THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS

Family Education Group Handouts

INTENSIVE ALCOHOL & DRUG
TREATMENT PROGRAM

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Hazelden
Publishing

Hazelden Publishing
Center City, Minnesota 55012-0176

1-800-328-9000
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Family Education Group Handouts

DATE COMPLETED	
	Session 1: Triggers and Cravings (video lecture)
_____	Handout 1: *Triggers and Cravings* Presentation Notes
	Session 2: AA/Matrix Model Panel (discussion group)
_____	Handout 2: Panel Member Guidelines
_____	Handout 3: Twelve Step Sponsors
_____	Handout 4: The Twelve Steps
	Session 3: Road Map for Recovery (video lecture)
_____	Handout 5: *Road Map for Recovery* Presentation Notes
	Session 4: Avoiding/Coping with Relapse (discussion group)
_____	Handout 6: Avoiding/Coping with Relapse
	Session 5: Families in Recovery (video lecture)
_____	Handout 7: *Families in Recovery* Presentation Notes
_____	Handout 8: Helping Checklist for Families *(Advanced Stage of Recovery)*
	Session 6: Living with an Addiction (discussion group)
_____	Handout 9: Living with an Addiction
_____	Handout 10: Criminal Behavior and Its Impact on the Family
_____	Handout 11: *Medication-Assisted Treatment* Presentation Notes

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Triggers and Cravings Presentation Notes

Slide 1

Triggers & Cravings

Presented by

Matrix Institute on Addictions

UCLA Integrated Substance Abuse Programs

Slide 2

Triggers

Definition:

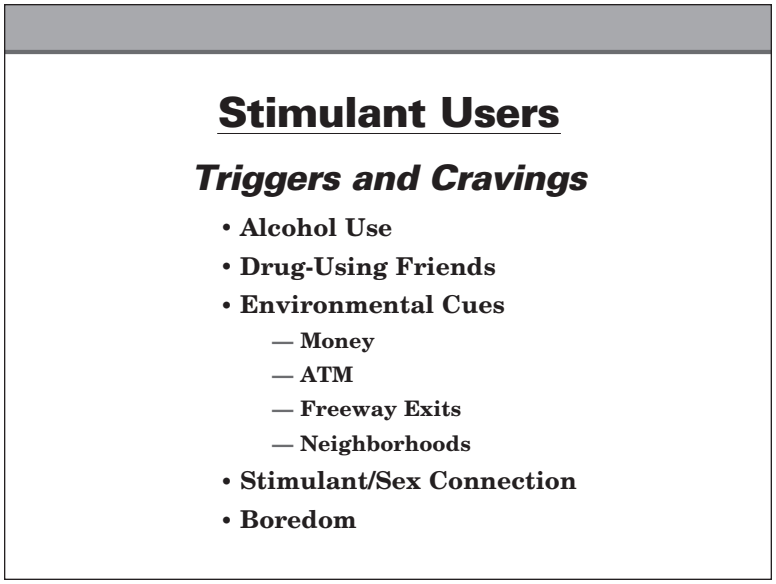
A trigger is a stimulus that has been repeatedly associated with

- **preparation for or anticipation of alcohol or other drug use**
- **the use of alcohol or other drugs**

These stimuli include people, places, things, times of day, emotional states, and secondary drug use.

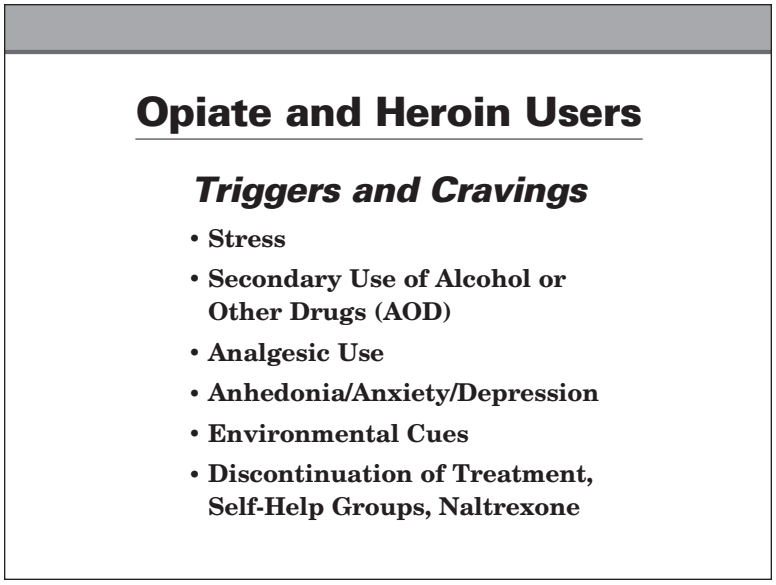
▶ Please use white space to take notes.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 3

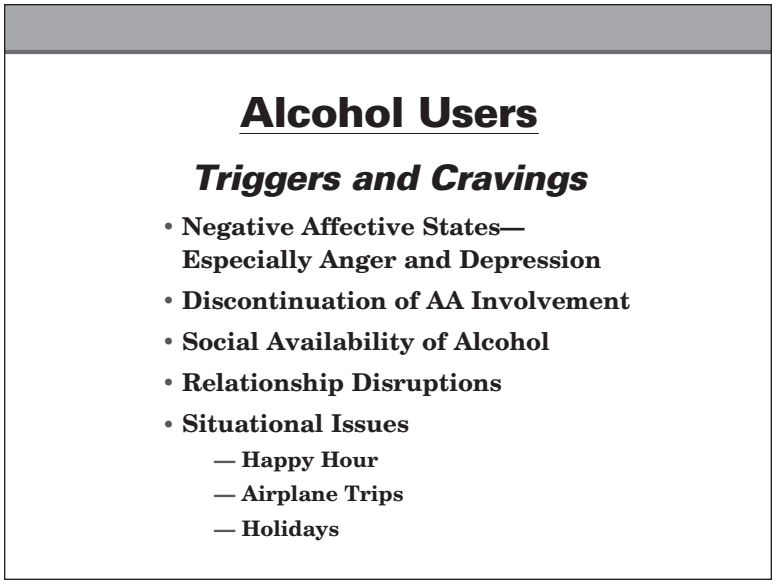
Triggers and cravings for people who use stimulants—in order by most frequently reported triggers and cravings for this class of drugs.



Slide 4

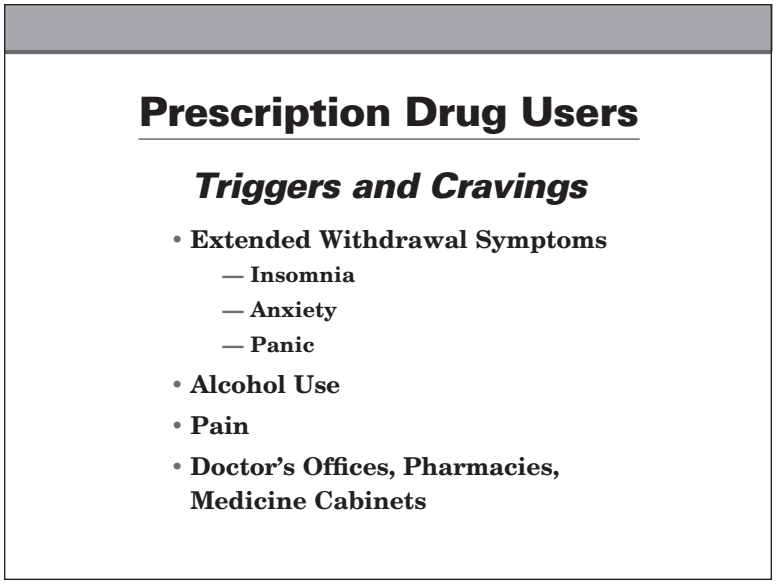
Triggers and cravings for people who use opiates or heroin—in order by most frequently reported triggers and cravings for this class of drugs.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 5

Triggers and cravings for people who abuse alcohol—in order by most frequently reported triggers and cravings for this class of drugs.



Slide 6

Triggers and cravings for people who abuse prescription drugs—in order by most frequently reported triggers and cravings for this class of drugs.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Marijuana Users

Triggers and Cravings

- **Anxiety/Irritability/Insomnia**
- **Using Friends**
- **Social Situations**
- **Paraphernalia**
- **Liquor Stores/Head Shops**
- **Concerts**

Slide 7

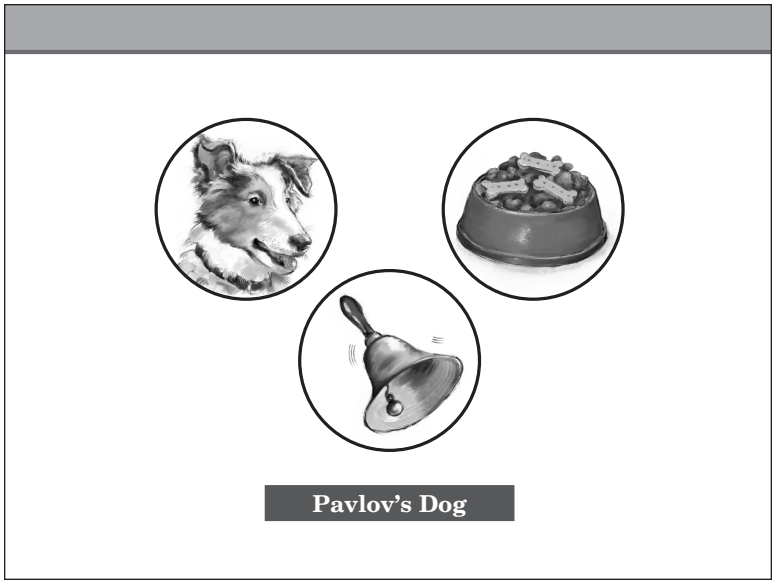
Triggers and cravings for people who use marijuana.

I. P. Pavlov (1849–1936)

Slide 8

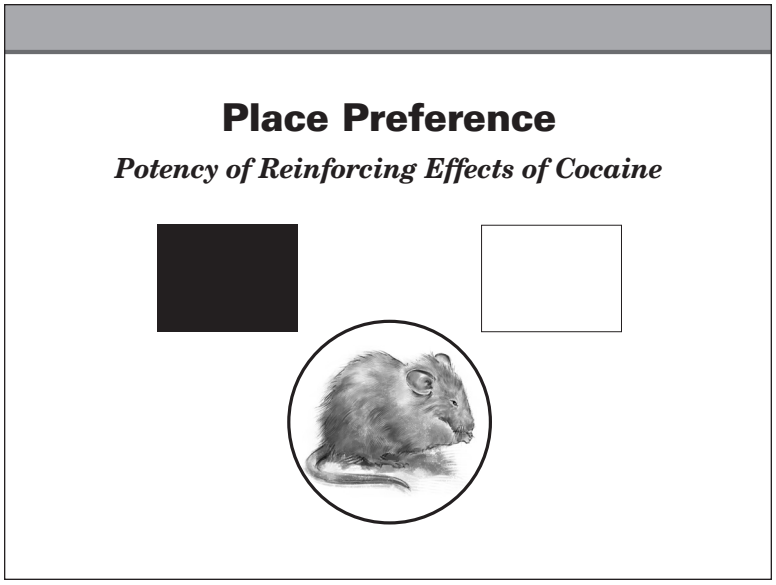
In 1904, I. P. Pavlov, a Russian scientist, received the Nobel Prize for a series of experiments he conducted on the physiology of digestion that later came to be known as the principles of classical conditioning.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 9

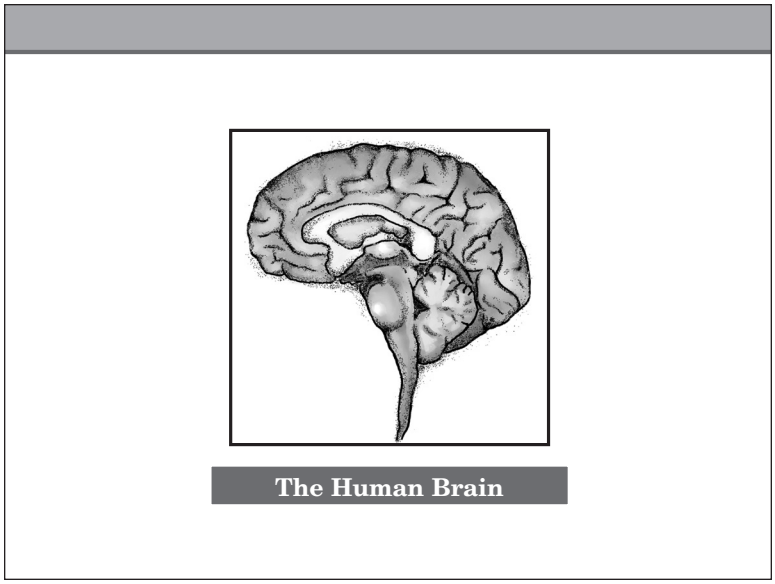
Pavlov would feed dogs and ring a bell at the same time. The dogs would see and smell the food, which would trigger an automatic reflex, causing the dogs to salivate. After a while, the bell would be rung without the presence of food, and the dogs would still salivate. The human brain responds in the same way to drug and alcohol triggers, producing cravings even in the absence of alcohol or drugs.



Slide 10

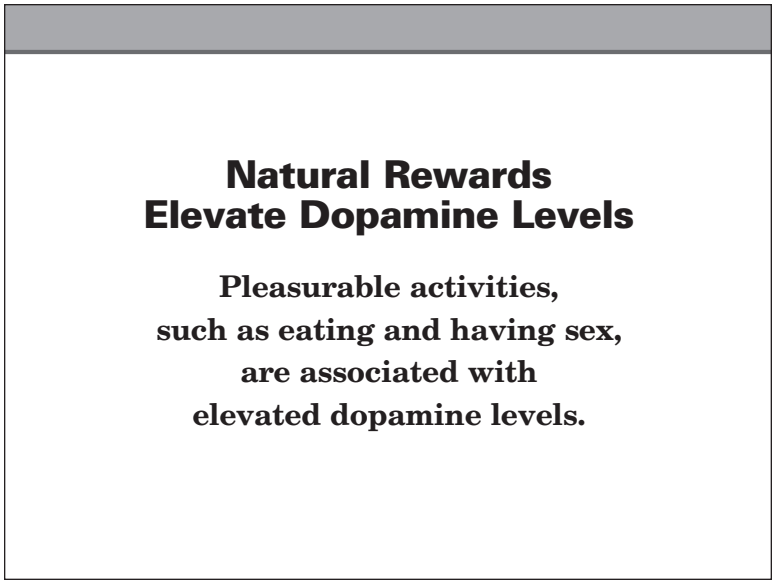
If you release a caged mouse and it has the option to run into a well-lit or dark area, it will always run into the dark for protection. This is an ingrained survival mechanism. If the mouse is given one dose of cocaine in the light, the next time the mouse will automatically go into the lit field, thus reversing the conditioning that took place over millions of years. This demonstrates the power that drugs have to grossly distort normal brain chemistry.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 11

The brain controls our physical sensations and body movements. The brain controls our sense of balance and coordination, as well as memory. The brain also controls our feelings of pleasure and reward and our ability to make judgments.



Slide 12

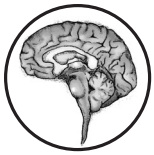
When we feel good, for whatever reason, the brain's reward system is activated. The reward system is a collection of neurons that releases dopamine, a neurotransmitter. When dopamine is released by these neurons, a person feels pleasure.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Slide 13

Initially, People Take Drugs Hoping to Change Their Moods, Perceptions, or Emotional States . . .

Translation—
Hoping to Change Their BRAINS

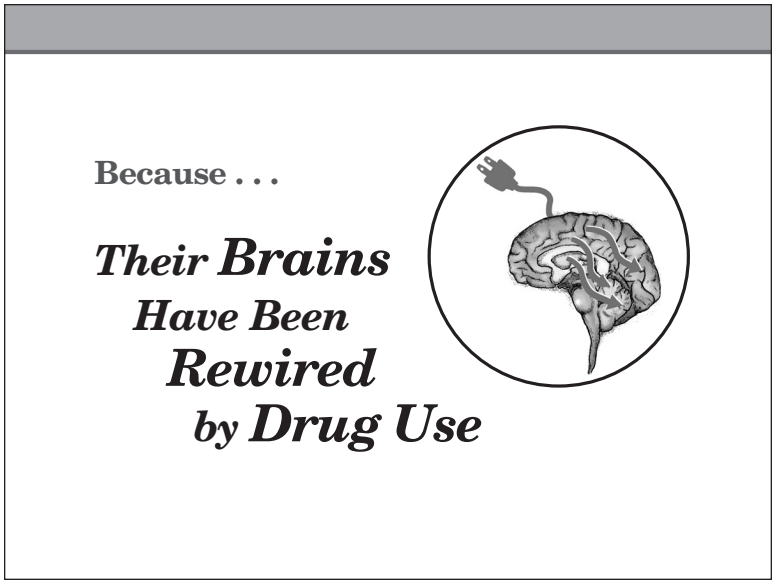


Slide 14

But Then . . .

After People Use Drugs for a While, Why Can't They Just Stop?

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



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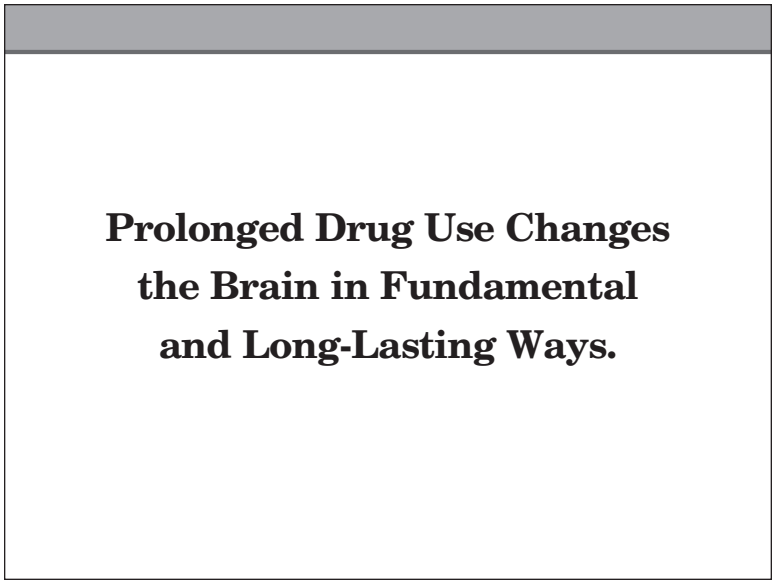


Slide 16

Most drugs of abuse, including cocaine, marijuana, heroin, alcohol, and nicotine, activate the reward system and cause neurons to release large amounts of dopamine. Over time, drugs damage this part of the brain. As a result, things that used to make you feel good, like eating ice cream, skateboarding, or getting a hug, no longer produce the same positive feelings. The brain's capacity to generate positive feelings has been impaired for a period of time.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Introductory Phase

- **Cognitive Process during Addiction**
- **Conditioning Process during Addiction**
- **Development of Obsessive Thinking**
- **Development of Craving Response**

Slide 17

There are different phases a person goes through when experiencing an addiction. The first phase is called the introductory phase.

Introductory Phase

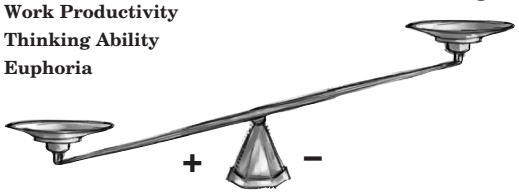
Cognitive Process during Addiction

POSITIVE ASPECTS

Increased:
- **Status**
- **Energy**
- **Sex Drive**
- **Work Productivity**
- **Thinking Ability**
- **Euphoria**

NEGATIVE ASPECTS

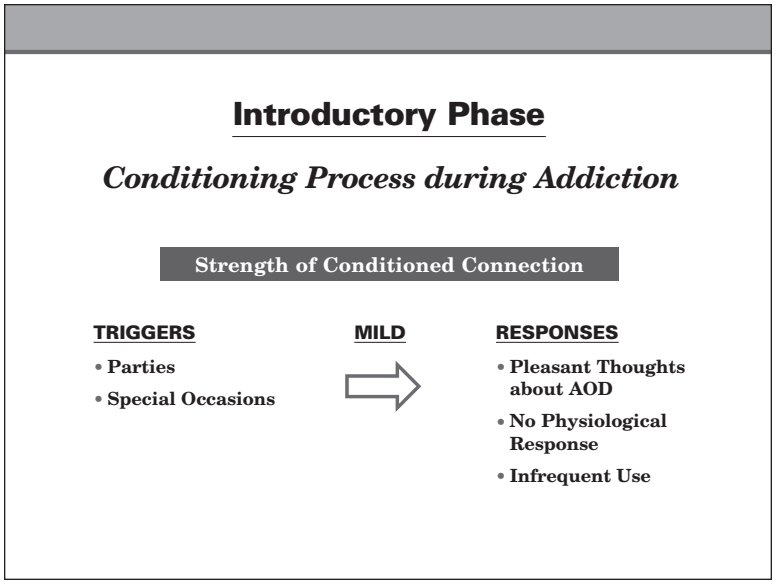
- **Illegality**
- **Expense**
- **Hangover**
- **Missing Work**



Slide 18

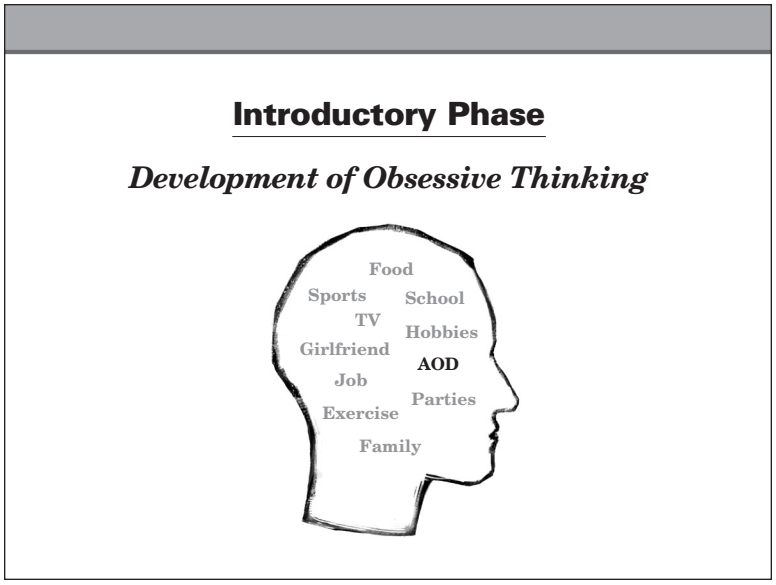
Alcohol and other drug (AOD) use are relatively infrequent during the introductory phase of the cognitive process of addiction. At this phase, the positives of AOD use seem to outweigh the negatives.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 19

Unknowingly, the AOD user is conditioning his or her brain every time a dose of the drug of choice is ingested. At this phase, there is no automatic limbic response associating people, places, or times with AOD use.



