

Roots of Substance Use Disorders and Paths to Recovery: A Consumer-Centered, Collaborative & Comprehensive Care Model

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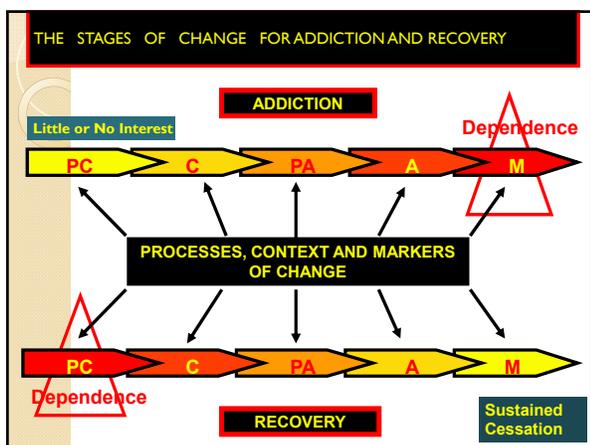
Acknowledgements and COI

Addiction or Severe Use Disorders

- Habitual patterns of intentional, appetitive behaviors (substance use, gambling, sex)
- Behaviors become excessive, problematic and produce serious consequences
- Problematic behavior patterns become stable over time
- Interrelated physiological, psychological and social components
- Addicted individuals have difficulty modifying and stopping these patterns of behavior (smoking, alcohol, marijuana, heroin or process addictions like gambling, sex, etc.)

Addiction and Change

- Both acquisition of and recovery from an addiction require a personal journey
- Through the stages of an intentional change process marked by personal considerations, decisions and choices
- Each journey is influenced at various points by many biological, psychological, and social factors
- Understanding Addiction and Severe Use Disorders includes the journey, the mechanisms, and the consequences of this problematic pattern of involvement with the addictive behavior



Stage of Change for Starting, Stopping, or Modifying Behaviors

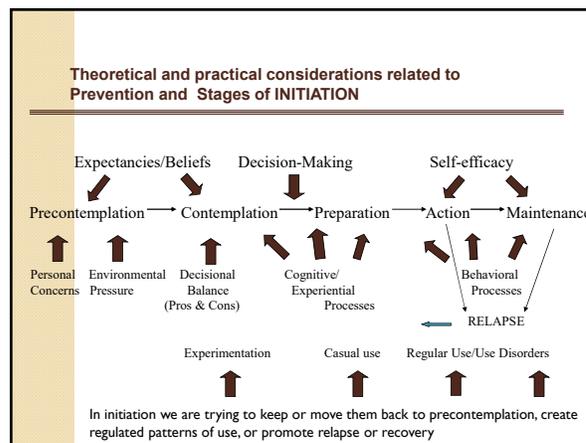
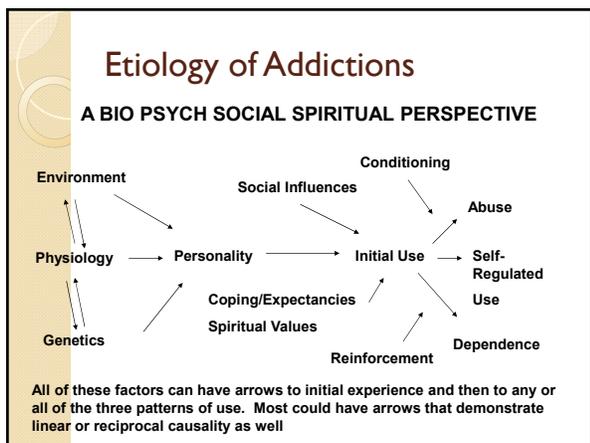
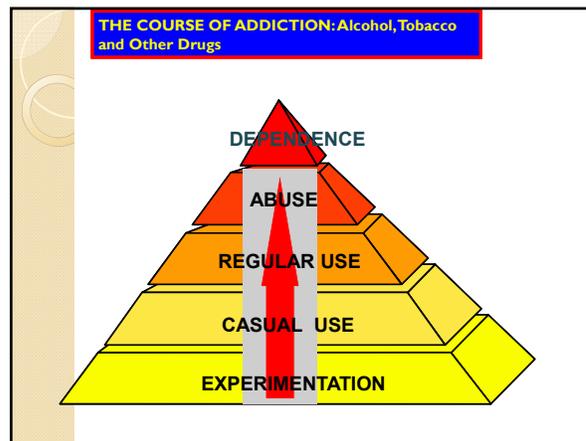
| | |
|---|---|
| <ul style="list-style-type: none"> • STAGE LABELS • Precontemplation <ul style="list-style-type: none"> ◦ Not interested • Contemplation <ul style="list-style-type: none"> ◦ Considering • Preparation <ul style="list-style-type: none"> ◦ Preparing/ ◦ Committing • Action <ul style="list-style-type: none"> ◦ Initial change • Maintenance <ul style="list-style-type: none"> ◦ Sustained change | <ul style="list-style-type: none"> • STAGE TASKS • Interested, concerned and willing to consider • Risk-reward analysis and decision making • Commitment and creating a plan that is effective/acceptable • Implementing plan and revising as needed • Consolidating change into lifestyle |
|---|---|

