

# IT'S TIME FOR A CHANGE

What we are doing is not working - It's time to change the face of addiction treatment and recovery services.



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## IS "TREATMENT" TREATMENT?

- Addiction treatment is not always treatment. Common definitions of treatment include "medical care given to a patient for an illness or injury," "a session of medical care," or "the administration of a dose of medicine."
- We often call rehab programs "addiction treatment" – sometimes it is, but it is quite different than treatment a medical team would provide to someone after being diagnosed with cancer, diabetes, heart disease, or even a series of broken bones.



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## WHAT IF YOU HAD A BROKEN HIP?



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- You **head to the emergency room**, where a physician checks you out, provides some medication for the pain.
- Next you are lead to a room to **sit with about 50 other folks**. Each of them also have broken hips.
- If you're lucky, a **doctor comes in**, but it's most likely a nurse or medical student. Why? The doctor is too busy doing paperwork...
- They **spend an hour talking** about how to avoid dangerous situations; in a perfect world, they even ask you to identify where you went wrong with your own accident.
- After that group, you are **shuffled to a different room** for an hour-long group that explains to you all the different types of procedures clients could utilize once leaving the hospital, like having your hip healed through physical therapy or reconstructive surgery.



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- Then everyone is escorted to the gazebo for a **cigarette, then lunch**, then to another group where they have you paint a rock to describe your feelings about what it was like to break your hip.
- You are shuffled about **day after day**, talking about the problem and talking about what the solution is. But never do you actually start working on the solution. Why? Because you will only be there for 20-30 days and the truth be told, there really isn't enough time for you to find real world applications for what is being discussed.



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**The Jay-Walker**  
Alcoholics Anonymous Pg.37-39



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Think it Through

Remember your last Drunk/Drug

Play the tape....

In practicality is this actually possible?



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**Hermann Ebbinghaus** was the first to study **forgetting behavior** in a scientific way.

This information was once ground breaking but today is lost....

1885

*Memory: A contribution to Experimental Psychology*

Memory retention is 100%, as this is the point in time when you actually learn the piece of information. As time progresses, the retention rate drops sharply to around 40% in the first few days.

The most significant memory loss occurs in the first few days

A person will continue to forget over time, but at a far slower rate



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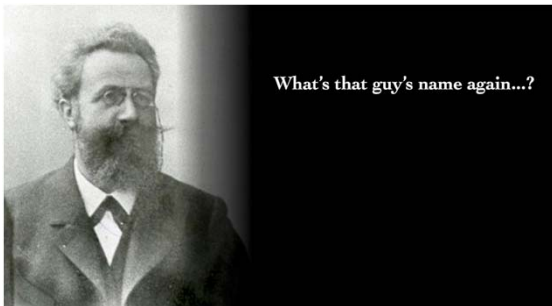
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What's that guy's name again...?



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Ebbinghaus found that the rate in which you forget depends on some factors:

- How difficult is the learned material? How easy is it to relate the information with facts which you already know?
- How is the information represented/presented/interpreted?
- Under which condition are you learning the material? Are you stressed?
- Are you fully rested and have you slept enough?

Columnist Art Kohn explains that the forgetting curve shows that within one hour, people will have forgotten an average of 50% of the information you presented. Within 24 hours, they have forgotten an average of 70% of new information and within a week, an average of 90 percent of the information.

Team building:  
Can you list 5 influencing factors that could limit someone's ability to retain information being presented in treatment?

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How can we be shocked with relapse rates?

