ARISE® Model For Adolescents & Young Adults With Substance Use Disorder and Mental Health Issues

Judith Landau, MD, DPM, LMFT, CFLE, CIP, CAI-II

Gulf Coast Gulf Coast Conference on
Addiction & Recovery

Orange Beach, AL
October 17– 18, 2019

ARISE® Network: *Resilience. By Invitation.*

Judith Landau, MD, DPM, LMFT, CFLE, CIP, CAI

is a child, family and community neuropsychiatrist and former professor of psychiatry and family medicine, who has spent many years studying resilience and overcoming adversity. Dr. Landau is also an isangoma or traditional African healer.

Former professor of Psychiatry at the University of Pennsylvania, Psychiatry and Family Medicine at the University of Rochester, and Senior Consultant to the Trauma Studies Program at NYU and Columbia, Dr. Landau is Co-developer of the Evidence-Based, Best Practice ARISE Continuum of Care. Dr. Landau draws upon 40+ years of research and experience aimed at facilitating long-term healing for addicted individuals and their families.

Author of over 200 publications, she has taught in 100+ countries, trained more than 2000 Certified ARISE Interventionists, been principle investigator on research conducted through WHO, NIDA and NIAAA, SAMHSA and has consulted to UN, WHO, NIMH, NIDA, NIAAA, SAMHSA, and several international governments.

A Senior Fulbright Visiting Fellow, and Fellow of Orthopsychiatry, Association, AAMFT and NCFR, she is the recipient of awards for AAMFT's Outstanding Contribution to the Field of Marriage and Family Therapy and AFTA's Innovative Contribution to Family Therapy.

Currently recognized as a global addiction and trauma pioneer, Dr. Landau continues to change the future of addiction and its interface with mental health by identifying trauma that spans generations. Her recent TEDX talk, *Family Stories, Secrets and Survival,* has become legendary and is one of the most sought-after presentations on the subjects of family resilience, trauma, and addiction. Steadily working on her long awaited personal memoir, Dr. Landau continues to be used by the national media as an expert on all stories relating to human behavior.

ARISE® Model For Adolescents & Young Adults With Substance Use Disorder and Mental Health Issues

ABSTRACT:

Youth substance abuse is correlated with increased likelihood of long-term addiction and mental health issues. Targeting this high-risk population is therefore crucial for addiction prevention. This workshop focuses on working effectively with this population and their unique needs, complicating mental health issues, and the need for intensive family involvement.

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THE PAST: SINGLE DIAGNOSIS
THE PRESENT: MULTIPLE DIAGNOSES

In an era of super-specialization,, our challenge is to balance and prioritize training and knowledge

Definition of Dual Diagnosis (Co-Occurring Disorders)

- A person who has both an alcohol or drug problem and a physical or mental problem is said to have a dual diagnosis
- To recover fully, the person needs treatment for both problems

Mental Health America (Regier, et al, 1990)

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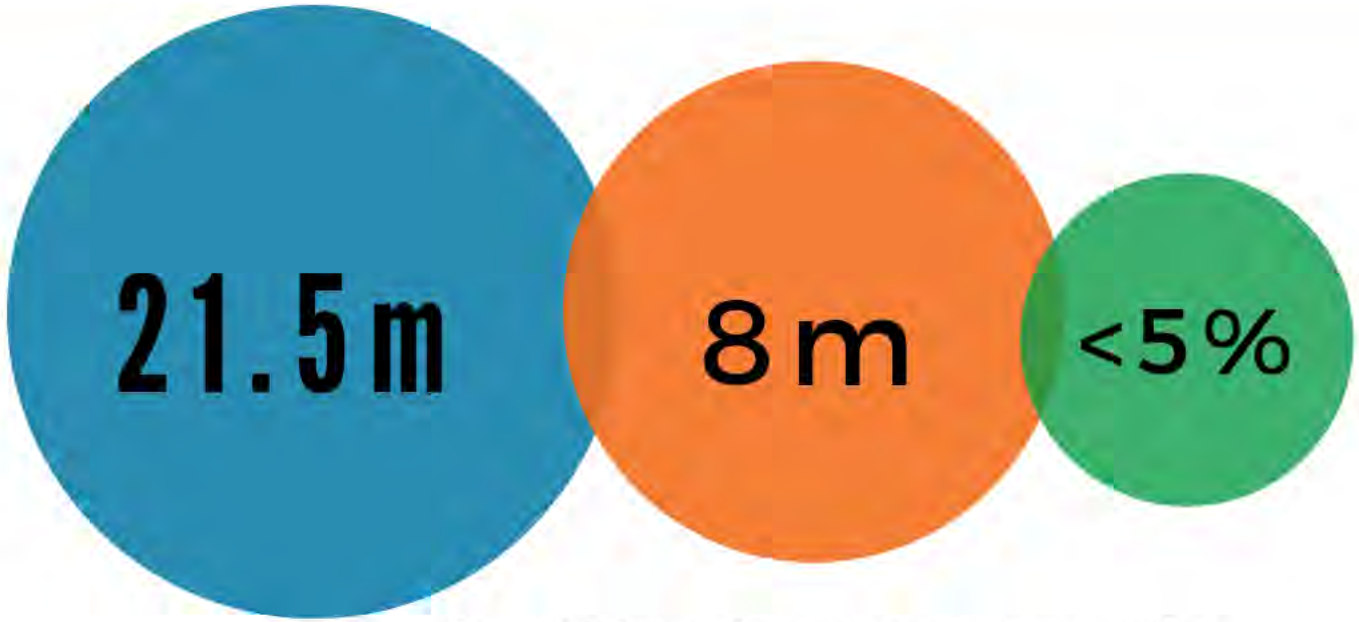
21.5 million American adults (aged 12 and older) battled a substance use disorder in 2014



In 2013, less than 5% of those who needed specialty substance abuse treatment received it

8 million American adults battled both a mental health disorder and a substance use disorder, or co-occurring disorders

According to: National Survey on Drug Use and Health

CO-OCCURING DISORDERS

Exist when a mental health disorder & a substance use disorder are identified **independently** of each other & are not symptoms resulting from a single disorder.

- Of all youth experiencing a **Major Depressive Episode** (MDE) last year, **34% also used drugs or alcohol** (compared to just 16% of their peers with no MDE).
- **Over 70%** of youth entering treatments for substance use disorders were identified as having a **co-occurring mental health diagnosis**.
- **43% of youth** receiving mental health services were identified as having a **co-occurring substance use disorder**.

TO TREAT SEQUENTIALLY OR CONCURRENTLY?

Bukstein & Horner (2010); **Brunette & Mueser, 2006; Drake et al., 2004**

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CHALLENGES
FOR THE
FAMILY

FAMILIES NEED TO BE MEMBERS OF THE COLLABORATIVE TEAM

“SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR PEOPLE AGED 10-24”

April 22, 2017. Phyllis Alongi, Clinical Director of the Society for the Prevention of Teen Suicide

SERIOUS MENTAL ILLNESS

Schizophrenia:

- Onset of Schizophrenia typically between ages 16-30
- Twelve-month mortality after the index psychosis diagnosis was 24 times greater than in the general US population aged 16-30
- Low rates of pharmacotherapy and limited use of psychosocial treatment

Schoenbaum, Sutherland, Chappel, Azrin S, Goldstein, Rupp & Heinssen (2017)

- An estimated 4.9% of people with schizophrenia die by suicide, a rate that is far greater than the general population, with the highest risk in the early stages of illness. Palmer, Pankratz & Bostwick (2005)

- Approximately half of individuals with schizophrenia have co-occurring mental and/or behavioral health disorders. Tsai & Rosenheck (2013)

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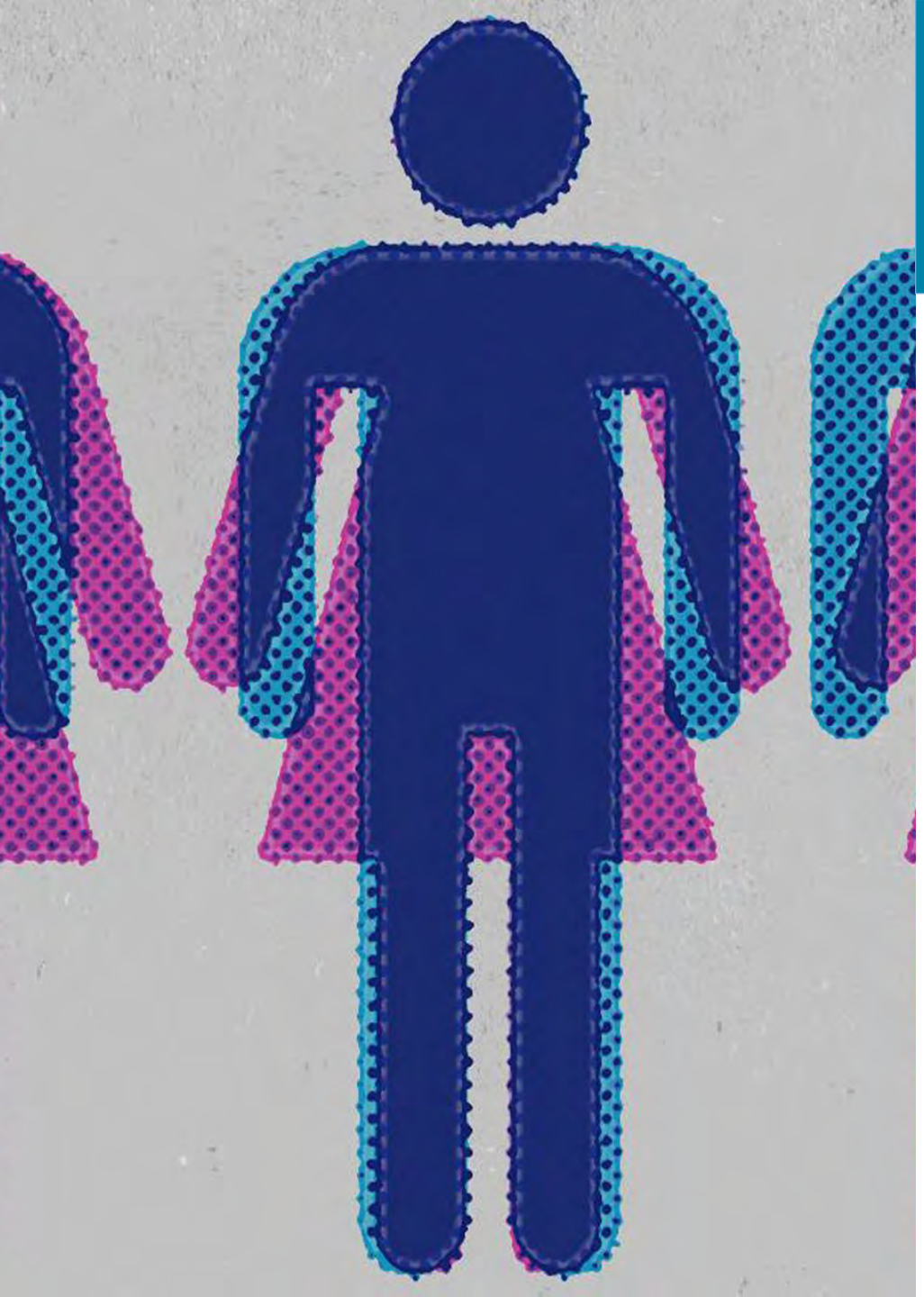
EATING DISORDERS

are responsible for a high percentage of youth deaths

- Eating disorders in children, adolescents, and young adults typically begin during adolescence
- Highest risk group being girls aged from 15 to 19 years
- Athletes, diabetics, and obese adolescents are particularly vulnerable

(Contemporary Pediatrics, Jun 1, 2014)



GENDER DYSPHORIA

- Causes stress, anxiety, and depression
- Combined with abuse, rejection (even by family) results in extremely high rates of suicide along with abuse and death on the street.

30%

14%

6%

17%

PAST 30 DAYS

(Kann L, McManus T, Harris WA, et al., 2017)

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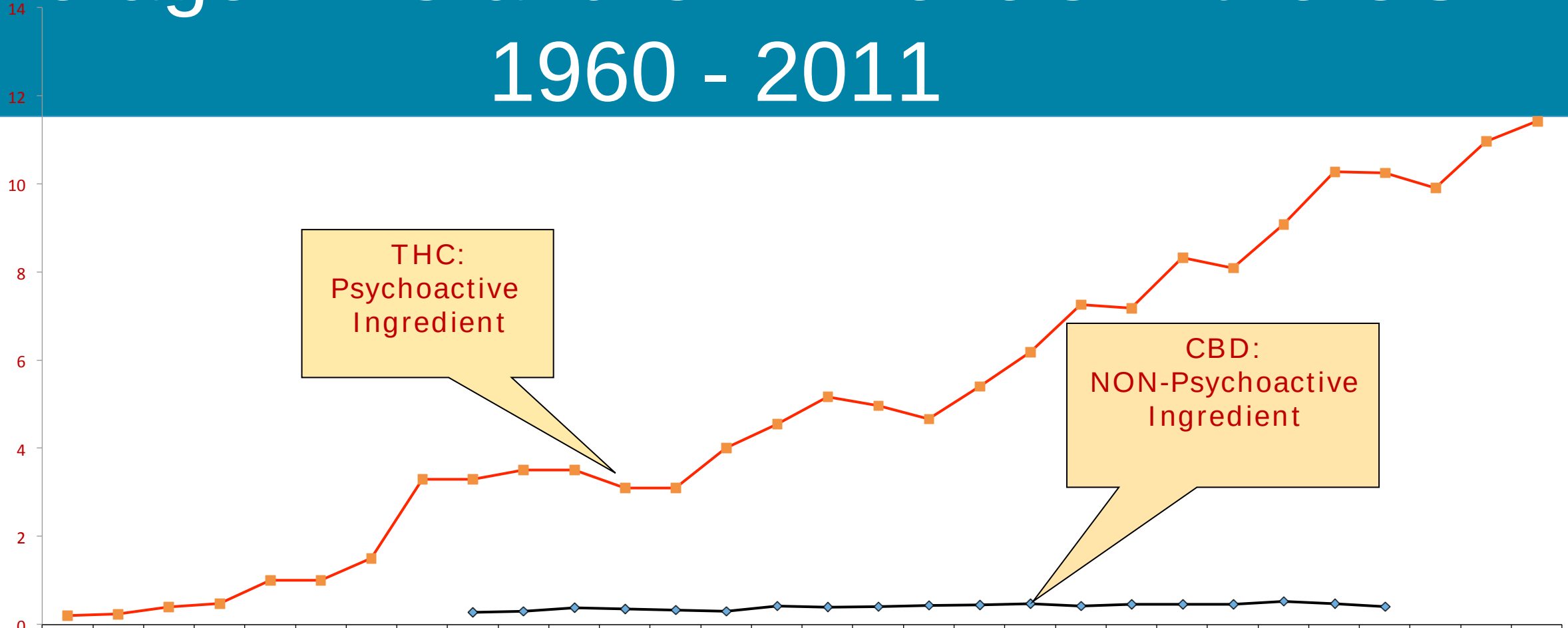
MARIJUANA MYTHS

Despite changes in the law, Marijuana is a highly addictive substance

Marijuana use is becoming more culturally accepted and there is a myth that it isn't dangerous.

