

“Ideas for Treatment Improvement”

ADDICTION *Messenger*

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SERIES 23

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Methamphetamine - Part 2 Treatment Issues & Options

*“Not to have control over the senses is like sailing in a rudderless ship,
bound to break to pieces on coming in contact with the very first rock.”*

~ Mahatma Gandhi ~

There are several approaches that have evidence supporting their efficacy in treating methamphetamine dependence. The majority of research on treatment of illicit stimulants has been done on cocaine addiction. Rawson, et al., (2000), in researching treatment responses for methamphetamine and cocaine users, found that both groups have very similar outcomes when using the same treatment approach. The most prevalent and successful approaches are the Matrix Model, Contingency Management, Cognitive-Behavioral Therapy. In addition, Motivational Interviewing and the involvement of drug courts have been shown to be beneficial. Information on these approaches is offered in the following paragraphs.

Treatment Approaches

Matrix Model

The Matrix Model is an evidence-based intensive out-patient treatment program created by the Matrix Institute in Los Angeles, CA. It is a manual-based treatment that uses cognitive behavioral therapy, relapse prevention, 12-Step facilitation efforts, regular urine testing and skills training, all of which are presented in a Motivational Interviewing style. This approach is delivered using both group and individual sessions over a 16 week period and which is followed by continued care through support groups and 12-Step participation over the next 36 weeks. Treatment planning includes educational sessions for client families and other support people. Skill training groups focus on recovery and relapse prevention. The objective of the program is to present the client with a behavioral structure and daily skills that facilitate the development of a sober lifestyle for the client. (Please refer to Addiction Messenger Series 5 for more detailed information and resources)

Contingency Management

Enhancing a client's motivation and ability to comply with a treatment plan is always a key concern in addiction treatment. Using Contingency Management with methamphetamine clients can increase the success rate of completing a treatment plan as well as their chances for a positive outcome.

Increasing desirable behaviors in your client can be facilitated through positive reinforcement. You may already be using informal positive reinforcement such as verbal encouragement, moving to a higher level of status in a program, or some other acknowledgement

of progress. Applying positive reinforcements in a structured and systematic fashion is called Contingency Management. This evidence-based approach demonstrates that substance use and treatment attendance can be influenced by learning and conditioning, and that client behavior is sensitive to strategically applied consequences and rewards. It systematically weakens the reinforcement of substance use and strengthens the reinforcements obtained from participating in healthier alternative activities and behaviors. The four central tenets of Contingency Management are:

- The client's treatment environment is arranged so attendance is tracked and substance use is easily detected,
- Tangible reinforcers are provided to the client when abstinence is demonstrated and when attendance is regular,
- Incentives are withheld when substance use is discovered or attendance is erratic, and
- Reinforcements from alternative sources are increased to compete with the reinforcers involved with substance use and poor attendance.

Reinforcers that can be utilized with contingency Management include: receiving cash, selecting a prize, providing desirable clinic privileges, providing employment or housing opportunities, offering refunds on treatment service fees, and receiving vouchers for retail goods or services. (Please refer to Addiction Messenger Series 13 for more detailed information and resources)

Cognitive-Behavioral Therapies

Cognitive-Behavioral Therapy (CBT) strategies include assisting clients to identify unproductive or unhealthy thinking that causes negative feelings and behaviors. Clients learn to replace those thoughts with more desirable thoughts and reactions. Characteristics of CBT approaches are: focusing on thoughts, being brief and time-limited, using a sound therapeutic relationship and collaboration between the client and counselor, teaching rather than prescribing, fostering questions, using homework for client to complete between sessions, and focusing on unlearning behaviors. (Please refer to Addiction Messenger Series 18 for more detailed information and resources)

Initial Concerns In Treatment

There is an abstinence syndrome (behaviors and feelings prevalent following withdrawal or onset of abstinence) associated with methamphetamine dependence which varies in intensity and duration for clients. It can be mild and resolve quickly or be more severe and persistent for many months. Key clinical issues associ-

ated with methamphetamine abstinence that you need to be aware of in your client include the potential for:

- Depression
- Cognitive impairment
- Paranoia
- Anhedonia (lack of pleasure)
- Behavioral/Functional Impairment
- Hypersexuality
- Irritability/Violence

Treatment Issues Regarding Methamphetamine Damage

NIDA (2004), reports that methamphetamine clients who remain abstinent for 9 months or longer show a "modest improvement in performance on some tests of motor skill and memory". They also appear to recover from some of the damage done to metabolism in the thalamus (the region of the brain involved in relaying and filtering sensory/motor/emotional signals between the cerebral cortex and other brain structures). However, damage seems to persist longer in another region of the brain, the striatum (which plays a role in reward linked motivation, planning and impulse control).

