**APA Substance Use Disorders Curriculum**

***For Training Psychology Graduate Students to Assess and Treat Substance Use Disorders***

**A close up of a sign

Description automatically generatedFor questions or feedback regarding the curriculum, please contact:**

**APA Education Directorate**

[EDMail@APA.org](mailto:EDMail@APA.org)

750 First Street NE, Washington, D.C., 20002

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**Overview**

This curriculum is designed for psychology graduate students to support their knowledge and

comprehension of key concepts and approaches needed to understand substance use disorders and addiction. The goal is to have all psychologists understand substance use disorders and be able to address these disorders as they arise in their practices.

The curriculum offers an organized range of topics that should be covered focusing on breadth as well as depth. Some selected recommended readings and presentation materials are provided to assist in implementing the course. In addition, several modules link to APA-produced videos from a training program on SUDs directed by Dr. Bruce Liese with contributions from Drs. Alan Budney, Carlo DiClemente, Daniel Kivlahan, Jessica Pierce, Jennifer Read & Kenneth Sher, and created with the assistance of APA staff Dr. Geoff Mumford, Dr. Greg Neimeyer & Marcia Segura, with input from Division 50: Society of Addiction Psychology. There is a wealth of additional information on each of the topics available in books, articles, and trusted websites including National Institutes of Health (NIH; i.e., National Institute on Drug Abuse, NIDA; National Institute on Alcohol Abuse and Alcoholism, NIAAA) and Substance Abuse and Mental Health Services Administration (SAMHSA) documents and websites. Learning objectives and evaluation questions are also suggested.

The immediate goal of the training is that all psychology graduate students will have the basic knowledge and skills to reduce risks and promote recovery among substance users and addicted individuals. Ultimately the long-term goal is to reduce the morbidity and mortality caused by problematic use of substances, medications and other addictive behaviors.

This curriculum is made possible through funding from SAMSHA (grant 903700-01).

**Suggested Implementation Strategies**

These six modules represent core areas of knowledge needed for minimal competence to address substance use disorders and addiction in psychological practice. Each module could be a single seminar/workshop session of 60 to 90 minutes or extended to multiple sessions as part of a semester long course.

For internship settings, programs could make these topics part of the seminar series. If there are already topics covered in the seminar series on the role of culture in psychopathology and clinical practice, for example, or seminars on ethical and professional issues, seminar directors could incorporate some materials from the module on culture and professional issues in addictions into the seminar. However, minimizing core content can undermine the goal of competence in addressing addictions in practice.

Other ways to incorporate the content is to have half-day or full-day workshops covering multiple topics at once in more massed practice. Allowing ample time for graduate students and interns to read the materials in preparation for the lectures would be the challenge in this approach. Some programs also have orientations weeks where this content could be included.

For graduate programs wishing to mount a three-credit course, these modules could be expanded into a 14- or 15-week curriculum. There are a number of sample course syllabi that are being collected by Division 50 and can be shared if requested <https://addictionpsychology.org/> (NOTE: The Division 50 section on curriculum is still a work in progress but should be available shortly). Another resource for reviews of current issues in the field from NIAAA is the Alcohol Research Current Reviews found here <https://www.arcr.niaaa.nih.gov/>.

Since it is difficult to add courses to the curriculum of graduate programs, these modules could be made into half or full-day workshops. They can also be used as a winter or summer semester offering once every two or three years to reach all the graduate students. Some licensing boards are requiring the equivalent of a three-credit course for licensure so keep this in mind when designing courses and offerings.

