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Conflict, Motivation and Engagement for Everyone

Increasing an understanding, conflict, addiction and motivation for making life changing & leadership decisions

Thomas (Tom) Fuchs M.Ed

- Adult Behavioral Health Treatment Manager, Division of Behavioral Health and Recovery (DBHR)
- Dad, Husband
- BH/ SUD Provider 14 years
- Consultant Behavioral Health
- Mediator, Trainer
- Long-Term Recovery

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Learning Objectives

- Help you understand the universal experience of conflict for all people
- Build an understanding of addiction and the role of conflict in recovery, relapse and the chronic disease model
- Help develop an understanding of the impact and potential transformative power of conflict for all people
- Build an understanding for approaching conflict situations specifically in working with people with Substance Use Disorders (SUD)
- Understanding the increased role for Medication Assisted Treatment in treating Substance Use Disorders

The Universal Experience of Conflict

- Very little training nor understanding the role of conflict management
- Most advice has little value
- Most is about avoiding conflict
- Warning, this training can be life changing
- Caveat, you choose

WHY IS CONFLICT HARD?
UNDERSTANDING THE EXPERIENCE OF CONFLICT

- Think of a real conflict that you were involved with.

As you replay your conflict experience, describe YOUR behavior, feelings, thoughts, and physical symptoms while in the moment of conflict:

(For example, I felt enraged, powerless, tense…)

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How conflict feels to me

- Hurt
- Emotional
- Fight/Flight
- Sick to my stomach
- Scared
- Blow my top
- Trying hard to control
- Powerless
- Tense
- Out of control
- Out of body
- Words don't come
- I want the earth to swallow me up

The other person

- Now, describe the OTHER person in the conflict.

How did you perceive their behavior? Describe their emotions. Describe their physical symptoms of conflict.

(For example, he/she was mean, uncaring, insensitive, unreasonable…)

The Other Person

- Mean
- Controlling
- Manipulative
- Powerful
- Angry
- Capable of causing harm
- Self-righteous
- Jerk
- $##%^$##@
- In control
- Superior
- Unreasonable
- A-hole

Living in balance

- Imagine someone describing your best attributes
- What words would you like them to use?
- What do you want people to say about you?
- What are your values?
- How do you want people to remember you?

Living in balance

- Caring
- Kind
- Loving
- Peaceful
- Fun
- Resourceful
- Spiritual
- Educated
- Good……
- Fair
- Honest
- Common good