In tests on metabolism and neuropsychological functioning following an abstinence of 2 months or less it was found that methamphetamine clients scored lower than nonabusers, (though within the normal range) on tests of gross motor function, fine motor function, memory, and attention. When clients were tested again after 9 months of abstinence the methamphetamine clients had improve on three out of five neurological measures (the timed gait test, symbol-digit association, and delayed word recall). These changes in test scores were correlated with improvement in the client's thalamic metabolism. This suggests that the damage your clients have received in this brain region is somewhat reversible with abstinence. The brain may be responding to the damage by rerouting brain connections such as those that rely on the neurotransmitter dopamine.

NIDA researchers have found that some clients do not show recovery of striatal metabolism after a long period of abstinence which may reflect on methamphetamine's toxicity to dopamine terminals. This fact may offer insight into why methamphetamine clients often report a lack of motivation and anhedonia for up to 2 years after abstinence.

Helpful Tips In Working With Clients

There are several concerns that you and your client could discuss that may be beneficial to engaging and retaining the client in treatment.

- Early abstinence can be one of the most difficult stages of treatment for the methamphetamine dependent client. Your client may exhibit negative mood states due to brain

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dysfunction. Mood disturbances may complicate beginning treatment approaches such as cognitive behavioral therapy.

- Attention to rest, exercise, and a healthy diet may be the appropriate “therapy” for many clients in the early stages of abstinence.
- A motivating factor for seeking treatment may be avoidance of withdrawal symptoms (like opiate users). Clients are motivated because of negative consequences associated with their methamphetamine use (whether legal, medical, financial, etc.), and the feeling that their life is “out of control”,
- Difficulty with concentrating, short term memory, and short attention span may limit the client’s ability to understand the interconnectedness of methamphetamine use, and a sense of chaos and paranoia. Be aware that your clients may have difficulty making sense of what is happening to them.
- It’s often frustrating when the client professes a strong desire to become abstinent yet resists initiating recommended treatment behaviors. Although this may appear to be a lack of motivation or skepticism on their part, this ambivalence is part of the stimulant addiction syndrome.
- Client engagement can be enhanced by responding quickly and positively to the client’s initial telephone inquiry about treatment. Phone inquiries should be answered as quickly as possible (remember that methamphetamine clients can be impatient individuals who may hang up when placed on hold). Taking a message or calling them back at a later time may result in failure to contact them.
- A methamphetamine client’s decision to seek help and treatment may last only a brief period of time. It’s best to schedule an appointment with a minimum of delay. In-

terim services or minimal contact may also facilitate engagement. For example, a brief interview or a partial intake that can occur within 24 hours of the client’s initial inquiry would be preferable to making an appointment several days later. Another option would be for an agency to provide orientation meetings in lieu of a waiting list. If an early appointment is not available staff members of an agency may want to consider phoning the potential client to express concern, conduct a mini-assessment, and provide some basic resources (e.g. 12-Step meetings). These interim approaches can be a temporary bridge between initial contact and a thorough interview and assessment that can take advantage of the client’s fleeting motivation to change.

- Stimulant dependent clients may become irritated with lengthy and repetitive assessments; keep assessments brief, focused and not repeated by other members of a multidisciplinary staff.
- Keep initial information and instructions simple and clear. Many methamphetamine clients have cognitive problems that limit their ability to follow long and complex instructions or explanations - keep it simple.

Keeping these tips in mind will help you to better tailor the treatment plan to the unique needs of the methamphetamine dependent client.

Next Issue:

“Prometa and Meth Resources”

Source:

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