**Curriculum Modules**

**Module 1. Understanding, Assessing and Treating Substance Use, Use Disorders and Addiction**

**Addictive Behaviors:**

* 1. APA Video: Overview of Addiction: <https://youtu.be/GAm2uKIOS0k>
  2. Definition and descriptions: (not every habitual, excessive problematic behavior is an addictive behavior)
  3. Addiction is an end point in a behavior change process described as
     1. Habitual patterns of intentional, appetitive behaviors
     2. Become excessive, problematic and produce serious consequences
     3. Stability of these problematic behavior patterns over time
     4. Interrelated physiological, psychological and social components
     5. Addicted individuals have difficulty modifying and stopping these patterns of behavior
  4. Types of addictive behaviors and use disorders
     1. Substances: alcohol, marijuana, cocaine, heroin, opioid medications, nicotine, and other drugs
     2. Process/behavioral addictions: gambling, sex, internet, gaming
     3. Where do psychologists see these different behaviors?
  5. Understanding the process of initiation and becoming addicted
     1. Different behaviors - similar process moving through the stages of initiation from not considering to considering and experimenting to casual use to problematic use and dependence
     2. Use, excessive use, use disorders and the well maintained problematic behavioral pattern we call addiction represent different typologies and approaches
     3. Consequences of use and use disorders for individual, family and society
     4. Models of addiction: medical/disease, psychosocial, behavioral, moral models offer different perspectives on etiology and recovery
     5. Key mechanisms of addiction:
        1. Neuroadaptation- “progressive changes in the structure and function of the brain that compromise brain function and drive the transition from controlled, occasional substance use to chronic misuse” (SAMHSA)
        2. Impairment in self-regulation
        3. Salience/narrowing of the behavioral repertoire
     6. Genetic and environment interaction
        1. Genetic contributions are significant
        2. Polygenetic contribution to different aspects of vulnerability: “variants in individual genes that each contribute to overall genetic vulnerability” (Journal of Neurogenetics)
        3. Genetics interact with environment
  6. Diagnostic definitions (DSM 5 – mild 2+; moderate 4-6, severe 6+)
     1. Taking the substance in larger amounts or for longer than you are meant to
     2. Wanting to cut down or stop using the substance but not managing to
     3. Spending a lot of time getting, using, or recovering from use of the substance
     4. Cravings and urges to use the substance
     5. Not managing to do what you should at work, home, or school because of substance use
     6. Continuing to use, even when it causes problems in relationships
     7. Giving up important social, occupational, or recreational activities because of substance use
     8. Using substances repeatedly, even when it puts you in danger
     9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
     10. Needing more of the substance to get the effect you want (tolerance)
     11. Development of withdrawal symptoms, which can be relieved by taking more of the substance
  7. ICD 10 criteria are similar to the DSM 5 and these codes must be used for reimbursement in many cases (see example of opioid use disorder- <https://www.icd10monitor.com/opioids-and-substance-use-disorder-a-public-health-crisis>)
  8. The presence of addictive behaviors in psychology practice
     1. Addictions co-occur with physical and mental health conditions in adults and adolescents with extreme regularity
     2. Whether acknowledged or not psychologists regularly interact with clients and families where addictive behaviors and addiction are causing significant distress and may be complicating psychological treatments
  9. How to make addressing addictive behavior a part of usual practice for psychologists
     1. Prevention of substance use disorders (school and community approaches, knowledge and skills based, intervening in initiation)
     2. Prevention of excessive drinking and risky drinking (see module 6)
     3. Treating substance use disorders and other addictive behaviors (Gambling, Gaming, Sex)
     4. Accessing and collaborating with addiction treatment systems and programs (expanded in module 6)
     5. Role of Neuropsychologists, health psychologists, family therapists, adolescent and child therapists, supervisors, and program managers
        1. Recognition
        2. Responding
        3. Referral
     6. Integrated, collaborative, client-centered care
        1. Mutual respect
        2. Effective and timely communication
        3. Creating systems of care
  10. Overcoming challenges and barriers
      1. Psychologist reluctance for integrating use disorders into standard practice
      2. Overcoming stigma and prejudices
      3. Working through our attitudes and beliefs
      4. Adopting stigma reducing language
      5. Multidisciplinary collaboration (types of providers; siloed systems of care, isolated treatments)
      6. Reimbursement, insurance, availability, technology
      7. Licensure and specialization
      8. Ethical/legal issues and practice guidelines

**Module 1 Associated Materials:**

NIDA Drug Facts: https://www.drugabuse.gov/publications/finder/t/160/DrugFacts

NIDA Science of Addiction: https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface

**Optional Student Readings:**

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–13.

Bechara et al., (2019). A Neurobehavioral Approach to Addiction: Implications for the Opioid Epidemic and the psychology of Addiction*. Psychological Science in the Public interest*, 22. 96-127.

DiClemente, C.C. (2018). Addiction and Change: How Addictions Develop and Addicted People Recover. (Second Edition) New York: Guilford Press.

Griffiths, M. E. (2005). A ‘components’ model of addiction within a biopsychosocial framework. *Journal of Substance Use, 10*(4), 191-197.

Johnston, L. D., O’Malley, P. M., Miech, R. A.,Bachman, J. G., & Schulenberg, J. E. (2016). *Monitoring the Future national survey results on drug use,1975-2015: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, The University of Michigan.

Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an “addiction-ary.” *Alcoholism Treatment Quarterly, 34(1*), 116–123

Liese, B. S., & Reis, D. J. (2016). Failing to diagnose and failing to treat an addicted client: Two potentially life-threatening clinical errors. *Psychotherapy, 53*(3), 342-346.

Miller, W. R. & Brown S. A. (2009). Why psychologists should treat alcohol and drug problems. In G. A. Marlatt and K. Witkiewitz (Eds.), *Addictive behaviors: New readings on etiology, prevention, and treatment* (pp. 33-55). New York: Guilford Press.

Miller, W.R., Forcehimes, A.A., & Zweben, A. (2019). Treating Addiction A guide for Professionals. Second Edition. NY: The Guilford Press. Chapter 2. What is Addiction?

Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 2, THE NEUROBIOLOGY OF SUBSTANCE USE, MISUSE, AND ADDICTION. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424849/>

Uhl, G.R., Drgon, T., Johnson, C., & Liu, Q.R. (2009). Addiction genetics and pleiotropic effects of common haplotypes that make polygenic contributions to vulnerability to substance dependence. Journal of neurogenetics, 23(3), 272–282. https://doi.org/10.1080/01677060802572929

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Volkow, N.D., Koob, G. & McCllellan, A.T. (2016). Neurobiologic advances from the brain disease model of addiction. *The New England Journal of Medicine*. 374, 363-371.

Witkiewitz, K., Litten, R. Z., & Leggio, L. (2019). Advances in the science and treatment of alcohol use disorder. *Science Advances,* 5 (9), eaax4043.

**Module 1 Objectives:**

Participants will be able to:

1. Define addiction as a chronic bio-behavioral condition that includes Neuroadaptation, impaired self-regulation, and narrowing of the behavioral repertoire
2. List the DSM 5 and ICD 10 criteria for defining use disorders
3. Distinguish between use and disorders for substances and process/behavioral addictions (gambling, etc.)
4. Explain the presence of addictive behaviors and use disorders in psychological practice
5. Identify that substance use disorders interact with other presenting problem in the practice of psychology and discuss the level of co-morbidity with health and behavioral health conditions

**Module 1 Evaluation Questions:**

See separate evaluation question document

**Module 2: Screening and Assessment of Addictive Behaviors**

1. APA Video: SBIRT: <https://youtu.be/qqFLLGCEGHQ>
2. Screening for risky behavior patterns, signs of excess and consequences/problems
3. Pattern of behavior (level of engagement in the behavior and problematic consequences – e.g. NIAAA guidelines - <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>)
4. Risk factors that are associated with initiation of addiction
   1. Temperament and traits (sensation seeking, risk taking)
   2. Self-regulation (impulse control)
   3. Social factors (peers, environment)
5. Genetic/familial influences
6. Online and in-person assessments
7. <https://www.integration.samhsa.gov/clinical-practice/screening-tools>
8. Assessing for diagnosis and treatment
9. Sex differences – patterns of use and consequences differ by sex and gender identity
10. Standard assessments
    1. Depends on drugs (AUDIT, ASSIST, Fagerstrom)
    2. Adolescents (CRAFFT)
    3. <http://lib.adai.washington.edu/instruments/>
11. Assessing quantity and frequency
    1. Units of consumption (standard drink, uses per day, money spent, number of joints, cigarettes)
    2. Percent/days abstinent or days using; drinks or drug use per drinking/using day)
    3. Differences by sex and biology (weight, compromising medical conditions)
12. Evaluation of the impact of addictive behaviors on the life of the individual
13. Physical/Biological
14. Medical events and conditions
15. Organic brain syndromes (delusions, hallucinations, etc.)
16. Overdose
17. Injury
18. Psychological
19. Disrupted self-regulation
20. Neuropsychological deficits (e.g. “attention, delayed response ability, psychomotor functioning, ideational fluency, abstraction, problem solving, visuo-spatial functions, visual integration, verbal and visual learning and memory functions” [Indian Journal of Psychiatry])
21. Anxiety and depression
22. Co-occurring complicating conditions
23. Social (contextual influences)
24. Substance saturated social environments
25. Homelessness
26. Parental and familial substance use
27. Peer use or engagement
28. Domestic abuse, sexual abuse and violence
29. Assessments for levels of care and tailoring treatment: addressing mechanisms of addiction and severity of use disorder
    * 1. Addiction Severity Index
      2. ASAM Criteria for placement
30. Polysubstance use: consumption of more than one drug at once
31. Gateways drugs and experimentation (alcohol, tobacco and marijuana, vaping and electronic cigarettes)
32. Synergistic combinations (cocaine and alcohol; benzodiazepines and alcohol; heroin and amphetamines)
33. Designer drugs and contaminated substances
34. Drug potency (cocaine and crack; heroin, fentanyl, and carfentanyl)

