



Addiction and Intellectual Disability

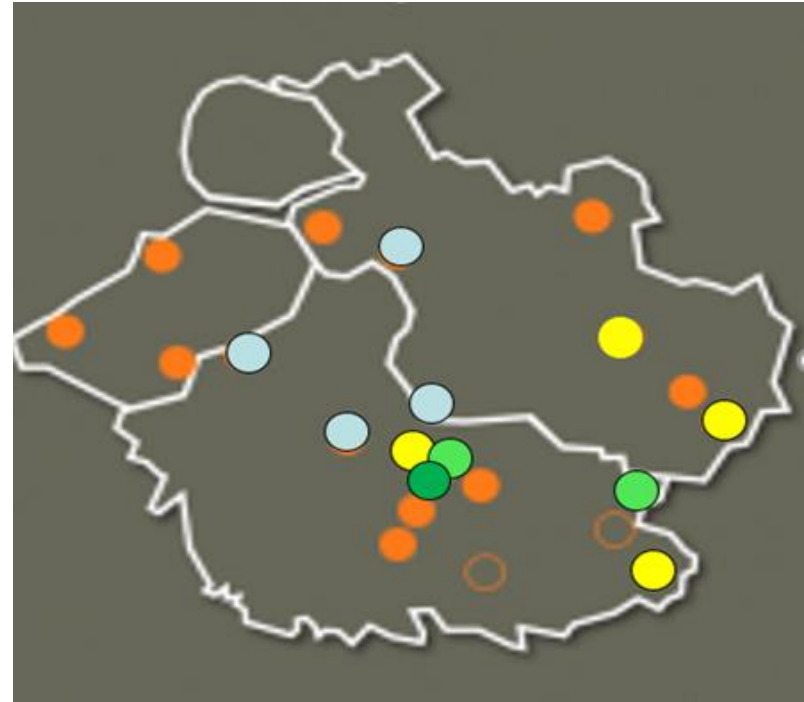
April 14th 2021

Joanneke van der Nagel
Psychiatrist, Researcher

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Psychologist

Programm

09.00 – 09.10	Velkommen og introduction	Ellen K Munkhaugen
09.10 -09.50	Tactus Centre for addiction & Intellectual Disability The traffic light model	Marike van Dijk & Joanneke van der Nagel
09.50 – 09.55	Intermission	Hanne
09.55 – 10.25	Adapted interventions for behavioral change in addiction	Marike & Joanneke
10.25 – 10.35	Intermission	Hanne
10.35 – 11.05	Lessons learnt	Marike & Joanneke



Centre for addiction & intellectual disability

Top-Clinical centre

- Outpatient care
- Inpatient care
- Innovation
- Research
- Training





Introduction

Chris, 24 yrs, referred for ADHD assessment

- Multiple successful clinical detoxifications
- Relapse after discharge: impulsive?
- History: drop out from high school

Substance use → School problems

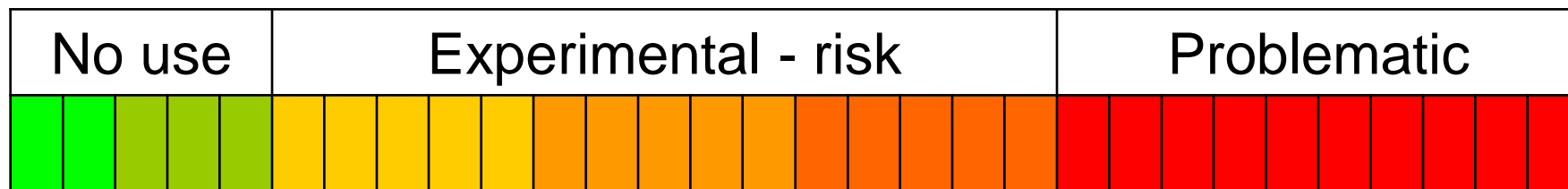
Or...

School problems → Substance use?