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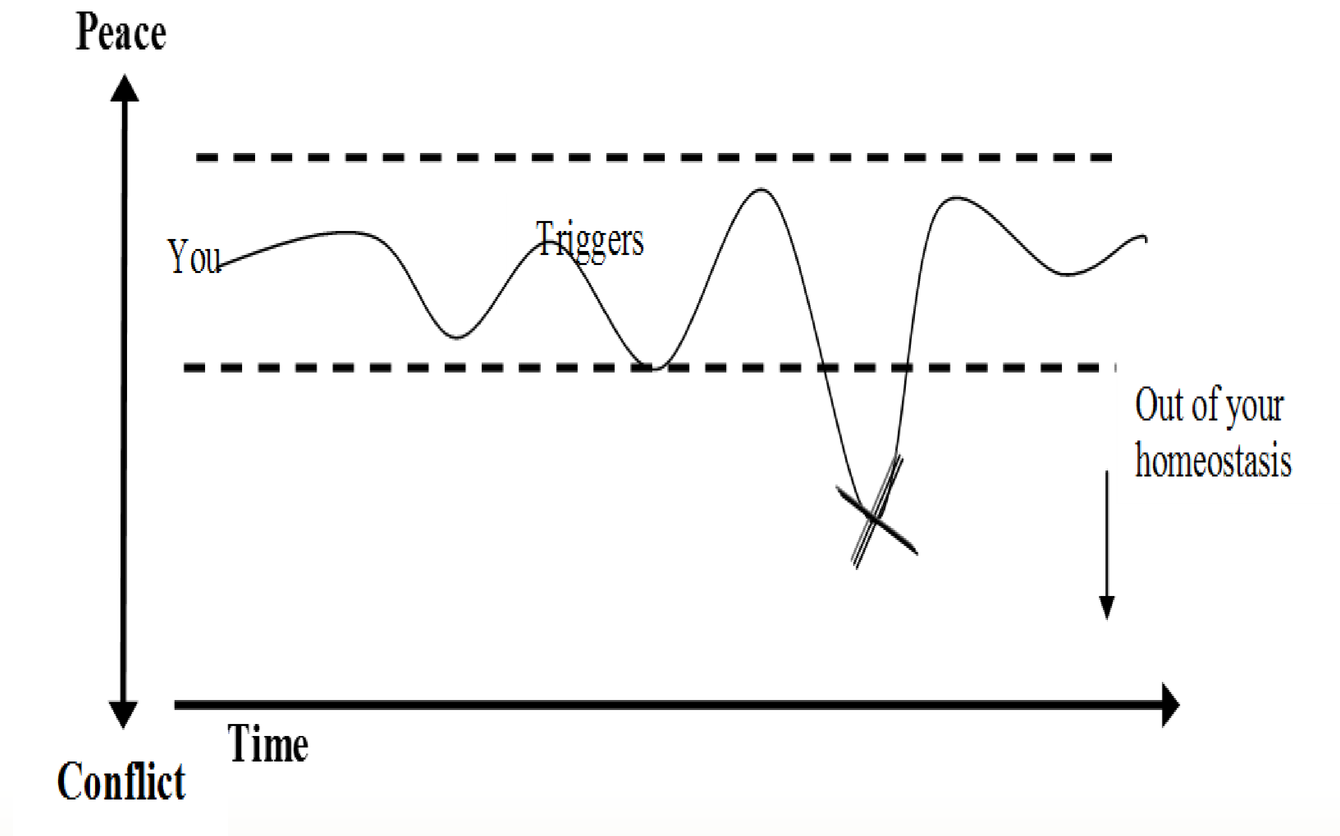
Homeostasis and Conflict



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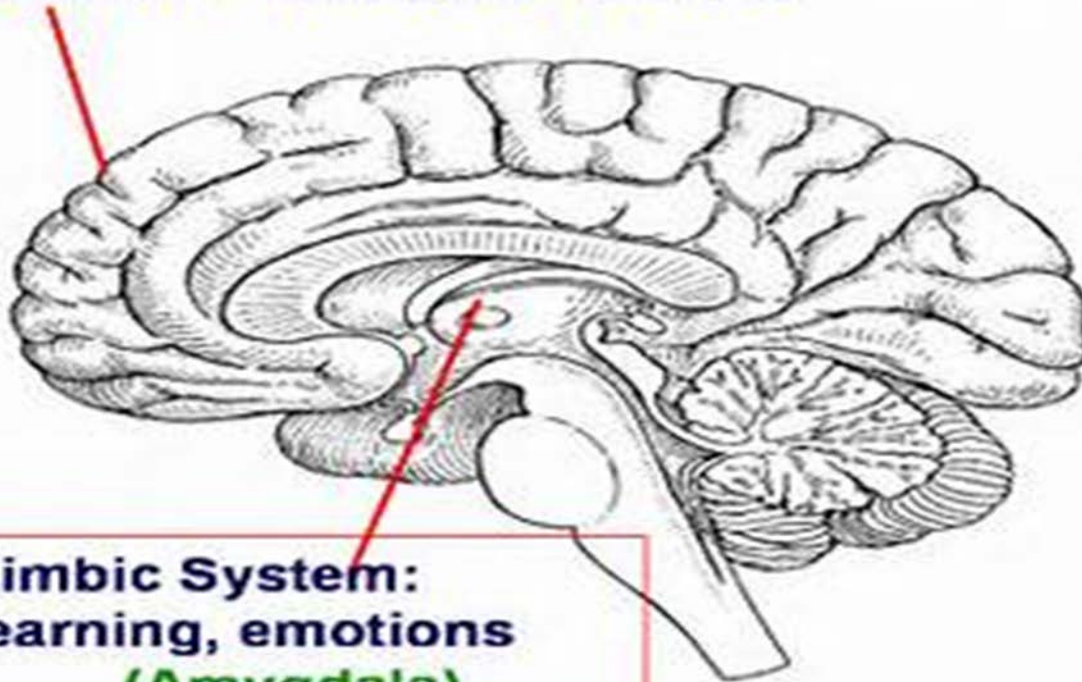
Homeostasis