Slide 20

During this introductory phase, AOD use is one small component of a person's overall thought process.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Introductory Phase

Development of Craving Response

ENTER USING SITE ➢ **USE OF AODS** ➢ **AOD EFFECTS**

Changes in:

- **Heart and Breathing Rates**

Increased:

- **Adrenaline (Stimulants)**
- **Energy (Stimulants)**
- **Taste of Drug (Stimulants)**

Slide 21

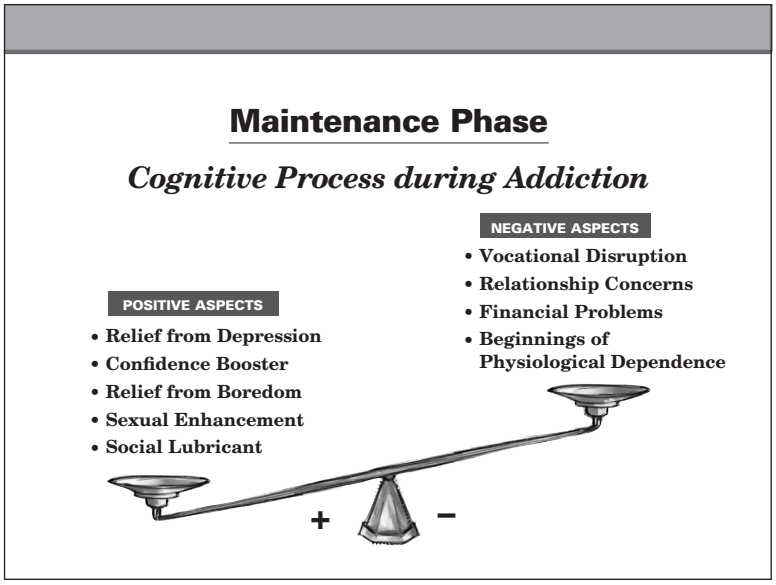
The craving response is the combined experiences of AOD triggers activating the limbic system and the continuing AOD thoughts associated with these triggers. The limbic system is activated directly by AODs, and the drug or alcohol user experiences physiological effects.

Maintenance Phase

- **Cognitive Process during Addiction**
- **Conditioning Process during Addiction**
- **Development of Obsessive Thinking**
- **Development of Craving Response**

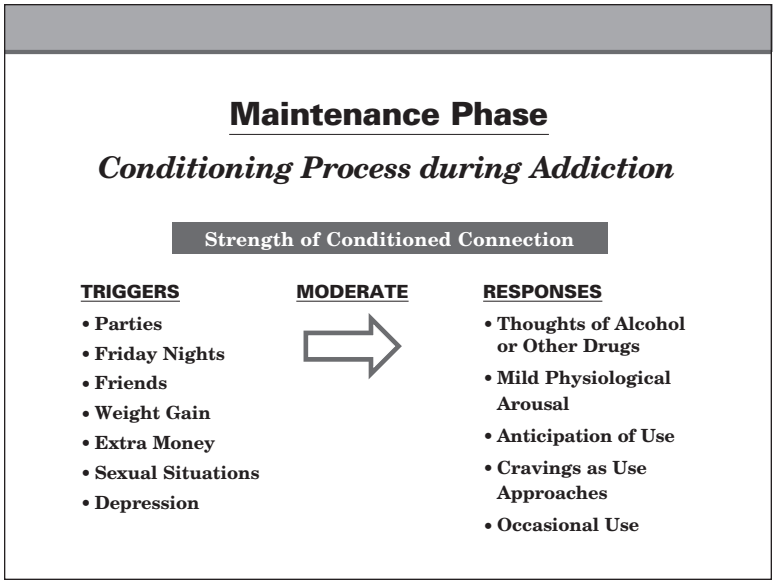
Slide 22

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 23

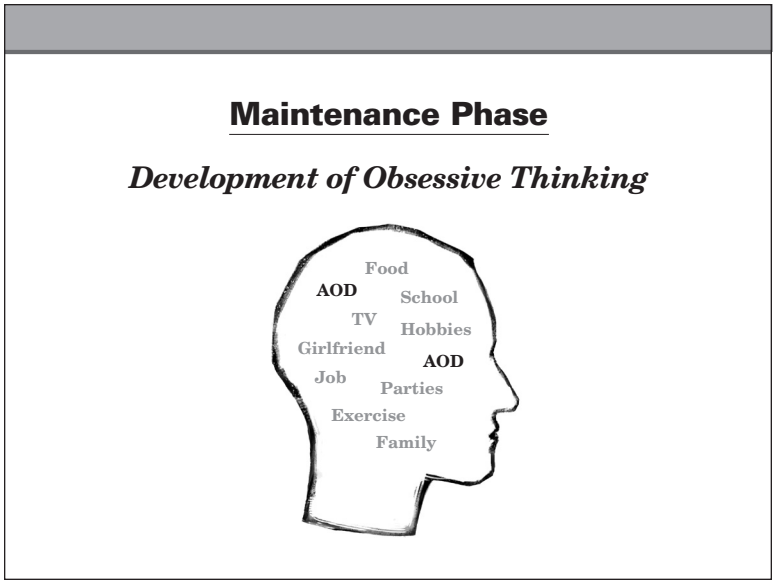
During the next phase, called the maintenance phase, the frequency of AOD use increases to perhaps monthly or weekly. In terms of effects and negative consequences, more negatives are piling up on the scale.



Slide 24

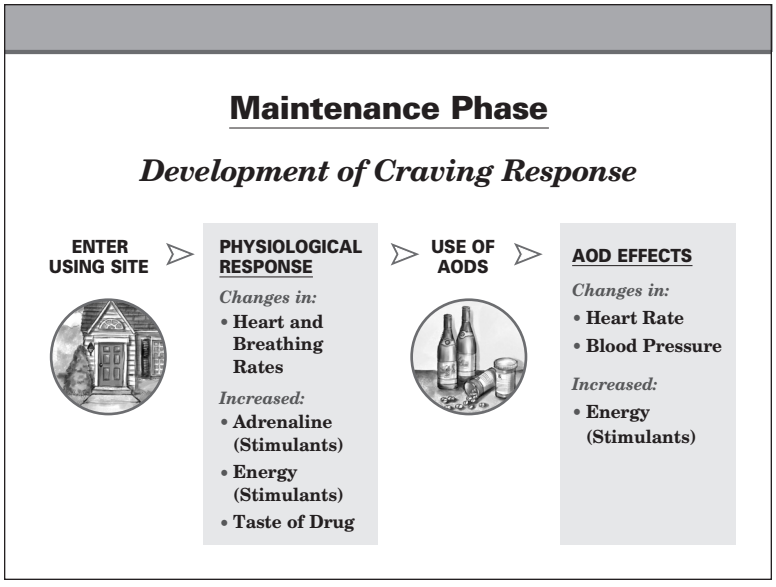
Conditioning has begun. The people, places, and things associated with AOD use have become triggers. Exposure to these triggers causes thoughts about AOD use. These thoughts, originating in the brain, are mild physiological reactions producing drives to find and use AODs.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 25

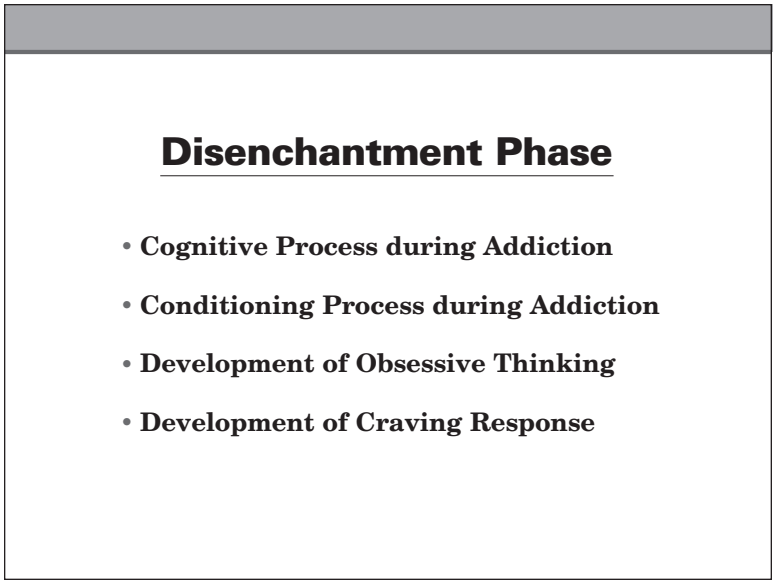
Thoughts of AOD use begin to occur more frequently.



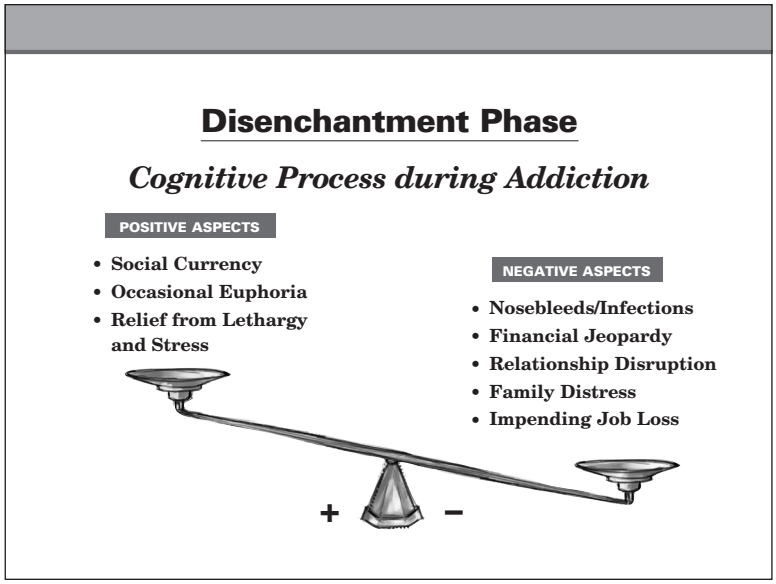
Slide 26

A mild physiological arousal occurs in situations closely associated with AOD use. As the person encounters AOD triggers, the limbic system is activated and AOD cravings occur. When AODs are finally ingested, a physiological state (arousal or tranquility, depending on the drug ingested) will usually occur.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



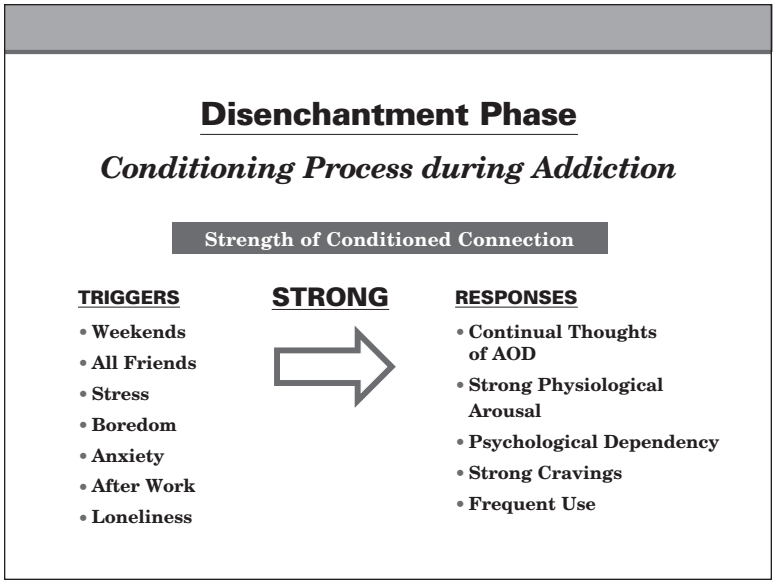
Slide 27



Slide 28

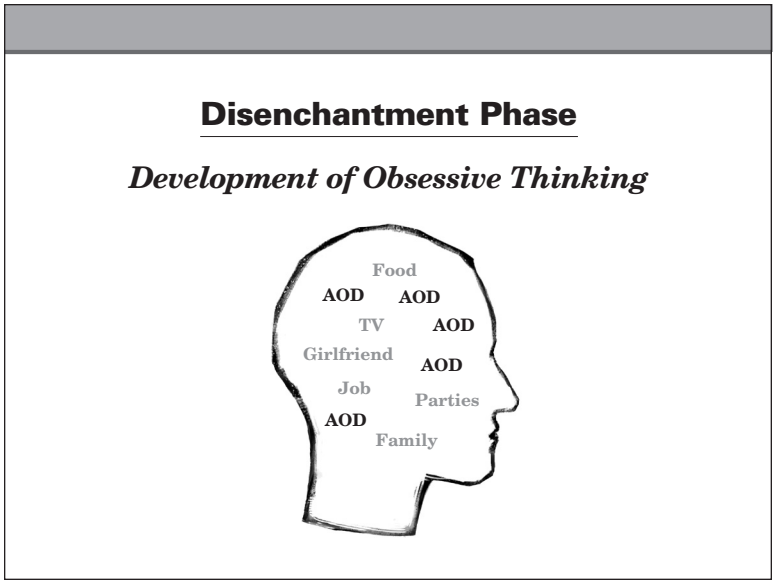
During this phase, AOD consequences are severe, and the user's life begins to become unmanageable. The user may sincerely resolve to quit using and yet may find himself or herself out of control at the first thought of AODs, the first encounter with a fellow user, or the availability of cash or other triggers.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 29

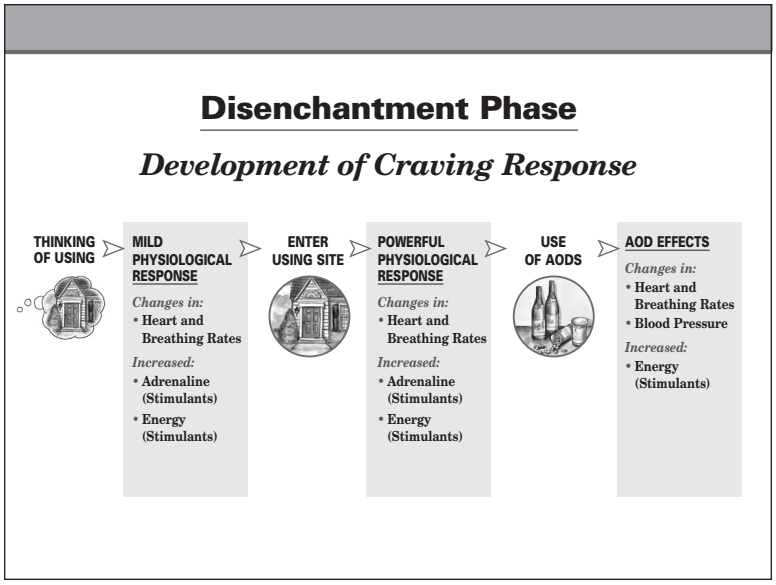
It is usually at this point that a person crosses the line into addiction. Despite the negative consequences of continued AOD use, the addiction is evidenced by the loss of rational control. Triggers produce a powerful physiological response that drives the user to acquire and use AODs.



Slide 30

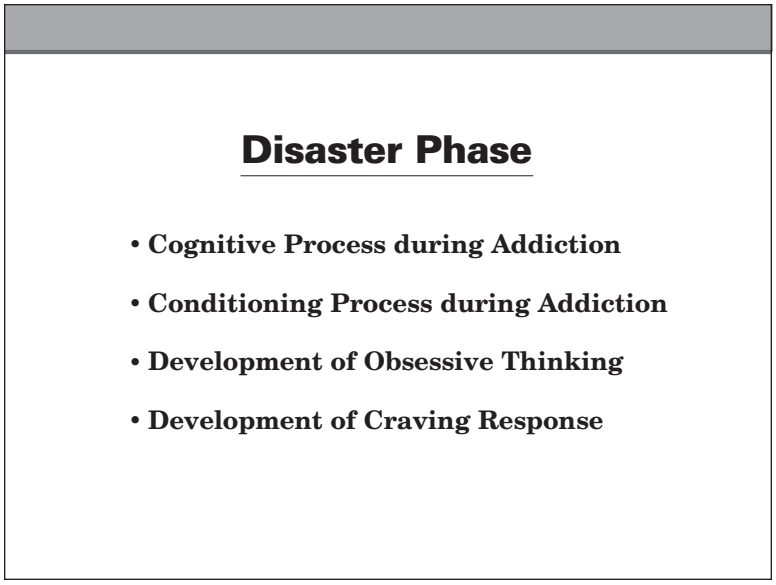
During the disenchantment phase, the frequency of AOD thinking increases, and it begins to crowd out thoughts of other aspects of life.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 31

In this phase, the craving response is a powerful event. The person feels an overpowering physical reaction in situations further and further removed from the drugs themselves. The craving response is almost as powerful as the actual physical reaction to the AOD.



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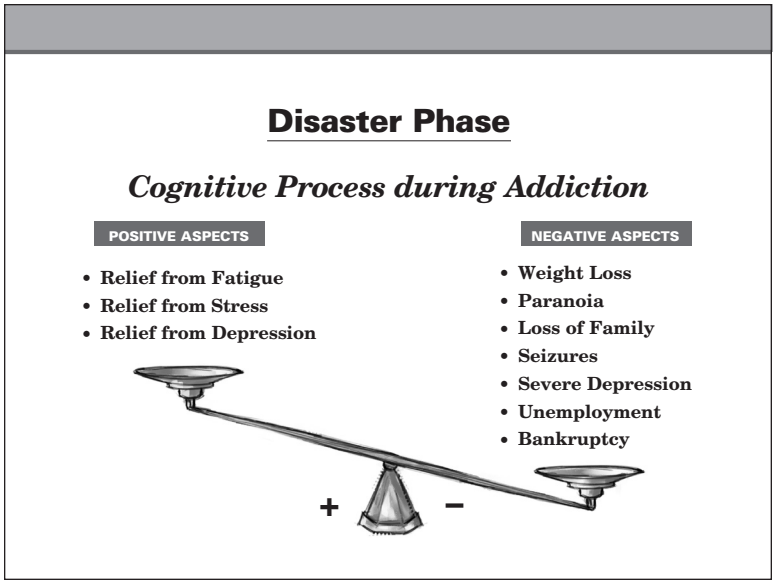
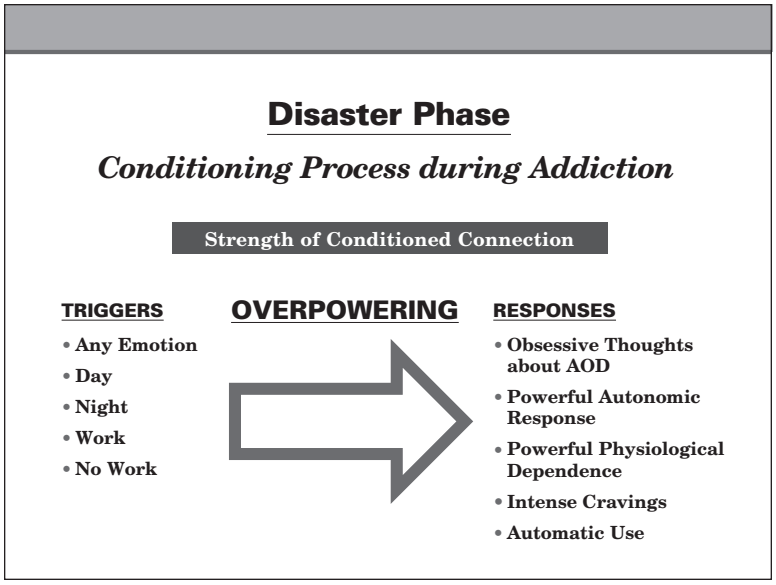
TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 33

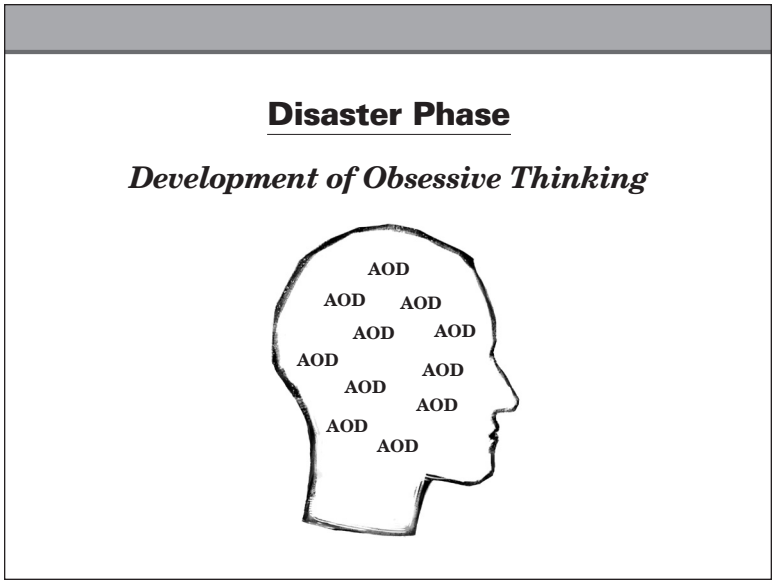
In the disaster phase, AOD use is often robotic and automatic. There is no rational restraint upon the drug use; it makes no sense at all. The user's behavior is much like the behavior of addicted laboratory animals that use drugs until they die.