**Module 2 Associated Materials:**

SAMHSA and NIDE and NIAAA websites

Assessing women and substance use: <https://www.ncbi.nlm.nih.gov/books/NBK83253/>

Most commonly used drugs: <https://www.drugabuse.gov/publications/media-guide/most-commonly-used-addictive-drugs>

*Lists of Assessment Instruments:*

Addiction Technology Transfer Centers for a variety of presentation and EBP resources: <https://attcnetwork.org/>

ASAM criteria (charge for materials): <https://www.asam.org/resources/the-asam-criteria>

NIDA misuse of prescription drugs: <https://www.drugabuse.gov/publications/misuse-prescription-drugs/overview>

NIDA screening and assessment guide**:** <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention>

NIDA marijuana and other drugs facts: <https://www.drugabuse.gov/nidamed-medical-health-professionals/marijuana-other-drugs>

**Optional Student Readings:**

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Diseases (DSM 5) Washington, DC: APA Press.

Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT): toward a public health approach to the management of substance abuse. *Substance Abuse, 28*(3), 7.

Connors, G DiClemente, CC Velasquez, MM & Donovan, D (2013). Chapter 3 Assessment. In Substance Abuse Treatment and the stages of Change (second edition) New York: Guilford Press.

Gupta, A., Murthy, P., & Rao, S. (2018). Brief screening for cognitive impairment in addictive disorders. Indian journal of psychiatry, 60(Suppl 4), S451–S456. https://doi.org/10.4103/psychiatry.IndianJPsychiatry\_41\_18

Johnston, L. D., O’Malley, P. M., Miech, R. A.,Bachman, J. G., & Schulenberg, J. E. (2016). *Monitoring the Future national survey results on drug use,1975-2015: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, University of Michigan.

**Module 2 Objectives:**

Participants will be able to:

1. Use brief screening questions for substance use and gambling disorders for adults and adolescents.
2. Describe several ways to assess quantity and frequency of substance use and assessment instruments commonly used in research and practice.
3. Discuss indicators of severity and risk of overdose (type of substance and context of use)
4. List some of the key criteria used to assess needs for treatment and levels of care (severity of dependence and potential overdose and withdrawal; capacity for self-regulation, etc.)

**Module 2 Evaluation Questions:**

See separate evaluation question document

**Module 3: Addiction and Mental Health**

1. Common co-occurring conditions (epidemiology & rationale)
   1. Depression and anxiety
   2. Externalizing disorders
   3. Personality disorders
   4. Which came first – interaction of MH conditions, effects of substance use
2. Addiction and trauma
   1. ACES (Adverse Childhood Experiences)
   2. PTSD
   3. Sexual abuse and rape
   4. Special population (veterans, women, homeless)
3. Dual diagnosis (serious mental illness and addiction)
   1. Schizophrenia and substance use
   2. Bipolar disorders and substance use
   3. Reasons for co-occurrence
   4. Reciprocally complicating conditions
4. Treatment needs and approaches (also see module 6)
   1. Separate and sequential
   2. Co-location
   3. Integrated dual diagnosis treatment (most beneficial)
   4. Co-occurring competence
5. Recovery from mental health and addiction
   1. Complex interactive conditions
   2. SAMHSA definition of recovery as multidimensional process of change
   3. Recovery, wellness and quality of life not simply absence of substances or symptoms (See also module 5)
   4. Medications (also see module 6)
      * 1. For mental health conditions - different medications that sometimes create use disorders (opiates, benzodiazepines, amphetamines)
        2. For substance use (Methadone, Buprenorphine, Vivitrol, Antabuse, Naltrexone, Nicotine Replacement Therapy (NRT), Zyban, Chantix)
        3. Interactions and implications for treatment (e.g. nicotine increases metabolism of many psychotropic medications)
        4. Combining medication and psychosocial treatment (the standard of care)

**Module 3 Associated Materials:**

NIMH addiction and mental health: <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/index.shtml>

SAMHSA IDDT kit and materials and slide set: <https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4366>

Assessing co-occurring disorders: <https://www.ncbi.nlm.nih.gov/books/NBK64196/>

**Optional Student Readings:**

DiClemente, C.C. (2018). Addiction and Change: How Addictions Develop and Addicted People Recover. (Second Edition) New York: Guilford Press.