Traffic light model

ID services



Addiction medicine

Dual diagnoses = dual responsibility = dual care

The SumID-Q in a nutshell

Substance **u**se & **m**isuse in **I**ntellectual **D**isability-**Q**uestionnaire

Semi-structured interview about tobacco, alcohol and drugs for people with mild intellectual disabilities.

It maps out which psychoactive substances...

- the client knows,
- how he feels about substances,
- what is used in his environment,
- what he is using,
- what the consequences of use and his motivation to change is.





Why the SumID-Q?

- Signaling substance use is tricky
- View on usage is limited: usage is also there where you don't expect it
- The issue is sensitive, doesn't come up spontaneously
- Extra risks for people with ID
- There are no clients free of risk
- You'd rather identify potential problems early than later dealing with them



SumID-Q interview skills

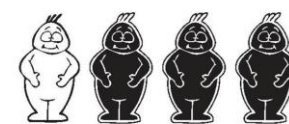
- Keep it as specific as possible
 - No jargon ('abstinence')
 - No complex concepts ('problems with substances')
 - Simple words → but in a grown up tone!
 - Check slang meanings
- Short sentences
- Relaxed and open attitude
- Avoid an interrogation!

What does the client recognise?



Sequence sheets

- What does the client know?
- What does the client think?
- What does the client see?
- What does the client do?
- What are the consequences?
- In what stage of change is he/she?





Signals & Signs

- Less attention
- Reduced concentration
- Reduced verbal ability
- Tendency to say “yes”
- Co-morbiditeit
- Impaired insight in illness
- Reduces insight in cause and effect (impulsive)



No use = prevention

Use escalates quicker

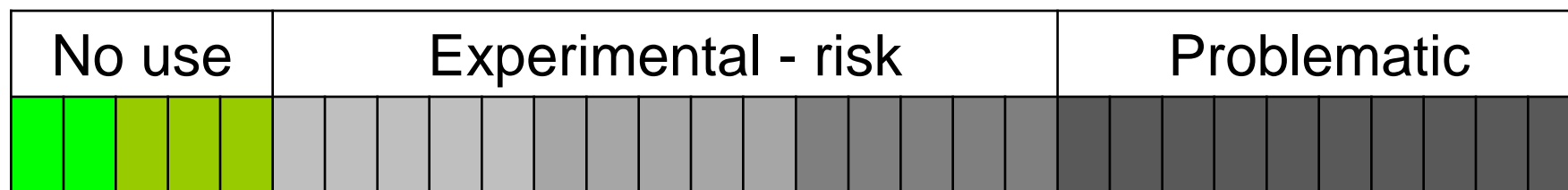
- Higher risk for substance abuse and addiction
- Higher risk for complications

