

Forum Droghe Coordinamento Nazionale Comunità di Accoglienza - CNCA Coordinamento
Toscana Comunità di Accoglienza – CTCA
Summer School 2016
Florence, September 8th-10th

“ I DON’T KNOW YOUR WAY
“FROM SELF-CHANGE TO ASSISTED CHANGE FROM
ADDICTION

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“self”-change concept & relevance

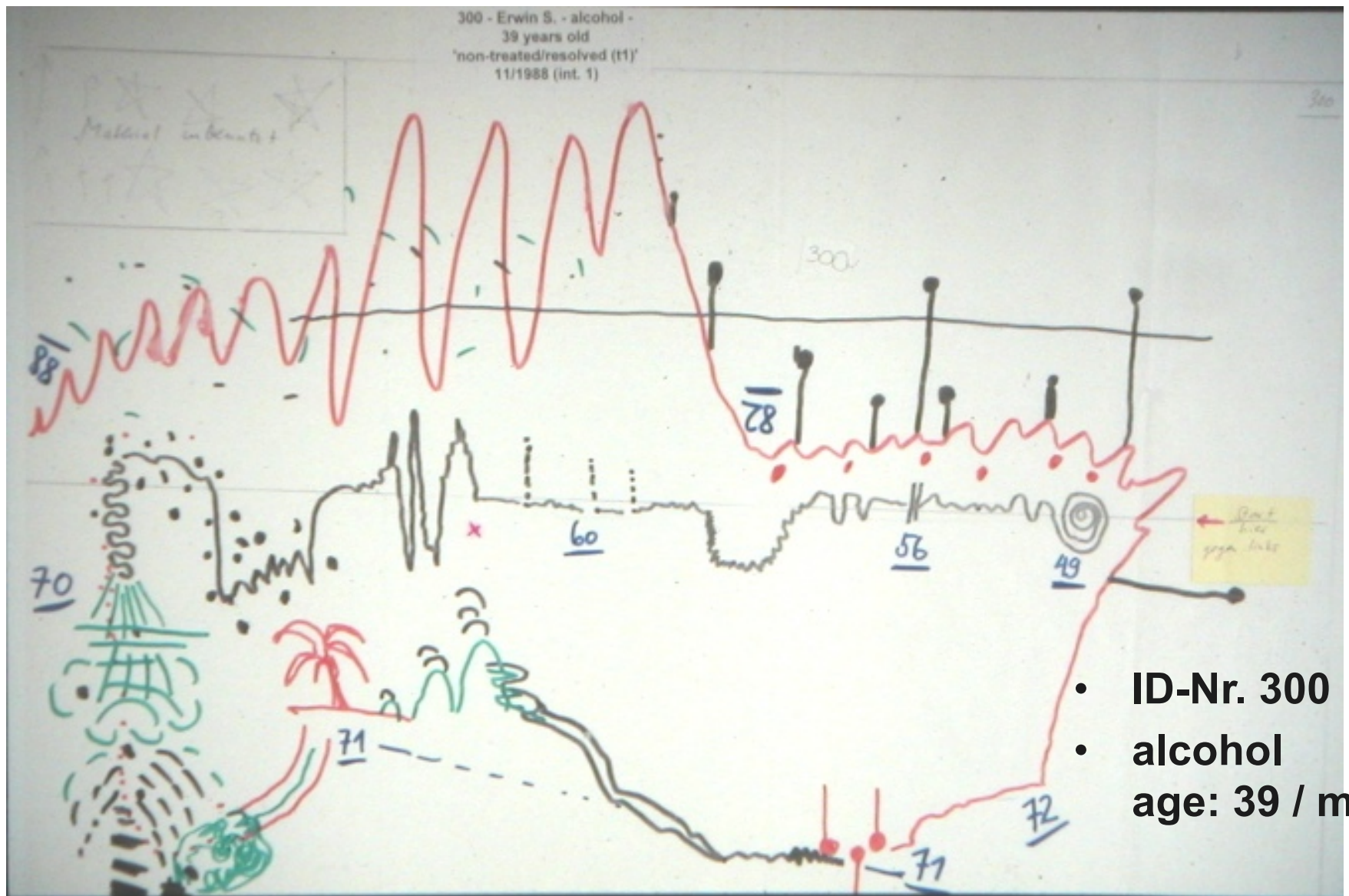
Definitions of Natural Recovery

- “Improvement in the patient’s condition without effective treatment” (Roizen et al. 1978).
- “Exit from a deviant career without formal intervention” (Stall 1983)
- “Cessation of alcohol, tobacco, or other drug abuse without formal intervention or a statement by the subject that formal intervention had no effect on the decision to desist from the abuse..” (Walters 2000)

Classics & pioneers of natural recovery studies

- Winick (1962) maturing out from drugs
- Les Drew (1968) quitting alcohol with aging
- Robin et al. (1973-1980, 1993) Vietnam veterans
- Smart (1975) first literature review on self-change
- Cahalan & Room (1974) Problem drinking survey
- Vaillant (1983) 50year longitudinal study on natural history of alcoholism

Can therapeutic interventions make a difference? A call for modesty...



2000-02 The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

Help-seeking among individuals with onset of alcohol dependence (DSM-IV at some point before the year prior to the survey). (n=43'093)

- 3% AA groups:
- 27% abst. 18% low risk
- 5.6% only prof. help:
- 10% abst. 19% low risk
- 17.1% AA +prof. help:
- 35% abst. 16% low risk
- **74% never in treatment:**
- 7% abst. 26% low risk

Dawson et al. (2006)

1996 California Tobacco Survey: Help seeking and quitting among American smokers (n=4'480)

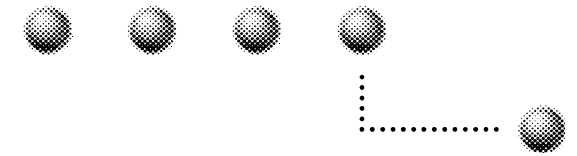
- 3.1% self-help materials: 20% (int) 15,9% (1year)
- 2.9% counseling: • 21.5% (int) 16,7% (1year)
- 11.7% nicotine patch NRT: • 30.3% (int) 20,9% (1year)
- 2.2% counseling & NRT • 23.7% (int) 16,9% (1year)
- **80.1% no assistance:** • 16,3% (int.) 7% (1year)

Zhu et al. (2000)

Survey and treatment data: gambling – a similar picture!

- USA: Less than 3% of pathological gamblers were ever seeking any kind of treatment (National Gambling Impact Study Commission 1999)
- Switzerland: 2.8%-3.1% of all pathological gamblers are in treatment (ESBK 2003:1000-1500 treated out of n=35,000 – 48,000 Bondolfi et al. & Molo Bettelini 2003).

**self-change and
societal context**



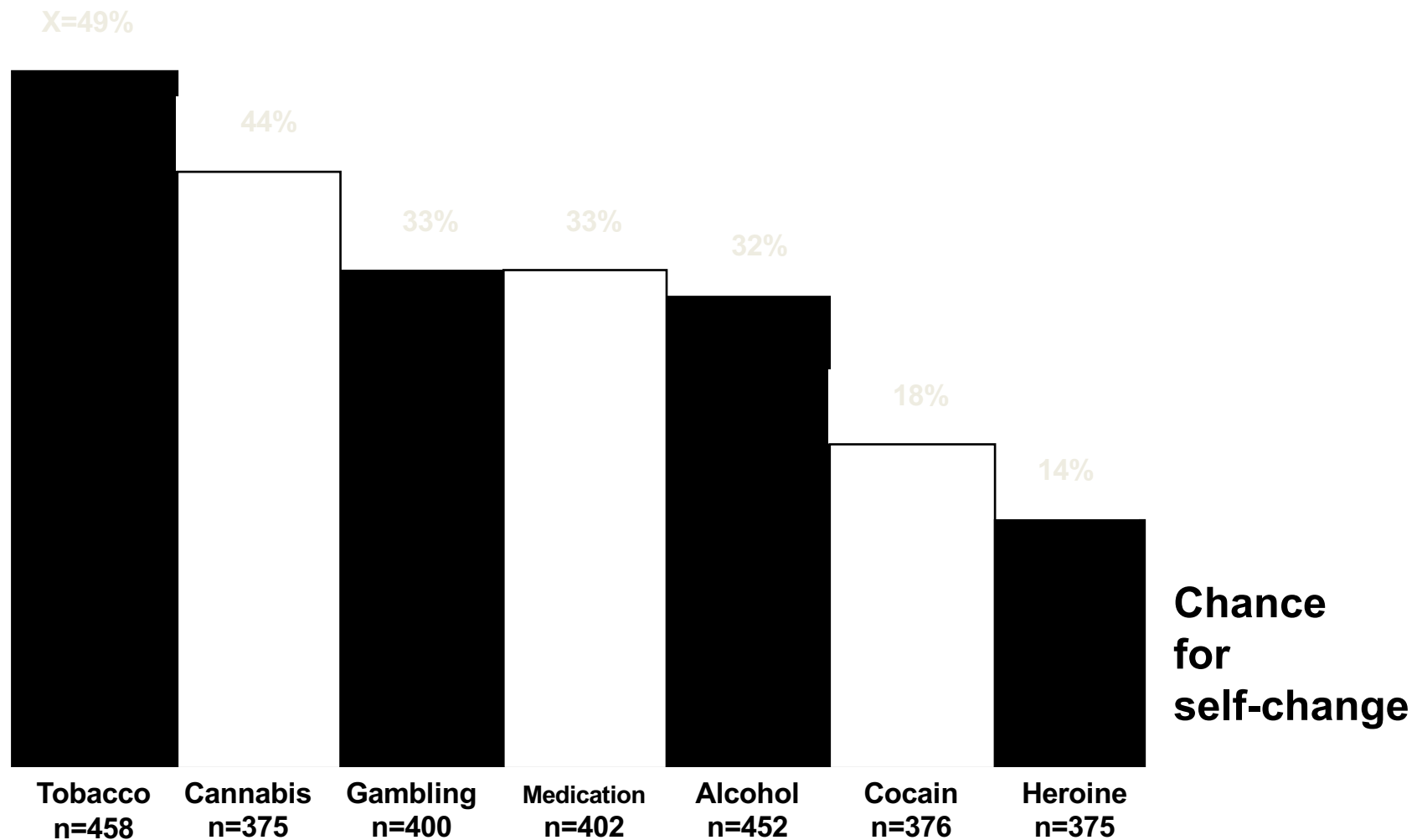
What makes people change...

- Individual or group level factors of change...
- **Often ignored**: Aggregate level factors or sociocultural conditions for individual change
- ...from addiction

Three indicators of a self-change friendly society

- **Belief in self-change**
 - Assumed ,stability ‘ of condition undermines help and shapes images of addiction
- **Social distance**
 - stigmatisation, disrupting interaction impedes self-change
- **Self-reported lay help**
 - Social support facilitates self-change

Addiction-specific change optimism (n=458/375)



Does personal experience make people more
'self-change friendly'?

