

Recovery Oriented Psychotherapy for Substance Use Disorders: Motivational Enhancement Therapy



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District Addiction Consultation Service



DACS provides support to primary care and specialty prescribers in addressing the needs of their patients with substance use disorders and chronic pain management.

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Funding for DACS is provided by The District of Columbia Government, DC Health, Health Regulation and Licensing Administration (HRLA), Pharmaceutical Control Division (PCD). DACS is administered by the University of Maryland School of Medicine staff and faculty.

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Addiction & Sports Psychiatrist: Faculty Bio

Dr. David McDuff Clinical Professor



- Retired Army Colonel (28 Yrs) with Command, Combat, & Special Operations Experience
- Clinical Professor - Univ. Maryland School of Medicine, Baltimore, USA (1988 –present)
- Founding Director, UMB Division of Addiction Research and Treatment & Addiction Psychiatry & Medicine Fellowship Programs
- International Olympic Committee-Consensus Panel & Work Group Member (2018-present)
- Author-“Sports Psychiatry: Strategies for Life Balance & Peak Performance” 2012
- MLB Team Psychiatrist/Mental Skills Trainer Baltimore Orioles (1996-present)
- NFL Sports Psychiatrist: Baltimore Ravens (1996-2013) & Indianapolis Colts (2015-2018)



Recovery Oriented Psychotherapy Lecture Content

- Definition of Addiction & Successful Recovery
- Time-line Method of History Taking
- Developmental Models of Recovery
- Psychoeducation: Definition & Organizing Frameworks
- Psychotherapy: Definition & Healing Factors
- Brief Therapy: Recovery Barriers and/or Relapse Triggers
- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy



Recovery Oriented Psychotherapy Statement of Purpose

- The best outcomes in the treatment of substance use disordered persons comes from engaging and retaining them in an active process of change utilizing psychoeducational, cognitive behavioral, and motivational strategies. In this CME activity, we will develop a framework for identifying the major recovery barriers and relapse triggers and systematically removing them in ways that allows motivation to remain strong and recovery to progress as expected.



Recovery Oriented Psychotherapy for SUDs Learning Objectives

As a result of this lecture participants will be able to:

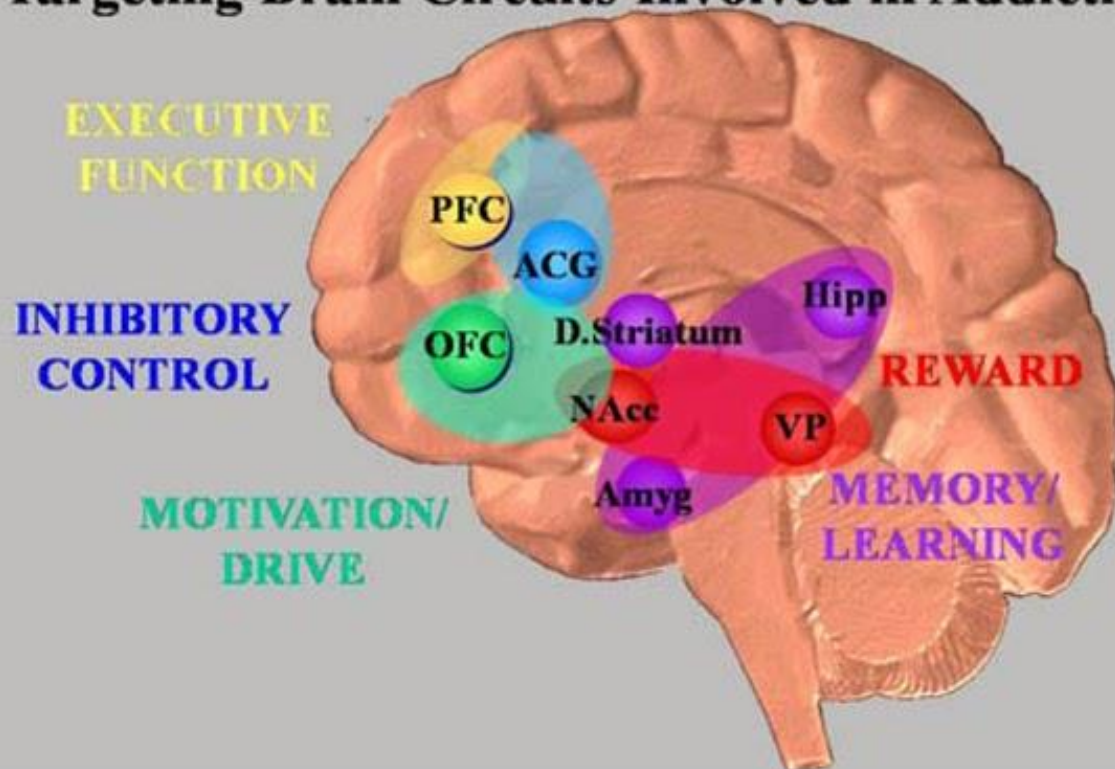
1. Define the key elements of successful SUD recovery
2. Utilize time-line approaches and developmental models of recovery
3. Organize brief therapy for substance use disordered persons that targets the main recovery barriers and/or relapse triggers
4. Utilize motivational enhancement strategies to facilitate progress in SUD recovery



Definition of Addiction

- Primary, chronic disease of brain reward, motivation, memory circuits
- Inability to consistently abstain/cravings
- Impairment in behavioral control
- Poor recognition of problems
- Impairments in emotional control & interpersonal relationships
- Cycles of relapse & remission

Targeting Brain Circuits Involved in Addiction



New knowledge about which parts of the brain are involved in drug abuse and addiction has revealed new targets for medications development. These medications aim to:

