



WAYSIDE
RECOVERY CENTER

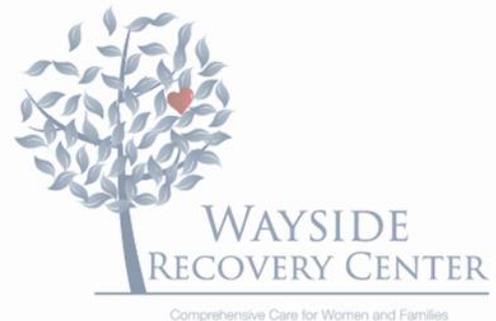
Comprehensive Care for Women and Families

Addressing SUD: The Treatment Experience

Jessie C Everts, PhD LMFT
Wayside Recovery Center

Objectives

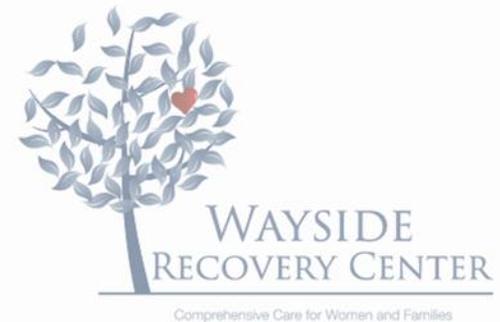
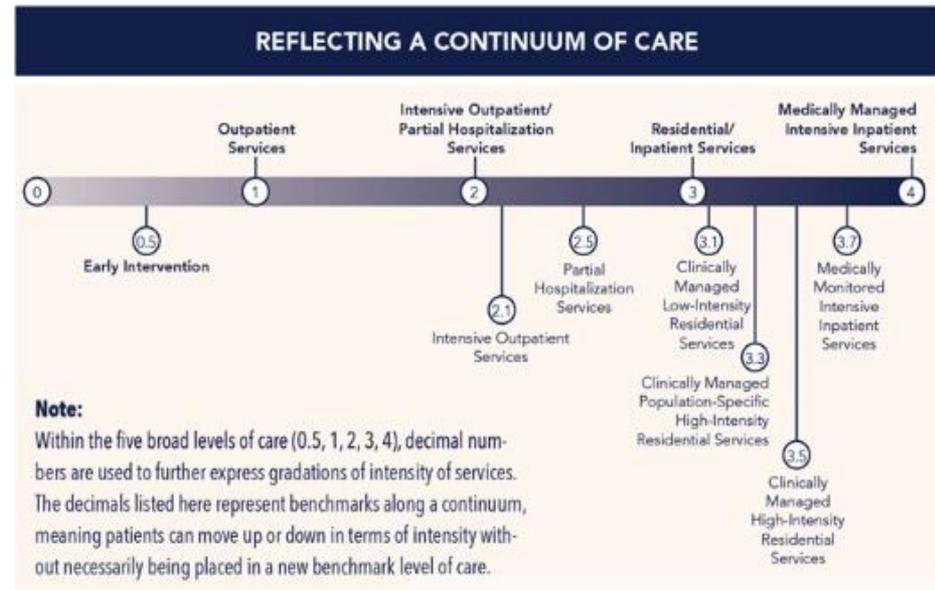
- 1) Learn more about what substance use disorder treatment is and how clients are assessed and placed
- 2) Gain an understanding of what happens in SUD treatment
- 3) Look at some common struggles of people in SUD treatment and aftercare
- 4) Hear a case presented from a behavioral health perspective
- 5) Link your understanding of SUD treatment to how you can help from a primary care perspective



ASAM: American Society of Addiction Medicine

Table 4. ASAM Patient Placement Criteria Levels of Service

Level	Service
Level 0.5	Early intervention Assessment and education
Level 1	Outpatient services Adult: <9 hours of service per week Adolescent: <6 hours of service per week
Level 2	Intensive outpatient (IOP)/partial hospitalization services (PHP) Adult: >9 hours of service per week Adolescent: >6 hours of service per week PHP: 20 or more hours of service per week
Level 3	Residential inpatient services 24-hour structure with trained counselors
Level 4	Medically managed intensive inpatient services 24-hour nursing care and daily physician care, counseling available



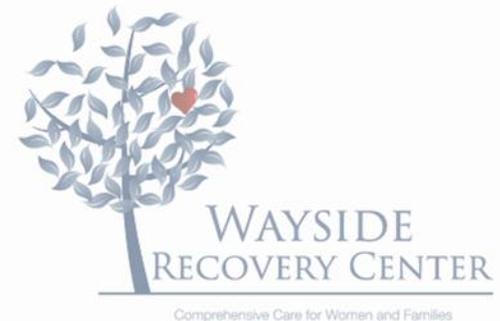
Source: American Society of Addiction Medicine. An Introduction to the ASAM Criteria for Patients and Families [Brochure]. 2015.

ASAM Six-Dimension Assessment

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things



A group of five people are standing in a circle on a grassy field, holding hands. They are seen from behind, looking towards a line of trees under a bright sky. The scene is peaceful and suggests a community or support group. The text is overlaid on a semi-transparent dark blue rectangle in the center of the image.

**“The way you see people is the way
you treat them, and the way you
treat them is what they become.”**

– Johann Wolfgang von Goethe

What happens in treatment?