- Yes, self-reported consumption of a substance favours the belief in self-change from using the same substance: False hope and risk taking?
- Yes, self-reported consumption reduces social distance to alcohol and drug users
- No, self-reported consumption does not influence the willingness to provide help for addicts

Treatment response: system perspectives

The dream of rationality – the quest for system

- System characteristics
(equity, efficiency, economic, coordination)
- Conceptual frameworks
(continuum of care, core-shell and stepped care approach,
tiered care model, public health perspective)

New Public Management

– the treatment market as the antithesis

Consequences:

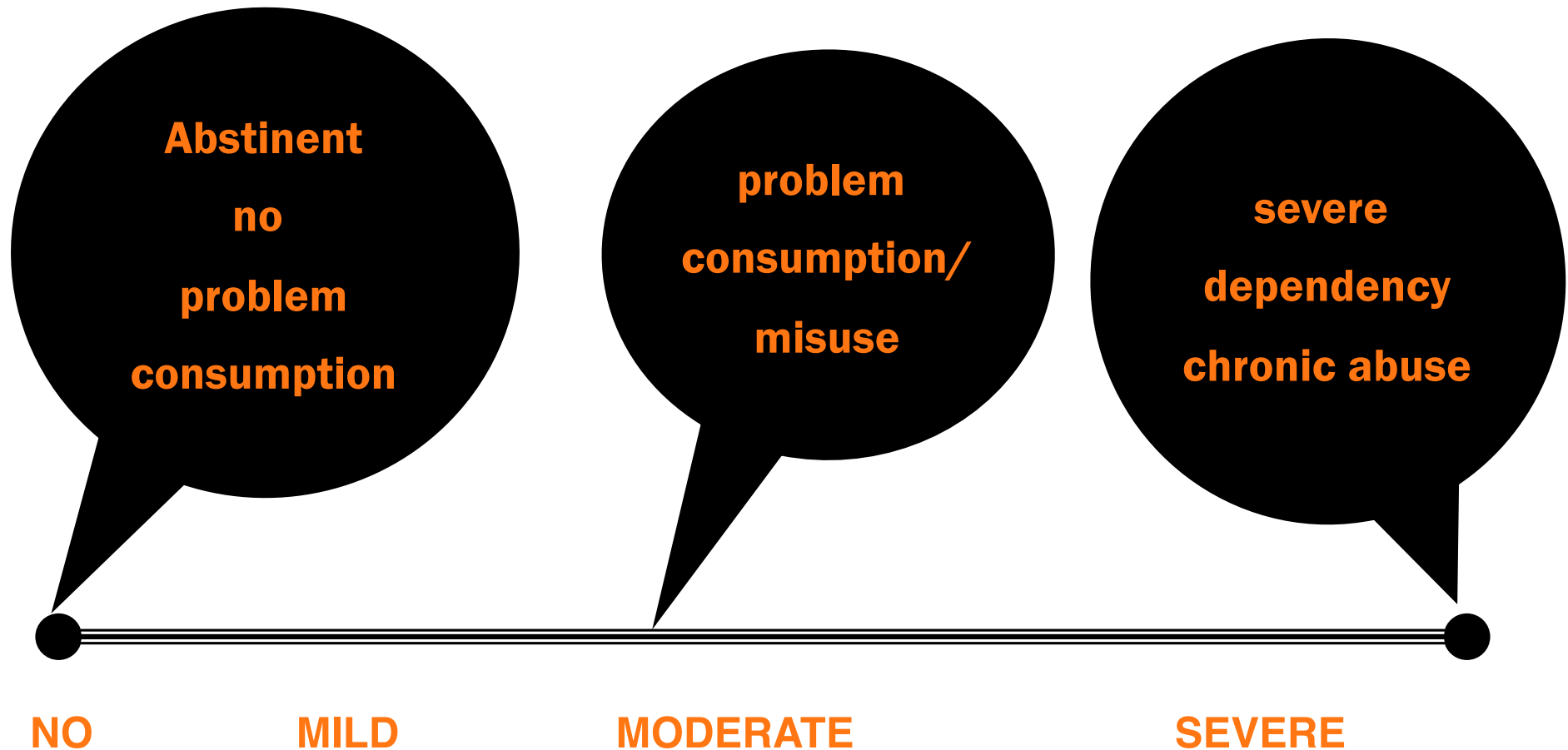
- less cooperation and interconnectedness
- cherry picked clients
- streamlining of services limit client choices
- bureaucratization with contracting out services

The gap between the three worlds of alcohol problems

- the worlds of clinical populations and non- treatment seeking population
- the quest for the best treatment organization and the best treatment methods that are universally valid belongs to a 'third world' of planners and at best provides 'Ideal Types'.

Treatment response: adjusting provider perspectives

PROBLEM ALCOHOL CONSUMPTION ON A CONTINUUM (Sobell & Sobell 2008)



Loss of control = addiction?



‘Changing glasses’

Biased views of the ‘treatment world’

- Combined approach and ‘defending the territory’
- Burden of disease and treatment response out of proportion
- Universal evidence dogma and local wisdom in practice*
- 75% of clients are not reached by service providers!*
- Diversity of outcomes taken seriously*
- Bringing masculinity back to the treatment agenda*
- Youth: our favourite scape goats!
- Young and old ‘older adults’ the new majority

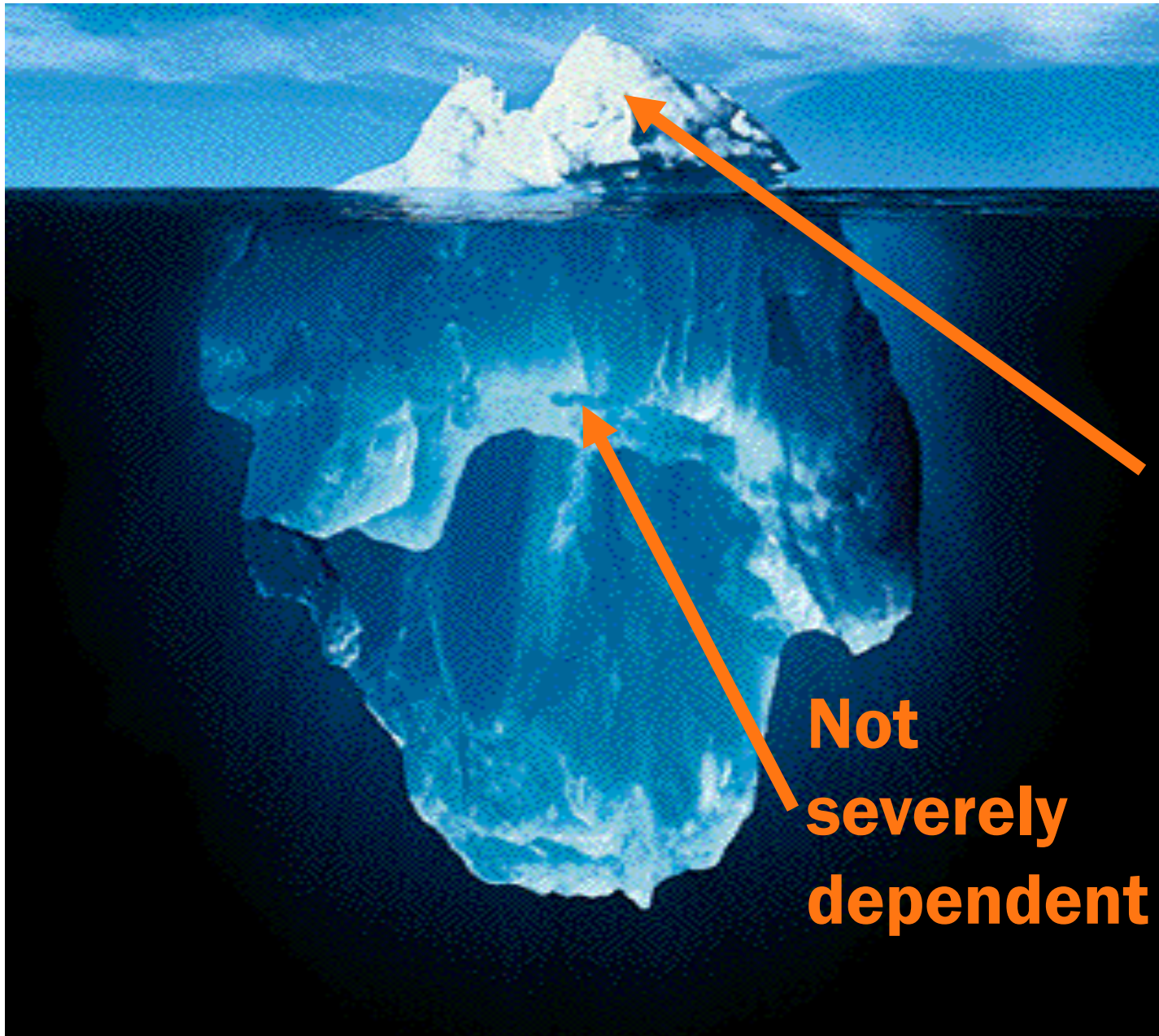
Search for the ‘best’ treatment modalities – the quest for evidence

- Evidence based practices and relevance of guidelines - top down pharmaceutical approach
- Dodo bird well alive – the futile search for best treatment



Alcohol related problems

(aus Sobell & Sobell 2008)



**Severely dependent:
The tip of the iceberg!**

**Not
severely
dependent**

Negotiating treatment goals necessary for efficiency



„you know we're
just not
reaching
this guy“

“You know we're just not reaching that guy.”