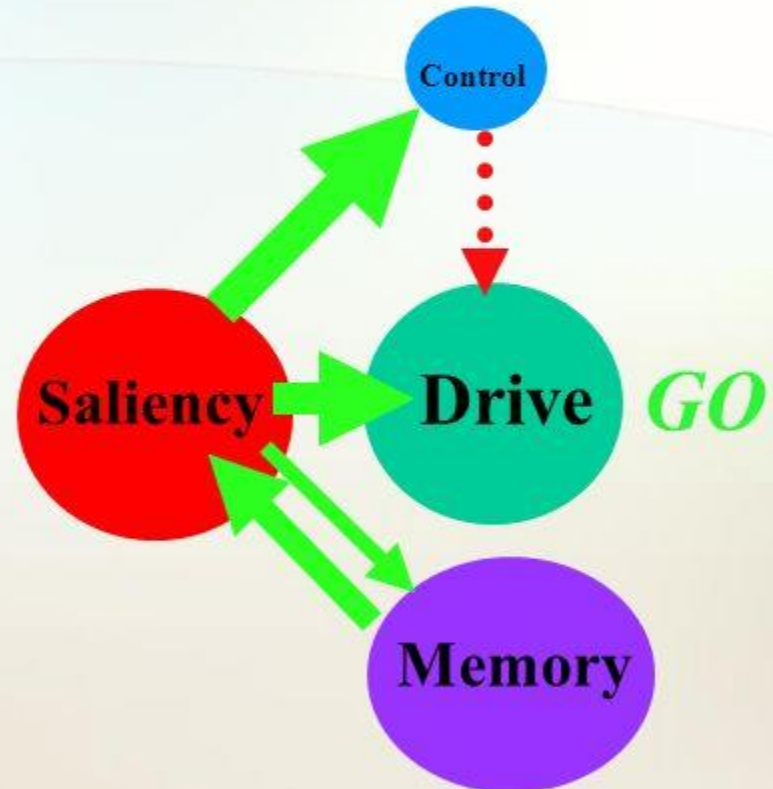
- interfere with a drug's reinforcing effects
- increase the value of natural rewards
- strengthen executive function/inhibitory control
- interfere with conditioning/create new memories
- counteract stress responses that lead to relapse

Addiction Changes Brain Circuits

Non-Addicted Brain



Addicted Brain



Source: Adapted from Volkow et al., *Neuropharmacology*, 2004.

How Do People Change?

- Become Concerned about the need for a change
- Become convinced that the change will benefit them more than cost them
- Commit to an organized plan of action
- Take the actions that will produce and sustain the change(s).

DiClemente, 2005

Successful Recovery From Addictions

- Occurs Over a Long Time Period
- Involves Multiple Attempts & Treatments
- Associated with Self Change
- Involves Change in Many Areas of Emotional/Behavioral Functioning

Substance Treatment: Successful Recovery

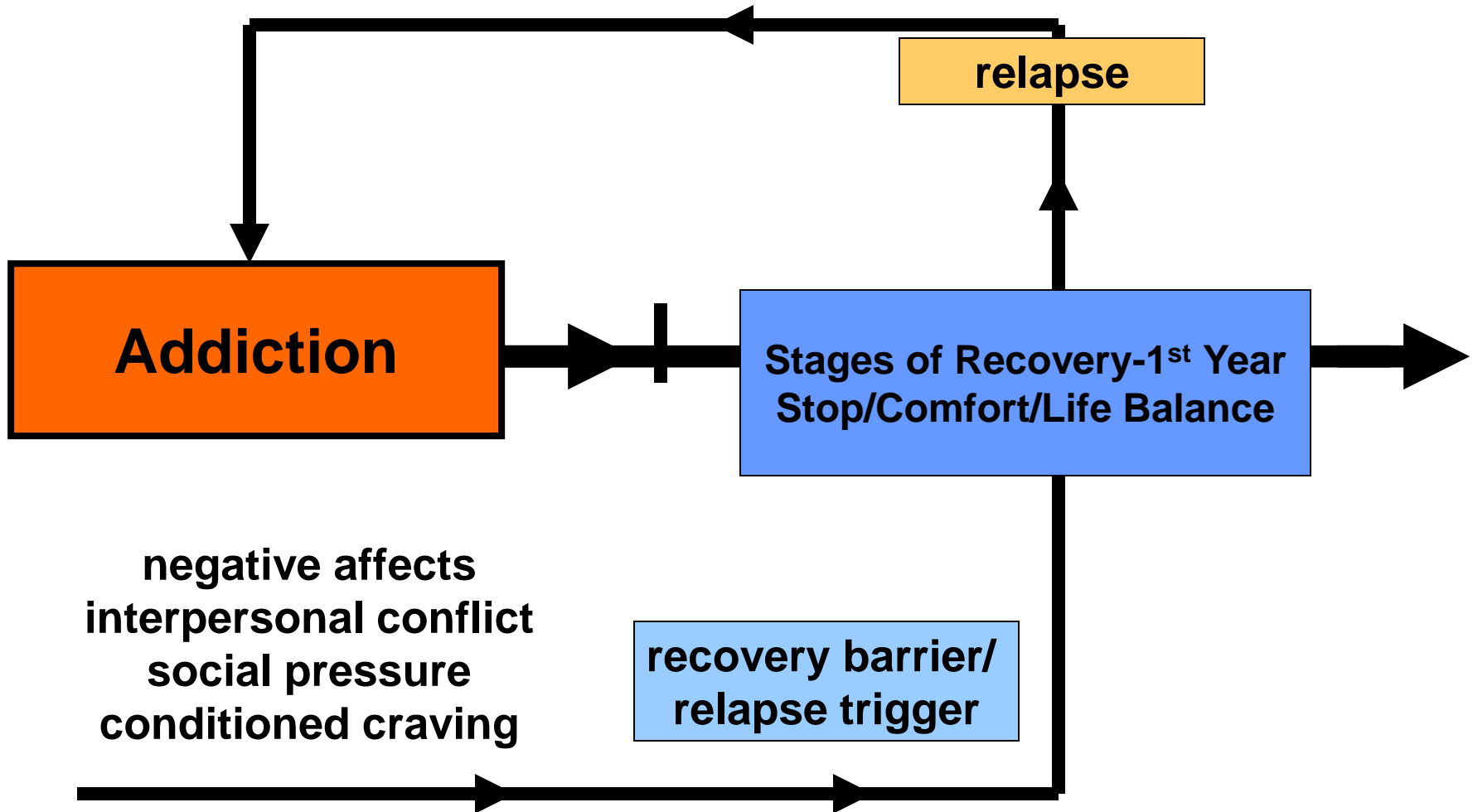
- Occurs in the Community in a New Substance-free, Guilt-free Social Network, and Lasts for Years
- Follows a Period of Compulsory Supervision or Results from an Aversive Substance related Experience(s)
- Results from finding a Substitute Dependency that competes with the addiction
- Includes Inspirational Group Membership

Psychoeducation

- An organized series of individual or group interventions designed to maintain mental health and well-being by **providing**: (1) general information; (2) specific facts; (3) conceptual frameworks, (4) feedback & advice; and (5) lists of risk and protective factors as well as **promoting** the use of: (1) support networks; (2) wellness/stress control strategies; and (3) strategies for behavioral change.
- General Info/Specific Facts (e.g. prevalence of MH symptoms/disorders)
- Mental health literacy (e.g. challenging stigma; facilitation of help seeking; effective self-management strategies)
- Conceptual Frameworks (e.g. MH spectrum & ecosystem; brain circuits for ADHD & Addiction)
- Risk Factors (e.g. serious injury; adverse life event; life transition)
- Protective Factors (e.g. social support network, stress control, sleep)
- Screening, Feedback & Advice