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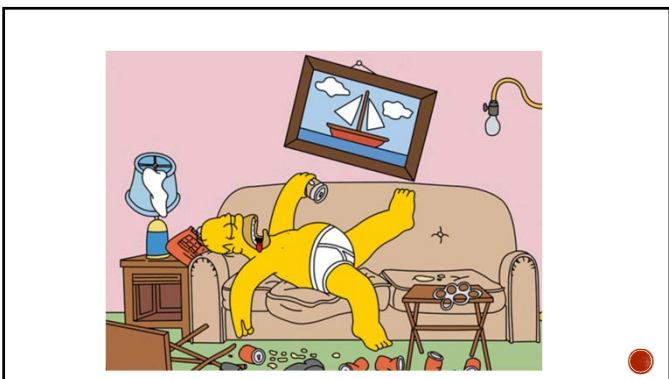
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Thomas Merton in his 1966 publication *Conjectures of the Guilty Bystander*.

Merton states, "For we need one thing more than happiness: we need approval. And the need for approval destroys our capacity for happiness."

Team Building:  
How does this apply to our 18-35yo generation?



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**Is being accepted more important than being clean?**

Imagine being 23 years old and being in treatment...Is not just using enough?

What about once the person gets home?  
How does a Friday night look for a "normal" 23 year old vs a 23 year old in early recovery?

Negative impacting factors:

- Social Media
- Being Board
- No Sense of Self
- FOMO



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**SELECTIVE ATTENTION VIDEO**

<https://www.youtube.com/watch?v=vJG698U2Mvo>



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## OTHER ISSUES

- psychological and neurological – Addiction is a disorder that disrupts essential cognitive functions, including learning, memory, attention, reasoning, and impulse control.
- Drugs alter normal brain structure and function in these regions, producing cognitive shifts that promote continued drug use through maladaptive learning and hinder the acquisition of adaptive behaviors that support abstinence.




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## DR. THOMAS GOULD

- **“addiction represents a pathological abduction** of the neural mechanisms of learning and memory that under normal circumstances serve to shape survival behaviors related to the pursuit of rewards and the cues that predict them.” Therefore, it is safe to say that he believes, as an addict, sitting in a few groups and trying to learn why it’s a **bad idea to go home** after 20ish days is bound to fail the first time.
- individuals in deeper stages of the addictive process present additional **clinical features**, including withdrawal symptoms during early abstinence, persistent vulnerability to relapse, and alterations in decision making and other cognitive processes. These include some of the examples above; sitting in group with **unmotivated individuals, going home, social media** and other distractions and things that will disrupt someone’s attention.
- Furth on Gould explains that modification of the **dopaminergic reward system remains important at the lesser stages, but is probably is not sufficient to maintain these complex and long-lasting changes.** Therefore, “treatment” needs to be longer, deeper and include exponentially more than what we are currently offering in our typical 28 day programs or our Partial Hospitalization Programs.




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## DR. GOULD QUOTE OF THE DAY

- “the full extent of drugs’ impacts on cognition is not yet known, but research indicates that addicted individuals have alterations in brain regions including the striatum, prefrontal cortex, amygdala, and hippocampus. These same regions underlie declarative memory—the memories that define an individual, without which **it would be difficult to generate and maintain a concept of self.** Drugs’ capacity to act upon the substrates of declarative memory suggests that their impact on cognition is potentially extremely far-reaching.”

I don't even know who I am anymore!




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# MAT

- Neither Pro or Con
- If sufficient then we would not have a drug problem
- If sufficient then no one would seek other methods to get intoxicated
  
- Personal examples are.....



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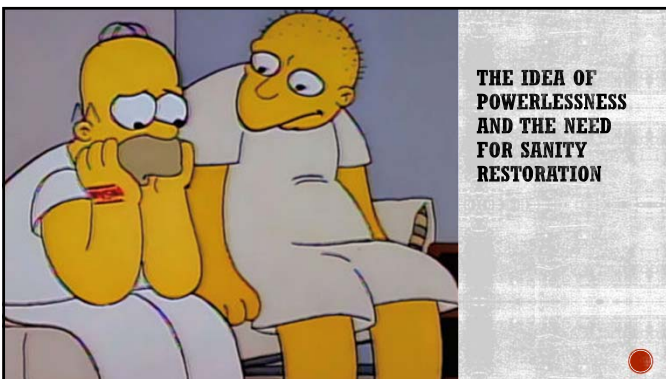
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## CAN I SAY I AM POWERLESS AND HAVE A CHOICE?