Slide 34

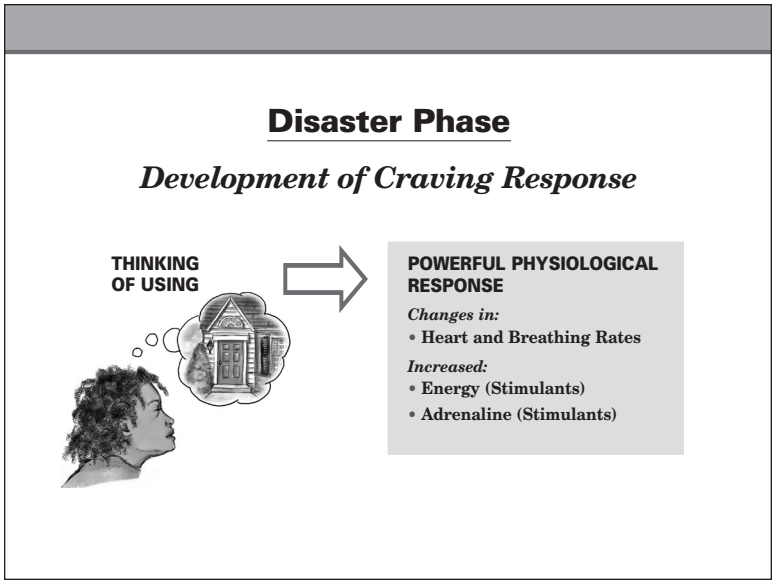
In this phase, the person is either using daily or in binges, which most likely will be interrupted by physical collapse, hospitalization, or arrest. Constant powerful craving from the limbic system and/or severe physiological dependency overwhelm the cortex.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 35

Thoughts of AOD use as well as the antecedents and consequences dominate the person's consciousness.



Slide 36

In the disaster phase, the craving can often be compared to actual AOD effects, and in some cases, these powerful effects may be the result of merely thinking about certain drugs.

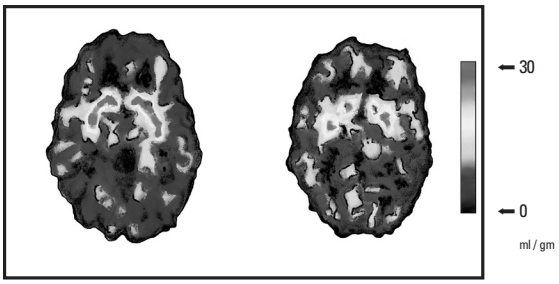
TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Effects of Drugs on Dopamine Levels

Drugs of abuse (methamphetamine, cocaine, morphine, and even nicotine) produce elevations in dopamine levels.

Slide 37

Dopamine Transporter Loss after Heavy Methamphetamine Use



Comparison Subject **Meth Abuser**

*Artwork adapted from photo. Photo courtesy of Nora D. Volkow, Ph.D.

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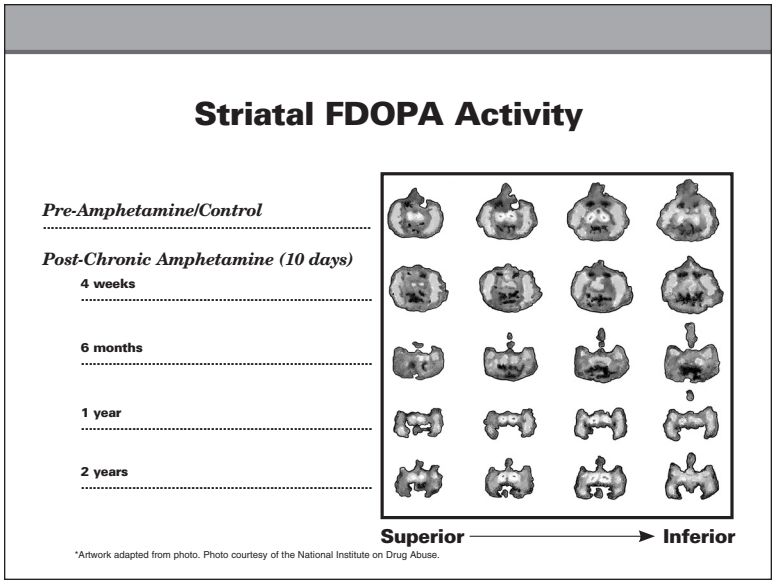
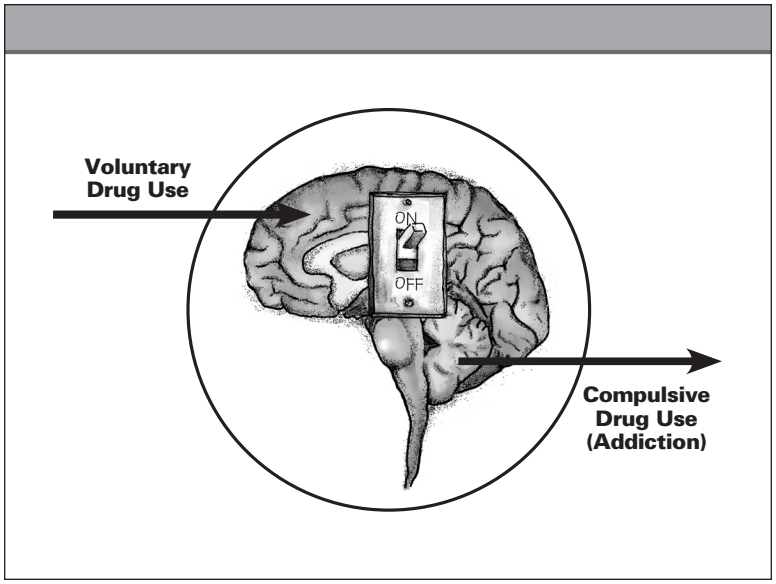
Dopamine transporters help transport "used" dopamine back into the nerve cells, ending the pleasure signal. A reduction in transporters reflects loss of dopamine function. This impairment is associated with memory disturbance and loss of ability to feel pleasure.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 39

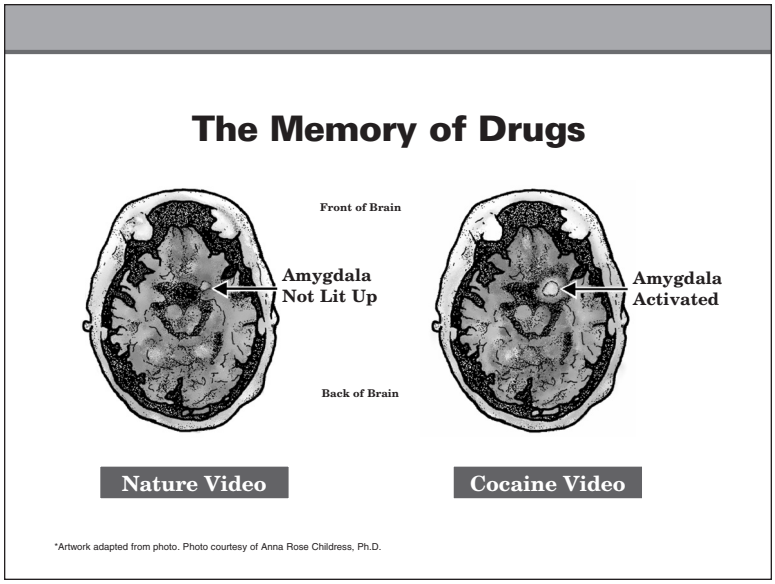
These brain scans show the long-term effects from amphetamine use in monkeys. It is believed that methamphetamine works similarly in the human brain. The lighter areas in the center brain structures in the top row indicate normal dopamine activity in the reward centers. The second row shows the same brain four weeks after being given methamphetamine for ten days. There is a dramatic decrease in brain activity in the reward centers of the brain for the first six months. After one year, dopamine activity (the lighter areas) begins to return, suggesting that the brain recovers from methamphetamine-induced damage.



Slide 40

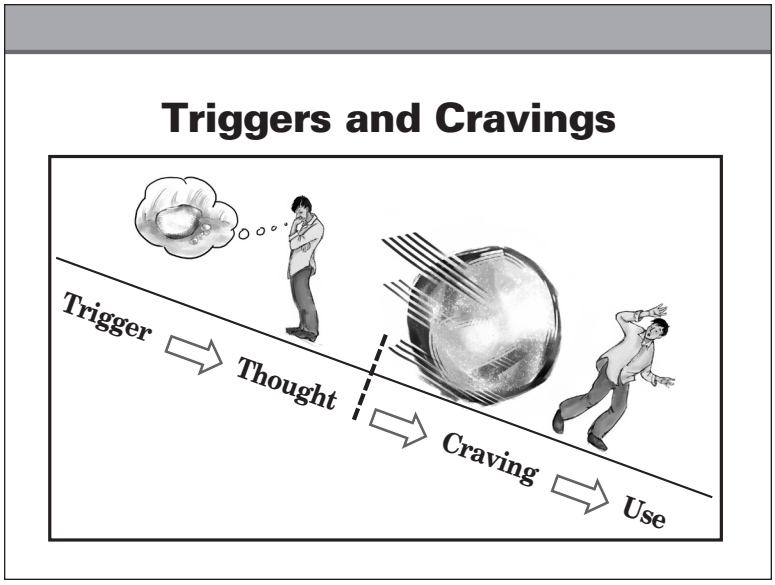
At first drug use is voluntary, but after continued use, a switch is "flipped," and it becomes compulsive.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*



Slide 41

The area being pointed to in this slide is the amygdala, a part of the brain critical for memory and emotions. For an addict, when a drug craving is triggered, the amygdala becomes active.



Slide 42

The time to use thought stopping is right after one recognizes a trigger or at the first thought of using. The biological process, as shown by the small rock, is still relatively small. As craving continues, it becomes more powerful and difficult to resist, as represented by the larger rock.

TRIGGERS AND CRAVINGS PRESENTATION NOTES | *continued*

Thought-Stopping Techniques

- **Using Visual Imagery**
- **Snapping**
- **Practicing Relaxation Techniques**
- **Calling Someone**
- **Praying**
- **Practicing Urge Surfing**

Slide 43

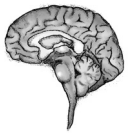
Here are a few thought-stopping techniques:

Visualization: Picture a switch or lever in your mind. Imagine actually moving it from *on* to *off*, stopping the drug or alcohol thoughts.

Snapping: Wrap a rubber band loosely around your wrist. Snap it lightly against your wrist as you say "no!" to the drug or alcohol thoughts.

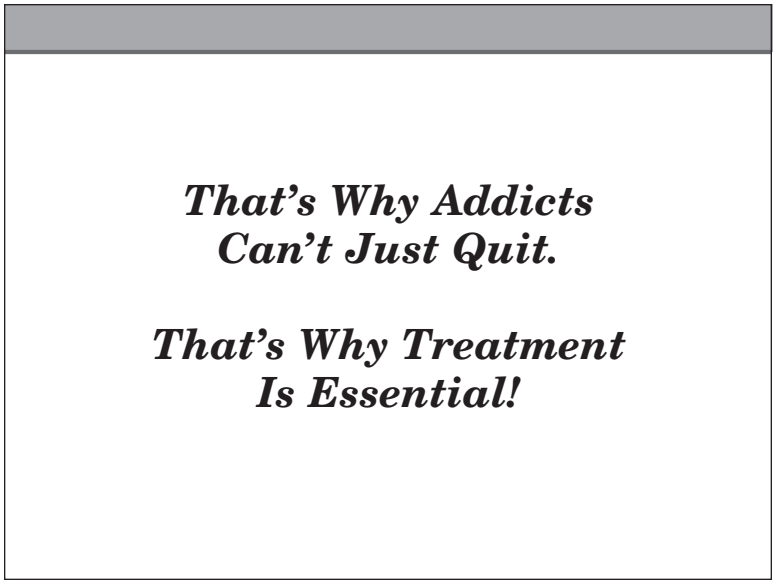
Addiction Is a Brain Disease Expressed as Compulsive Behavior.

Both Developing and Recovering from Addiction Depend on Behavior and Social Context.



Slide 44

TRIGGERS AND CRAVINGS PRESENTATION NOTES



Slide 45

Panel Member Guidelines

Congratulations! If you are a participant or family member who has been asked to be a member of the AA/Matrix Panel discussion, you are making the kind of progress in treatment that is obviously working for you. It is helpful for participants and significant others in the first months of treatment to hear your success story, but that is not the most important reason for you to take advantage of this opportunity. By talking to a group about your experience, you will find you "hear" yourself and view your experience from a different perspective. Many people find that being a panel member gives them renewed confidence and assurance about themselves and their recovery. You may not realize how far you have actually come.

• • •

When thinking about what you want to share with the group, use the questions below to help you organize your thoughts:

1. How did your family and/or environment contribute to your developing an addiction or getting into a relationship with a person with an addiction?
2. Describe the development of the addiction problem in your life.
3. Why/how did you get involved in treatment?
4. What feelings were prominent during your recovery?
5. What things were the most helpful to you during the recovery process?
6. What things do you think you could have done differently?
7. What are you doing now for your continuing recovery?

• • •

Remember:

- Your story will be more powerful if you are open and honest about your feelings.
- Avoid telling others what to do. They will learn best from you relating your own experiences and emotions.

Twelve Step Sponsors

One of the first things that people in recovery should do is find a sponsor at their home AA, NA, or CA meeting. The first few weeks and months of recovery are frustrating. Many things happen that are confusing and frightening. Especially during this difficult period, there will be many times when recovering people need to talk about problems and fears.

Also, participating in the Twelve Step programs can be strange for some people, especially those who have not been social for some time. A sponsor can help guide the newcomer through this process.

Selecting a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. Most people decide to select a sponsor who seems to be living a healthy and responsible life.

Some general guidelines for selecting a sponsor include the following:

1. A sponsor should have several years of sobriety from all mood-altering drugs.
2. A sponsor should have a healthy lifestyle and not be struggling with major problems or addiction.
3. A sponsor should be an active and regular participant in Twelve Step meetings. Also, a sponsor should be someone who actively "works" the Twelve Steps.
4. A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
5. A sponsor should be the same sex as you. Gay people should choose a non-gay sponsor of the same sex or someone of the opposite sex. You should choose a sponsor whom you are not sexually or romantically interested in.

The sponsor should provide the following assistance:

1. Sponsors help the newcomer by answering questions and explaining the Twelve Step recovery process.
2. Sponsors agree to be available to talk and to listen to their "sponsees" difficulties and frustrations, and to share their own insights and solutions.

TWELVE STEP SPONSORS | *continued*

3. Sponsors make recommendations and suggestions for problems that their sponsees are having. These recommendations come from their personal experiences with long-term sobriety. What works for a sponsor often works for the newcomer, although sometimes it does not.
4. Sponsors are people with whom addiction-related secrets and feelings of guilt can be easily shared. They agree to keep these secrets confidential and to protect the newcomer's anonymity.
5. Sponsors warn their sponsees when they see them get off the path of recovery. Sponsors are often the first people to know when their sponsees experience a slip or relapse. Thus, sponsors often push their sponsees to attend more meetings or get help for problems.

Questions

1. What kinds of qualities would you look for in a sponsor?

   _____

   _____

2. What kinds of qualities would you not want in a sponsor?

   _____

   _____

3. What are some additional benefits of having a sponsor?

   _____

   _____

4. What would you do if you didn't like the advice you obtained from your sponsor?

   _____

   _____

The Twelve Steps*

Step One

We admitted we were powerless over alcohol—that our lives had become unmanageable.

Step One addresses humility, the admission that alcohol and other drugs are more powerful than self-control. That can be difficult to admit, even when it is so obvious.

In making this admission, people might feel a great sense of relief. There can be a freedom and strength in realizing that the freedom from alcohol and other drugs does not spring from self-control and willpower, but from understanding that people are powerless over their substance use.

Step Two

Came to believe that a Power greater than ourselves could restore us to sanity.

Even though alcoholism and addiction can seemingly ruin a person's life, there is always hope. There is hope that every person can stop drinking or using, and there is hope that his or her life can be restored. Thus, Step Two is a Step of great hope. It is an admission that you believe that it is possible for your life to get back to normal, even if you are not sure what normal is.

Step Two suggests that there is some Power that is greater than the individual human being. It does not define what that is but simply states that there must be more than just the individual. Again, for many, it is the group process, for others it is Twelve Step programs, and for others it is God.

Step Three

***Made a decision to turn our will and our lives over to the care of God* as we understood Him.**

More than anything else, Step Three is about willpower.

During active addiction, most people try to use sheer willpower and determination in order to stop using. It doesn't work.

Some people stop using alcohol and other drugs but change little else in their lives. Their lives continue to be unmanageable and chaotic. They continue to struggle because they are still using sheer willpower and determination to solve problems. Even if it works temporarily to stop using or drinking, it won't work to stop the other struggles.

* The Twelve Steps are from *Alcoholics Anonymous,* 4th ed., published by AA World Services, Inc., New York, N.Y., 59–60.

THE TWELVE STEPS | *continued*

Step Three is a reminder that people can either bombard their problems with willpower and determination, or they can try to find strength and support in a Higher Power.

As a reminder, Step Three plainly states, "God as we understood Him."

Step Four

Made a searching and fearless moral inventory of ourselves.

Step Four is a challenge to take a serious look at personal behavior, attitudes, and beliefs.

While actively using, the individual is not able to look at these personal behaviors, attitudes, and beliefs. Step Four is a challenge to look directly at them. It is a challenge to look at personality characteristics that are unhealthy and hurt other people. Most commonly, people examine their relationships with pride, greed, lust, anger, selfishness, envy, and laziness.

Step Five

Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step Five provides a way to stop living alone with the knowledge of the personal character defects that were discovered in Step Four.

People who seriously make a searching and fearless moral inventory of themselves find things out about themselves that are uncomfortable. Before they are able to change some of these areas of their lives, this knowledge can build up emotional pressure.

Step Five is a safety valve. It is a way to stop being tormented by the problems of yesterday. It is as simple as talking to somebody about them.

This Step is also a way to reduce the significant torment of loneliness that many people with addiction experience. It is also an opportunity to start feeling that forgiveness is truly possible. Only when this is done can someone begin to forgive *others* as well.

This Step is an opportunity finally to let go of years of pent-up emotions and pain. It is truly a healing experience. This Step is traditionally done with a Twelve Step sponsor or clergyperson. It should be done carefully, with someone from whom nothing is held back.

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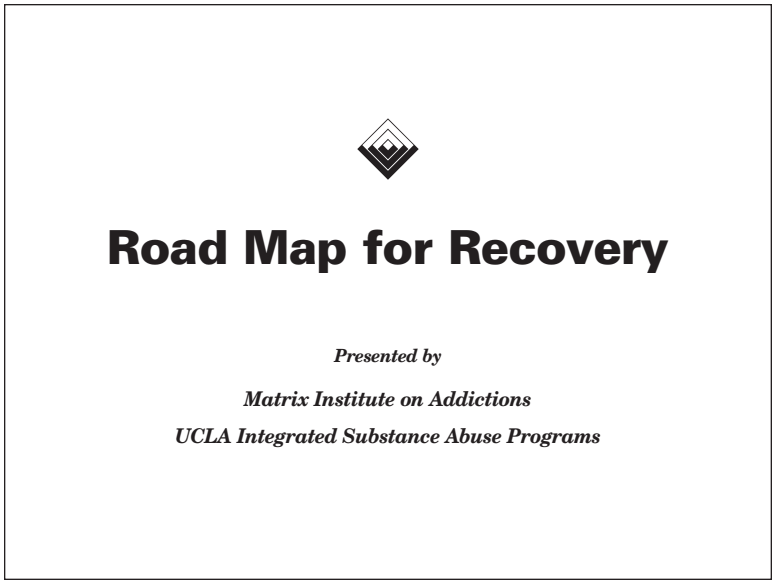
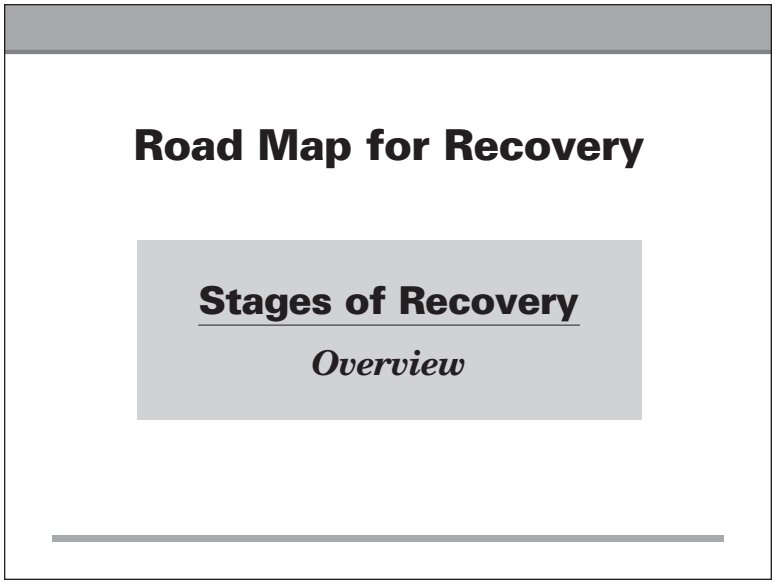
Road Map for Recovery Presentation Notes

Slide 1



Slide 2



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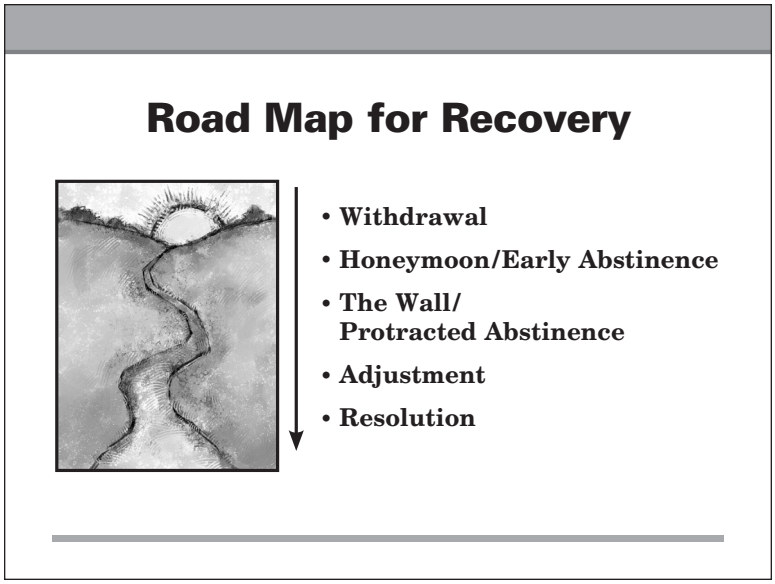
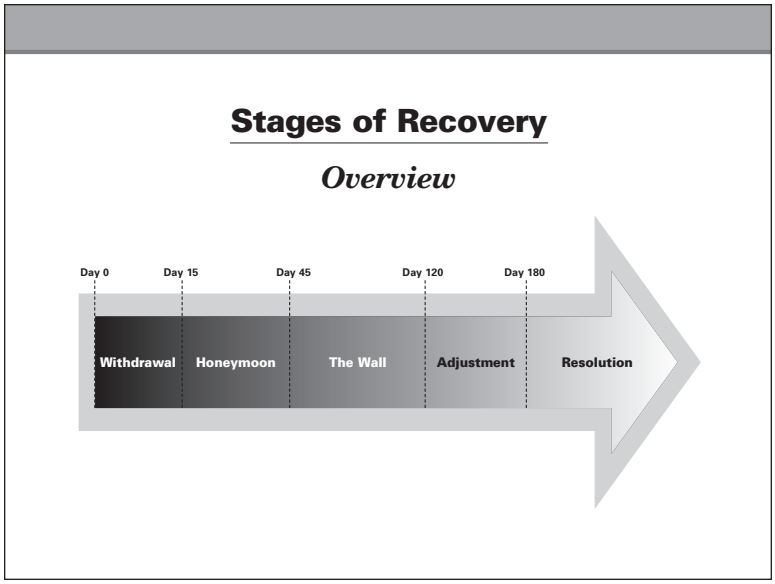
ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 3

There are five main stages in a person's recovery from addiction.