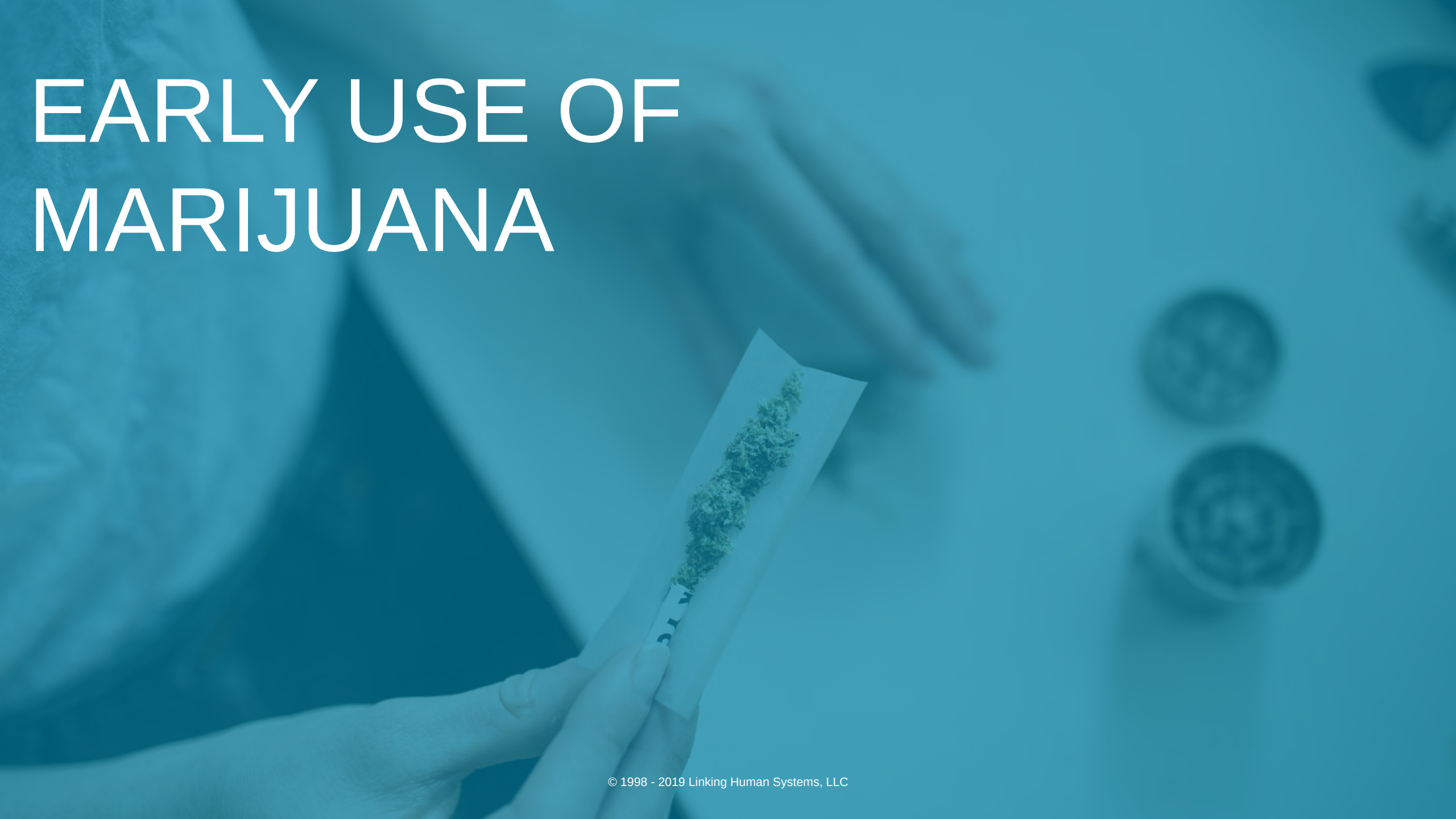
Average THC and CBD Levels in the US: 1960 - 2011



	1960	1965	1970	1974	1978	1980	1983	1984	1985	1986	1990	1992	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
THC	0.2	0.24	0.39	0.47	1	1	1.5	3.3	3.3	3.5	3.5	3.1	3.1	4	4.54	5.16	4.96	4.67	5.4	6.18	7.26	7.18	8.33	8.09	9.08	10.27	10.25	9.91	10.96	11.42
CBD									0.28	0.31	0.38	0.36	0.33	0.31	0.42	0.4	0.41	0.43	0.45	0.47	0.42	0.46	0.46	0.46	0.53	0.48	0.41			

Mehmedic et al., 2010

EARLY USE OF MARIJUANA



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- Those who used pot daily were 3x more likely to have a psychotic episode compared with someone who never used the drug

- Those who started using cannabis at 15 or younger had a slightly more elevated risk than those who started using in later years Lisdahl, 2014

- Use of high-potency weed (THC > 10%) almost doubled the odds of having psychosis compared with someone who had never smoked weed Di Forti, Quattrone, Freeman, Tripoli, Gayer-Anderson, Quigley, et al., 2019

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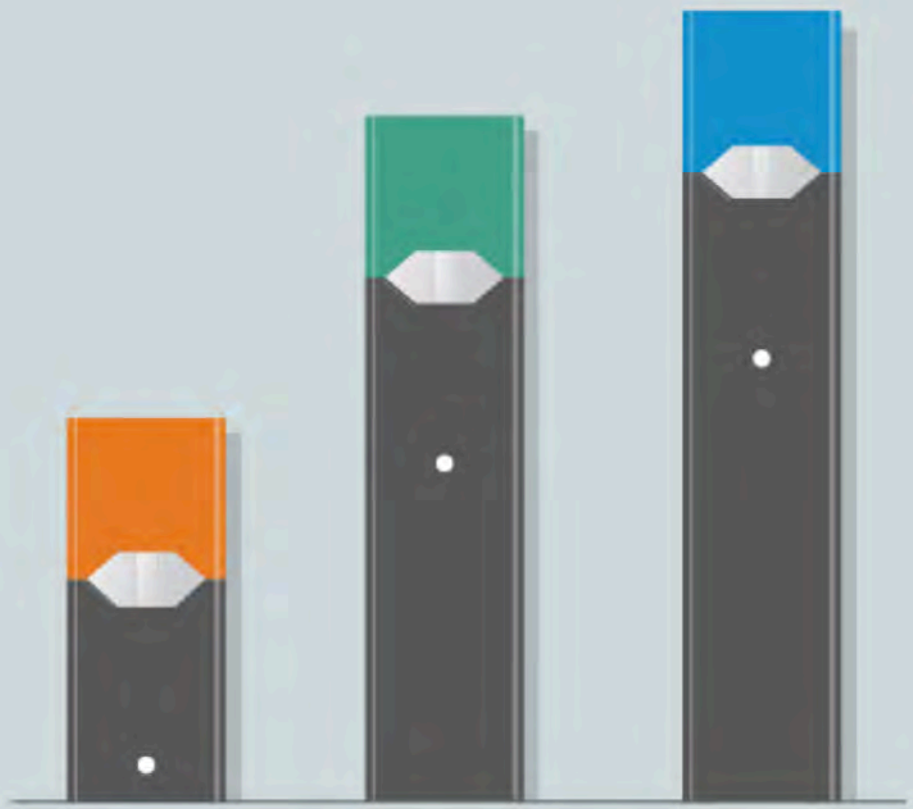
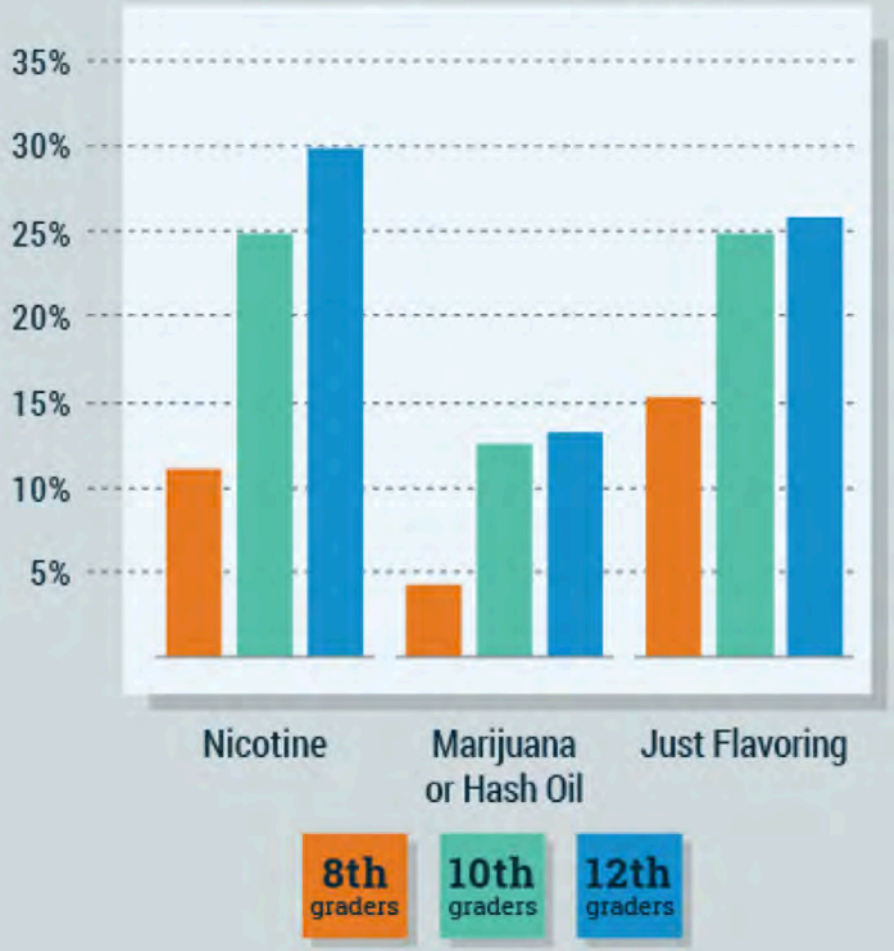
TEENS USING VAPING DEVICES IN RECORD NUMBERS

PAST-YEAR VAPING



8th graders	10th graders	12th graders
17.6%	32.3%	37.3%

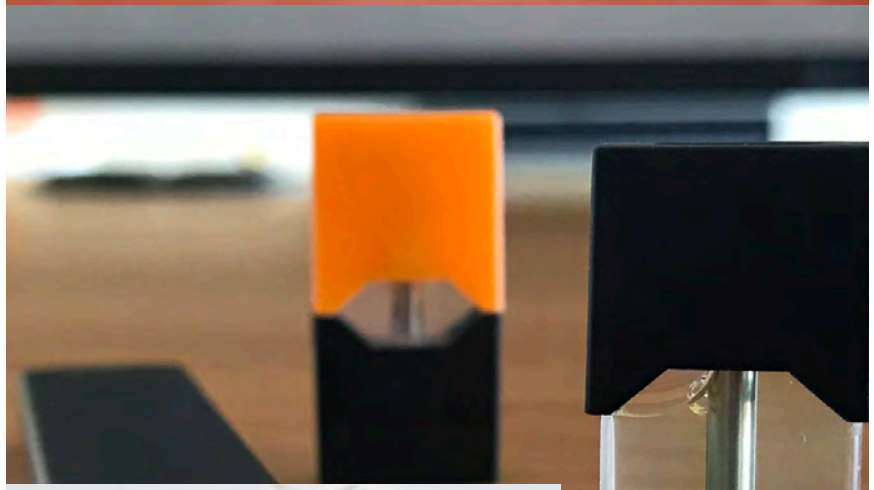
WHAT DO TEENS SAY THEY ARE VAPING?

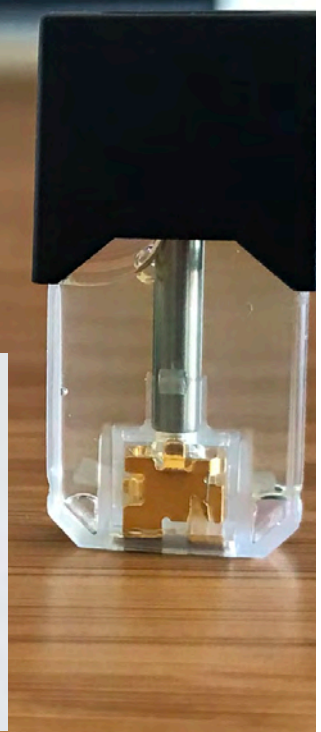


CANNABIS, INHALANTS, JUULS ETC.

- 225 participants with inhalant use, 18 were diagnosed with psychosis, indicating an increased risk for incident psychosis compared with the risk for nonusers.
- Aggravation of ADHD
- Young people with their first episode of schizophrenia are highly likely to self-medicate with THC that aggravates and escalates the disease

(Mustonen, et al., 2018)





ONE POD OF A JUUL:

- 200 puffs
- 59 milligrams of salt based nicotine (equivalent of 20 cigarettes)
- Nicotine
- Benzoic Acid
- Glycerol
- Propylene Glycol
- Natural Oils
- Extracts and Flavors
- ???

THE PROCESS OF ADDICTION

Why our youth can’t just “say no”

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Problems with:

- Physical, mental, and/or emotional health
- At home
- In relationships
- With the law
- At work and/or money
- Continued use/behavior in spite of consequences
- Obsession with or craving the destructive substance or process
- Loss of control, hope, connection, predictability