Bigger social impact

- Supportive organisations
- Work
- Crime related issues

High co-morbidity

- Other drugs
- Other psychiatric problems
- Somatic issues

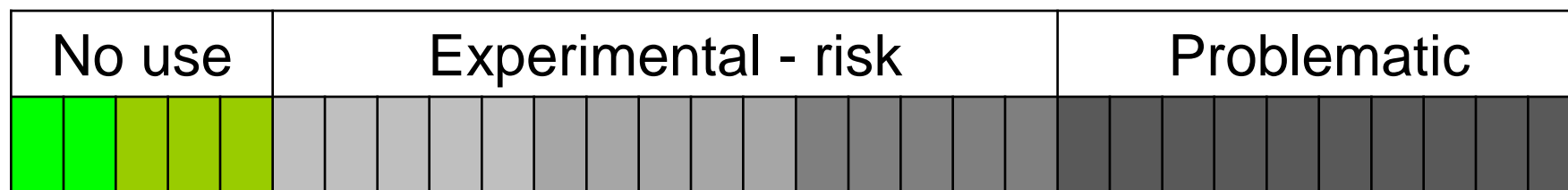




Selective prevention

Activities aimed at withholding someone from alcohol / drugs / cigarettes

- Client empowerment
- System empowerment
- Embedding in organisation

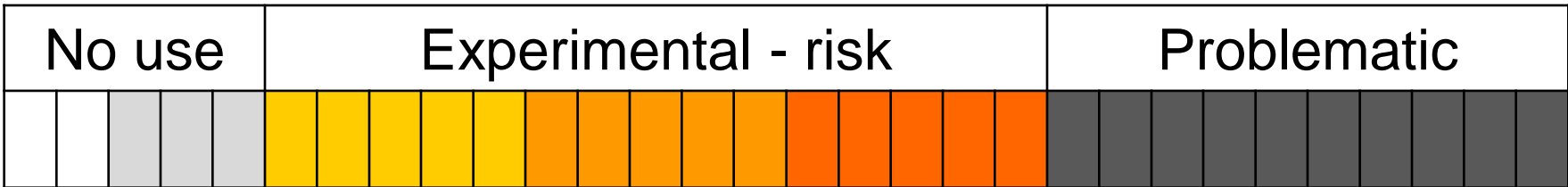




Experimental – risky use

Activities aimed at prevention of problematic use

- Signaling
- Motivating
- Effective communication ID service/addiction medicine





How to talk about use

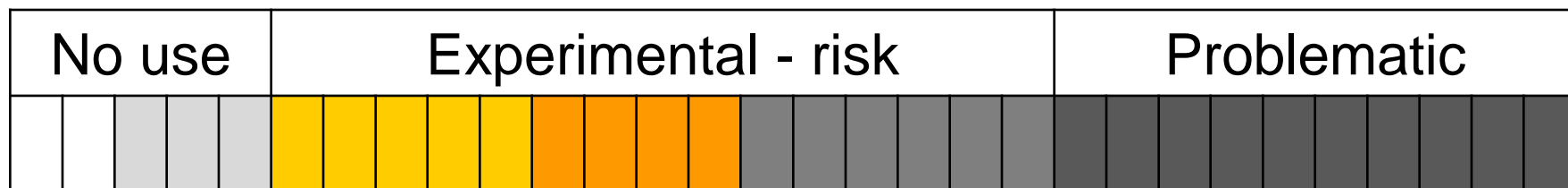
- Breaking taboo's of substance use
- Talking about normal use
- Provide space for conversation and (help) questions
- Get a picture of substance using client
- If possible informing the client

Setting 'Doing the dishes'



Tools

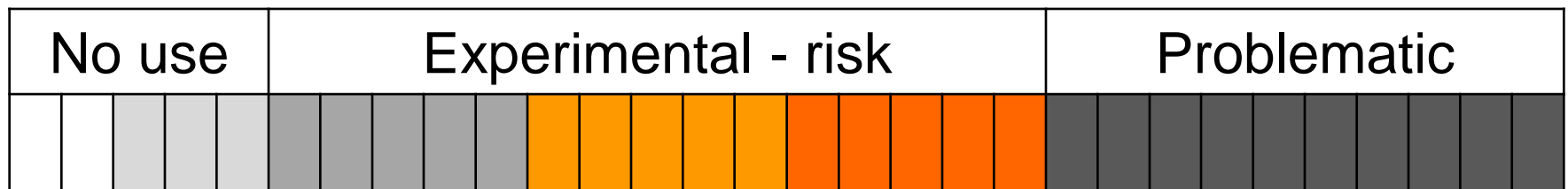
- Leaflets / information material
- Anything the client brings forward himself
- Creative social workers / surroundings





Motivational interviewing

- Motivate to behavioral change
- Connect with the possibilities of the client
- Express empathy
- Develop discrepancy
- Move with resistance or opposition
- Support personal effectiveness



What not to do: pitfalls of the interviewer

- It's simply not allowed
- Patronizing: it's not good for you
- To condone
- Discuss only negative consequences
- Shy away from clients stories
- Standing ready with your opinion
- Responding too fast to the story of a client

