

Psychotherapy for addictive disorders

Steliana Rizeanu

Hyperion University of Bucharest, Psychology Department, Bucharest, Romania

Abstract

The concept of addiction has been broadened in recent years to include appetitive behaviors judged to be excessive in some sense: excessive drinking, drug-taking, gambling, eating and sexuality. Addiction is a disease in and of itself, characterized by compulsion, loss of control and continued use in spite of adverse consequences (Smith & Seymour, 2001). Addiction diseases account for almost one third of psychiatric hospitals capacity.

Leschner (2001, apud Coombs, 2004) considers that addiction is a brain disease, “a condition caused by persistent changes in brain structure and function”. Smith and Seymour (2001) noted that all addictions, whether chemicals or non-chemicals share three common characteristics: compulsive use, loss of control and continued use despite adverse consequences.

For treating the persistent co-morbid disorders, besides cognitive-behavioral psychotherapeutics methods, the specialists recommend psycho-pharmacotherapy based on application of antidepressants and mood stabilizers.

Keywords: *addictive disorders, psychotherapy, treatment, prevention*

Corresponding author: Rizeanu Steliana, Ph.D

Phone number: -

E-mail address: stelianarizeanu@yahoo.com

I. INTRODUCTION

In United States, addiction is a “number one social problem, number one source of child abuse and number one source of violence”, because most crimes are committed under the influence (Carnes, Murray and Charpentier, 2004). Heredity seems to be a major factor in vulnerability to addiction, but as individual personality and life style vary, each person’s resistance or susceptibility to addictive disorders also varies (Inaba & Cohen, 2000). We can conclude that an addictive disorder is a chronic disease that at best is controlled rather than cured and with addictions, we are dealing with a complex of physical, spiritual and psychological All addictions are affected one another; Carnes, Murray and Charpentier (2004) identified the following 11 dimensions in which addictions impacted to one another: cross tolerance, withdrawal meditation, replacement, alternating addiction cycles, masking, ritualizing, intensification, numbing, disinhibiting, combining and inhibiting.

II. ASSESMENT AND TREATMENT OF ADDICTIVE DISORDERS

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) have eliminated the current categories of substance abuse and dependence, replacing them with the new category “addiction and related disorders” which includes 10 separate classes of drugs (alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics and anxiolytics, stimulants, tobacco and other substances, together with gambling disorders and behavioral addictions, such as sex addiction, exercise addiction and shopping addiction (www.dsm5.org).

Professional assessment of personality disorders, depression, anxious disorders, eating disorders, psychotic disorders and alcohol and drug addiction in individuals with addictive disorders is based on clinician’s knowledge and experience.

Early detection of the problem is important to ensure timely treatment which may improve the effectiveness of treatment and reduce co-morbidities associated with addictive disorders.

Many studies show that suicidal risk and suicide percentage are higher in addictive patients than in general population. The patients with different addictive disorders are regarded as non-cooperative, in denial or lazy, but the clinicians know that these predictions are usually wrong, as nobody is completely unmotivated (Miller & Rollnick, 1989).

Motivational Interviewing is a skilful clinical style for motivating patients to make behavioral changes and it include elements such as MI spirit, MI principles, MI strategies and change talk (Bardutzky, 2012).

It is necessary to adopt responsible recommendations and guidelines at the long run that will apportion both the care for patients and the responsibility in relation to the society by ensuring protection in the field of addiction.

Family therapy is an integral part of the complex therapeutic procedure treating the addictive disorders, as the dependence of the individual usually affects the entire family system. The inclusion and retention of family members in the process of therapy is difficult and should lead to changes in the dysfunctional pattern of interaction among family.

Systemic family therapy of addictive disorders is a combination of structural, functional and strategic approach and the treatment involves three phases: the motivational phase, the intensive phase and the rehabilitation phase (Milic, Mladenovic, 2012). The treatment results in insight, clear structure and re-socialization of the addicted individual and the whole family. Drama therapy is increasingly used in the therapeutic work with vulnerable groups of individuals as well as with the specific target group of subsidiaries and their significant relatives. Research suggests that supportive external social environment in the primary family increase the likelihood of good conduct with a child (Sorko, 2012).

Because of the complex problem of addictive patients and their family, cooperation of various professionals in the process of treatment is of major importance for successful rehabilitation relapse prevention; treatment for addiction includes medical, psychological, psychosocial, and educational and occupational therapy.

The aim of occupational therapy is strengthening the responsibility for one's actions, the healthy part of personality, development of new positive habits and skills and the elimination of the addicted habits (Trojanovic, Josic, Naric, Palijan, 2012).

Self-help groups are a useful form to help the addicted patient to recover and prevent relapses; they often have different names and different legal and formal basis.

Mutual help groups empower the addicted person and his family members by offering understanding, support, confidence, encouragement, self-esteem and self-control by providing help to others.

Cognitive-behavioral therapy is currently regarded as the most efficient method of treating addictive disorders; it highlights the importance of changing distorted beliefs and behaviors in reducing the frequency and severity of addictive disorders (Rizeanu, 2015). Cognitive restructuring technique includes three steps: identifying thinking errors; challenging thinking errors by asking whether it is accurate, helpful and necessary; replacing distorted thoughts with more realistic, functional and positive ones.

In Romania, we introduced a cognitive model to the treatment of pathological gambling following key tasks (Rizeanu, 2015): Assessment and formulation; Psycho-education; Cognitive restructuring; Problem-solving training; Assertiveness skills training; Relapse prevention.

Considering that each client is different and has different needs, the duration of the treatment program and the frequency of the sessions could vary, depending on the client (Rizeanu, 2012).

Prevention programs for addictive disorders are necessary because the individuals with these disorders may be harming themselves and they may be harming others and on the other hand, the addictions are bad for society. Healthy prevention and education campaign primarily occurs in school, but these programs do not include those who have dropped out of school (Kilmer & MacCoun, 2004).

III. PREVENTION OF ADDICTIVE DISORDERS

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The specialists should underline the awareness of population regarding problems connected to addictions, especially the risk factors. Experts should conduct psycho-education programs that would be directed to children and adolescents. Evidence based treatment can be defined as a treatment that has been scientifically tested and subjected to clinical judgments and determined to be appropriate for the treatment of a specific type of addiction.

The past 15 years has seen a considerable amount of interest and effort being put into developing strategies to prevent addictive behaviors. Primary prevention is an effort to prevent individuals in the general populace from becoming addicted persons; secondary prevention is an effort to prevent the development of addictive disorders in individuals with risk factors for the condition and tertiary prevention is an effort to stop and potentially reverse the problems occurring in existing addicted persons and is analogous to treatment (Rizeanu, 2015).

The preventive interventions among adolescents should include two components: the transfer of relevant information and the development of skills to cope with high risk situation (Rizeanu, 2015).

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