

CONCEPT AND APPROACHES

950 De Louvain Est

CENTRE DOLLARD-CORMIER



950



CENTRE DOLLARD-CORMIER
Centre de réadaptation en dépendance



CONCEPT OF DEPENDENCY AND REHABILITATION APPROACHES

Extract from the Organization Plan 2006-2009 · Chapter I
Adopted by the Board of Directors, June 14th, 2006

[Table of contents]

CONCEPT OF DEPENDENCY AND REHABILITATION APPROACHES	5
1 GENERAL PRINCIPLES	5
2 CONCEPT OF DEPENDENCY AND REHABILITATION	6
2.1 Dependency: a multidimensional phenomenon	6
2.2 Dependency: the result of a process	8
2.3 Rehabilitation: a concept in the process of change . . .	9
3 REHABILITATION APPROACHES AND INTERVENTION METHODS	11
3.1 Rationale for the Centre Dollard-Cormier as a public rehabilitation centre	11
3.2 Critical factors for success based on current knowledge	12
4 PATHOLOGICAL GAMBLING	15
5 CONCLUSION	16

CONCEPT OF DEPENDENCY AND REHABILITATION APPROACHES

As it undertook work to prepare the 2006-2009 Organization Plan, the Governance Committee indicated its commitment to the conceptual framework proposed in the 2002 Organization Plan in regard to the concept of dependency and rehabilitation approaches. Consultations among the personnel and members of the Board of Directors revealed that this position was subject to a widespread consensus. For this reason, much of the text from 2002 has been included and up-dated to take into account new developments in knowledge, the results of consultations, and experience acquired since the Centre was created.

I GENERAL PRINCIPLES

- › Dependency is **one of the principal problems affecting contemporary society in Quebec**. Dependency is referred to as a causal, concomitant or consequent factor in most of the government's health and welfare objectives: child abuse and neglect, school drop-outs, delinquency, unemployment, conjugal violence, suicide, loss of productivity, social isolation of the elderly.
- › The target clientele is therefore very extensive and the rehabilitation mission must be considered from an **overall perspective including a variety of rehabilitation approaches**, such as the development of social policies, promotion of health, medical care, personal development, psychosocial rehabilitation, work on life styles and living conditions, training and research.
- › The scope of the mission and the new organization of the health and social service system require a **network vision** which ensures constant interaction with all the other players liable to contribute to solving problems of alcohol and drug abuse or pathological gambling.
- › The problem of dependency affects drug users or pathological gamblers and their family and friends. Any reflection on the phenomenon of dependency must be considered within this **wider perspective of human beings as a whole acting within their community**.
- › Intervention approaches and the organization of services for these individuals must ensure that **their dignity and integrity are respected**.
- › In drawing up a concept of dependency and choosing clinical approaches, the Centre favours an approach based **on currently available data resulting from reflective inquiry** combined with **clinical experience**. In this way, the Centre wishes to ensure that the development of the programs and services is carried out with concern for **clinical rigor**.

- › The Centre considers that the **staff's contribution in terms of their expertise and clinical experience** are essential in preparing the intervention programs. Pooling their clinical experience must be encouraged so that everyone can benefit. **Scientific practice**, characterized by incorporating in our practice knowledge acquired through research and experimentation here and elsewhere, must be developed and encouraged.
- › The ideology proposed here in regard to the concept of substance abuse and the choice of rehabilitation approaches aims at continuity with the principles and orientations defined in the service offer made public by the *Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes* (FQCRPAT)¹. It is also in keeping with the mission of rehabilitation centres for alcohol and drug abuse, as defined in the *Act respecting health services and social services*.

2 CONCEPT OF DEPENDENCY AND REHABILITATION

How can we explain why persons become dependent on drugs and alcohol and continue to abuse these substances, in spite of the damage it creates in their lives and for those around them? Many explanatory models have been drawn up to attempt to give a meaning to this destructive and seemingly irrational behaviour. These models are based on religious, moral, and scientific concepts or a combination of them. Many studies have been carried out over the past 50 years to better understand the phenomenon of substance abuse from a scientific point of view. These studies, which employed disciplines as diverse as biology, genetics, sociology, psychology, criminology and anthropology, can provide some light.