DiClemente. Addiction and Change: How Addictions Develop and Addicted People Recover. NY: Guilford Press; 2003. Second Edition 2018
DiClemente. J Addictions Nursing. 2005;16:5

BECOMING ADDICTED

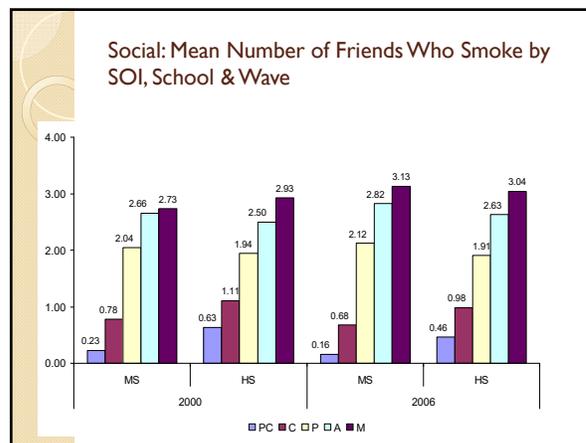
- Usually Happens over an Extensive Period of Time
- Has a Course that is “invariably not a linear process” (Tartar & Mezzich, 1992)
- Involves a Variety of Predictors that act as both Risk and Protective Factors for either experimentation or acceleration
- Involves a Process of Change

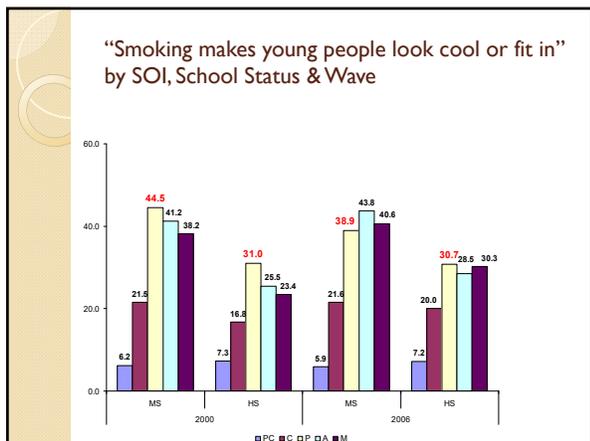
Chassin et al., 1999, 2000; DiClemente, 2003, 2018



