

An Experiential Approach to Addiction Treatment

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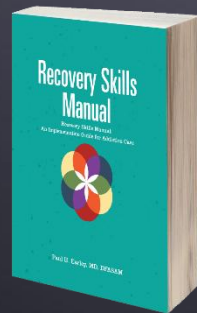
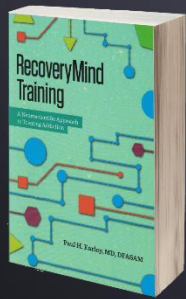
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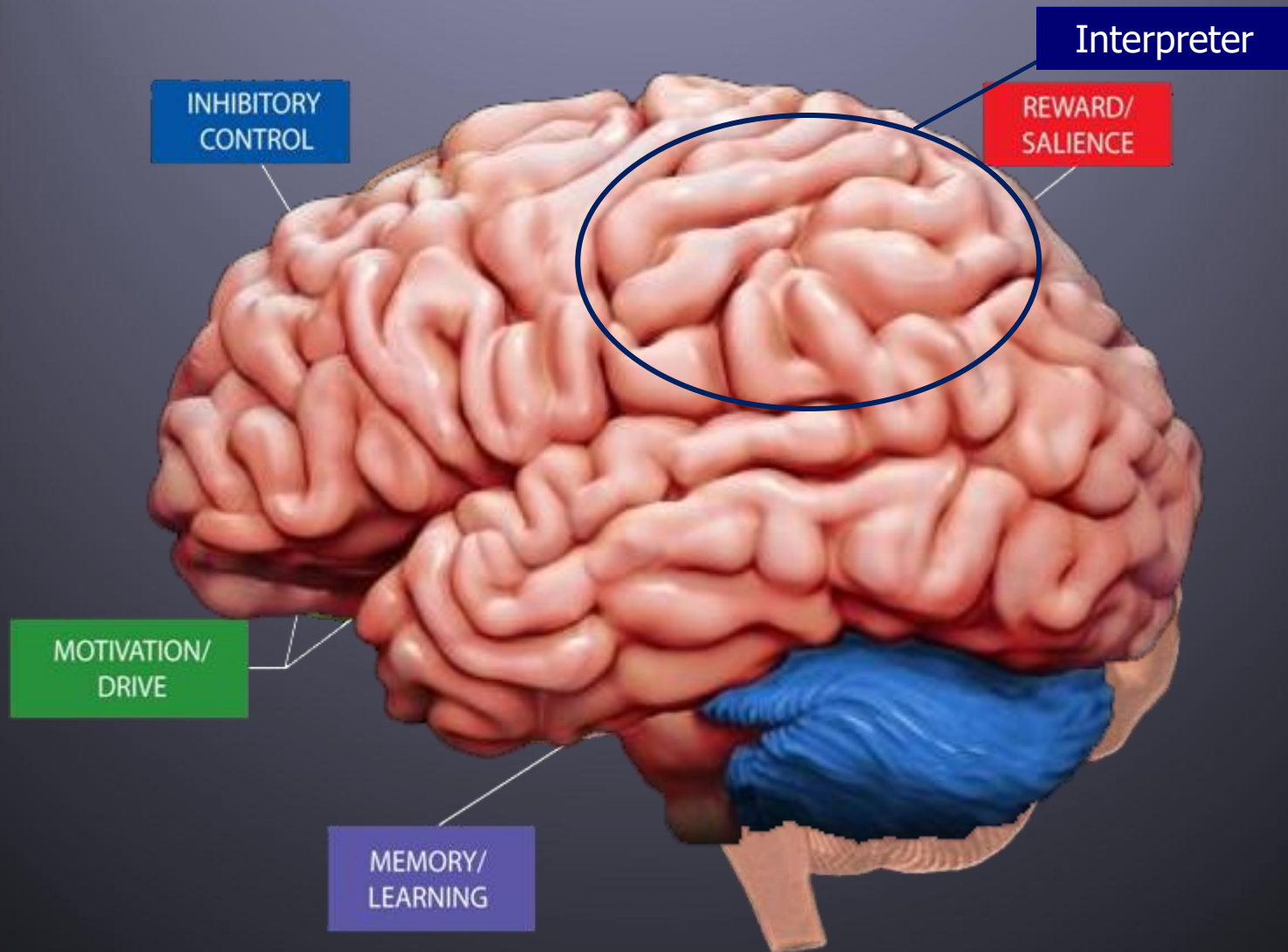
Addiction Care Today

- ...is characterized by a conflict between two camps:
 - Traditional treatment, often called “Abstinence Based.”
 - OUD disease remission with medications (“MAT”)
 - Many more enlightened practitioners see these as artificial and hopefully dissolving.
- Therapy providers often lack education about advanced skills, including medical interventions.
- Medical providers often lack education about advanced skills, including therapeutic interventions.
- Plagued by limited outcome studies, efficacy is biased by the ease of studies on medication trials.
- But we have a recent increase in recovery support services (Recovery Housing, Recovery Coaches, etc.).

