Relapse, Continued Use and Continued Problems: What to Do and Q&A

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David Mee-Lee, M.D.
Chief Editor, *The ASAM Criteria*
Senior Fellow, Justice Programs Office (JPO) American University
Washington, DC
Senior Vice President, The Change Companies
Carson City, NV
Davis, CA
www.changecompanies.net
www.ASAMCriteria.org
www.tipsntopics.com
davidmeelee@gmail.com

Definition of Terms

Addiction Treatment	Mental Health Treatment
Slip or Lapse – A single incident of substance use that may or may not result in a relapse, depending on how the client (and practitioner) responds. A lapse or slip can be viewed productively as a mistake and an opportunity for intervention and further learning. (NIDA, 1993)	Lapse – Recurrence of a symptom of a disorder (Evans and Sullivan, 1990). Infrequent symptoms without significant interference in functioning

Definition of Terms (cont.)

Addiction Treatment	Mental Health Treatment
Slides – Slips and lapses that may be heading towards a full-blown relapse. Slides provide an opportunity to prevent dropout from treatment and arrest further regression into relapse	Lapsing – Continuing symptoms intermittently that may be heading towards a full-blown relapse. Lapsing provides an opportunity to prevent treatment dropout and stabilize further regression in to relapse

Definition of Terms (cont.)

Addiction Treatment	Mental Health Treatment
Continued Use – A person who has not committed to recovery may continue to use as they work through ambivalence and either try to control their substance use or decide to commit to abstinence	Continued Problems – A person who has not committed to treatment may continue to have emotional, behavior or cognitive problems as they work through their ambivalence

Definition of Terms (cont.)

Addiction Treatment	Mental Health Treatment
Relapse – An unfolding process in which the resumption of substance use is the last event in a long series of maladaptive responses to internal or external stressors or stimuli. (NIDA, 1993)	Relapse – (1) to exhibit again the symptoms of a disease from which a patient appears to have recovered; (2) recurrence of a disease after apparent recovery ("Mosby's Pocket Dictionary of Medicine, Nursing and Allied Health", Second Edition, 1994)

Definition of Terms (cont.)

Relapse (cont.) – A process in which an individual who has established abstinence or sobriety experiences recurrence of signs and symptoms of active addiction, often including resumption of the pathological pursuit of reward and/or relief through the use of substances and other behaviors. When in relapse, there is often disengagement from recovery activities. Relapse can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits. The event of using or acting out is the latter part of the process, which can be prevented by early intervention.

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Definition of Terms (cont.)

Addiction Treatment	Mental Health Treatment
Another definition is “any violation of a self-imposed rule regarding a particular behavior”. (Marlatt, 1995)	Responding to lapses with old solutions likely to result in a return to pretreatment status (Evans and Sullivan, 1990)

Revised Constructs for Dim. 5

A. Historical Pattern of Use or Mental Health Problems
   1. Chronicity of Problem Use or MH problems
   2. Treatment or Change Response

B. Pharmacologic Responsivity
   3. Positive Reinforcement (pleasure, euphoria)
   4. Negative Reinforcement (withdrawal discomfort, fear)

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Revised Constructs for Dim. 5 (cont.)

C. External Stimuli Responsivity
   5. Reactivity to Acute Cues (trigger objects and situations
   6. Reactivity to Chronic Stress (positive and negative stressors)

D. Cognitive and behavioral measures of strengths and weaknesses
   7. Locus of control and Self-efficacy

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Revised Constructs for Dim. 5 (cont.)

D. Cognitive and behavioral measures of strengths and weaknesses (cont.)

8. Coping Skills (stimulus control, other cognitive strategies)
9. Impulsivity (risk-taking, thrill-seeking)
10. Passive and passive/aggressive behavior

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Recovery and Psychosocial Crises

- Slips/using substances while in treatment
- Suicidal – impulsive or wanting to use
- Loss or death – cravings or impulsive
- Disagreements, anger, frustration with fellow clients or therapist

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Policy and Procedure

Implements principle of re-assessment and modification of treatment plan:

1. Face to face or telephone appointment ASAP

2. Attitude of acceptance; listen for patient's point of view, rather than lecture, enforce "program rules"; or dismiss their perspective

3. Assess safety and immediate needs in all six ASAM assessment dimensions

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ASAM Six Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potentia
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

The ASAM Criteria (2013) Pages 43-53

Policy and Procedure (cont.)