2.1 Dependency: a Multidimensional Phenomenon

The main conclusion revealed by research in this field is that dependency is a **multidimensional phenomenon** that can only be approached through a holistic vision which respects its complexity. On the etiological level, this means that **several factors** can **contribute** to the development of this phenomenon. These factors can be **biological** (genetic and neurological assumptions), **psychological** (history of mental illness and personality structure, or psychodynamic, humanist, behavioural or cognitive assumptions) and **social** (influence of cultural and educational factors, social and economic conditions, job environment)².

¹ Fédération québécoise des centres de réadaptation pour personnes alcooliques et autres toxicomanes. (2004). *Les centres de réadaptation pour personnes alcooliques et autres toxicomanes. Chefs de file des services en toxicomanie et jeu pathologique*. Montreal, 71 pages.

² Reference to the book by Cormier, D.; *Toxicomanies : styles de vie* (1984), reviewing various explanatory schemes at the origin of drug addictions.

The same diversity is noted when all the **manifestations and consequences** of alcohol or drug abuse are considered: multiple consequences on **physical and mental health** (all types of diseases, AIDS, emotional problems, sexual dysfunctions, mental diseases and associated personality disorders), consequences **on the social organization of the person and his family and friends** (loss of employment, school drop-outs, criminality, family problems, violence, breakdown of the social network), and **wider consequences on society as a whole** (car accidents, the spread of AIDS, various social costs).

In fact, it is very difficult to calculate in what measure each of the above-mentioned dimensions is the **cause or consequence of the phenomenon** of dependency. Few longitudinal research studies have been carried out which would provide a sufficient distance to clarify this question. When we consider the drug user's history, it is often noted that several factors develop in close association while influencing each other.

In addition, **none of these factors taken on its own** (if we do not include the actual exposure to substances) is **necessary or sufficient** to cause the appearance of abuse or dependency on alcohol or other psychoactive substances. **Dependency is a multidimensional phenomenon in societies as well as among individuals. The development of a problem of dependency can therefore take very different forms from one person to another. The relative importance of each dimension and their interrelations must be assessed in each particular case.**

Therefore, in the end, we must recognize the **human ecology** of the phenomenon of dependency and expand the traditional field of action. To begin with, it is necessary to invest in the natural environment of relations between the dependent person and his family and friends, the community to which he belongs, and his material and economic conditions. In a wider manner, reading the problem of dependency as a social phenomenon also leads us to take into account conditions which encourage the emergence of this problem. Actions at various levels of social organization and decision-making should therefore be promoted in order to positively influence the values and beliefs of the community concerning the phenomenon of dependency and to support the establishment of conditions favourable to the rehabilitation and social integration of persons with a dependency.

2.2 Dependency: the Result of a Process

Several models have been developed to explain how these various factors contribute to the development of dependency. Although the first models had a tendency to consider only a limited number of factors, more recent models, such as the one developed by Pattisson, Sobell and Sobell (1977), Peele (1982) and Cormier (1984), have recognized all the factors involved and shine light on the dynamic aspect of the phenomenon. **In the case of substance abuse, dependency is presented as the result of a process involving an interaction between the person himself, his environment and the psychoactive substance(s).**³

From this perspective, use of psychoactive substances can be part of a **continuum** ranging from non-problem drug or alcohol use to dependency, passing through increasingly problematic stages. This *continuum* can be divided into several stages⁴:

- › No use;
- › Experimental use;
- › Irregular use;
- › Regular use;
- › More or less severe dependency.

According to current knowledge and clinical experience, an individual's path on this *continuum* can develop in either direction. In this sense, **psychoactive substance dependency** is a reversible phenomenon. It is, nevertheless, probable that this reversibility is related to the presence of more or less favourable individual factors (example: biological or psychological vulnerability) and environmental factors (social support, cultural context), as well as the severity of the dependency itself and the type of substances involved.