One Treatment Model: RecoveryMind Training



Brain Centers & Addiction



An Alcoholics Anonymous member
An Addict's Anonymous member
territory, he had a very busy life

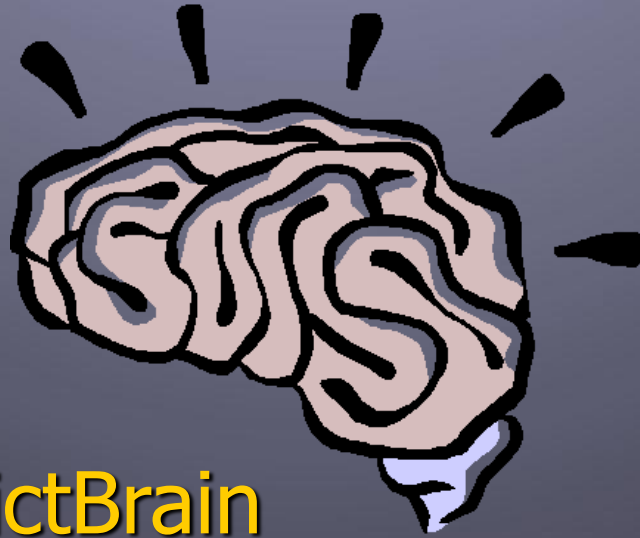
It slowly dawned on me that my daily alcohol consumption was a problem. I decided that I would muster my strength to fight my compulsion to drink.

I would commit to abstinence and would do so for brief periods of time. My hard fought abstinence would collapse into binge drinking- something new to me.

What if these patients are describing something that is more than a metaphor, something that is literally true?

The harder I fought, the worse it got. Once the inevitable binge erupted, each fall into oblivion became more ferocious and self-destructive than the last.

Something was plotting to kill me.



AddictBrain

Is the moniker for the entire compendium of neurophysiological effects of addiction; how it alters perceptions, motivations, actions, memories and beliefs.

Thought of in this way, recovery is a type of
How do we refer to the complex process of
retraining or learning anew many of the
change that results in disease remission?
basic human processes.
We call this transformational process:
It is rewiring of the brain that comes from
education, behavioral change, emotional
experience and values clarification.



Overview

- When one develops addiction, it overrides many of the brain's control mechanisms including the reward, motivation and attentional systems, and its memory and consciousness networks. Addiction hijacks each of these networks to its own ends, setting up a second tightly organized and efficient command and control system in the brain.
- We call this second control system is called AddictBrain. AddictBrain is produced by a complex set of brain systems that collude together, establishing a biological imperative to continue drug or alcohol use. Recognizing and accepting that AddictBrain is trying to destroy its host helps rally its victims, helping patients engage in treatment.

AddictBrain / RecoveryMind



AddictBrain



RecoveryMind

RecoveryMind Training

- Views continued use of substances as a skill deficit. Its treatment is therefore a type of learning or training. This decreases prejudice and removes judgementalism.
- Provides a grid of services that are applied according to each patient's specific need.
- Outlines a treatment process that can be applied for many months or even years.
- Encourages repeated reassessment as a patient's illness improves or regresses.
- Encourages the appropriate use of addiction medications.

RecoveryMind Training (RMT) Does Not

- Provide an all-encompassing system to manage related conditions, e.g., it does not provide interventions for co-occurring psychiatric conditions.
- Suggest medications to use in a particular addiction disorder.
- Demand a particular level of care. In fact, it is useful at all levels of care.
- Evaluate disease severity directly. The ASAM Criteria, Continuum and other tools serve this function.
- Work with patients at all stages within the Transtheoretical Model of Change. Patients need to be in the contemplative or later stage before using RMT.

RecoveryMind Training

RecoveryMind Training is both a way of understanding the disease of addiction and a cohesive model for treating it.

