Winter 2009/2010

Course Title: Disease Management of Addiction

Lecturer: Kevin T. McCauley, MD

Duration: 1.5 hours

Course Description:

Treatment efficacy for addiction is often limited by the application of an acute care model to what is a lifelong, chronic, and potentially relapsing disorder requiring daily management. The Chronic Care Model is far better suited to the effective management of recovery. This lecture will present the Chronic Care Model as developed by Wagner, its application to a wide range of illnesses, and how it suggests an approach known as Disease Management. Disease Management has been used successfully for decades in impaired professional programs. Preliminary data will be presented on a new sober living/disease management program operating in Utah.

Course Outline:

I. The Acute Care Model
- a. benefits and problems
- b. the current state of addiction treatment
- c. Institute of Medicine: Crossing the Quality Chasm

II. The Chronic Care Model (Wagner)
- a. Self-management support
- b. Delivery system redesign
- c. Decision support
- d. Clinical information systems/Medical home
- e. Community resources and linkage
- f. Healthcare organization
- g. A recovery support program based on the Chronic Care Model: Impaired Professional Programs

III. Disease Management
- a. definition and historical origins
- b. application to chronic diseases
- c. Recovery-oriented systems of care (SAMHSA)

IV. Evidence-based care
- a. National outcome measures (NOMs)
- b. Real-time, computer-based program/patient assessments
- c. Customer satisfaction, cost-effectiveness

V. Designing a Disease Management Plan

    a. Impaired Professional Programs
    b. Ten elements of an effective aftercare plan

VI. A Pilot Disease Management/Recovery Support Program in Utah

Course Objectives:

At the end of this course participants should be able to:

1. Define the Acute Care Model, the Chronic Care Model, and Disease Management
2. Define the elements and identify examples of Disease Management, post-treatment support, and recovery-oriented systems of care. Identify individuals who may best benefit from this new type of residential support.
3. Create an ongoing care plan drawing from the concepts of Disease Management and Impaired Professional Programs.
4. Project some of the future directions in substance abuse treatment and support that may result from the newest SAMHSA guidelines and pilot/research projects.

ABSTRACT

Chemical dependency is a complex disease characterized by compulsive use of substances despite adverse consequences, repetitive maladaptive behaviors, and thought patterns constructed to justify continued use of injurious substances. In short, chemical dependency becomes a hole in the soul through which blows the cold north wind of life. For a time, substances serve as insulation against the cold north wind of life. Because of the phenomenon of tolerance, more and more of the substance is required to achieve the same level of insulation.

The budding addict/alcoholic experiences pleasure and relief with the use of substances. As the substance use becomes more compulsive, negative behavioral symptoms become much more problematic. The very substance that brought relief now brings misery to the affected individual. The suffering of family and friends is immense. The higher thought processes of judgment and executive decision making are co-opted by new, complex behavioral patterns that are profoundly injurious. Free will with regard to chemical dependency is lost.

"Willpower" in a traditional sense is lost because the decision making process is corrupted to ensure that the addicted brain secures more of the ultimately injurious addictive substance. The negative behaviors are engrafted in a deception so profound that the sufferer cannot see the steady downward slide and resists any rational argument offered by friends, family and caregivers. The challenge then is to have a process or

mechanism to intervene **above the executive function and judgment centers of the brain.**

Since the beginning of recorded time, man has struggled with his foibles. Plato in the Symposium discussed the dynamics within the individual being pulled in a positive direction while simultaneously being pulled in a negative direction. Religions tend to teach a dogmatic set of beliefs and principles to their followers. Frequently, the emphasis is on the principles set forth by the **enlightened** who have had spiritual experiences. There exists within various faiths those of high stature such as priests, rabbis, etc. whose job it is to impart followers with religious beliefs. The emphasis tends to be on the teaching of such history and beliefs such that the follower will follow proscribed rituals and attain inner peace and be in harmony with members of that particular religion, and society. Nearly all religions teach a code of conduct. Great internal stresses frequently take place within the alcoholic or addict when the behaviors inherent in full blown chemical dependency disease collide with platitudes extolled by the leaders of religions. That makes for more drinking and drugging and shame and guilt, never therapeutic emotions, result.

A spiritual experience, on the other hand, does have the power to supervene over executive decision making and judgment. 12-step movements **have embraced the value of a spiritual experience occurring in each individual.** Such transformations can be of the sudden variety or can be of the educational variety.

This talk will briefly examine contributions made by Thoreau, Emerson, William James, Jung, and others toward the elucidation of the spiritual experience and the value of the transformation that occurs as it pertains to the alcoholic/addict.

When such an experience has occurred either of the sudden or the educational variety, "old ideas are cast aside and new ones take their place." The executive functions previously co-opted by chemical dependency are now subject to "a Higher Power." A condition of transcendence is achieved and the need to drink or drug abates or may be abolished.

