the individual has to carefully consider the positive and negative outcomes of each option before making a prudent selection. Assessing different available options in the context of the value, delay, and probability of their anticipated outcomes (reward and punishment) and evaluation of the perceived outcomes is recruiting a wide range of neural circuits in the prefrontal, cingulate, and insular cortical areas and different subcortical regions (Gowin et al., 2013). Deficits in value-based risky DM reported among drug using or vulnerable populations. Implementing fMRI paradigms for DM focused to reward and punishment, uncertainty and delay, and anticipation and prediction similar to what happens in the real-life risky decisions is one of the goals of cognitive neuroscientists to bridge the gap between fMRI and addiction medicine.

4. **Executive Control:** Executive control (EC; also known as cognitive control or supervisory attentional/inhibitory processes) includes a wide range of processes that recruit working memory, attention, reasoning, problem solving, planning, and monitoring to regulate emotions and impulses and control execution of actions. Focusing to EC during DM, motor and cognitive inhibition, and attention, fMRI has depicted the role of top-down control by prefrontal cortex over striatal and limbic subcortical regions as one of the main pathways for craving management and emotion regulation. But, the neurocognitive nature of this cognitive/EC by different prefrontal cortical areas is not well defined yet. There are different fMRI paradigms to stimulate executive and inhibitory control such as Go/NoGo, Stop Signal, or Stroop tasks with remained questions regarding their ecological validity. Attention, working memory, and inhibitory control trainings claim to improve treatment outcomes with targeting this neurocognitive core (McClure and Bickel, 2014).

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- **Main Cognitive Targets in fMRI for Addiction Medicine**
  - *These joint targets for addiction medicine and fMRI could be mainly categorized into six groups:*

5. **Other Processes Associated with Addictive Behaviors:** There are some other cognitive functions that could contribute in the vulnerability and pathogenesis of drug addictions such as salient memory formation and retrieval, self-referential processing, metacognitive awareness, and social cognition. But, they have not received serious attention yet in the fMRI literature for addictions, but this is changing (Dean et al., 2015; Moeller and Goldstein, 2014; Preller et al., 2014). Recently, “interoception" as a cognitive function has shown to have a significant role for addiction medicine for its contributions in drug craving, insight, withdrawal, saliency evaluations, and risky DM (Paulus and Stewart, 2014). In contrast to perception, which is focused to the peripheral stimuli, interoception processes stimuli related to the internal state, which include temperature, visceral feelings, pain, muscle tension, etc., via afferent somatic fibers to the anterior insular cortex. Interoception is an essential associative sensory processing for feeling of intense motivational and emotional states such as hunger, appetite, anger, and sadness. Interoception plays an important role in biasing DM under uncertainty. It has been suggested that reactivity to the aversive interoceptive stimuli is associated with substance use disorders (Berk et al., 2015; Stewart et al., 2015). There are serious potentials for interoceptive trainings for craving management and emotion regulation to enhance treatment outcomes in different addictions (Paulus et al., 2013).

6. **General Cognitive Impairments:** There are limited numbers of studies recruited fMRI to evaluate the cognitive deficits due to the toxic effects of drugs such as visual, sensory-motor, or memory impairments. Simple fMRI tasks such as finger tapping (Salomon et al., 2012) or visual checkerboards (Hermann et al., 2007) are recruited to depict the differences and deficits in the basic cognitive functioning in comparison between chronic drug users and normal healthy controls.

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Methods and Interventions

Hamed Ekhtiari[*†‡], ... Martin P. Paulus[//#1], in Progress in Brain Research, 2016*