Erster Deutscher
Männergesundheitsbericht
Ein Pilotbericht

Männergesundheitsbericht

Ein Pilotbericht

**Knowing and
respecting user
perspectives**

Treatment gap and unmet needs – client perspectives back on stage

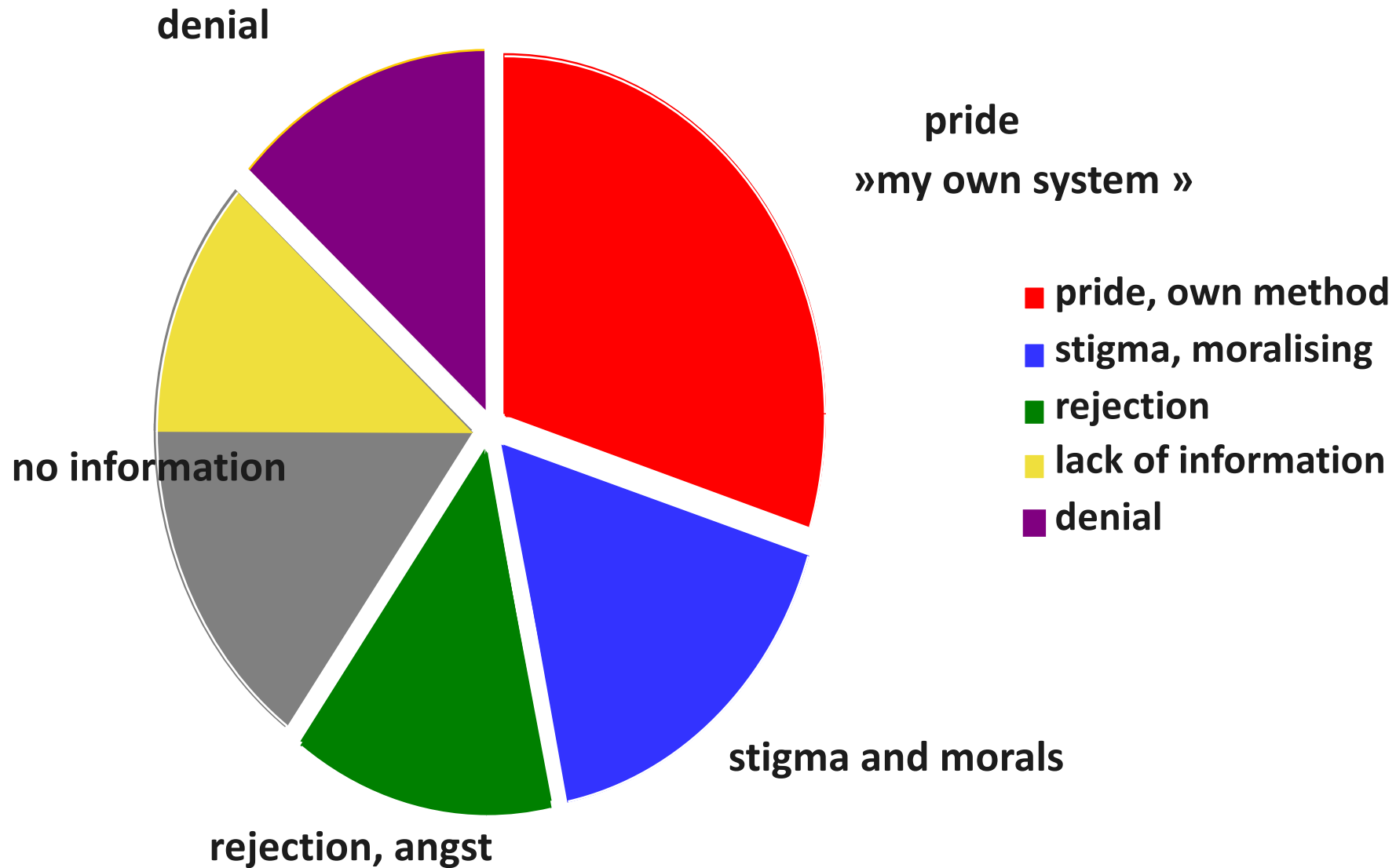
- how to measure 'need' and 'access' that is the Prevalence Service Utilization Ratio?
- population survey data compared to treatment population
- proxy measures (mortality rates, local projections, average level of consumption)
- expert opinion and provider views

Fading trust in expert knowledge?

- Example: Alternative medicine
- Controlling the doctor; patient internet platforms
- Individualized, negotiated solutions vs. evidence-based imposed treatment?
More evidence more doubts?

Avoided treatment because of ...

(Switzerland 1991)



Perceived barriers to treatment : e.g. Australia (KENNY ET AL. 2011,P.4)

Table 3 Barriers to methamphetamine treatment seeking

Barriers	n (%) (n = 68)
Wanted to attempt to withdraw on own	35 (52%)
Didn't know how to access treatment	28 (41%)
Wanted to keep using	26 (38%)
Unaware of the available treatment options	26 (38%)
Embarrassed or felt stigma attached to treatment	22 (32%)
Lack of support	21 (31%)
Cost/financial difficulties	14 (21%)
Work commitments	13 (19%)
Too hard to get into treatment	13 (19%)
Waiting lists too long/didn't want to wait	12 (18%)
Little confidence in effectiveness	8 (12%)
Treatment goals not compatible with personal goals	8 (12%)

Resisting treatment

- voices from a Swiss survey of non-treated gamblers

- « I don't know about any kind of programs when you have a problem with gambling and besides, I always wanted to do it on my own.. »
- « For a long time I overestimated myself and was much too proud to accept any help. Also I was afraid of the reactions of others and that I would lose face and credibility... »
- « Professional counsellors follow their theories and have no first hand experience to offer competent support »
- (Nett et al. 2003:37)

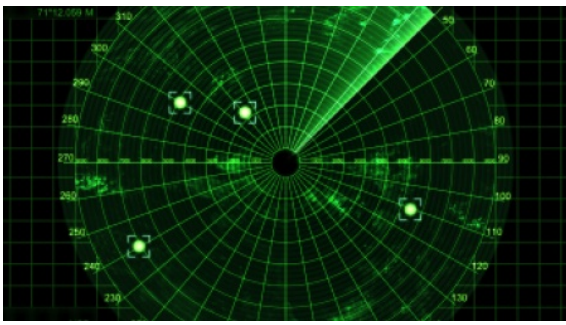
Not on the radar screen?

Gaps in treatment

- ALCOHOL-RELATED HARM REDUCTION IN GENERAL
- CONTROLLED DRINKING PROGRAMS
- DRINKING UNDER CONTROL - WET PLACES

... POLITICAL REASONS?

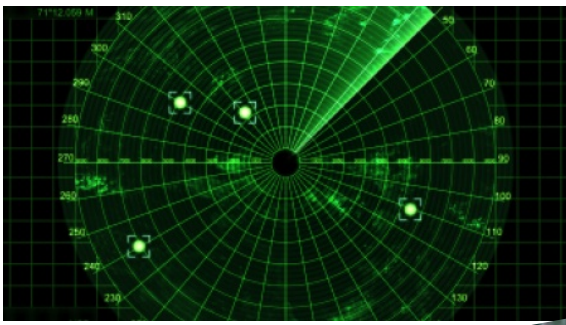
... METHODOLOGICAL REASONS?



Harm reduction & alcohol

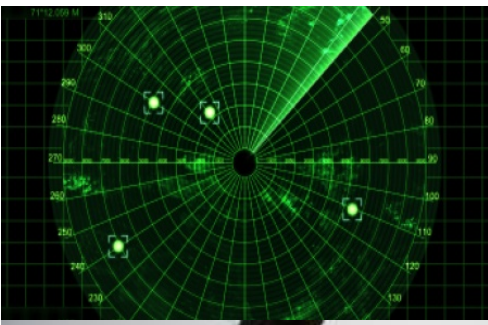
– the poor cousin of drug policies?

- AMERICAN & EUROPEAN INTERPRETATIONS OF 'HARM REDUCTION'
- HR POPULATIONS:
 - non-treatment-seeking population of harmful drinkers
 - the regular population of treatment-seeking problem drinkers
 - socio-economically disadvantaged street drinkers
- HR MEASURES:
 - warning labels and awareness campaigns
 - barkeeper training
 - late-night public transportation & designated driver programs
 - brief interventions in generalist settings
 - tempered glass in alcohol beverage containers
 - safer drinking places



Alcohol harm reduction programs for heavy users – a late comer





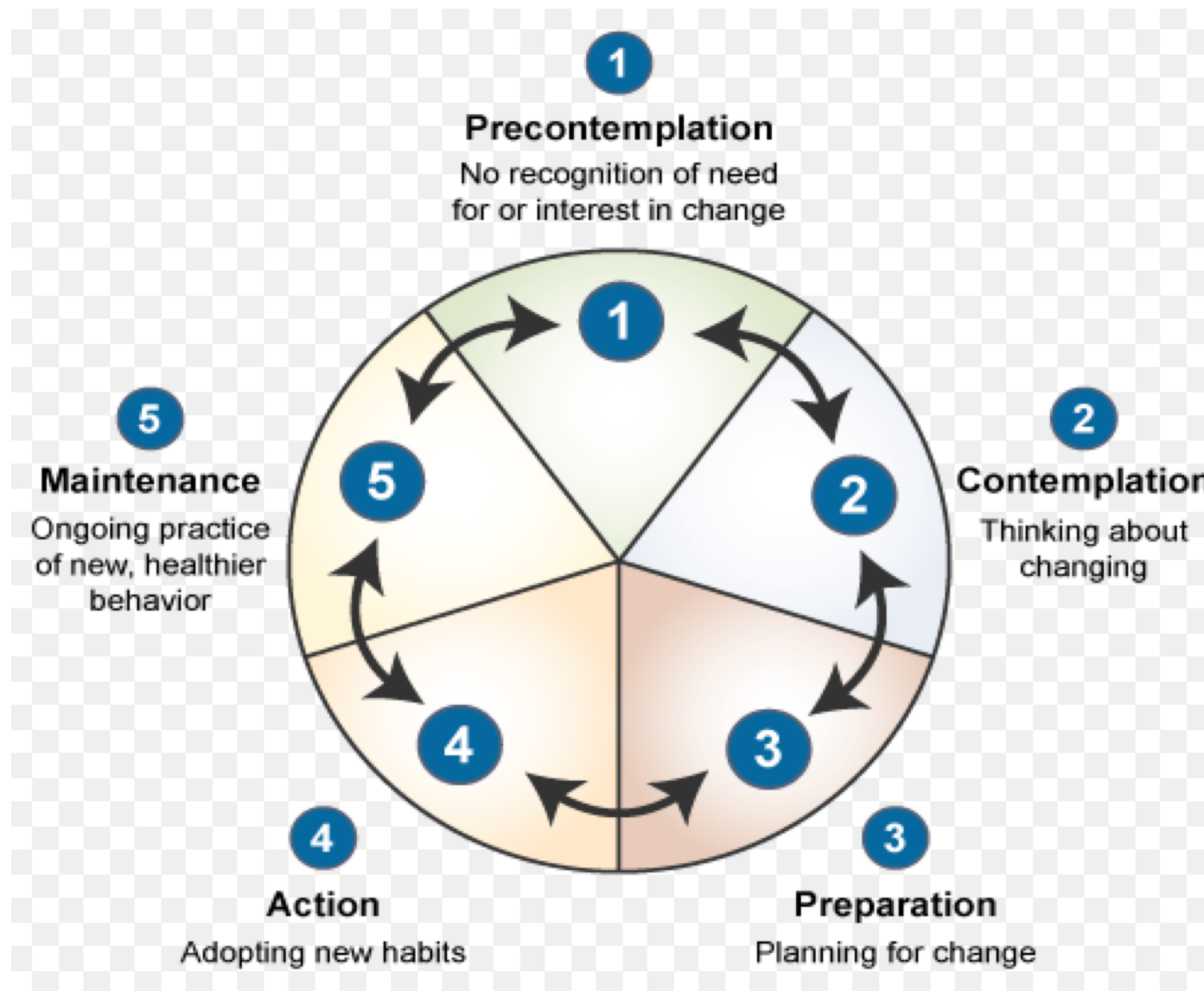
” Beer for work in Amsterdam?” (2012)