Overview

- The learning required for recovery is procedural learning (learning “how”) and not declarative learning (learning “what”). All useful recovery skills must be acquired and practiced in treatment. Listening to lectures has little value.
- Recovery Skills are divided into 6 Domains:
 - Domain A – Addiction Containment
 - Domain B – Basic Recovery Skills
 - Domain C – Emotional Awareness and Resilience
 - Domain D – Internal Narrative
 - Domain E – Connectedness and Spirituality
 - Domain F – Relapse Prevention

RecoveryMind Domains

- **Domain A** – Addiction Containment uses a combination of physical, social, contractual and biological measures to maintain abstinence. Patient acceptance and containment resistance is explored in Domain A.
- **Domain B** – Basic Recovery Skills focuses on acquiring three central components of basic recovery. This includes, initial 12 Step work, learning and practicing meditation skills and building a daily self-reflection process.

RecoveryMind Domains

- **Domain C** – Emotional Awareness and Resilience teaches patients to identify emotional states in themselves and others. Patients may also need to learn and practice emotional resilience techniques.
- **Domain D** – Internal Narrative helps correct destructive self-talk and negative self-concept. This Domain also deepens a patient's understanding of their defense mechanisms that lead to maladaptive interpersonal styles and / or promote relapse.

The RMT Domains

- **Domain E** – Connectedness and Spirituality teaches meaningful connection and healthy interdependence with others. In a natural extension this Domain builds a personal spiritual framework.
- **Domain F** – Relapse Prevention provides a cohesive framework for understanding cravings. It teaches the basic components of relapse prevention and helps patients construct a relapse prevention plan that is specific to his or her needs.

Advantages of RMT

- Patients (and staff) use the Domains as a framework assessment and treatment planning.
 - Domain A – Addiction Containment
 - Domain B – Basic Recovery Skills
 - Domain C – Emotional Awareness and Resilience
 - Domain D – Internal Narrative
 - Domain E – Connectedness and Spirituality
 - Domain F – Relapse Prevention
- Domain A has primacy and thus is established before other work is done.
- In a first course of treatment, a patient without Dimension 1, 2, or 3 risk would focus on Domains A & B in ASAM Level 2.1.
- Selected Domains may require care in higher treatment intensity (e.g., Domains C and E require a therapeutic milieu)

Advantages of Domains

- Selected Domains may require care in higher treatment intensity (e.g., Domains C and E require a therapeutic milieu)
- If a patient relapses and returns to treatment, they do not have to recycle through previously acquired skills. Once medically stabilized and assessed, they focus on work in Domains that address ongoing needs.
 - For example, a patient who knows how to use early recovery skills can focus on Domain D (Internal Narrative) or F (Relapse Prevention)
- Treatment is reframed from an acute model to a long-term care model—or even a lifelong pursuit.

RecoveryMind Definitions

- **Recovery Skills:** behaviors, concepts or thought patterns the addicted individual must learn and employ to facilitate crossing the gulf between addiction and recovery.
- **Domain:** A group of closely related recovery skills, collected together to help patients and staff focus on skill building in a specific area for a time in treatment.
- **Worksheet:** A patient or client completed form designed to increase insight or teach a skill between therapy sessions.
- **Progress Assessment:** An evaluation process completed by the patient and his or her therapist. The completed evaluation clarifies progress in treatment and completion of recovery skills.

Putting it all together

Patients or Clients attain **Recovery Skills** which are organized into **Domains**. The patient's initial evaluation determines which skills are assigned and determines the order in which they are attained.

Patients practice recovery skills, assisted by **Worksheets** and **Skills Groups**. Improvement is self, peer (if available) and therapist evaluated using **Progress Assessment** tools.

Recovery Skills

Domain	Categories	Recovery Skills
A	1	9
B	5	13
C	4	11
D	1	10
E	4	24
F	1	14

- A given patient will only be assigned a subset of these skills.
- Remember, recovery skills are **not** the acquisition of intellectual knowledge but that of practiced skills.
- Skills in many domains are divided into groupings, called categories.
- A given patient will be assigned a subset of the entire set of RMT skills.

Domain A - Containment

The RMT Domains

- Addiction recovery combines external controls and accountability with motivation and actions that install recovery and prevent relapse.
- Containment is the first action – staff & patient must interrupt the addictive process before any real progress can occur.
- Patients view containment as intrusive at first, over time it feels helpful.
- Containment is intense and multifocal at first and tapers over time.

