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Social Interpersonal Growth Psychotherapy for Addiction

A QUICK GUIDE TO:
Intensive Outpatient Therapy (IOP)
Structured Outpatient Addictions Therapy (SOAP)

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Our prime purpose in this life is to help others,
and if you can't help them, at least don't hurt them.

-Tenzin Gyatso
The 14th Dalai Lama (B. 1935)

Preface

To understand how to better support those who suffer from addiction, one must develop a foundation of scientific, educational, and communication skills that will allow clinicians to understand, treat, and not blame those struggling in recovery. Understanding key factors of addiction is critical to achieving long-term sobriety.

My area of expertise is in addictions and I have worked with addictive disorders for many years in direct treatment, teaching, and curriculum development of addiction-related training materials and resources. Areas of expertise include the treatment of addictive personality disorders and behaviors, opioid dependence, and the social perception of addiction as a disease. My work focuses on clinical and educational research associated with identifying risks and intervention methods for addiction and addiction treatment outcomes. In addition to active clinical practice, I continue to research extensively psychological complications associated with traumatic experience incurred during active disease that can impede treatment progress and create inevitable interpersonal phenomenon of unique perceptions and distortions.

My goal is to improve the understanding of addiction as a disease and further long-term continuum of care resources by strengthening community support, engagement, and information exchange for dealing with patients who demonstrate addictive behavior. This quick guide was motivated by my desire to further the evolution of treating addiction as a disease and is the result of many years of facilitating Intensive Outpatient Programs (IOP) and Structured Outpatient Addiction Programs (SOAP). It is my hope that the work compiled in this quick guide will enhance the individual/group experience and allow clinicians to connect meaningfully with those persons served.

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Social Interpersonal Growth Psychotherapy for Addiction

This intensive outpatient process introduces a very specific concentrated approach to Interpersonal Psychotherapy as an addictions recovery treatment method with additional focus on behaviorism (learned behaviors and the environment). This psychodynamic therapy focuses on the interaction between interpersonal dysfunction and psychological symptoms. Humans are social beings that react to environmental causation. The basic principles of learning and the concept of behaviorism suggest all behavior is in response to environmental stimuli and the responses to various stimuli are learned from past experiences and are dictated by present circumstance (Bandura, 1999). Social Interpersonal Growth Psychotherapy when used for addiction focuses on these one or two specific problems, the interpersonal conflict experienced at the inception of the addiction (psychological/social/environmental factors), and taking ownership of the addictive behaviors. This form of therapy assumes that the person served is motivated to change. For Social Interpersonal Growth Psychotherapy to be effective, the person served must be open to suggestion and must accept and examine his or her own role in the problem. This methodology is a time sensitive psychotherapy that focuses on interpersonal issues, which are understood to be a factor in the genesis of the psychological distress that has activated the addiction. The targets of this type of therapy are symptom resolution, improved interpersonal functioning, and increased social support (Weissman, Markowitz, and Keerman, 2007). Interpersonal Therapy is recognized by the American Psychological Association (APA) and the National Institute of Health (NIH) as an effective mode of treatment.

The immediate goal of this psychodynamic therapy is symptom relief and improving interpersonal functioning. Understanding the social and interpersonal context of the development of the addiction may help to determine the immediate reasons for the symptoms i.e.; depression and continued substance use/abuse. Helping the person served understand addiction as an illness will assist in developing new healthy coping skills to deal with people and situations. Developing these new social skills can help treat the current addiction and reduce future urges and episodes of relapse. To achieve these goals, the initial method of treatment is meant to be direct, short-term addiction focused treatment, 12-16-20 sessions, or full time, approximately 30 days, that is

geared to make one think, identify the problem, and learn how to improve interpersonal conflict by defining how serious the issue has become and understand why it is so difficult to move forward.

This form of therapy is an appropriate option for IOP/SOAP groups whereas this short-term therapeutic model reduces the likelihood that the person served will drop out of treatment. This fast-paced treatment begins with a specific termination date in mind. To make this determination the assessment phase (intake) of treatment (biopsychosocial) determines if the patient is suitable for intensive group psychotherapy, motivation for change, strengths based identification, interpersonal focus for distress, and adequate social support systems. The focus is the addiction and the reason/choice at the onset or inception of the addiction.