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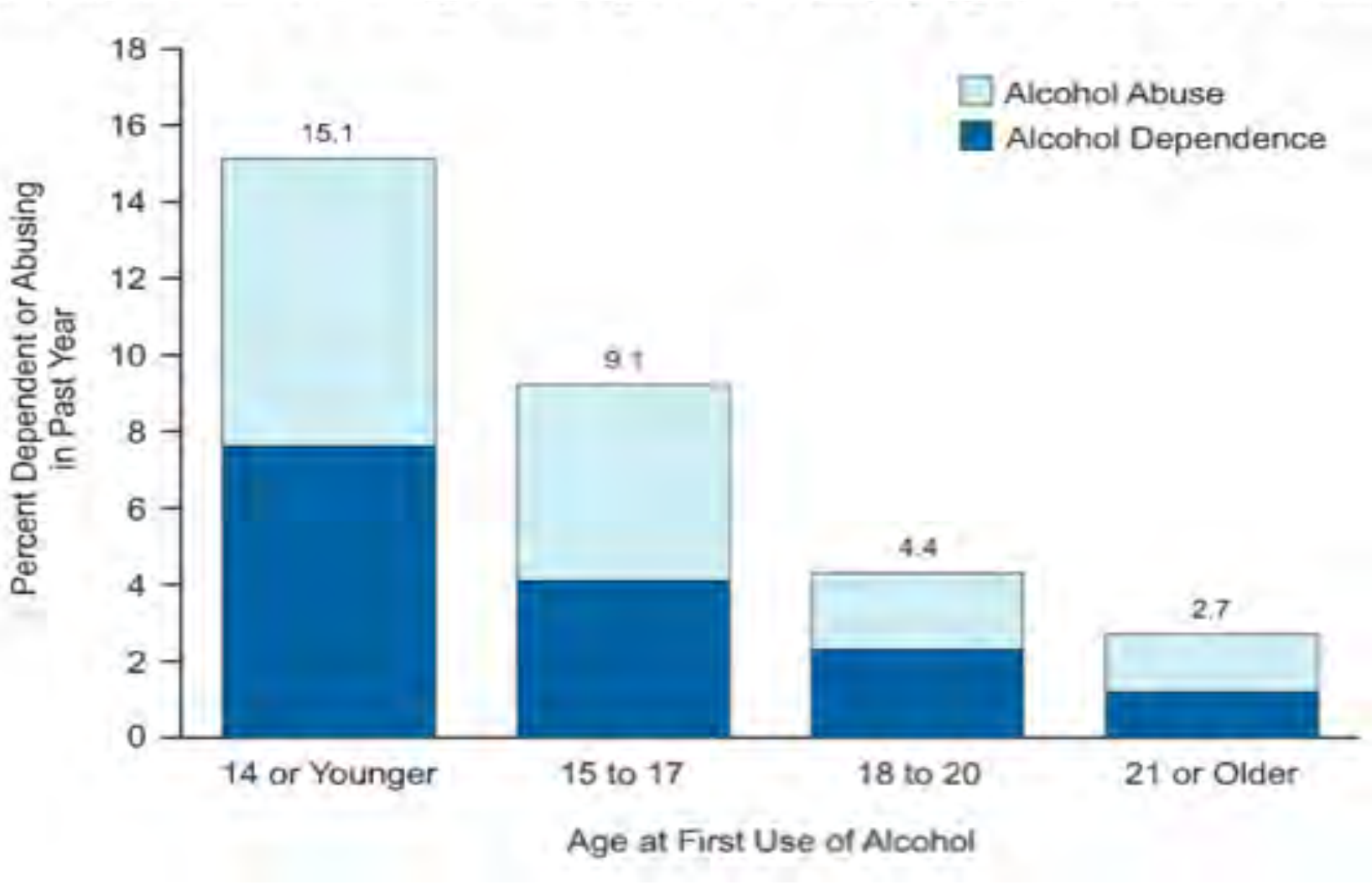
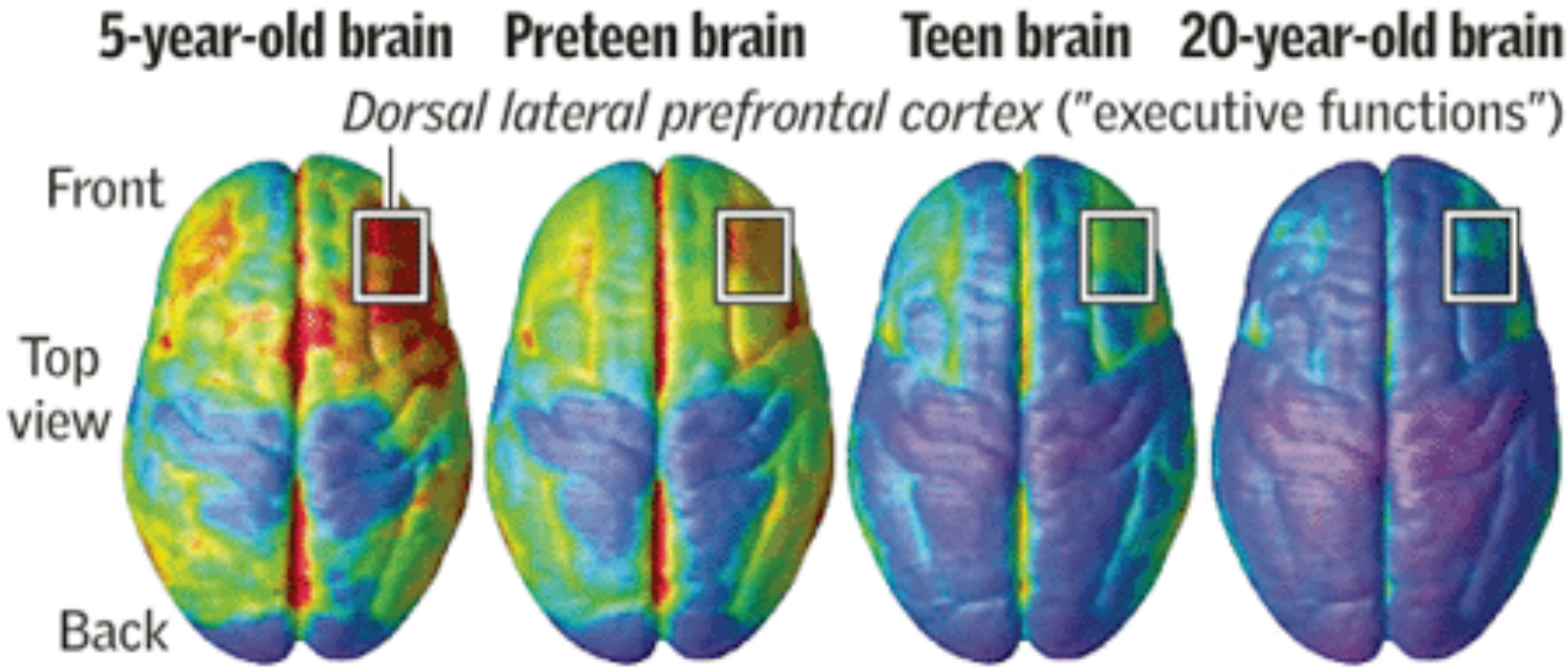
ALCOHOL DEPENDENCE IN 12+ YEAR OLDS BY AGE OF FIRST USE



Judgment last to develop

The area of the brain that controls "executive functions" — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:



Red/yellow: Parts of brain less fully mature

Blue/purple: Parts of brain more fully matured

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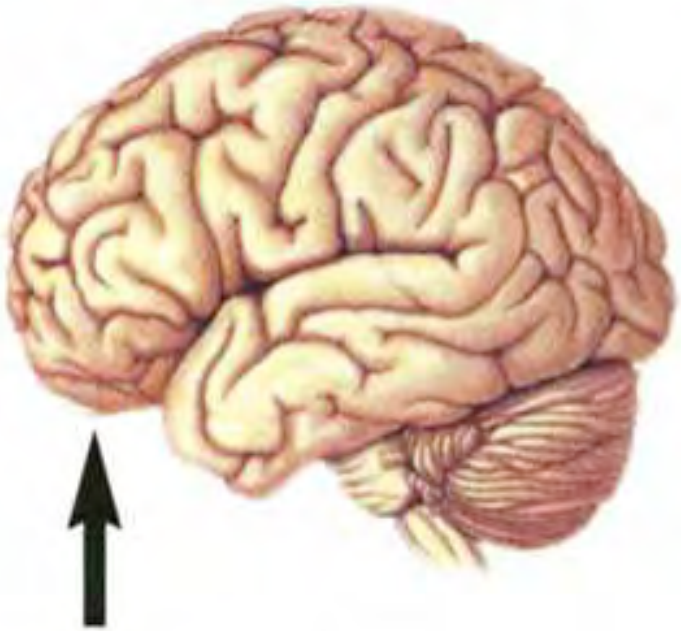
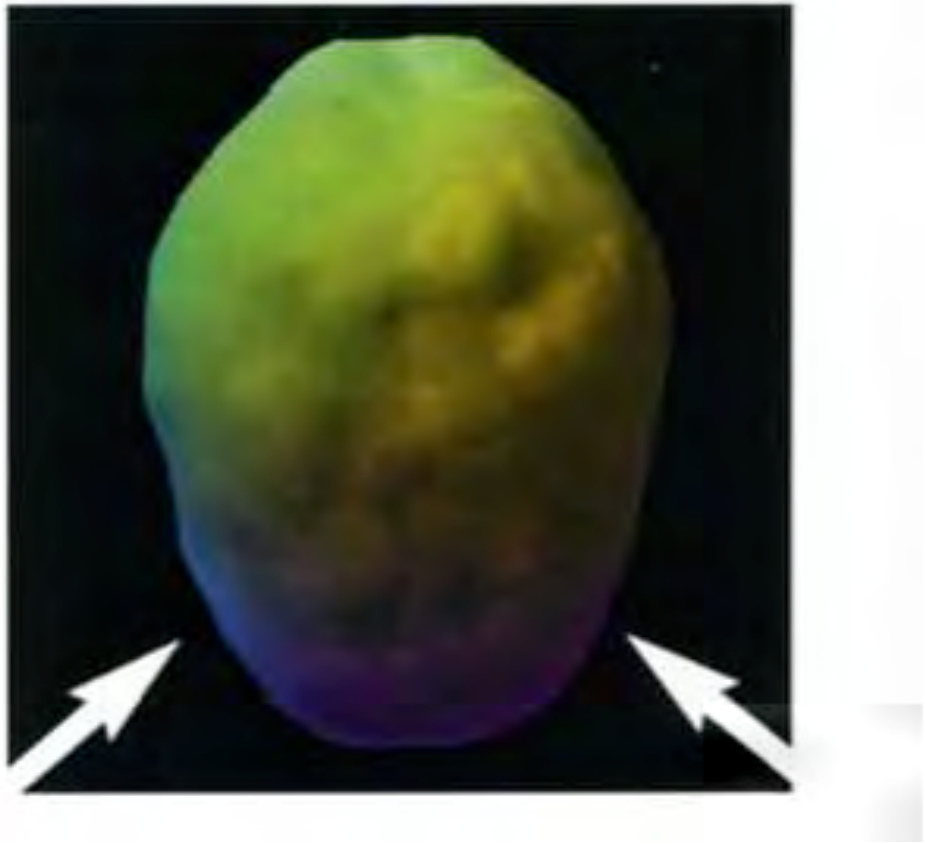
SPECT Images of the Brain





Prefrontal Cortex

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FRONTAL CORTEX FUNCTION

- Judgment
- Impulse control
- Self-monitoring
- Attention span
- Organization
- Learning from experience
- Empathy
- Problem solving

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PREFRONTAL CORTEX DYSFUNCTION

- Inability to objectively assess oneself
- Poor judgment
- Inability to learn from experience
- Decreased attention span
- Becoming easily bored
- Argumentative
- Thin skinned
- Self-centered
- Disorganized

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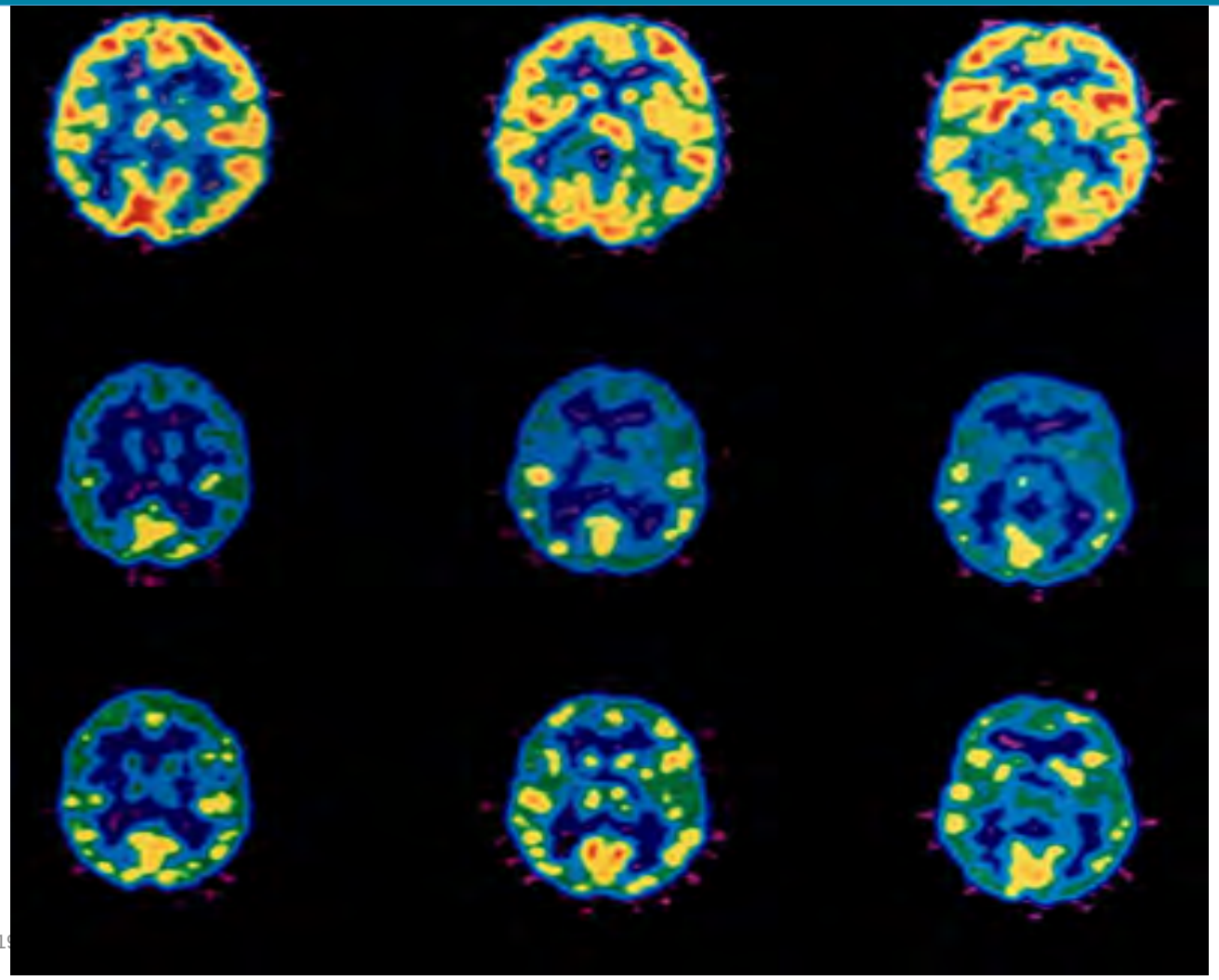
CRAVING & THE FRONTAL CORTEX

- During use or even just craving, the frontal cortex shuts down
- The midbrain is in survival mode



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CRAVINGS & THE MEMORY OF DRUGS

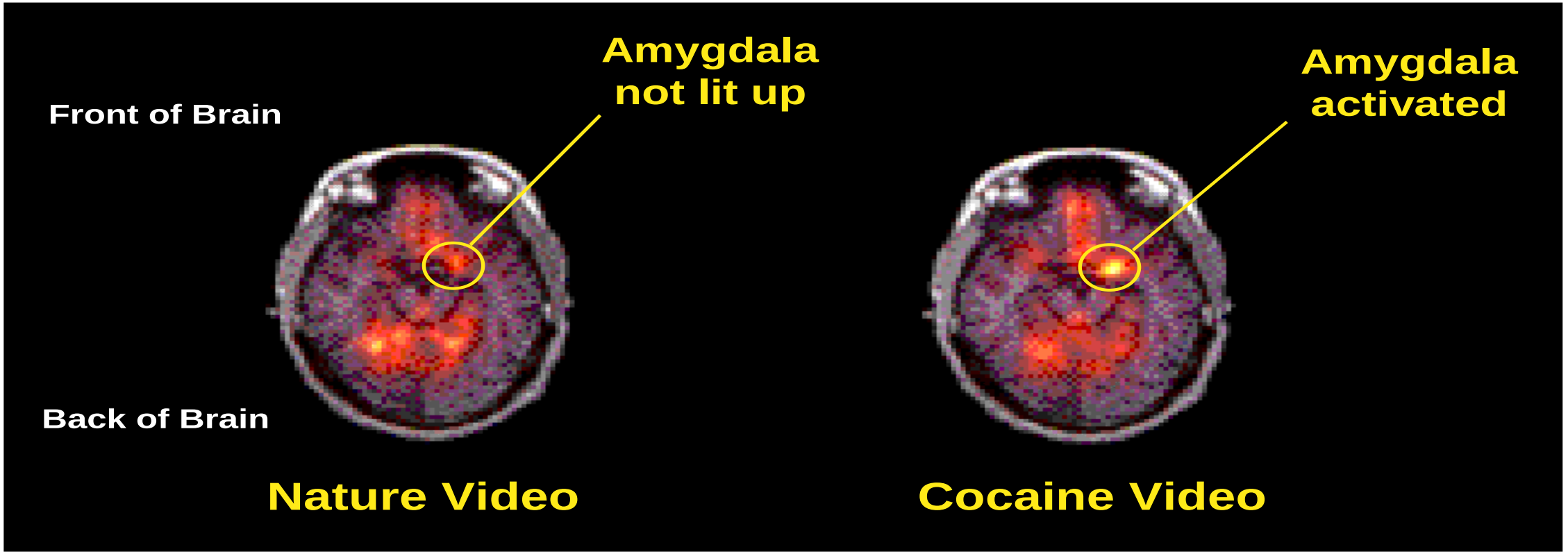

Photo courtesy of Anna Rose Childress, PhD
NIDA (The Science of Addiction www.DrugAbuse.com, NIDA notes 1996)

