

# **Alcohol addiction treatment**

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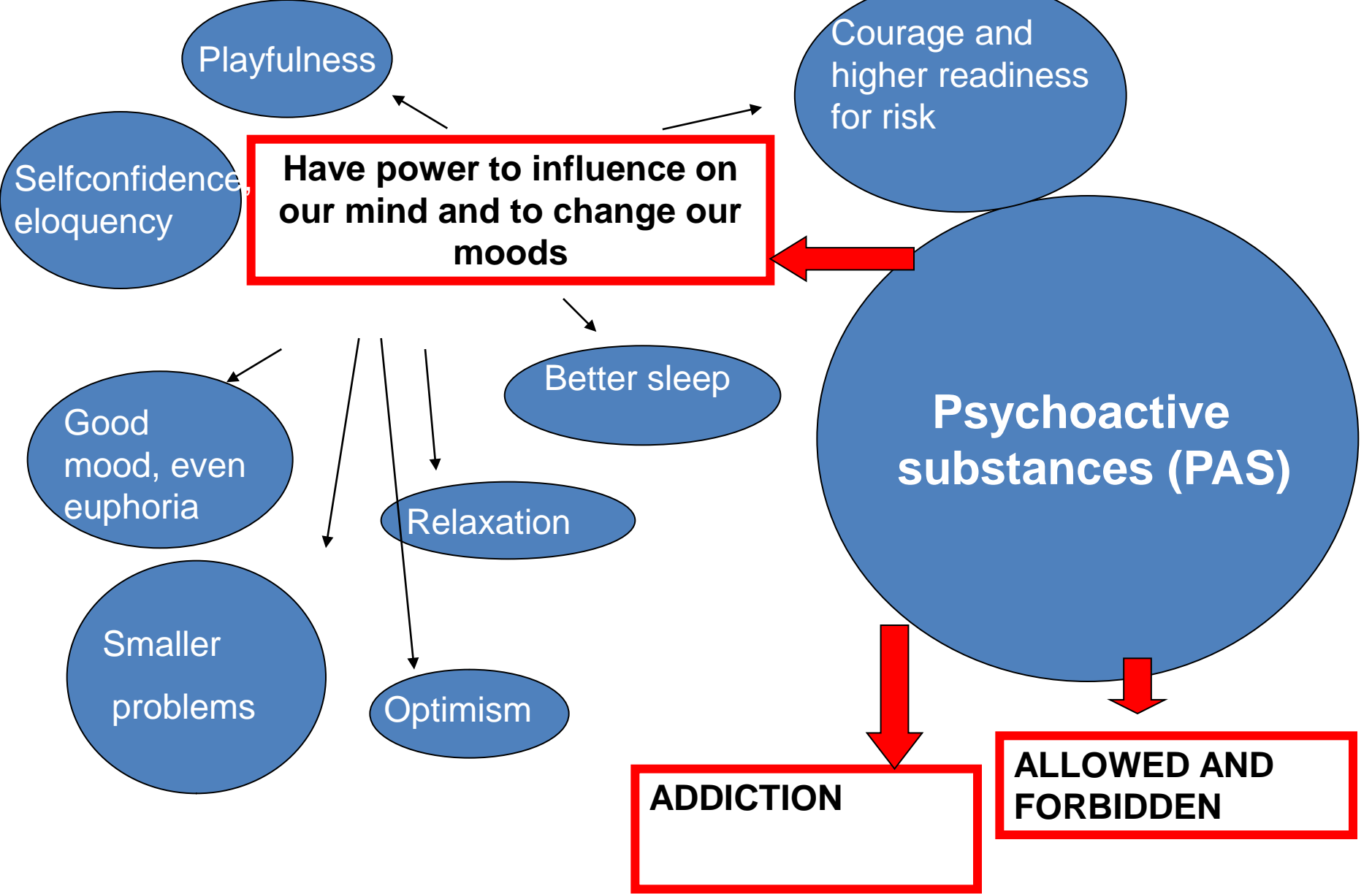
**Psychiatric Hospital Vojnik, Slovenia**

# Zahvala:



REPUBLIKA SLOVENIJA  
**MINISTRSTVO ZA IZOBRAŽEVANJE,  
ZNANOST IN ŠPORT**

- The method of treatment of alcohol addiction currently used in Slovenia can be seen as a result of rich experience and great efforts by a number of experts throughout most than fifty years.
- The method is based on the concept of addiction as a disease. Formerly, alcohol addiction was discussed in terms of a disease concept, nowadays it is considered a disease of the brain.
- The treatment can be presented as a sequence of phases. The preparation phase is followed by intensive treatment phase and then maintenance phase.



