A Holistic Lens on Addiction: From Systemic to the Individual
SAISD Team

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Services

- Provide drug & alcohol information, education, prevention, intervention & referral services
- Provide drug & alcohol screenings
- Help advocate for accessible services
- Provide services off campus at other schools, agencies, clinics or sites that request our services
- Opportunities to talk about personal concerns or concerns about others related to alcohol, drug use or other addictive behaviors
Participants will learn

- Evolution in theories about addiction development and treatment over time.
- Biopsychosocial Spiritual Model.
- Abstinence vs. Harm Reduction approaches.
- Legacy of stigma.
Changes in Perspectives Over Time:

- Moral or religious failing (“a sin”).
- Punitive approach (“a crime”).
  - A behavioral disorder
- 1990’s Brain research (“a brain disease”).
  - A biological and genetic disorder
- Move away from just the individual to systemic issues (“a public health problem”).
  - Social justice, power and health disparities
“It is easy to quit smoking. I have done it hundreds of times.”
—Mark Twain

Why do you think Mark Twain had to quit “hundreds” of times?

Is an individual focus on just getting the person to quit their drug of choice enough?

Why or why not?
The Biopsychosocial Model:

Developed by George L. Engel and Jon Romano of the University of Rochester in 1977. As opposed to the biomedical approach, Engel strived for a more holistic approach by recognizing that each patient has his or her own thoughts, feelings, and history.
Holistic Approach

**Recovery is holistic**

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

-SAMHSA
Biopsychosocial – Spiritual Model of Addiction

**Biological (Body)**
- Hereditary, genetic.
- Physical problems caused by use.
- Changes in the brain.
- Existing characteristics that make a person more likely to become addicted.
- Physical dependency.

**Psychological (Mind)**
- Person’s way of thinking.
- Irrational and unhealthy thoughts.
- Self-medicate for mental health.
- Trauma response.
- Makes them feel different/better.
- Psychological dependency.

**Social (Relationships)**
- Where addiction started or takes place.
- Peer group, friends.
- Family.
- Social class (poverty, inequality, less access to resources).
- Belonging.
- Safety, acceptance.

**Spiritual (Soul)**
- One’s sense of purpose.
- Meaning of life.
- Morals.
- Connectedness with the world and beyond.
- Healing, forgiveness.
- Internal strength.
- Conscience, guilt.
How would the Biopsychosocial Spiritual Model and a Holistic approach be helpful for Deaf clients in treatment? What might be missing from treatment if these are not taken into consideration?

**Biopsychosocial Spiritual Model:**
- Biological (Body)
- Psychological (Mind)
- Social (Relationships)
- Spiritual (Soul)

**Holistic approach:**
- Encompasses a person’s entire life – mind, body, community, resources, services, etc.
Recovery

“Process of change through which individual works to improve their own health and well being, live a self-directed life, and strive to reach their full potential.”

SAMHSA (Substance Abuse & Mental Health Services Administration)

Recovery-Oriented Care

“Coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life.”

NYS OASAS (Office of Addiction Services & Supports)
Abstinence vs. Harm Reduction Approaches

- Society tells people with an addiction they must be abstinent or be substance-free before we will even help them or provide services.

- If they can’t be abstinent, they’re kicked out of treatment or incarcerated.

- #1 Goal first – keep people alive.

- Misconceptions – it is not enabling or allowing people to avoid taking responsibility.
Harm Reduction:

- Reduce negative consequences of harmful behaviors before focusing on eliminating them.
- Less concerned with achieving total abstinence, more concerned with helping clients take steps to reduce risks.
- Meet the client where they are.
- Collaboration on solutions to client-defined problems.
- Improve client’s level of functioning so that they are able to take more positive steps to bigger change.
- Respectful, non-stigmatizing, strengths-based and client-centered.

Stigma

- “A collection of negative beliefs that society or other group possesses about a subject or group of people.”
- Why does stigma exist?
- What effects does stigma have?
Perspectives are changing for the better, but stigma still creates barriers.

- If a client with depression returns to treatment because they are experiencing a depressive episode and suicidal thoughts, we don’t kick them out of treatment and say it’s a failure.

- Misinformation and lack of education about MAT (Medication Assisted Treatment) presents barriers to clients using medications that can help with withdrawal and craving symptoms, but this stigma does not exist for other medical conditions.

- Punish, stigmatize, shame, and give criminal records, further create barriers to being able to reconnect and become part of society.
Reducing Stigma

▪ Avoiding derogatory labels.
▪ Treating those with drug or alcohol issues with dignity.
▪ Acting with compassion to people in vulnerable situations.
▪ Listening without judgment.
▪ Educating ourselves, partners, family members, and the community about addiction and the recovery process.
▪ about addiction and the recovery process, as Separating the addict from the disease.
▪ Replacing negative perceptions with proven facts.
▪ Speaking up when someone is being mistreated because of their substance abuse.
▪ Sharing our own stories of addiction, recovery, and stigma.
References

- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov