

Facilitating SUD Recovery: Practical Suggestions for Medical Professionals

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Overview

- Want to be helpful to you
- Suggest you: “Take what you like and leave the rest” adapting the information to you, your setting, your role, and your patient population.

Stressors experienced by Medical Professionals

1. *Workplace stress*

[e.g., patients, co-workers, organizational stress-increasing demands such as paperwork]

2. *Personal life stress*

[e.g., needs of significant others, demands of daily life]

3. *Technology demands* [e.g. increased forms of technology used in professional/personal communication]

Self-compassion for Medical Professionals working with SUD patients

Remember:

- This is a hard population to work with:
 - *This population includes family members who are patients as well as active SUD patients.*
 - *They tend to be “button pushers” who can easily bring out negative reactions from us.*
- It is important in this work to:
 - *Remember professionals do not have to know everything.*
 - *Honor your wounds.*
 - *Focus on making progress in your work with this population not on doing the work perfectly.*
 - *Practice self-care.*

Summary of Self Care Tips for Medical Professionals working with SUD patients

- Practice **HALT**: Don't get too **H**ungry, **A**ngry, **L**onely, **T**ired.
- Know your own limitations personally/professionally: Be honest and genuine with self and others about reactions to working with this population.
- Practice being **Honest, Open, Willing [HOW]** in your work with this population.
- Establish and maintain a routine of self-care [**4-Legged Stool**]

Four-Legged Stool

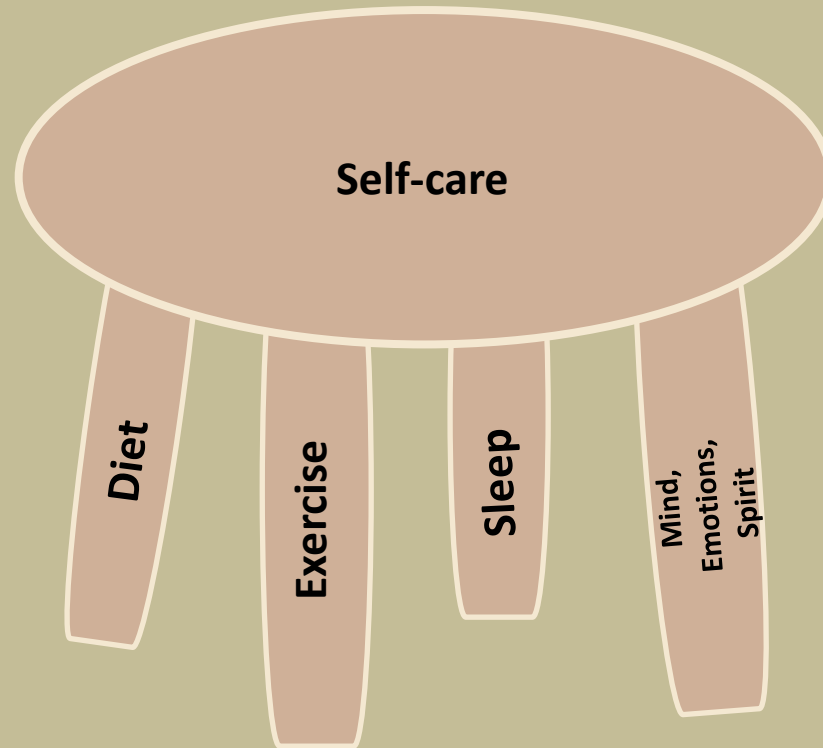


Figure 4.2: Self-care

Miller, G. (2024b). *Academic violence and bullying of faculty*. Cognella

Some facts about substance use

(Miller, 2024a)

- In 2020, a total of 92,000 *Americans died from drug overdose deaths* [30% more than in 2019 and 75% more than in the last 5 years] making it the *highest annual total on record* according to the CDC (Gramlich, 2022).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) found in their 2020 survey results that 58.7% of individuals 12 or older reported that in the last month they had used tobacco, alcohol, or an illicit drug (SAMHSA, 2021).
- In 2022, the National Institute on Drug Abuse (NIDA, 2022) found *marijuana and hallucinogen use in young adults at the highest level in 2021 since 1988*.
- In many countries throughout the world, *youth are using more substances than the previous generation* with those in the 15-64 age range showing a 20% increase in usage in 2020 (UNODC, 2022).