- Homeostasis does not occur by chance, but is the result of organized self-government. Homeostasis is constancy in an open system, such as our bodies represent, requires mechanisms that act to maintain balance (Walter Cannon).
- Conflict can take us out of balance, disrupting our comfort zone and our stability between peace and conflict.
- When we are out of our homeostasis we typically feel: uncertain, unsure of what to do, not in control, frustrated, angry, least able to listen and take the perspective of another person, self-absorbed, least able to problem solve and least able to live out our values.

Brain Function: Limbic and Frontal Cortex



Concepts to Remember

- Critical Conflict Replay (CCR) and Emotional Override and recovery
- The Amygdala, Hippocampus and Prefrontal Cortex role in conflict
- Dopamine, Glutamate
- PTSD, Stress, Trauma
- Empowerment and Recognition
- Affects all people essentially the same way

So what's different about people struggling with Addiction?

- Historical strength of Homeostasis
- Repeated loss of Homeostasis, from base is part of the process of addiction
- It's also part of the recovery
- The Motto, "If people would just leave me alone, let me run my own life, I'd be alright"
- You can't do it for them
- Understanding builds capacity for empathy

Adverse Childhood Experiences (ACE)

The 10 ACEs the researchers measured:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member

Addiction is a Brain Disease

- The Disease Model
  - Organ - Brain
  - Defect – Addiction is combined genetic and stress induced defect in the midbrain and prefrontal cortex dopamine/glutamate reward-learning system, resulting in symptoms of decreased functioning
  - Symptoms
    - Loss of control
    - Craving
    - Persistent use of the drug behavior despite negative consequences

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ASAM Definition of Addiction

- Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death
- http://www.asam.org/quality-practice/definition-of-addiction

Transition to Current Times

- Foundational underpinnings of treatment centers, (Minnesota Model, 12-step based, Abstinent-Based recovery)
- From Moral Weakness to Disease model (1956, 1991-AMA)
- National Institute of Drug Abuse, Science-based
- Medication Assisted Treatment (MAT) (Methadone, Buprenorphine, Naltrexone)
- Heroin Epidemic (Meth, Crack, Cocaine)
- Genetic link to Addiction vs. Environment 50-60% 40-50%
- Better understanding of the relationship to trauma (ACE)
- Crisis in Corrections
- Drug policy, War on Drugs, mandatory minimum sentences

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Stigma, Personal Bias

- From “Addict, Junkie, to a person who suffers from a Substance Use Disorder (SUD)
- From Dual-diagnosis to Co-occurring disorder
- Detox to Withdrawal Management
- Personal Bias, Values, Your Homeostasis

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Addiction or Dependent

- **Dependence**- the brain has adapted to the effects of a substance, requiring regular and consistent and increasing amounts of the substance to create the same effect.
- **Addiction**- dependency with maladaptive behavior to access the substance, taking more than prescribed, by alternative methods, and significant preoccupations to find, acquire and use the substance through any means necessary.