Moving forward into the initial phases of therapy, one must be very cautious when interviewing the person served whereas anxiety and depression are common denominators for those suffering from addiction and this dynamic form of psychotherapy can provoke anxious responses and trigger an event. Daily morning check-in allows the opportunity to assess additional needs by using Motivational Interviewing (MI). An individual client-centered approach is taken during check-in that allows the opportunity to engage each person through MI. MI is a critical component for individual and group success. MI draws out those negative interpersonal feelings that may induce urges and the person's substance use/abuse. MI allows the Addiction Recovery Clinician to assess the person's current attitude and readiness to change. MI is also used daily by asking the group to self-reflect and to think about why they first used and to be honest in their recovery when they contemplate why they continued to want to use.

The middle sessions or weeks in IOP/SOAP should involve identifying specific problems i.e., triggers, urges, people, places, things, and the development of solutions to the problems; setting boundaries, assertiveness, modifying behavior, and implementing community supports. This time should include the investigation of the interrelationship between the individual, the environment, and the addictive behavior. Specifically, the examination of learned social behaviors, attitude-relevant behavior, that allows one to resist, adjust, and find meaning from adverse situations and social influence.

The conclusion of treatment, unlike traditional psychoanalytical models of "termination," will end per contract that had been previously mutually negotiated between clinician and person served. However, this is not the end of therapy. The specific goals at the end of treatment should be geared toward the patients independent functioning, such as a step down to a day treatment program, incorporating community support groups into a daily routine, and continued individual therapy as long term maintenance strategies. Ideally, this should be a two-treatment process, the intense acute phase of treatment which focuses on the resolution of immediate symptoms, i.e.; substance use/abuse, depression, and anxiety, and a subsequent maintenance plan consisting of relapse prevention and maintaining productive interpersonal functioning.

To achieve positive results, it is imperative that one has a basic understanding of the issues that are most commonly addressed by these humanistic therapies such as addictions, disorders, and mental illness. Depression and anxiety are outcomes of substance use/abuse and result in continued negative thoughts. These negative thoughts may lead to avoidant behavior and isolation. One must identify the specific interpersonal focus for the distress, use/abuse, and then positive support systems must be implemented and maintained. If long-term maintenance is necessary, such as day treatment and future individual therapy, the methodology of Social Interpersonal Growth Psychotherapy can continue to help individuals cope with emotional, gender specific, relationship, and social issues by continuing to learn change strategies, developing coping mechanisms, and the communication skills necessary to create positive change and eradicate addictive self-defeating behaviors.

In this structured group environment, addiction should be viewed as a learning experience. The lifestyle during active addiction teaches and reinforces complex negative behaviors, thought processes, and new found knowledge regarding the effects of drugs and alcohol. People do not intuitively know how to be an addict; this is learned behavior influenced by many factors. The focus must remain on both the positive and negative influences that are within a person's control such as life changes that will decrease urges and increase the probability of maintaining one's sobriety. Addiction has only temporarily changed how a person thinks and behaves. Dysfunctional thinking patterns will continue to put the person served at high risk for continued use if new thought processes are not activated.

Humanistic approaches with an emphasis and focus on moral reasoning and positive qualities can assist and help reduce and overcome anxiety, self-defeating, and self-destructive addictive behaviors. One will strive for self-acceptance gaining better insight into themselves, their behaviors, and their environment. Social Interpersonal Growth focuses on the person's moral reasoning and positive qualities that enable the whole person to attain inner peace, create and maintain positive relationships, and live a healthy life style. Social Interpersonal Growth Psychotherapy can assist in changing problematic interpersonal behavior patterns that play an important role in substance use/abuse and influences irrational thinking. This process is designed to be repetitive so continued cognitive processing of specific information is constant. Rehearsal is necessary for the group to assess progress and continued to be challenged to think. Cognitive Behavioral Therapy (CBT) and Rational Emotive Therapy (REBT) are recommended therapies that assist in the therapeutic process to allow the person served the opportunity to learn how to recognize self-defeating negative/irrational thoughts. Negative thoughts often lead to painful emotions, anxiety, and depression validating these irrational thoughts. These negative thoughts and feelings reinforce the irrational belief system that allows this person to justify bad behaviors. CBT and REBT teach one how to think more rationally which will help stop the negative and distorted thought process.

To assist in enforcing cognitive processing methodologies, this curriculum has been designed to allow a new member to enter the group conversation at different points of discussion without feeling anxious, lost, or behind. Every week specific questions are asked and every week there should be a significant change in behavior and in the answers to these questions:

Why are you here? Who are you, and who do you want to be? This is important to measure interpersonal conflict, current levels of self-esteem, and long-term goals. Most men equate who they want to be with their perception of success. Men typically measure success with house, car, money, material possessions. This attitude should change by the end of the month; their measure of success should be that they want to be healthy, sober, a good person, etc. Women usually answer good mother, girlfriend, wife, etc., always geared toward others. By the end of the month, their measure of success should be more self-centered, and they should

be answering with more confidence and independence, they should also be answering, healthy, sober, good person, etc.