Main Cognitive Targets in fMRI for Addiction Medicine *(wrap up)*

- There are limited numbers of studies recruited fMRI to evaluate the cognitive deficits due to the toxic effects of drugs such as visual, sensory-motor, or memory impairments. Simple fMRI tasks such as finger tapping (Salomon et al., 2012) or visual checkerboards (Hermann et al., 2007) are recruited to depict the differences and deficits in the basic cognitive functioning in comparison between chronic drug users and normal healthy controls.
- The dysfunction in these six cognitive domains of addictive behaviors, which have been measured by different fMRI paradigms and tasks, could be due to a combination of two main mechanisms, i.e., neurotoxicity and neuroadaptation (Fig. 1). Drugs of abuse could have a wide range of effects over different neural systems by adaptive and destructive (toxic) mechanisms (Schwartz et al., 2010). Some of the cognitive characteristics associated with drug addiction, such as memory deficits, could be mainly due to the destructive effects of drugs. However, others, such as cue reactivity with salient memories with drug cues, could be associated with neuroadaptive responses and conditioned learning to the drug use. Meanwhile, some other cognitive deficits, e.g., EC deficits such as disinhibition, could be influenced by both adaptive and destructive mechanisms. Figure 1 tries to consider a spectrum from neurotoxic to neuroadaptive mechanisms for main cognitive features associated with drug addiction. The position of SR, DM, and EC in the spectrum between neuroadaptation and neurotoxicity is still arbitrary. Further studies will be needed to define more precise positions for various components of these main cognitive features based on quantitative measures for both neuroadaptation and neurotoxicity. In another dimension, some of the cognitive features are mainly secondary to drug addiction (postmorbid), such as cue reactivity, while some others, such as DM, could be impaired even before drug use initiation due to neurodevelopmental deficits and play a role in drug addiction vulnerability (premorbid). However, cumulative drug use could affect all cognitive features of addiction efficiently (Leyton and Vezina, 2014).

Issues Associated with Opioid Use

Mohammed Issa, ... Ajay D. Wasan, in Practical Management of Pain (Fifth Edition), 2014

Cross-Addiction of Nonopioids

- It is a truism in addiction medicine that a patient's former drug of choice will have the most power to elicit cravings and relapse, which probably explains the clinical impression that opioid therapy in recovering alcoholics is often more successful and less likely to lead to adverse outcomes than such therapy in recovering opioid addicts. Nevertheless, the concept of cross-addiction suggests that a patient with *any* previous addiction is at heightened risk for new addiction, even to unrelated substances. Thus, a chronic marijuana user may be at special risk for the development of opioid addiction, even though the substances are unrelated. It is therefore essential that the clinician identify preexisting problems not only with opioid abuse but also with all rewarding or reinforcing substances. A distinction must be made between acute pain and chronic nonmalignant pain and between a patient who is actively engaging in substance abuse and one in recovery.
- **Heroin** is a highly addictive drug with a very high abuse potential. Heroin use is a serious problem in North America, particularly since changes in U.S. federal and state laws have reduced the availability of prescription opiates. In 2012, ***the National Survey on Drug Use (NSDUH)*** estimated that **3.7 million Americans** have or will have **used heroin** during their lifetimes.[58] In **2012, 315,000 Americans reported using heroin. The** demographic group with the highest numbers of users includes individuals who are 26 years of age and older (NSDUH).In **2012, 57%** of past heroin users were classified as *dependent* on or *abusing heroin.* In December 2013, the Community Epidemiology Work Group reported the identification of **heroin** as the **primary drug** of **abuse** for people in drug abuse treatment centers in major U.S. cities.

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Salvatore Campanella[1], in Progress in Brain Research, 2016

- Currently, relapse prevention remains the main challenge in addiction medicine, indicating that the established treatment methods combining psychotherapy with neuropharmacological interventions are not entirely effective. Therefore, there is a push to develop alternatives to psychotherapy- and medication-based approaches to addiction treatment. Two major cognitive factors have been identified that trigger relapse in addicted patients: attentional biases directed toward drug-related cues, which increase the urge to consume, and impaired response inhibition toward these cues, which makes it more difficult for addicted people to resist temptation. Recent studies on newly detoxified alcoholic patients have shown that by using the appropriate tasks to index these cognitive functions with event-related potentials (ERPs), it is possible to discriminate between future relapsers and nonrelapsers. These preliminary data suggest that the ERP technique has great clinical potential for preventing relapse in alcohol-dependent patients, as well as for addictive states in general. Indeed, ERPs may help to identify patients highly vulnerable to relapse and allow the development of individually adapted cognitive rehabilitation programs. The implementation of this combined approach requires an intense collaboration between psychiatry departments, clinical neurophysiology laboratories, and neuropsychological rehabilitation centers. The potential pitfalls and limitations of this approach are also discussed.