Most common modalities:

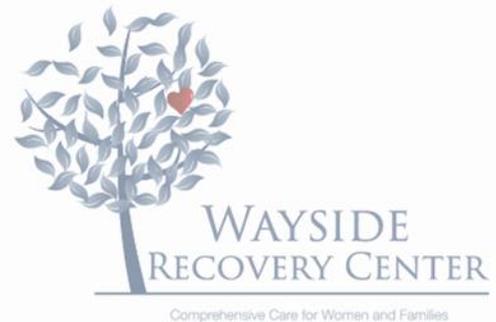
- Cognitive Behavior Therapy (CBT)
- Illness Management & Recovery (IMR)
- Dialectical Behavior Therapy (DBT)
- Family Therapy
- Wellness/Life Skills groups
- Use/Relapse Prevention skills groups
- 12-Step Facilitation
- Seeking Safety/Trauma therapies
- Mental Health therapy
- Culturally specific programs
- Medication-assisted treatment (MAT)
- Case Management/Care Coordination
- Peer Recovery Services (PRS)



What gets in the way of treatment effectiveness

Client factors and Provider factors!

- Shame
- Stigma
- Legal consequences
- Financial barriers
- Fragmented/siloed systems
- Abstinence-only/zero-tolerance philosophies
- Medication adherence
- Lack of social support
- Symptoms



Why focus on Shame?

Shame gets in our way when we want to make a change.

How **Shame** Changes
Your **Client's Brain**

NICABM (2018)



1. Activates default mode network



2. Activates pain system

WHAT'S WRONG WITH YOU

WHAT OTHER PEOPLE
THINK ABOUT YOU

WHAT'S WRONG WITH
OTHER PEOPLE

Why focus on Stigma?

Stigma also gets in our way when we want to make a change.

- **Stigma** is real or perceived judgment from others, and is a major deterrent to seeking treatment.
- 3 out of 4 people with mental illness report feeling stigmatized.
- Misconception about mental illness is that it is under the person's control.
- Message: "You did this to yourself, fix it yourself" from doctors, media, words we use, attitudes.



WAYSIDE
RECOVERY CENTER

Comprehensive Care for Women and Families

Ways to Corrode Stigma

We have to make it okay to talk about, to seek treatment, and restore dignity (sense of worth) for those suffering from SUD/mental illness.

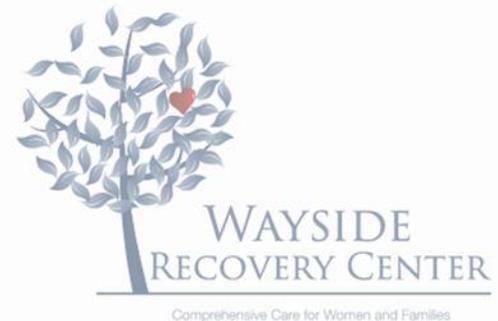
- Person-first language
- Telling the stories
- EMPATHY (is a skill)
- **Advocate: Talk, Listen, Learn**



Language Matters

Think about how your words reflect your attitudes and may trigger shame for clients:

Stigmatizing Language	Preferred Language
Addict/User	Person with SUD
Clean	Abstinent
Dirty	Actively using
Relapse/Slip	Resumed/Experienced a recurrence of use
Former addict/alcoholic	Person in Recovery
Clean/Dirty UA or screen	Negative/Positive UA or screen
NAS baby	Infant with NAS





Ways to Corrode Shame and Stigma

- Recognize things providers say that inadvertently trigger shame (which can be debilitating in making changes)
- Provide a safe space that embraces vulnerability
- Encourage people to talk about their stories by being non-judgmental and asking questions to help them identify their own motivators

Case Presentation

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

34-yr-old female in Wayside residential family treatment for 60 days

Dim 1: Using IV meth prior to admit, history of OUD and on methadone maintenance

Dim 2: Needed dental work, medications: methadone, hydroxyzine; no primary physician or clinic

Dim 3: Previous diagnoses of Bipolar II, Borderline Personality Disorder, Generalized Anxiety Disorder; recent suicidal ideation led to hospitalization; domestic violence

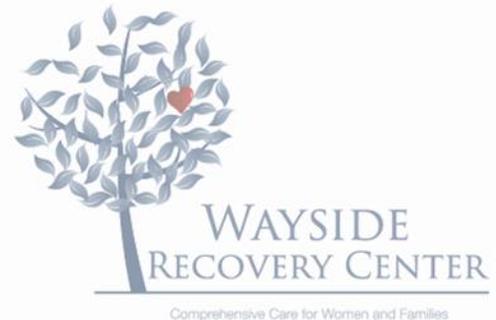
Dim 4: High motivation (8/10), 7 previous arrests, identified wanting more discipline and mindfulness; Goals: build a home with daughters and S.O., finish college in art history or nursing, have a "normal life"

Dim 5: Longest period of sobriety: 2yrs+ while pregnant and nursing first daughter; recurrence led to readmission – cites lack of self-esteem and social isolation; at risk of CP/losing custody if does not complete treatment

Dim 6: Completed Residential treatment and went into sober home, then experienced recurrence and lost housing

Helping someone connect to SUD Treatment

- **Talk with patients about their substance use and recognize the six different dimensions of risk**
- **Be able to answer some questions about the treatment experience**
- **Do some connecting – know where to send someone for a Rule 25/Comprehensive Assessment**
- **Follow up – motivation changes day by day**



Helping someone connect to SUD Treatment

Motivation for self-initiation

Use Motivational Interviewing techniques:

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.



Takeaways

SUD Treatment is hard work!

There are a lot of barriers to getting into and being successful in SUD treatment – some barriers can be minimized by:

- Working together as providers
- Recognizing the impact of shame and stigma
- Adapting our view of people with SUD
- Being aware of resources and supports

