

The background of the slide is a light gray gradient, decorated with numerous realistic water droplets of various sizes. Some droplets are large and prominent, while others are small and subtle. They are scattered across the slide, with a higher concentration in the top and bottom right areas.


Acceptance and Commitment Therapy (ACT) and Substance Use Disorder (SUD)

MICHAEL C. DEMATTOS
BSW PROGRAM CHAIR
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ACTIVITY

GROUNDING EXERCISE

- Get comfortable in your seat
 - No need for fancy positions
 - Rest your hands in your lap
 - Close your eyes or soften your gaze
 - Pay attention to your breathing (don't control it)
 - Feel it coming in and out (nostrils, chest, belly, sounds)
 - If your mind wanders, bring it back to your breath
 - Pay attention to where your body touches
 - The chair, itself
 - If your mind wanders gently bring it back to your body and points of contact
 - Allow your awareness to go to the middle of your chest, to your heart
 - Be present with your heart without goals or intentions
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GOALS AND OBJECTIVES

- Recognize how unwanted thoughts and feelings (T&Fs) can lead to substance misuse
- Recognize the ways unwanted T&Fs and substance misuse trap our consciousness
- Identify the wrestling match we have with ourselves over unwanted T&Fs
- Change the relationship with your T&Fs through self compassion, mindfulness, and acceptance
- Love yourself through your behaviors and actions



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WHY ACCEPTANCE AND COMMITMENT THERAPY



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- I have always had a problem with CBT – a best practice for treating SUDs and anxiety
- CBT did not reckon with my mindfulness practice
- I struggled with the notion of changing thoughts
- My concerns were
 - Ethical - policing our thoughts and feelings felt a bit like religion
 - Pragmatic – to change a thought or feeling requires we focus on thoughts and feelings (attachment)

The Reality of SUDs and Recovery

- Substance use disorder (SUD) is the persistent use of drugs (including alcohol) despite substantial harm and adverse consequences.
- We are all users – we all modify our moods or alter our consciousness¹
 - Most use to “enjoy not destroy”
- Almost all of our data is collected from those who (mis)use, researchers, and/or care providers
 - Imagine the discourse on cars being limited to crashes
- Spectrum between non-use and dependence is long (middle section the biggest)²
- According to the world health organization
 - 250 million drug users - less than 10 percent are dependent (most will not become addicted)
- According to national institute on alcohol abuse and alcoholism¹
 - 70% with ETOH addiction recovered, 75% did it on their own
 - Likely a result of incredible support and numerous protective factors³
- Still, drug misuse and addiction is all too real