Khoury, L., Tang, Y. L., Bradley, B., Cubells, J. F., & Ressler, K. J. (2010). Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population. *Depression and anxiety*, *27*(12), 1077–1086. doi:10.1002/da.20751

Mueser, K.T., Drake, R.F., Turner, W., & McGovern, M (2006). Comorbid Substance Use Disorders and Psychiatric Disorders. In Miller, W.R. & Carroll, K.M. (Eds.), *Rethinking Substance Abuse: What the science shows and what we should do about it* (pp. 115-133). New York: Guilford Press

Muesser, K.T., Noordsy, S.L., Drake, R.E., & Fox, L (2003). Integrated Treatment for Dual Disorders: A Guide to Effective Practice. New York: The Guilford Press.

Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAMHSA definition of recovery: <https://store.samhsa.gov/system/files/pep12-recdef.pdf>

Treating co-occurring conditions:

<https://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>

TIP 57 Addressing Trauma (pages 85-89):

<https://store.samhsa.gov/system/files/sma14-4816.pdf>

**Module 3 Objectives:**

Participants will be able to:

1. Describe the scope and types of interactions between mental health conditions and substance use behaviors
2. Identify the synergy between substance use and various types of mental health conditions in terms of effects and self-medication.
3. Explain the high levels of trauma and PTSD among the substance using population and particular among women substance users
4. Explain dual diagnosis problems and the dangerous and life threatening nature of the interactions between serious mental illness and substance use
5. Discuss the different types of approaches to dual diagnosis treatment and the importance of integrated care.

**Module 3 Evaluation Questions:**

See separate evaluation question document

**Module 4: Addiction, Cultural and Family Influences**

1. APA Video: Understanding People with Substance use Disorders and Addictions: <https://youtu.be/y3hVCJWCR8w>
2. Societal and cultural influences
   * 1. Socio-cultural influences and traditions: risk and protective factors (traditions, religious practices, poverty, environment)
     2. Addiction and criminal justice (legality of substances, types of punishments, drug courts, incarceration)
     3. Subpopulations and risk – (Alaska Natives, American Indians, LGBTQ, African Americans, Asians, Latinx, immigrants)
     4. Subcultures (college drinking, medical marijuana)
     5. Stigma and attitudes toward addiction and treatment
3. Family influences and impact (See also Module 6 Prevention)
   * 1. Family history and genetics: influences and interactions
     2. Parental attitudes
     3. Parental monitoring and oversight
     4. Family and school prevention activities (promoting academic achievement and social competence)
4. Family, recovery, and reoccurrence
   * 1. Family contribution to recovery and involvement in treatment
     2. Family and spouse issues and risk for reoccurrence
     3. Family burnout and support systems (Alanon, family therapy, SMART Recovery, support groups)
5. Marriage and marital issues
6. Mutual influences on drinking and drug use
7. Marital conflict and substance use
8. Domestic violence
9. Spouse involvement in treatment
10. Teachable moments in the life of the family (events that create openness and motivation to change)
    * + 1. Marriage
        2. Pregnancy
        3. Early childhood and adolescent parenting
11. How policy and societal views impact substance use
12. Laws regulating sales, use, consequences
13. Legal and illegal substances
14. State and national perspectives

**Module 4 Associated Materials:**

Meyers, R.J. & Wolfe, B.L. (2004). Get Your Loved One Sober. Alternatives to Nagging, Pleading, and Threatening. Center City, MN: Hazelden Press.

**Optional Student Readings:**

Brody, GH, Beach, SRH, Philibert, RA, Chen, Y, Lei, MK, McBride Murray, V & Brown, A. (2009) Parenting moderates a genetic vulnerability factor in longitudinal increases in youths’ substance use. JCCP, 77, 1-11.

Hesselbrock, V.M. & Hesselbrock, M.N. (2006) Developmental perspectives on the Risk for Developing Substance Abuse problems. In Miller, W.R.& Carroll, K.M. (Eds.), *Rethinking Substance Abuse: What the science shows and what we should do about it* (pp. 97-114). New York: Guilford Press

Moos, R.H. (2006) Social Contexts and Substance Use. . In Miller, W.R.& Carroll, K.M. (Eds.), *Rethinking Substance Abuse: What the science shows and what we should do about it* (pp. 182-200). New York: Guilford Press

Parsons et al. (2004) Alcohol use and stigmatized sexual practices of HIV seropositive gay and bisexual men. Addictive Behaviors 29, 1045-1051.