Self-Reflection Questions

1. What is my *view* of SUD patients?
2. What gives me *hope* for change in my SUD patients?
3. What are *reliable sources of information and referral sites* for my SUD work with patients?

View of SUD patients

- Natural, normal to have biases
- Awareness of bias reduces their impact and enhances patient care
- Acknowledge personal and professional disincentives to address SUD

View of SUD patients: Potential Professional “Lens” Bias Factor #1

Miller (2024a)

- The medical professional has a *different view of the disease of the SUD* from other chronic, progressive diseases. While knowing it is a disease, there may be nonverbal or verbal messages sent that contain a moral judgment or hopelessness for recovery.
- Possible Remedy: View the SUD as another disease (e.g., cancer) and use that perspective to guide one’s approach and behavior to the SUD patient.

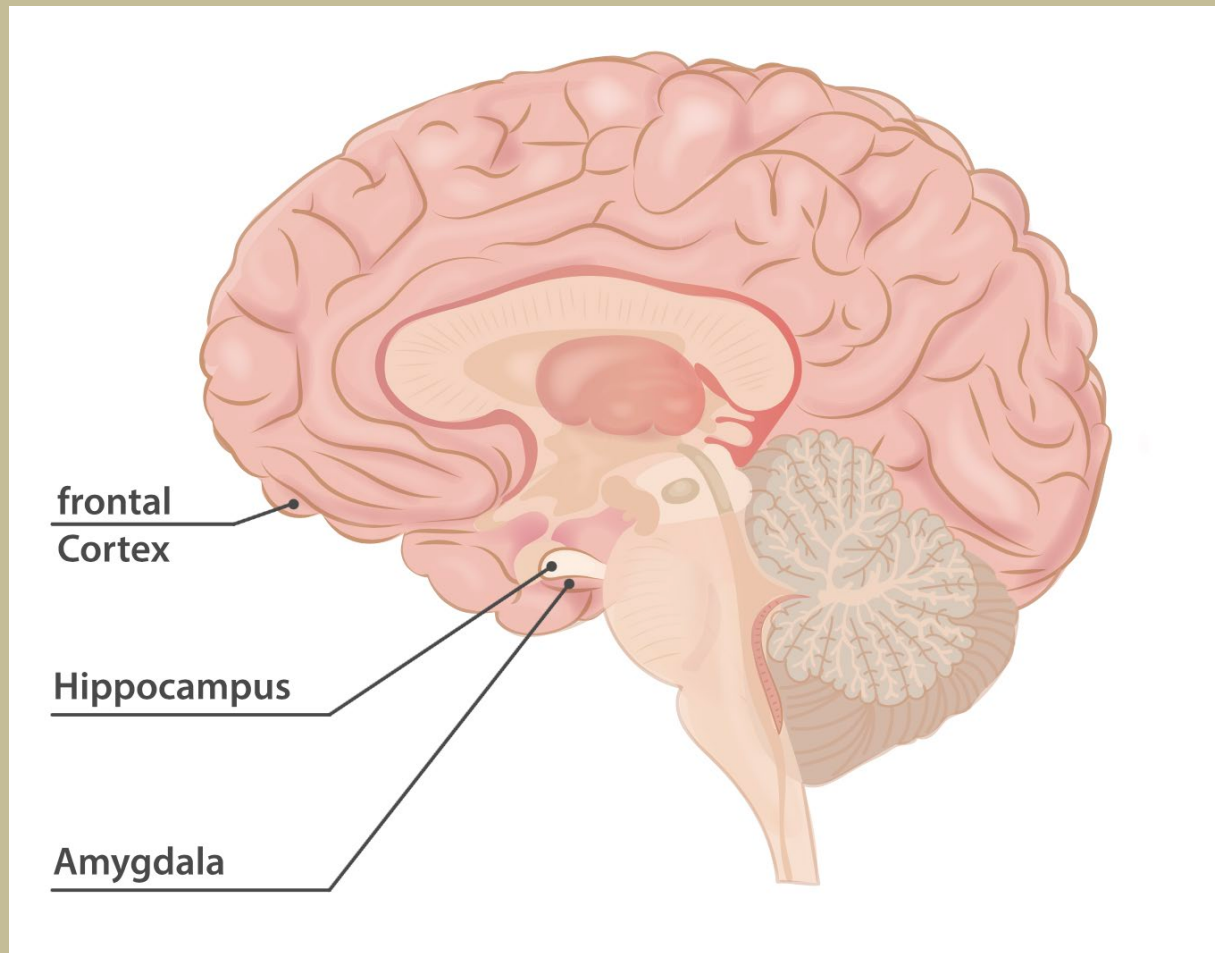
Critique of the Chronic Brain Disease Model (Hoffman, 2024)