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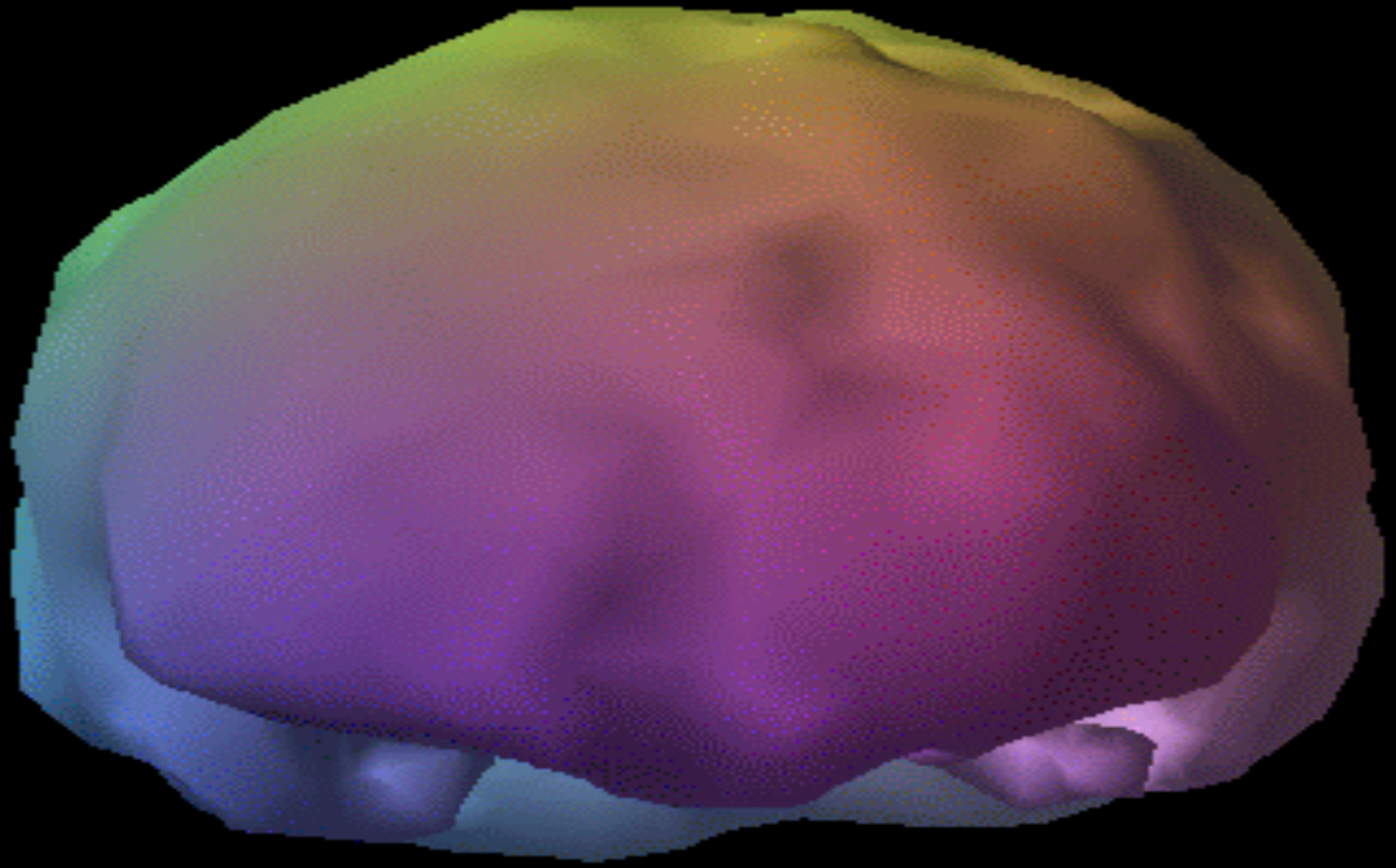
SPECT IMAGE: HEALTHY BRAIN



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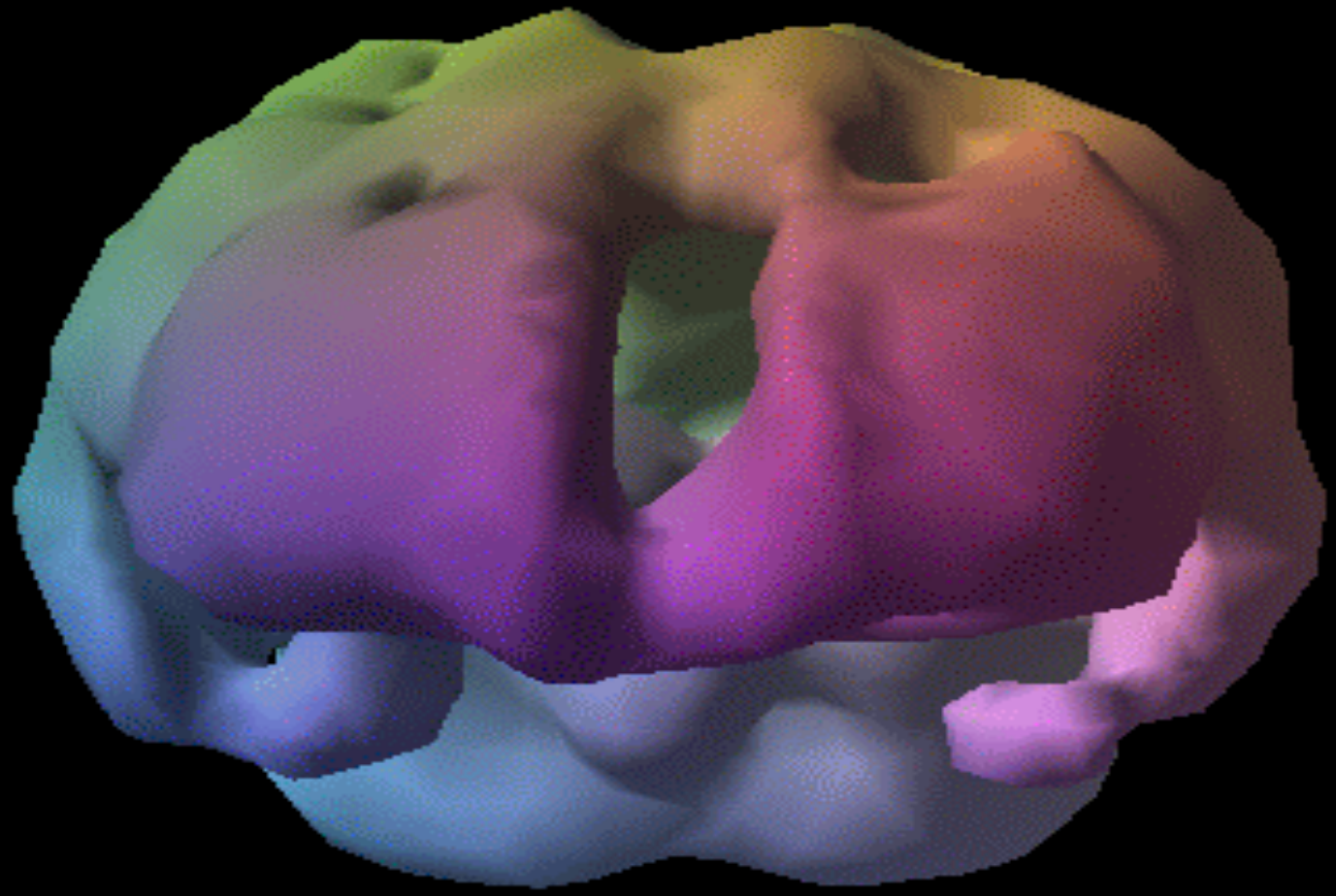
SPECT IMAGE: DAMAGED BRAIN



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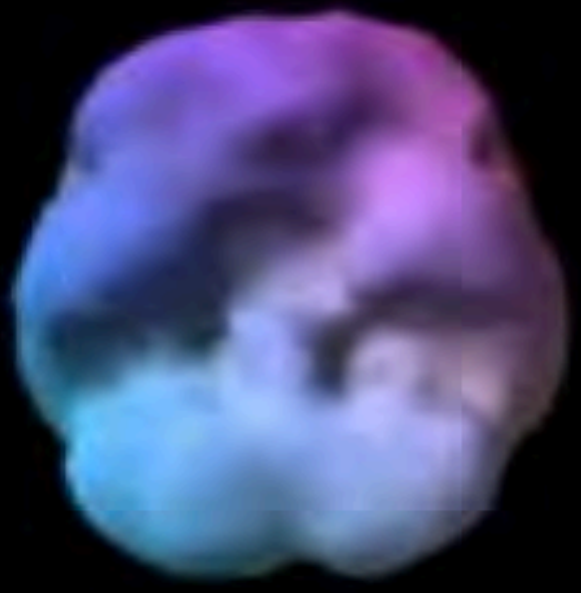
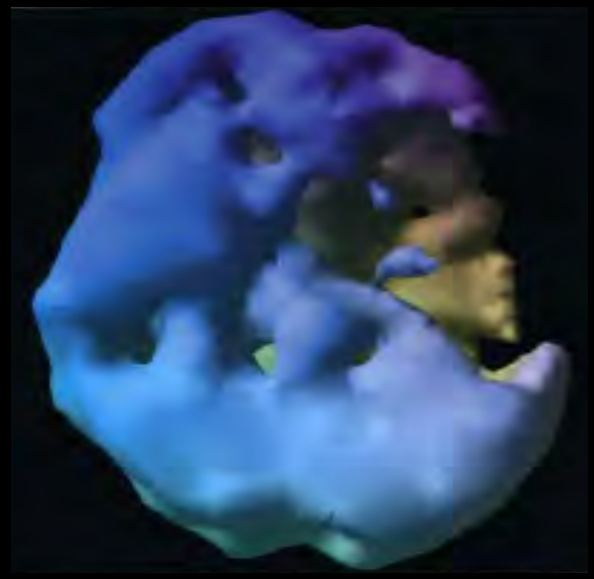
SPECT IMAGES OF DRUG DAMAGE

Healthy
(underside view)



Stroke
(left frontal lobe)



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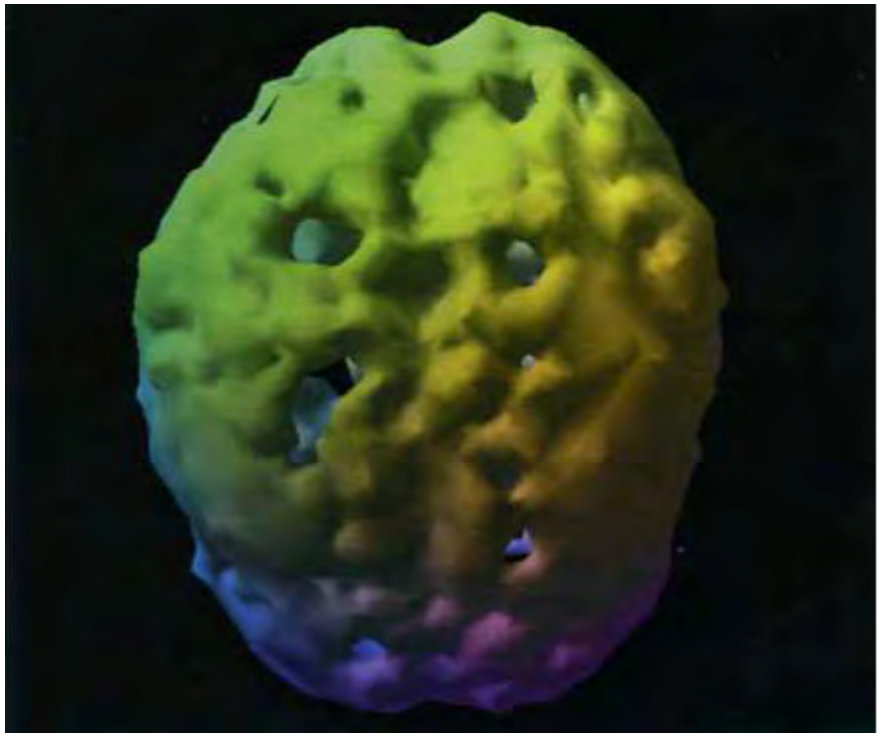
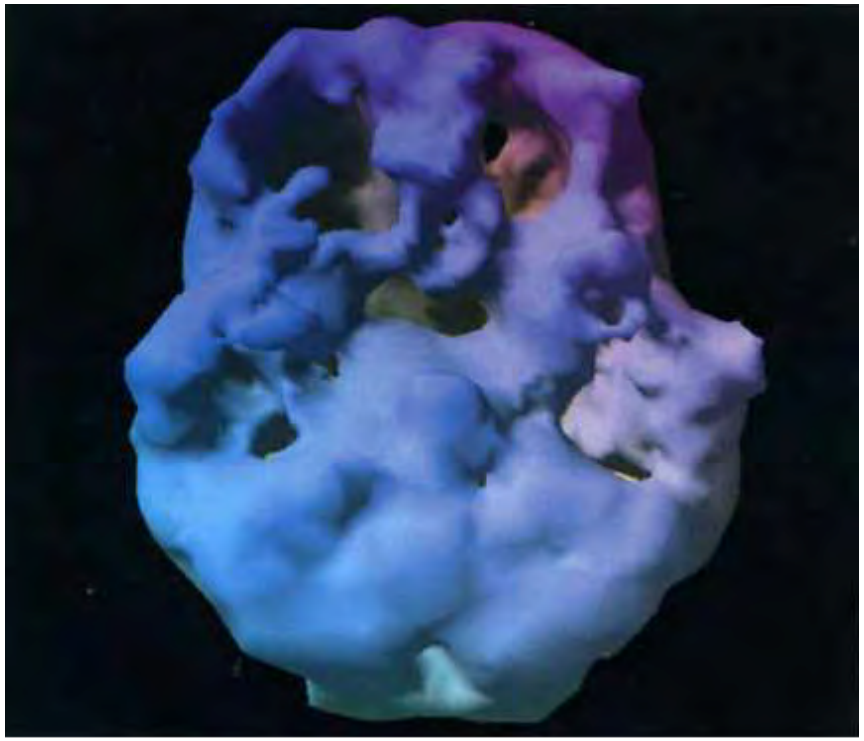
SPECT IMAGE OF THE BRAIN





24-year old with 2-year history of cocaine abuse

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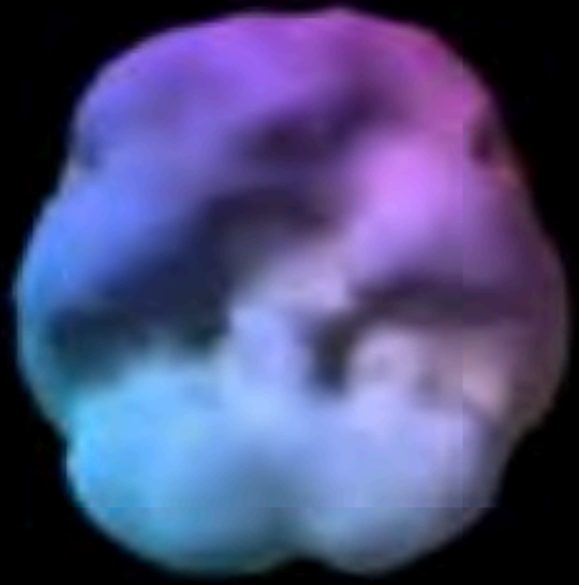
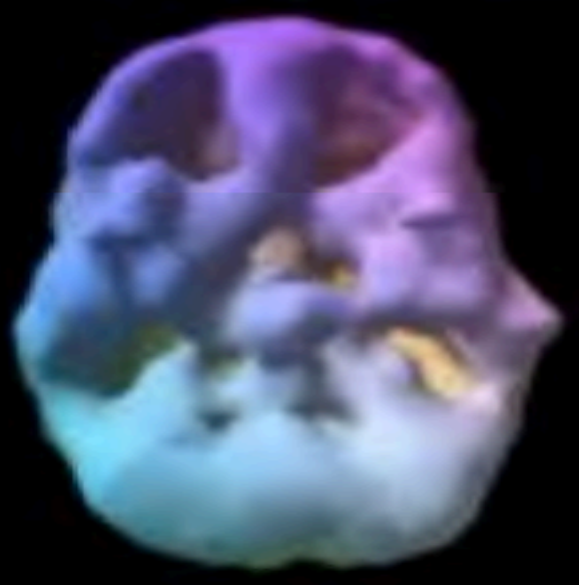
SPECT IMAGES OF DRUG DAMAGE