Shakya, H. B., Christakis, N. A., & Fowler, J. H. (2012). Parental influence on substance use in adolescent social networks. *Archives of pediatrics & adolescentmedicine*, *166*(12),1132–1139. doi:10.1001/archpediatrics.2012.1372

NIAAA alcohol policy information system: <https://alcoholpolicy.niaaa.nih.gov/>

SAMHSA TIP 59 Improving Cultural competence: <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

Community Reinforcement and Family Therapy (CRAFT): <https://motivationandchange.com/outpatient-treatment/for-families/craft-overview/>

Al-Anon website: [www.al-anon.org](http://www.al-anon.org)

Smart Recovery website: [www.smartrecovery.org](http://www.smartrecovery.org)

**Module 4 Objectives:**

Participants will be able to:

1. Identify several cultural influences that can impact the development and continuation of substance use disorders
2. Name two ways that the family can influence the course of the initiation of substance use disorders
3. Explain how genetics and environment interact in substance use disorders
4. Describe how substance use disorders influence development and maintenance of marital problems
5. Discuss how the family and teachable moments can influence initiation of and recovery from substance use disorders and motivation to seek treatment

**Module 4 Evaluation Questions:**

See separate evaluation question document

**Module 5: Understanding Recovery as a Process of Change**

1. SAMHSA definition and description
2. Recovery factors and treating the whole person
3. Recovery oriented systems of care and integrated treatment
4. A marathon not a sprint
5. Behavior change is only the beginning
6. Need short-term and long-term perspective on recovery
7. Reoccurrences on the road to recovery – a learning perspective
8. Successive approximation learning not one trial learning
9. Role of relapse or recurrence
10. Relapse a problem of behavior change with chronic conditions not unique to addictions
11. Recycling and Recovery
12. A failed attempt to change represents an opportunity to learn and redo critical tasks of stages of change
13. What is a “relapse”? The individual giving up on the change attempt; not a total failure but a learning opportunity
14. Discouragement and blame hinder successful recycling for client and psychologist
15. Individuals who give up on this change attempt return to an earlier stage of change and must recycle through the stages
16. Learning from the past how to adequately accomplish the tasks of the process of recovery is the role of recycling
17. Multiple unsuccessful attempts may mean problems in context or co-occurring conditions that need to be addressed
18. Treatment, Support and Recovery
19. All change is self-change
20. Treatments can be an important and significant moderator of that change
21. Support and mutual help have been critical in successful recovery for many individuals struggling with addictive behaviors.
22. Motivation, self-regulation and decision making
23. Severe use disorders undermine motivation with short term positive and negative reinforcement
24. Impaired self-regulation is a hallmark of addiction and use disorders that often occurs before onset and definitely after development of a use disorder
25. Neuroadaptation, conditioning, and impaired control
26. Lowered stress tolerance and loss of normal pleasures interfere with decision making
27. Stigma and recovery
28. Love hate relationship with substances in the US
29. Medication nation and addiction (the case of opioids)
30. Moral model has made addictions equal to bad behavior that can be stopped at will
31. Stigma for use (excessive use in case of alcohol) and especially for use during pregnancy
32. Stigma for different types of treatments even among the recovering community (methadone, AA)
33. Ambivalence
34. Often individuals with use disorders have a love hate relationship with the addictive behavior
35. Unrealistic expectations and false hopes for recovery
36. Ambivalence is the norm in initiating the recovery process
37. Ambivalence and problematic decision making related to disruption of stop and go mechanisms in the brain
38. Commitment and planning
39. Overcoming the initial phases of recovery and leaving the substance requires commitment and listening for commitment language
40. Plans for taking action must be effective, accessible and acceptable to the individual to have any hope of successful instigation of behavior change
41. There are important distinctions between a change plan (what client does) and a treatment plan (what provider does)
42. Many individuals give up early in the change attempt
43. Implementation intentions and setting a date support taking action
44. Instigating behavior change
45. Sustaining action requires both biological and psychological separation from the substance
46. Detoxification and managing withdrawal
47. Finding support and scaffolding for continued action
48. Action takes often 3 to 6 months to create new pattern of behavior
49. Managing stress, cues and craving are critical
50. Maintain or sustain change over time
    * 1. Sustain change requires making the changed behavior normative and the new normal
      2. New behavior becomes integrated into new lifestyle
      3. Alternative behaviors and reacquiring sense of pleasure in other activities is important
      4. Managing more infrequent cues, overconfidence, and sense of loss
51. Self-regulation, self-control, and recovery
52. Most recovery tasks require self-awareness, monitoring, decision making, and planning
53. All these tasks require significant self-control, executive cognitive functioning, and affect regulation
54. For severe use disorders some residential or extensive support are important in the recovery process