4. Discuss circumstances surrounding the crisis, develop a sequence of events/precipitants

5. Modify participatory treatment plan to address new or updated problems

6. Reassess treatment contract and what patient wants if any lack of interest in modifying Tx. Plan

7. Determine if modified strategies need same level of care; or more or less intense level

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Policy and Procedure (cont.)

8. If patient recognizes the problem/s; understands need to change, but still chooses no further treatment, then discharge

9. If patient is invested in treatment, then Tx continues

10. Document crisis and modified treatment plan or discharge in the medical record

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Underlying Concepts (cont.)
Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential

2. Biomedical conditions and complications

3. Emotional/Behavioral/Cognitive conditions and complications

4. Readiness to change

5. Relapse/Continued Use/Continued Problem potential

6. Recovery Environment

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Biospychosocial Treatment

Treatment Matching - Modalities

- **Motivate - ** Dimension 4
- **Manage –** All Six Dimensions
- **Medication –** Dimensions 1, 2, 3, 5
- **Meetings –** Dimensions 2, 3, 4, 5, 6
- **Monitor-** All Six Dimensions

Medication in Addiction Treatment

A. Medications for Alcohol Use Disorder

• Naltrexone (ReVia®, Vivitrol®, Depade®) - reduces cravings for alcohol.

• Disulfiram (Antabuse®) - causes a very unpleasant reaction (e.g., aggressive vomiting) when a person drinks even a tiny amount of alcohol. This is a form of aversion therapy. A patient must take disulfiram daily until they're able to establish permanent self-control.

• Acamprosate Calcium (Campral®) – reduces cravings for alcohol.

Medication in Addiction Treatment (Cont.)

B. Medications for Opioid Use Disorder

• Methadone - methadone acts chemically on brain's receptors for opiate drugs. It fills these receptors, relieving need for other opiate drugs.

• Buprenorphine (Suboxone® and Subutex®) - same effect as methadone, but is different in some ways. Suboxone is a combination of buprenorphine and naloxone (a compound that, if injected, blocks the effects of pain-killing opiates).

- Naltrexone – opiate antagonist - reverses an opiate overdose when used intravenously

http://www.dpt.samhsa.gov/medications/medsindex.aspx

Medication in Addiction Treatment (Cont.)

C. Medications for Nicotine and Tobacco Use Disorder

- Nicotine replacement systems (NRS) include patches, gum, oral inhalers and lozenges. These contain nicotine and are designed to minimize withdrawal symptoms.

- Bupropion (Zyban) was initially introduced as an antidepressant, but has been shown to reduce cravings and some of the discomfort of withdrawal.

- Varenicline (Chantix) is an oral tablet that works by reducing the craving for nicotine.

Underlying Concepts (cont.)