Key Influences and Mechanisms

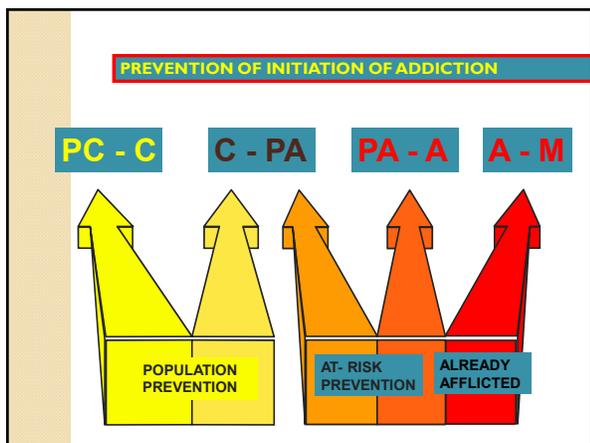
- During the journey into addiction influences and mechanism shift
- Family, peers, academic and social success, environment, and other influences play a role throughout but are more important in pre-action
- Once the individual gains significant exposure to the substance physiological and psychological mechanisms play greater and greater roles in the developing disorder.





A STAGE BY ADDICTIVE BEHAVIOR PERSPECTIVE ON ALLEN

| TYPE OF BEHAVIOR | STAGE OF INITIATION | | | | |
|------------------|---------------------|---|----|---|---|
| | PC | C | PA | A | M |
| ALCOHOL | | | | X | |
| NICOTINE | | | | | X |
| MARIJUANA | | | | | X |
| HEROIN | X | | | | |
| COCAINE | X | | | | |
| AMPHETAMINES | | X | | | |
| LSD | | | X | | |
| GAMBLING | X | | | | |
| EATING DISORDER | X | | | | |



- As individuals move through **stages of initiation** they move from
 - to **thinking** about doing it,
 - to **experimenting**,
 - to **developing a pattern** of behavior (social drinker; binge drinker; daily drinker; non drinker) that becomes **habitual** or consistent over time.
 - Many patterns are normative and socially acceptable, do not create problems or get judged excessive
 - Addiction, however, is best described as a **well maintained, problematic** pattern of engagement and equated with a severe use disorder or dependence
 - Once in a well maintained, stable pattern, we move from prevention of initiation to recovery from addiction
- Addiction and Stages**

- A set of mechanisms seem to be responsible for understanding mild, moderate, or severe use disorders
 - Neurobiological Adaptation** – brain and biological adaptations to frequent exposure to addictive behavior/substance (a brain disease?)
 - Reduced/Impaired Self-Regulation** –The sense of loss of control and compromised self-regulation despite consequences that are the hallmark of addictions
 - Salience and Narrowing of Behavioral Repertoire** –The addictive behavior becoming so valued a reinforcer that the behavior becomes more ubiquitous and potent in the life of the individual
- How do People become enslaved by Psychoactive Substances: Mechanisms of Addiction

- Neurobiological Adaptation**
- Brain neurotransmitters and mechanism adapt to the substances (Brain Disease)
 - Tolerance, withdrawal and other rebound effects
 - Negative emotional states when use is blocked
 - FMRI indicators of reactions in various brain regions
 - Emotional/Stress management systems become linked to use
 - Altered Thresholds of Stress and Pleasure
 - Increased strength and scope of cues

Reduced Self-Regulation

- Use becomes more automatic
- Difficulty controlling or cutting back
- Both ECF and Emotional Regulation effects
- Using substance use to cope and self regulate
- Continued use despite consequences
 - Undermining of feedback and consequences
- Impulsivity increases; Upset if use interfered with

Increased Salience and narrowing of Behavioral Repertoire

- More highly valued and meaningful
- Integrated to multiple life domains
- Meets more basic needs
- Difficult to imagine life without it
- Decreases other important activities
- More time using and arranging for use
- Social interactions and networks narrowed to similar users
- Conflicted when incongruent with other values