**Module 5 Associated Materials:**

SAMHSA definition of recovery: <https://www.samhsa.gov/find-help/recovery>

SAMHSA TIP 35 Motivation (October 2019):

<https://store.samhsa.gov/system/files/pep19-02-01-003_0.pdf>

Addiction and change slide set by Dr. DiClemente (see supplemental PowerPoint)

**Optional Student Readings:**

Baumeister, RF & Vonasch, AJ (2015). Uses of self-regulation to facilitate and restrain addictive behavior. Addiction Behaviors, 44, 3-8. (

DiClemente, C. C. (2006). Natural change and the troublesome use of substances. In W. R. Miller & K.M. Carroll (Eds.), *Rethinking Substance Abuse: What the science shows and what we should do about it* (pp. 81-96). New York: Guilford Press

DiClemente, C.C. (2018). Addiction and Change: How Addictions Develop and Addicted People Recover. (Second Edition) New York: Guilford Press.

Humphreys, K. (2004). Circles of Recovery: Self Help Organizations for Addictions. Cambridge University Press. Chapters 3 & 4, pp. 99-127.

McKellar, J, Stewart, E, Humphreys, K (2003). Alcoholics anonymous involvement and positive alcohol-related outcomes: cause, consequence, or just a correlate? A prospective 2-year study of 2,319 alcohol-dependent men. JCCP, 71(2), 320-308.

Meyers, R. J., Miller, W. R., Hill, D. E., & Tonigan, J. S. (1999). Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. Journal of Substance Abuse, 10(3), 291–308.

Meyers, RJ, Roozen, HG, Smith, JE (2011). The Community Reinforcement Approach: an update of evidence. *Alcohol Research and Health*, 33(4), 380-388.

Miller, W.R., Forcehimes, A.A., & Zweben, A. (2019). Treating Addiction A guide for Professionals. Second Edition. NY: The Guilford Press.

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Preparing people to Change. New York: The Guilford press.

Schumacher, J. A., & Madson, M. B. (2014). *Fundamentals of motivational interviewing: Tips and strategies for addressing common clinical challenges*. Oxford University Press.

Witkiewitz, K., Wilson, A.D., Pearson, M. R., Montes, K. S., Kirouac, M., Roos, C. R., Hallgren, K. A., & Maisto, S. A. (2019). Profiles of recovery from alcohol use disorder at three years following treatment: Can definitions of recovery be extended to include high functioning heavy drinkers? *Addiction, 114,* 69-80*.*

**Module 5 Objectives:**

Participants will be able to:

1. Define recovery as a process of change involving multiple dimensions as defined in the SAMHSA definition of recovery
2. Describe the reality of relapse (reoccurrence) and the role of recycling in the process of recovery
3. Discuss the difference between self or natural change and treatment and between a client change plan and a provider’s treatment plan
4. Explain the change burden faced by individuals with moderate and severe use disorders and the critical role of motivation and completing tasks of the early stages of change.
5. Identify strategies to address stigma and ambivalence
6. Discuss the critical role of commitment, planning and self-regulation in preparing to modify an addictive behavior.

**Module 5 Evaluation Questions:**

See separate evaluation question document

**Module 6: Intervention and Treatment Approaches**

**Prevention**

* 1. Early Intervention to disrupt initial stages of initiation (primary/universal prevention)
  2. Indicated prevention for risky engagement (secondary/indicated prevention)
  3. Harm reduction (naloxone for overdose recovery, sterile syringes to prevent STIs and HIV) (tertiary prevention/minimizing harm and consequences)

**Treatment**

APA Video: Treatment of Substance Use Disorders in the Real World: <https://youtu.be/2Ww3VkJYPWY>