Treatment Levels of Service

1 Outpatient Treatment

2 Intensive Outpatient and Partial Hospitalization

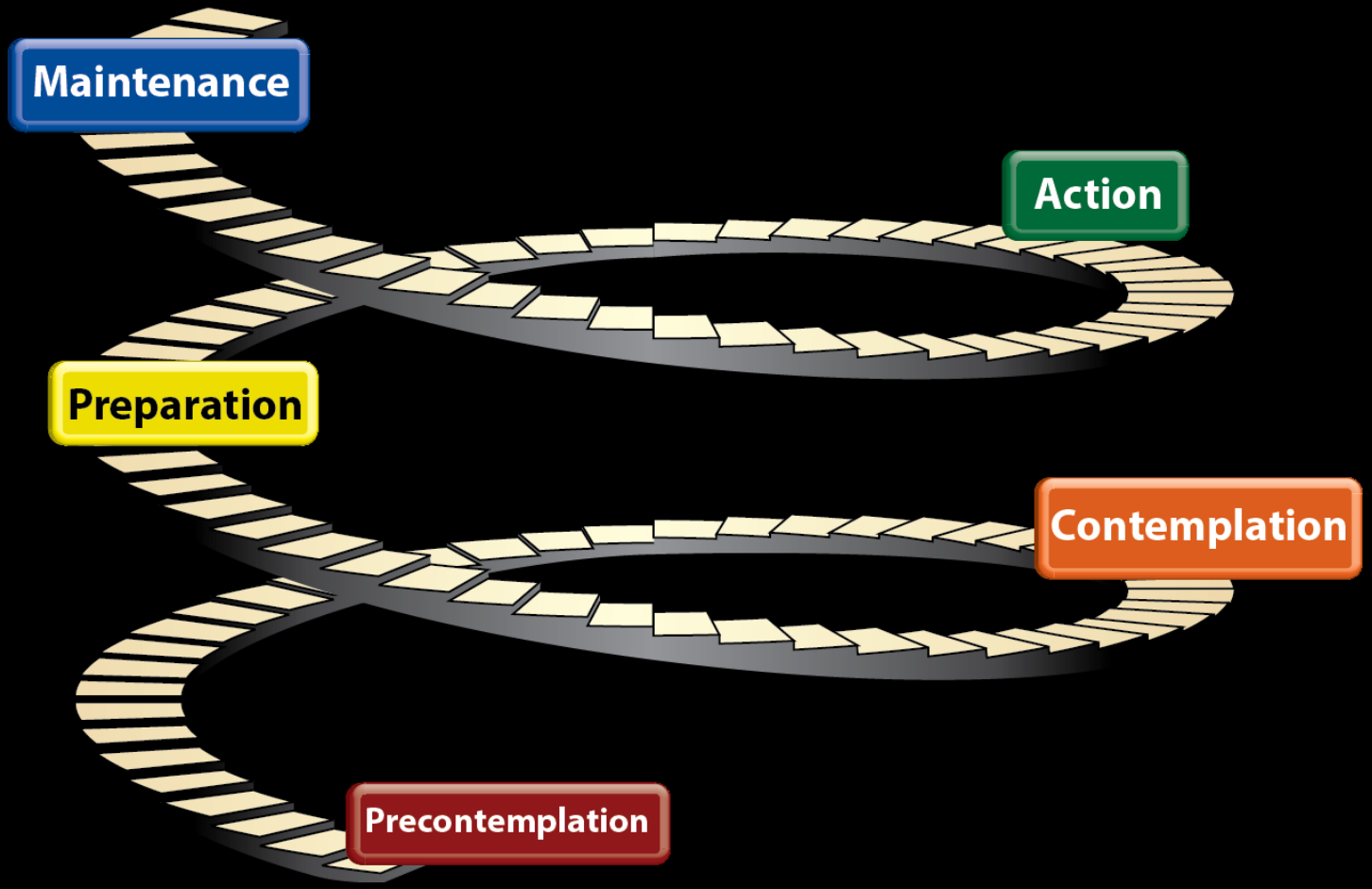
3 Residential/Inpatient Treatment

4 Medically-Managed Intensive Inpatient Treatment

Dimension 4, Readiness to Change Models of Stages of Change

- 12-Step model - surrender versus comply; accept versus admit; identify versus compare
- Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination
- Readiness to Change - not ready, unsure, ready, trying, doing what works