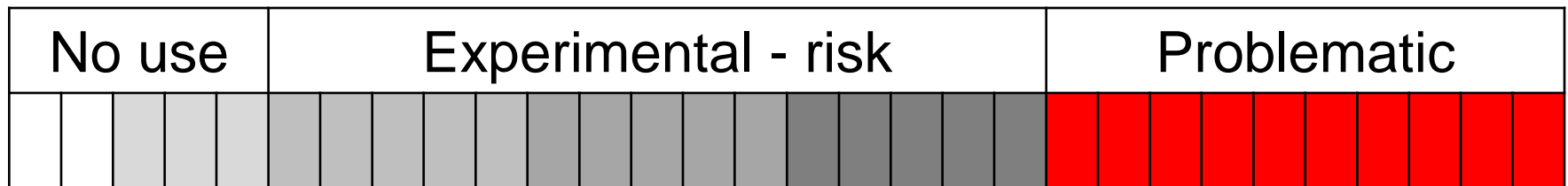




Treatment

Addiction is problematic and has a great impact on health, social life, family, career, etc. (DSM-5)

- (Specialized) treatment, such as Less Boose or Drugs or CGT+
- Prolonging treatment effect with (specialized) follow up treatment



PAUSE, and after the pause....

Adapted Interventions

Why adapted treatment?

(1) Higher prevalence:

- Higher risk of addiction after initial use
- Experienced more and severe negative consequences
- High prevalences in certain subgroups



Why adapted treatment?

(2) Mainstream protocols are not suitable

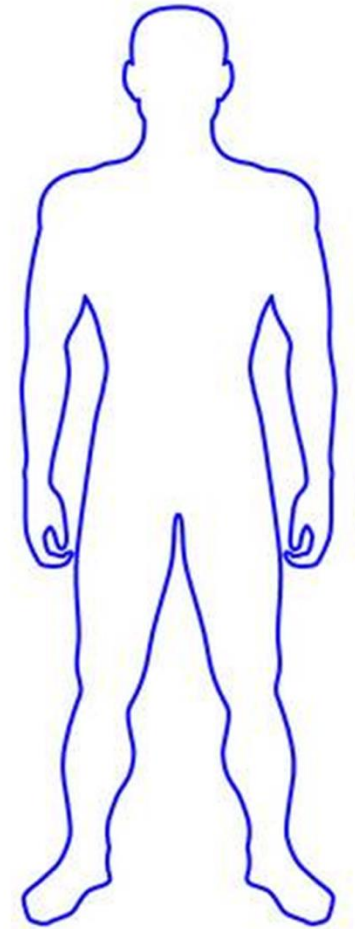
- Difficult questions, confusion about terminology
- Direct style, causing opportunity for avoidant responses
- “Guessing” at answers when the theme is unknown
- Theoretical



Treatment

- Adapted intake & Referral
- Always a medical checkup
- Customized CBT (CBT+ of LBoD)
- Trauma treatment (EMDR, SeSa)
- Non-verbal therapy
- Rehabilitation: daytime activities / skills
- Change-plan

- Inpatient or outpatient



Adapted intake & referral

- Project Accessibility to addiction care (2015-16)
 - Collaborative effort between service providers
 - Best practices → pilot study → national guideline
- Manual
 - Referral
 - Intake process
 - Collaboration
- Reference cards





When referred to addiction services

- Invest in relationship with treatment providers, i.e. good contacts at ID services
- Provide additional information
 - Level of ID, impairments and capacities
 - If applicable: psychiatric and other medical issues
 - Tips for effective communication and treatment planning
- Provide your contact details



Adapted CBT

- Goal = abstinence or less usage
- More “doing” instead of “talking”
- From “Do-not-do” to “do-so”
- Opportunity for more repetition with more shorter sessions
- More attention for active and visual interventions
- A more supportive, rewarding and sometimes more directive approach from the counselor