Slide 4

These five stages occur in order for a fairly predictable amount of time, as outlined in this diagram. This process is more obvious with recovery from stimulants. The timetable shown in the illustration is longer when people are recovering from methamphetamine dependence.

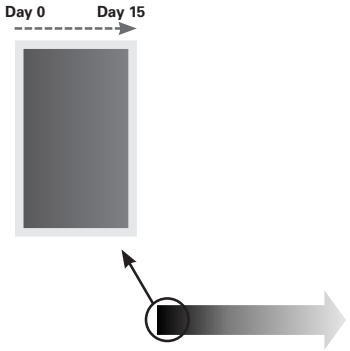
ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

Components of Stimulant Addiction Syndrome

- **Behavioral Disruption**
- **Emotional Disruption**
- **Cognitive Disruption**
- **Family/Relationship Disruption**

Slide 5

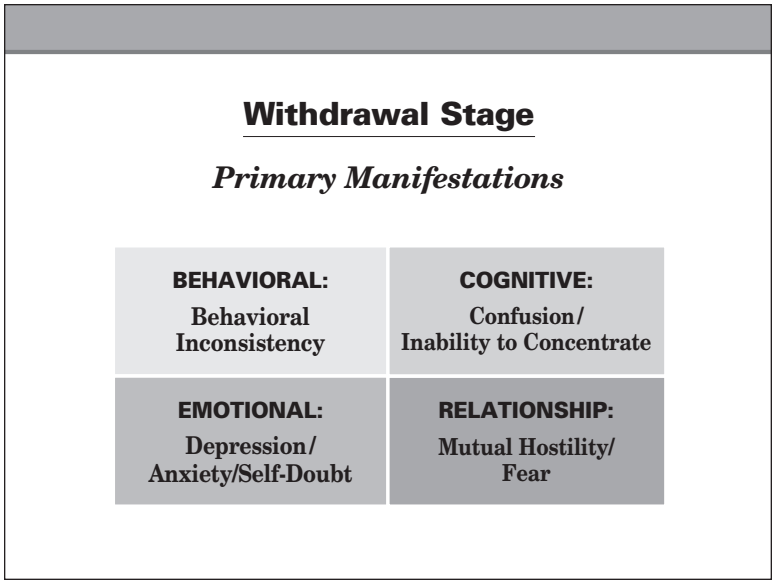
Withdrawal Stage



Slide 6

The withdrawal stage generally occurs during day 0 to day 15 of treatment.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 7

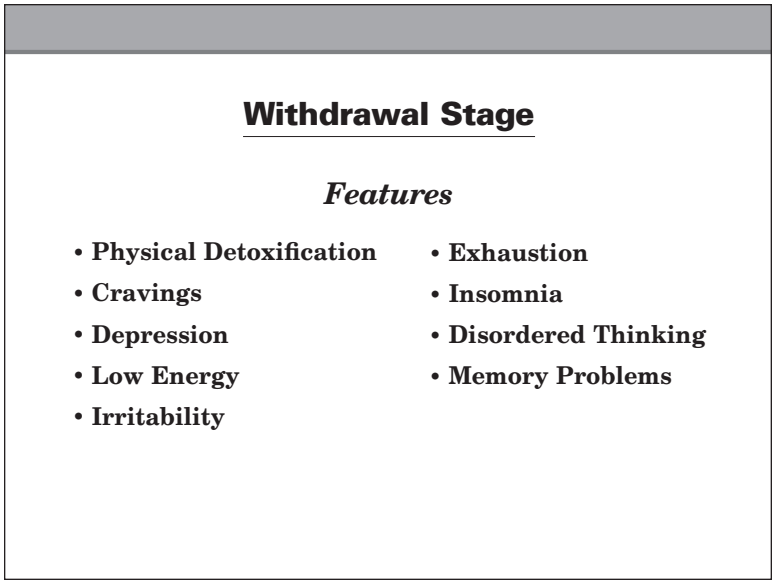
During the withdrawal stage, it is common to see the following symptoms:

– behavioral inconsistency

– confusion/inability to concentrate

– depression/anxiety/self-doubt

– mutual hostility/fear



Slide 8

People suffering from severe withdrawal should be viewed as having an acute psychiatric condition. Their brains are not functioning properly due to neurochemical imbalances. The condition may have dangerous consequences.

Withdrawal Stage

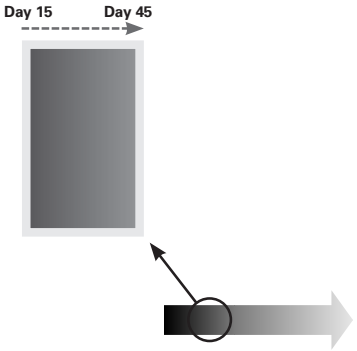
Relapse Factors

- **Unstructured Time**
- **Proximity of Triggers**
- **Alcohol/Marijuana Use**
- **Powerful Cravings**
- **Paranoia**
- **Depression**
- **Disordered Sleep Patterns**

Slide 9

During withdrawal, patients are disoriented, depressed, and fatigued, and they feel out of control. During this stage, drug and alcohol triggers, thoughts, and cravings may be prevalent.

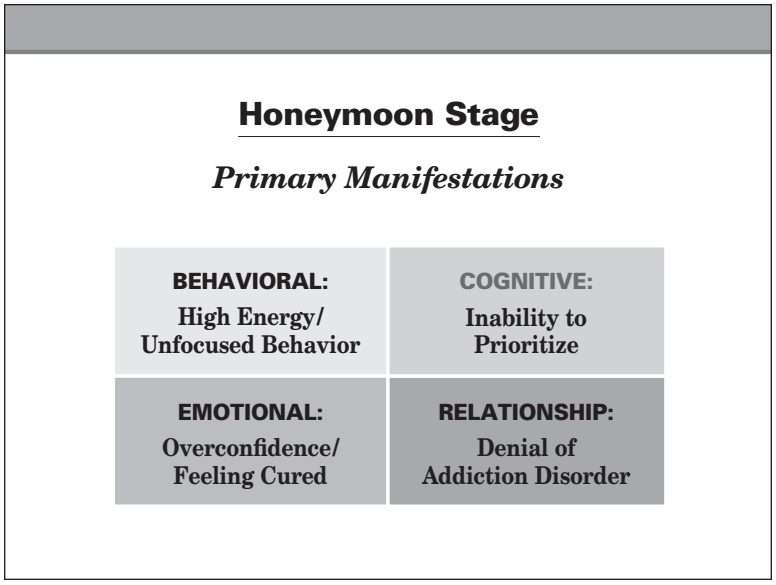
Honeymoon Stage



Slide 10

The next stage, called the honeymoon stage, generally occurs from day 15 to day 45, beginning and ending later with methamphetamine addiction.

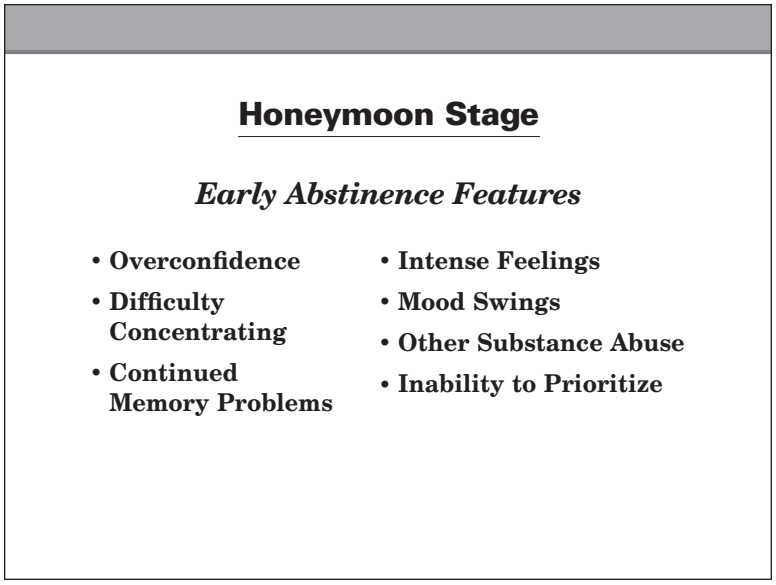
ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 11

During the honeymoon stage, it is common to see the following symptoms:

– high energy/unfocused behavior
– inability to prioritize
– overconfidence/feeling cured
– denial of addiction disorder



Slide 12

Here are some features that people may experience when in the early stages of abstinence.

Honeymoon Stage

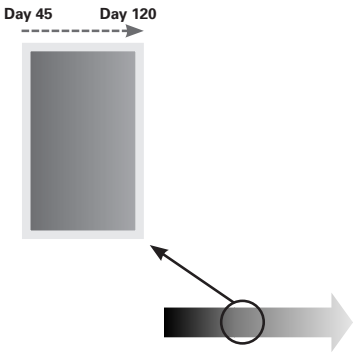
Relapse Factors

- **Overconfidence**
- **Secondary Use of Alcohol or Other Drugs**
- **Discontinuation of Structure**
- **Resistance to Behavior Change**
- **Return to Addictive Lifestyle**
- **Inability to Prioritize**
- **Periodic Paranoia**

Slide 13

Since the honeymoon stage can be so positive, the person in recovery needs to be aware of factors that can cause relapse. It is critical that patients recognize that this honeymoon period is temporary.

The Wall Stage



Slide 14

The Wall stage generally happens from day 45 to day 120, with an extended timetable for people recovering from methamphetamine use.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

The Wall Stage

Primary Manifestations

BEHAVIORAL: Sluggish/ Low Energy/Inertia	**COGNITIVE:** Relapse Justification
EMOTIONAL: Depression/ Anhedonia	**RELATIONSHIP:** Irritability/ Mutual Blaming/ Impatience

Slide 15

During the Wall stage, people can experience the following symptoms:

– sluggishness/low energy/inertia
– relapse justification (justifying one's reasons for relapse)
– depression/anhedonia (inability to experience normal pleasures)
– irritability/mutual blaming/ impatience

The Wall Stage

Protracted Abstinence

- Return to Old Behaviors
- Anhedonia
- Anger
- Depression

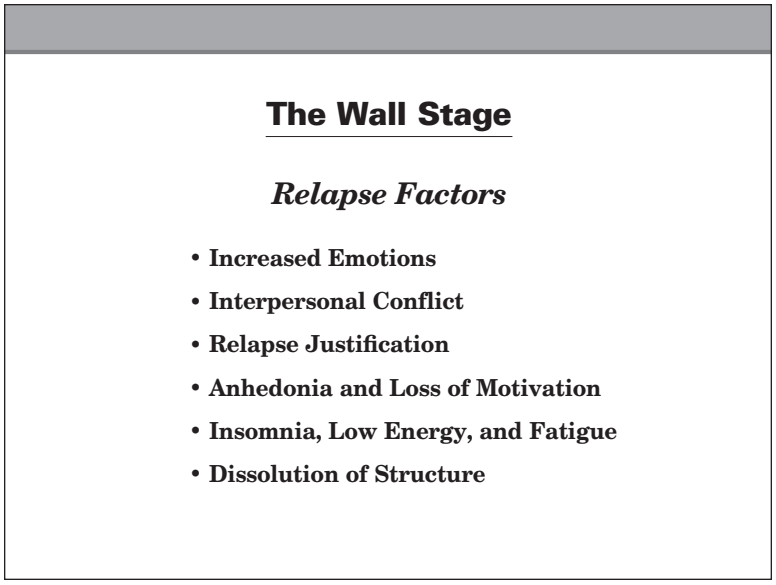
- Emotional Swings
- Unclear Thinking
- Isolation
- Family Problems

- Cravings Return
- Irritability
- Abstinence Violation

Slide 16

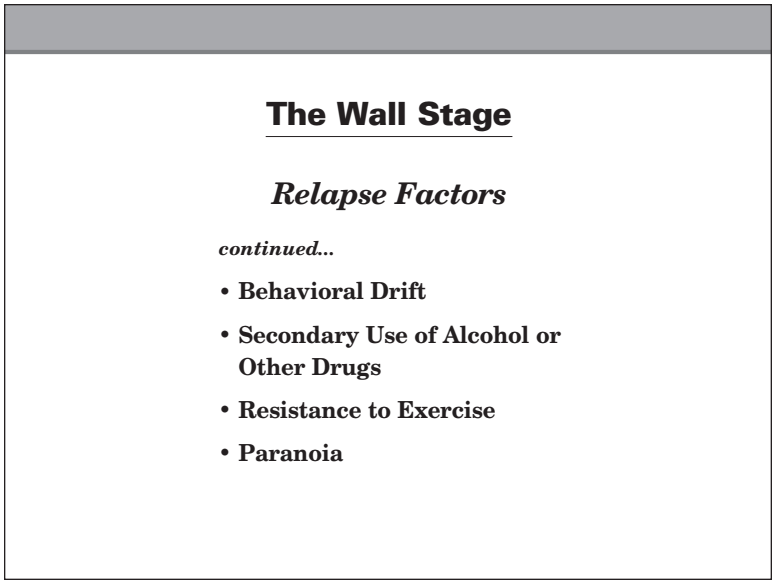
During the Wall stage, a person typically experiences a lack of energy and an emotional state ranging from apathy to depression. Preparation for these feelings and constant encouragement during this stage are critical.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 17

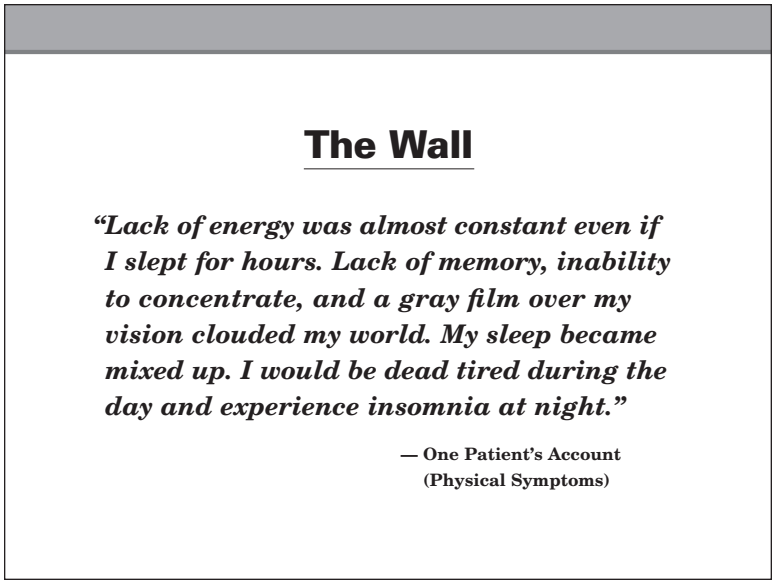
This period is viewed as the major hurdle during the recovery period. Patients often perceive that these symptoms will persist indefinitely.



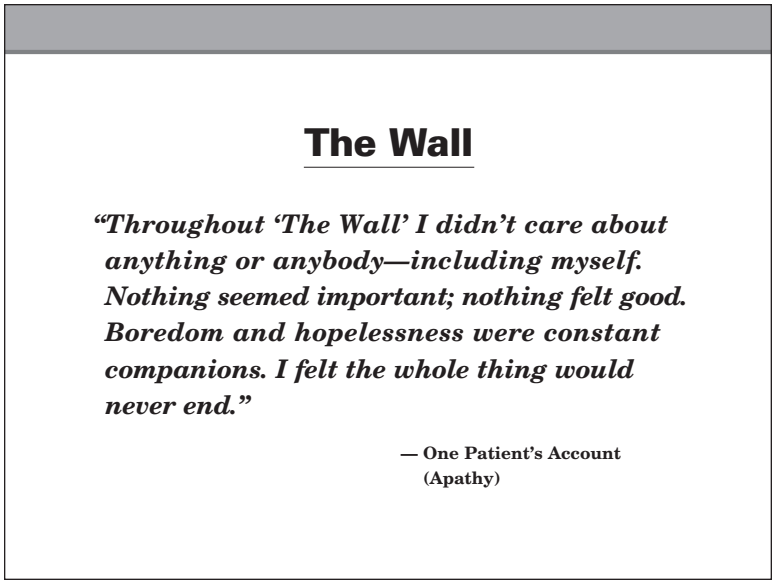
Slide 18

Loss of structure, behavioral drifts, and resistance to exercise can open the way to relapse justification, alcohol use, and drug use. Exercise and regular program contact, as well as support from self-help groups, are particularly beneficial during this time.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

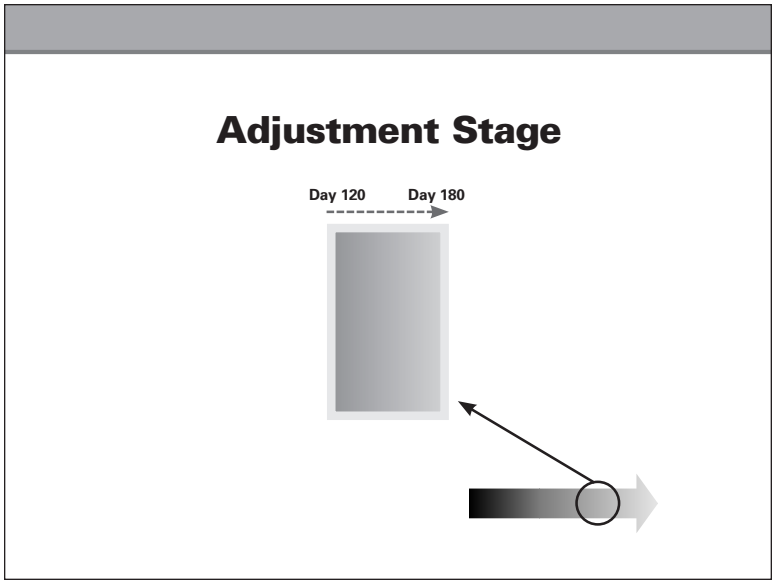


Slide 19



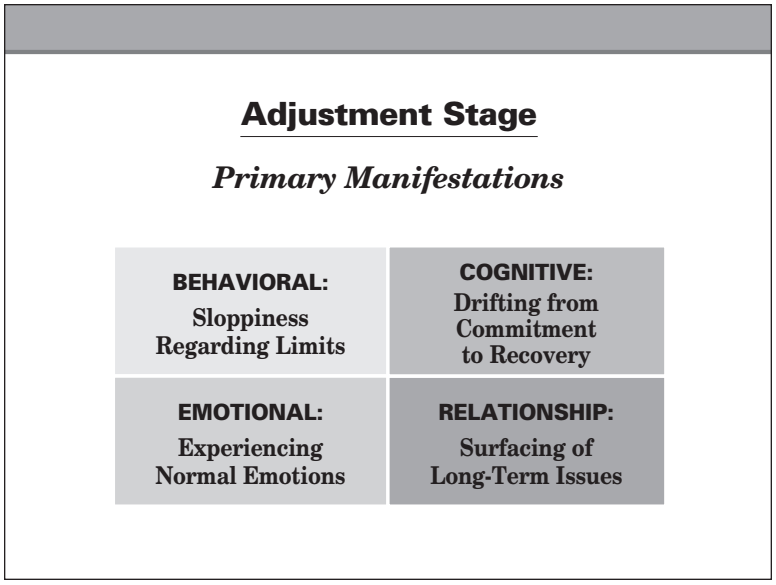
Slide 20

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 21

The adjustment stage generally occurs from day 120 to day 180.



Slide 22

During the adjustment stage, the primary manifestations include the following:

– sloppiness regarding limits
– drifting from commitment to recovery
– experiencing normal emotions
– the surfacing of long-term relationship issues

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

Adjustment Stage

Features

- **Relationship Problems**
- **Boredom**
- **Lack of Goals**
- **Guilt and Shame**

- **Job Dissatisfaction**
- **Underlying Psychopathology May Surface or Resurface**

Slide 23

Although physiological aspects are substantially resolved at this point, recovery is far from complete. Patients begin to adjust to the continuation of life-style and relationship changes as the new definition of normal.