The nature of chemical dependency is such that the plasticity of the brain is pandered to by injurious substances. Neuro pathways are time and time again exercised and excited by these injurious substances. In this way an unaddicted brain becomes an addicted brain. In A.A., you hear the adage that you can make a cucumber into a pickle, but you cannot make a pickle into a cucumber. Once addicted pathways exist in the brain, they can probably not be fully eradicated. These old addictive pathways remain, though they are in abeyance provided the improved spiritual condition is maintained. Through 12-step work, meetings, and working with others the new self easily resists alcohol and drugs. The disease can be brought into stable remission, ideally for a lifetime.

The reality of "just saying no" exists for the individual who has not lost the power of free will with regard to substances. Those afflicted with chemical dependency will have an

easier time maintaining sobriety if they have had a spiritual experience such that drinking or drugging is no longer necessary or even desirable.

Day 1 Lecture 3

"Recovery for Catholics: Spiritual Resources"

John Stanievich, MD

Spirituality in Medical Education

Religious beliefs and practices are important in the lives of many patients seeking medical care, yet many physicians are uncertain about whether, or how, to address spiritual or religious issues. Often physicians are trained to diagnose and treat disease and have little or no training in how to relate to the spiritual side of the patient. In addition, the physician's ethic requires that the physician not impinge her beliefs on patients who can be particularly vulnerable when supplicants for health care. Complicating it further, in our culture of religious pluralism, there is a wide range of belief systems ranging from atheism, agnosticism, to a myriad assortment of religions. No physician could be expected to understand the beliefs and practices of so many differing faith communities.

At first glance, the simplest solution suggests that physicians avoid religious or spiritual content in the doctor-patient interaction. As with many issues, however, the simple solution may not be the best. The spiritual lectures of the IDAA CME program inquire into the possibility that within the boundaries of medical ethics and empowered with sensitive listening skills, the physician may find ways to engage the spiritual beliefs of patients in the healing process from addictions, and come to a clearer understanding of ways in which the physician's own belief system can be accounted for in transactions with patients

Surveys of the US public in the Gallup Report consistently show a high prevalence of belief in God (95%) while 84% claim that religion is important to their lives. (1) Approximately 40% of Americans attend religious services at least once a week. One survey in Vermont involving family physicians showed that 91% of the patients reported belief in God as compared with 64% of the physicians. (2) A 1975 survey of psychiatrists showed that 43% professed a belief in God. (3) These surveys remind us that there is a high incidence of belief in God in the US public. It also appears from surveys that physicians as a group are somewhat less inclined to believe in God. Whereas up to 77 percent of patients would like to have their spiritual issues discussed as a part of their medical care (4), less than 20 percent of physicians currently discuss such issues with patients. (5)

Why is it important to attend to spirituality in medicine?

Regardless of their own belief system, physicians should not allow their own bias to blind them to the appreciation of the possibility that religion and spiritual beliefs play an

important role for many of their patients. When illness threatens the health, and possibly the life of an individual, that person is likely to come to the physician with both physical symptoms and spiritual issues in mind. An article in the *Journal of Religion and Health* claims that through these two channels, medicine and religion, humans grapple with common issues of infirmity, suffering, loneliness, despair, and death, while searching for hope, meaning, and personal value in the crisis of illness.(6)

Persons may hold powerful spiritual beliefs, and may or may not be active in any institutional religion. Spirituality can be defined as ". . . a belief system focusing on intangible elements that impart vitality and meaning to life's events." (7) Many physicians and nurses have intuitive and anecdotal impressions that the beliefs and religious practices of patients have a profound affect upon their experiences with illness and the threat of dying. It is generally accepted that religious affiliation is correlated with a reduction in the incidence of some diseases such as cancer and coronary artery disease. For patients facing a terminal illness, religious and spiritual factors often figure into important decisions such as the employment of advance directives such as the living will and the Durable Power of Attorney for Health Care. Considerations of the meaning, purpose and value of human life are used to make choices about the desirability of CPR and aggressive life-support, or whether and when to fore-go life support and accept death as appropriate and natural under the circumstance

Until recently, there were all too few medical schools that offered a formal forum to discuss humanistic aspects of medicine for medical students and residents. This situation is rapidly changing. Like the University of Washington, nearly eighty four medical schools around the country have recently added new courses addressing spirituality in medicine. Increasingly, residency programs, particularly those with a primary care focus, are also incorporating this view in the training of residents.

In addition, CME has been offered to practicing physicians through a series of annual conferences on "Spirituality in Medicine," which was hosted by Harvard Medical School with Herbert Benson, MD, as facilitator on December 1-2, 2007.

Spirituality Training in Buffalo

Here in Buffalo, there has been a standing Spirituality in Healthcare Committee at the Medical School for nearly a decade. In addition, medical school courses in Spirituality and Patient Care are required during the first three years, and a fourth year elective is offered.

A Spirituality in Medicine Interdisciplinary Training Program has been funded for the last four years at UB through The George Washington Institute for Spirituality and Health. The Principal Investigator is Dr. David Holmes of the Department of Family Practice. The Administrator is Karen Devlin.