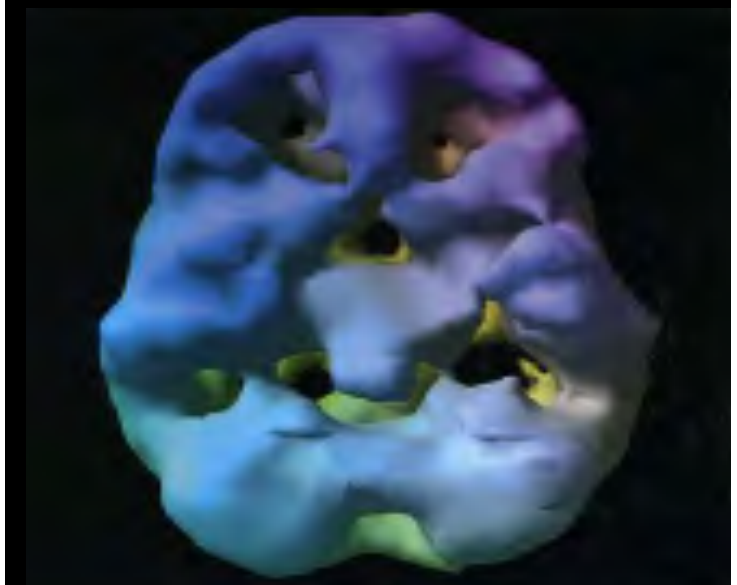
Healthy
(underside view)



Marijuana
18 yo using 4x/week for 3 years



Alcohol
37 yo w/ 17 years of heavy weekend use



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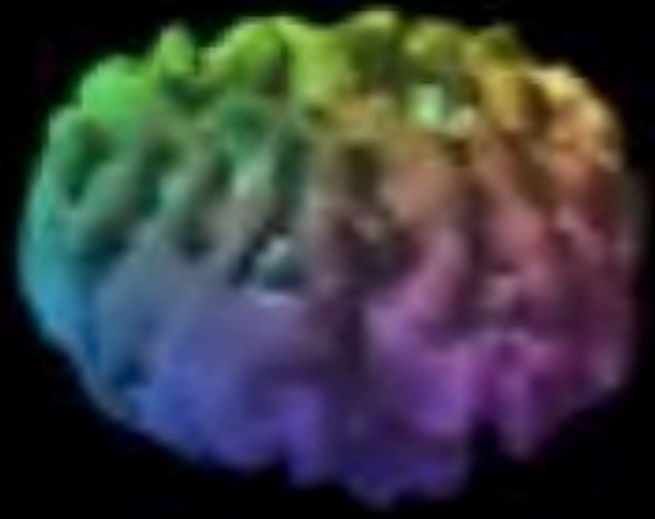
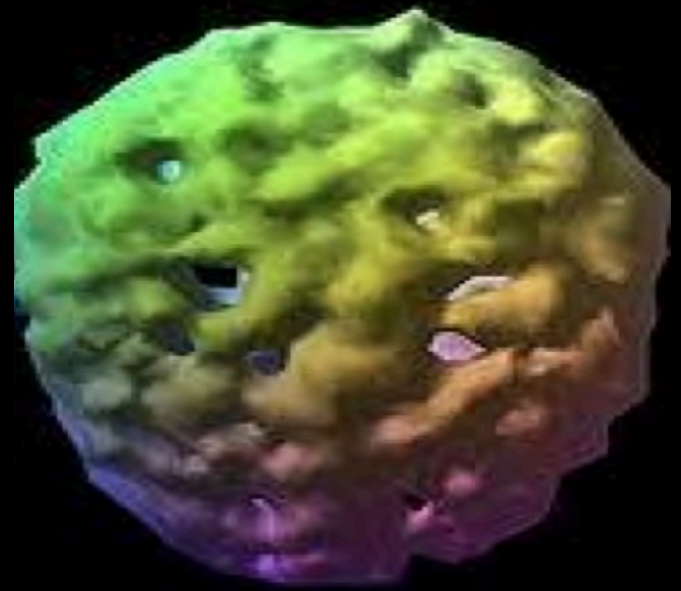
SPECT IMAGES OF DRUG DAMAGE

Healthy (top view)

Heroin
25 yrs frequent use



Methamphetamine



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15-year-old male
non-drinker

15-year-old male
heavy-drinker

**Brain activity while performing a memory task.
Heavy drinker is sober during this test.**

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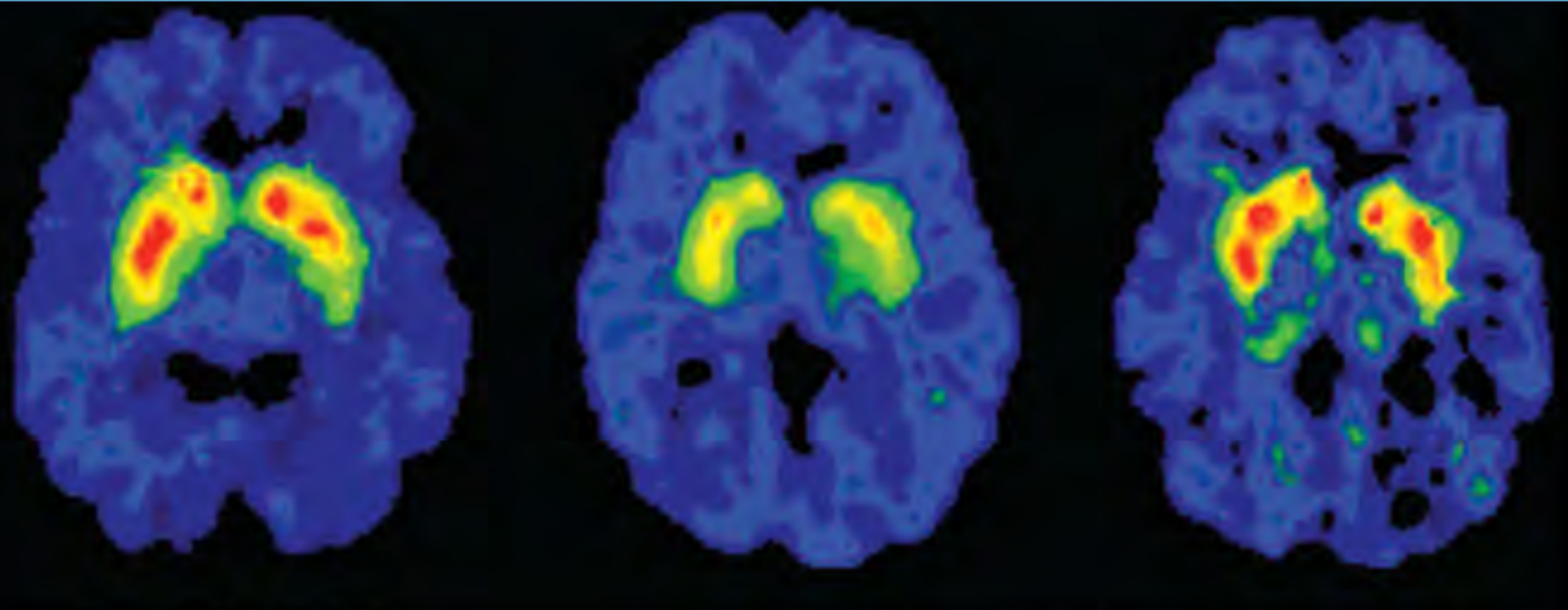
Image from Susan Tapert, PhD, University of California, San Diego

BRAIN RECOVERY WITH PROLONGED ABSTINENCE



HEALTHY CONTROL

PATIENT WITH METHAMPHETAMINE USE DISORDER

1 MONTH OF ABSTINENCE

14 MONTHS OF ABSTINENCE

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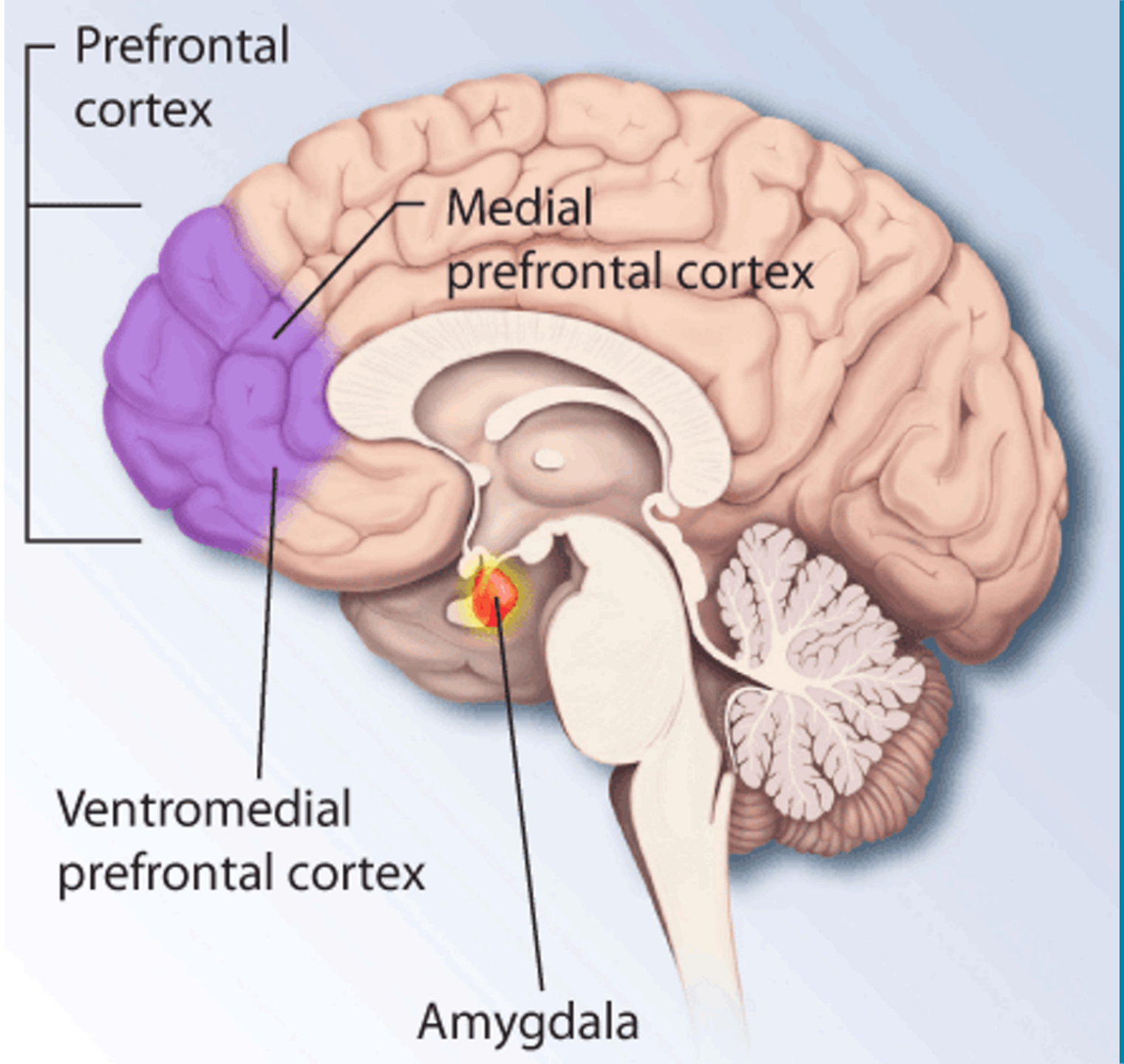
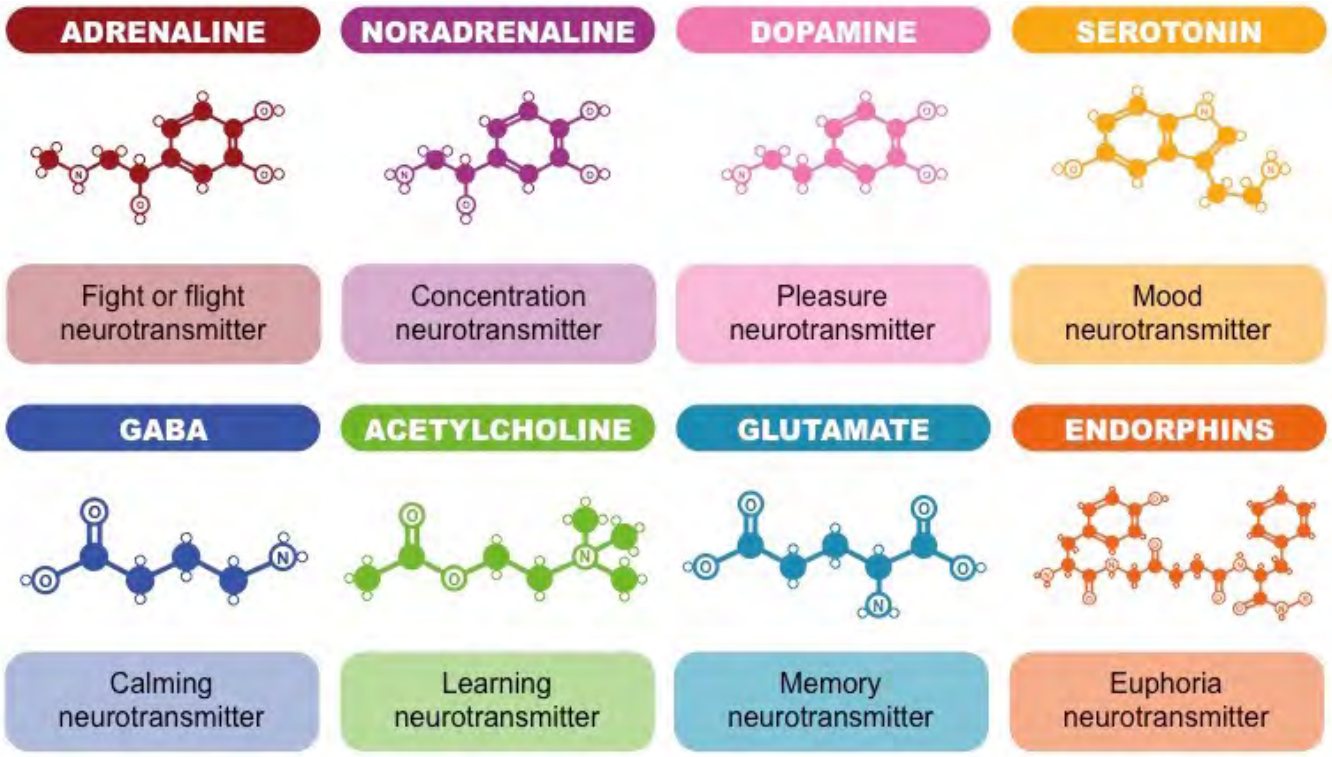
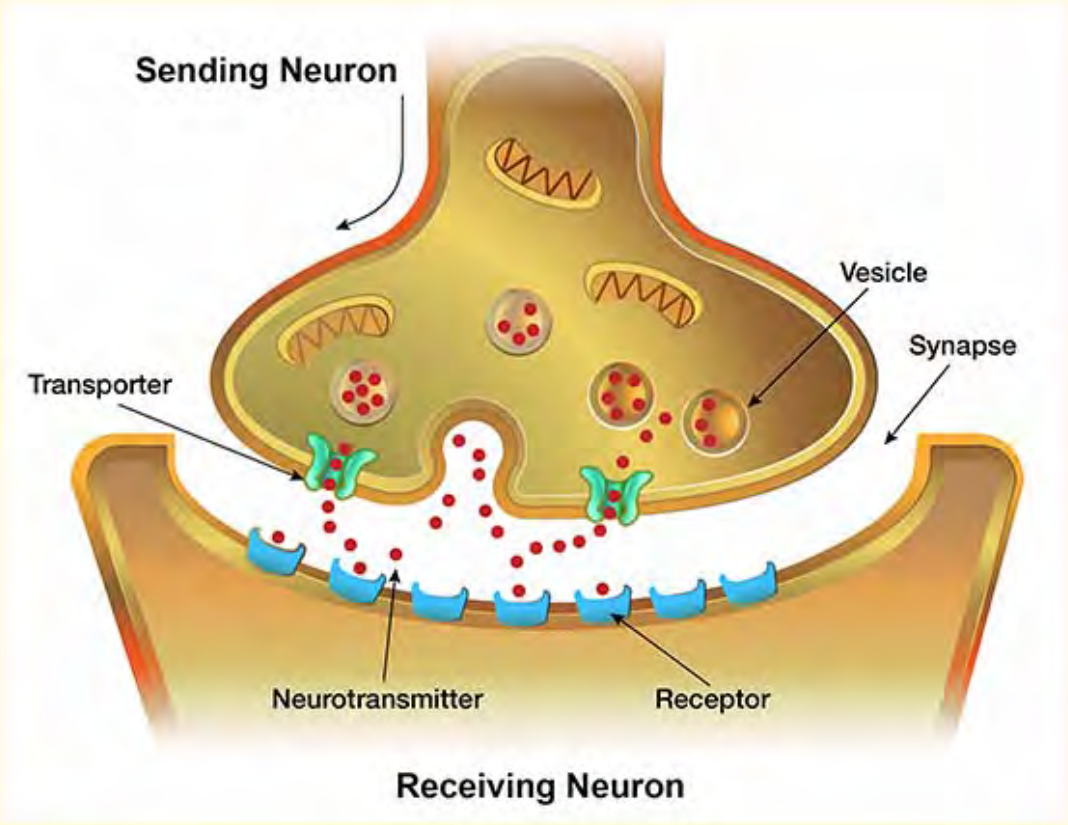


