

Combining MAT and Evidenced Based Practices to treat SUDs for the Integrated Care Provider (Part 2)

NSI Strategies Integration Express Webinar Series

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NSI STRATEGIES

Consulting Support for
Integrated Healthcare Environments

Objectives

- Understand why addressing substance use disorders (SUDs) in primary care is a golden opportunity
- Explore ways to change traditional treatment models to adapt to the neuroscience and research to treat SUDs as chronic health conditions
- Learn and implement evidenced-based short-term interventions to treat and address SUDs, while supporting personal recovery goals and relapse prevention
- Utilize Cognitive Behavioral Therapy (CBT) tools to help patients identify, manage, and develop skills to control behaviors associated with cravings and triggers
- Utilize the Acceptance and Commitment Therapy (ACT) in personal recovery and relapse prevention
- Utilize mindfulness in personal recovery and relapse prevention

Housekeeping

- Recording and slide deck will be emailed after the webinar
- Part 1 and other webinars are available here:
<https://www.nsistrategies.com/webinar-archive>
- Questions and Comments – Please use the chat box
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Integration Express Archive

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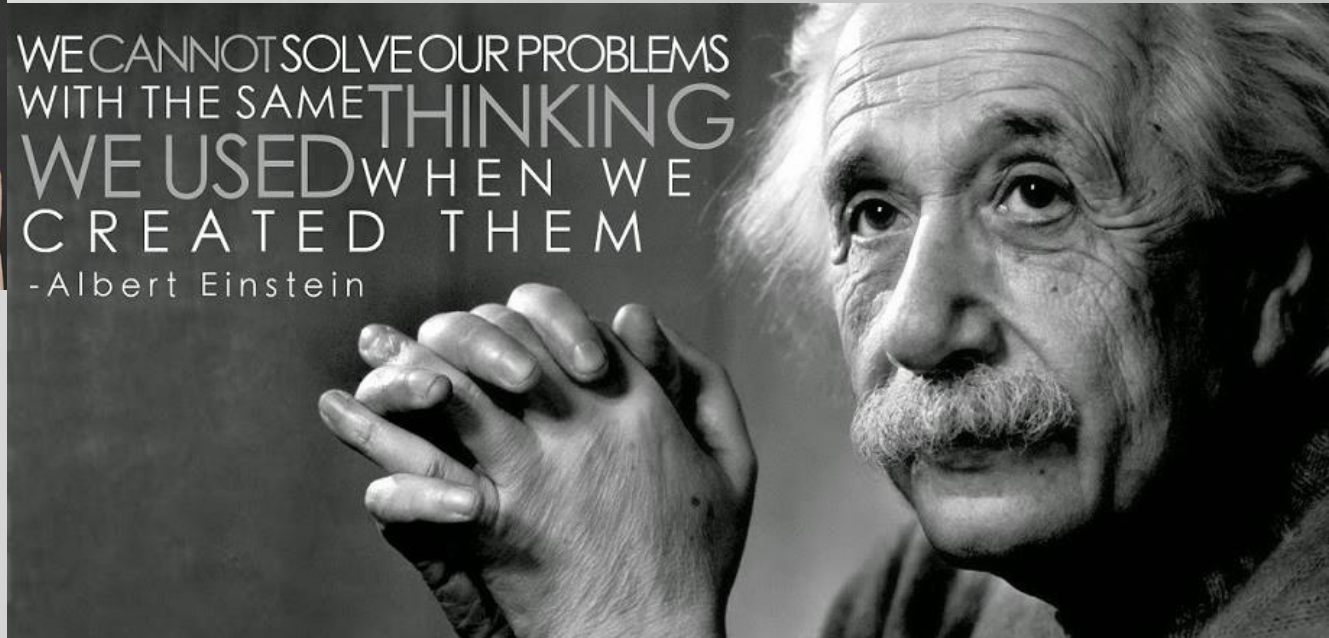
April 24, 2019
Utilizing Medication Assisted Treatment in the Integrated Primary Care Setting

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Changing the ways we treat addiction



I feel the need...