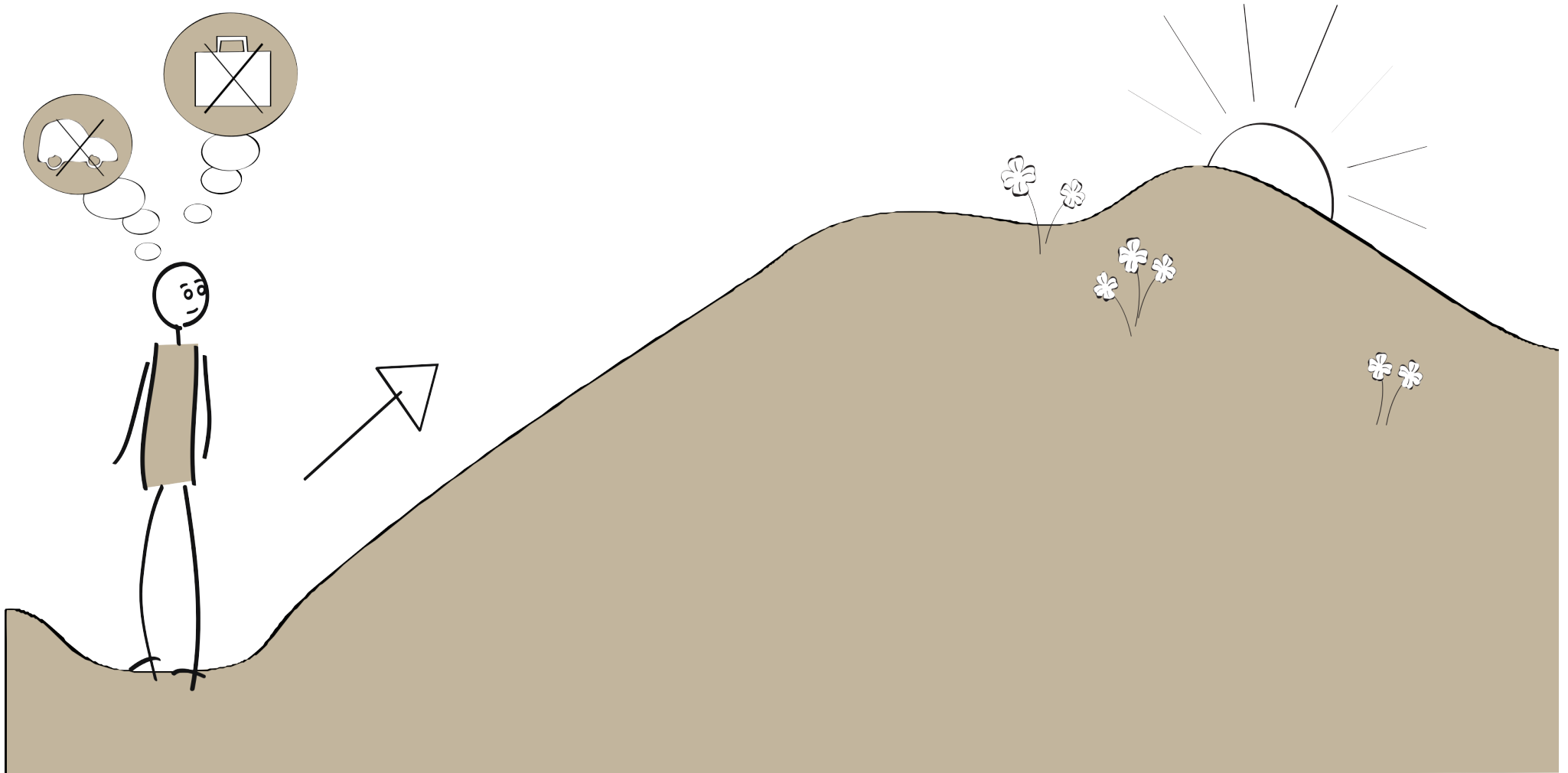
AMSTERDAM, Rainbow Foundation: „veeg project”

**Lay solutions
to addiction problems
in a world of people smarter
than you think!**

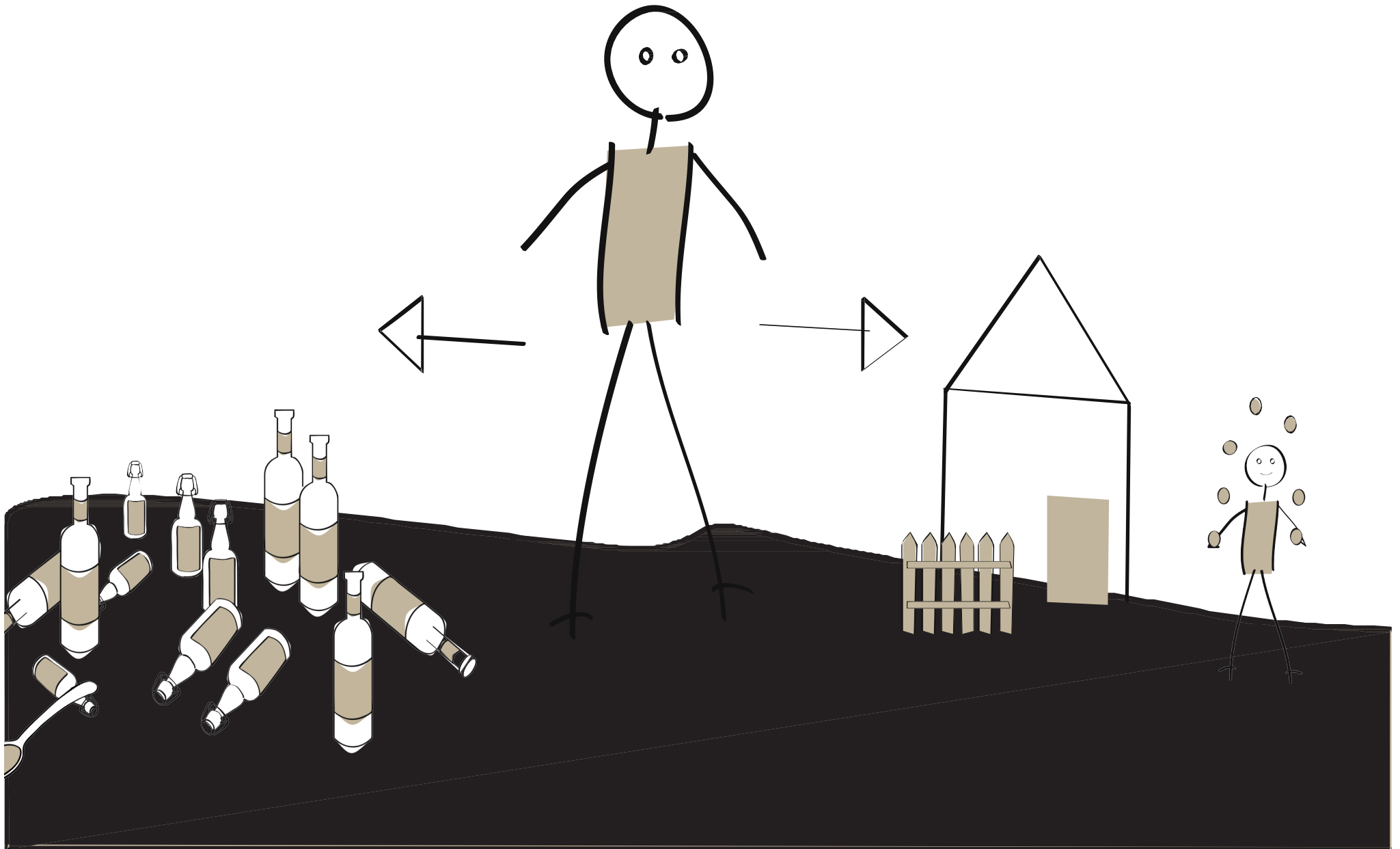
Stages of change



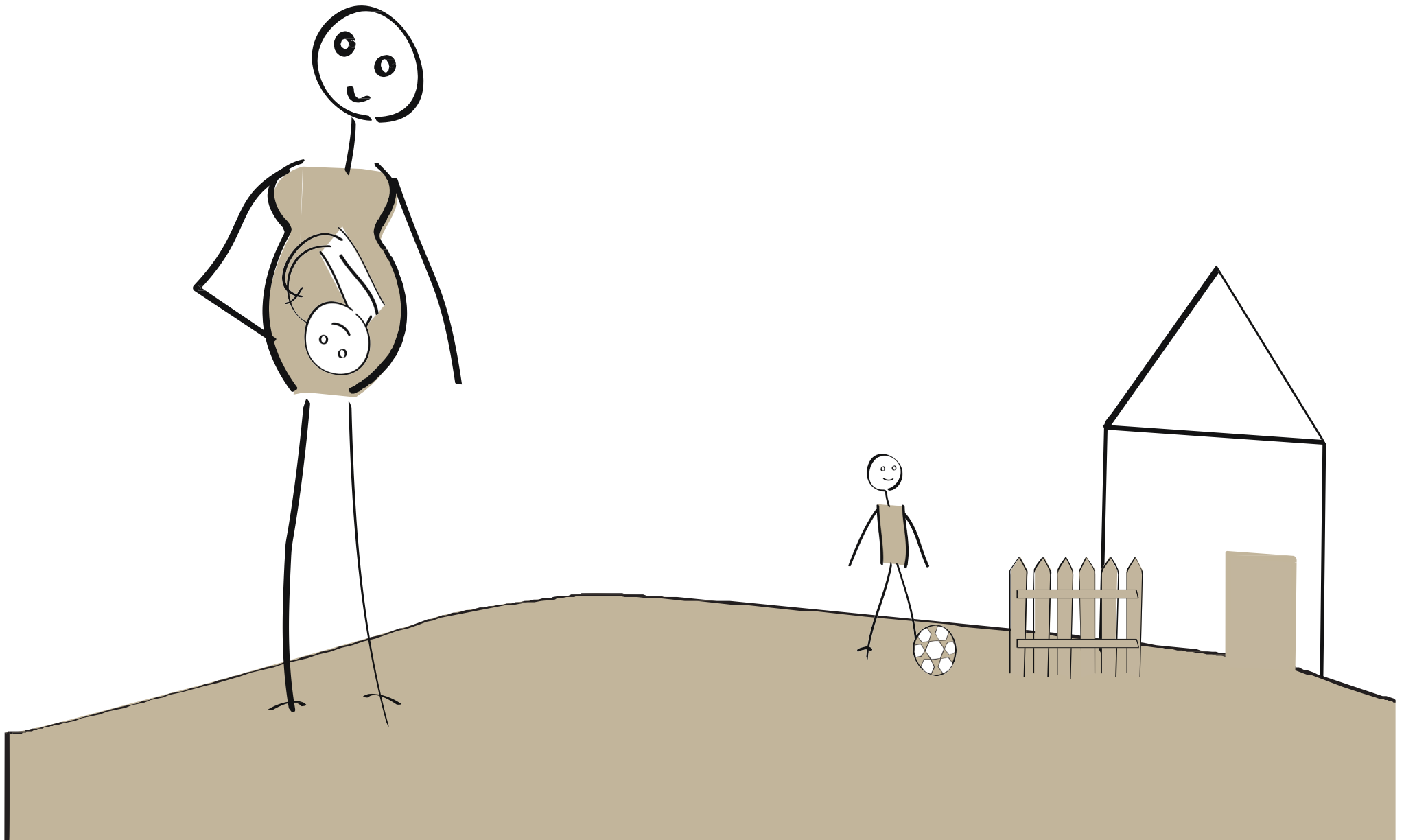
**CONTEMPLATION/NE
GATIVE :
HITTING BOTTOM**