Adjustment Stage

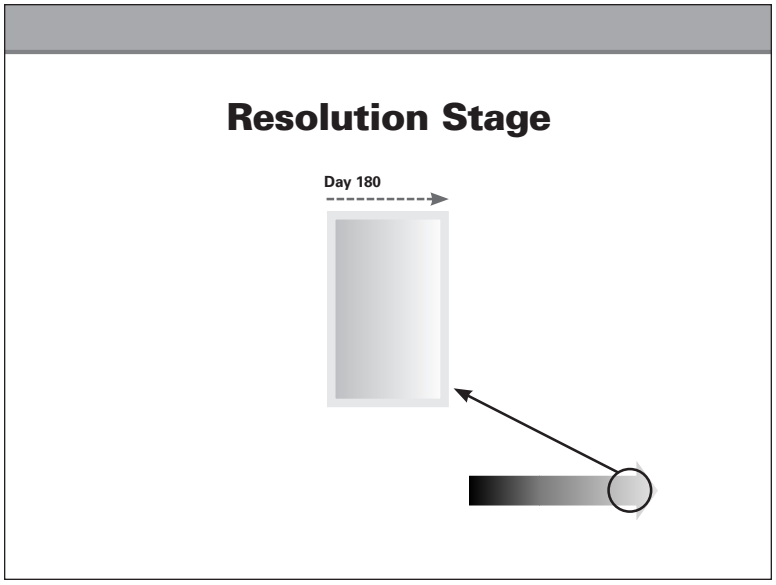
Relapse Factors

- **Secondary Use of Alcohol or Other Drugs**
- **Relaxation of Structure**
- **Struggle over Acceptance of Addiction**
- **Maintenance of Recovery Momentum/Commitment**
- **Six-Month Syndrome**
- **Reemergence of Underlying Pathology**

Slide 24

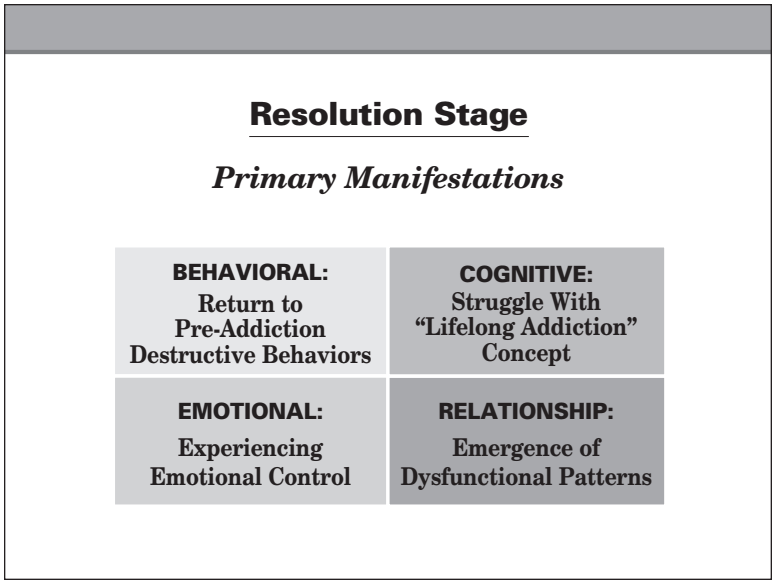
At this stage, patients often have a feeling of being "cured," which translates into resuming drug and alcohol use, relaxation of structure, and discontinuation of recovery activities or behaviors. Patients may also relapse by drifting back to using friends, beginning secondary drug and/or alcohol use or compulsive behaviors, not dealing with emotional issues, and losing the momentum of recovery.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 25

The final stage in recovery, the resolution stage, generally occurs after 180 days of recovery.

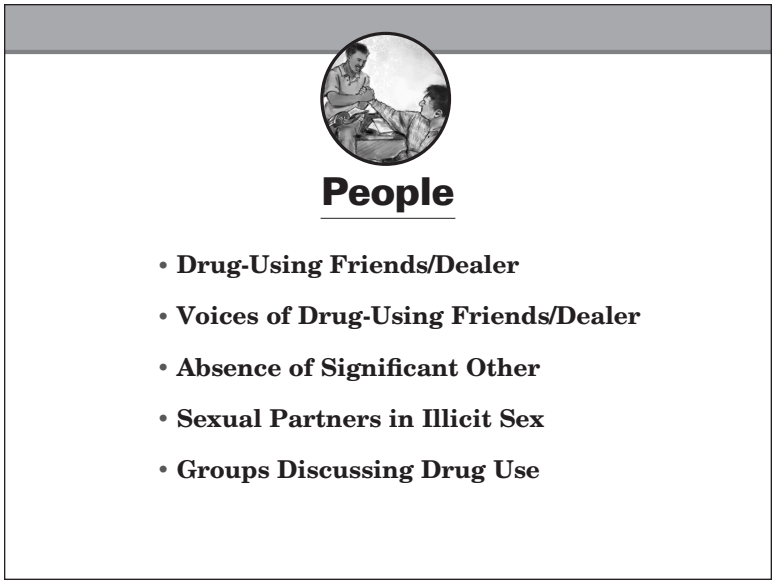


Slide 26

These are some of the primary manifestations of someone in the resolution stage:

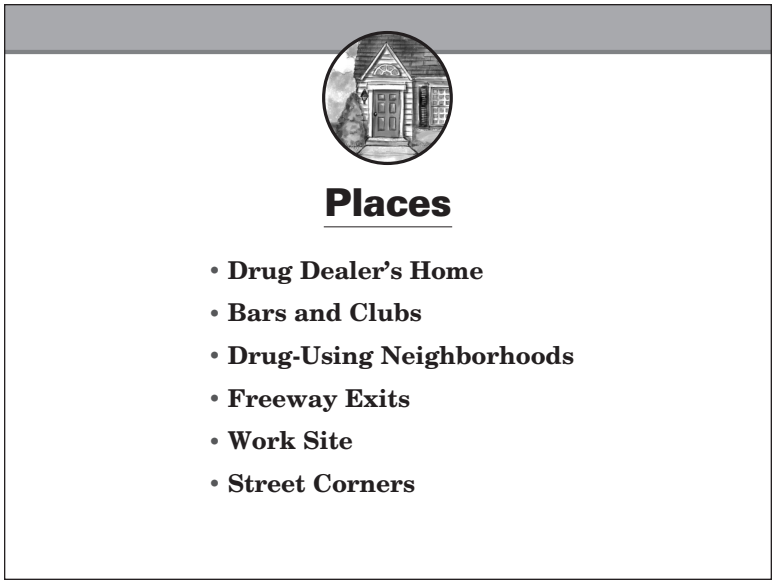
– return to pre-addiction destructive behaviors
– struggle with "lifelong addiction" concept
– experiencing emotional control
– emergence of dysfunctional patterns

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 27

During the resolution stage, people in recovery need to be aware of the people and relationship situations that could set them up for relapse. They need to prepare for or avoid these people or situations.



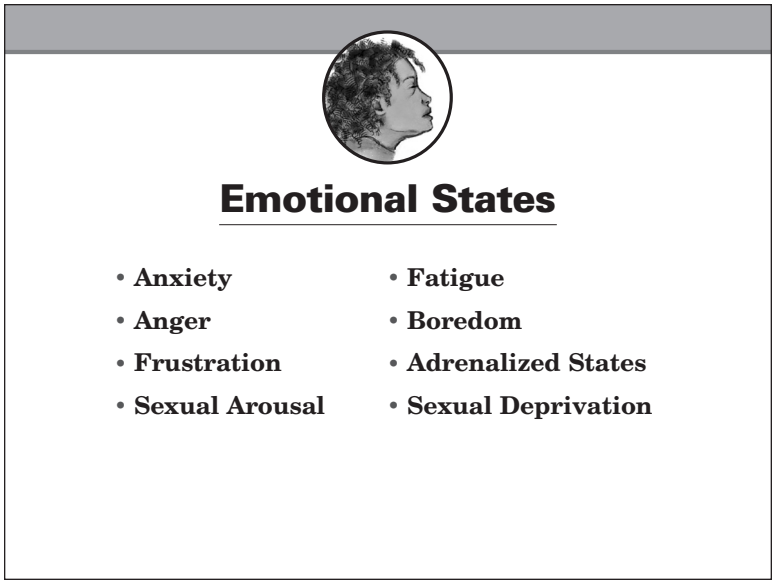
Slide 28

People in recovery also need to be aware of places that could serve as a trigger for use. Here are some examples.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

Slide 29

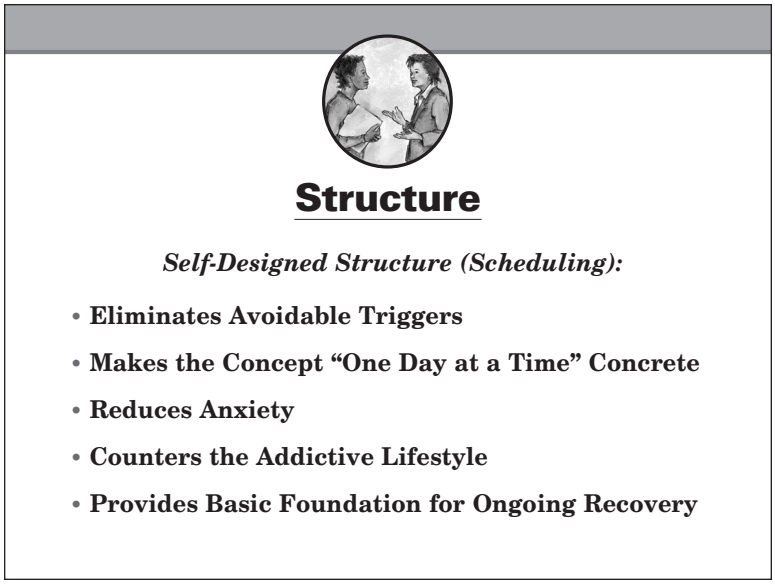
People in recovery also need to be aware of things that could serve as triggers for use. Here are some examples.



Slide 30

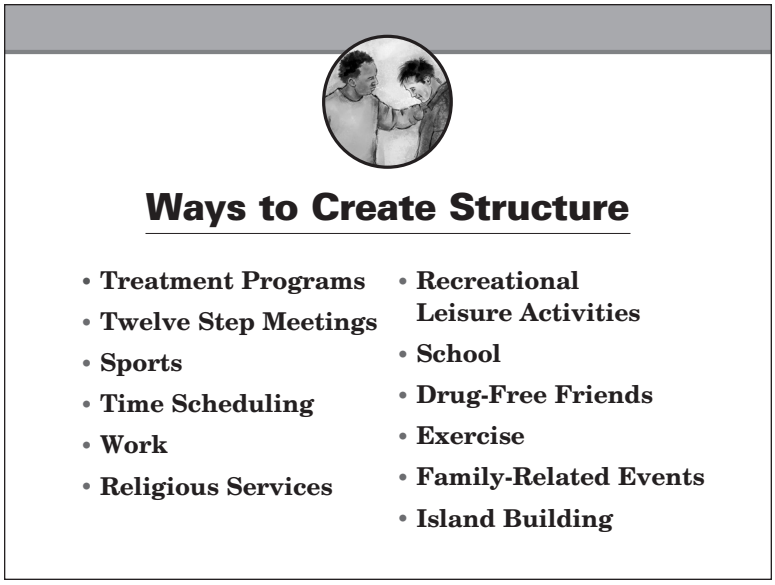
The reality for most addicted people is that any emotional state, positive or negative, can be a trigger if it has been historically associated with drug or alcohol use.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*



Slide 31

Scheduling is an exercise in higher brain (cortical) control that reduces anxiety and encourages self-reliance, thus reducing "accidental" relapses. Structure is also a contrast to the addictive lifestyle. It helps promote balance within a person's life and a "one day at a time" philosophy.



Slide 32

Structure should include new drug-free behaviors, such as attendance at Twelve Step meetings, physical exercise, recreational/leisure activities, and work- and family-related events. A daily activity plan promotes recovery and reduces the possibility of boredom, impulsive decision making, addictive behavior, and relapse.

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

Problems Encountered with Scheduling

- **Perfectionism**
- **External Demands**
- **Others' Needs**
- **Choice of Activities (Triggers)**
- **Partial Scheduling**

Slide 33

Sometimes scheduling can become tedious or stressful, resulting in a negative experience. Some of the problems of scheduling include a schedule that's too demanding or the imposition of someone else's desires instead of the patient's choice.

Problems Encountered with Scheduling

(continued)

- **Neglecting Balance**
- **Unrealistic Expectations**
- **Excluding Significant Others**
- **Holidays, Illness, and Other Changes**

Slide 34

ROAD MAP FOR RECOVERY PRESENTATION NOTES | *continued*

Relapse Justification

- **The rational part of the brain attempts to provide a logical explanation for justifying behavior, which moves the client closer to his or her drug of choice.**
- **Relapse thoughts gain power when they are not openly recognized and discussed.**

Slide 35

People in recovery need to be aware of and try to prevent relapse justification, avoid rationalizing the use of substances again, and talk about these thoughts with others so their power is lessened.

Relapse Justification—Example

The Situation Wasn't My Fault

I had an argument with my spouse.

•

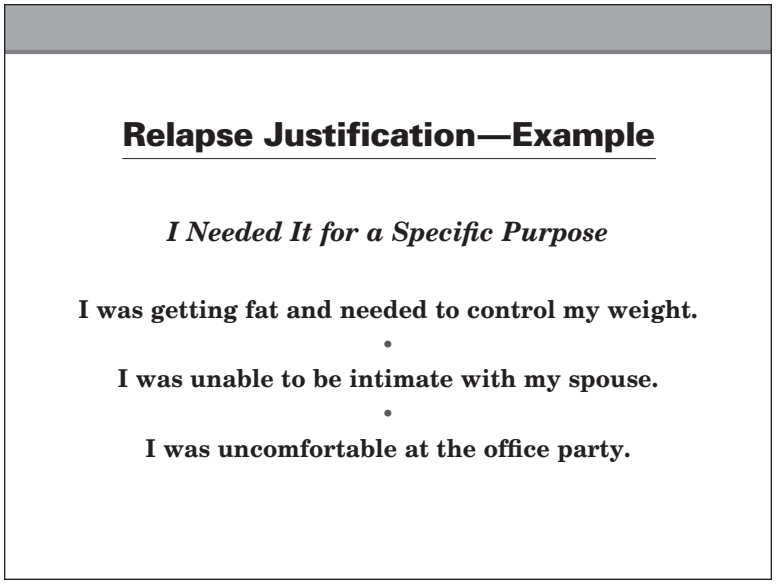
My parents were bugging me.

•

I was laid off from my job.

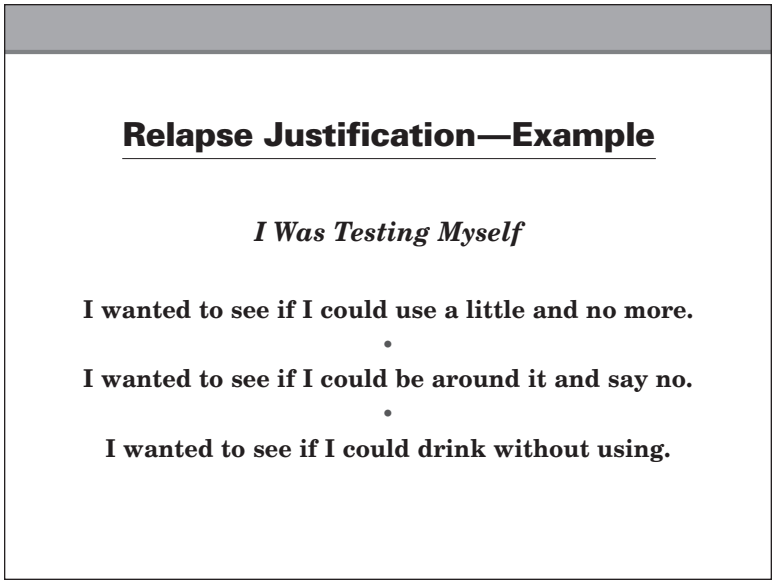
Slide 36

This set of justifications suggests that people have no choice in their use of drugs and alcohol if a situation seemingly arises without warning.



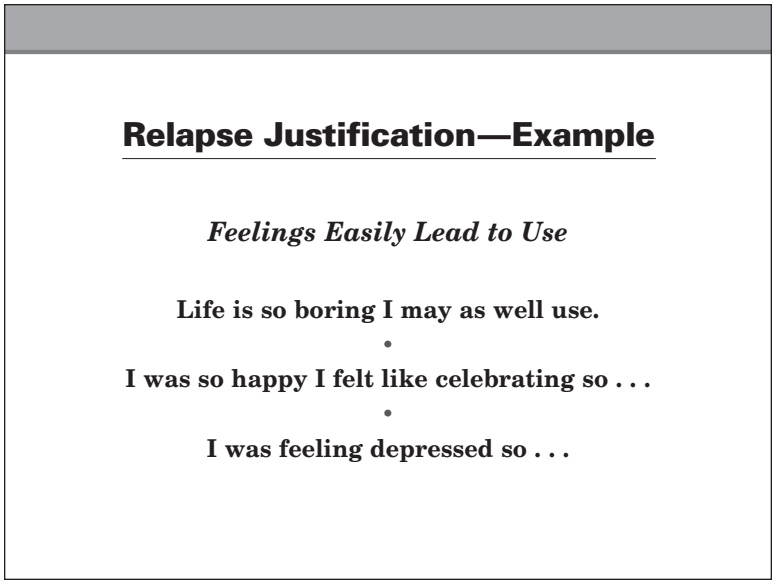
Slide 37

This set of justifications suggests that drugs and alcohol would be useful for accomplishing a goal or specific purpose.



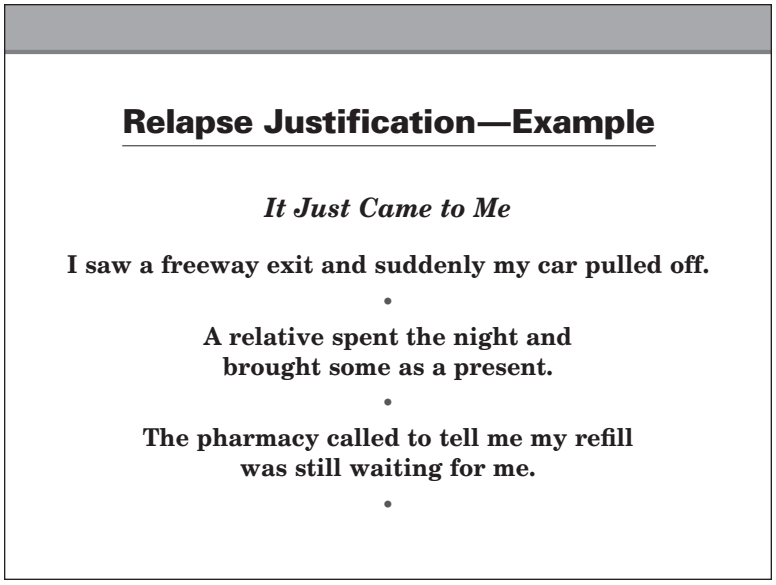
Slide 38

"Testing yourself" justifications are simply excuses to use alcohol and other drugs. There is no good reason for the recovering addict to be around drugs and alcohol. If people continue to test themselves, they will ultimately fail the test.



Slide 39

These justifications suggest that certain emotional states are so powerful or devastating that using drugs and alcohol is a legitimate response to counter them.



Slide 40

This set of justifications suggests that drug and alcohol use comes to the recovering addict in some mysterious or inexplicable way.

ROAD MAP FOR RECOVERY PRESENTATION NOTES

Relapse Justification—Example

It Just Came to Me ***continued***

I was at a party and someone offered me drugs.

•

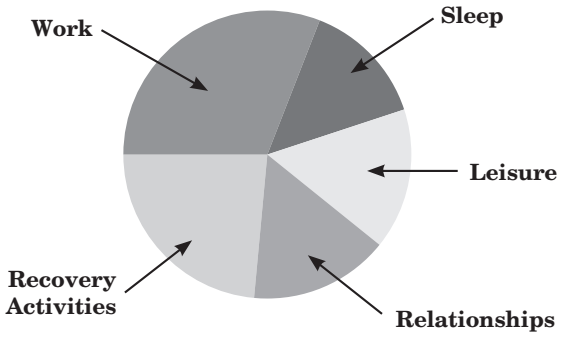
I was at work and my boss asked if I wanted some.

•

I found some in my car.

Slide 41

Balanced Lifestyle for Recovery



Slide 42

This representation of a recovery pie indicates the lifestyle balance recommended to sustain ongoing abstinence and sobriety. Every individual needs to find the optimal balance that works for him or her.

Avoiding/Coping with Relapse

Answer the following questions about relapse as you think of it now. The questions are designed to serve as a basis for discussion. See if the discussion changes your mind about any of these issues.

1. Does relapse to alcohol or other drug use indicate that a person is failing in treatment?

   Yes _____ No _____

2. Is there a difference between a relapse and substance use that never actually stopped?

   Yes _____ No _____

3. Should a family member know exactly what his or her reaction to a relapse will be before it happens?

   Yes _____ No _____

4. Is the addicted person the only one in the family who is in a recovery process, and is he or she the only person who can relapse?

   Yes _____ No _____

5. Do relapses serve as warning signs indicating the need for a change in a person's treatment plan?

   Yes _____ No _____

6. Should a dream in which someone uses be viewed as a relapse?

   Yes _____ No _____

7. Does relapse mean the family member needs to spend more time with the addicted person and less time on himself or herself?

   Yes _____ No _____

AVOIDING/COPING WITH RELAPSE | *continued*

8. Does relapse happen very suddenly and unpredictably?

   Yes _____ No _____

9. Is relapsing always characterized by the use of alcohol or other drugs?

   Yes _____ No _____

10. Can relapse destroy the reestablishment of trust in a relationship?

    Yes _____ No _____

11. Is using alcohol or other drugs for very special occasions considered a relapse?

    Yes _____ No _____

12. Should a person in recovery be able to be in any situation without difficulty if he or she really wants to stay sober?

    Yes _____ No _____

13. Have you changed your mind about any of the questions after hearing the discussion? Explain.

_____

_____

_____

_____

_____

• • •

Families in Recovery Presentation Notes

Families in Recovery

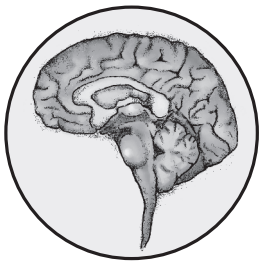
Presented by

Matrix Institute on Addictions

UCLA Integrated Substance Abuse Programs

Slide 1

Development of Craving Response



Slide 2

Addictive use of drugs and alcohol causes an activation of the limbic system, and eventually the system becomes overactivated to the point where normal rational restraints on behavior are lost.

▶ Please use white space to take notes.

Introductory Phase

- **Cognitive Process during Addiction**
- **Conditioning Process during Addiction**
- **Development of Obsessive Thinking**
- **Family Response to Increasing Addiction**

Slide 3

The following slides will track the development of addiction in the brain as it progresses through the introductory, maintenance, disenchantment, and disaster phases.