Short Term Brief Interventions – We do this!

- Treatment is better than no treatment
- Detox alone is not effective
- Rapid admission improves treatment engagement
- No single approach is most successful for all
 - Individualized – duration, intensity, lengths of care
- Treating across a continuum
- Care is focused on counseling and behavioral therapies
- Person-centered and strengths-based
 - Starting points: Focused on interventions to ENHANCE readiness to change and engagement
- Medications combined with interventions
- Address multiple co-occurring disorders

We are built to change how we treat SUD



Addiction is Like Other Diseases...

- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime

The Strength of the Integrated Care Team

Medication Assisted Treatment (MAT) brings the components of integration together



Welcome MAT

Medications



Recovery Support

Psycho, Social and Behavioral Evidenced Based

Methadone



Full agonist:
generates effect

Buprenorphine



Partial agonist:
generates limited effect

Naltrexone



Antagonist:
blocks effect

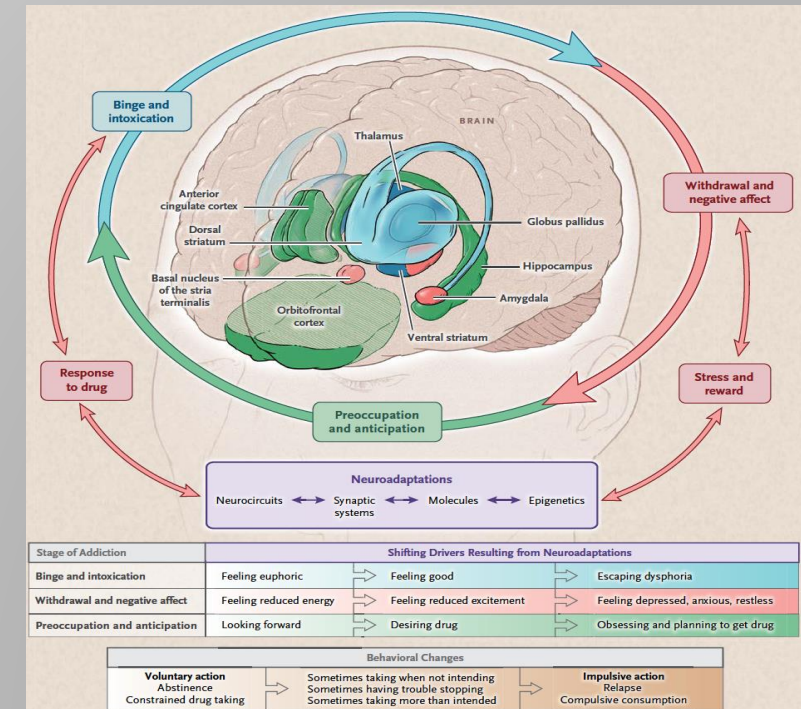


Figure 1. Stages of the Addiction Cycle.

If we take away a coping mechanism what will we replace it with?

What is this doing for you? Why are you using? (non judgmentally - inquisitively)

- Trauma
- Co-morbidity
- Social
- Relationship
- Sex
- ???



Do our interventions, plan, and expectations match the science?

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
- Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by:
 - inability to consistently abstain, impairment in behavioral control
 - craving
 - diminished recognition of significant problems with one's behaviors and interpersonal relationships
 - dysfunctional emotional response
- Like other chronic diseases, addiction often involves cycles of relapse and remission.

Three Evidence-Based Tool Boxes

1. Cognitive Behavioral Therapy (CBT)
2. Mindfulness
3. Acceptance and Commitment Therapy (ACT)



Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP)

CBT

- Teach, encourage, and support people about how to reduce/stop use
- Skills to help gain initial abstinence/recovery
- Skills to sustain recovery

RP

- A CBT treatment that focuses on the maintenance stage
- Helps prevent the occurrence of return to use
- Prevent the severity and intensity if a return to use occurs

Mindful reminder – relapse vs return to use

Mindfulness

- Establishes a sense of self that is greater than our thoughts, feelings, and emotional experiences
- Develop the “observer self” that can examine thoughts, feelings, the body, memories and thus develop greater awareness
- It’s the catalyst to recognizing seemingly automatic thoughts, emotions and behaviors in CBT

