

Chapter 30

The Treatment of Substance Use Disorders

Characteristics of the substance abuse rehabilitation professional

- Therapists who work with SUDs must possess many characteristics
- Job is to assist and guide, not to demand or order the clients about in their search for answers
- Therapists with strong interpersonal skills are better equipped to help client change
- Confrontation and other techniques
 - Little evidence confrontation helps client change and may increase resistance
 - Empathy has been found to be more appropriate

The Minnesota model of substance abuse treatment

- Four factors that are common in substance use rehabilitation programs:
 - Compulsory supervision
 - Introduction and use of competing behavior to replace the SUD
 - Gaining new commitment to recovery rather than substance
 - Increased spirituality
- Reaction to the Minnesota model

Other treatment formats for SUDs

- Acupuncture
- Computer simulations
 - Enables client to practice situation-specific skills
- Detoxification
 - Is a prelude to treatment
- Family/marital therapies
 - Helps spouse/family learn how to support patient's recovery
- Individual therapy approaches
 - wide range of such therapies

Other treatment formats for SUDs

- Cognitive-behavioral therapies
- Motivational interviewing (MI)
 - Identify problem behaviors
 - Client's view of effective behavior change
- Contingency management
 - Uses immediate rewards with tangible incentives for abstinence
- Psychoanalysis
- Group therapy approaches

Other treatment formats for SUDs

- Biofeedback training
 - Encourages the development of self-efficacy as client develops skills to change body states once thought only to be possible through use of chemicals
- Harm reduction (HR) model
 - Works to reduce the effects of the chemical until use is eliminated or if not, reduce the damage being done
- Hypnosis
- Videotape/self-confrontation
- Yoga or meditation

The treatment plan

- The substance abuse rehabilitation professional will have a wide range of techniques
- The therapist and client should together develop a written treatment plan
 - Brief summary of the problem
 - Brief summary of the client's physical and emotional health
 - Statement of goals and objectives
 - Discharge criteria

Aftercare programs

- Treatment does not end with discharge from rehabilitation center
- Aftercare programs can significantly contribute to client abstinence rates
- Maintain of goals made in treatment
- Help client prevent relapse
- Learn self-monitoring skills
- Identification of “high-risk” situations for relapse
- Attend community self-help group meetings on a regular basis