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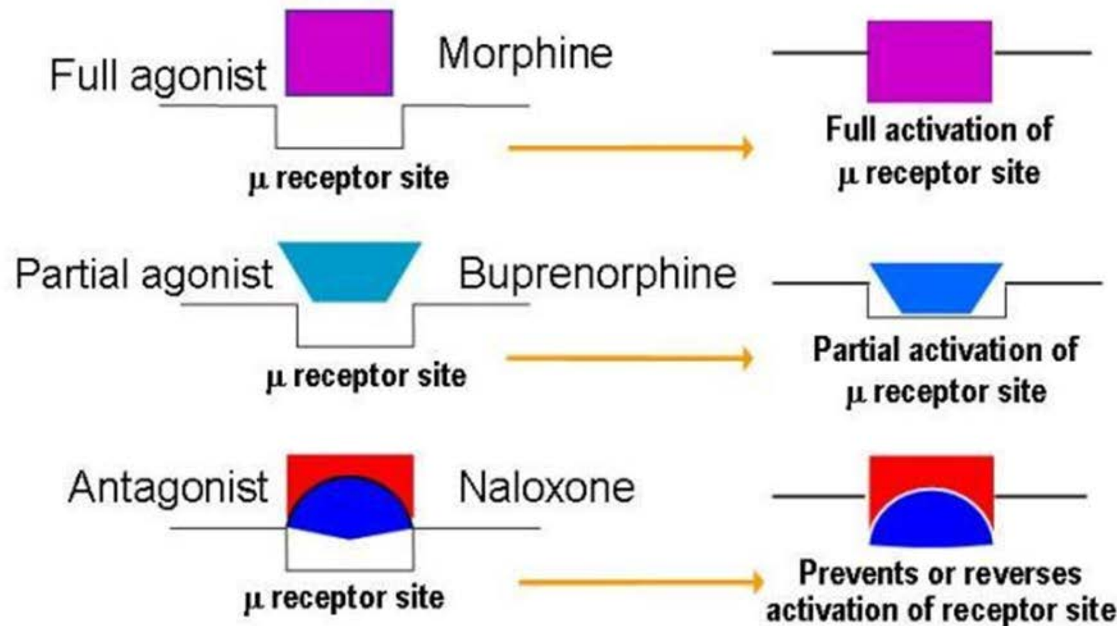
MAT Options

- Methadone: liquid, long lasting, sustains dependency, higher potential for some addictive behaviors, some diversion (mostly pill form), lethal

- Suboxone: pill or film, long lasting, sustains dependency, more potential for diversion, potential for less addictive behavior, not lethal (by itself)

- Naltrexone: monthly injection (Vivitrol), Oral (Revia) no dependency, no diversion, not lethal, FDA approved for alcohol & opioid treatment

MU Receptor Activation



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Why not Abstinence for all?

- It works for some, is and has worked well for millions of recovering people
- ACE scores
  - Women +4 ACE 78% IV drug use
  - Men +6 ACE 4,600% IV drug use (Miller 2011)
- Abstinence works well for people who know success before addiction onset
- Trauma
- OUD is deadlier 90% Detox (AMA), 20% mortality

Why not Methadone or Suboxone for all?

- Short duration of use
- May not fit lifestyle
- Stages of change
- Inability to separate from using lifestyle
- Societal/family pressure
- Brain changes

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Why not Naltrexone (Vivitrol, Revia) for all?

- Brain changes
- Length of SUD
- Onset of use
- Trauma
- Stage of change
- Detox needs
- Co-occurring potential

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Treatment

- It works
- There is no model that works any better than any other, often dependent of stages of change
- Cost-benefit analyses of treatment programs show that for each dollar spent on treatment, results in an average of $7 saved in benefits. These benefits arise from decreased crime and its attendant expenses (incarcerations, costs of time in court, etc.), increased employment, fewer medical expenses and others miscellaneous expenses.

https://www.rwjf.org/en/library/research/2007/05/substance-abuse-treatment-benefits-and-costs.html