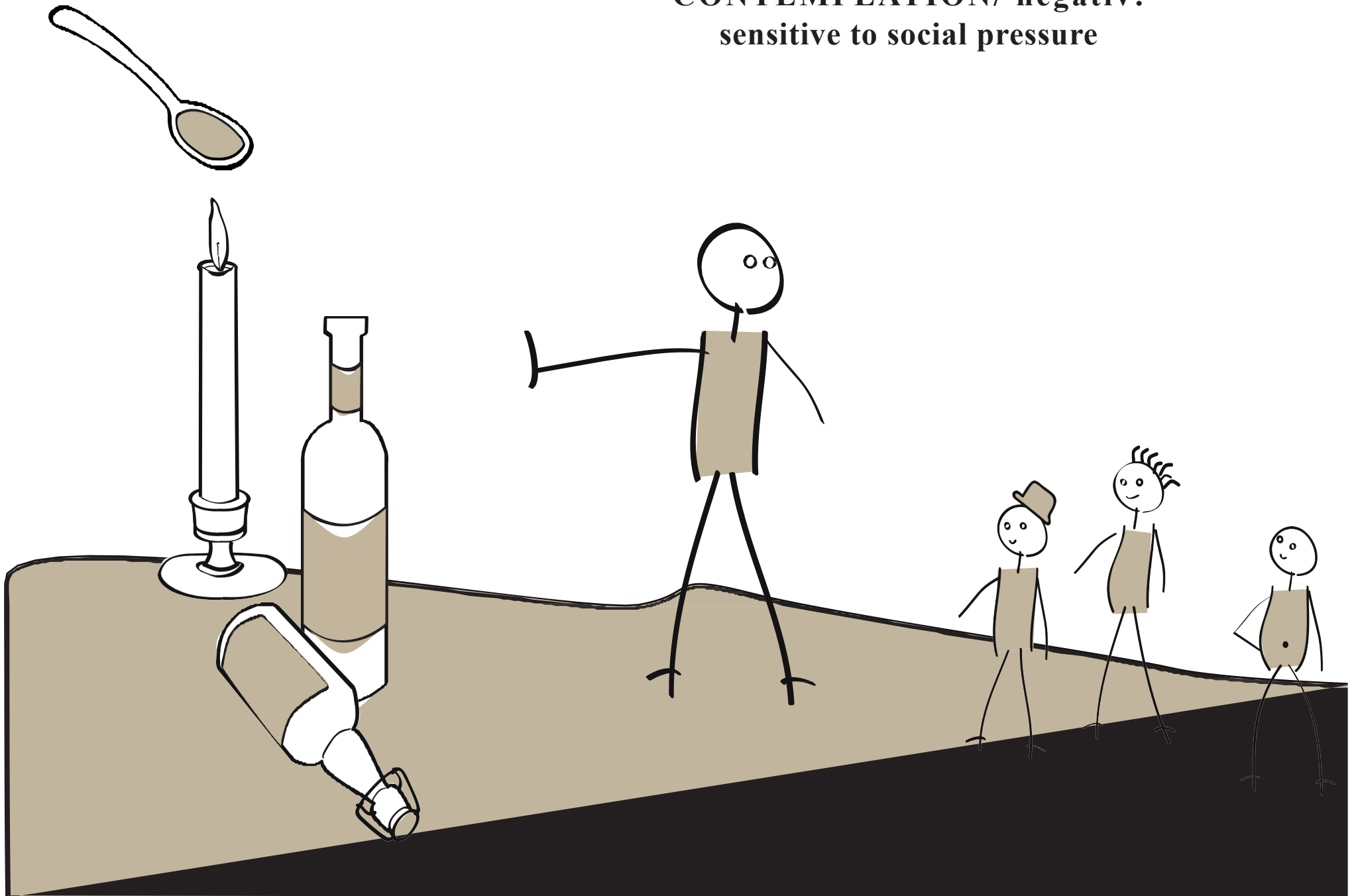
**CONTEMPLATION/
NEGATIV:
CROSSROAD**



**CONTEMPLATION/
POSITIV:
POSITIVE LIFE EVENTS**



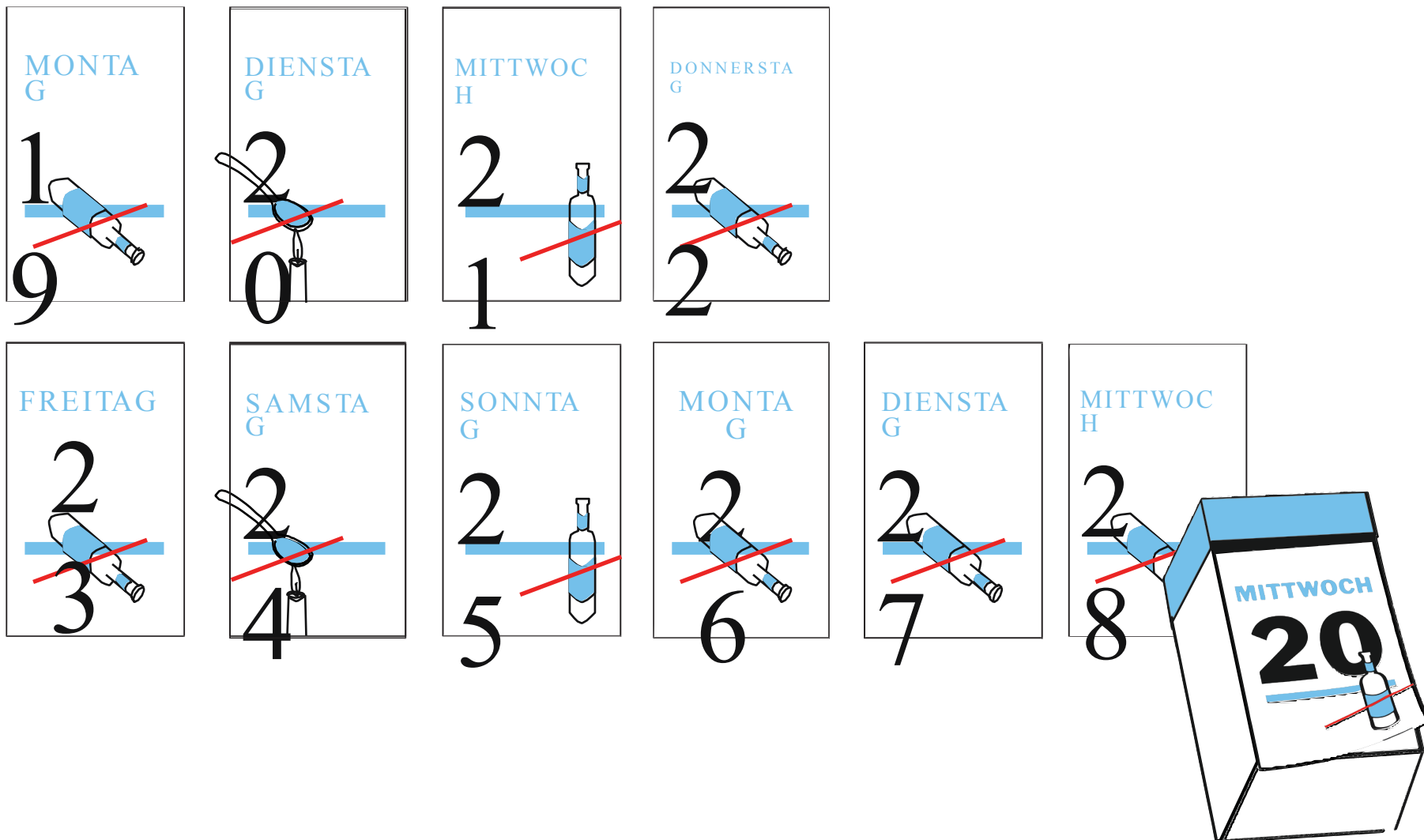
CONTEMPLATION/ negativ:
sensitive to social pressure