STRESS CIRCUIT

NEUROTRANSMITTERS





(National Institute on Drug Abuse)

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THC and Dopamine Surge

DOPAMINE

Our body produces Dopamine when having **pleasure activities**

DRUGS

Drugs **short-circuit** this natural cycle by making the brain release dopamine

DOPAMINE

The brain **shuts down** some dopamine-receptors. The person need more drugs to get the **same effect**

DIGITAL Youth 8–28 spend about 44.5 hours each week in front of digital screens. (NIH)

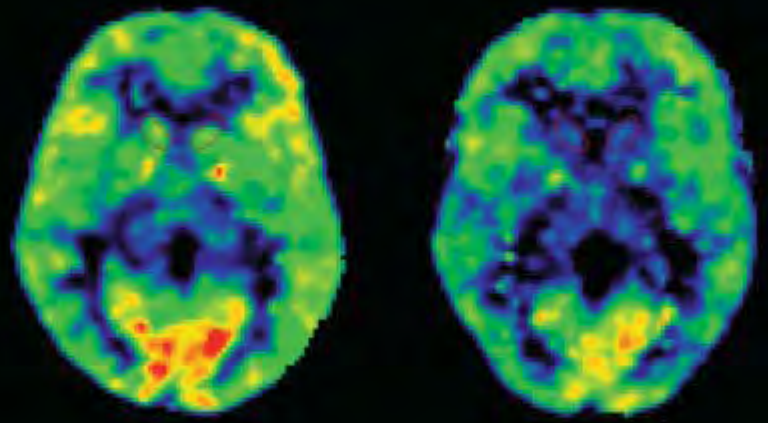
Why?

- Fear of Missing out (FOMO)
- Fear of Being Ignored (FOBI)
- Peer pressure
- Belief that all important information is on their digital media
- Detaching from the Real World
- Conditioned to instant response to the "ting"

Possible Consequences

- Developmental delays in cognition, emotional, social and language development
- Obesity
- Sleep deprivation
- Distraction
- Decreased academic performance
- Isolation from family
- Depression / anxiety

BULLYING



The stress caused by bullying can negatively affect the developing brain.

[redacted] ▸ [redacted]

11 minutes ago ·

You are ugly and fat. You have no friends and no one will ever love you. Why do you even bother coming to school anymore freak.

Like · Comment · See Friendship

[redacted] and 3 others like this.

[redacted] · Friends with [redacted]
hahahah wait but this is so incredibly true.
10 minutes ago · Like

[redacted] · 6 mutual friends
Yeah, what an effing loser
9 minutes ago via mobile · Like

[redacted] · Friends with [redacted] and 4 others
This is totally true!! She is ugly and fat! We all know u have no friends!
8 minutes ago via mobile · Like

[redacted] · Friends with [redacted]
Ha loser. hit the nail on the head on that one.
5 minutes ago · Like

[redacted] · Friends with [redacted] and 3 others
PREACHHH thank goodness I don't have to see that shank
4 minutes ago via mobile · Like · 3

[redacted] guyth thtop, it ithn't nith to make fun of Allythin
about a minute ago · Like · 1

"U are a loser. U have no friends."

CYBERBULLYING

CYBER BULLYING

Constant: 24 / 7

Hard to Escape

Wide audience; can go viral

Can be anonymous

Harder to empathize with target

No geographical limitations

BULLYING

Face to Face

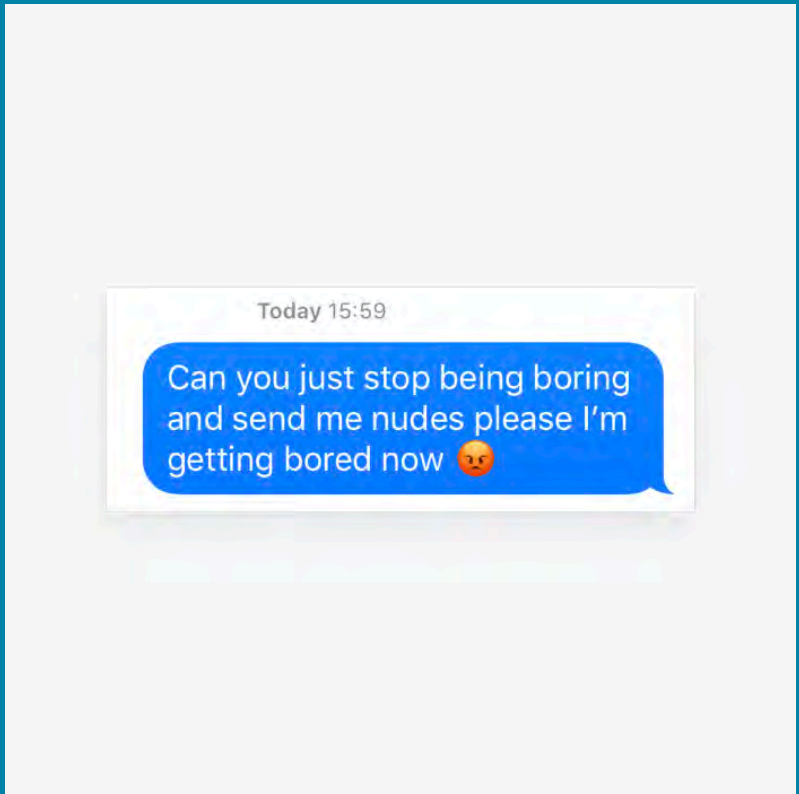
Can find escape

Limited to those present

Bully can be identified

Can see facial and body reactions of target and onlookers

SEXTING



- 1 out of 7 teens has sent an explicit picture
- 1 out of 6 has received a picture

GAMING

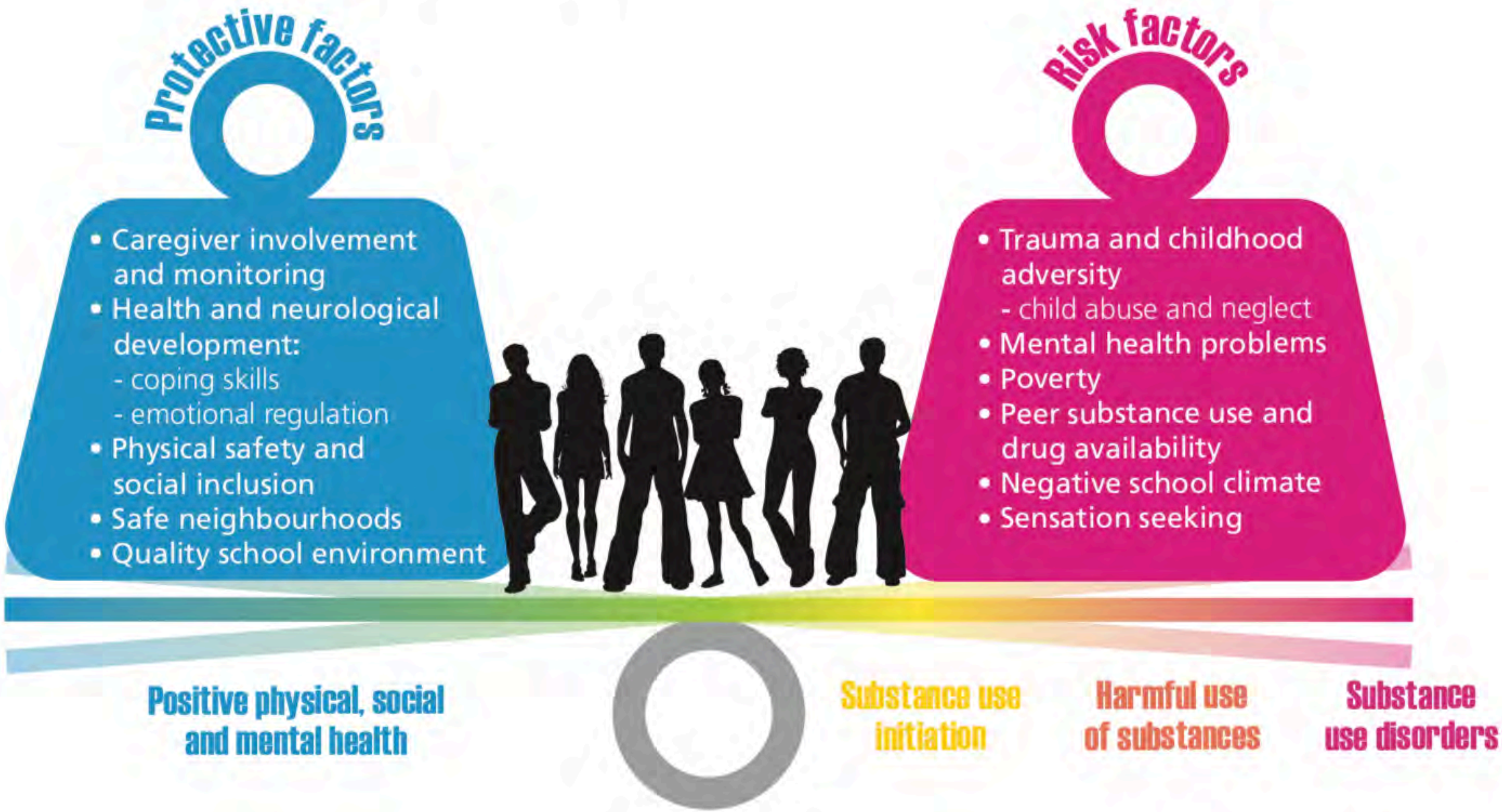
EMOTIONAL

- Feelings of restlessness and/or irritability when unable to play
- Preoccupation with thoughts of previous online activity or anticipation of the next online session
- Lying to friends or family members regarding the amount of time spent playing
- Isolation from others in order to spend more time gaming

PHYSICAL

- Fatigue
- Migraines due to intense concentration or eye strain
- Carpal tunnel syndrome caused by the overuse of a controller or computer mouse
- Poor personal hygiene

Protective factors and risk factors



All youths and families are in transition,

& depending on cultural influences are in or out of sync.

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

- Study with 17,000+ mostly middle income Americans
- **Focus:** Analyze relationship between childhood trauma and risk for physical and mental illness in adulthood
- **Key:** Stressful or traumatic childhood experiences can result in social, emotional, and cognitive impairments
- **Instrument:** 10-question self-report measure to identify childhood abuse and neglect

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PARENTS' CHILDHOOD TRAUMA CAN INFLUENCE THEIR CHILDREN'S BEHAVIOR AS CAN THEIR SUBSTANCE USE, DIVORCE, DEPRESSION

Rapaport (2018)

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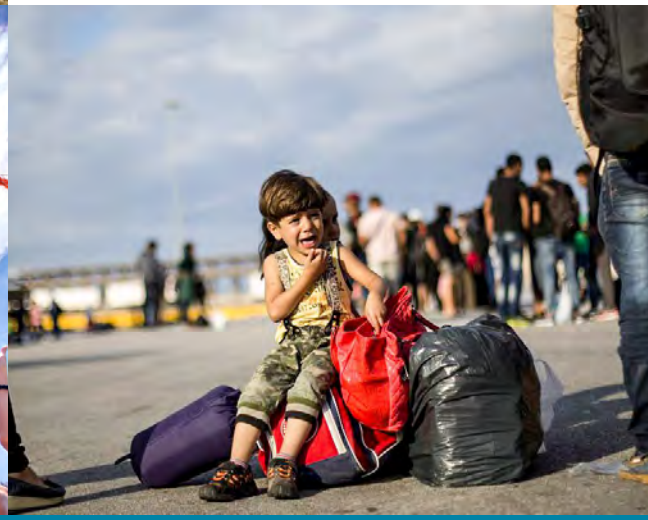
YOUTH RESPOND DIFFERENTLY FROM ADULTS TO TRANSITIONS & STRESS

YOUNG PEOPLE ARE VULNERABLE DURING TRANSITION



TRAUMATIC TRANSITIONS RESULT IN INCREASED RATES OF…

STRESS

DEPRESSION & SUICIDE

RELAPSE

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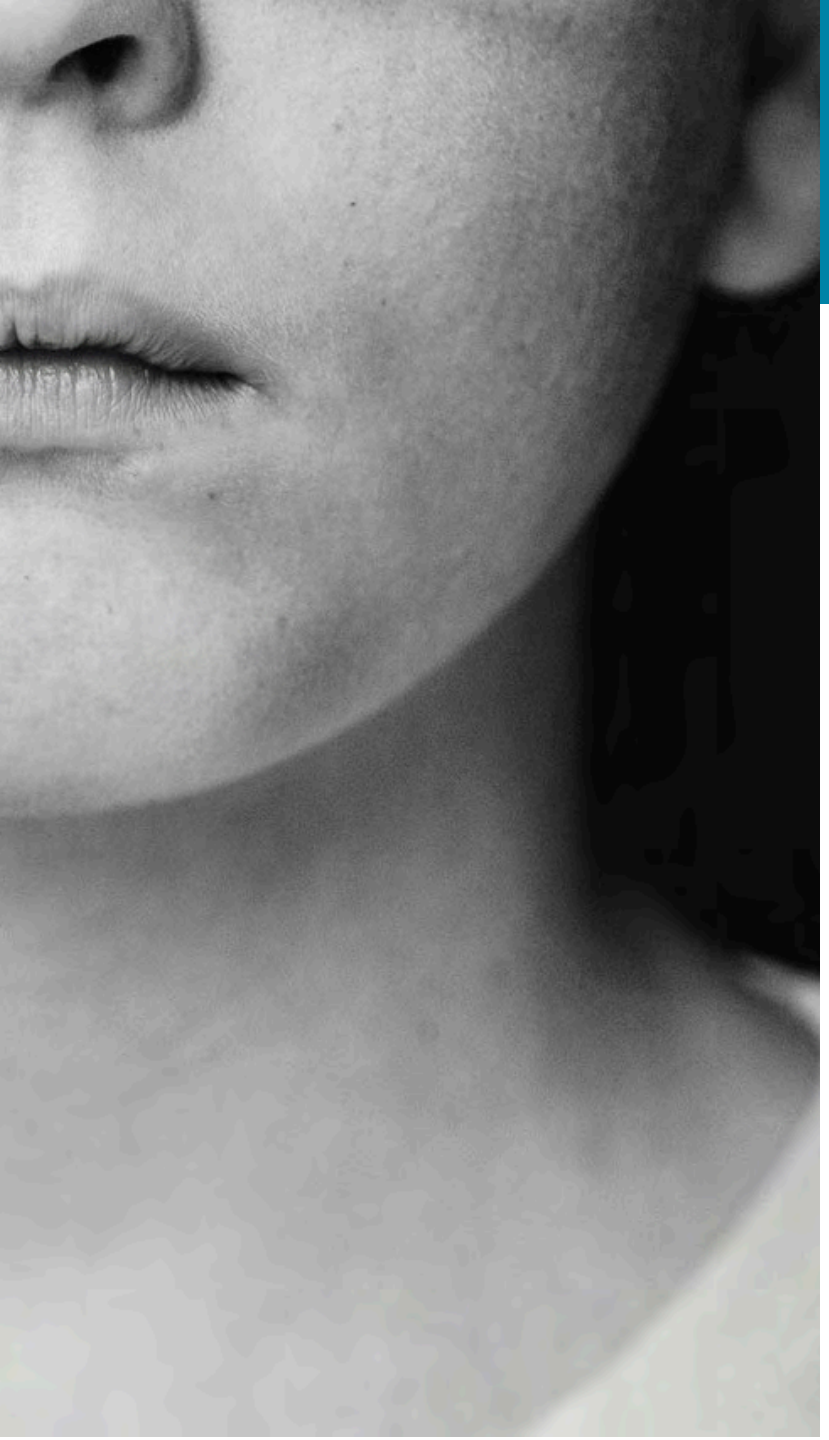

CHILDHOOD MALTREATMENT

- Childhood Maltreatment Associated With Increased Risk of Psychosis in Ultra-High Risk Individuals

- The researchers found that a history of emotional abuse was associated with an increased risk for transition to psychosis.