# Diagnostic criteria

- Craving alcohol
  - Drinking larger quantities of alcohol and for longer periods of time than it was initially intended – failure to control the quantity of alcohol ingested
  - Due to the body getting used to the alcohol, a person feels unwell when the concentration of alcohol drops (morning trembling of the hands, loss of concentration) – symptoms of abstinence/withdrawal, avoiding these symptoms
  - Larger quantity of alcohol needs to be drunk in order to achieve the same effect (changes in tolerance)
  - Drinking regardless of the awareness that it is damaging
  - A person will experience all of the signs again when drinking again
- 
- Looking for (and creating) opportunities to drink
  - Monotonous, ritual way of drinking

# Defence mechanisms

- One of the important elements to which attention must be paid while treating addiction are specific psychological **defence mechanisms**
- They have one and only purpose – preserving a STATUS QUO (Status quo, however, leads to destruction when PAS are involved).
- We can say that the brain is inventing stories not to lose its beloved drug and to hide the reality from the user.

The bigger the threat, the more powerful the defence strategies.

# We know the physiological foundation of the euphoria

PAS stimulate maximally the activity of our brain rewarding system.

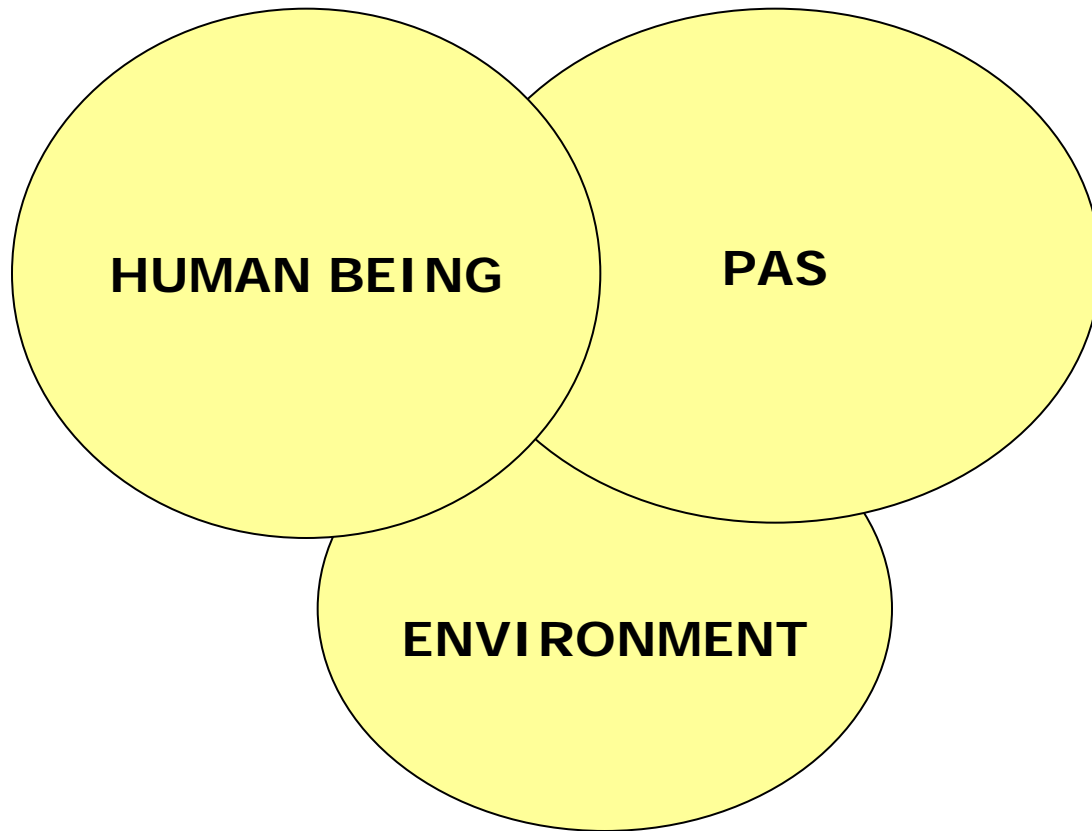
- **We are dealing with a complex circle of neurons developed during evolution. They make us feel not just good but excellent when we do the things important for survival and the dissemination of our genes (e.g. procuring food, sex...) – and we want to repeat them.**