- Power
- Choice
- Control




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## WHO'S THE INSANE ONE?

- Now picture this. Johnny is in his second treatment center. He has been using opiates and alcohol for 5 years. He is 24. He has never held real employment, has not been able to finish college and has been living at home. His mom and case manager sit with him and present a few options for aftercare. One is going home and doing IOP, another is doing a long-term program. Then the real bomb drops....they say "which do you want to do?" This sentence/question nearly signs his death certificate. Think about it...
- Why with everything we know, would we allow someone who is slowly killing themselves to make that decision?




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## LONG TERM COST EFFECTIVE OPTIONS

- In 2018 we find new methods of long term options for young adults dying from addiction.
- it is easily observable that majority population is between 18-35 years old.
- This group is easily impressionable, stubborn and incredibly active on social media.
- This group will continue to fail if we continue to think that only 28 - 60 days is enough to bring them out of the fog created by 3 or more years of active drug and alcohol use.

Team Building: What are 6 things you would like to see in all treatment/recovery services?




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Not only does this group suffer from addiction but due to **other psychological issues, like personality and overall motivation, attrition from substance abuse treatment** is a major barrier for successful outcomes typically defined as reduction or cessation of substance use and improved psychosocial function or physical health.

A peer reviewed journal article posted in the U.S. National Library of Medicine explains that **the first-month attrition in outpatient non-methadone substance abuse treatment programs is approximately 30% and the drop-out prior to 3 months can be 50% or more.**

Many believe that 3 months is the minimum to see real symptom improvement and length of time in treatment has been associated with positive treatment outcomes. We need to look at what we are doing wrong.

Team Building: What do you believe are the 5 biggest factors to failed treatment attempts?



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We need attractive programs for different personalities.

Year long step down/transitional programs.

**MUST** incorporate the 8 dimensions of wellness into the recovery program. Why? Because it is action-based and gives the addict/alcoholic something specific to do, rather than simply presenting information.

It is solution based vs problem specific. Looking for solutions keeps the mind focused on what to do next but in a positive manor.

When we focus on the past, with addiction specifically, our minds forget the pain and tend to only remember the positive times during drug use. This creates the obsession to use.



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**Wellness** is being in good physical and mental health.

- Because mental health and physical health are linked, problems in one area can impact the other.
- At the same time, improving your physical health can also benefit your mental health, and vice versa.
- It is important to make healthy choices for both your physical and mental well-being.

Why does insurance not reimburse for the gym, rock climbing, surfing, yoga, hiking and other activities?



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**Serenity** is not about not having problems. It is about feeling calm, centered and balanced while in the center of the storm.

**Wellness** is not the absence of illness or stress. You can still strive for wellness even if you are experiencing these challenges in your life.



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## ACTION BASED SOLUTIONS

▪SAMHSA reports that making the **Eight Dimensions of Wellness** part of daily life can improve mental and physical health for people with mental and/or substance use disorders.



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## 8 DIMENSIONS OF WELLNESS

- Emotional**—Coping effectively with life and creating satisfying relationships
- Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- Financial**—Satisfaction with current and future financial situations
- Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- Occupational**—Personal satisfaction and enrichment from one's work
- Physical**—Recognizing the need for physical activity, healthy foods, and sleep
- Social**—Developing a sense of connection, belonging, and a well-developed support system
- Spiritual**—Expanding a sense of purpose and meaning in life



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## EMOTIONAL

• *Coping effectively with life and creating satisfying relationships.* The program would be 1-4 hours from the person's major adult support system, assuming this is the family. It would encourage healthy dialogue and contact. It would work with the family regarding boundaries and have regular contact that encourages the addict/alcoholic and assists with holding them accountable; which will build self-esteem and a sense of accomplishment. The 12-step piece would create and enhance effective coping skills and the ability to connect with peers in a positive way.