DECREASE IN CONNECTION TO FAMILY, COMMUNITY & THE WORLD AROUND US

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SOCIAL CONNECTEDNESS

- A sense of social connection is a fundamental human need
- Number of close confidantes in the US decreased from 3 in 1985 to 1 in 2004: 25% of respondents said they have none
- Increase in loneliness, isolation, and alienation may be the leading reason people seek psychological counseling
- Lack of social connection leads to vulnerability to anxiety, depression, antisocial behavior and suicidal ideation
- Building and maintaining social connections requires a level of self-confidence and self-efficacy that many people lack

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FAMILIES CAN INFLUENCE OUTCOMES

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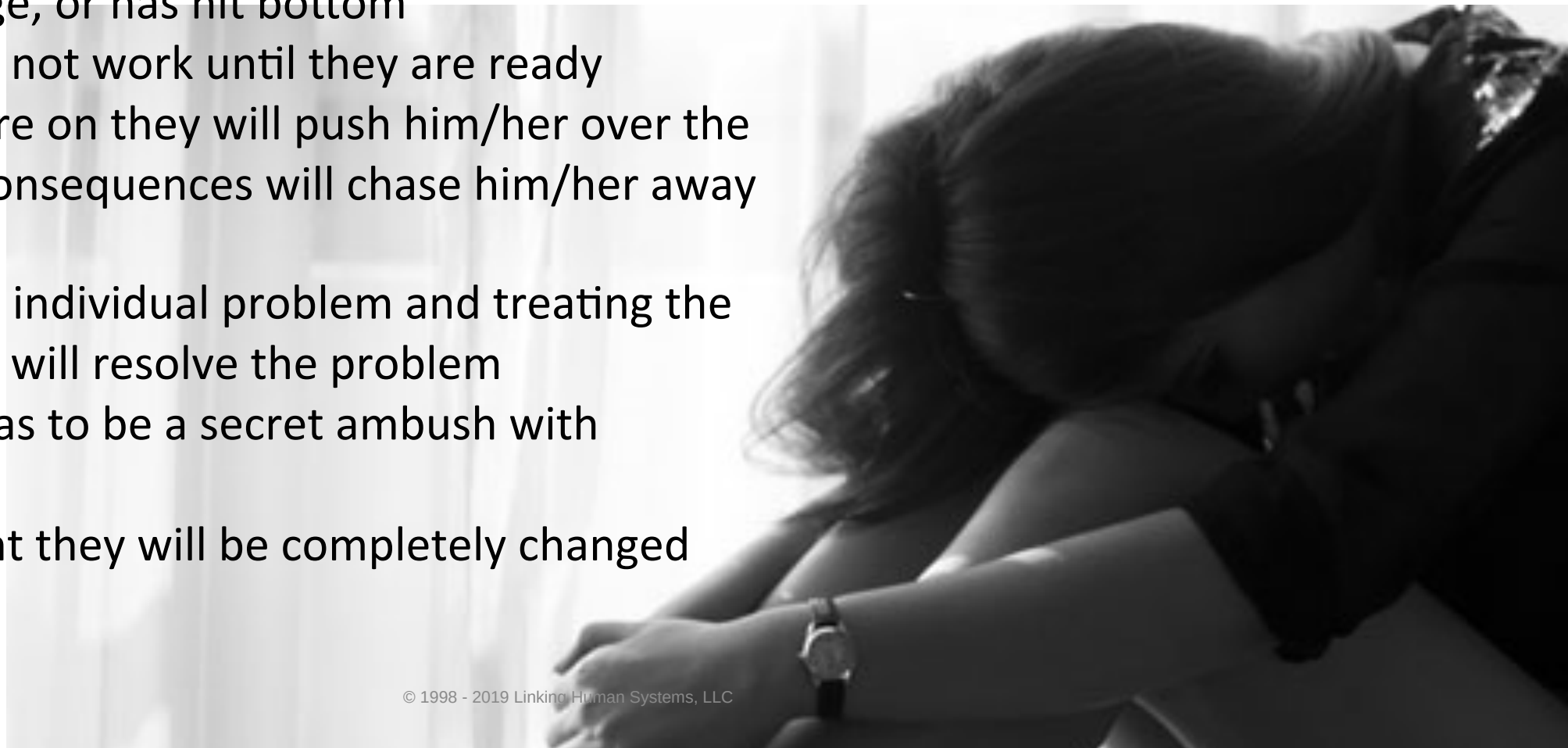
COMMON MYTHS ABOUT ADDICTION AND MENTAL HEALTH

1. You are powerless to help until your loved one is ready to change, or has hit bottom
2. Treatment will not work until they are ready
3. Putting pressure on they will push him/her over the edge: Tough consequences will chase him/her away forever
4. Addiction is an individual problem and treating the individual only will resolve the problem
5. Intervention has to be a secret ambush with confrontation
6. After treatment they will be completely changed and healed

Landau & Garrett, 2002



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WHY ARE FAMILIES IMPORTANT?

- The family (and family history over generations) helps us learn about problems in the present
- The risk of addiction in future generations is greater if previous problems are unresolved
- Families are the most valuable resource and source of support for the management of any illness
- Families provide the most accurate picture about their loved one's use, emotional state, and recovery
- Our families are the primary source of our health-related beliefs and behaviors

McDaniel et al., 2007

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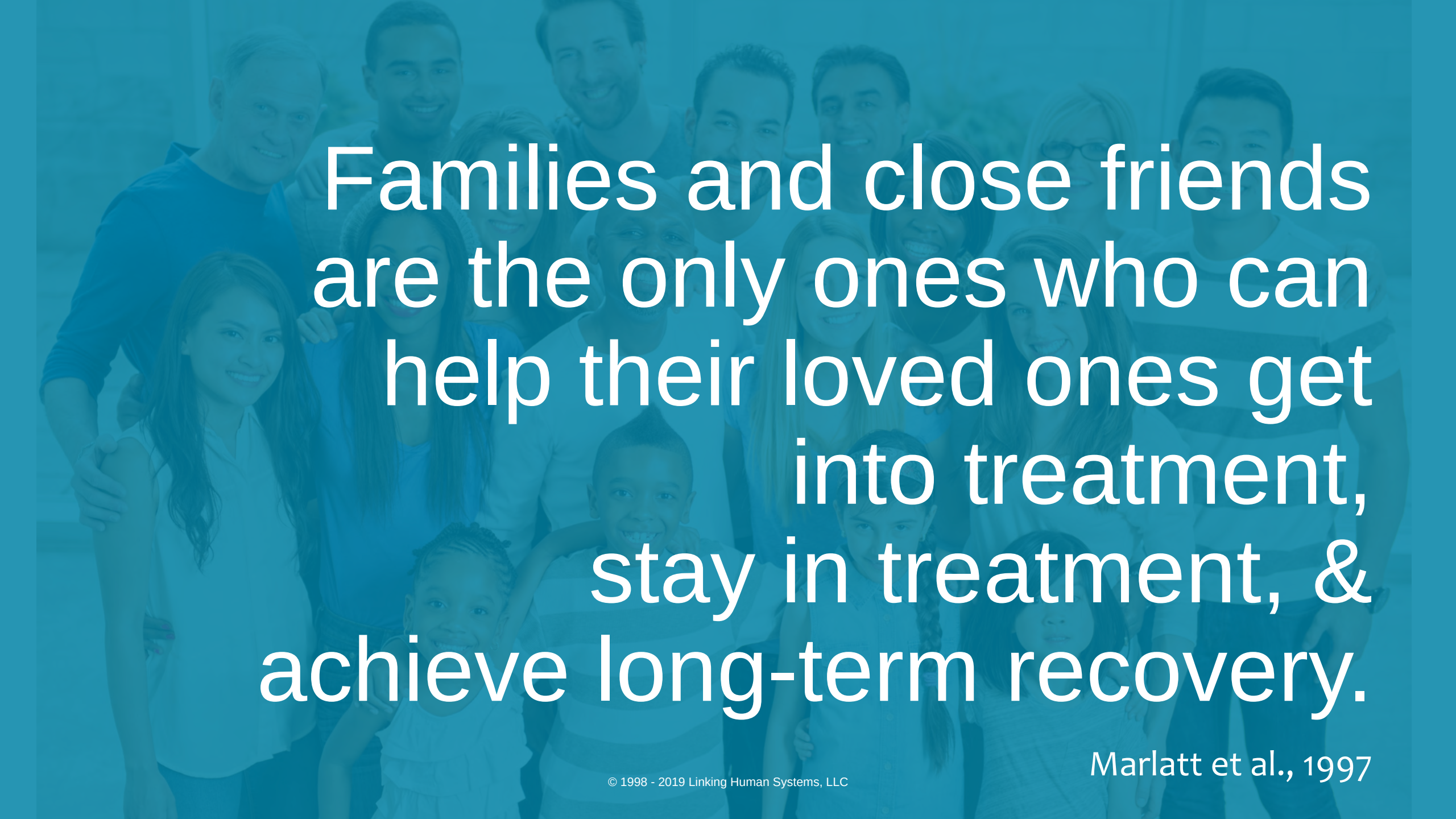

Families and close friends are the only ones who can help their loved ones get into treatment, stay in treatment, & achieve long-term recovery.

Marlatt et al., 1997

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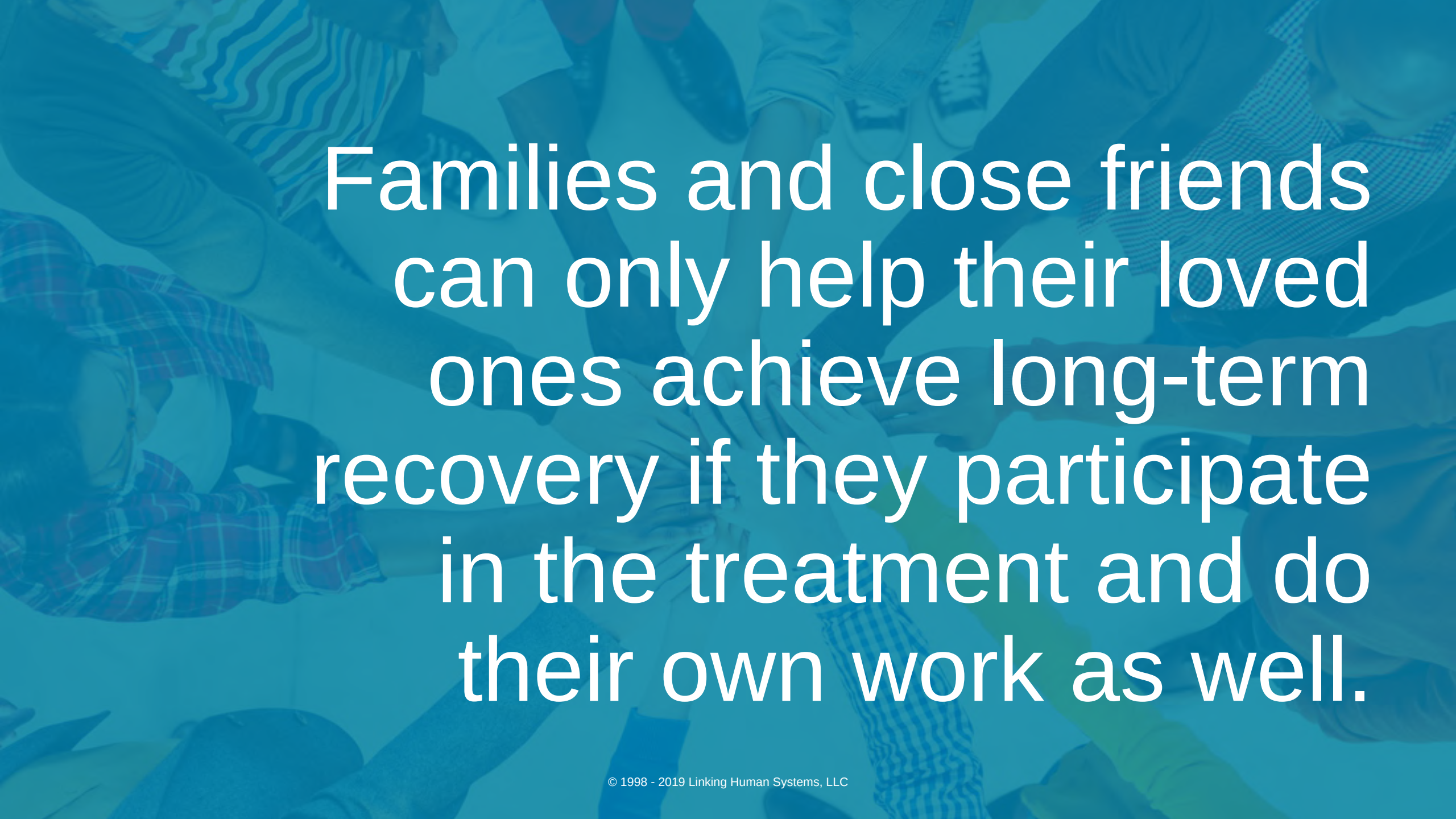

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CONNECTEDNESS TO FAMILY & CULTURE-OF-ORIGIN

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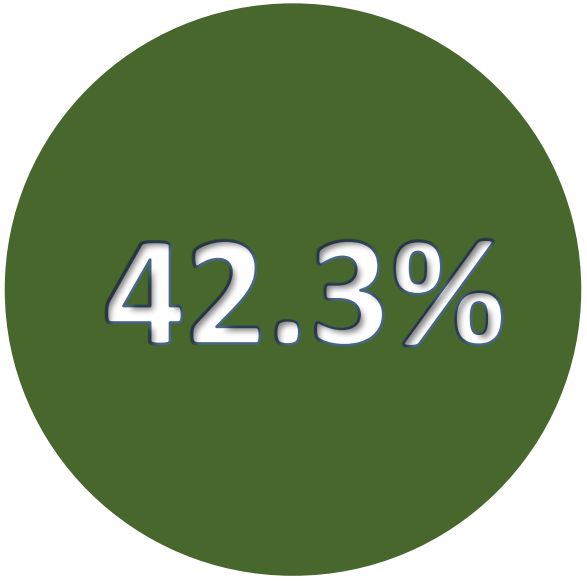
CONNECTION IS PROTECTION

Study in *Addiction* surveyed middle school children in Germany, the UK, and Italy and found:



Students used drugs

Students with strong maternal relationship or two parents at home used drugs

Students with both strong maternal relationship and two parents at home reported substance abuse problems

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CONNECTEDNESS STUDY 1

Measures	1. Sexual risk-taking 2. Frequency of contact with extended family 3. Knowledge of family stories across time
Subjects	Women in a Sexually Transmitted Disease Clinic compared with women in Social Community Center
Results	Measures of frequency of contact and knowledge of family stories held up together and separately and both correlated with reduced sexual risk-taking

Landau, et al, 2000

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CONNECTEDNESS STUDY 2

Measures	**Same as study 1**
Subjects	**Troubled adolescent girls. Quantitative results were similar. Then analyzed stories for themes of resilience vs. vulnerability**
Results	**1. Least risk-taking correlated to themes of resilience** **2. Next lowest correlated with themes of vulnerability** **3. Most risk-taking correlated with knowing no stories** **Interesting Finding: Content in stories of "resilience" and "vulnerability" were often identical – what varied was how the family perceived challenges they faced**

Tuttle et al, 2004

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ENHANCING A POSITIVE PERSPECTIVE AND CONNECTEDNESS

Draw on the family's inherent resilience rather than labeling behavior and communication patterns as dysfunctional, which leads to continued vulnerability and risk-taking, rather than increased self-esteem, competence and self-efficacy.