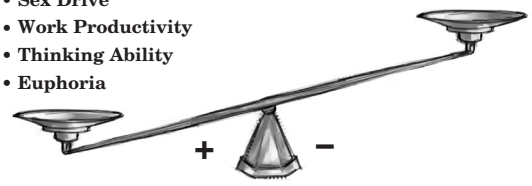
Introductory Phase

Cognitive Process during Addiction

POSITIVE ASPECTS

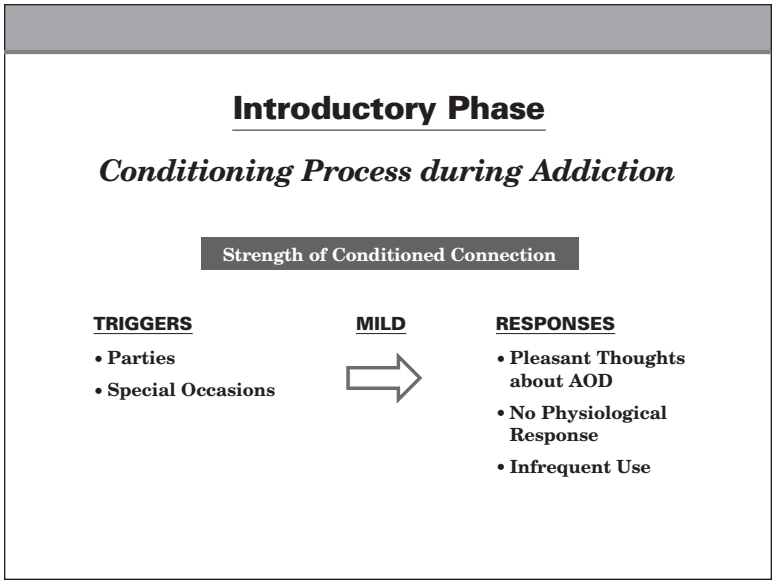
Increased:
- **Status**
- **Energy**
- **Sex Drive**
- **Work Productivity**
- **Thinking Ability**
- **Euphoria**

NEGATIVE ASPECTS
- **Illegality**
- **Expense**
- **Hangover**
- **Missing Work**



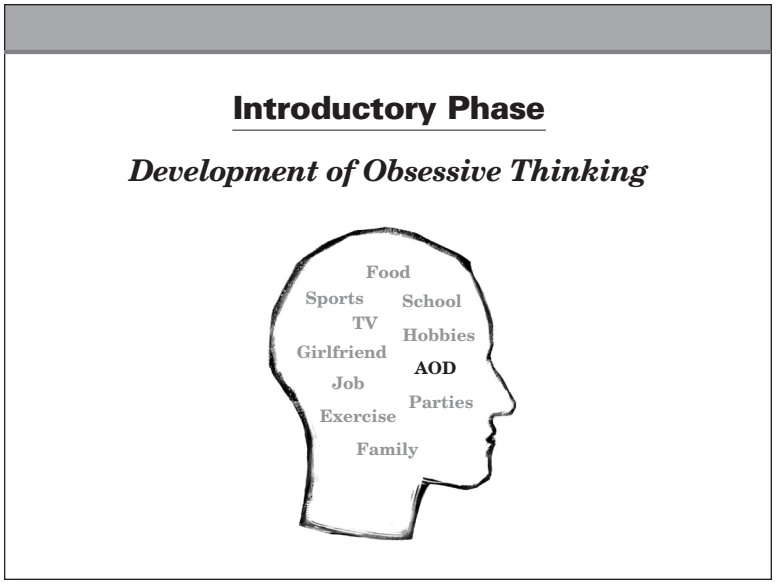
Slide 4

During the introductory phase of addiction, the drug or alcohol use might occur only a few times each year at special occasions or for a particular reason such as weight loss or staying awake. The positives of drug or alcohol use seem to outweigh the negatives.



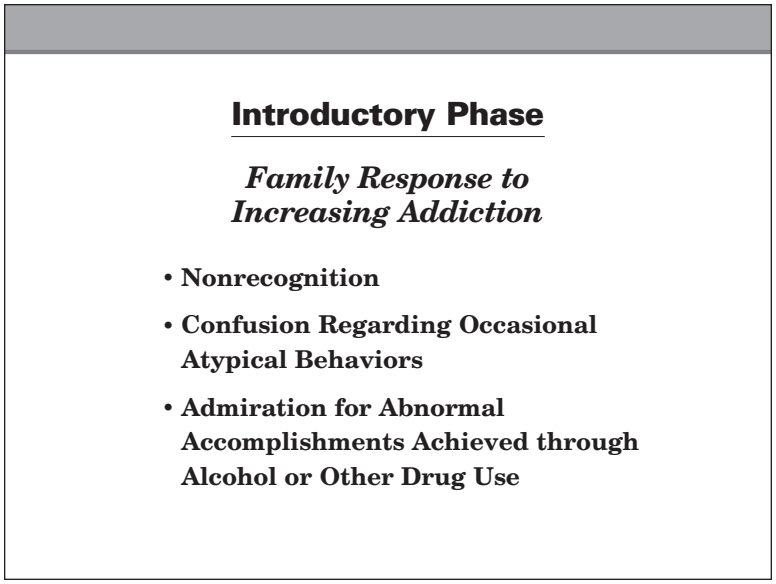
Slide 5

Every time the substance user ingests the drug or alcohol, he or she unknowingly conditions his or her brain to want more.



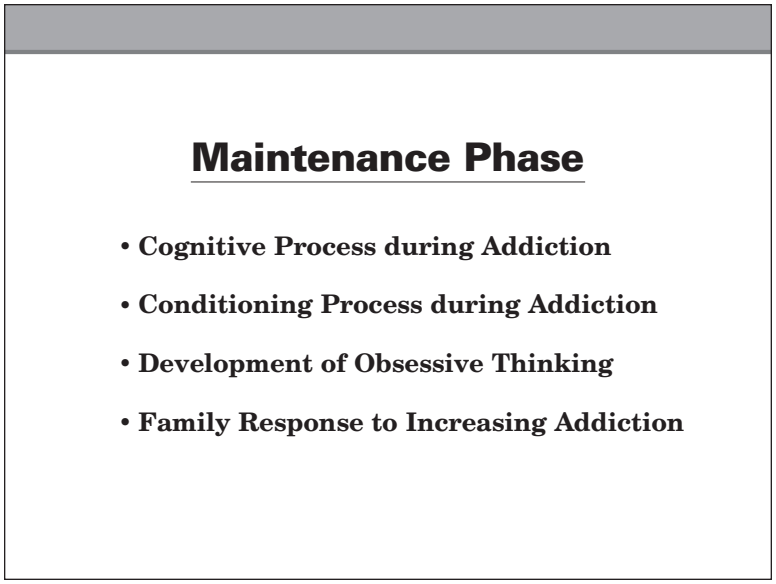
Slide 6

There may be awareness that an increasing amount of time is spent thinking about the drug or alcohol, getting it, using it, and dealing with the consequences of that use.

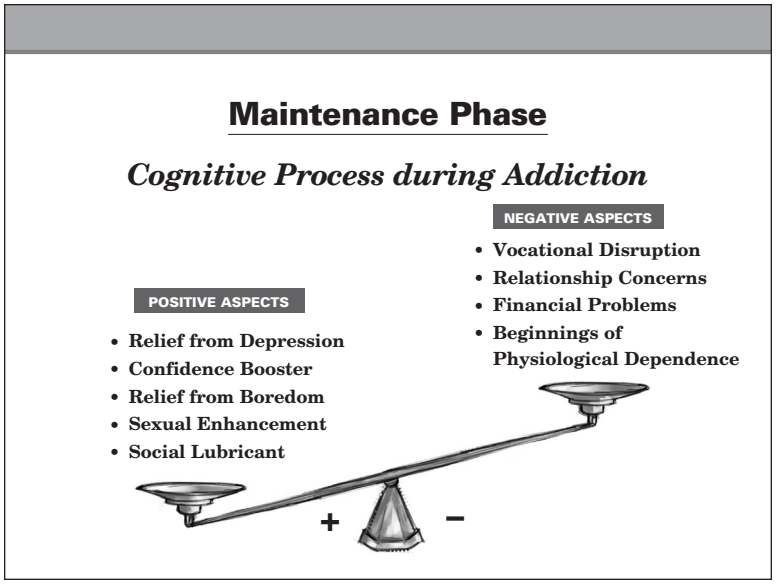


Slide 7

For family members, this is a period when the drug or alcohol use affects them little, if at all. They may be completely unaware of the drug or alcohol use. They may admire the fact that the drug or alcohol user is able to work longer or harder than usual or has more energy than usual.

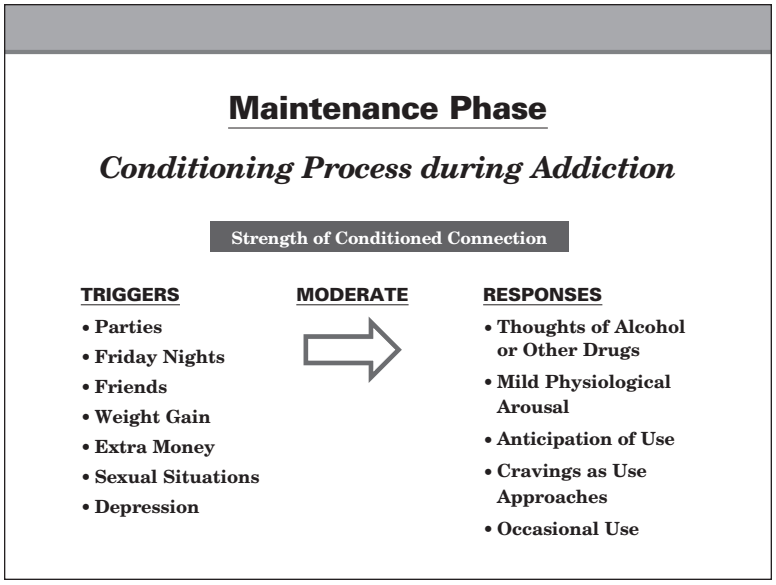


Slide 8



Slide 9

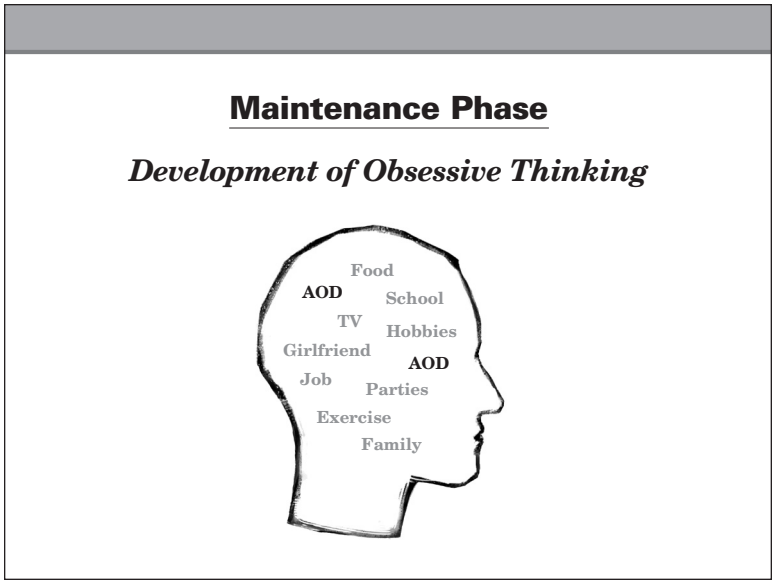
In the maintenance phase of the process of addiction, the frequency of drug or alcohol use increases. Now the substance is used regularly, perhaps monthly or weekly, and the decision scales begin to tip.



Slide 10

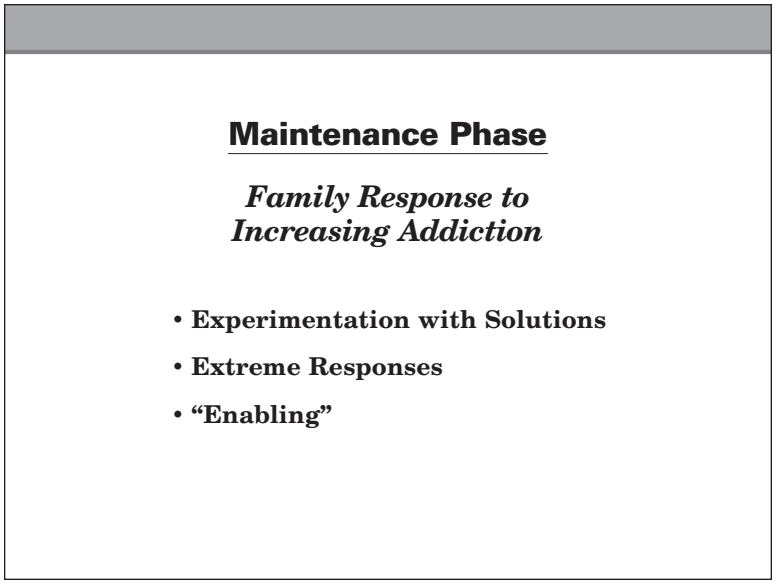
In this phase of the addictive process, the conditioning has begun. Exposure to the triggers causes thoughts about drug or alcohol use, a druglike physiological reaction originating in the brain, and a drive to find and take drugs or alcohol.

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*



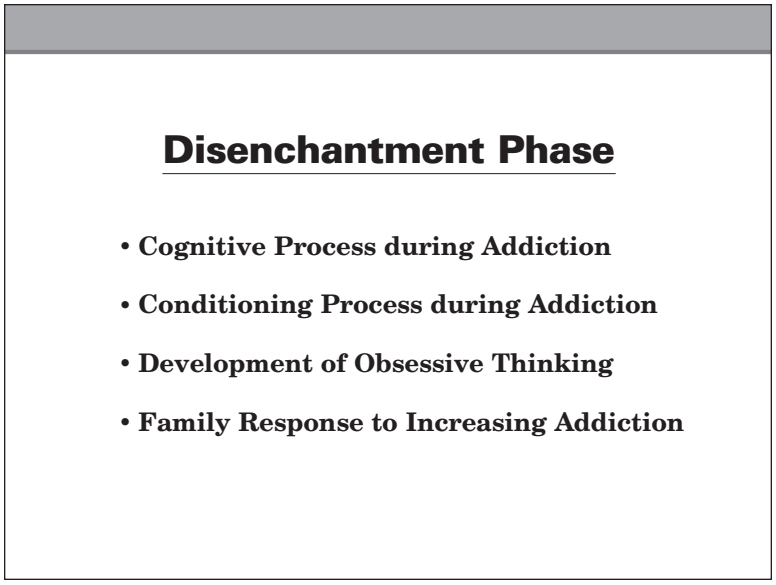
Slide 11

Thoughts of obtaining drugs or alcohol and using occur more frequently. Decisions about whether or not to use, where to get the money to use, and how to cover the aftermath of using begin to take more time and thought.

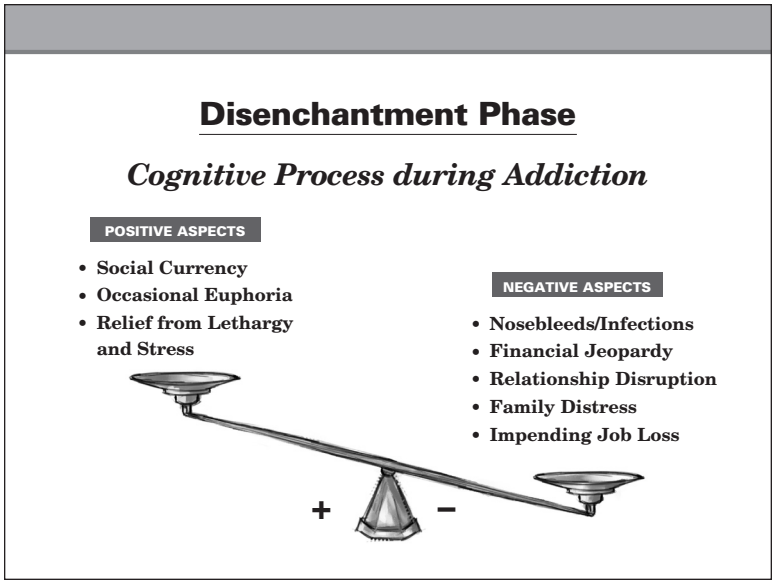


Slide 12

Enabling is a term that describes the behavior of a family member who, sometimes inadvertently, actually helps the addicted person remain a victim of the substance by covering up the natural consequences of the continued use.

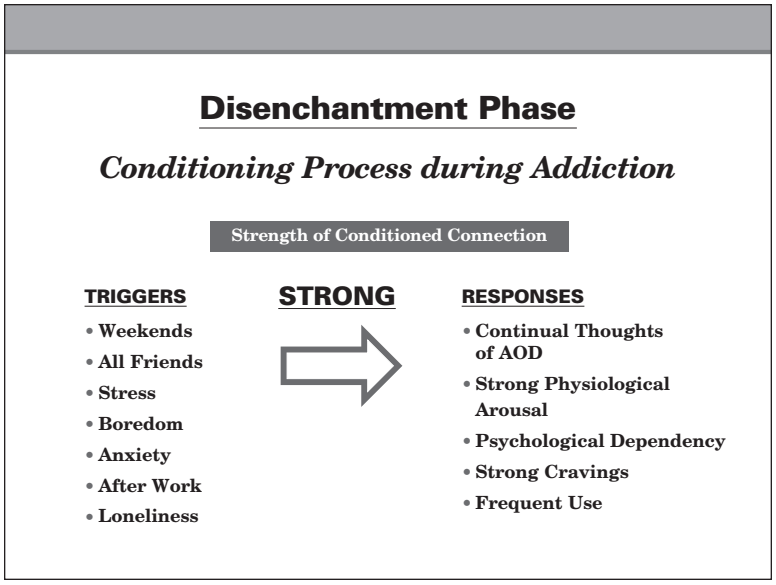


Slide 13



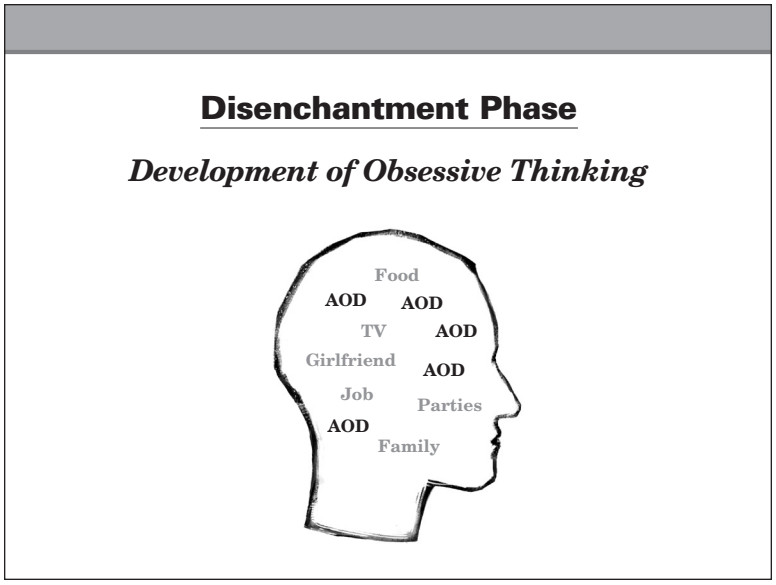
Slide 14

The negative consequences of the drug or alcohol use clearly outweigh the positive ones. The purely rational, cortical decision would be to stop using. However, for those people who are addicted, the rational brain is not in control at this point. The thinking, evaluating, and decision making seem to be happening, but the behavior is contradictory.



Slide 15

Triggers are numerous, and the limbic system reaction is powerful. This is the hallmark of addiction. Drug and alcohol triggers in this phase produce a powerful physiological response, which drives the user to acquire and use the substance.



Slide 16

There are still a few things that the person is able to attend to, but, for the most part, deciding whether to use, deciding how to use, and dealing with the consequences of having used occupy most of the thinking process.

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*

Disenchantment Phase

Family Response to Increasing Addiction

- **Avoidance of Problem**
- **Blaming the Addicted**
- **Blaming Selves**
- **Guilt and Shame**

Slide 17

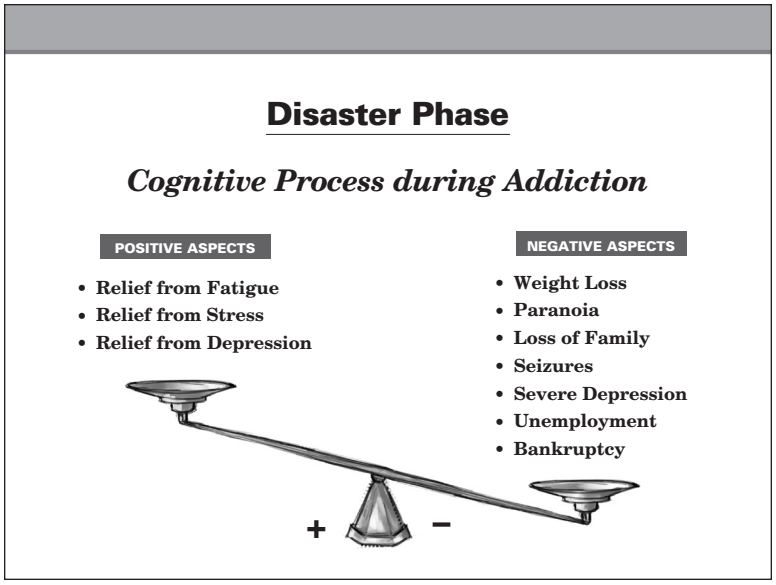
At this point, the family has given up trying to solve the problem. The addiction results in family members and addicts feeling guilty and ashamed of what is happening and of their inability to control the situation.