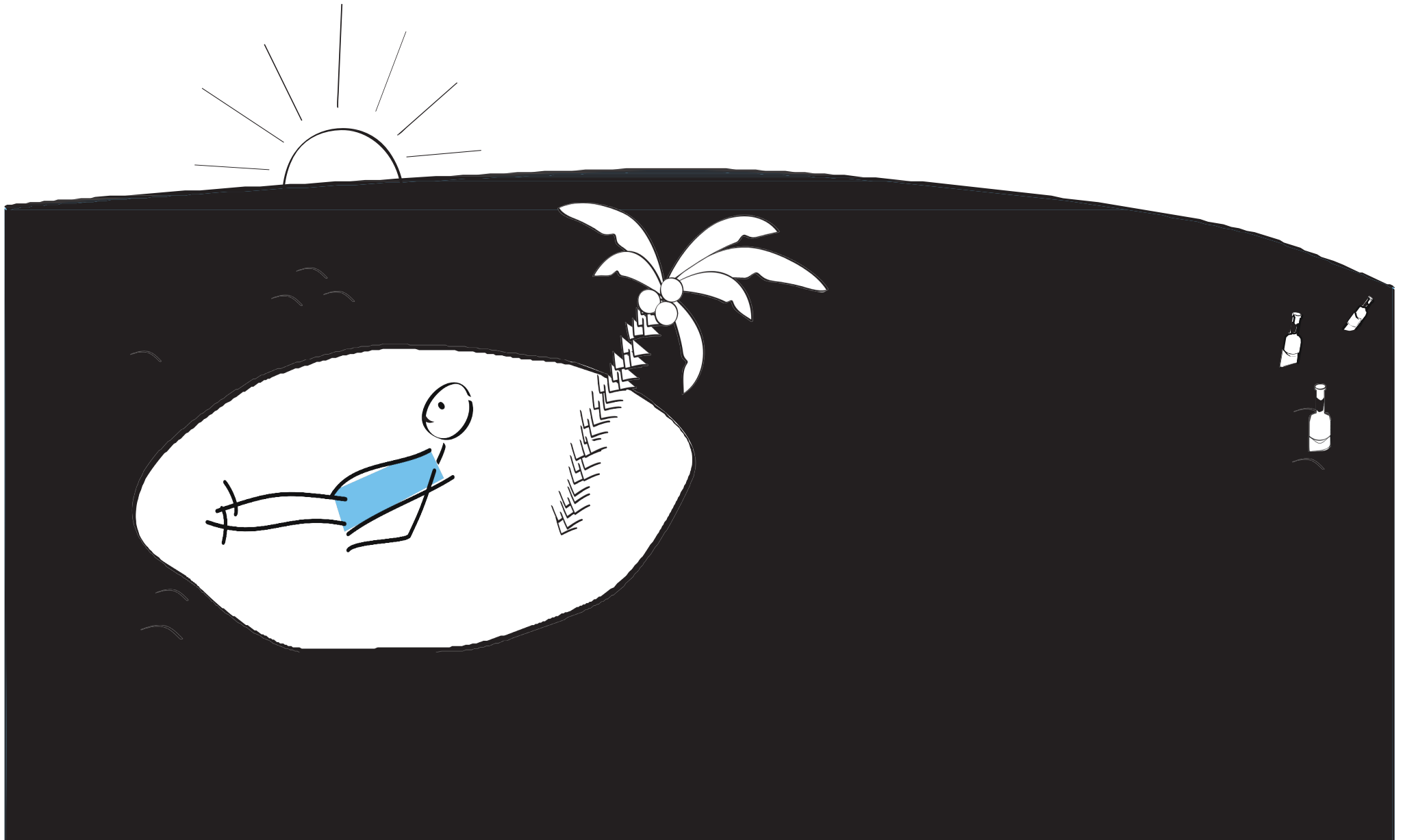
NO CONTEMPLATION: MATURING OUT



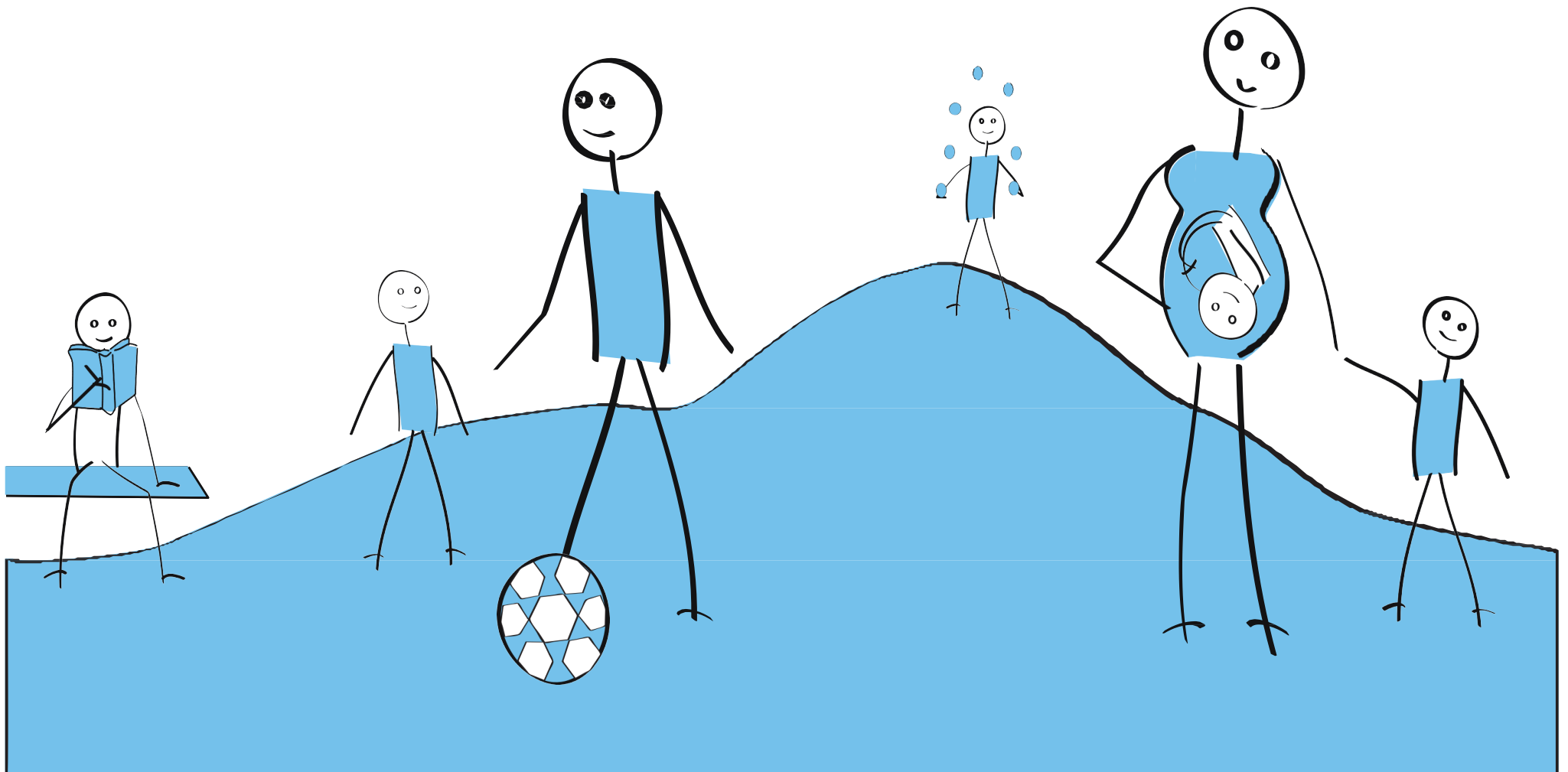
ACTION STRATEGY: SELF-OBSERVATION



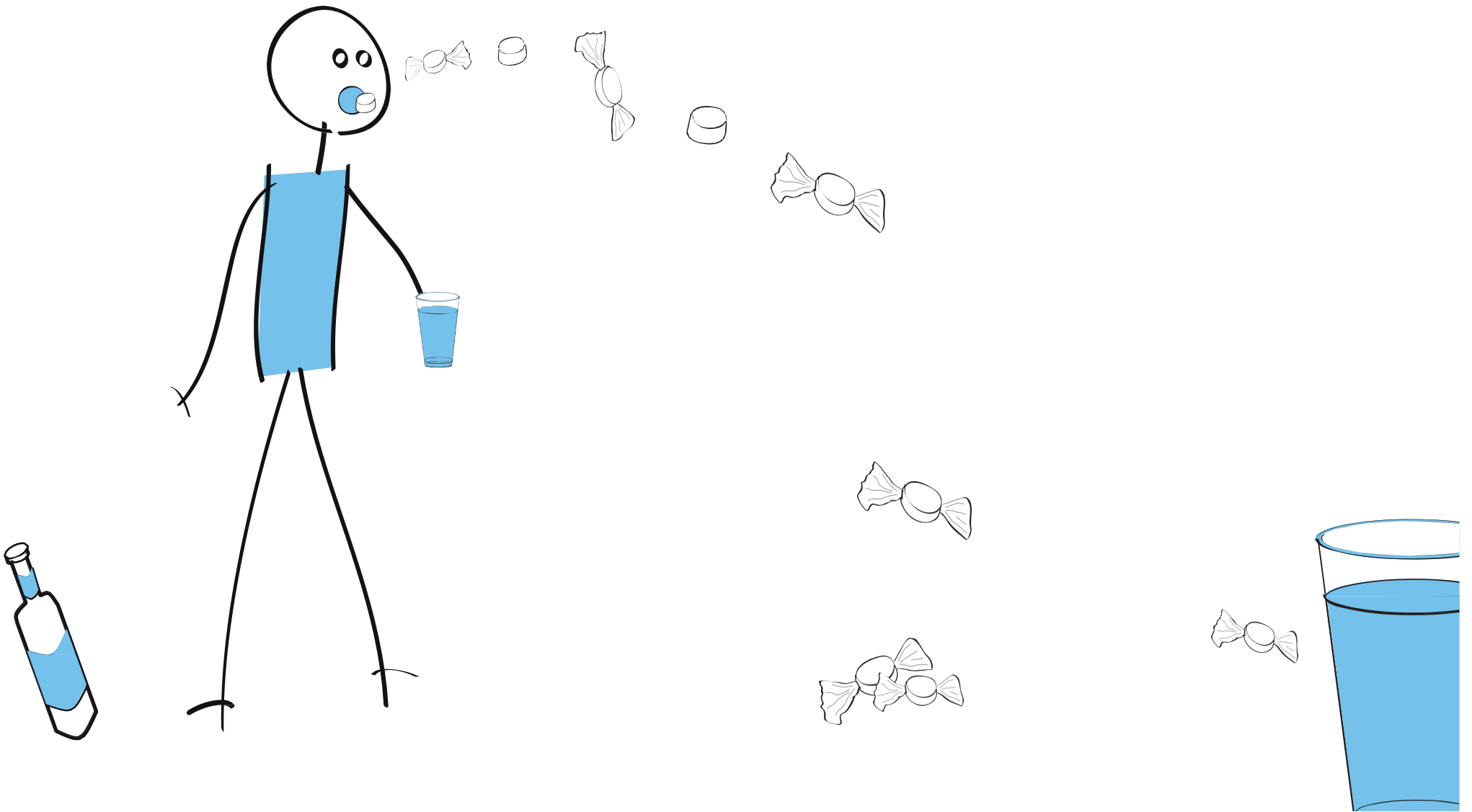
ACTION STRATEGY: DISTANCING

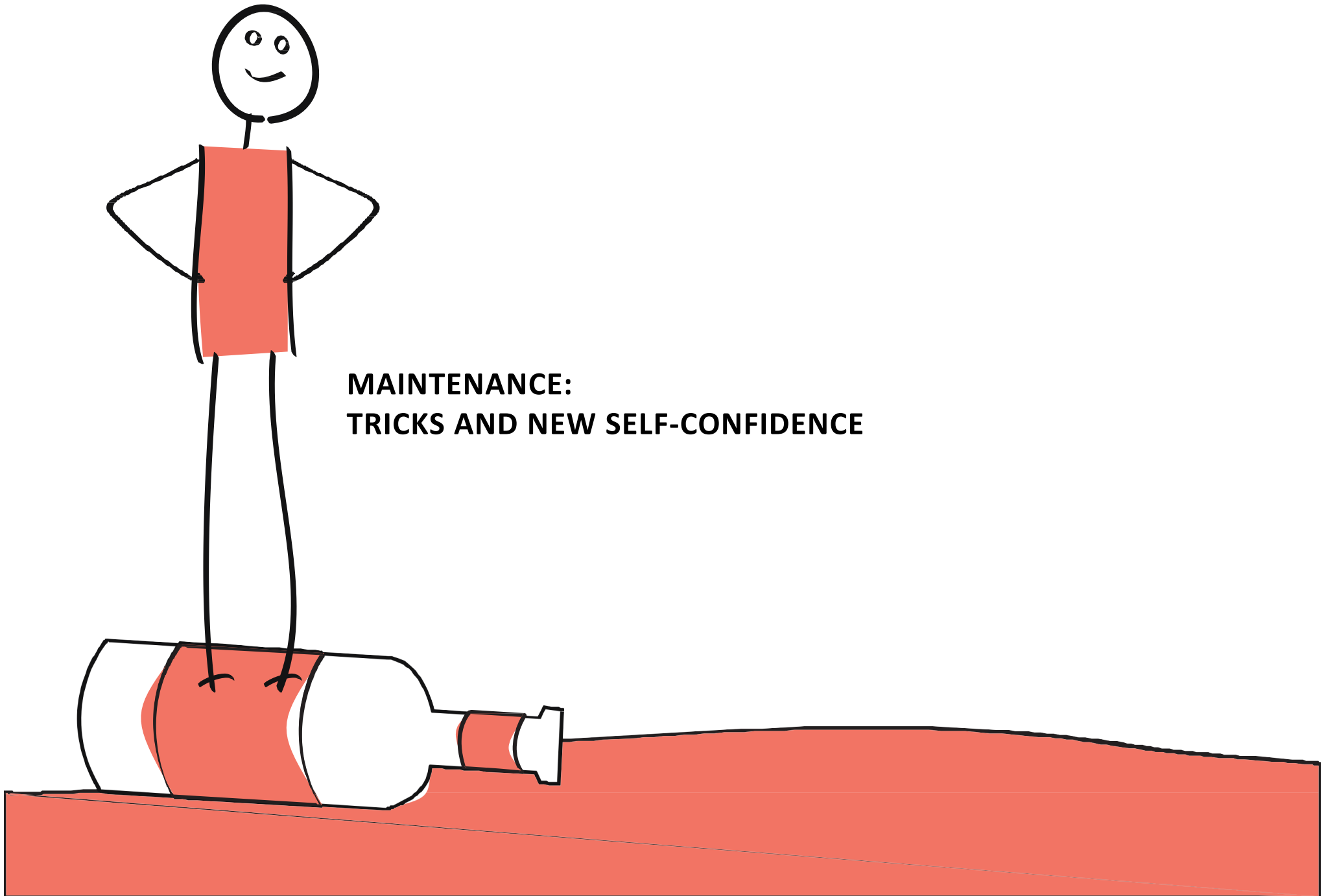


ACTION STRATEGY: DIVERSION



ACTION STRATEGY: SUBSTITUTION

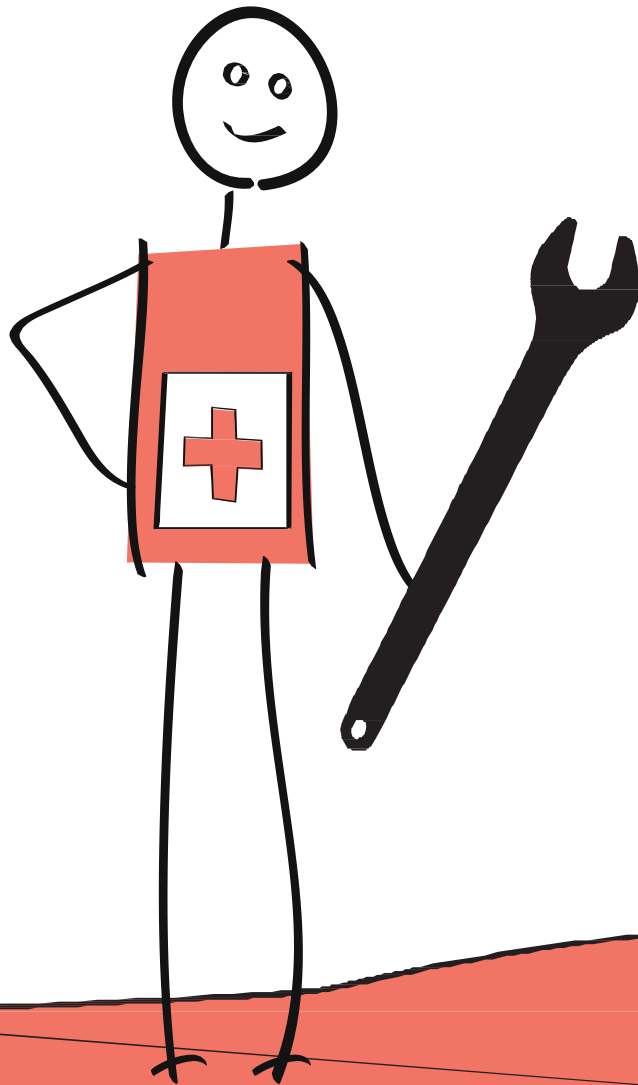




**MAINTENANCE:
TRICKS AND NEW SELF-CONFIDENCE**



**MAINTENANCE:
SECURING WHAT HAS
BEEN GAINED**



**MAINTENANCE:
BECOMING A HELPER**

**MAINTENANCE:
FINDING PURPOSE AND MEANING**



**Assisted self-change –
professionals joining the
winning team**

pro & con decisional balancing/change exercise

To change, you need to tip the scale so the negatives of the behavior outweigh the positives. This process is called **Decisional Balancing**. People do it all the time: weighing the pros and cons of change. For example, people weigh the pros and cons of making changes in their jobs or relationships. Making decisions about changing other areas of your life is the same.

THINKING ABOUT CHANGING

In thinking about changing, ask yourself: **What do I stand to lose (and gain) by continuing my current behavior? What role does this behavior play in my life?** At some point, you may have received real benefits from the behavior you want to change — relaxation, fun, stress reduction. However, because you are now reading this, you are reconsidering these benefits and focusing on the costs of your behavior.

DECISION TO CHANGE EXERCISE

One of the things that can help you clarify your thoughts about changing is to list all the benefits and costs of changing or continuing your current behavior. Look at the example below, and it will help you complete your own Decision to Change Exercise.

It's your decision to change! You are the one who must decide what it will take for you to tip the scale in favor of change.

EXAMPLE OF DECISION TO CHANGE EXERCISE

	Changing	Not Changing
Benefits of	<ul style="list-style-type: none"> • Increased control over my life • Support from family and friends • Decreased job problems • Improved health & finances 	<ul style="list-style-type: none"> • More relaxed • More fun at parties • Don't have to think about my problems
Costs of	<ul style="list-style-type: none"> • Increased stress/anxiety • Feel more depressed • Increased boredom • Sleeping problems 	<ul style="list-style-type: none"> • Disapproval from friends/family • Money problems • Damage close relationships • Increased health risks

	Changing	Not Changing
Benefits of		
Costs of		

Now that you have filled in the costs and benefits of changing, take a few minutes to compare the benefits to the costs.

Are the Costs Worth It?