Landau, et al., 2000

THE BRAIN AND CONNECTEDNESS

- Connectedness is interpreted as a reward by the brain and is associated with the release of dopamine
- Conversely, brain imaging studies suggest that the same parts of the brain are activated during social rejection and physical pain

Ethat Kross, University of Michigan

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ARISE® Comprehensive Care with Invitational Intervention®

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ARISE® Comprehensive Care with Invitational Intervention®:

- Focus: Individuals and families suffering from any progressive, relapsing, chronic and/or life-threatening illness
- First Caller/Contact: Concerned family member, other support system member, or concerned professional
- ARISE® Support Network: Members of nuclear family, extended family, friends, community members, and relevant professionals
- ARISE® Comprehensive Care:
  - Begins right from the First Call or contact with the First Caller
  - Continues for a minimum of 6 months
  - May continue for several years in the case of serious mental illness

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ARISE® Comprehensive Care with Invitational Intervention®

- Evidence-Based, Best Practice
- A comprehensive Continuum of Care starting before or during treatment, at discharge, early recovery, or relapse
- Supports healing of individual and family
- Used for any complex, chronic and/or life-threatening, relapsing disease
- Works through Family and Individual Motivational Interviewing

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THE ARISE® PROCESS AS AN EXAMPLE, contd.

- It is a process, not an event, continuing until individual and family are healthy and in recovery
- Focus is on cost effectiveness
- The more the family does, the better the results
- The family perspective is changed from pathology to health

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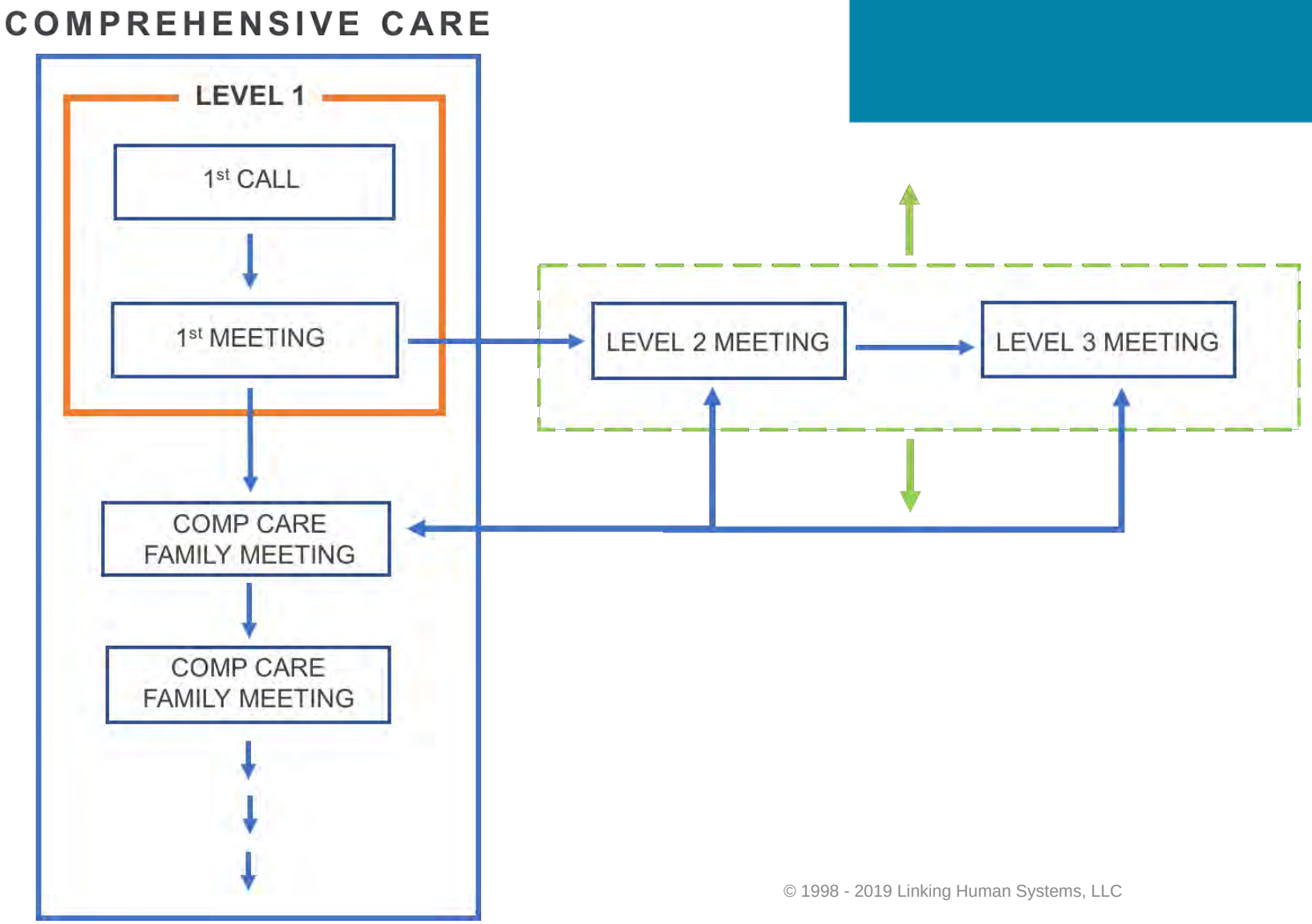
Landau, et al., 2004;

ARISE® COMPREHENSIVE CARE WITH INVITATIONAL INTERVENTION®



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FAMILY AND COMMUNITY SUPPORT SYSTEMS DRIVE RECOVERY

- “Few substance abusers enter treatment without pressure from family and friends” *(Marlatt, et al., 1997)*
- Narratives of Recovery from Mental Illness: the role of peer support. *(Watts& Higgins, 2017)*
- Engaging the natural support system significantly improves the chances of treatment entry and completion, therefore improving likelihood of long-term recovery *(Simpson, 1981)*
- There is substantial evidence of the effectiveness and longer-lasting results of family couples treatment

  (Stanton, 2013)
- SAMHSA/CSAT No. 39 Treatment Improvement Protocol
- Modified therapeutic community for co-occurring disorders: A summary of four studies.

  (Sacks, Banks, McKendrick & Sacks, 2008)
- Modified therapeutic community for mentally ill chemical "abusers": Background; influences; program description; preliminary findings.

  (Sacks, Sacks, DeLeon, Bernhardt, & Staine, 1997)

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IMPACT OF ADDICTION ON FAMILY & FRIENDS

- Time demands reduce everyone's capacity for much needed self-care
- Addiction tests trust
- Addiction tests forgiveness
- Addiction tests boundaries, co-dependence/protection
- Living with someone who is struggling with addiction results in frequent visits to the doctor with indistinct, stress-related complaints

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TALKING WITH CHILDREN, ADOLESCENTS, OR YOUNG ADULTS

What are the challenges?

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EFFECTS OF LIVING WITH ADDICTION QUESTIONNAIRE

Mental/ Emotional State	Behavior	Identification Question
Anger	❖ Screaming matches ❖ Short tempered ❖ Aggressive outbursts ❖ Becoming violent ❖ Throwing things ❖ Picking fights	❖ Do I feel I am beginning to lose it? ❖ Is my anger turning to rage? ❖ Am I angry when people don't deserve it? ❖ Do I get violent scaring myself or others? ❖ Do I take risks, e.g., driving carelessly, getting involved in an affair, gambling?
Fear/Worry	❖ "Walk on egg shells" ❖ Be on edge ❖ Sense something bad is going to happen ❖ Blame yourself for the behavior of others	❖ Am I having trouble sleeping? ❖ Am I having frequent headaches? ❖ Is my stomach frequently in knots? ❖ Am I starting to over-spend or over-eat? ❖ Do I wake up with my pulse racing and/or a feeling of dread?

EFFECTS OF LIVING WITH ADDICTION QUESTIONNAIRE

Mental/Emotional State	Behavior	Identification Question
Controlling or Nagging	❖ Making threats ❖ Becoming more and more controlling ❖ Not wanting to let the person out of sight ❖ Frequently complaining about others' behaviors ❖ Feeling that you are always right	❖ Am I nervous most of the time? ❖ Do I have trouble relaxing? ❖ Am I more critical of others than I used to be? ❖ Am I tired a lot? ❖ Am I feeling lonely? ❖ Do my thoughts shift from preoccupation with the problem to completely wanting to give up?

HOW TO AVOID COMMON PARENTING PITFALLS

1) Strengthen the relationship

2) Encourage positive behaviors and treatment

3) Create & reinforce consistent guidelines

4) Set clear boundaries

Eric Patterson, MSCP, NCC, LPC, July 5, 2019

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TALKING WITH YOUR KIDS

Myth: My child will ask me when the time is right

Fact: If you don't talk openly and with confidence to your kids about drugs, they may never ask and be in danger

Erica Curtis, 2014

WHAT SHOULD YOU SHARE?

The primary rules are:

- Share with love
- Tell the truth

WHAT FAMILIES CAN DO

Increase quality time with extended family

Talk about inter-generational family strengths, values and themes

Worship together

Family activities

Stay in regular contact with one another

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WHAT ELSE CAN FAMILIES DO?

- **Share family meals**
- **Take care of one another during times of stress**
- **Meditate together**
- **Get to know one another's friends**
- **Celebrate together**
- **Grieve together**

Even our best efforts might not work

- We cannot eliminate all risks and some of our youth will still have problems even though we do everything we can
- If a young person problems despite all their family's efforts, we need to do our best to recognize problems as early as possible, work alongside them to help them get into treatment, stay in treatment and get into recovery for the long-term
- Recovery depends on the whole family communicating and working together on their own issues and supporting one another

Landau, et al., 2000; Tuttle, et al., 2004

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Do genetics make addiction inevitable?

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FERNANDES, ET AL, INVESTIGATED THE ELEMENTS THAT MAKE FOR SUCCESS

CONCLUSIONS OF A COMPARATIVE STUDY

- The Intervention Network collaborates with the professionals in a joint "Board of Directors" throughout intervention, treatment & early recovery
- The process relies on the inherent strength, motivation, and resilience of the family
- Focus is on individual AND family recovery and healing
- Individuals are invited and motivated to enter and participate actively in treatment

Fernandez, A. C., Begley, E., & Marlatt, G. A., 2006

SAMHSA/CSAT No. 39 Treatment Improvement Protocol

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ARISE® DATA

NIDA Study conducted in a for-profit private outpatient agency and an inner city non-profit hospital to assess utility of ARISE® at getting resistant substance abusers into treatment; with supplemental purpose of preventing HIV/AIDS

Landau, et al., 2004

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NIDA RESEARCH OUTCOME DATA

Results of original NIDA study for substance abuse, replicated in the real world for substance and process addictions:

- Treatment entry:
  - 50% entered treatment within 1 week (First Call or First Meeting)
  - 76% within 2 weeks
  - 83% within 3 weeks
- Informal follow up at 6 months: 96% entered treatment
- Most significant predictor: the more members of the support system involved, the better the outcome
- Real world replication (SSTAR): 62% sober at 1 year with additional 10% improved

Landau, et al., 2004

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- Treatment dropout rates below 1%

- Sobriety rates 61% at 1-year with additional 10% improved (Brandeis University independent evaluation)

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Preliminary Data from Brandeis University's Independent Evaluation of ARISE® service at SSTAR and Gosnold.

March 2014

- 2.5 years; 419 families
- Over 60% successfully engaged through ARISE® Invitational Intervention® and retained in treatment through ARISE® Comprehensive Care
- Cost effective and efficient
- Family members and addicted individuals spoke highly about ARISE®

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ARISE® MODEL FOR ADOLESCENTS & YOUNG ADULTS WITH SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

Gulf Coast Conference on Addiction & Recovery
Orange Beach, AL – October 17-18, 2019

Judith Landau, MD, DPM, LMFT, CFLE, CIP, CA
ARISE® Networ
www.ARISE-Network.com
Service line: 877-229-546
Office: 970-390-435

ARISE® Network
Resilience. By Invitation.

Key Links: ARISE® Comprehensive Care with Invitational Intervention®

Many publications available for download at: *http://www.arise-network.com/publications/*

www.ARISE-Network.com

Videos:

TedX Talk: Family Stories, Secrets and Survival
https://www.youtube.com/watch?feature=player_embedded&v=_F3Yyl6e_ZQ

Overview of ARISE:
https://www.youtube.com/watch?feature=player_embedded&v=6HqBSWNHLtU

Is there a Stranger Living in Your Home?
https://www.youtube.com/watch?feature=player_embedded&v=qTRsiqjfIWw

Why Families Matter?
https://www.youtube.com/watch?v=K-sqP0xMUE4

ARISE® Personal Stories – Peter F.
https://www.youtube.com/watch?v=zl9fW1Od80A

Key publications:

Family Motivation To Change: A major factor in engaging alcoholics in treatment (2007) Garrett, J. & Landau, J. in Alcoholism Treatment Quarterly (496 KB)

Invitational Intervention: The ARISE Model for engaging reluctant substance abusers in treatment (2008) Landau, J., and Garrett, J. in Alcoholism Treatment Quarterly and Family Intervention in Substance Abuse: Current Best Practices, O.J. Morgan and C.H. Litzke (Eds.) (569 KB)

Outcomes with the ARISE approach to engaging reluctant drug- and alcohol-dependent individuals in treatment (2004) Landau, J., Stanton, M.D., Brinkman-Sull, D., Ikle, D., McCormick, D., Garrett, J...Wamboldt, F. in American Journal of Drug and Alcohol Abuse (283 KB)

Neurobiology and addiction: Assisting the family and support system to get resistant loved ones into treatment (2008) Landau, J., and Garrett, J. in AFTA Monograph Series: Neuroscience and family therapy: Integrations and applications (504 KB)

Landau, J. (2012). Family and community resilience relative to the experience of mass trauma: Connectedness to family and culture of origin as the core components of healing. In D. Becvar (Ed.), Family Resilience (pp. 459 – 480). New York, NY; Springer Publishing Company.

Key Stats:

- 56% of addicted individuals enter treatment immediately;
- 83% enter treatment within 3 weeks;
- 96% enter treatment within 6 months;
- 61% sobriety after one year with another 10% improve

Recent independent assessment of ARISE at Gosnold and SSTAR by Brandeis at request of MA state: matched NIDA stats in community setting and MA state has now made decision to take ARISE out across the state.

Publications about ARISE® and Resilience

Many publications available for download at:
www.LinkingHumanSystems.com/publications.html

ARISE® Comprehensive Care with Invitational Intervention® publications

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