What was good about your addiction? In the first stages of recovery, individuals find themselves in a state of cognitive dissonance, an internal state of conflict or anxiety that results from these inconsistencies between one's beliefs, one's actions, and the reality of the situation. When accountability is replaced with denial the addicts mind constructs an existence where active addiction was pleasurable and they continue to fall victim to the false sense of security they have created. The addict will attempt to justify the bad behaviors. The person served will glamorize the addiction and will find reasons why the addiction was pleasurable such as; I feel good, I am creative, I am more social, or I had fun. By weeks three and four this answer should change and the response should be there is "nothing" good about my addiction.

There are several advantages when Social Interpersonal Growth Psychotherapy is applied in a group setting. New members of the group learn first through observation what the other members in the group have learned and are currently learning. Participants will model the behavior of current group members, and a structured group setting allows the person served the opportunity to witness different types of social interactions and associations. These interactions can assist new group members how to better understand various approaches when learning to make interpersonal adjustments especially during the creation of his or her relapse prevention plan. Dealing with traumas incurred before or during the addiction is secondary during this initial treatment phase and should be addressed in individual sessions after group and again during the step down process to day treatment which should also include individual therapy, but, whereas this therapy is designed to be in the here and now, a humanistic approach is always taken, if someone is in crisis, experienced a lapse, or does recall a traumatic event, the structure/formalities of the program stop and the group will assist and give the time and attention necessary to the person in need.

Co-occurring disorders such as heroin abuse and depression can have a profound effect on quality of life and one's ability to function. Addiction Recovery Clinicians can assist and help the person served set attainable short-term goals as they work to maintain their sobriety. During sobriety, the individual understands that they

must accept full responsibility for their actions and then they can move forward, develop new skills, and begin to explore new coping strategies that will allow the person served to begin to set long-term goals that may include rebuilding damaged relationships. Additional responsibilities of the Addiction Recovery Clinician include assessing the person served for a higher/lower level of care when deemed appropriate, creating an individualized action plan, creating a treatment plan, and communicating with collaterals such as; Department of Children and Families, Parole or Probation Officers, and any other persons identified by the person served.

Lastly, emphasize that this is a non-judgmental treatment and that the role of Addiction Recovery Clinician is to make one think, assist, and support everyone in reaching their own lifestyle goals, but more importantly, that their success depends primarily on their own effort, motivation, commitment, and follow through. An individual's long-term success has nothing to do with the Clinician and everything to do with persons' desire to succeed. It is a myth that a person with the experience of addiction lacks control over their own actions. Weekly discussion includes topics such as stigma, acceptance/accountability, and the importance of ownership. The creation of the relapse prevention plan includes researching community supports such as AA, NA, Smart Recovery, and Parenting Support Groups, etc. Relapse prevention planning should be discussed daily and during the individual's one-on-one therapy sessions so that the plan is complete by the termination date.

Following are examples of what the structured weeks should include. Addiction Recovery Clinicians may use whatever material they are comfortable with that relates to the topic matter presented in curriculum.

WEEK 1

Why are you here? Who are you and who do you want to be?

What was good about your addiction?

Understanding the addiction cycle

Preparing for change – Stages of Change Model

Top 5 reasons for change

Emotions, Anger, Guilt, Shame, and the fear of never using again – Anxiety and Depression

Coping with Cravings

Realistic Goals

Always discussed daily is that their sobriety needs to be selfish and self-serving that they must put their recovery first and foremost.

STAGES OF CHANGE MODEL

STAGE:

PRECONTEMPLATION: The person is unaware or barely aware that there is a problem, the cons of giving up outweigh the pros, and there is no intent to change drug using in the foreseeable future.

CONTEMPLATION: The person acknowledges that there is a problem, are open to information and education, are considering change but are not quite ready, and are considering the pros and cons of giving up.

PREPARATION: There is an intention to give up the drugs, the person is beginning to set goals and plans, and strategies are developed.

ACTION: Significant action is made to stop using drugs.

RELAPSE: The person uses drugs again. This is a learning opportunity, a chance to learn what strategies did not work, and what part of the plan did not work.

MAITENANCE: The person continues to abstain from drugs. The person can more clearly identify situations and self-defeating behaviors that encourage relapse. The person continues to work to prevent relapse.

YOUR ADDICTION

What's good about it:

What's not good about it:

I want to change because:

Coping with Strong Feelings:

Are there feelings you are struggling with? What are they? Fill in the following and it will help you understand which situations give you strong feelings and how you can handle them.