In thinking about what is involved in your decision to change, you can use the last page of this pamphlet to list the most important reasons why you want to change.

pro & con decisional balancing/change exercise

..... THINKING ABOUT CHANGING

The most important reasons why I want to change are

1.

2.

3.

**Self-Change Clinic
Nova Southeastern
University, Center for
Psychological Studies, Fort
Lauderdale (Florida)**

This pamphlet is intended to help you:

- **Think** about the **costs and benefits** of changing, and
- **Think** about **what is involved** in your **decision to change**
- The behavior I am thinking of changing is _____

WEIGHING DECISIONS

When you weigh decisions, you are looking at the **costs and benefits** of whatever you are doing — whether it is deciding to go to school, deciding to get married or divorced, or deciding to stop abusing alcohol or drugs.

Weighing decisions involves personal choices. What may be a benefit to you may be a cost to someone else. **When weighing decisions, having mixed feelings is normal.**



CONSEQUENCES

Consequences are the results of the behavior you want to change. They can be both negative and positive. For example, in the short-term, your behavior may be rewarding, that is, it is working, but in the long run your behavior could affect you negatively (e.g., losing a close relationship or losing a job).



Surprisingly, many people are able to change a behavior or a problem (e.g., smoking; anxiety) without treatment. When people who change on their own are asked what brought about the change, they often say they just “**thought about it,**” meaning they **evaluated the consequences of their behavior and of changing (decisional balancing) before making the final decision to change.**

This is exactly what you can do. Think of a weight scale with the costs (negatives) of changing on one side, and the benefits (positives) on the other side. If the costs and benefits of changing are pretty equal, there is nothing compelling you to change. If you keep adding weights to either side, an imbalance will occur.

Bridget Jones 's diary

Thursday 3 August

« 8 st. 11. Thigh circumference 18 inches... alcohol units 0, cigarettes 25 (excellent considering negative thoughts: approx. 445 per hour, positive thoughts 0. ' .»

Self-monitoring: 'Quantified self'



Tragbare sensoren und mobile apps zur Selbstbeobachtung: Fitbit One & Nike+Fuelband



iWatch

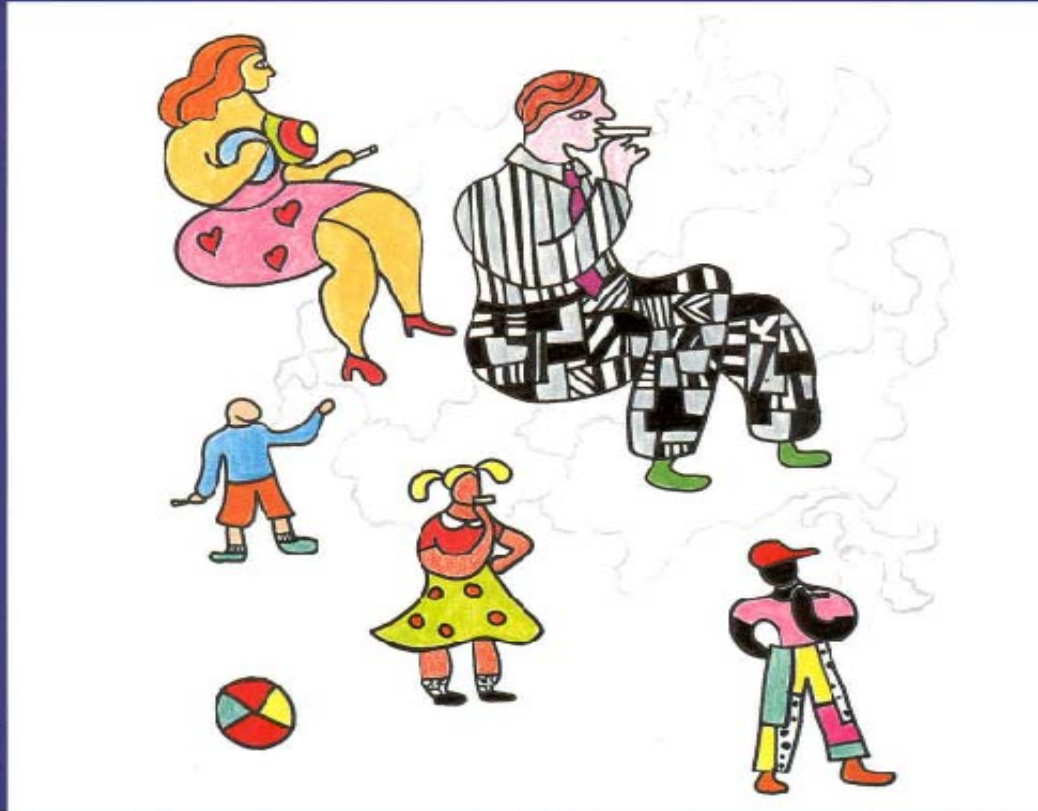
Gesundheitsdauerbeobachtung



Margret Rihs und Heidi Lotti
Illustrationen von Niki de Saint Phalle

Frei vom Rauchen

Gezielt aufhören – und das Leben neu genießen



Verlag Hans Huber

**Bibliotherapy:
„free
from
smoking“**

Kapitel 12

Gönnen Sie sich etwas, Sie haben es verdient!