In terms of the *disease model*:

- Medical science has classified addiction as a chronic brain disease for decades.
- While no one believes the model should be totally dismissed, current critiques of the classification have emerged based on the concern the classification could be counterproductive for patients/families in terms of patients receiving the message they have a chronic disease and are incapable of change.
- Substance Use Disorders (SUD) impact reasoning, emotional, and behavioral controls [**Slides 12-14**]
- The loved ones of patients with SUD have mixed emotions that are typical in response to the SUD (anger, guilt) especially when the SUD is labeled a disease. This may explain why they choose an absolute view that the use of substances is either a choice OR it is a disease.

Frontal Lobe & Amygdala

Miller (2024a)



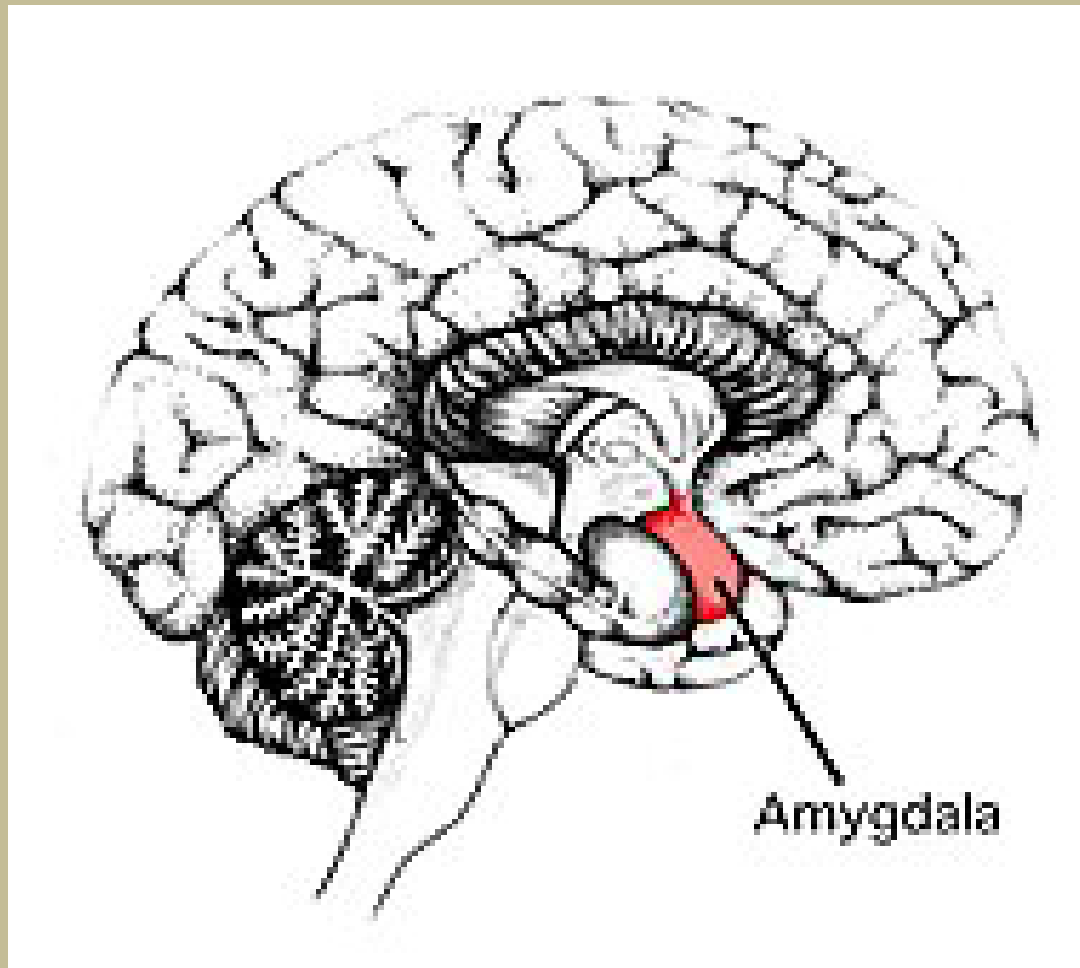
Frontal Lobe: Green area

Miller (2024a)