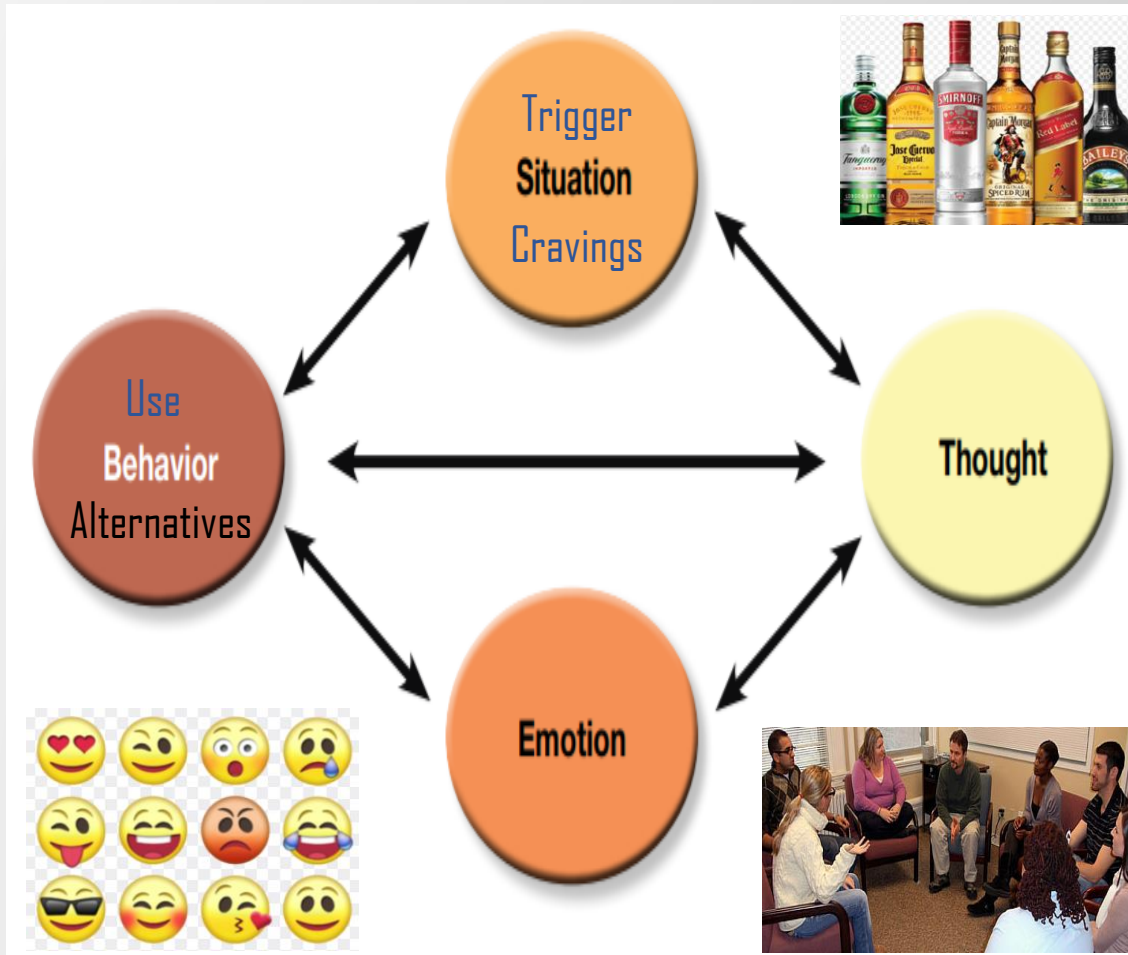


Core Principles of Acceptance & Commitment Therapy (ACT)

1. **Cognitive de-fusion:** Detaching from inner experiences by interacting or relating to them differently.
2. **Acceptance:** Allowing thoughts and feelings to arise without trying to change their form or frequency.
3. **Mindfulness:** Retain contact with the present moment.
4. **Self understanding:** Letting go of concrete and inflexible thoughts or ideas about oneself, and moving to understanding oneself within the context of situations.
5. **Values:** Learning what is most important to oneself (family, service, etc).
6. **Committed action:** Efforts to empower behavioral change and moving to understanding oneself within the context.