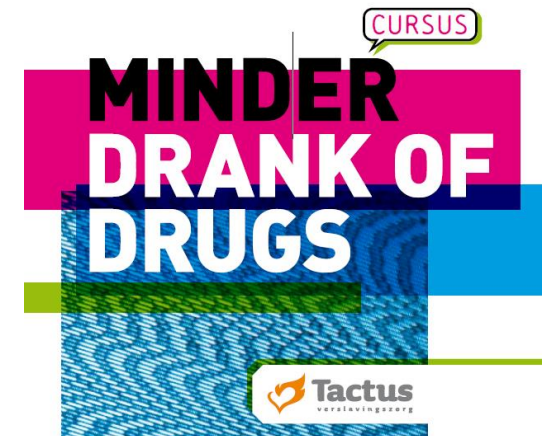
Treatment protocol Less Boose or Drugs

Structure: 12 weeks, 12 topics, 24 sessions of 30-45 minutes

- Individual sessions (+confidante): repeating previous topic and theory new topic
- Group sessions: practice, exchange, games & fun

Goals

- Education
- Enhance self control over SU
- Enhance social support



Topics

1. Introduction
2. Information about SU
3. Pro's and Con's
4. Goals and Tips
5. Habits
6. Craving
7. Saying No
8. Making up excuses
9. Thinking differently
10. Emergency plan
11. Prevention of relapse
12. Closure/ Finish

WERKBLAD

5 MIJN RISICOSITUATIES
Wanneer loop jij risico op gebruik? En in welke situaties gebruik je niet?

Groot risico op gebruik



.....

.....

.....

Dit kan lastig worden



.....

.....

.....

Dit lukt goed



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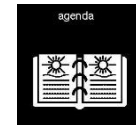
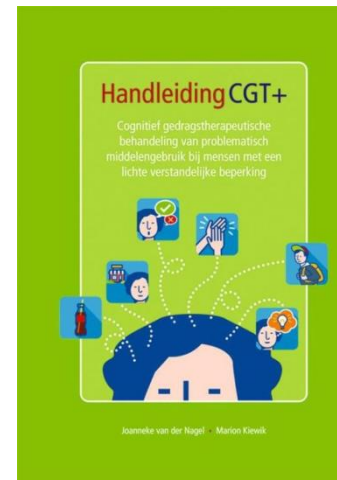


Role of confidante partner

- Supporting in learning process: helps to translate learned material to everyday practise
- Helps with practising in everyday life and with “homework assignments”
- Postive supporting factor in network client
- Rolemodel

Treatment protocol CBT+

- Structure: 9 weeks, 18 sessions
 - Individual session
 - Sessions with sponsor
- Goal:
 - Improved self control
 - Relapse prevention
- Means:
 - Registration
 - CB analysis
 - CBT excercise





Promoting (assisted) self-control

Technique	Example
Distance	Avoiding specific places, persons, or situations
Distraction	Engage in healthier and enjoyable activities
Declare	Share with trusted others how you are feeling
Different thinking	Identify disfunctional thoughts ('excuses'), decide on what you would like to think/do
Doing great!	Recognize what you have achieved. Reward strategies
Deal!	Agree with your caregivers on what your 'new rules' are, and how they can help you

Specialized services - Inpatient

- More homogeneous group
- Intensified support and supervision
- Adapted highly structured therapy program
- Pictograms, pictures...





TACTUS



craving



uninhibited



addiction



treatment



thoughts



use



motivation



verleiding

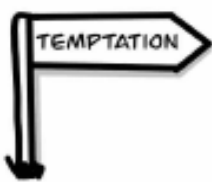


peer pressure

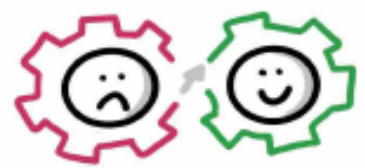
GROEPSDRUK



being clean



DEALER



change



PAUSE, and after the pause....

**We share learning
experiences!**





Learning by doing

- After 14 years of working in Addiction & ID...
 - We are still learning!

Learning experiences

- Use your patients' experience
 - Peer group support
 - To learn yourself
- Your day-to-day practice is your fieldlab.
Your patients are your teachers



WERKBLAD

5 MIJN RISICOSITUATIES
Wanneer loop jij risico op gebruik? En in welke situaties gebruik je niet?

Groot risico op gebruik

Dit kan lastig worden

Dit lukt goed



Case 1 cannabis use disorder or...?