Pain and Addictive Disorders

Edward C. Covington, John A. Bailey, in Practical Management of Pain (Fifth Edition), 2014

- **Addiction and Substance Dependence**
  - In an effort to use a common taxonomy, the American Society of Addiction Medicine, the American Pain Society, and the American Academy of Pain Medicine formed a consensus panel to define tolerance, physical dependence, and addiction. They adopted the following definition[21]
  - Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.
  - Since the biologic changes that are the essence of addiction are not clinically detectable, the diagnosis must be based on behavioral abnormalities and patient reports. The current standard criteria for substance dependence are those of the DSM-IV[22]; however, these criteria will be obviated by the publication of DSM-V, scheduled for May 2013. The DSM-IV term *substance dependence disorder* closely approximates what is generally considered to be addiction; nonetheless, accurate diagnosis is contingent on attention to the paragraph preceding the bulleted criteria, which requires "a maladaptive pattern of substance use" that leads to "clinically important distress or impairment." Without this, many no addicted patients receiving COT would meet the criteria for a substance use diagnosis.
- These and other criteria not only risk diagnosing addiction in its absence but can also contribute to failure to diagnose the condition when present because the detrimental effects of drug use on lifestyle and psychosocial functioning may be less evident in pain patients and, when they do occur, are likely to be ascribed to pain rather than to drug use.
- The proposed DSM-V criteria for "opioid use disorder" will require a maladaptive pattern of use leading to significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period (the criteria have been abbreviated)

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Methods and Interventions

Tara Rezapour[*†], ... Hamed Ekhtiari[†*1], in Progress in Brain Research, 2016*

- **Integrated Adjunct Therapy:** As an adjunct therapy, CRT could be implemented within the context of clinical care in addiction medicine. CRT should be integrated with other treatments in a holistic and patient-centered manner. The critical role of the clinician in CRT sessions is often to provide feedback, adjust task difficulty, and provide strategies to compensate for neurocognitive deficits (Thorsen et al., 2014). Ideally, the same clinician who treats the patient for his/her addiction problem should also be managing the CRT. This will ensure that the treatment is integrated and the therapeutic alliance that the patient and the addiction clinician will lead to better outcomes for CRT.

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Methods and Interventions

Scott Mackey[*1], ... Patricia Conrod[####], in Progress in Brain Research, 2016*

- **Addiction Medicine:** There are multiple ways in which the progress of the working group could impact the practice of addiction medicine. Since there is strong evidence that addiction has a genetic component (Maes et al., 2004; Prescott and Kendler, 1999; Tsuang et al., 1998), a GWAS with sufficient power, such as the one envisaged by the working group, will likely detect novel genetic associations with behavioral features of addiction or with intermediate brain phenotypes. Not only will these novel associations drive future research aimed at understanding the neural processes involved in problematic substance use and potentially provide novel targets for pharmacological intervention, but they could also lead to the development of predictive genetic and neuroimaging biomarkers. Addiction medicine would benefit enormously from a set of predictive tools that could be used to estimate risk at various stages of the disorder, e.g., risk of transition from healthy to problematic patterns of use or risk of relapse after treatment (Paulus, 2015). Current research also points toward a heterogeneity of causes (Tsuang et al., 1998). If addictive behavior can be attributed to many small effects in a range of brain systems, it is possible that combined neuroimaging and genetic testing could identify differential vulnerabilities which could be used to customize treatment to address the specific challenges of the individual patient.

Neuroscience for Addiction Medicine: From Prevention to Rehabilitation - Constructs and Drugs

Mary M. Torregrossa[*1], Jane R. Taylor[†], in Progress in Brain Research, 2016*

Conclusions and Future Directions:

- Considering the burden of addictive disorders on society and the scarcity of effective treatments, new approaches for addiction medicine are certainly warranted. As reviewed above, drugs of abuse produce profound effects on the brain's learning and memory systems that control motivated behavior (Jentsch and Taylor, 1999). Identifying manipulations that can reverse the strong hold drug-associated memories have on behavior could greatly improve rates of abstinence and help individuals regain control over intake. Preclinical studies largely support the use of memory-based approaches to treat addiction, and several clinical studies suggest the potential utility of these treatment strategies. We argue that one novel approach would be to enhance memory lability, by triggering memory destabilization, thereby rendering cocaine-cue memories more sensitive to subsequent disruption by amnestic agents, and consequently to persistently reduce relapse triggered by drug-cue memories. Nevertheless, substantial research is still needed to determine the conditions under which memory manipulations are most effective, how long these manipulations maintain effectiveness, and to ensure that unintentional increases in drug memory strength or goal-directed drug taking do not occur.

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