<https://www.recoveryanswers.org/resource/acceptance-commitment-therapy-act/>

Cognitive Behavioral Model



A – Activating Event

B – Behavior

C – Cognition

D - Dispute

Tools in the Tool Box

- The 5 W's
- Quality Questions
- Triggers and Activators
- Psycho Education
- Red Flag Thinking



The 5 W's Help Us Understand Activating Events/Triggers

- Who People
- What Does this do for me?
- When Time...when there is a pattern
- Where Places
- Why Am I experiencing, feeling?

Quality Questions

- What was going on before you used?
- How were you feeling before you used?
- How / where did you obtain and use drugs?
- With whom did you use drugs?
- What happened after you used?
- Where were you when you began to think about?

Triggers and Activators

- Shared
- Personal
- Internal
- External
- Bringing into awareness and consciousness
- “I just ended up there!”

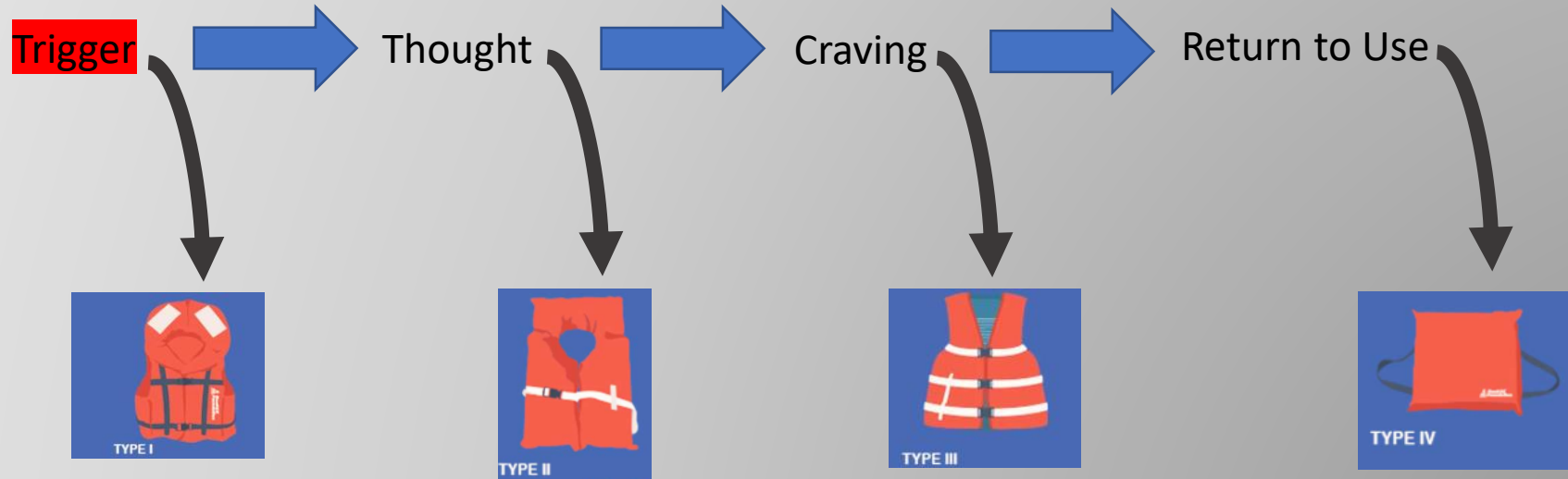


4 Components of Triggers and Activators

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What is seemingly automatic and happening to us is an opportunity for empowerment and control