The Stages of Change



James Prochaska, Ph.D., John Norcross, Ph.D., and
Carlo DiClemente, Ph.D

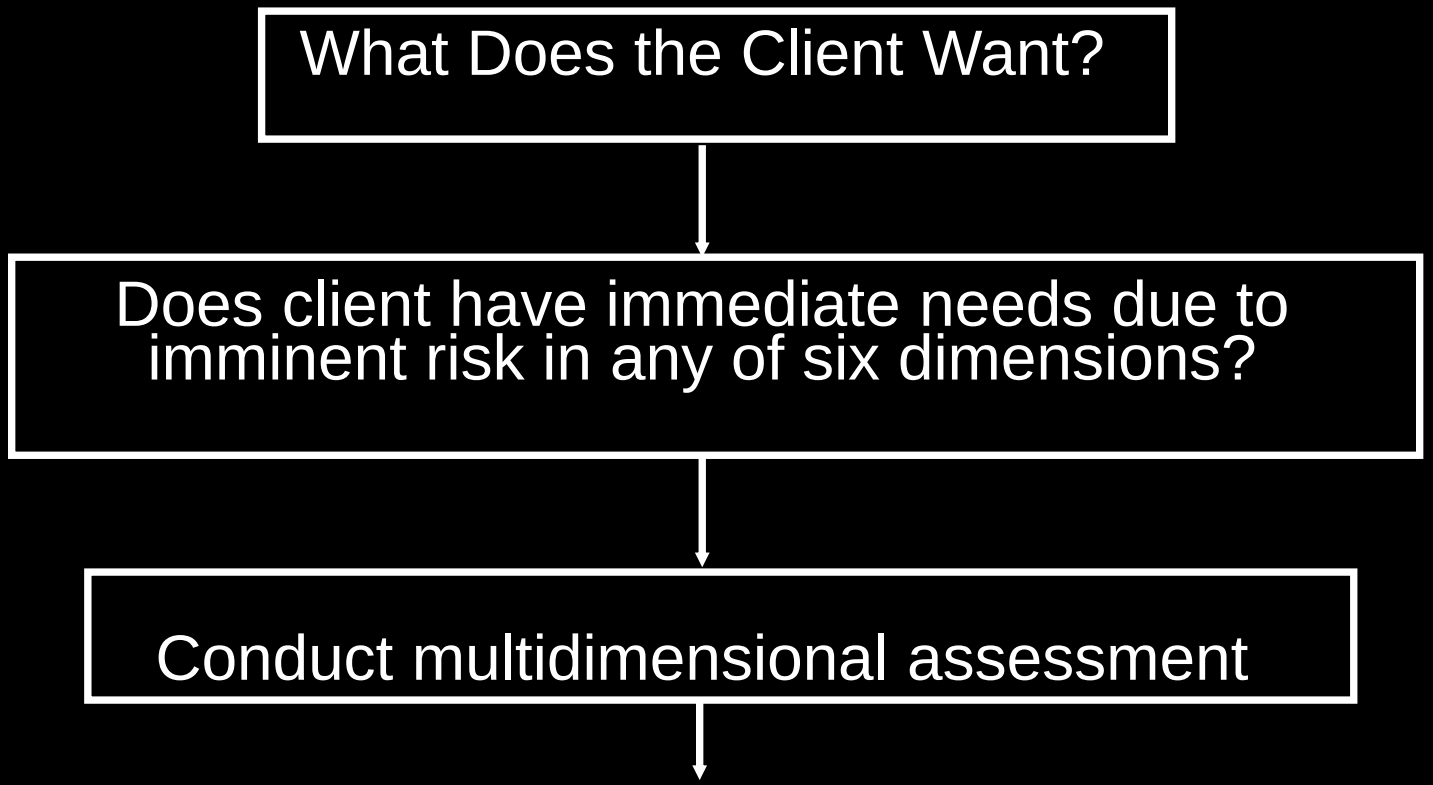
Proximal and Distal Goals

- Traditionally: Abstinence is a “distal” goal for participants with addiction (dependence – they need treatment); but a “proximal” goal for those with Substance Abuse (assumes substance use is voluntary)
- Traditionally: Those with complex needs, “regimen compliance” is “proximal” goal. Better still “treatment adherence”
- Traditionally: Increase treatment for substance use early in treatment for participants with addiction; but punish with sanctions once engaged in treatment and some sustained sobriety
- Traditionally: For non-addicted participants, use escalating sanctions in initial phases to end voluntary use and not “reward” use

Proximal and Distal Goals (cont.)

- This all based on a behavior modification approach when addiction is biopsychosocial-spiritual disease
- If participant has addiction, treatment is needed. If not, education, risk advice and escalating legal consequences (like speeding fines and DUI)
- Abstinence is a “proximal” or “distal” goal for participants with addiction depending on their stage of change regarding abstinence assessed in treatment
- Use escalating sanctions in initial and/or later phases of treatment for lack of good faith effort in treatment. Don’t sanction for signs and symptoms of addiction flare-ups and poor outcomes.