# We know what the consequences are

- Health : physical, psychological
- Family: dysfunctional families, redistribution of roles, inappropriate parenting, violence, abuse
- Work: poor quality, absence, conflicts, material damage...
- Social: criminal, driving under the influence of drugs, sexual violence...



**And we know that three groups of factors are important as reasons for developing addiction**



**These three groups of factors overlap and interconnect.**

# How to help someone to get a decision for treatment?

**Stages of change** (for everyone who needs changing) Prohaska and De Clemente model

1. *They don't think they have a problem at all (Non-contemplation)*
2. *They begin to think they're having a problem and are **ambivalent** about it. (Contemplation)*
3. *They decide to change, they plan to choose some new behaviour (Decision)*
4. *They actually begin to change their behaviour (Action)*
5. *They maintain these changes, they on the stage of permanent changing (Maintainence)*
- (6. Relapse)

**DIFFERENT APPROACH AT DIFFERENT STAGES!**

# Myth of the unmotivated patient (1)

When the patient seems to be unmotivated to make changes or to follow our advice it is often quickly presumed that there is something wrong with the patient and that there is nothing we can do.

- These presumptions are usually wrong: nobody is completely unmotivated.

**WE ALL HAVE NEEDS, WANTS, GOALS, ASPIRATIONS!**

# Myth of the unmotivated patient (2)

The truth, in fact, is quite opposite – and that's the starting point of motivational approaches (MI):

Motivation for change is really something that can be influenced

**AND DEPENDS MOSTLY ON THE PATIENT  
– THERAPIST RELATIONSHIP**

# Readiness to change

We should know that:

1. Ambivalence regarding changing is normal
2. Changes are usually non-linear
3. Readiness is not something static (it can take different forms)
4. Awareness of readiness for change is vital

# Contemporary treatment (1)

- We always try to find for each individual a suitable combination of pharmacological, psychological and social interventions, which are needed in different phases of addiction treatment.
- The population of patients is heterogenous (*patients are in different phases of addictions, addicted to a different level, with different medical and psychiatric comorbidity, of different age, with varying support from others, motivated in different ways, of different gender*) – so they need different interventions in different phases.

# Pharmacological treatment

- medication for the withdrawal syndrome

1. hydration, electrolytes, vitamins (B1, B6, B12, C)
2. tranquilizers: benzodiazepines, clonazepam,
3. antiepileptics: carbamazepine (Tegretol)
4. beta-blockers

- for abstinence maintenance

(naltrexone, acamprosate, disulfiram, SSRI antidepressants...)

- for co-morbidity treatment

(mood disorders, anxiety disorders, psychotic disorders...)

WHILE TREATING ADDICTION WE CONSIDER ACTUAL DIRECTIONS FOR SPECIFIC DISORDER

# Contemporary treatment (2)

We practice PSYCHOTHERAPY (psychological behavioral – theoretically grounded – method of influencing the patients to change their way of thinking (emotions, behavior) to be more constructive

→ in different modalities: psychodynamic, systemic, family, RT, CBT, TA, modelling ...

→ and in different contexts: group, family, individual



# Contemporary treatment (3)

- psychoeducation - Patients learn about their own disease, they try to find themselves in the theory of addiction (by lectures, discussions, movies „exams“ ...), the goal is that they accept realistic facts,
- sociotherapy – the focus is in social relations, therapy is in the frame of the therapeutical community
- occupational therapy (all kinds of handcrafts, gardening)
- and other therapies (like - art therapy, music therapy, all kinds of sports, relaxation techniques, dancing, , singing, performing....