Amygdala

Miller (2024a)



Critique of the Chronic Brain Disease Model (Cont.) (Hoffman, 2024)

Critics of the model suggest consideration of an *incorporation of factors**:

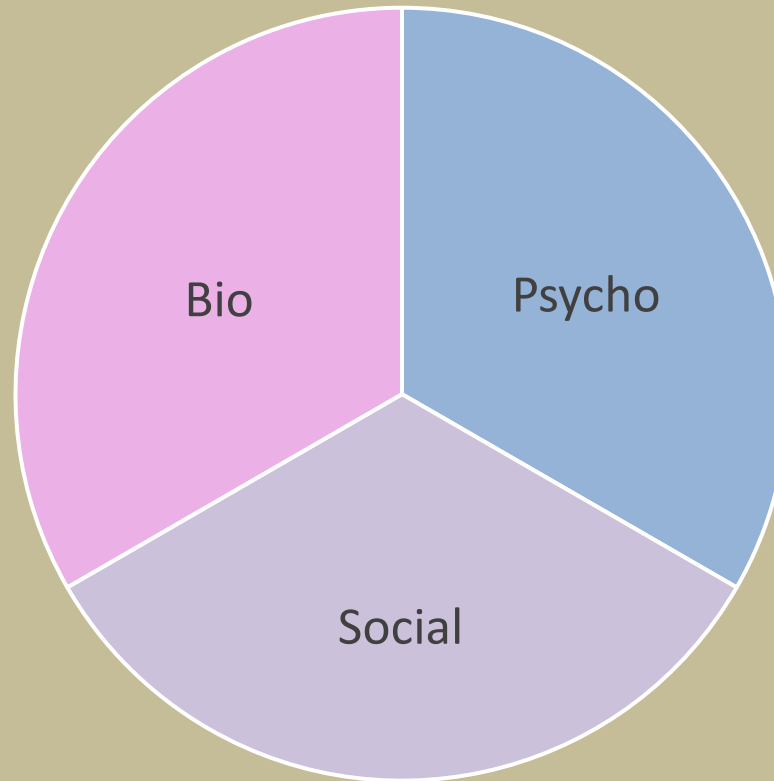
[Slides 16-18]

- *biological* (e.g., family history/genetics),
- *social* (experiencing bullying, loneliness),
- *environmental* (availability of drugs compared to other options such as education, employment),
- and *other factors* (issues at home; having mental health/learning disorders).

**Critics of the model view the choice to use drugs as a form of decision-making rather than moral failing.*

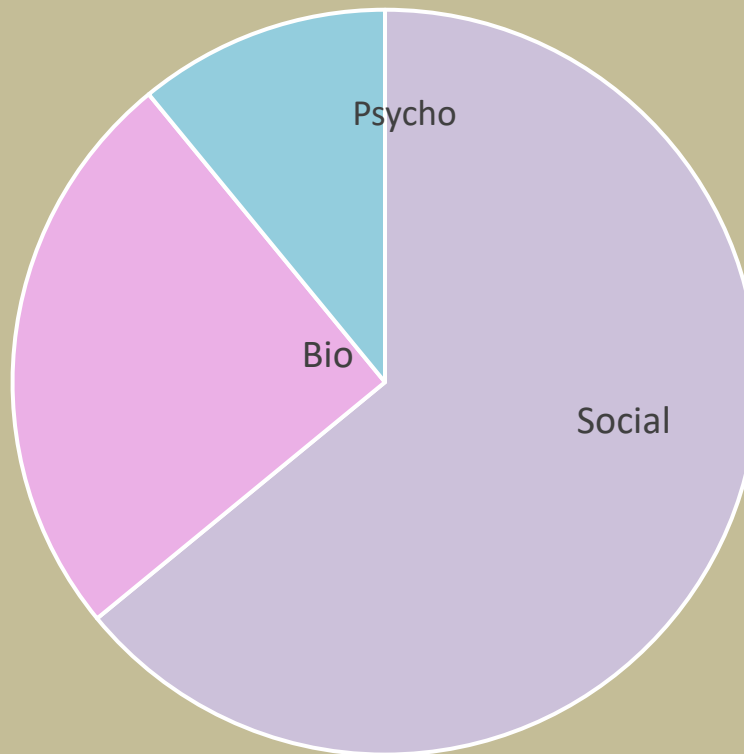
BioPsychoSocial Model

Miller (2024a)