Example:

What I was feeling	When does this happen?	How can I think differently about it?
Angry	Talking to my mother. I hate it when she tells me what to do.	Whatever happens, it's my choice. She's just trying to help.
What can I do? Keep conversations brief. Don't argue. Change the subject. Say goodbye, hang up or leave.		
What I was feeling	**When does this happen?**	**How can I think differently about it?**
Sad	Thinking about my failures, usually when I see how well my sister is doing.	I am making good progress.
What can I do? Make a list of things I'm doing well.		
What I was feeling	**When does this happen?**	**How can I think differently about it?**
What can I do?		
What I was feeling	**When does this happen?**	**How can I think differently about it?**
What can I do?		

Weekly Action Plan I

This week, I will manage my triggers by:

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This week, I will take care of myself by:

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This week, I will take care of my emotional health by:

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This week, I will work on my communication skills by:

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WEEK 2

Why are you here? Who are you and who do you want to be?

What was good about your addiction?

Coping with Triggers and Cravings

Tools to use during recovery:

Mindfulness/Here and Now/Awareness
Journaling
Relapse Prevention
Coping Skills
Anger Management

Realistic Goals - Remember your top 5 reasons for change

Always discussed daily is that their sobriety needs to be selfish and self-serving that they must put their recovery first and foremost.

YOUR ADDICTION

What's good about it:

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What's not good about it:

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I want to change because:

Understanding Triggers:

Triggers are external events or circumstances that may produce very uncomfortable emotional symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk. Having a reaction to these feelings is normal, but is not a reason to respond in a negative way. If we don't recognize these feelings and respond in a healthy appropriate way, these feelings can result in backsliding and make us feel worse. Becoming aware of your triggers and to develop plans to avoid or deal with triggering events will increase your ability to cope and maintain your sobriety. Here are some common triggers. Check any that might apply to you.

Having strong uncomfortable emotions

- ❑ Sadness
- ❑ Anger
- ❑ Loneliness
- ❑ Frustration
- ❑ Anxiety

Dealing with physical discomfort

- ❑ Pain
- ❑ Symptoms of withdrawal
- ❑ Fatigue
- ❑ Illness/nausea
- ❑ Boredom

Having an urge or a craving

- ❑ Thinking about the alcohol or drug
- ❑ Seeing the alcohol or drug
- ❑ When I'm with others who are drinking or using drugs
- ❑ When others ask me or pressure me to drink or use drugs
- ❑ When I want to test my ability to control my use (I think I know when to stop)

To make a good time feel better

- ❑ To enjoy a special event more
- ❑ To enjoy being with my friends
- ❑ While I'm relaxing
- ❑ To reward myself

When I have problems in my relationships

- ❑ With my parents
- ❑ With my loved ones
- ❑ With my neighbors
- ❑ With my co-workers

If you stop to think about your patterns of behavior, you might notice that there are some situations in which you are more likely to use drugs or alcohol. Here are some common examples.

Check off any that apply to you:

- ❑ Getting paid (having money with me)
- ❑ Being in a certain neighborhood
- ❑ After work or an appointment
- ❑ At the end of the day
- ❑ On weekends
- ❑ On days I don't go to work/therapy
- ❑ Seeing or using paraphernalia (pipes, spoons, needles, bottles/glasses)
- ❑ Seeing friends and associates who use
- ❑ Intimate relationships (going on dates)

Other situations:

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Weekly Action Plan II

This week, I will manage my triggers by:

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This week, I will take care of myself by:

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This week, I will take care of my emotional health by:

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This week, I will work on my communication skills by:

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WEEK 3

Why are you here? Who are you and who do you want to be?

What was good about your addiction?

Coping with Triggers and Cravings – What skills are you using?

Interpersonal Conflict/Relationships
Ownership and Accountability
Self-Esteem
Acceptance

Realistic Goals - Remember your top 5 reasons for change

Always discussed daily is that their sobriety needs to be selfish and self-serving that they must put their recovery first and foremost.

YOUR ADDICTION

What's good about it:	What's not good about it:
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_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

I want to change because:

Self-Esteem - Self-assessment

People who feel good about themselves generally have more success. To do well in recovery, it is important for you to work on building your self-esteem. Use the self-assessment checklist below to understand more about what self-esteem is and then plan for building yours. These are ways of building good self-esteem. Which do you do?