Gerade jetzt, wo Sie eine echte Leistung und Selbstüberwindung von sich verlangen, sollten Sie sich auch etwas gönnen. Belohnen Sie sich für Ihre Anstrengung! Das wird Ihnen entscheidend helfen, durchzuhalten.



1. Wann sollten Sie sich etwas gönnen?

Sie können sich zu den verschiedenen Zeitpunkten belohnen. Wichtig ist, daß Sie sich zum Voraus überlegen, zu welchen Anlässen die Belohnung Sie erfreuen soll.

Arbeitsblatt 20: Belohnungszeitpunkte



Legen Sie jetzt fest, wann Sie eine Belohnung verdient haben.

- ☐ Bei jeder Zigarette, die Sie nicht geraucht haben.
- ☐ Jeden Tag, an dem Sie Nichtraucher sind.
- ☐ Jede Woche, in der Sie nicht geraucht haben.
- ☐ Wenn Sie es fertig gebracht haben, eine angenehme Zigarette abzulehnen.
- ☐ Wenn Sie wieder eine Aufgabe dieses Programms erledigt haben.

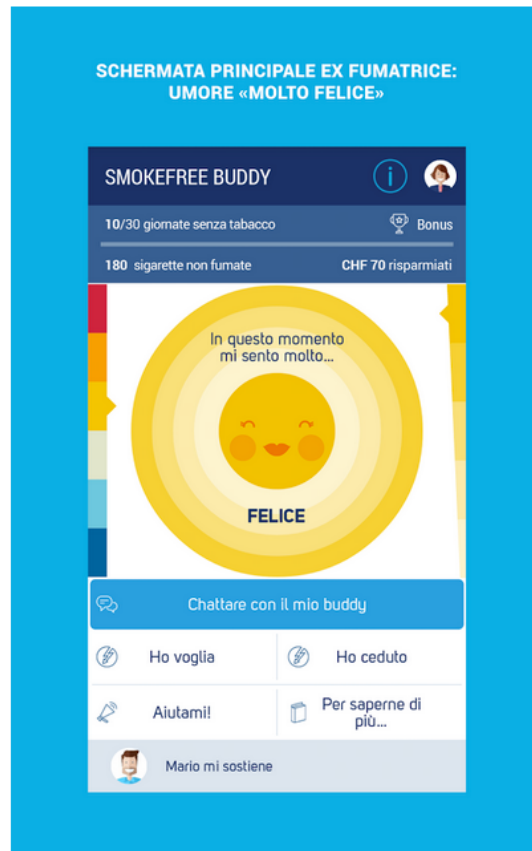
Bibliotherapy:
**„reward
yourself
you
deserve
it!“**

Self-tests – Internet short interventions

- [zfa](#) (Abhängig? Machen Sie den Test!)
- [Berner Gesundheit](#) (Test: Trinke ich zuviel?)
- [weniger trinken](#) (Forel Klinik)
- [www.definiertesttrinken.ch](#)
- [Alcotool](#) (know your limits) (Berner Gesundheit)
- [Alcooquizz](#) (CHUV Lausanne)
- [www.alcochoix.ch](#) (GREa)
- <http://snowcontrol.ch> (ISGF Zürich)
- http://www.feel-ok.ch/de_CH (RADIX & ISPM Zürich)

SMOKING self-tests

<http://www.stop-tabacco.ch/it/test-per-mettere-alla-prova-il-vostro-rapporto-con-il-tabacco>



**S M O K E
FREE** 
lo sono più forte.

Oltre la metà delle persone che fumano regolarmente vorrebbe smettere. «lo sono più forte», lo slogan della nuova campagna per la prevenzione del tabagismo, è stato adottato per motivare e sostenere i fumatori nella loro intenzione di smettere di fumare. La campagna, avviata dall'Ufficio federale della sanità pubblica in collaborazione con i Cantoni e le organizzazioni non governative (ONG) attive nella lotta contro il tabagismo, si estenderà su tre anni.

Fate una valutazione del vostro rapporto con il tabacco!

- ▶ **Test veloci**
- ▶ **Scala di dipendenza dalla sigaretta**
- ▶ **Cage**
- ▶ **Ex-fumatore, valuti quanto avrebbe già guadagnato smettendo di fumare!**

Fate una valutazione del vostro rapporto con il tabacco!

Gli strumenti proposti in questa rubrica permettono di valutare diversi aspetti del vostro rapporto con il tabacco: dipendenza, motivazione a smettere, rischio di aumento di peso, sintomi dell'astinenza ...

Test veloci che danno come risultato un bilancio personalizzato.

Gambling and smoking – self-tests

<http://www.safezone.ch/autovalutazione.html>

SafeZone.ch

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Autovalutazione

Vorrebbe capire la situazione in cui si trova, in particolare le implicazioni del Suo livello di consumo? Oppure vorrebbe ridurlo e cerca un programma in Internet che possa esserle d'aiuto? Su questa pagina troverà una selezione di collegamenti verso alcuni test di autovalutazione e altri strumenti di autoaiuto disponibili in rete.

Verifichi il livello del Suo consumo e si ponga obiettivi su misura

Consulenza via mail

New in september 2016 !
a service by droghe and CNCA



<http://cannabism.fuoriluogo.it/>

Ecco come si articola il percorso CANNABISM



1 - TEST DI AUTOVALUTAZIONE

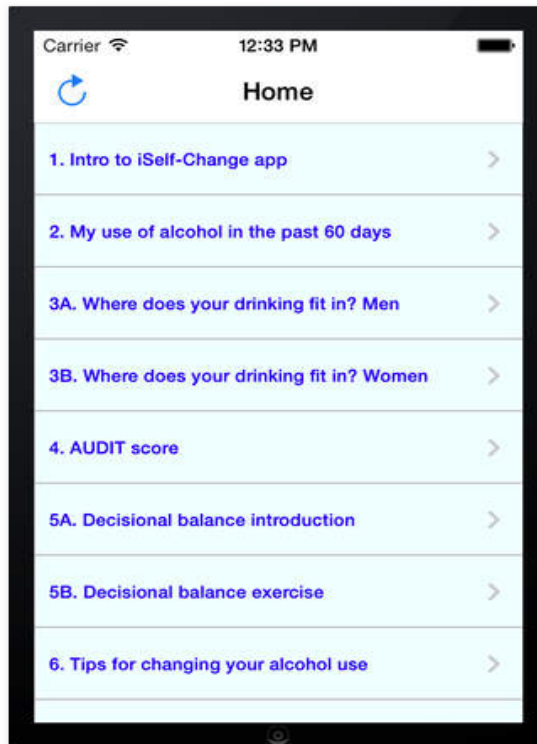
In questa prima fase vi verrà richiesto di compilare un questionario a risposta multipla. Non vi preoccupate, bastano 10 minuti per compilarlo tutto! Lo scopo del questionario è di tracciare un profilo preliminare del vostro consumo e comprendere che tipo di problemi emergono. Una volta compilato il questionario vi restituiremo un coefficiente di rischio, che vi darà un'indicazione di massima sulla vostra situazione. Se ritenete il risultato soddisfacente il percorso per il momento si ferma qua; il nostro consiglio è di ripetere il questionario dopo qualche tempo. Se invece sono emersi elementi critici o ritenete comunque di migliorare il controllo sul consumo, potrete iniziare il percorso di automonitoraggio e gestione dei consumi. A questo punto vi verrà richiesto di scegliere uno fra quattro obiettivi di autoregolazione del consumo, a seconda delle vostre esigenze o necessità.

Monitoraggio e Gestione del Consumo

Monitoraggio e Gestione del Consumo

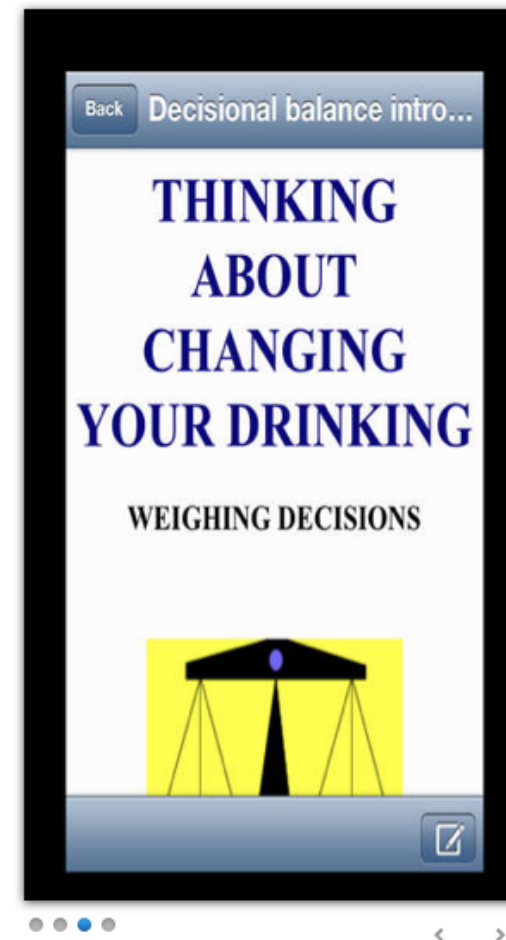
Tragbare sensoren und mobile apps zur Selbstbeobachtung: iSelfChange App seit Dezember 2013!

Screenshot for the iSelfChange App



Here's the URL to the App Store for iSelfChange:

<http://itunes.apple.com/app/iselfchange>



Future challenges for self-change research

- Understanding the process
- Beyond individual cognitive change
- Long-term changes
- Comparative studies
- Theory deficit
- Failing self-changers
- Severe cases
- Qualitative methods, interactionist theory
- Affective & societal aspects
- Prospective, biography
- Problems & cultures
- Interdisciplinary appr.
- False hope syndrom?
- Change potential

Convergences between lay and professional referral systems

- Stepped care & brief interv.
- More outpatient treatment
- Spread of self-help groups
- Diversification of treatment
- Acceptance of harm reduct.
- ,Alternative treatment, e.g spirituality
- Negotiating objectives
- Less invasive
- Closer to the community
- Matching life styles
- Meeting individual needs
- Individual quality of life
- Meeting everyday lay concepts
- Client/consumer participation

Illustrations of the diversity of current trends and changes

- political changes and changes in the health care system
- integration dynamic
- alternative legitimate outcomes
- selective awareness of treatment gap
- result oriented perspectives

How to experience self-change in my daily practice??

- Watch out for the everyday coping methods you clients mention and forget about your 'evidence based' handbook
- Watch out for self-change and stories in your personal network
- Try staying in touch with your former clients and see how they do without your help
- Think a moment why clients disappear from your waiting list or stop showing up
- Change the marketing of your service/institution and see what happens
- Read autobiographies of ex-addicts and how they combine professional help with their coping resources and strategies
- Be attentive to general and policy changes in your neighbourhood/community and what they do to your clients

Can therapists learn from self-changers?

- YES „Adopting wisdom and coping strategies, which have been effective and tested in daily life!“
- NO „Adopting everyday strategies of self-changers makes them lose their individual authenticity and at the end of the day cannot simply be copied and tranfered.