DIAGNOSTIC CRITERIA FOR SUDs*

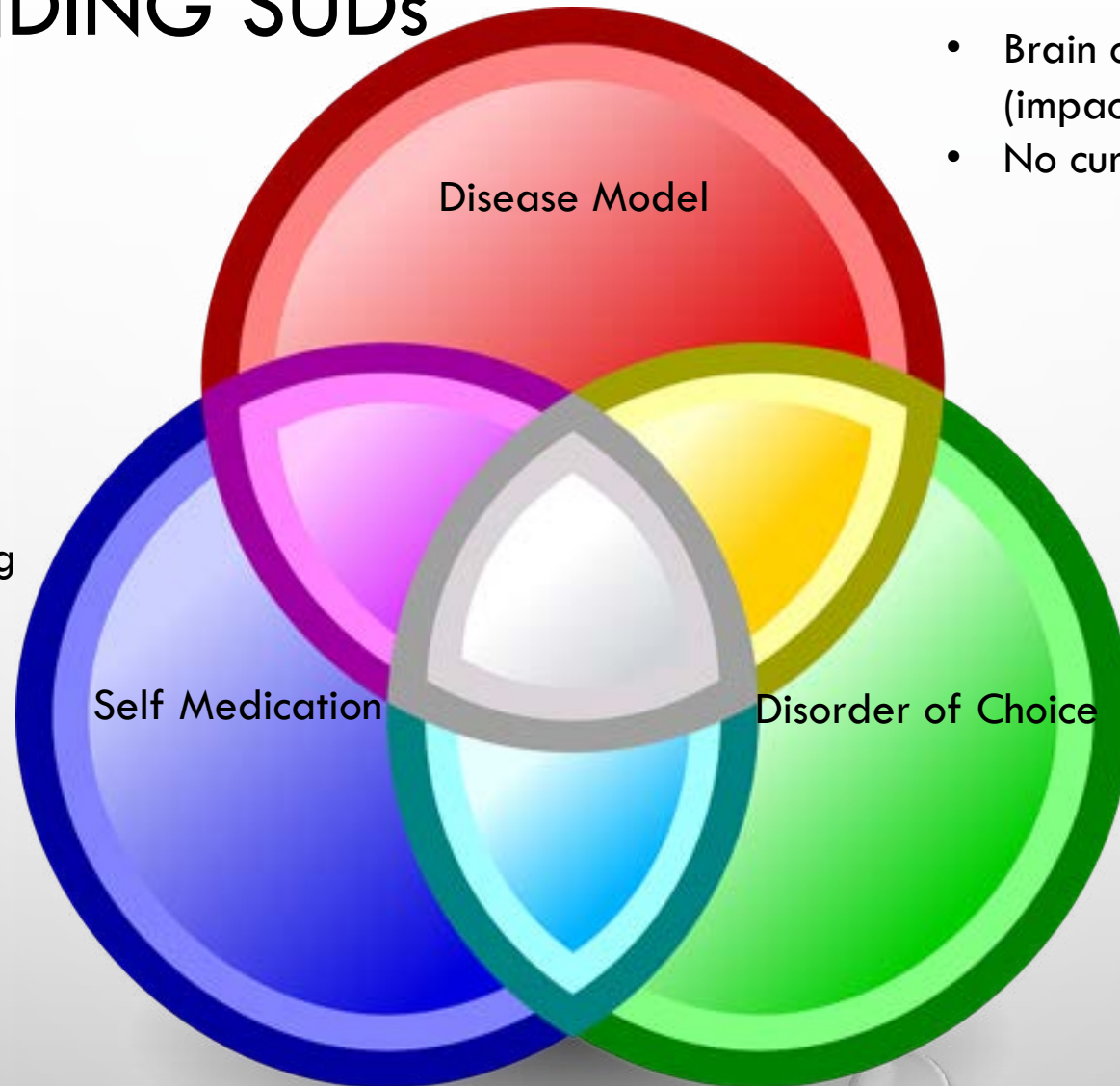
- Taking more over longer periods
- Unable to cut down or stop
- Spending a lot of time getting, using, or recovering from use
- Cravings and urges to use
- Not managing to do what you should at work, home, or school
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities
- Using substances again and again, even when it puts you in danger
- Continuing to use, even when you know you have a physical or psychological problem caused or made worse by the substance
- Needing more to get the effect you want
- Development of withdrawal symptoms, which can be relieved by more use

*Mild – 2-3

Moderate - 4-5

Severe – 6+

UNDERSTANDING SUDs



- Eroded sense of well-being
- Substances fill voids
- Linked to trauma

- Brain changes through use (impacts reward centers)
- No cure (must be managed)

- Use often seen as a rational choice – at first
- Can be stigmatizing
- Environmental conditions lead to uncontrolled use



Disease

Disorder of Choice

Self Medication

BEST PRACTICE


- Contingency Management
 - Based on Operant Conditioning
 - Identifying alternative rewards is critical
- **Cognitive Behavioral Therapy**
 - Increases social, cognitive & coping skills
 - Thinking leads to feelings which leads to behaviors
- Family Therapy (structural, multisystemic, brief)
- **12-step programs**
- **Motivational interviewing/enhancement**
 - Anchored in Prochaska and DiClemente's model of change





ACTIVITY

THE USEFULNESS OF RESPONDING TO FEAR

- Think of a threatening or dangerous event
 - What was your response?
 - How was your response useful?
- 


SUDs and Unwanted T&Fs

- SUDs is to a large degree driven by a preoccupation (intrusive thoughts and feelings) for the acquisition, preparation and use of substances
- These substances help us to feel good/better – until they don't
- We all have unwanted and intrusive thoughts and feelings (T&Fs)
- Quick activity:
 - Think of or picture an object in your mind - any object – and write down what you thought of on a piece of paper
 - Were you thinking about this object before I asked you?
 - Where did that thought come from? Where was the object before I asked you to think about it?
 - Did you have any control over its appearance?
- Our thoughts and feelings (intrusive or otherwise) are not really within our control
- We are not our thoughts or feelings



ACTIVITY

UNDERSTANDING DOUBLE JEOPARDY

- What do you do when unwanted T&Fs show up?
 - When your efforts are unsuccessful and the unwanted and intrusive T&Fs remain, what does your mind tell you about yourself?
- 

A Different Way of Thinking About SUDs: A Product of Unwanted Thoughts and Feelings