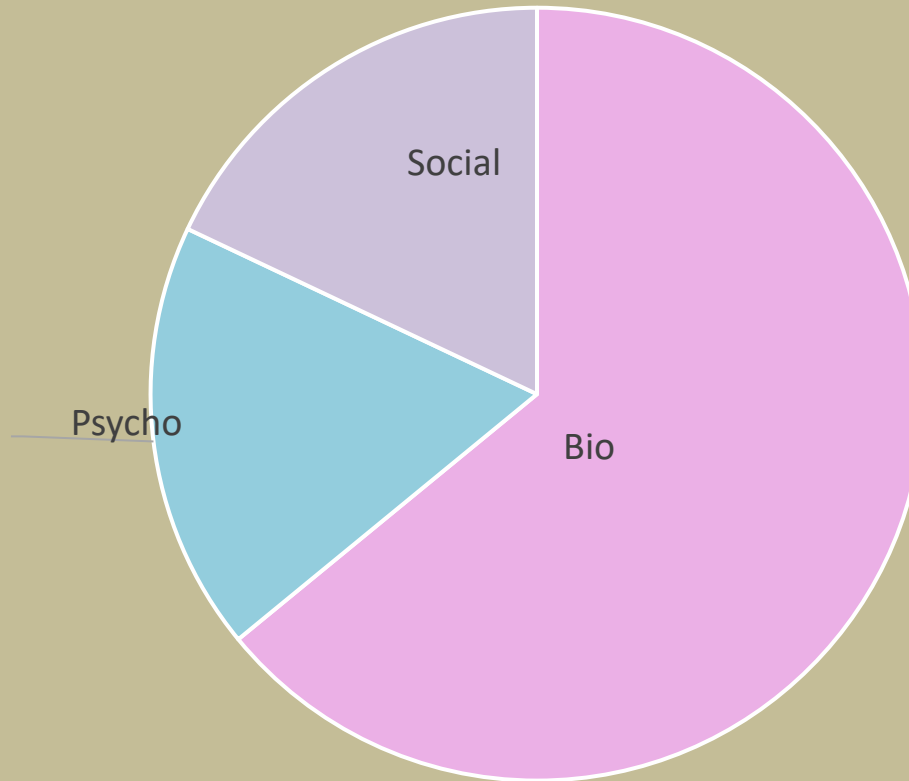
BioPsychoSocial Model: Individual Differences #1

Miller (2024a)



BioPsychoSocial Model: Individual Differences #2

Miller (2024a)



Critique of the Chronic Brain Disease Model (Cont.) (Hoffman, 2024)

Critics of the model suggest the following *interventions*:

- find the reasons that led to drug use [Slides 16-18]
- provide negative consequences for SUD related behavior as well as hope and optimism that change is “...possible, likely, and sustainable” [*compassionate accountability*-Slides 20 & 21]
- encourage choices that result in rewards that are meaningful and sustainable [*Teeter-Totter of a Balanced Lifestyle*-Slide 22]

View of SUD patients: Potential Professional “Lens” Bias Factor # 2

Miller (2024a)