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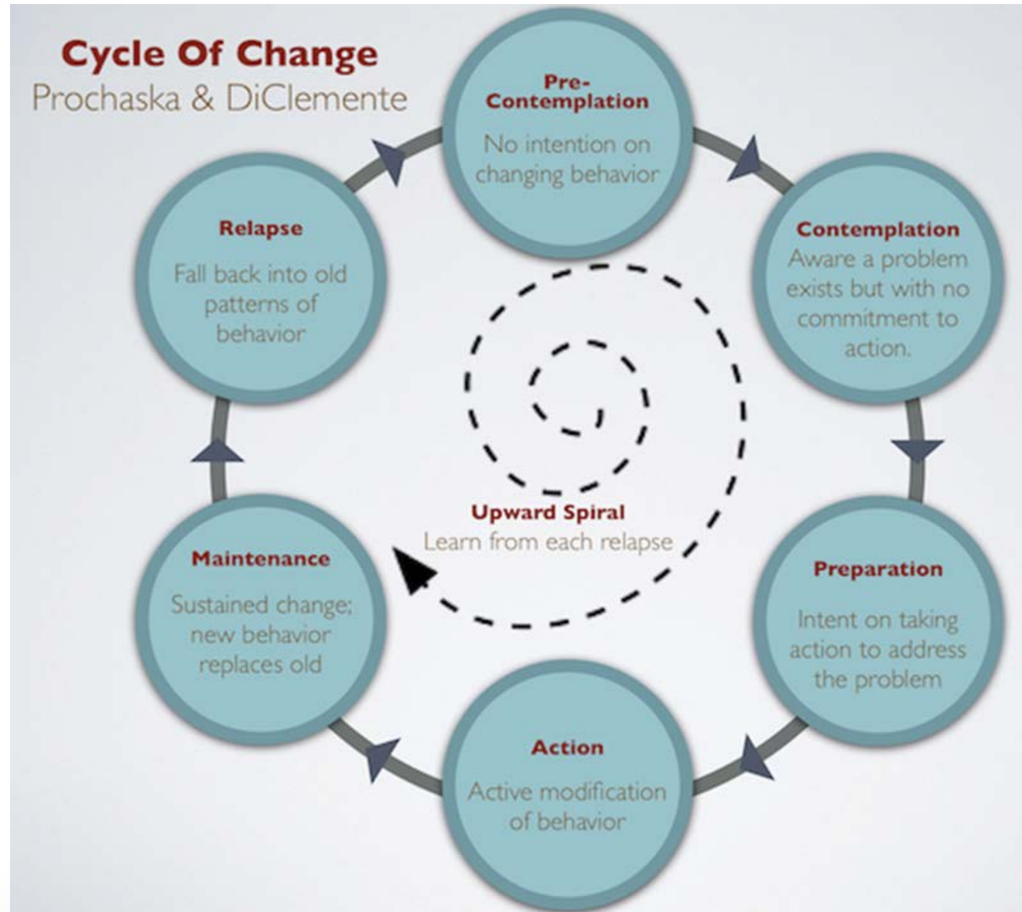
Principles of Effective Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is right for everyone.
3. People need to have quick access to treatment.
4. Effective treatment addresses all of the patient's needs, not just his or her drug use.
5. Staying in treatment long enough is critical.
6. Counseling and other behavioral therapies are the most commonly used forms of treatment.
7. Medications are often an important part of treatment, especially when combined with behavioral therapies.
8. Treatment plans must be reviewed often and modified to fit the patient's changing needs.
9. Treatment should address other possible mental disorders.
10. Medically assisted detoxification is only the first stage of treatment.
11. Treatment doesn't need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously.
13. Treatment programs should test patients for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as teach them about steps they can take to reduce their risk of these illnesses. (NIDA)

Stages of Change



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Questions to ask yourself in working with SUD clients

- Are you in a role of saving them from something evil, wrong or unjust?
- Are you feeling overly helpful?
- Are you finding yourself doing everything for them?
- Are they super appreciative of what you are doing?
- Do they appear hopeless and helpless?
- Are you doing something for them they could do for themselves?
- Are you working harder than they are?
- Do they blame you for not fixing the problem?
- Are you feeling burnt out from working with them

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So what can you do.....

- Listen more than you speak
- Resist the urge to “fix” the problem
- TM2 “Tell me more”
- Find the discrepancy, point it out
- Open-ended questions
- Summary, if you can’t agree
- Confusion is a resourceful state
- Be an advocate for the work, not doing their work
- Use the Readiness ruler

SAMHSA

- "According to SAMHSA's an estimated 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders."
  http://www.samhsa.gov/disorders

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Questions?

- Thanks for listening

Thomas J. Fuchs M.Ed

Adult Substance Use Disorder Supervisor

Division of Behavioral Health and Recovery

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360-725-1942

Thomas.Fuchs@hca.wa.gov