# Contemporary treatment (4)

## GROUP THERAPY:

- most commonly used
- offers support
- effective way of learning social skills
- enables insight
- gives insight to patient's functioning
- can form a new identity that is not stigmatized
- strengthens hope and self-respect
- cost effective

***Attention: only an experienced therapist can manage destructive elements in the group!!!***

# Contemporary treatment (5)

including patients' relatives is very important.

- addiction means also problems on relationship level (not only emotional problems, the adaptation to addiction also represents a problem).
- family members usually change their position from one who's helping to one who needs help
- optimally, treatment should be a joint project
- they also need time, support, new ways of behaviour, communication...
  
- *When we first meet one of the addict's relatives, we try to help him/her to be more effective in motivating the patient or that he/she can evaluate if insisting together is something that he /she really wants.*
- *The importance of education (lectures)*

# Contemporary treatment (6)

## STRUCTURE

*Programs without clearly defined structure are less effective*

Structure enables the patients to better manage

- anxiety
- existential emptiness
- compulsive behaviour,

**Combining intensive emotional support with external control mechanisms provides the patients with the best opportunity to learn new ways of thinking and living.**

**EMPATHY + STRUCTURE!**

# Contemporary treatment (7)

## Duration

- **Evidence supports three months rehab models, and that is approximately the right time for the brain to be “reset” and get rid of the direct influence of drugs. A longer period of time is needed to establish the automatization of new, different, more self-protecting and healthy ways of patient’s behavior (2 to 5 years).**
- Some of them need help over a longer period of time, sometimes even during their whole life.
- Sometimes (in early stages of addiction or with more motivated patients) short intervention can be very effective as well.

# Contemporary treatment (8)

## Managing stress

Researches have shown that the area of prefrontal cortex, which is in charge for prudent thinking, is inhibited by stress. It is even more inhibited in the brains of addicts.

Less responsive prefrontal cortex also means that addicts are more compulsive.

Beside learning to self-evaluate their behavioural choices, there are some other very useful skills for stress managing: physical activities – sports, dancing, GYO, yoga all kinds of handcrafts, gardening...

## Hospital treatment (1)

Department for addiction treatment of the Vojnik PH

Every institution for addiction treatment has its own philosophy and its own procedures.

Within each treatment program, a number of different methods and technics can be practiced.

It is important that all members of the therapeutic team have a uniform and clearly recognizable approach and attitude in the recovery program... Otherwise working in the frame of therapeutic community is impossible

## Hospital treatment (2)

Department for addiction treatment of the Vojnik Psychiatric Hospital

### **GOALS:**

- physical recovery or treatment of somatic complications
- to help patients recognizing and accepting the disease of addiction and
- **LEARNING WHAT KIND OF BEHAVIOR WILL SUCCESSFULLY MEET THEIR BASIC PSYCHOLOGICAL NEEDS** (WITHOUT MANIPULATING OTHERS)
- preventing relaps or preventing switching addiction, returning after relaps



## Hospital treatment (3)

Department for addiction treatment PH Vojnik

- **Sociotherapy means organisation on the principles of therapeutic community** - team work, active cooperation with patients, therapeutic agreement, structured program, responsibilities, house order, rules, decisions are made together)
- **Group therapy** – small, big groups, (at least one meeting a day, usually two)
- Working with relatives every Monday (from 8-12AM)
- **Occupational therapy** (every day)
- **Organized physical activities....** (twice a day)
- Other – dancing (every week), „Sweet Wednesday“ (every month), big Reunion (every year)...

# Hospital treatment (4)

## Department for addiction treatment PH Vojnik

- 1. approximately three month (first 28 days the patient does not live the hospital, after that therapeutic exits are on weekends and whenever needed to organize outside life)
- 2. preparation group (patients and family members are separated) and intensive group (patients and relatives are together)
- 3. psychoeducation
- 4. dealing with PAS consumption during the hospital treatment
- 5. after care, including relapse treatment
- 6. encouraging and helping patients to start attending meetings in different therapeutic or self-help groups in order for better maintaining abstinence (Clubs, AA, AH.... WG...)

# Expectations

1. survival
2. less excessive drinking and intoxications
3. longer periods of sobriety
4. A SATISFIED SOBER LIFE