- ❑ Feel and think about myself in a positive way
- ❑ Have a sense of well-being and respect for myself
- ❑ Take care of myself physically and emotionally
- ❑ Spend time with people whom I respect and who respect me
- ❑ See my accomplishments as worthwhile
- ❑ Express my feelings in a way that is respectful of others
- ❑ Let myself be, without pushing or judging myself
- ❑ Let others be, without pushing or judging them
- ❑ Accept and thank others for positive comments
- ❑ Balance my needs with those of others
- ❑ Admit mistakes and move on
- ❑ Make self-talk my best friend

These are ways to reduce your self-esteem. Which do you do?

- ❑ Not stand up for myself
- ❑ Have critical self-talk about not being good enough (smart enough, fast enough, etc.)
- ❑ Not ask others for what I need in a direct, healthy way
- ❑ Not ask for help when I need it
- ❑ Stay trapped in old negative ways of thinking and behaving
- ❑ Don't believe — not believing in myself
- ❑ Try to please others and put myself last

Work on Your Self-Esteem:

List Examples on how you can boost your self-esteem:

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Weekly Action Plan III

This week, I will manage my triggers by:

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This week, I will take care of myself by:

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This week, I will take care of my emotional health by:

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This week, I will work on my communication skills by:

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WEEK 4

Why are you here? Who are you and who do you want to be?

What was good about your addiction?

Coping Strategies for Life:

Learning from lapses and understanding the potential for lapses:

Assertiveness/Boundaries
Understanding and coping with emotions
Problem Solving
Building a strong support network

Realistic Goals - Remember your top 5 reasons for change

Always discussed daily is that their sobriety needs to be selfish and self-serving that they must put their recovery first and foremost.

YOUR ADDICTION

What's good about it:

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What's not good about it:

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I want to change because:

Self-assessment:

Do you show any of these signs of collapsed, or poor, interpersonal boundaries?

Check off any that apply to you:

- ❑ I tell all before I know I can trust someone
- ❑ I talk to someone as if we are best friends the first time we meet
- ❑ I go against my own values to please someone else
- ❑ I don't notice when someone else is showing poor boundaries
- ❑ I take whatever I can for the sake of getting whatever I can
- ❑ I let others tell me how I should think or feel
- ❑ I let someone hurt my feelings or abuse me
- ❑ I let others tell me what is important
- ❑ I expect other people to fill my needs without asking
- ❑ I get weak or fall apart so that someone will take care of me
- ❑ I do things to hurt myself (self-abuse)

Do you show any of these signs of rigid boundaries?

- ❑ I don't tell anyone how I feel
- ❑ I don't trust, even after I have had time to get to know someone
- ❑ I feel that others are likely to hurt me — that I am all alone
- ❑ I expect others to do things my way, or go away
- ❑ I don't ask for help
- ❑ I don't offer help or support
- ❑ I stop/close relationships before they get started

How do you demonstrate healthy boundaries?

- ❑ I can say no to requests in a nice way
- ❑ I am okay when others say no to me
- ❑ I have a lot of self respect
- ❑ I expect give and take in a relationship — what I would do for them, they would do for me
- ❑ I share responsibility and control
- ❑ I share personal information as I get to know someone, and they share information with me the same way
- ❑ I don't tolerate being abused
- ❑ I know what I need and want and express myself assertively
- ❑ I value my own opinions and are open to and value others' opinions
- ❑ I ask for help when I need it
- ❑ I don't push my own values aside to avoid being rejected

Weekly Action Plan IV

This week, I will manage my triggers by:

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This week, I will take care of myself by:

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This week, I will take care of my emotional health by:

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This week, I will work on my communication skills by:

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My Plan for Relapse Prevention:

These are the things that I will do if I start to have difficulty maintaining my recovery:

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These are the things that I will do to stay on track:

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I have the following strengths I can use to maintain my sobriety and live a healthy life:

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References

American Psychological Association, (2017). Retrieved from, http://www.apa.org/topics/index.aspx

Bandura, A. (1999). *A social cognitive theory of personality*. In L. Pervin & O. John (Ed.)

National Institue of Health, (2017). Retrieved from, https://search.nih.gov/search?utf8=%E2%9C%93&affiliate=nih&query=ipt&commit=Search

Substance Use/Brain Injury Bridging Project (SUBI), (n.d.). Self-Assessment, Work-Sheets, and Graphics. The workbook was designed by a partnership of people at Community Head Injury Resource Services of Toronto (CHIRS) and the Centre for Addiction and Mental Health (CAMH).

Weissman, M. M, Markowitz, J.C., & Klerman, G.L. (2007). Clinician's Quick Guide to Interpersonal Psychotherapy. New York: Oxford University Press.