Experienced Clinical Faculty members have long recognized the importance of treating

the totality of the Mind, Body, and Spirit of their patients.

Spirituality in Addiction Treatment

Clinicians in the field of addictions cannot ignore spirituality because many patients in the process of recovery report that spiritual experiences play a leading role in their path to recovery. A strong connection to a source of spiritual support is considered one of the main favorable prognostic factors (8). The most important, and best studied, source of knowledge on spiritual experiences in recovery is derived from studies on participation in 12-step programs such as Alcoholics Anonymous (AA). Clinicians working in addictions could effectively reduce their patients' resistance by becoming more comfortable with the spiritual dimensions of healing (9).

Drs. Grodzicki and Galanter from the NYU Department of Psychiatry state:

"In comparison to the literature in the fields of general psychiatry and medicine, the literature in the field of addiction treatment is rich with references to spirituality. However, research is needed in order to systematically study the relationship between spirituality and recovery. McDowell et al. (10) showed that patients view spirituality as essential for their recovery and highly prioritize spiritual programs in their treatment. This is because the spiritual aspect of the treatment is concerned with meaning and purpose, and it includes
concepts of one's sense of connection to something bigger than the self. It is also concerned
with the belief that we are here to help others by sharing and enriching each other's lives. Spiritual growth embodies a powerful connection to people, the world, or the universe.
It may stimulate high values like compassion, generosity, creative self-expression, trust, faith, respect, hope, self-awareness, and it usually brings about self-acceptance.

In summary, there is clear evidence that spirituality plays a significant role in physical and mental health recovery. Its influence should be researched in a more systematic way. Clinicians in the field of addictions might benefit from skillful use of the spiritual dimension in the treatment of addictive disorders."(11)

Twelve Step Programs and Spirituality

Alcoholics Anonymous (AA) and similar Twelve-Step groups are commonly used self help programs for patients with substance use disorders. Twelve-Step groups are free, confidential, and widely available to the public. Because spirituality may play a vital role in both attendance and outcome, it is important for clinicians to understand the utility of assessing patients' spiritual needs, and to learn how to address them appropriately.

One area of interest is the importance and influence of spiritual orientation for patients seeking this form of self-help. To many, spirituality lies at the core of Twelve-Step programs; relying on a "higher power" is a key aspect of the program. Spirituality has been associated with higher AA affiliation (12). Another study found that agreement with the need to turn one's life over to a higher power nearly doubled the likelihood of weekly Twelve-Step meeting attendance (13). Persons with substance use disorders attend Twelve-Step meetings for a variety of reasons, aside from spirituality. Fellowship with others in recovery has been demonstrated to be an important reason patients attend Twelve-Step meetings. In a sample of patients residing in sober housing, the majority stated that a
sense of fellowship was a major motivator for involvement with the program (14). Service in the spirit of Twelve-Step principles has also been shown to be a key component of recovery. One study found that the majority of individuals involved with AA who have at least 5 years of sobriety are sponsors to other group members, in keeping with AA's 12th step, which advocates "carrying the message to others" (15). Both of these aspects need to be considered as important facets of patients' Twelve-Step involvement. One issue of importance is the evidence for utility of Twelve-Step programs. Multiple studies have demonstrated a significant relationship between Twelve-Step meeting attendance and positive outcomes, both alone and in combination with professional treatment. One study followed a sample of previously untreated alcoholic patients in the community for eight years. At follow-up, the number of AA meetings attended in the first 3 years predicted remission (16).

Increased involvement with AA and increased acceptance of AA principles are both predictive of more abstinence, and less alcohol consumed if drinking does occur (12).
Other studies have demonstrated a link between meetings attended and positive outcomes.
Patients with a higher frequency of attendance at Twelve-Step meetings, in addition to group and individual counseling, have the lowest probability of relapse (17). Specifically, weekly or even more frequent attendance is associated with drug and alcohol abstinence (18).

“Recovery for Catholics: Spiritual Resources”

The lecture *“Recovery for Catholics: Spiritual Resources”* deals with spiritual issues affecting a great number of Catholics attempting recovery from addictive disorders. The importance of Steps 1-3 will be discussed as well as the concepts of denial, surrender, and the search for a Higher Power, or “the God of one’s understanding”. The purgative, illuminative, and unitive stages of spiritual growth will be explained. Examples of conversion experiences will be discussed. The criteria for mindfulness and the various types of contemplative techniques will be discussed. The similarity between the Twelve Steps and the Ignatian Spiritual Exercises will be discussed. Appropriate spiritual resources will be identified and explained for clinicians dealing with addicted patients. Illustrative case studies will be presented. An annotated bibliography will be available for further study

Conclusion

In summary, Twelve-Step programs play an important role in the treatment of addiction. Issues related to spirituality affect patients’ involvement in these programs. Clinicians treating these patients would benefit from a greater understanding of these issues as they relate to the treatment of addictions. (19)

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