Focus Assessment and Treatment



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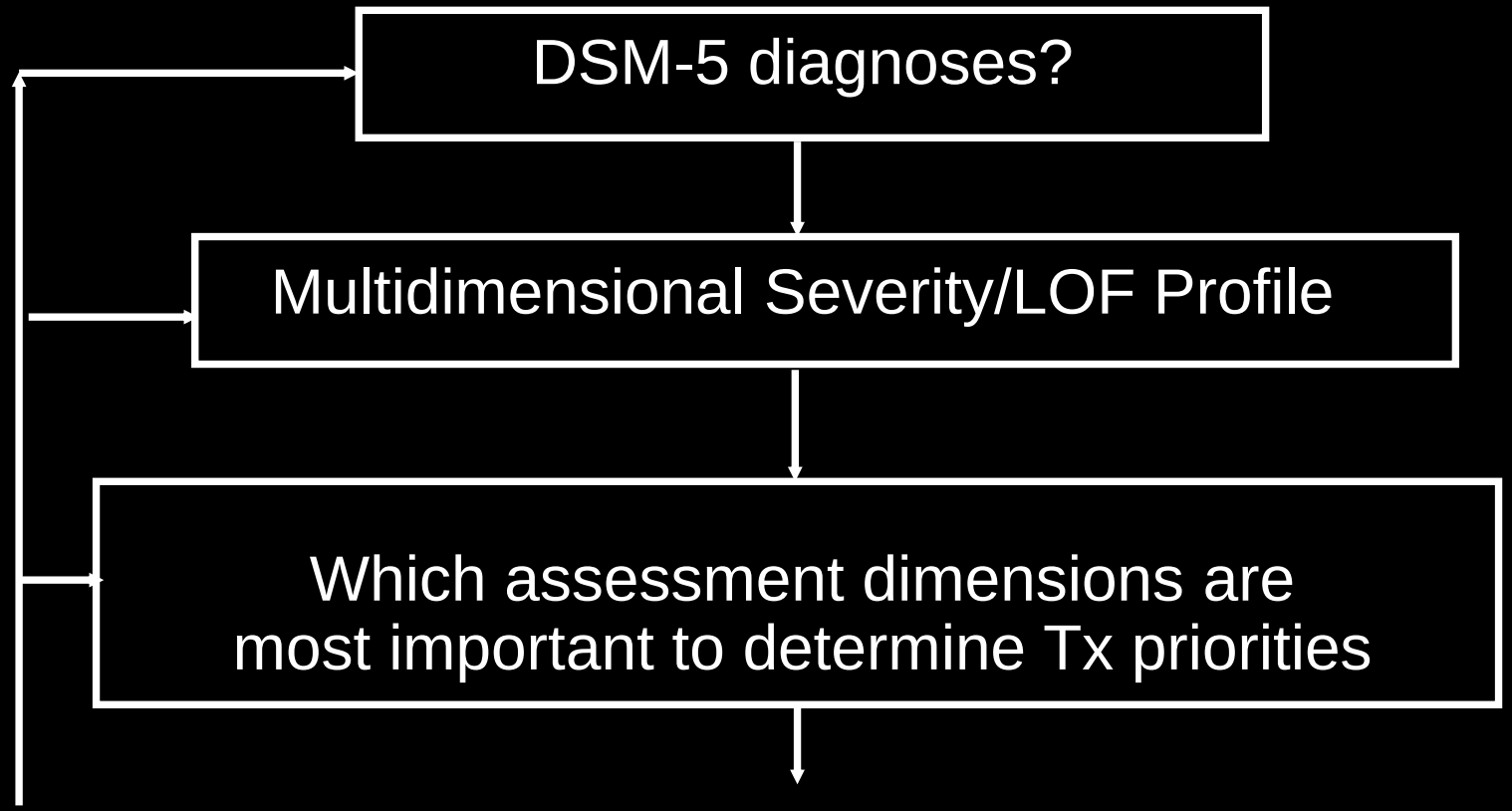
Focus Assessment and Treatment (cont.)