- Consequences related to these three mechanisms are another way to understand the impact/severity of substance use.
- Key Domains:
 - **Biological** – Needing the substance to feel normal or manage withdrawal, craving, serious consequences (COPD, HPC, Neuropsychological consequences; irreversible brain damage)
 - **Psychological** – serious impairment in psychological functioning; addictive behavior becomes a valued psychological coping mechanism, especially to manage negative emotions and mental illness
 - **Social** – How integrated the addictive behavior into the social context and network, meeting social and interpersonal needs (sex, fun, social events). Loss of social support

Consequences in Critical Life Domains of Functioning

Defining Severity of Addiction

| Use Patterns | Mechanisms | Domains |
|---|---|--|
| <ul style="list-style-type: none"> ➤ Low-Risk ➤ Infrequent High Risk ➤ Frequent High-Risk ➤ Extensive High-Risk | <ul style="list-style-type: none"> <input type="checkbox"/> Neurobiological Adaptation <input type="checkbox"/> Reduced Self Regulation <input type="checkbox"/> Salience/ Narrowing <p>Mild Severe</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Social <input type="checkbox"/> Psychological <input type="checkbox"/> Physical |

- Recovery represents a series of tasks that are critical to moving through the stages to sustained change
- Motivation is behavior and goal specific
 - pattern of use and severity are critical to goal setting
- Severity connected to impaired self-regulation and self-control
 - critical to coping with and managing addictive behavior
- Severity interacts with stage tasks
 - ambivalence, decision making, commitment, support, planning, and implementation of action plan
 - relapse and recycling

How does Severity interact with Motivation and Recovery

- Could indicate need for medications and type of medication to support recovery tasks
- Connects with genetic vulnerability and implications for goal setting and decision making (abstinence)
- One indicator of needed intensity of treatment and need for hospital detox and residential care.
- Biological and Physical sequelae of adaptation are related to organic brain syndromes and other biological consequences (nutritional, liver, DTs) that enhance or hinder motivational considerations (concern, cons, commitment)

Intervention Implications: Neurobiological Adaptation

- Premorbid, comorbid, or consequence of impaired self-regulation moderate treatment engagement, retention and successful change (ADHD, reduced self-care, impulsivity, compulsivity, co-occurring disorder)
- Self-regulation is critical for treatment planning, implementation, adherence, and maintenance
- Reduced SR interferes with commitment and planning increasing need for relapse prevention coping strategies
- Self-control “muscle” and scaffolding (providing more types of support when self-control is exhausted or impaired (Therapeutic Community, 90 in 90, residential treatment)
- Change Generating (Client change processes) and Change Regulating (Client self regulation) Mechanisms

DiClemente 2018; Vohs & Baumeister, 2011

Intervention Implications: Reduced Self-Regulation

- Need for Community reinforcement approaches (social skills, activities, employment, family reconnection)
- Need for new environment to support decision making, commitment, action planning
- Changes needed at systems levels to support personal change journey
- More intensive treatment as salience and narrowing increase
- Case Management may be needed to provide more comprehensive support for change

Intervention Implications: Salience and Narrowing

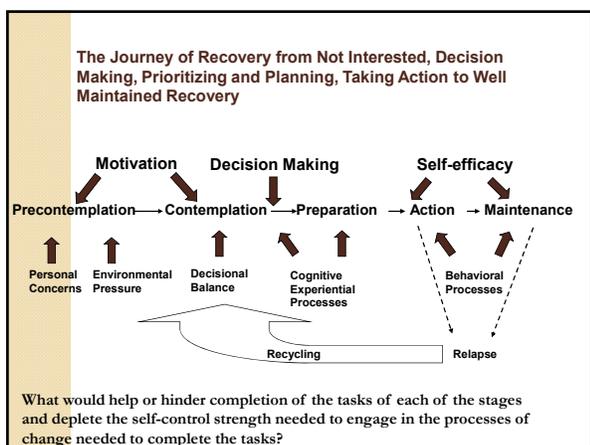
- Life Domains help to distinguish patterns of drinking
 - (college student socially driven drinking, coping drinking, craving drinking, compulsive drinking)
- Help understand how person's life space is infiltrated by the addictive behavior
- Relevant for breadth of cues and type/quantity of coping skills and activities needed for treatment planning
- Promoting integrated care:
 - Identification of contextual problems that also need treatment (Mental health, domestic abuse, HIV, Hep C)