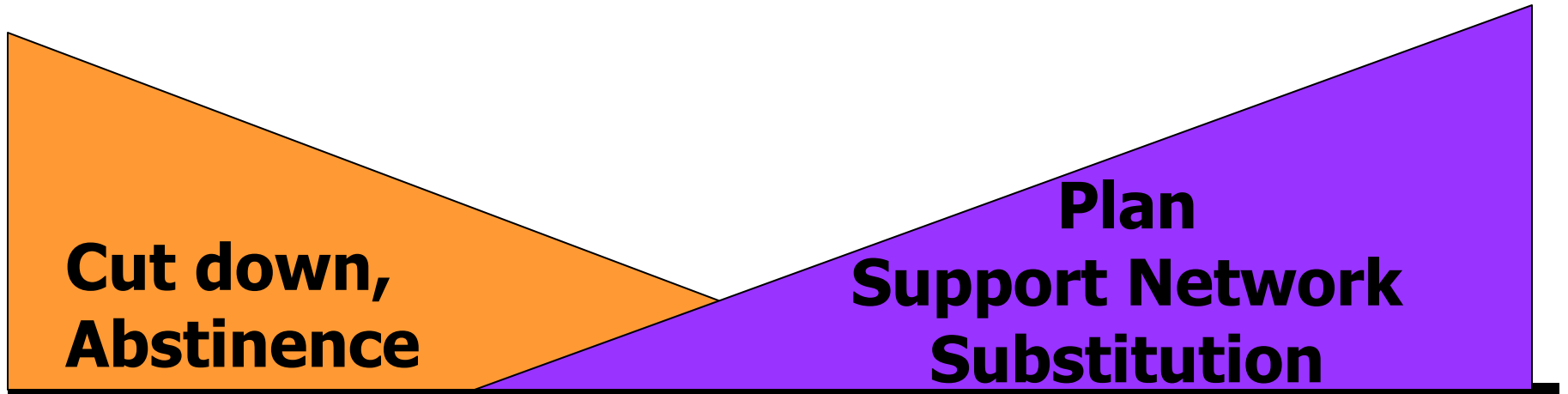


Integrated Recovery Model



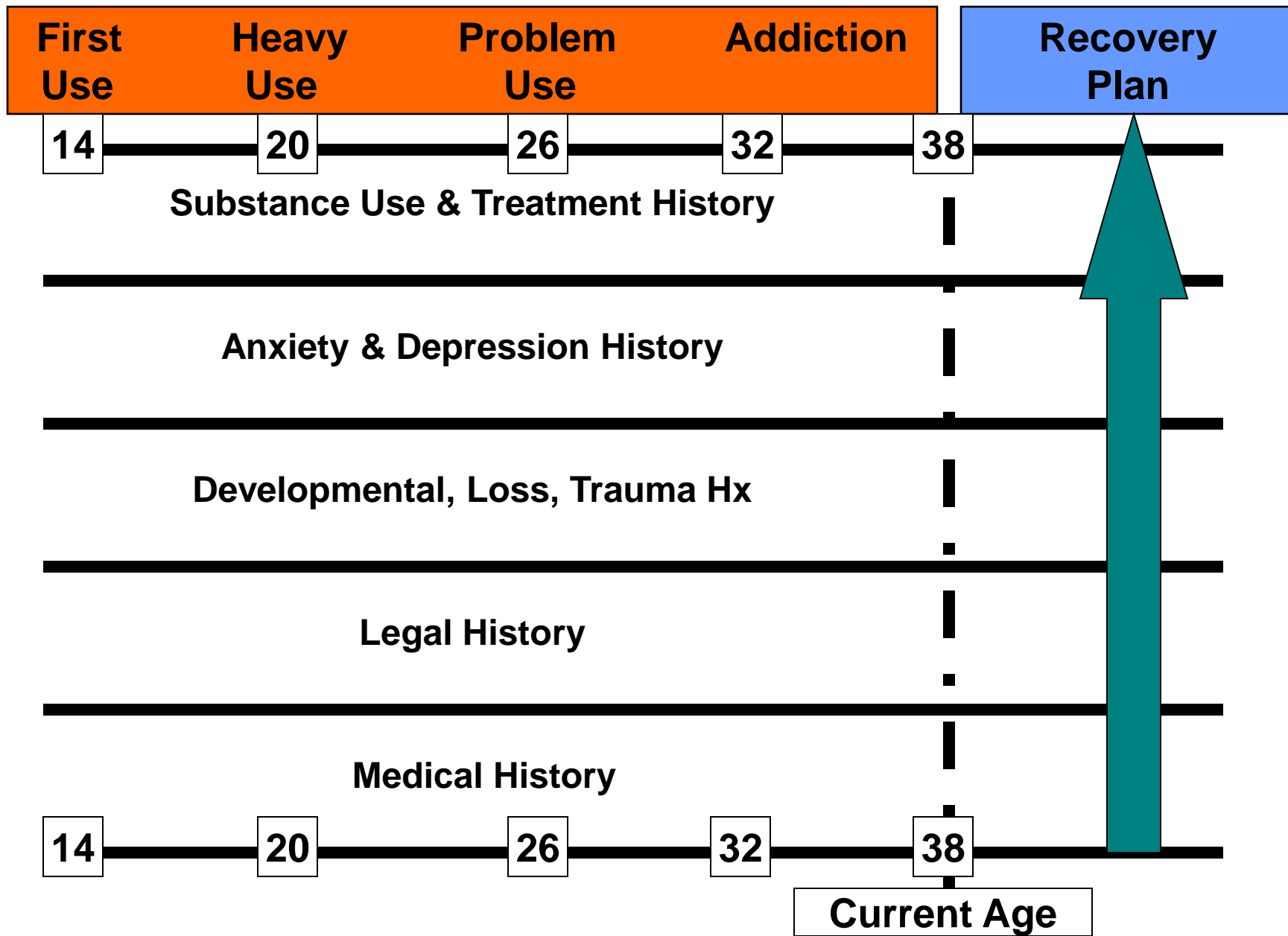
Addiction

Recovery

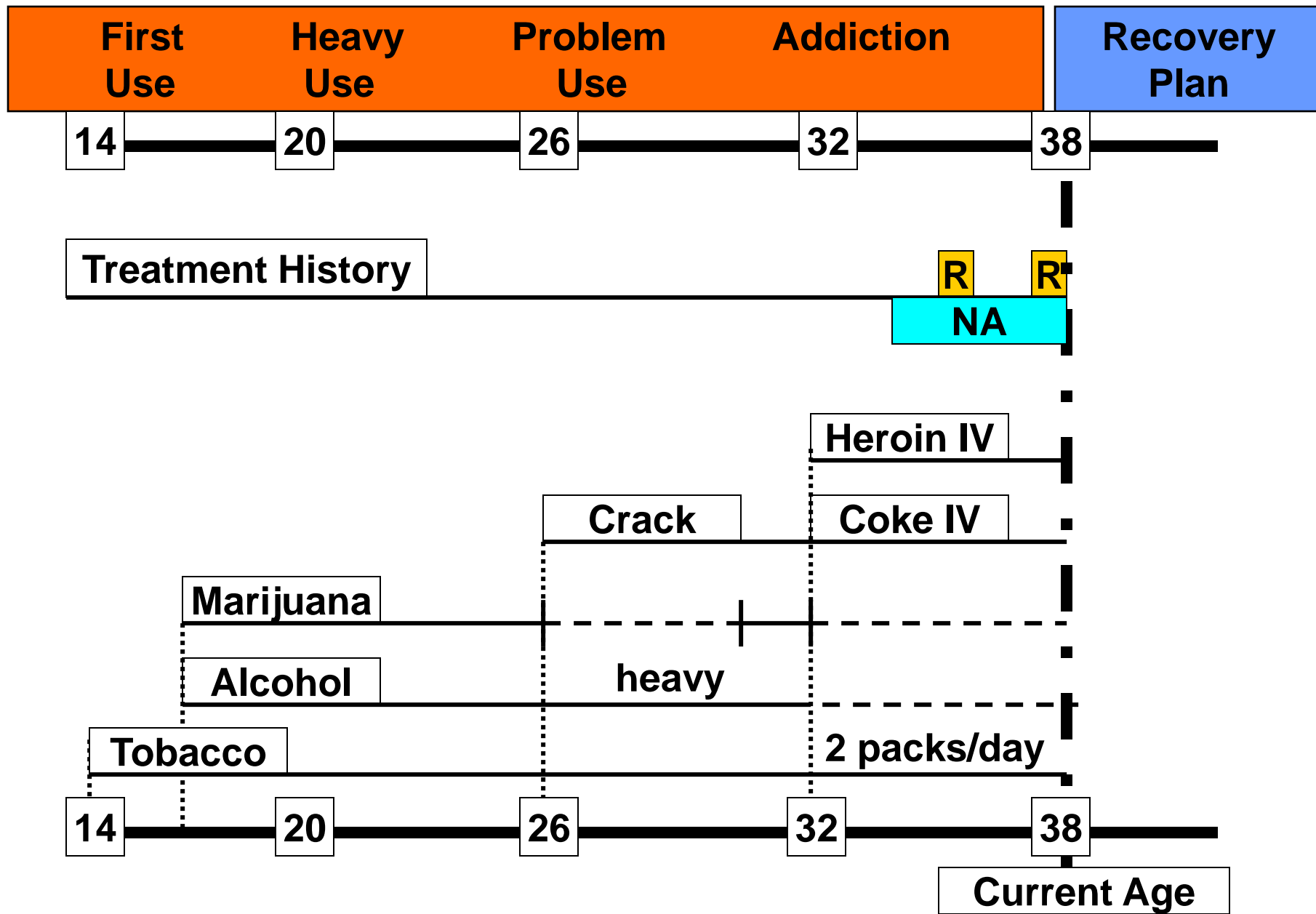


RECOVERY PROCESS

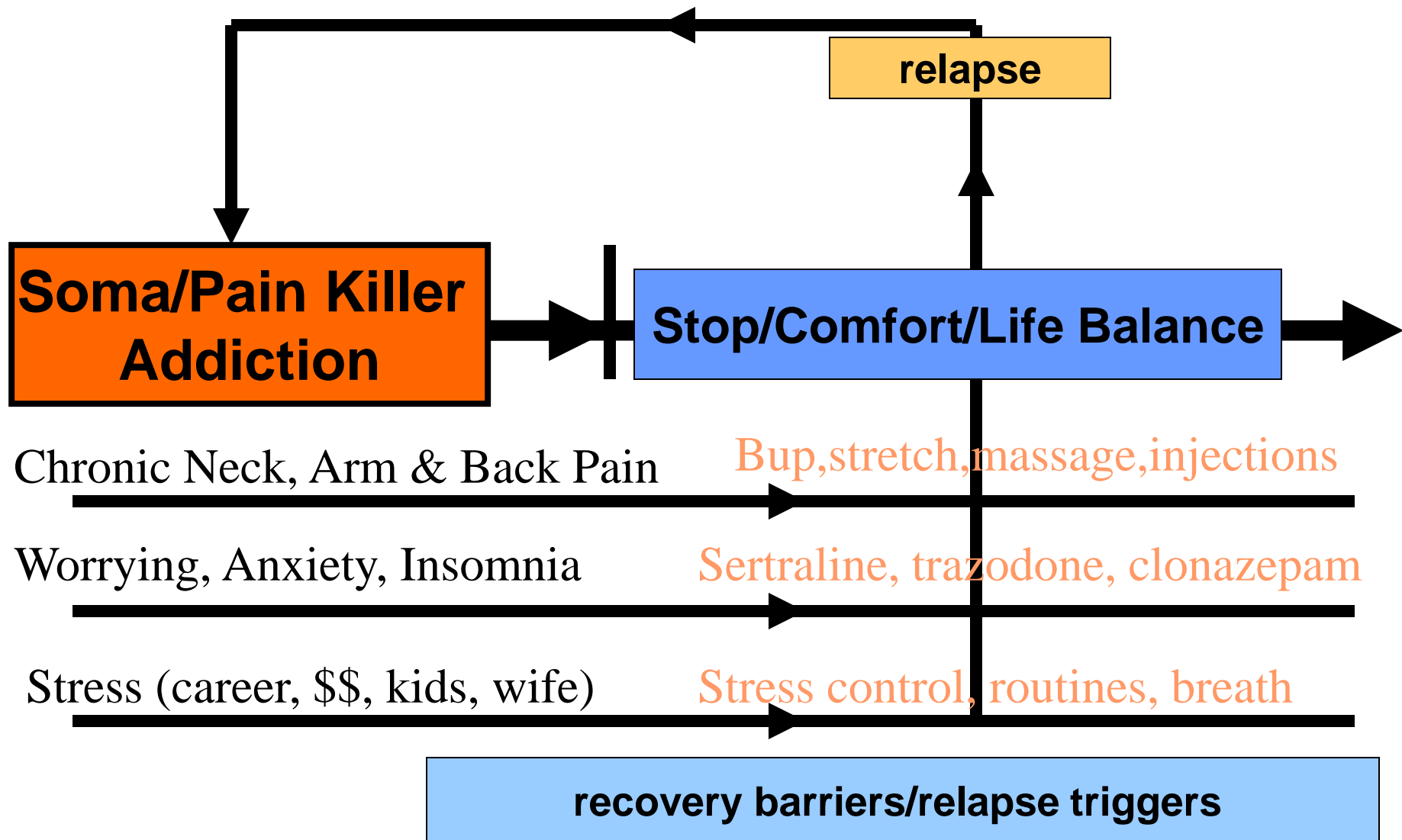
Parallel Timeline Method



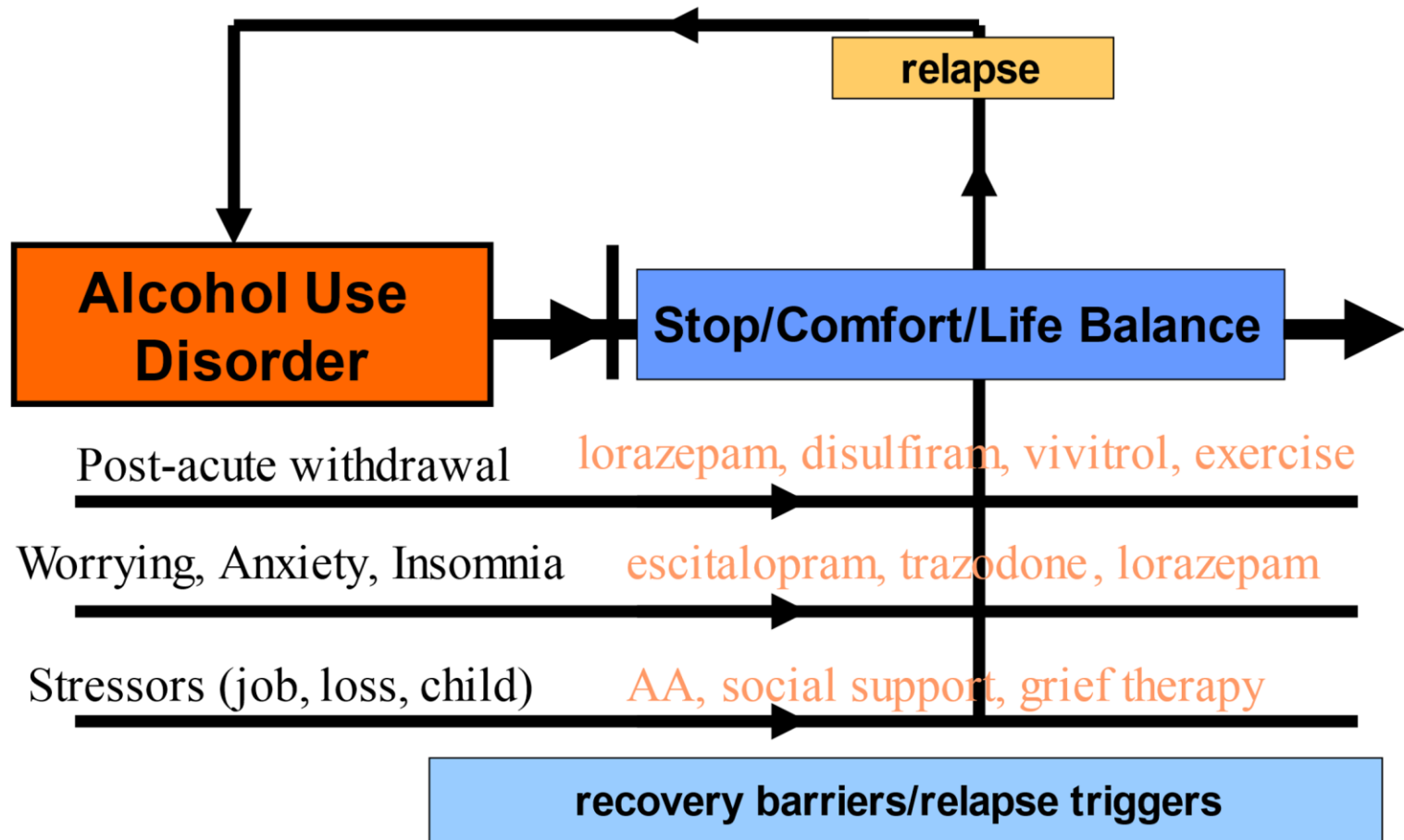
Parallel Timeline Method