Disaster Phase

- **Cognitive Process during Addiction**
- **Conditioning Process during Addiction**
- **Development of Obsessive Thinking**
- **Family Response to Increasing Addiction**

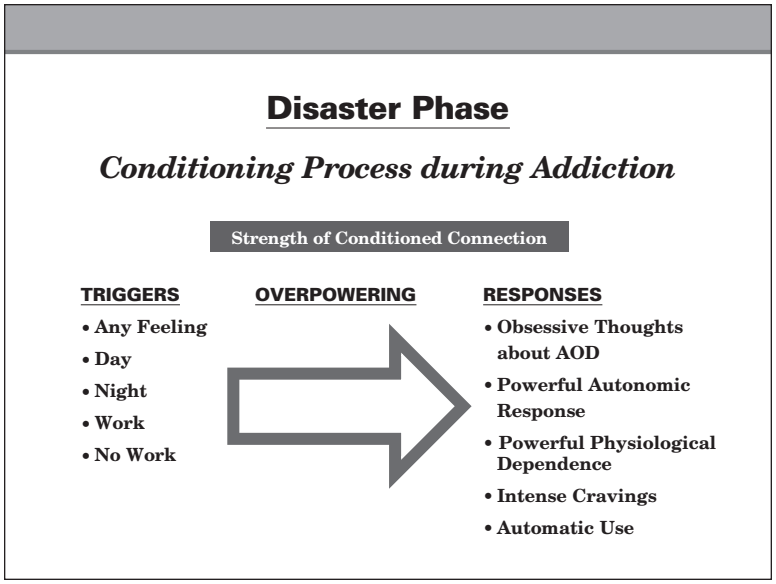
Slide 18

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*



Slide 19

Despite all the negative consequences the user and those around him or her are experiencing, the drug or alcohol use continues.



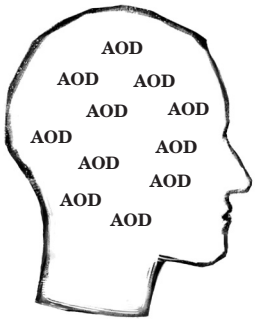
Slide 20

In the disaster phase, triggers are everywhere. The person is using either daily or in binges, which are interrupted only by physical collapse. An overpowering conditioned response from the limbic system leads the addict to obsessive using thoughts, intense cravings, and automatic use.

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*

Disaster Phase

Development of Obsessive Thinking



Slide 21

Thoughts of drug or alcohol use seem to dominate the user's consciousness.

Disaster Phase

Family Response to Increasing Addiction

- **Separation**
- **Internalization of Bad Feelings**
- **Resignation and Hopelessness**
- **Establishment of Unhealthy Family Rules**

Slide 22

During the disaster phase, family members often end up separating from the addicted person in order to save themselves, or they learn to behave and think in ways that preserve the peace but are often not healthy for anyone's normal development and well-being.

Development of Craving Response (Summary)

- **Introductory Phase**
- **Maintenance Phase**
- **Disenchantment Phase**
- **Disaster Phase**

Slide 23

Development of Craving Response

Introductory Phase

ENTER USING SITE ➢ **USE OF AODS** ➢

AOD EFFECTS

Changes in:

- **Heart and Breathing Rates**

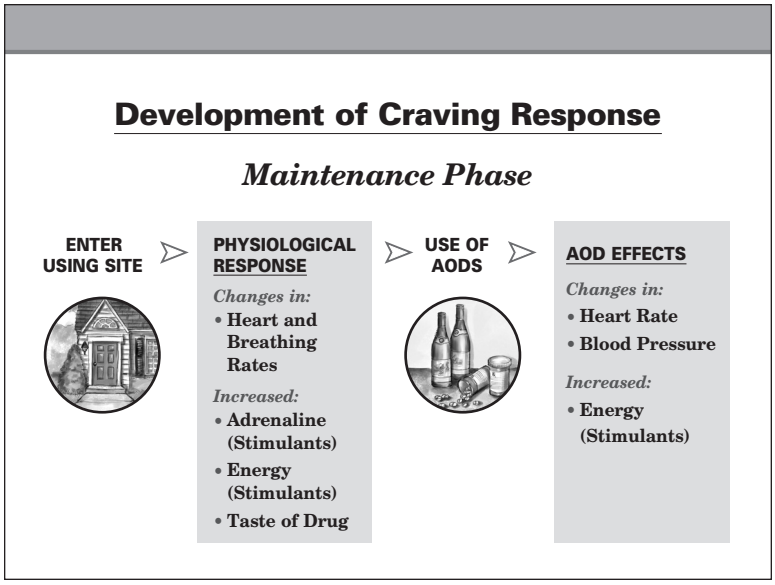
Increased:

- **Adrenaline (Stimulants)**
- **Energy (Stimulants)**
- **Taste of Drug (Stimulants)**

Slide 24

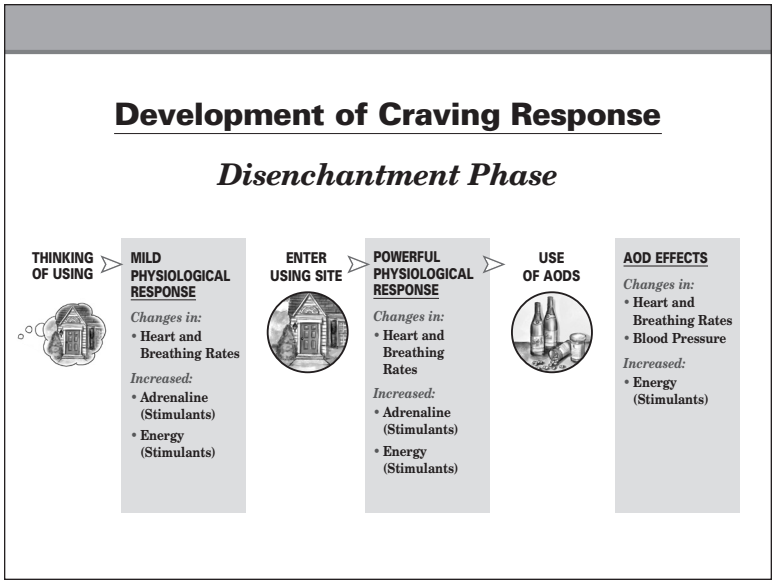
Craving is the combined experience of the activation of the limbic system by triggers and the thoughts about drug or alcohol use that accompany this activity.

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*



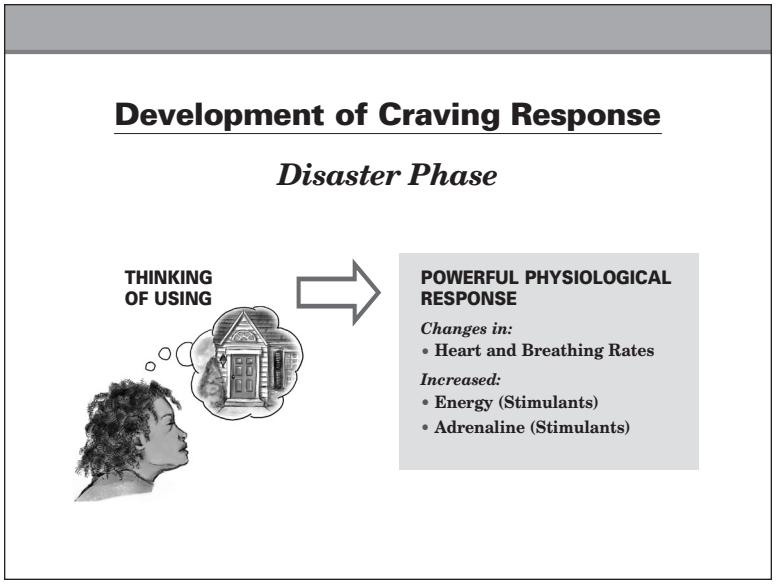
Slide 25

Some activation of neuropathways occurs automatically without the person actually ingesting the drug or alcohol. This mild craving serves to push the person toward using drugs or alcohol.



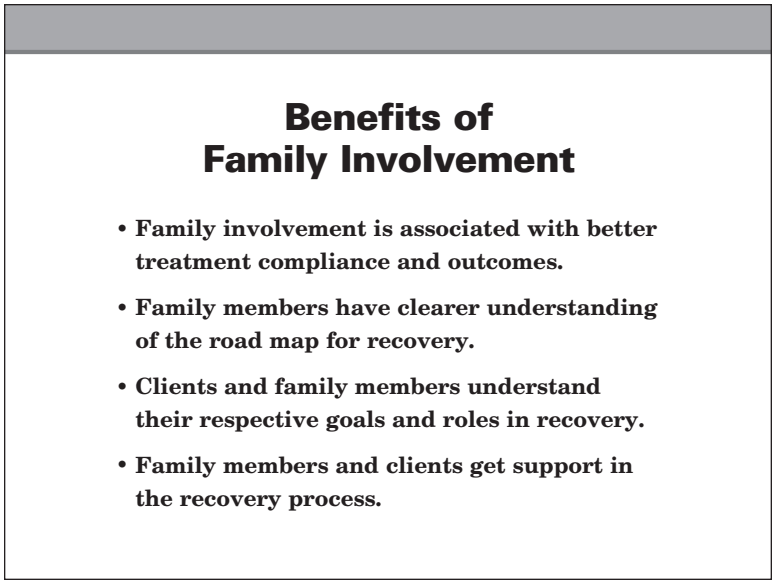
Slide 26

Now the craving response has become a powerful event. The craving response that occurs when the person is near a trigger is almost as strong as the reaction to the actual ingestion of the substance itself.



Slide 27

People who are addicted to this degree and who are attempting to stop using need to be able to practice thought stopping in order to interrupt this process. To allow oneself to think about the drug or alcohol or about using the substance is almost the same as actually using the substance.



Slide 28

This slide begins a discussion of the stages of recovery for clients and families.

Slide 29

Stages of Recovery

BEGINNING (1–6 Weeks)	MIDDLE (6–20 Weeks)	ADVANCED (20+ Weeks)
Withdrawal	Wall	Adjustment
Honeymoon		Resolution

Slide 30

Beginning Stage (1–6 Weeks)

Sequenced Goals for Clients

- **Discontinue use of AOD**
- **Become educated about psychoactive chemicals**
- **Improve physical health and/or manage psychiatric condition**
- **Evaluate severity of the addiction and agree to interventions for change**

Slide 31

Beginning Stage

Sequenced Goals for Family Members

- **Make commitment to treatment**
- **Recognize addiction as a medical condition**
- **Support discontinuation of AOD use**
- **Recognize and discontinue triggering interpersonal interactions**

Slide 32

Beginning Stage

Helping Checklist for Family Members

Client and family member decide together which of the following items are most helpful.

I (family member) will:

- **allow you to talk about cravings to use or drink**
- **allow you to wake me during the night to talk when you cannot sleep**

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*

Slide 33

I will:

- **remind you of the reasons for stopping AOD use when you forget and help you avoid triggers**
- **walk away from you if you abuse me**
- **be tolerant and accept withdrawal symptoms as a medical condition**
- **be here to help; I am not being forced to stay**

Slide 34

I will:

- **decide with you whom to tell about the addictive disorder and when**
- **remember that dealing with this addictive disorder is most important**
- **attend treatment sessions when invited**
- **allow you to have your own activities and appointments; I will deal with the anxiety that may cause**

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*

Slide 35

I will:

- **talk about issues, not ignore them or argue**
- **encourage continuing treatment above all else**
- **be angry at the addiction, not at you**

Slide 36

Middle Stage (6–20 Weeks)

Sequenced Goals for Clients

- **Improve significant relationships**
- **Maintain stable abstinence from all psychoactive chemicals**
- **Develop a recovery support system outside the treatment center**
- **Learn to recognize and cope with emotions**

Slide 37

Middle Stage

Sequenced Goals for Family Members

- **Decide whether to recommit to the relationship (leave or trust)**
- **Learn to act in a supportive rather than a coaddicted manner**
- **Begin finding ways to enrich own life**
- **Practice healthy communication skills**

Slide 38

Middle Stage

Helping Checklist for Family Members

I (family member) will:

- **participate in recovery even when it is inconvenient or uncomfortable**
- **help you think of new things to do that do not involve AOD**
- **go with you to exercise**

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*

I will:

- **maintain my own peace of mind and tolerate emotional changes in you as part of recovery**
- **listen supportively, be understanding, and talk to you about my feelings**
- **not act as a police officer and will ignore any threats you make regarding use**

Slide 39

I will:

- **do one nice thing to enrich my own life today**
- **be responsible only for my own behavior, not for yours**
- **not expect you to make me happy**
- **avoid being afraid that you might relapse**

Slide 40

Advanced Stage (20+ Weeks)

Sequenced Goals for Clients

- **Identify and monitor necessary components of successful recovery**
- **Recognize relapse indicators and identify appropriate responses**
- **Clarify new roles/boundaries in sober relationships**
- **Set goals for continuing new lifestyle after program**

Slide 41

Advanced Stage

Sequenced Goals for Family Members

- **Learn to accept the limitations of living with an addiction**
- **Develop a healthy and balanced lifestyle**
- **Monitor self for relapses**
- **Be patient with the process of recovery**

Slide 42

Slide 43

Advanced Stage

Helping Checklist for Family Members

I (family member) will:

- **plan regular escapes for us from our daily living that are just for this relationship**
- **pursue my personal goals and interests and remember that you need to pursue your own**

Slide 44

I will:

- **maintain a healthy, balanced lifestyle to lessen the possibility of relapse for both of us**
- **consider therapy for myself and/or us**
- **support you when you need to protect your sobriety**

Slide 45

I will:

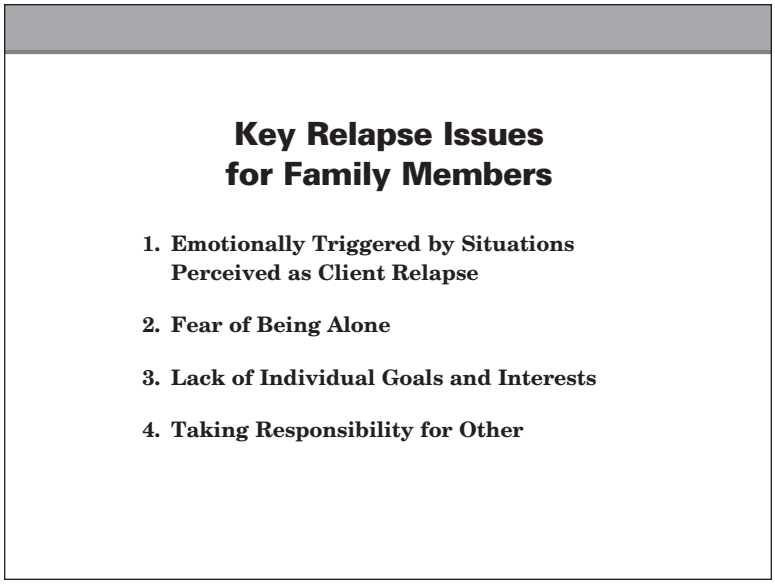
- **talk to you about my feelings and give you time to do the same with me**
- **remind myself recovery is a lifelong process and healing this relationship may take months or years**
- **develop other friendships with people who support this new lifestyle**
- **appreciate the progress we are making**

Slide 46

Key Relapse Issues for Alcohol and Other Drug Users

1. **Alcohol or Other Drug Use**
2. **Drug-Using Friends**
3. **Environmental Cues Associated with Alcohol or Other Drug Use**
4. **Severe Cravings**
5. **Protracted Abstinence: "The Wall"**
6. **Stimulant/Sex Connection**
7. **Boredom**

FAMILIES IN RECOVERY PRESENTATION NOTES | *continued*



Slide 47

Helping Checklist for Families

(Advanced Stage of Recovery)

Check any of the following you are willing and/or able to do to help, and then talk with the recovering person to see which of those items would be helpful to him or her.

_____ 1. I will plan with you regular escapes from our daily living that are just for this relationship and us.

_____ 2. I will continue to pursue my separate personal goals and interests.

_____ 3. I will remember that you need to pursue separate goals and interests.

_____ 4. I understand that my efforts to maintain a healthy, balanced lifestyle will contribute to lessening the possibility of relapse.

_____ 5. I will consider therapy for myself and/or for us so I can continue to improve our relationship and myself.

_____ 6. I understand that you may need to limit where you go and whom you see in order to protect your sobriety, and I will support you in that.

_____ 7. I will remember to talk to you about how I am feeling and what I need, and I will give you time to do the same with me.

_____ 8. I will remind myself that recovery is a lifelong process and that healing this relationship may take months or years.

_____ 9. I will develop other friendships with people who are willing to listen to my struggles with this new lifestyle.

_____ 10. I will try to view change as progress, not as a threat, and to remember to appreciate the progress we are making.

• • •

Living with an Addiction

Making a commitment to live in recovery requires a recognition of and acceptance of certain realities. Living with a person who is actively using is unhealthy, but what happens after the substance use stops? Does life eventually go back to normal? Can a recovering person lead the same lifestyle as a person who has never been addicted? If you are in a relationship with a recovering person, what effect can you expect the recovery to have on your life? If you are a recovering person, what do you need your spouse, partner, or family member to understand about the limits an addiction puts on your life? Discuss the following principles and determine if they are relevant in your relationship.

1. A recovering person needs to learn his or her own limits and relapse signals.
2. A recovering person needs to respond to the relapse signals as a first priority.
3. Family members of a recovering person need to understand that he or she needs to avoid relapse even when that avoidance takes priority over the relationship and the family. Avoiding relapse is in everyone's best interest.
4. A recovering person has to maintain a balanced lifestyle, more so than if there had been no addiction.
5. Recovery is a process—a slow process—and all aspects of it, including sexual readjustment and reestablishment of trust, may occur slowly.
6. It is often difficult for family members to live without a guarantee that the addiction will not reoccur.

Questions

1. Which of these principles apply to your situation? Explain.

_____

_____

_____

_____

_____

LIVING WITH AN ADDICTION | *continued*

2. Which of these principles will be difficult for either of you to accept? Explain.

_____

_____

_____

_____

3. What other problems have you experienced within your relationship during recovery?

_____

_____

_____

_____

4. In what ways can you help each other live within these realities?

_____

_____

_____

_____

• • •

Criminal Behavior and Its Impact on the Family

When a person becomes involved in the criminal justice system, it's a family experience. Being separated can be hard, especially if the person is incarcerated. The return to the family is also difficult. As families learn to live without substances and criminal behaviors, they must also change how the entire family functions.

While the person is in the criminal justice system, family members may have suffered the pain of separation, loss of income, health issues, a changed living situation, behavior changes in children, and often a sense of shame about having an offender in the family. Resources gained through criminal activity may have been lost too. With all these stressors, family conflict and anger often flare up when the person returns home.

As the offender re-integrates back into the family, there will be many challenges and stressors for everyone, perhaps leading to tensions and "acting out" within the family. Managing conflict is crucial to positive family health.

Check the current stressors in your family:

_____ Loss of income
_____ More health problems
_____ Problems determining new roles in the family
_____ With less income, the family had to move to a new home (or move in with others)
_____ Employment issues
_____ Behavior change in children, or "acting out"
_____ Children cared for by grandparents or in foster care
_____ Transportation problems
_____ Guilt or shame over current family situations
_____ Other stressors:

Ways to Manage Family Conflict

1. Think back to conflicts you've had with family members in the past. What were they?

   _____

   _____

2. What triggers have started these conflicts in the past?

   _____

   _____

Use these tips to manage family conflict:

1. Whatever the conflict, each family member can ask, "What is my own part in this problem?" and take responsibility for it.
2. Set boundaries about how you talk about issues that provoke conflict.
3. Listen to each other fully. In conflict, people often "talk around" each other without listening.
4. Slow down the conversation. Think about what you say before you say it. Remember, words can hurt!
5. Show respect: remember that there's more to each of us than our behavior at a given time. We are all worthy of respect.
6. Accept and understand the other person's point of view, even if you don't agree with it. People can experience the same thing differently.
7. Each family member must ask: Am I satisfied with how I'm interacting with others? If not, what can I do about it?
8. Collaborate, rather than confront. Discuss and understand the other person's view.
9. Be willing to negotiate. Don't let little problems become big problems!
10. Don't humiliate someone to prove a point.

Which of these do you think will work for your family?

_____

_____

_____

Following these tips can help prevent needless conflict, and help keep healthy differences of opinion from escalating into anger. Work with your counselor during family conjoint sessions to improve these skills.

• • •

Medication-Assisted Treatment Presentation Notes

Slide 1

Medication-Assisted Treatment

Medications for the Treatment of Substance Use Disorders

Slide 2

Purpose of this presentation

- **Our purpose is not to recommend the use of any medication.**
- **Medication decisions should be made with your physician.**
- **Our purpose is to increase your awareness of addiction medications and to clarify some common misunderstandings about them.**

Slide 3

Medication-assisted treatment

- **Substance use disorders are multi-faceted, affecting emotions, behavior, thinking, and the brain.**
- **Medications have been developed for opioid and alcohol use disorders to supplement treatments such as the Matrix Model. "Medication-assisted treatment," or MAT, is the use of medications to treat a substance use disorder.**

Slide 4

Medication-assisted treatment

Does everyone need addiction medications?

- **No, but everyone should be aware of the options.**
- **For some people they are essential to recovery, for some they are helpful, and for some they are not necessary.**
- **There are various paths to recovery, including**
  - **treatment**
  - **Twelve Step programs or other self-help groups**
  - **addiction medications**
  - **some combination or all of the above**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 5

Addiction medications:

Some questions

Q. Are you "drug free" if you're taking addiction medications? Isn't this just substituting one drug for another?

A. "Drugs" are what you take to get high. Addiction medications taken under a physician's supervision are what you take to get well. They do not affect a person's sobriety status.

Slide 6

Addiction medications:

Some questions

Q. Aren't addiction medications just a crutch? Shouldn't you do treatment without them?

A. If you break your ankle, you may need a crutch. If you're diabetic, you may need insulin. If you have an addiction, you may need medication. Recovery using medications is not tainted, diminished, or unacceptable.

Slide 7

Medications and Alcoholics Anonymous (AA)

You might hear anti-medication opinions expressed in Twelve Step meetings. But AA's official position is:

"No AA member should 'play doctor'; all medical advice and treatment should come from a qualified physician."

—The AA Member: Medication and Other Drugs, AA, 1984, 2011

Slide 8

Medications and Narcotics Anonymous (NA)

NA's official position is:

"The ultimate responsibility for making medical decisions rests with each individual."

"Narcotics Anonymous as a whole has no opinion on outside issues, and this includes health issues."