Peter (33 yrs), mild ID, referred for cannabis use disorder

- Reported to be open about his use
- Reported to be willing to change his use
- At intake: denies cannabis use

- What happened?



SumID Promotion team



Patient evaluation

“As soon as I have craving, I need to set my mind on something else... Doing something else... To reduce the craving. That’s one thing I have learned.”

“It is a great training. ... afterwards you think: ‘there are so many nice things in life outside the drugs’. That’s what I have learned in this training”.

“...it is easy. ... No big words. Not like the other course”.

Learning experience II

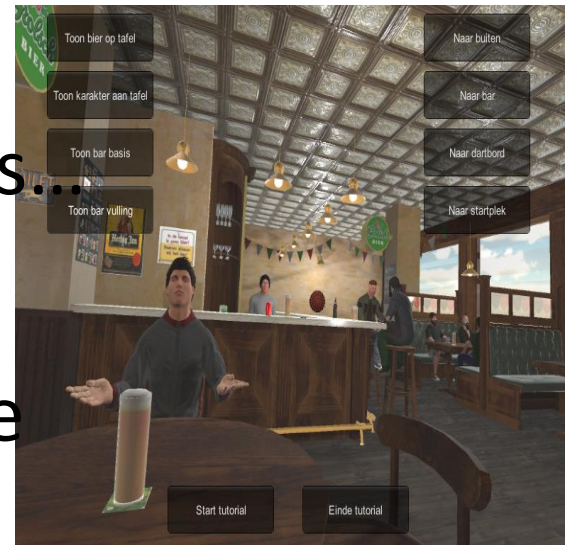
- Show & Tell, not only for the patient
- Go up in smoke:
 - Development of Virtual Reality as a Smoking cessation tool



Craving in cigarettes or.....?

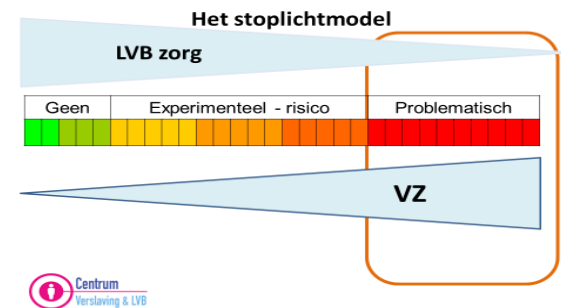
- Jane, 35 years old, Mild ID, severe alcohol use & tobacco use disorder
- In inpatient treatment for AUD
- Participates in pilot with Virtual reality smoking environment
- Experiences enormous cravings...

→ Study into using VR to prepare for discharge



Learning experience III

- Cross-system collaboration is essential
- Focus on trajectory after treatment:
 - Housing
 - Work
 - Free time
 - Social life





Cross-system collaboration

- “I didn't like the clinic, but it's actually good for me. I feel safe here and have learned a lot. When I go home I have already arranged that I can continue to do daytime activities here until I have something else. Daytime activities are important to me”
- Patients moving from other parts of the NI to Twente, because of our collaboration between Tactus and Aveleijn...

Learning experience IV

Stereotypes



What stereotype?

- Patients struggle with stereotypes & stigma
 - Related to addiction
 - Related to psychiatric co-morbidity
 - Related to intellectual disability
- Many patients do not see themselves as having an ID

Peter, 50 years

- Husband, dad, valued worker
- Alcohol use disorder + mild ID
- Successful completion of CBT+
 - Do we give him a certificate or not?

The diagram shows a certificate form titled "CERTIFICAAT" with the following fields and labels:

- logo instelling
- naam
- Heeft de module CGT+ met goed gevolg afgerond
- datum
- plaats
- client
- handtekeningen
- vertrouwenpersoon
- behandelaar

At the bottom right, there is a logo for "Centrum Verslaving & LVB" featuring a stylized human figure in a circle.

Thank you!

Questions?



info@centrumverslavingenlvb.nl

<https://www.tactus.nl/centrum-verslaving-lvb/> (dutch only ☹️)

Scientific publications + book chapters on researchgate
(NL/EN/D/F)



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