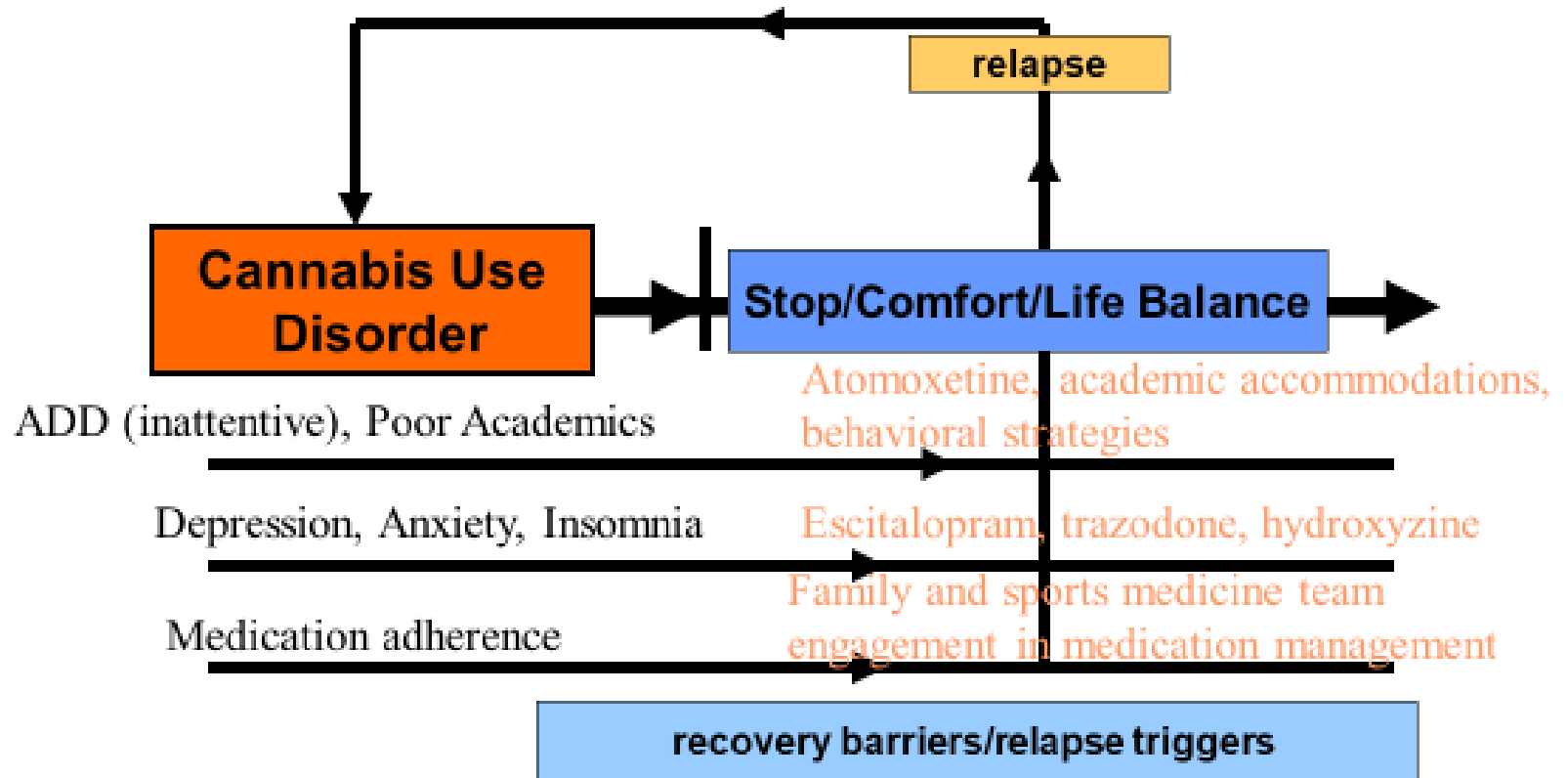
Integrated Recovery Model



Integrated Recovery Model



Integrated Recovery Model



Psychotherapy

- **The treatment of mental health symptoms or disorders or problems of living and/or the facilitation of personal growth through psychological means that are based on theories of behavior, structure (time & goals) and techniques.**
- **Common healing/change factors for different types of therapy include: (1) emotional arousal & processing; (2) feeling understood; (3) enhancing social support; (4) optimism regarding improvement; (5) framework for understanding the problem/solution; (6) therapeutic structure & procedures; (7) therapist expertise; (8) self-awareness/insight; (9) improving interpersonal skills & (10) experiences of success.**

Substance Treatment: Brief Recovery Oriented Psychotherapy: **Central Issues**

- Negative Emotions
- Traumatic Events
- Unresolved Grief
- Character Pathology
- Developmental Arrest
- Persistent Denial/Low Readiness