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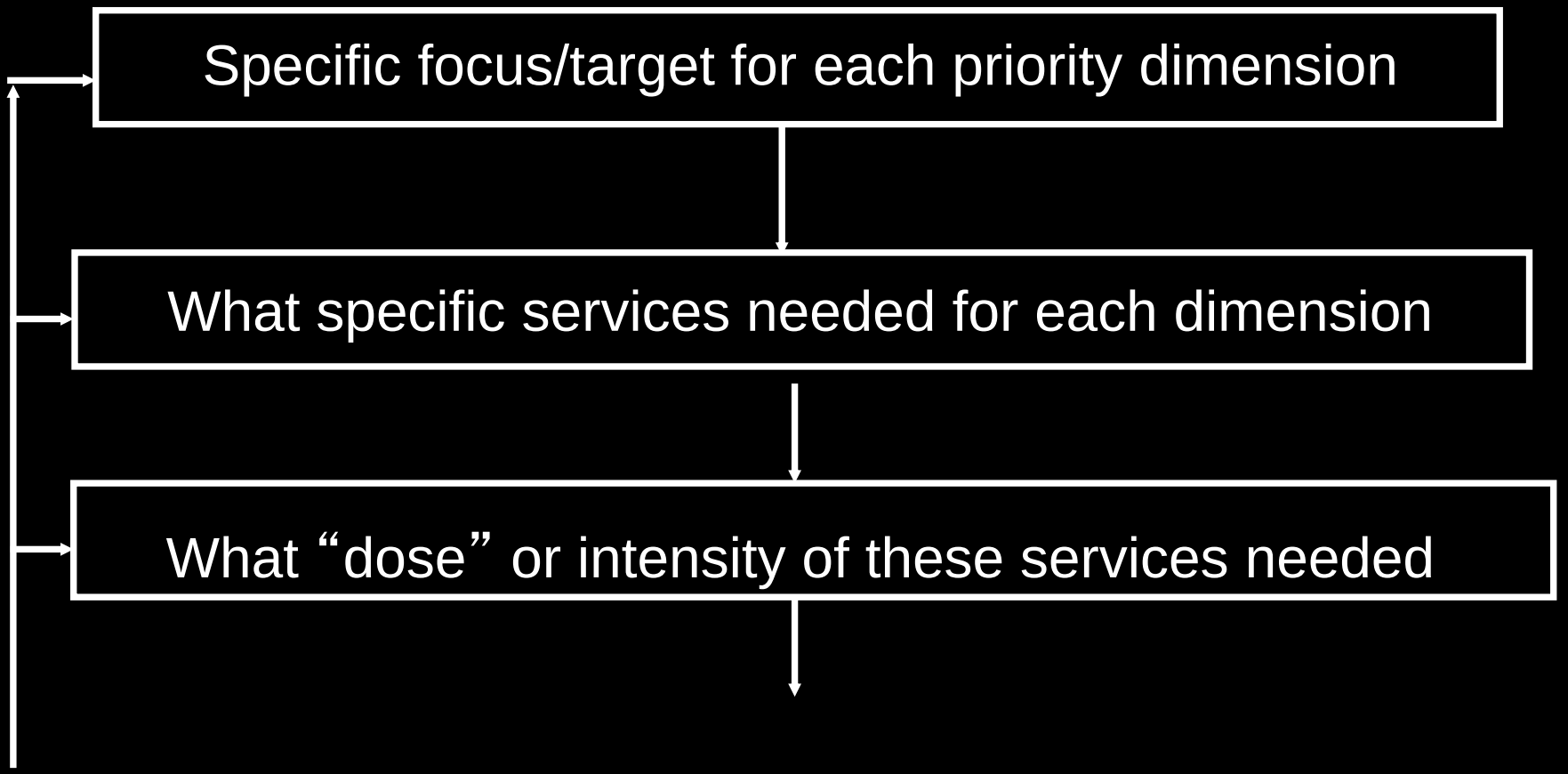