Intervention Implications: Domains of Influence

SUCCESSFUL RECOVERY FROM ADDICTIONS

- Occurs over long periods of time
- Often involves multiple attempts and treatments
- Consists of self change and/or brief interventions or treatments
- Often Involves influences and changes in other areas of psychosocial functioning
- Must successfully manage these Mechanisms of Addiction

DiClemente, 2018; Sobel et al., 2001; Vaillant, 2003;



- Recovery is not simply an absence of symptoms or substances; it requires regaining self-regulation, regaining healthy brain functioning, reclaiming meaning and taking you life back
- Recovery involves wellness and health
- Recovery requires integrated care that is comprehensive
- Systems of care must be responsive to the multiple needs of the consumers in their care
- Open rather than closed systems

Recovery Oriented Systems of Care: Helping throughout the Journey

- We need to treat people not diagnoses
 - The whole person not a single problems
- Substance use disorders affect multiple areas of physical, psychological, emotional, social, and spiritual aspects of a persons life
- Every change of a targeted problem (opiate addiction) really involves multiple changes and often is complicated by problems and changes needed in multiple life domains
- Need to defeat Stigma and make recovery respectable and addiction a treatable condition not a moral lack of character

Why Integrated Care?

- Need an integrative perspective to be able to create integrated care
- A focus on the process of change can shift the focus from fixing problems to how to develop resilience and coping activities that can address what needs to be changed
- Shift from etiology and how problems develop to wellness and how to manage needed changes in behavior, lifestyle, and environment

Focus on patient and not simply provider or problem

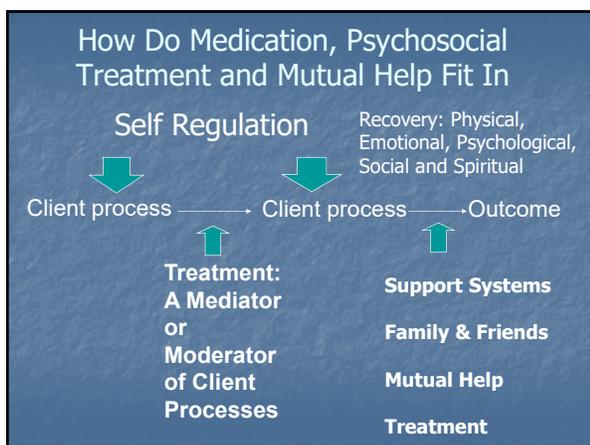
| Needs | Barriers |
|---|--|
| <ul style="list-style-type: none"> • A Process Model to guide decision making • Interdisciplinary and multidisciplinary resources • Time sensitive communication system • Client oriented, empowerment approaches • Flexible allocation of Resources | <ul style="list-style-type: none"> • Lack of adequate actionable assessment • Specialist Model of Care • Lack of collaboration among providers and programs • Lack of integrated medical record accessible to all healthcare providers • Lack of incentives and lack of trust among providers |

Needs and Barriers for Patient Centered and Integrated Care

Where Do Interventions and Treatments Fit In



- Individuals have to make the journey of recovery
- Treatment should empower of self change and is not a completely different phenomenon
- Interventions can enhance or hinder the personal process of change
- Treatment strategies have to engage client mechanisms of change to have any chance of influencing change
- There is a significant difference between a treatment plan and a change plan



Need to Address Today

- How to destigmatize substance use disorders and recovery
- How to create a System of Care not just more Treatments
- How to engage consumers of our products and services
- How to be realistic while remaining optimistic about
 - Immunizing youth from initiation
 - Empowering addicted individuals to make the journey of recovery