Types of treatment

* + 1. Detoxification
    2. Residential/inpatient care (hospital, therapeutic community, residential treatment)
    3. Outpatient care (intensive outpatient treatment and standard outpatient programs)
    4. Support services and mutual help (sober housing, AA, SMART Recovery, Women for Sobriety, LifeRing, SOS)

1. Standards of care and treatment resources
   * 1. Government sources (SAMHSA, NIAAA, NIDA)
     2. Key indicators of ethical and professional care

**Motivational Approaches**

1. Motivational Interviewing (MI) and Stages of Change
2. Motivational enhancement therapy
3. Brief interventions and making effective referrals (See also Module 2 and SBIRT)
4. Community Reinforcement and Family Therapy (CRAFT)

**Action Oriented Treatments**

1. Psychosocial approaches: CBT, DBT, ACT, MET, TSF, mindfulness, etc.
2. Individual and group treatment approaches
3. Medications and pharmacological approaches
   * 1. Alcohol (naltrexone, acamprosate, antabuse)
     2. Opiates (methadone, buprenorphine, naltrexone/vivitrol)
     3. Tobacco (nicotine replacement, chantix, zyban.)
4. Alternative methods and complementary medicine approaches (acupuncture, etc.)

**Module 6 Associated Materials:**

APA video: W.R. Miller, Alcohol and Substance Use. Demonstration on motivational techniques (available for purchase)

SAMHSA overview of Medication Assisted Treatment: <https://www.samhsa.gov/medication-assisted-treatment/treatment>

NIDA prevention in early childhood: <https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/table-contents>

NIDA guides to finding treatment: <https://www.drugabuse.gov/publications/step-by-step-guides-to-finding-treatment-drug-use-disorders/table-contents>

NIDA treatment guide: <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

NIAAA treatment navigator: [www.niaaa.nih.gov/niaaa-alcohol-treatment-navigator-helps-find-quality-treatment-alcohol-use-disorder](http://www.niaaa.nih.gov/niaaa-alcohol-treatment-navigator-helps-find-quality-treatment-alcohol-use-disorder)

NIAAA (2013). Alcohol overdose: The dangers of drinking too much.

NIAAA (2010). Beyond hangovers: Understanding alcohol’s impact on your health.

NIAAA (2005). Helping patients that drink too much: A clinician’s guide.

Smart Recovery: [www.SmartRecovery.org](http://www.SmartRecovery.org)

Alcoholics Anonymous: [www.aa.org](http://www.aa.org)

**Optional Student Readings:**

# Carroll, K. & Kiluk, B. (2017). Cognitive behavioral interventions for alcohol and drug use disorders: Through the stage model and back again. [*Psychol Addict Behav.* 2017 Dec; 31(8): 847–861.](https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=28857574)

Logan, D. E., & Marlatt, G. A. (2010). Harm reduction therapy: a practice-friendly review of research. *Journal of clinical psychology*, *66*(2), 201–214. doi:10.1002/jclp.20669

Meyers, R. J., Miller, W. R., Hill, D. E., & Tonigan, J. S. (1999). Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. Journal of Substance Abuse, 10(3), 291–308.

Miller, W. R., & Rose, G. S. (2009). Toward a theory of motivational interviewing. American psychologist, 64(6), 527.

Miller, W.R. & Rollnick, S. (2013). Motivational Interviewing: Preparing people to Change. New York: The Guilford press.

Miller, W.R., Forcehimes, A.A., & Zweben, A. (2019). Treating Addiction A guide for Professionals. Second Edition. NY: The Guilford Press.

Velasquez, M., DiClemente, C., Crouch, C., & Stephens, N (2015). Group Treatment for Substance Abuse: Stages of Change Therapy Manual (Second Edition). New York: Guilford

SAMHSA overview of medication assisted treatment:

<https://www.samhsa.gov/medication-assisted-treatment/treatment>

National Center for Complementary and Alternative Medicine: [www.nccih.nih.gov](http://www.nccih.nih.gov)

**Module 6 Learning Objectives:**

Participants will be able to:

1. Describe the differences between prevention and treatment approaches
2. Discuss the role of harm reduction in working with individuals with substance use disorders
3. Name and describe different types of treatments used in treating substance use disorders
4. Name and describe one motivational approach used in the treatment of substance use.
5. Identify at least two common psychosocial treatment approaches for working with substance users
6. Name the key FDA medications for use with opioid, tobacco, and alcohol use disorders

**Module 6 Evaluation Questions:**

See separate evaluation question document