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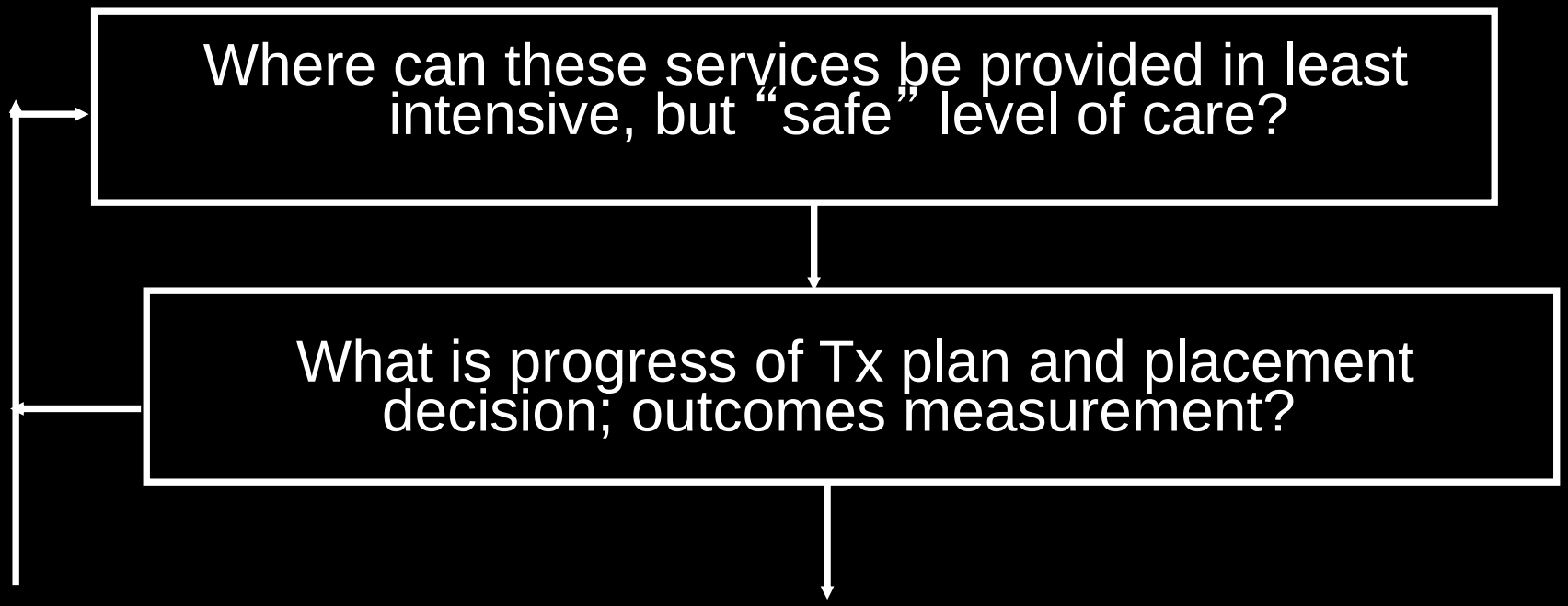