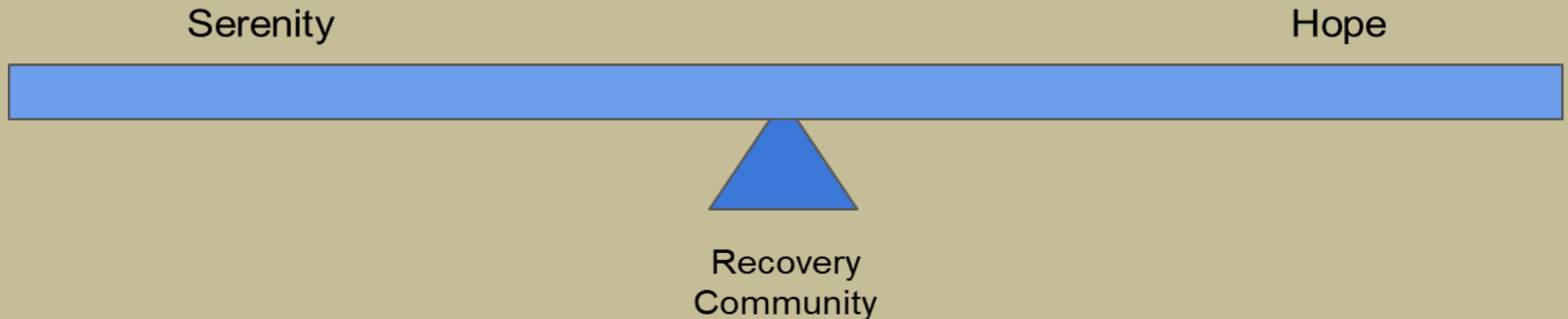
- *SUD related behavior can complicate the view of the SUD as a disease because of its increased frequency, intensity, and focused harm directed to others-result of behaviors told to us by SUD patients and/or their family members.*
- Possible Remedy: Practice *compassionate accountability* (e.g., have compassion for their story of their development of an SUD while holding them accountable for their behavior).

Overall Hope-enhancing Approach with SUD patients

- Remember SUD patients (and their family members) are human beings who need compassion as they struggle with this disease that is difficult to treat and recover from.
- Find out what their barriers are to sobriety.
- Provide facts, invite conversations, and make referrals.
- Address SUD in a matter-of-fact way. Avoid “talking down to them” or minimizing their struggle. Stress that “This is a way-you don’t have to do this.”
- If possible, create links to resources within Providers medical record-Electronic Medical Record-for documentation. If they are not already there, talk with your IT department so they can create links with certain diseases (e.g., SUD).

Patient Care Goal of Hope for Change: Teeter-Totter Balanced Lifestyle Anchored in Serenity and Hope

Miller (2024a)



The Teeter-Totter of a Balanced Lifestyle

Reliable Sources of Information and Referral Sites

Reliable Sources of Information

- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.niaaa.nih.gov
- National Institute on Drug Abuse (NIDA)
www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

12-step Self-help Referral Sites*

- Alcoholics Anonymous (AA)
www.aa.org
- Al-Anon
www.al-anon.org

***Other self-help groups can be found in Miller (2021)**

Interventions

- Assessment Instruments
- Graphic Cartoon (Resource)
- Transactional Analysis

Assessment Instruments*: An Example

AUDIT-C

[Alcohol Use Disorders Test-Consumption]

- Description: broad screening instrument that has 10 Likert-type items with the first 3 questions focused on alcohol consumption
- An online version of the AUDIT can be accessed at:
<https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

***Other broad screening assessment instruments can be found in Miller (2021)**

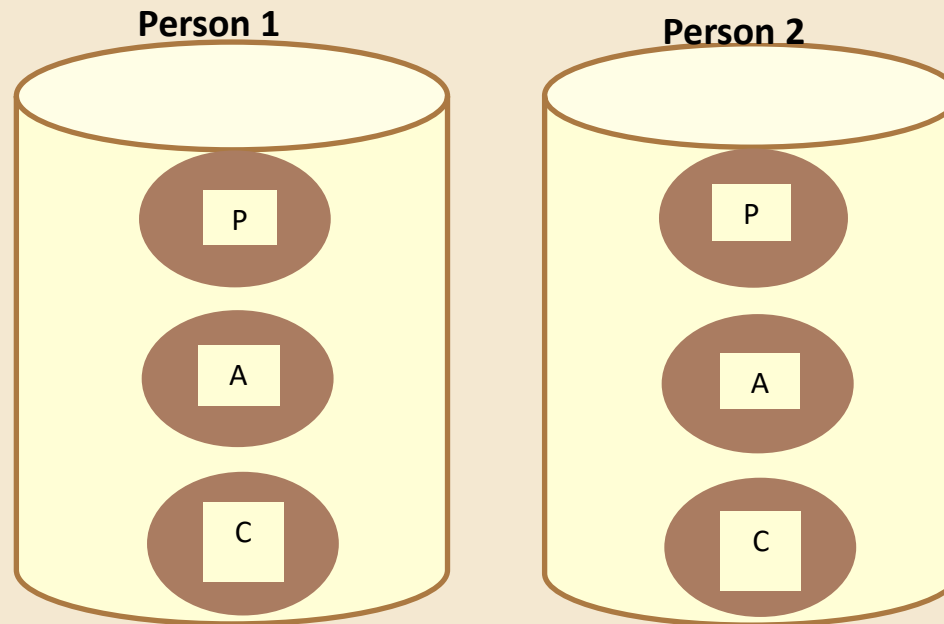
SUD Graphic Cartoon (Resource)