Integrated Recovery Model

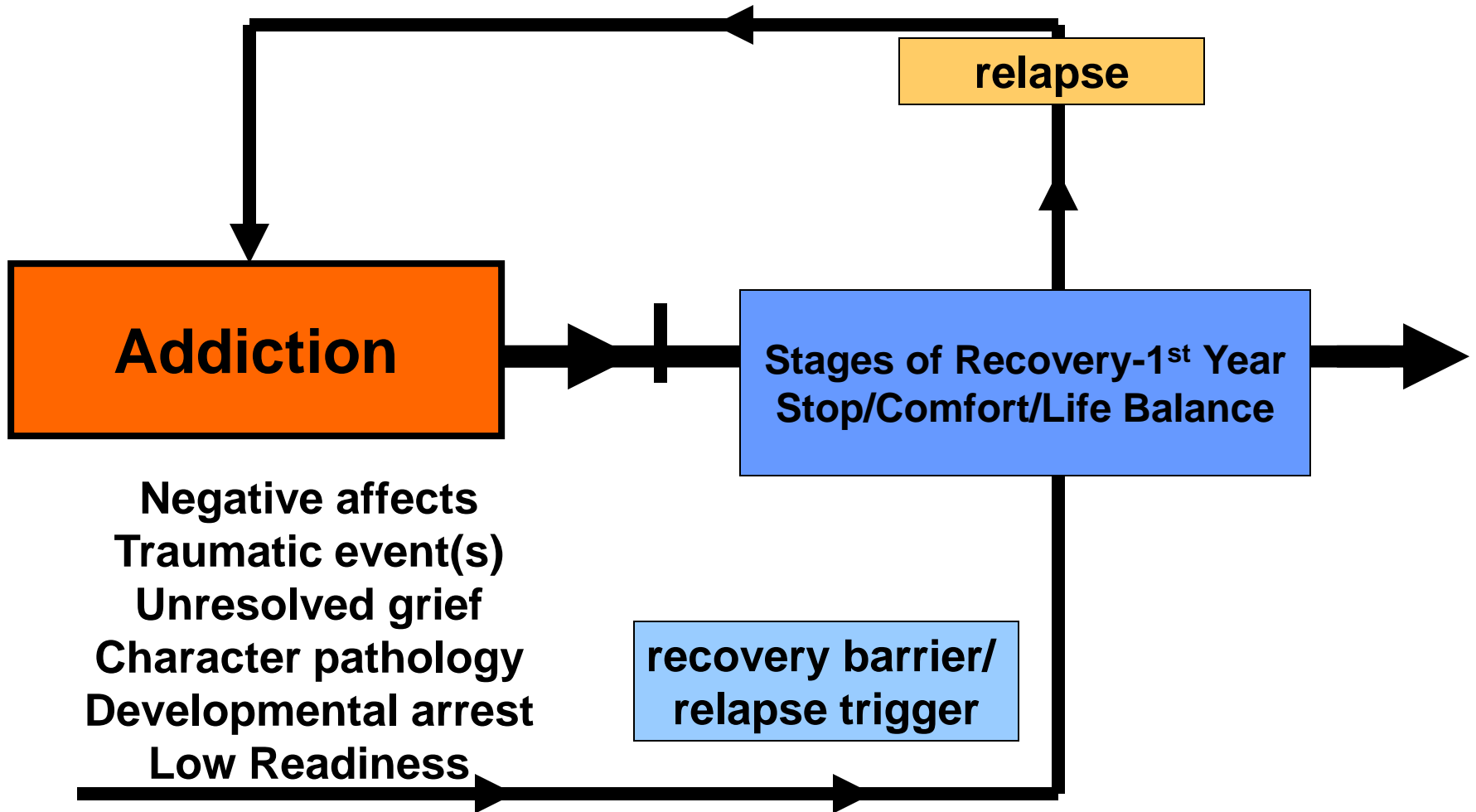
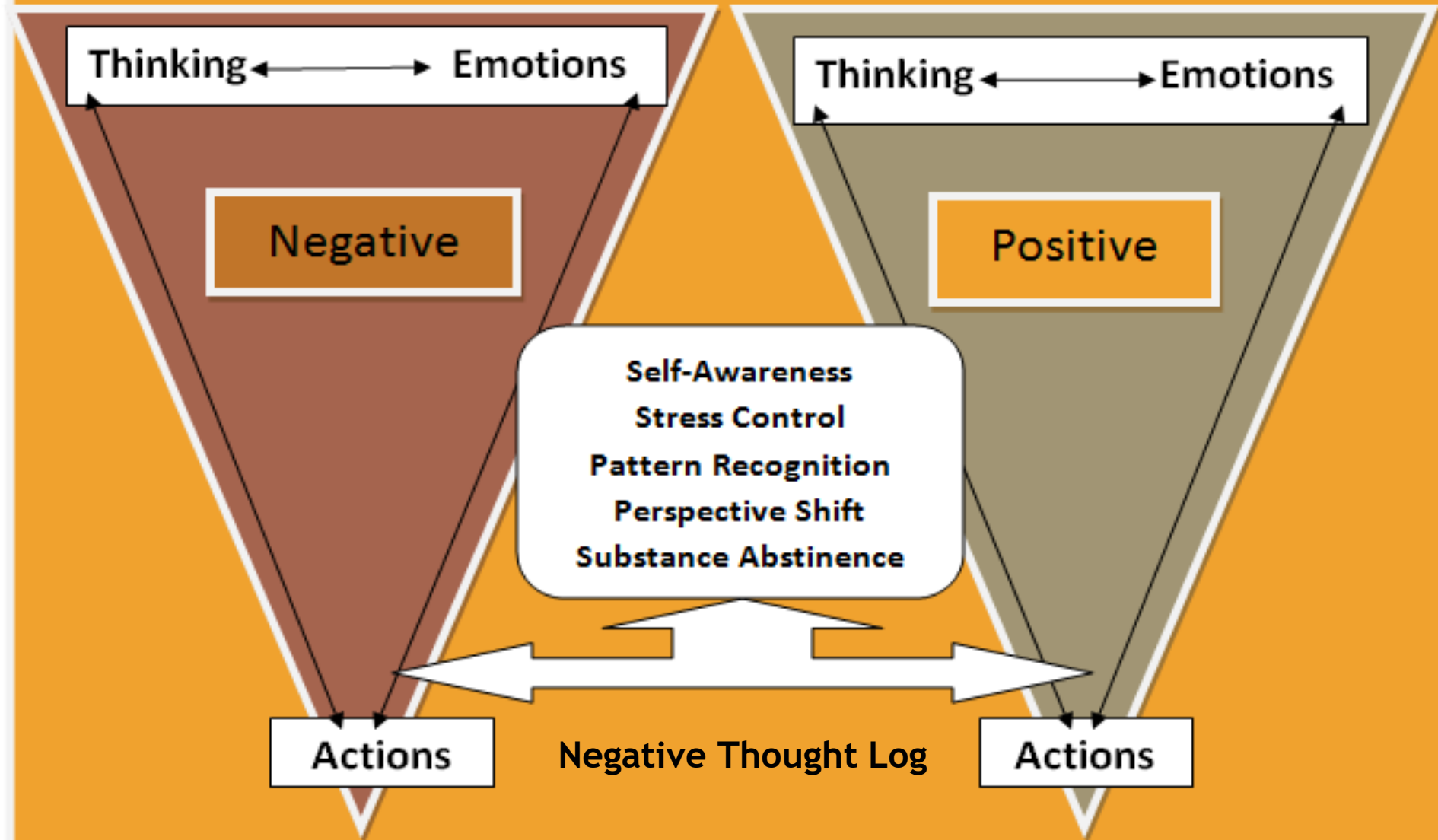
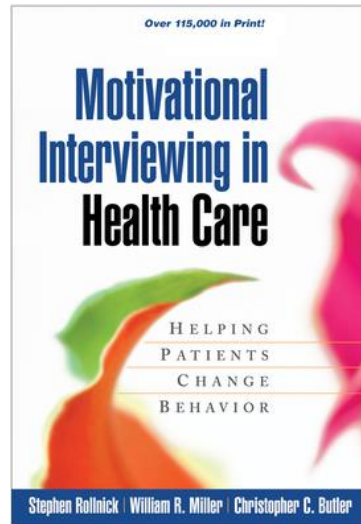


Figure 3: Cognitive Behavioral Therapy for Adjustment Anxiety & Aggression

McDuff DR (2016) Sports Psychiatry



Motivational Enhancement Therapy (MET) for Health Behavior Change



Health Risk Behaviors

- Alcohol & drug use
- Tobacco & nicotine use
- Unsafe sex
- Gambling
- Overeating
- Reckless Driving

Self determination theory

- People inherently want to engage in activities that meet their need for autonomy, competency (self-efficacy), and relatedness (close personal relationships).
- Intrinsic Motivation (e.g. desires, needs, values, goals)
- Extrinsic Motivation (e.g. social influences, external rewards, consequences)