—In Times of Illness, NA, 1992, 2010

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 9

Disclose, lie, or keep a secret?

Despite the official AA/NA stance, comments critical of addiction medications are sometimes made. If you are taking a medication, what should you do?

The best option is to find a meeting with members who are accepting of MAT. Lies and secrets are not in line with recovery.

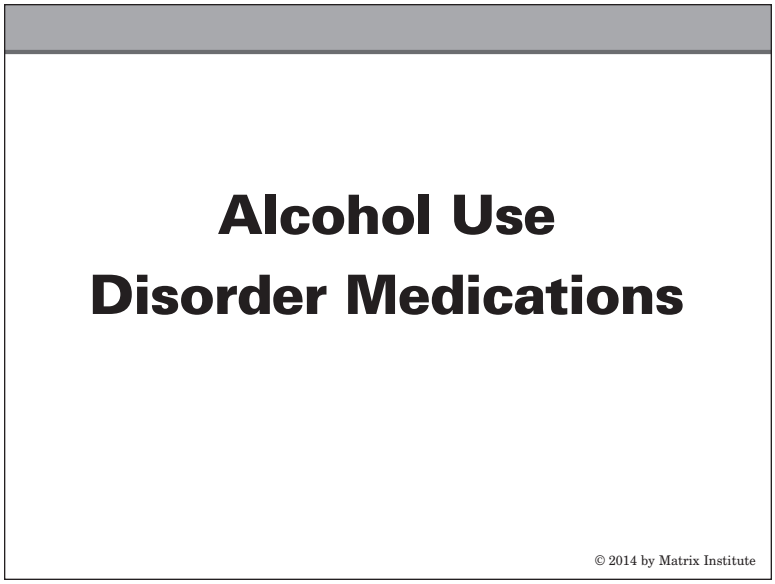
Slide 10

Who should take these medications?

This decision is for the patient to make with his or her physician. Questions to consider:

- **Have addiction medications helped in the past?**
- **Are you having trouble staying sober?**
- **Do you have persistent cravings?**
- **Are you having withdrawal symptoms that result in relapse?**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*



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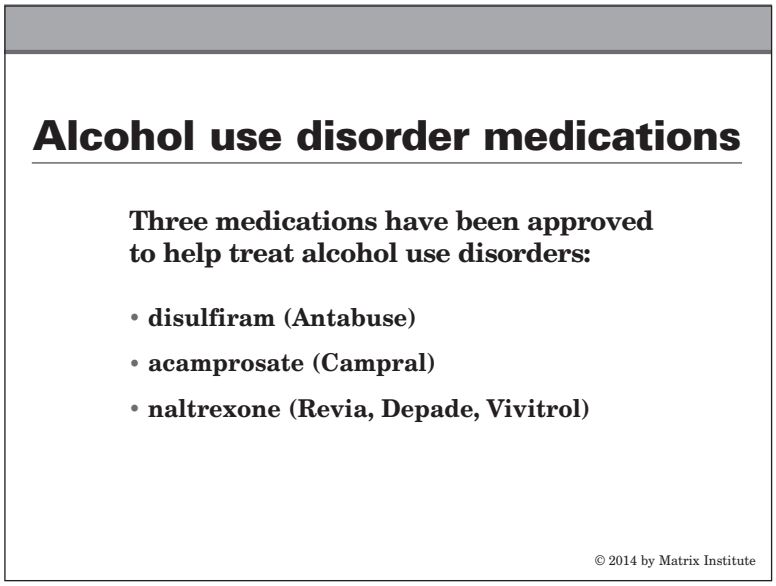


Slide 12

Slide 13

Disulfiram

- **Disulfiram is more commonly known by the brand name Antabuse.**
- **It was approved by the FDA in 1951.**
- **It works by deterrence: it interferes with the metabolism of alcohol, causing a toxic chemical to build up.**
- **If a person taking disulfiram drinks alcohol, reactions can range from sweating and facial flushing to nausea and vomiting, dizziness, or (rarely) death.**

Slide 14

Disulfiram

- **In most cases, anticipating this reaction deters the person from drinking: It works as a motivational tool.**
- **One oral, daily dose prevents drinking, so it requires one decision a day instead of many.**
- **Note: If alcohol is accidentally ingested (in desserts or cold medicines, for example), the reactions may still occur.**

Slide 15

Acamprosate

- **Brand name is Campral.**
- **Acamprosate was approved by the FDA in 2004.**
- **It helps reduce craving and relapse.**
- **It is not clear how acamprosate works, but it calms brain activity and the insomnia and anxiety that occur for a time after stopping alcohol use.**
- **It is taken orally, three times each day.**

Slide 16

Naltrexone

- **Brand names for the oral form are ReVia and Depade; for the injectable form, Vivitrol.**
- **It reduces cravings for alcohol.**
- **A "pure antagonist," it binds to the brain's opioid receptors, blocking them so that alcohol cannot activate them. Dopamine is not released, reducing the pleasurable effects of alcohol.**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 17

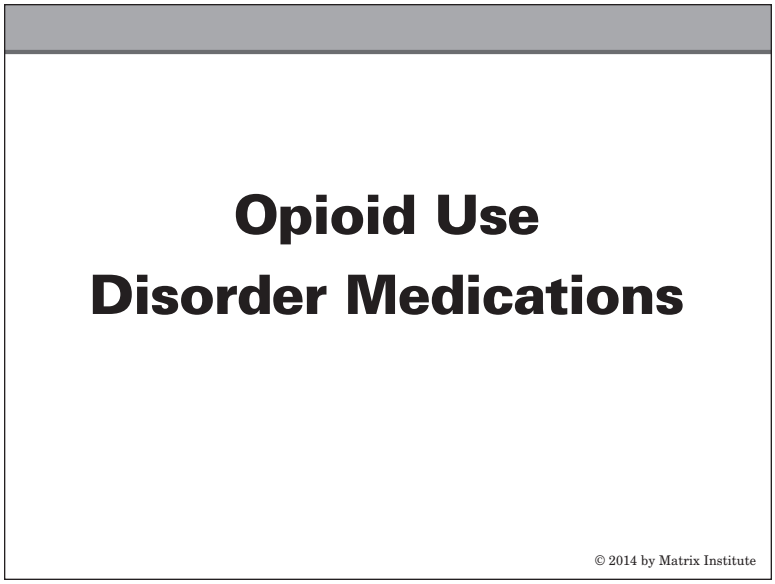
Naltrexone

- **The oral form is taken once a day or every other day.**
- **The injectable form is taken once a month.**
- **A person must not take any opioids (including painkillers) for 7 to 10 days before receiving naltrexone to avoid an opioid withdrawal reaction.**

Slide 18

Naltrexone

- **Requires one decision each day, every other day, or just once each month instead of many decisions throughout the week or month.**
- **Note: Naltrexone blocks the effects of all opioids, including painkillers. In an accident or situation requiring painkillers, those effects would be blocked.**



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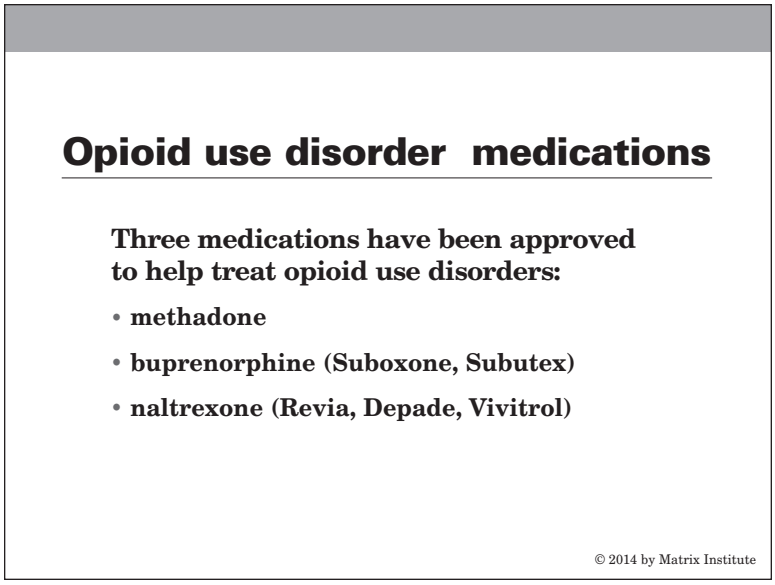

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MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 21

Methadone treatment

Sometimes called "substitution" or "replacement" treatment, this approach

- **matches the addiction with a medication**
- **eases withdrawal symptoms**
- **stops illicit opioid use**
- **helps the person stabilize**

Slide 22

Methadone treatment

This extremely effective treatment began in the 1960s, with methadone dispensed only at specially licensed clinics. But this approach is still controversial because:

- **methadone is addictive (it is an opioid)**
- **there is abuse potential**
- **there is diversion potential (people selling their methadone to others)**

Slide 23

Methadone treatment

- **requires just one daily oral dose of medication**
- **stops the cycle of heroin use and withdrawal**
- **includes counseling and medical supervision**
- **requires frequent visits to the dispensing clinic**

But many people don't approve of methadone treatment. Why not?

Slide 24

Criticisms of methadone

"It's just substituting one drug for another," critics say.

But:

- **Methadone is a legal medication, not a "drug."**
- **It is taken orally versus injected.**
- **It is taken under medical supervision.**
- **It is inexpensive.**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 25

Criticisms of methadone

"Patients are getting high," critics say.

But:

- **Methadone has a slow onset and is long-acting (24 hours)**
- **It matches the patient's level of addiction.**
- **It stops the daily cycle of sedation and sickness (withdrawal).**
- **It allows the patient to function normally.**

Slide 26

Methadone treatment

Methadone treatment is often portrayed in a negative light, but it is effective and can be life-saving.

Let's look at some facts.

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

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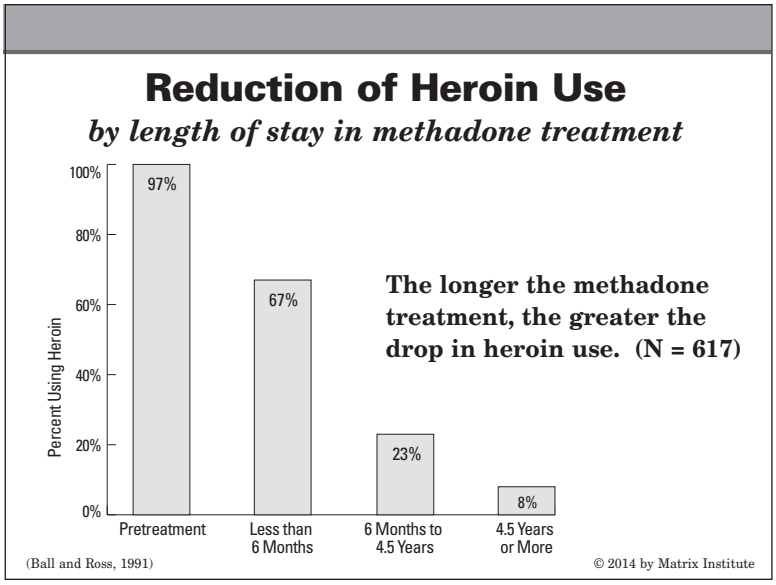

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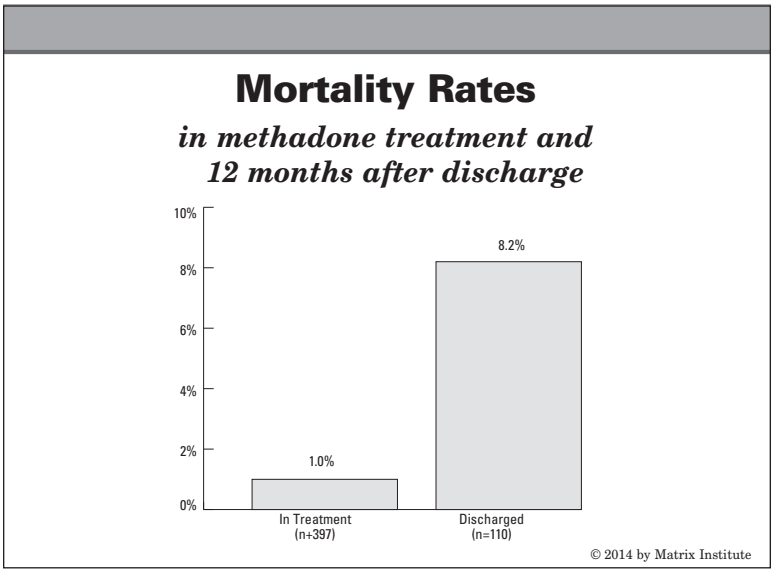

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Buprenorphine

- **Brand names are Suboxone and Subutex.**
- **Buprenorphine works in a similar way to methadone.**
- **It has less potential for abuse.**
- **It is safer than methadone.**
- **It is taken under the tongue (sublingually) daily or every other day.**

Slide 30

Buprenorphine

- **Buprenorphine does not require visits to special clinics.**
- **Certain physicians may prescribe it: they're listed on a website maintained by SAMHSA, the U.S. Substance Abuse and Mental Health Services Administration.**
- **It carries less stigma than methadone.**
- **It may not be effective with severely addicted opioid users.**

Slide 31

Agonists, antagonists, and partial agonists

- **Full Agonists:** These chemicals bind to and activate opioid receptors in the brain, producing an effect. ***Examples: heroin, methadone.***
- **Antagonists:** These also bind to receptors, but they then block them from being activated by an agonist. ***Example: naltrexone.***
- **Partial Agonists:** These share some characteristics of full agonists. ***Example: buprenorphine.***

(Note: There is a ceiling on buprenorphine agonist effects, which makes it safer than a full agonist.)

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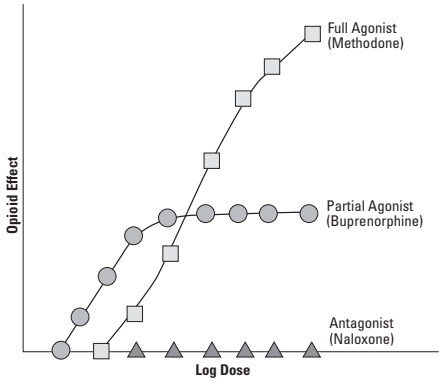
Partial Agonist Ceiling Effect

(compared to agonists)



Slide 33

Buprenorphine safety

It is taken under the tongue.

- **Swallowed pills have little effect.**

Buprenorphine/naloxone tablet (Suboxone):

- **Under-the-tongue naloxone has virtually no effect.**
- **Dissolved and injected tablet causes withdrawal.**

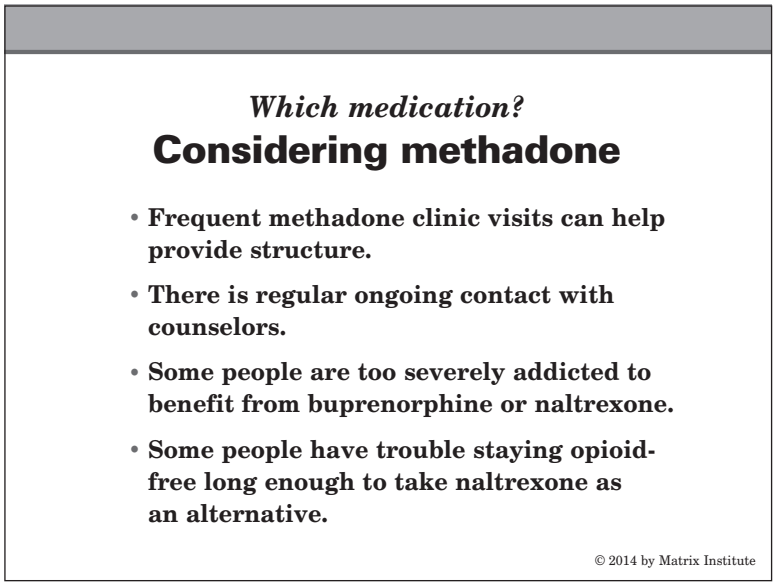
Without naloxone is "Subutex."
Ceiling effect makes overdose less likely.

Slide 34

Naltrexone

- **Brand names are Revia, Depade, Vivitrol.**
- **Naltrexone is an opioid antagonist; it is nonaddictive and cannot be abused.**
- **It completely blocks the effects of opioids.**
- **It prevents relapse.**
- **A person must be opioid free for 7 to 10 days before beginning treatment.**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*



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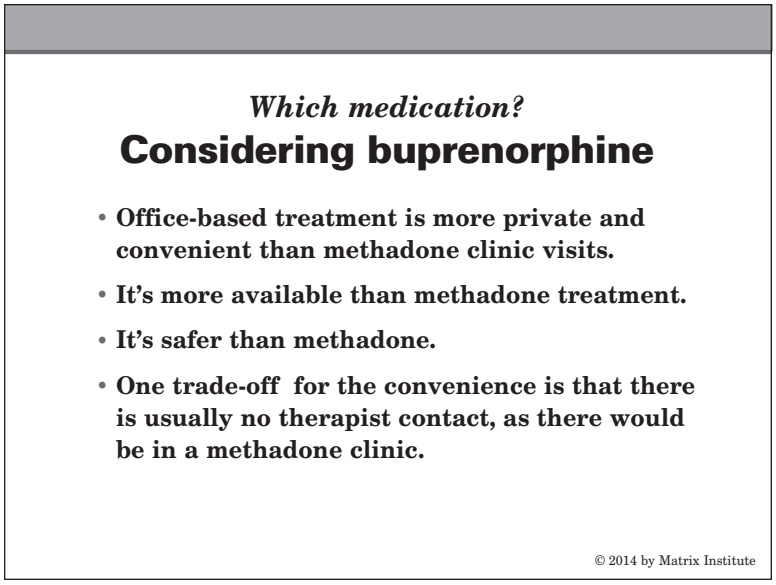

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MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 37

Which medication?

Considering naltrexone

- **It's more private and convenient than methadone treatment.**
- **Naltrexone is not addictive.**
- **Vivitrol requires only one monthly injection.**
- **Requires 7 to 10 days of opioid abstinence to tolerate an initial dose.**

Slide 38

Medications for Other Substance Use Disorders

Slide 39

Stimulants

For *stimulant use disorders*, there have been many clinical trials but no medication has been found widely effective.

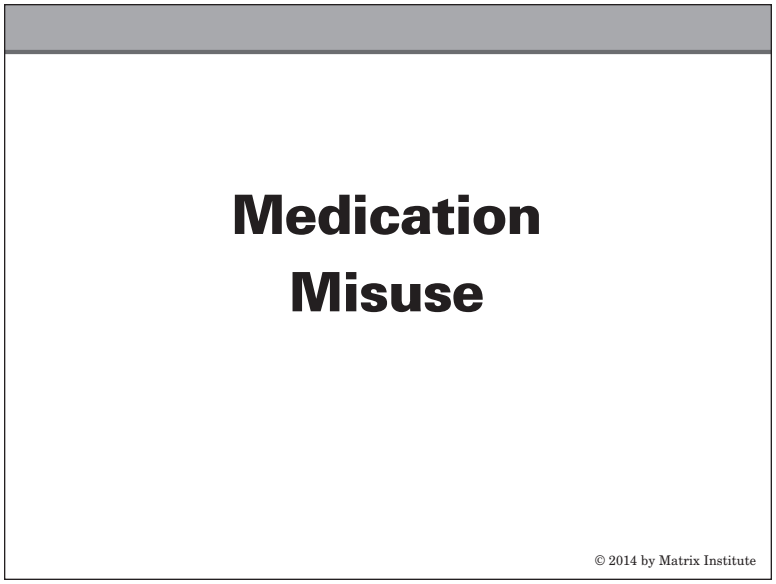
- **Bupropion (Wellbutryn) has been shown effective with low to moderate methamphetamine users.**

  "Low to moderate use" was defined as 18 days or fewer in the 30 days prior to treatment.

Slide 40

Marijuana

No medications have been found effective for a *marijuana use disorder*.



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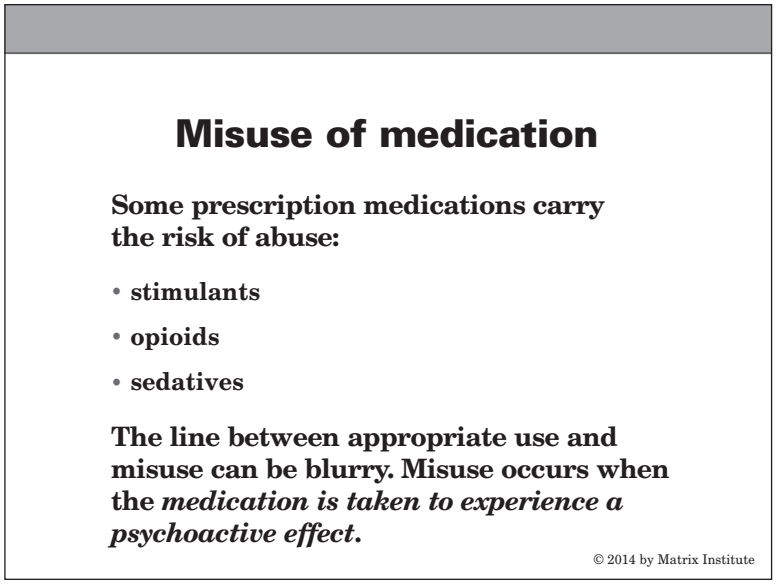

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Slide 43

Misuse of medication

For example:

- **Adderal can be used appropriately for ADHD, but when the stimulant effect is the purpose, it may be misuse.**
- **Opioids can be used appropriately for pain relief, but when they are used for a euphoric effect, it can be misuse.**
- **Sedatives can be used appropriately to relieve anxiety, but when they are used to be sedated, it can be misuse.**

Slide 44

Misuse of medication

Prescription medication misuse can be hard to identify—for both the patient and physician.

Some indicators:

- **The medication is used more often or in greater amounts than ordered by the physician.**
- **The medication is used in the absence of problems for which it was prescribed (e.g., pain, anxiety).**
- **The patient is seeing multiple physicians for the same problem to get prescriptions.**

MEDICATION-ASSISTED TREATMENT PRESENTATION NOTES | *continued*

Slide 45

Misuse of medication

The first line of defense is open and honest communication between the patient, the physician, and the therapist.

- **Patients with substance use disorders should not be prohibited from using needed medication, but the risks need to be acknowledged.**