SUBSTANCE ABUSE, CO-OCCURRING, AND WITHDRAWAL MANAGEMENT
Key Issues in Withdrawal Managment Resource-based Programming

As a starting point, many people who have overdosed may be in the final stages of completing - post acute withdrawal from a substance abuse overdose. Often called "Detox," this process may have occurred in a clinical or hospital setting, or elsewhere.

The time frame for this process may vary according to several factors: the type of substance in the overdose, the strength of the overdose, their history of substance use of this substance and others, and their own body chemistry. For some drugs, the physical (acute stage) discomfort of detox may be only a few days. For others, it can be much longer.

Withdrawal Management is now included as a major emphasis in providing services to clients at ASAM Levels 4.0. 3.7, 2.7. and even some EOPs at Level1. The notes below may be helpful in evaluating how a resource-based model can support comprehensive program and treatment planning, program delivery with fidelity to the clinical design, and ultimately documentation for concurrent and retrospective Utilization Reviews. Moreover, the ultimate factor is that enhanced treatment is critical to the long-term success, and even survival, of your clients.

Successful management of Post-acute Withdrawal Symptoms (PAWS)

Once the post-acute withdrawal (detox) stage is passed, there are very likely to be continuing symptoms. They may be categorized as **Post Acute Withdrawal Symptoms** (PAWS).

The critical difference between the focus of the first units (up to 50 sessions available) in this curriculum and many typical drug program resources is that a **Withdrawal Management** process addresses many participants who have recently overdosed. There is much less need to point out the dangers of drug abuse, and a far greater need to help them avoid repeating that overdose experience. Their risk of doing so - without effective treatment - is extremely high. And, also, so is the increased risk of a fatal event as a result of another overdose.

Another distinguishing feature of the Withdrawal Management elements in these resources is that they have a major focus on drugs that can cause an overdose. In many cases, the primary drug type is downers, which includes opiods, and fentanyl can be a common. As the exact compound that is abused may be somewhat cloudy, the program addresses the drugs in several ways: as fentanyl, as opiods, as other downers, and as "strips." It does include selected other

drugs, including meth, since most individuals most likely have abused a range of drugs - and other substances - in their recent past as part of a common pattern of addictions.

Critically, the target goal is not abstinence from a specific drug, but also from a pattern of behavior that led to their overdose - and their range of **addictive** thinking and behavior!

To achieve this goal is not solely a matter of education, but motivation, new and stronger internal and external protective factors, new - and well-practiced - emotion regulation strategies and distress tolerance coping skills, as well as a concrete action plan which builds on specific situational self-confidence in addressing the highest risk factors. This resource provides the structure and the tools to accomplish that.

A distinguishing feature of this process is the attention it pays to the high risk of relapse caused by brain changes experienced in most people who have overdosed. The immediate period after overdose ("post acute withdrawal") is the focus of initial program elements which pay considerable attention to the symptoms they may be experiencing now and going forward. And, given that their traditional response to uncomfortable symptoms has often been drugs, the curriculum is built to prepare them to make other, better choices going forward.

These symptoms can be intermittent, can be varied even within an individual, and may even last for up to two years. Since they are so varied, and may depend on the substances abused, the individuals' brain chemistry, and other factors, they are not classified formally as a disease in the DSM-5. They are, however, very real to the person who experiences them. A simple way to explain them is that their brain is "re-setting itself" after discontinuing use of the chemicals that they had been using/abusing. The physical (acute) withdrawal is the immediate sign that the brain is reacting. The post-acute withdrawal period is in essence the on-going re-setting period. With treatment, their uncomfortable symptoms are very likely to be reduced in frequency, intensity, and duration.

The critical intent of the materials in the initial five Units (up to 50 sessions available) is to educate the participants in identifying them and beginning to learn how to manage them. These symptoms may be the greatest threat to relapse for this specific population going forward.

A major goal in this process is to help them narrow down their experience by identifying a specific feeling or symptom and assessing how it is affecting them. This resource reviews a variety of these Symptoms Checks in many of the program elements. In most cases, we ask them to assess that feeling terms of **Frequency** (how often they are experiencing it in a given time frame - such as that day), **Intensity** (how powerful it is), and **Duration** (how long that

uncomfortable symptom lasted). We sometimes abbreviate this as the **FID symptoms check** assessment process.

This symptoms check process frequently looks at the most common and critical symptoms of post acute withdrawal (PAWS). It can be especially important in this time frame as their brain is adjusting to the absence of the chemicals they have been using/.abusing, and the acute nature of their recent withdrawal. In general, **with time, and the use of effective coping strategies and skills, the uncomfortable symptoms will become less frequent, less intense, and the duration of these symptoms will be shorter.** In essence, **tracking those symptoms can be reinforcing to maintaining their healthy recovery**.

An important feature of these five units is the inclusion of multiple Motivational Interviewing (MI) tools integrated into the actual program resources. These provide the opportunity to reinforce the critical goal of the entire program process: **increasing readiness for CHANGE.**

The initial steps for change from Precontemplation are the goal of the first set of five Units.

Since change is the underlying point of the program, this word, and change-focused tools (including the MI tools, action plans, and other elements) will appear regularly. A part of this process, the curriculum has been shaped to support the theoretical elements of the **Stages of Change** process (The Transtheoretical Model of Change - TTM). It may be helpful to consider the majority of the participants will begin the program in the **Precontemplation** stage. Others in the group may be a bit further along, as this is an open admissions model. For those who are already in the process of considering or making some changes in their thinking and outlook, it may be a chance for them to offer some insight to encourage a newcomer. In any case, a major goal of the resources in this unit is to build the **importance** factor: if it is not yet important for the individual to think about the issues, this is the point to address.

The seriousness of having overdosed may be one aspect of building importance. It might be one factor to build on, but full engagement in the change process may be more complex. The resources in the full set (up to 200 sessions available) provide support for this process.