Importance of Motivation To Change

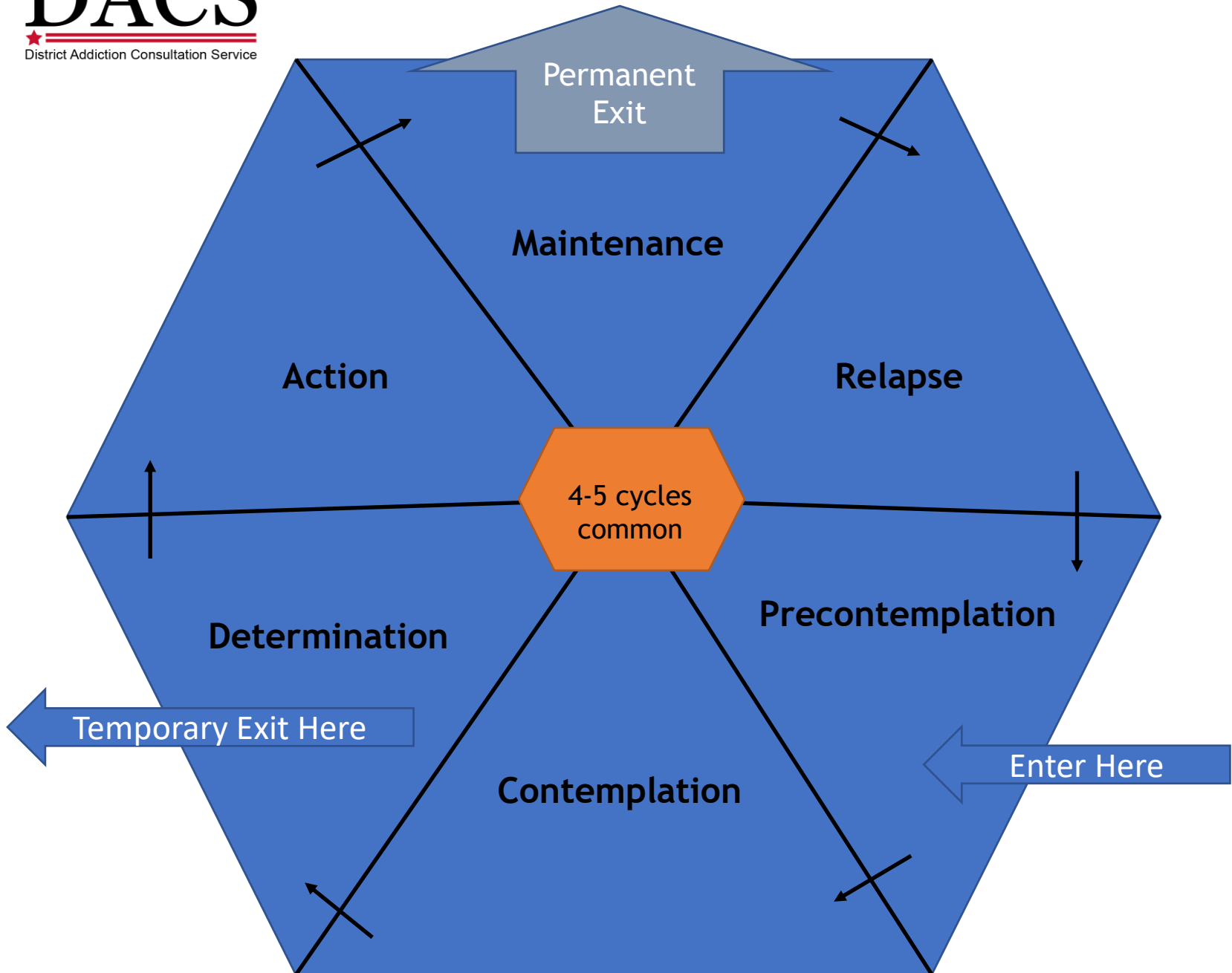
- **MET** is a counseling strategy that is consistent with SDT and emphasizes internal motivation to change
- **Contingency Management** is a counseling strategy that can reinforce extrinsic motivation
- **Motivation** helps people resolve their ambivalence about making lifestyle changes
- Two components of **motivation** predict good outcome-**importance & confidence**

Characteristics of Motivation

- Motivation is dynamic & fluctuates
- Motivation is influenced by social interactions (support network)
- Motivation can be enhanced in the change process
- Motivation can be influenced by the therapist style (warmth, genuineness, respect, affirmation, & empathy)

Motivational Enhancement Therapy

- Focus on an individual's strengths
- Individualized and person-centered (What would you most like to see change?)
- A shift away from labeling (person with a SUD rather than alcoholic or addict)
- Therapeutic partnerships for change
- Use of empathy, understanding & support not authority & power
- Focus on early & brief interventions
- Focus on risk reduction & broad goals



Practitioner Tasks for Stages of Change

| <i>Client Stage</i> | <i>Practitioner's Motivational Task</i> | |
|--------------------------------|---|--|
| Precontemplation | <ul style="list-style-type: none">*Raise doubt*Increase perception of risks*Current behavior as a problem | |
| Contemplation | <ul style="list-style-type: none">*Tip the balance*Discuss reasons to change*Review risks of not changing,*Increase self-efficacy to facilitate change | |
| Determination (Preparation) | <ul style="list-style-type: none">*Help determine the best course of action & strategies for change. | |
| Action | <ul style="list-style-type: none">*Help take steps toward change | |
| Maintenance | <ul style="list-style-type: none">*Help identify & use strategies to prevent relapse. | |
| Relapse | <ul style="list-style-type: none">*Help renew the process of contemplation, determination & action, without becoming stuck or demoralized | |

Catalysts for Change

| Type | Change Processes | Stage of Change |
|------|---|-----------------------------------|
| | Consciousness raising -new awareness & understanding | Precontemplation Contemplation |
| | Emotional Arousal after an alcohol or drug related incident | Precontemplation Contemplation |
| | Environmental Reevaluation -pros & cons of use & effects on others | Precontemplation Contemplation |
| | Social Liberation -increased use of positive supports | Contemplation |
| | Stimulus control -avoids situations and cues that trigger use | Action |
| | Reinforcement Management -self-reward for positive behavioral change | Action Maintenance |

Motivational Interviewing Strategies: (OARS)

- Ask **O**pen-ended Questions
- **A**ffirmations
- Listen **R**eflectively
- **S**ummarize
- Explore Concerns
- Explore Decisional Balance-Pros and Cons
- Develop Discrepancy & Roll with Resistance
- A Hypothetical Look Over the Fence
- Explore Readiness, Importance, and Confidence

(Miller & Rollnick, 2013)

Conclusions

1. Psychotherapy for persons with SUDs is more effective if they have a conceptual framework for understanding addiction and recovery.
2. Systematic identification of key recovery barriers and/or relapse triggers is possible by using a “time-lines” approach to gathering summary information about the SUD and its most common co-occurring social, occupational, medical and psychiatric problems.
3. Enhancing readiness to change is possible if CBT and MET strategies are used throughout each phase of early recovery.
4. MET allows the therapist to form a more effective partnership with a substance use disordered person reducing their resistance and defensiveness while also boosting their readiness to change and activating their motivation.



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