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## ENVIRONMENTAL

• *Good health by occupying pleasant, stimulating environments that support well-being.* Again, the family would be within a day's drive. This would also help the person to want to stay in the area they are building their recovery. Often we see folks come back to an area after being away for multiple months or years and begin to use again. Being positioned in an area that will allow someone to visit family monthly will quiet the urge to leave the program. Other environmental factors include eliminating persons with no motivation, fostering positive relationships by promoting and facilitating stimulating activities.



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## FINANCIAL

• *Satisfaction with current and future financial situations.* Quality programs would create community service activities that would build work ethic and give the addict/alcoholic additional skills. They would also help clients build resumes and offer other vocational education and teach practical skills, such as interviewing. The ability to implement budgeting would also be needed, as this population has very limited understanding of the value of a dollar.



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## INTELLECTUAL

• *Recognizing creative abilities and finding ways to expand knowledge and skills.* The actual working of the 12-step process will allow the person to look inward and ask themselves some of life's bigger questions like "what do I really want to do with my life?" If implemented appropriately, the client would be encouraged to help new clients and "show them the ropes." This continues to foster self-esteem, a healthy sense of pride and allows them to share the knowledge and skills they recently acquired.



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## OCCUPATIONAL

• *Personal satisfaction and enrichment from one's work.* Occupational will almost always be directly proportional to the person's past experience. That being said, a program utilizing the 8 Dimensions of Wellness would implement community service opportunities to give clients skills, promote and encourage continued education and allow for that to happen. There would need to be opportunities available for folks looking to find jobs and go back to school.



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## PHYSICAL

• *Recognizing the need for physical activity, healthy foods, and sleep.* The program would include comfortable rooms that are not overcrowded and cramped, comfortable beds with clean sheets, the ability to do laundry on a weekly basis, and adequate food that is healthy and nourishing, including healthy snack options throughout the day. The program would need to provide multiple weekly, if not daily, activities that promote physical health. These activities would need to be stimulating and would ideally promote hobbies that the client could continue once they transition to a different living situation. 12-step recovery would also provide a stimulating outlet for friendship and provide some activities for those willing to engage.



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## SOCIAL

• *Developing a sense of connection, belonging, and a well-developed support system.* Like mentioned in some of the other Dimensions, 12-step recovery would provide a sense of connection and belonging. Engaging daily with a sponsor and a network of like-minded peers fosters this sense of belonging and generates the support system.



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## SPIRITUAL

• *Expanding a sense of purpose and meaning in life.* The spiritual component most likely will need to come in the form of education and will be enhanced through the practical application in the 12-steps. One of the major positive factors in the 12-step approach is the ability to turn around and show someone else. The ability to sponsor gives folks an impactful feeling of gratitude and a sense of accomplishment. These activities combined with many aspects above provide a deeper meaning in life.



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## IN THE BEGINNING . . .

- Being told does not work.
- 12-step was founded with one talking with another and then immediately taking action.
- Surrender, Looking Inward, Restitution, Continued Spiritual Pursuits and Service



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## DR. MICHAEL MILLER, A BOARD CERTIFIED ADDICTION PSYCHIATRIST

- 12-step Facilitation Therapy continues to be a tried-and-true approach to long term recovery.
- This is not just saying "go to meetings and get a sponsor, oh and here's your meeting list".
- 12-step Facilitation Therapy is:
  - Active probing.
  - Nudging and encouraging not only of attendance but full participation.
  - Explains potential benefits.
  - Dissects sponsorship and the "working of the 12-steps".
  - Explores problems or psychological resistances to attendance, participation, actual "working the steps".
  - opens the door to "AA-related activities" such as volunteer service to one's AA "Home group" and involvement with AA related social events, retreats and local and state conventions.




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