- Thoughts and feelings are typically intrusive and unexpected (an ominous threat)
- Most realize our T&Fs are often irrational
- The tendency is to wrestle with our thoughts and feelings (because we don't like feeling them)
- The goal is always the same: eliminate the unwanted thoughts and feelings (through overthinking or numbing)
- Ultimately we become our own enemy as we wage wars against ourselves

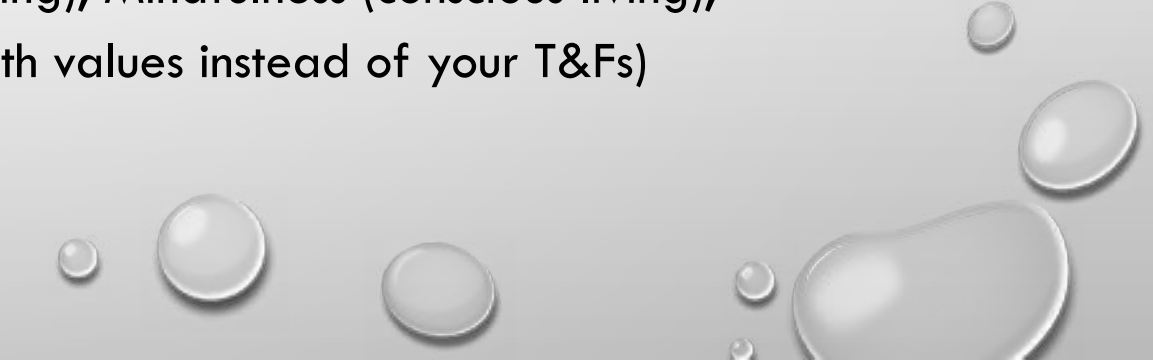
THE PATTERN

- Going through life just fine (maybe not addressing some core issues, but that is not uncommon)
- Hit by unwanted and intrusive T&Fs
- Start trying to solve the problem of our T&Fs so you can get on with your life
- No matter how hard you try you can't think or feel them away (at least not permanently)
- As you face your unwanted T&Fs you turn your back on your hopes and dreams (this is repeated)
- You feel lost and alone because no one could possibly understand your hurt, your crazy thoughts and feelings, and your failed attempts to change them
- ACT asks you to change the relationship you have with your T&Fs



ACCEPTANCE AND COMMITMENT THERAPY

(DR. STEVEN HAYES)

- A form of behavioral therapy closely linked to both CBT and mindfulness developed in the 80s
 - Asks us to accept, without judgement, painful thoughts, feelings and experiences
 - Asks us to commit to our values and to pursue our hopes and dreams
 - The goal is not to reduce symptoms – at least not directly
 - The goal is to change our relationship to our unwanted and intrusive thoughts and feelings
 - Three foundations: Creative Hopelessness (life is suffering), Mindfulness (conscious living), Psychological Flexibility (choosing actions that align with values instead of your T&Fs)
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LETTING GO OF UNWANTED AND INTRUSIVE T&Fs

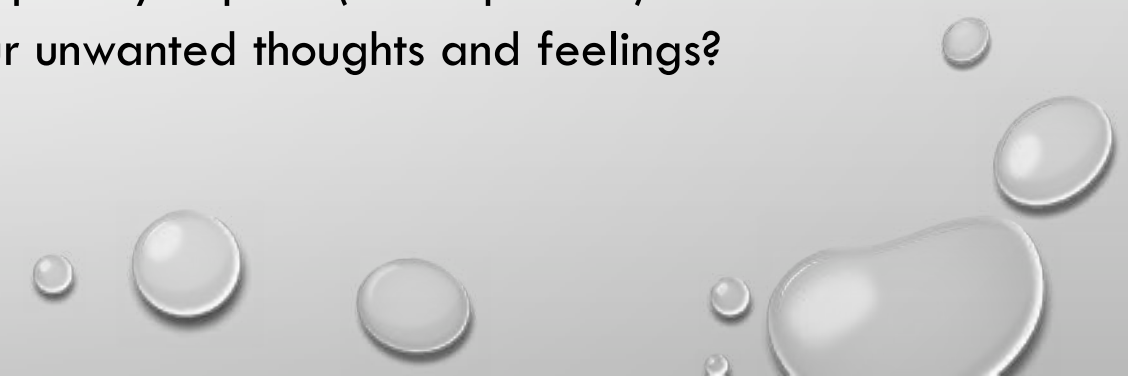
- We all have horrific thoughts and feelings
- The difference between those who are haunted by unwanted and intrusive thoughts and feelings and those who don't?
 - Letting go (not avoidance)
- Those of us who live with unwanted and intrusive thoughts and feelings feel no more nor less than others
 - The difference: the attachment
- The idea of changing all of our thoughts to be more rationale is exhausting and reflects an ongoing attachment