1. Behaviors
2. Cognition
3. Emotions
4. Cravings

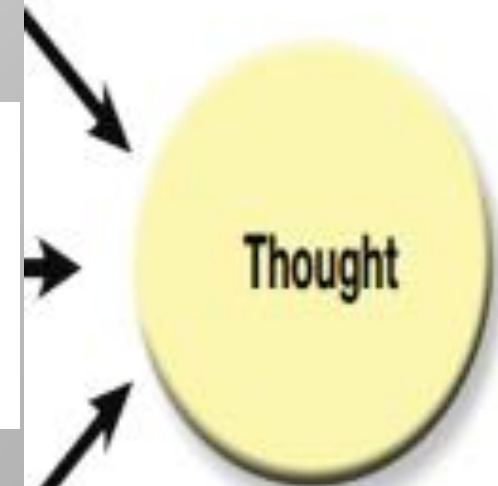


1. Behaviors Associated with Use (Behavioral Activation Planning)

- Planning to engage in non-use behaviors
- Avoiding, people, places, things, nutrition, sleep, structure, missed appointments
- Homework
 - Follow a planned schedule
 - Recognize and awareness activities – people, places, things
 - Skills for stress management, anger management, behavioral activation planning
 - List High Risk Situations
 - List Low Risk Situations

2. Cognitive Components

- Recognizing Thoughts associated with use
- Disputing thoughts/Thought Stopping
 - Reduction of options (that won't help, this won't help)
 - I totally have this and I never will use ever again
 - I am not even thinking about using
 - Can't imagine doing (behavior) without (substance)
 - I used, I blew it, so I might as well....
 - Once an addict...
 - I am hopeless, weak, lazy, selfish
 - I am responsible for all bad things vs accountability
 - I have NO will power and no control
- Replacing thoughts with pro-social, positive options



Psycho Education

- Understanding addiction is not a moral failing
- It is a chronic health condition
- Relapses are not failures but opportunities to grow your recovery capital

ACT - Self understanding: Letting go of concrete and inflexible thoughts or ideas about oneself, and moving to understanding oneself within the context of situations.

Red Flag Thinking

- Absolutistic
- Black and white
- Discounting the positive
- Jumping to conclusions
- Mindreading
- Fortune telling
- Self blame

3. Recognizing Emotions Associated with Use

- Negative emotions (Not bad!)
- Positive emotions (Not good!)
- Feelings are not always proof of the truth, that you are right, or validation – and they are real and present.



ACT Acceptance: Allowing thoughts and feelings to arise without trying to change their form or frequency.

Quick Tips



- Teach patients to use their body
 - The body knows better
 - “Trust your gut”
- Mindfulness – eye of awareness
 - Body scan
- What are my body signs?
 - Sped up
 - Stomach ache
 - Increased energy
 - Twinkle in my eye
 - You look high!
 - ??????

4. Managing Cravings

- Resist ? Fight ? Manage ?
 - Behavioral Activation – non-drug related activity
 - Externalize the internal experience
 - Surf the craving – this too shall pass
 - Time out by thought stopping
 - What else?
 - Measure the craving – 1-5? This creates a language for communication

ACT Committed action: Efforts to empower behavioral change and moving to understanding oneself within the context

Partner with Cravings

Think about a time when you were craving:

- Body Sensation List
- Emotions List
- Thought List

A Relapse Prevention Awareness Tool - Quick, Easy, and can be anyplace anytime

Its not just about the return to use - helps address the people, places and things that activated/cravings

Activating Event: People, Places, Things, 5 W's

- Point 1

Belief/Thoughts/Emotions/Behaviors

(What did you tell yourself/thinking/feeling/ experiencing?)

- Point 1

Consequences: Feelings, Behaviors

- Point 1

Friendly Reminders

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Medication Assisted Treatment

Opioid disorder program implementation
Integrated approaches to screen, treat & manage
Clinical training builds provider confidence & capacity
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Evidence Based Care

SBIRT - Implementation, sustainment
Measurement based care
Substance use disorder in primary care
Depression screening (PHQ9)
More...

**Combining MAT and
Evidence Based Practices to
treat SUDs: Part 2 ~
April 24, 12-1 PM EST**

Effective integrated care is the combination of having the correct components aligned with the correct implementation intelligence.



Thank you!

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