Miller, G. (2024a). *A practical guide to facilitating substance use disorder recovery*. Cognella.

The *Active Learning Site* of this book has a 1 page handout that can be used to:

1. educate patients/open up discussion with patients/family members by providing a common language
2. assist in referrals because it is simple, fun, entertaining

Figure 3.9: Transactional Analysis (TA) [Miller, G. (2024b).
Academic violence and bullying of faculty. Cognella]



Websites

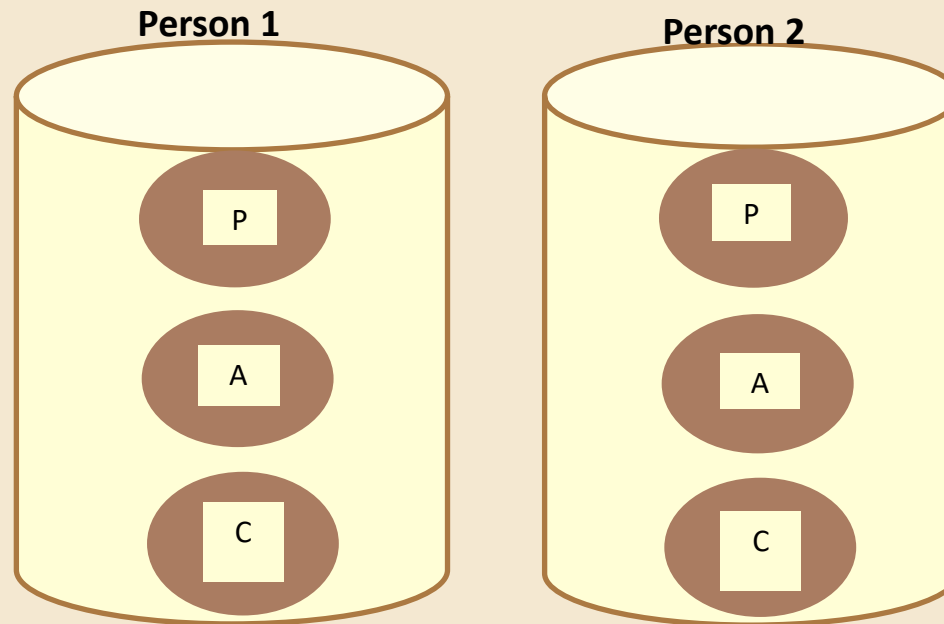
- 1) The International Transactional Analysis Association
<https://www.itaaworld.org/about-itaaworld>
- 1) The United States of America Transactional Analysis Association
<https://www.usataa.org/>

Reference: Berne, E. (1964). *Games people play: The psychology of human relationships*. Dell.

Explanation of TA Figure

- “**P**”=Parent; “**A**”=Adult; “**C**”=Child
- Each person is a cylinder:
 - Person 1 (the *first cylinder*) is the medical professional
 - Person 2 (the *second cylinder*) is the patient
- **Ideal Interaction:** The medical professional stays in the “**A**” mode (e.g., calm, clear, honest, genuine) in order to invite an “**A**” mode response (e.g., calm, clear, honest, genuine) in the patient. The result of this interactional style is a collaborative discussion regarding the SUD.
- **Possible Realistic Interactions:** The medical professional role may pulled to be “**P**” mode (e.g., a critical parent OR a rescuing parent) by the SUD patient’s “**C**” mode behavior (e.g., a rebellious child OR a helpless child).
- If there is **medical professional biases about SUD patients**, these biases can fuel the struggles in an interaction with SUD patients who are difficult to treat.

Figure 3.9: Transactional Analysis (TA) [Miller, G. (2024b).
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Book Resources

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Question & Answer Section

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