Domain B – Basic Recovery Skills

The RMT Domains

- If this is a patient's first treatment, he or she often begins work in Domain B.
- Three main components to Domain B:
 - **Daily Reflection Skills**: Teaches patients to be self reflective, plan their day and take a daily personal inventory.
 - **Mindfulness Meditation**: Multiple benefits including craving management, calming emotional dissonance, decrease impulsiveness.
 - **Twelve Step Work**: Teaches disease acceptance, process of turning over what appears to be self-will, expands interdependence and encourages growth of spirituality.

Domain C

Emotional Awareness and Resilience

The RMT Domains

- The James–Lange theory (described by Antonio Damasio):
“Emotions are the complex reactions the body has to certain stimuli. When we are afraid of something, our hearts begin to race, our mouths become dry, our skin turns pale and our muscles contract. This emotional reaction occurs automatically and unconsciously. Feelings occur after we become aware in our brain of such physical changes; only then do we experience the feeling of fear.”†
- At the two ends of the spectrum, an individual could have difficulty experiencing, knowing or naming their feelings or have difficulty not being swamped by them, constantly thrown off course by feeling states. The best response is a balance in between.
- Domain C teaches individuals to recognize emotions and prevent excessive reactivity to them.
- Additional work in Domain C helps individuals recognize how AddictBrain uses emotions for its own purposes.

† Damasio, AR, *The feeling of what happens: Body and emotion in the making of consciousness*. 1st ed. 1999, New York ; Harcourt Brace.

Domain D – Internal Narrative

The RMT Domains

- Correcting one's internal narrative is a crucial to a happy sobriety.
- This Domain digs deeper into how AddictBrain uses language to hide and instructs patients how to use language to expose it.
- When working assignments in this chapter, patients are encouraged to track their Denial Rating Scale, a simple eight-point scale that tracks disease acceptance.
- Patients complete their life story in this Domain.
- This domain helps patients recognize their "go-to" defense mechanisms and what to do about them:
 - Rationalization
 - Minimization
 - Blaming
 - Going vague
 - Intellectualization
 - Projection
 - Hostility as a defense
 - Dishonesty
 - Denial

Domain E – Connectedness & Spirituality

The RMT Domains

- The two frameworks for Domain E:
 - Steps 2 and 3 – practiced with written assignments and Assignment Group
 - Attachment theory – taught in Skills Group and practiced in Process Group
- Patients with multiple relapses and disturbed attachment may need extensive time in structured treatment to begin repair.
- Specific skills in this Domain address:
 - Finding commonality
 - Being vulnerable to others
 - Validating help from others
 - Accepting criticism
 - Recognizing and acknowledging empathetic connections to others
 - Developing trust
 - Externalizing shame

Domain F – Relapse Prevention

The RMT Domains

- Domain F focuses on concrete concepts and behaviors that decrease the probability of addiction relapse.
- Relapse Prevention Techniques (RPT) in this treatment model start with simple behaviors and move on to more complex techniques. Domain F definitions and training are internally cohesive and approachable, yet rich. Patients may do all or part of their work in this module depending on their need and psychological sophistication.
- Training begins with definitions of Trigger, Craving and Relapse.
- Patients are taught to recognize and report subtle cravings. This is practiced in the Daily Reflection.
- Skills include Urge Surfing and Thought Management

Advantages of Recovery Skills

- Treatment is focused on the acquisition of complex skills. This removes the seemingly arbitrary nature of treatment.
- Skill acquisition is measurable.
- Patients and staff use the Progress Assessment Form to align staff and patient expectations.
- Length of stay is determined by acquisition of skills, not arbitrary models from fixed length treatment providers or third-party payers.

Measuring a Recovery Skill

Domain A - Progress Assessment Form Containment Review - RecoveryMind Training™

Domain A Core Competency	Date: 1/2/2023						Date: 1/20/2023						Date:					
	Patient			Staff			Patient			Staff			Patient			Staff		
	B	I	C	B	I	C	B	I	C	B	I	C	B	I	C	B	I	C
<i>[Blurred text]</i>																		
<i>[Blurred text]</i>																		
Recognizes how AddictBrain altered past thoughts and behaviors.	✓			✓				✓			✓							
Has identified current and potential future ways AddictBrain will sabotage recovery.	✓							✓			✓							
<i>[Blurred text]</i>																		

RecoveryMind Training

- Establishes length and intensity of initial treatment as set by the attainment of predefined goals rather than a fixed length of stay or managed care edict (often defined by co-morbid medical illness or imminent lethality).
- Teaches patients to respond to AddictBrain with effective cognitive, behavioral and emotional recovery skills **and** 12 Step recovery.

The RecoveryMind Books