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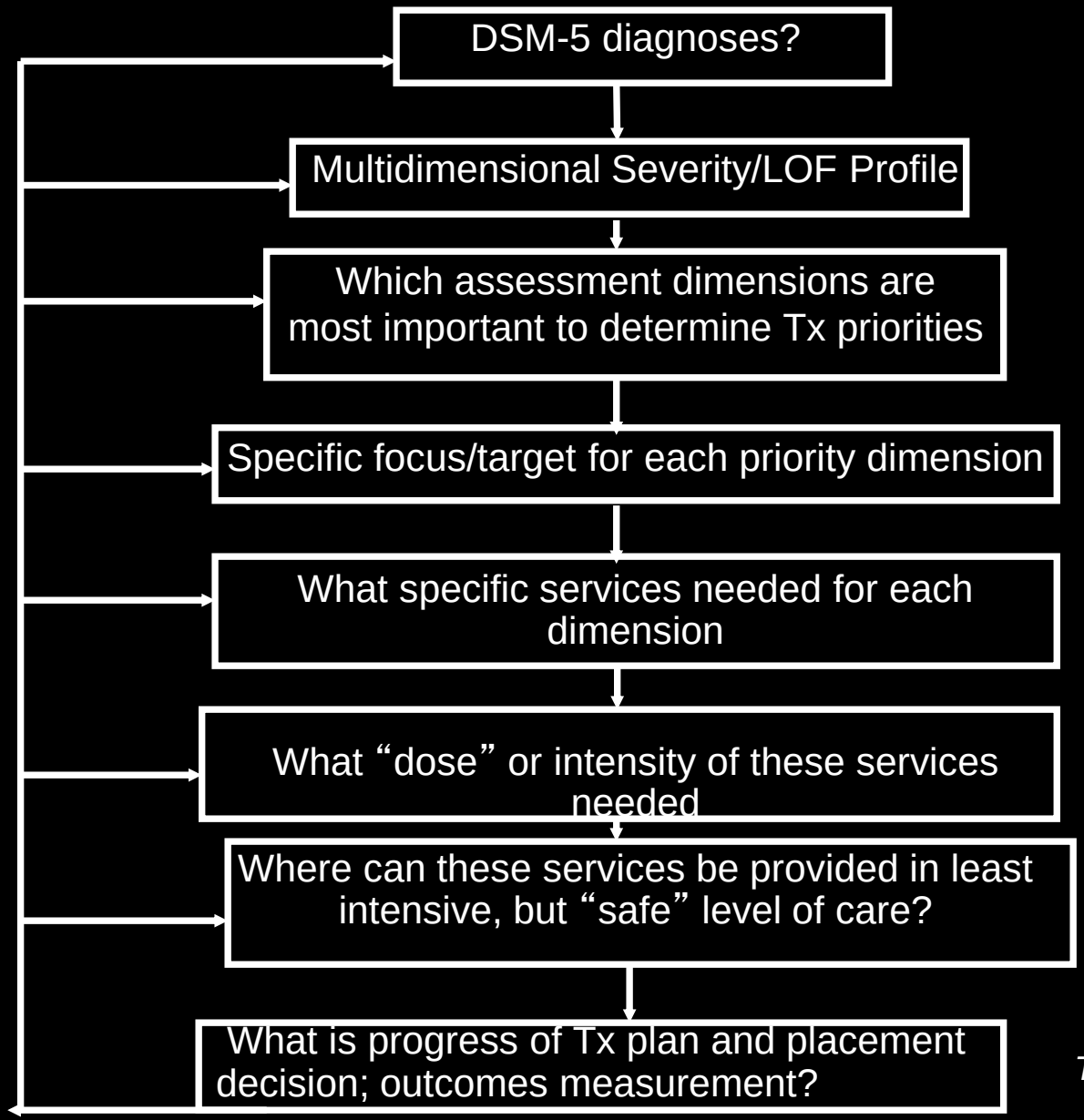

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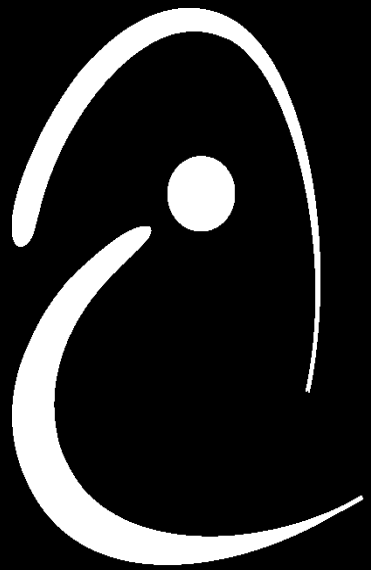
David Mee-Lee, M.D.
Senior Vice President
The Change Companies
Carson City, NV



www.changecompanies.net
www.ASAMCriteria.org
www.tipsntopics.com

davidmeelee@gmail.com

Justice Programs Office
justice@American.edu

Join us tomorrow from 1-2pm Eastern for our next Challenging Case session!

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