ACTIVITY


THE HEAVY PRICE WE PAY FOR MANAGING
UNWANTED T&Fs

- Identify a recent situation when unwanted thoughts or feelings got the best of you
 - What were you thinking and feeling?
 - What did you do about it? What steps did you take to eradicate those thoughts and feelings?
 - What was the price you paid (consequences) for managing your unwanted thoughts and feelings?
- 



WE ALWAYS LOSE FIGHTS WITH OURSELVES

(AND WE CAN'T RUN FROM OURSELVES)

- The dilemma with fight or flight (or freeze) relative to unwanted T&Fs is that we are always left with ourselves (and our T&Fs)
 - Our life is shortchanged because our dreams are put on hold or abandoned altogether while we battle ourselves
 - Think ack on the losses you've experienced fighting off your
- 

ACCEPTING ALL OF YOU, ESPECIALLY YOUR T&F_s

WHAT IT IS

- Willingness to be present with your uncomfortable T&Fs
- Honest contact with your experiences acknowledging T&Fs
- Fostering curiosity, compassion, and kindness
- Wanting to be present with and for yourself

WHAT IT IS NOT

- A quick fix to help you feel better
- Liking your uncomfortable thoughts
- Judging your T&Fs
- Judging yourself



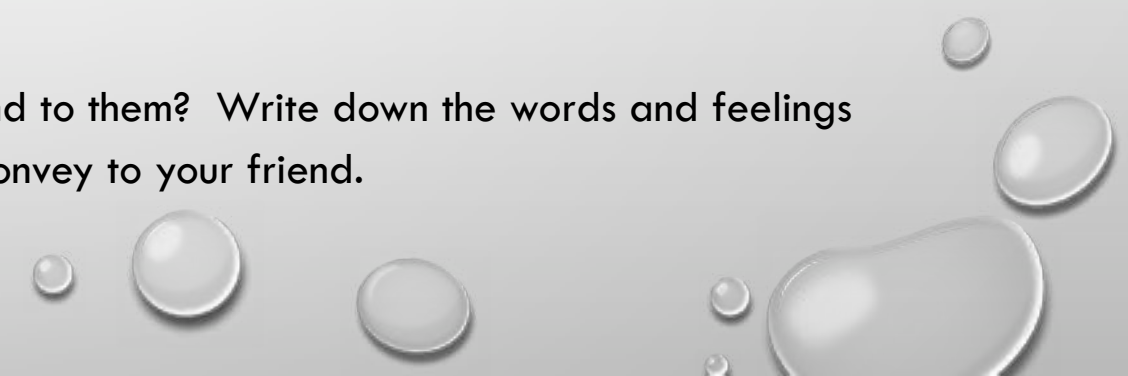
ACTIVITY

HOW DO WE TREAT OTHERS

You have a dear friend who comes to you concerned about their performance in school. Life has been very challenging of late and they have had difficulty adjusting to “life online”. There are tons of meetings, boatloads of emails, not to mention classes with technical difficulties, closed off screens, and teachers droning on and on. Add to this is the fact that even their job has moved online and they have little contact with anyone else. Your friends say they feel alone and lonely. They add, “I think my teachers think I’m dumb. In fact, they know I am dumb.” Maybe they are right, they tell you. They’ve had trouble focusing in class, difficulty sleeping, and are thinking about dropping out of school.

You are shocked to hear all of this. Your friend is one of the smartest and most caring people you know.

How do you respond to them? Write down the words and feelings you would like to convey to your friend.



REVERSE THE GOLDEN RULE?

- Treat others as you would like to be treated
- This is not the problem
- What we need to do is to treat ourselves the way we would treat our loved ones



IDENTIFYING YOUR VALUES




- What matters to you?
- Values help you stay focused
- Focus on values when T&Fs become too much
- Live your values
- Values are actions



DATE YOURSELF FOR ONE MONTH

(With thanks to my dear friend Shelley Muneoka)

- Make (quiet) time for yourself
 - Let yourself sleep in
 - Give yourself a gift – for no reason at all, just because you want to
 - Make your favorite meal – bonus points if you make the food into little hearts
 - Create a niche in your residence just for you – decorate it with things you love
 - Do something you haven't done since you were a kid – just for fun
 - Entertain your senses – see, touch, smell, taste, hear
 - Give yourself a hug – not just when you need it, but just for the heck of it
- 

READING LIST

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