From a diagnostic point of view, the World Health Organization suggests a group of **criteria which can be used to assess the presence and severity of an individual's dependency**. These criteria can be grouped around the following dimensions:

- › The increasingly central position assigned to the use and the subjective feeling of loss of control over this use (psychological dependency);

³ The terms psychoactive substance will be used in this document to designate any substance the properties of which alter moods through their action on the central nervous system: alcohol, drugs, psychotropic medication.

⁴ On this topic, refer to *Youth and Drugs: an Education Package for Professionals*, Addiction Research Foundation (1991).

- › The appearance and maintenance of socially maladjusted behaviour or behaviour dangerous to health, and the abandon or neglect of social, occupational or leisure activities related to the substance abuse;
- › The appearance of symptoms of physical dependency in the case of several substances.

Summary:

- › Current models facilitate understanding of the process by which a dependency develops and diagnostic criteria, thereby enabling the presence and severity of such dependency to be assessed in an individual;
- › Programs and services must be designed in such a way as to leave room for **“saw tooth” development** and to avoid standardization;
- › The objectives of an intervention concerning **consumption** of a psychoactive substance vary (abstinence, reducing or transforming the consumption, reducing the associated harm it causes) and must take into account the expectations of the dependent individual, their resources and the extent of their dependency.

2.3 Rehabilitation: a Concept in the Process of Change

Basically supported by a psychosocial substance abuse model, the rehabilitation approach proposed requires that the abuse of psychoactive substances cannot be regarded in an isolated manner and that, to be effective and durable, the intervention on this abuse must consider the person as a whole by taking care of his physical and mental health as well as his social integration.

In 1991, the *Commission des centres de réadaptation pour personnes alcooliques et toxicomanes du Québec* defined rehabilitation as follows:

“If substance abuse is a gradual dependency which results in the deterioration of various spheres of life organization, rehabilitation must be understood as the reverse process. **Rehabilitation must therefore be conceived as a process of personal development which enables the drug user who so wishes, to gradually recover power over his life (power that he had abandoned to the psychotropic substance) and thereby rebuild his physical, psychological and social equilibrium.**”

“Rehabilitation must allow the emergence of skills promoting personal well-being and more comfortable social relations. It is therefore first and foremost a matter of learning and re-learning...”

“In fact, rehabilitation is a life project through which an individual recovers his ability to decide and act himself, without the assistance of the psychotropic substance.”(See: Horizon 2000, 1991, p. 12 - *translation*)

In this sense, the rehabilitation paradigm is basically interested in the individual's relationship with psychoactive substances and the factors which have led him to give up his freedom in regard to the use of these substances, with the objective of helping take back his power, at least partially, from the dependency that he has developed and to reduce the harm it causes.

In its primary significance, harm reduction has little relevance to the individual's relation with the substance, as is generally the case in rehabilitation, and does not seek to change it. It **begins** by proposing measures to the client which will enable him to reduce the impact of the effect of the drug or alcohol consumption (pragmatic perspective). At the same time, it stands out from traditional rehabilitation approaches by its tolerance to the drug user, his objectives, capacities and resources (humanist perspective). In the rehabilitation context, harm reduction must be interpreted here as a **clinical paradigm**. In concrete terms, this means that if this necessarily leads to an organization in which the primary, although not exclusive, interest focuses on the consequences of the consumption and abuse of alcohol and other drugs, the field covered by its application does not represent the entire field of public health.

It must be clearly seen that harm reduction applies in a **rehabilitation environment**, that is, in a **clinical environment** in which it is expected that this environment will contribute significantly to the emergence of **durable change** in the dependent person. This statement must be qualified, taking into account the fact that an appreciable portion of the clientele of rehabilitation centres, particularly homeless persons, present multiple problems and a severe and persistent maladjustment profile. For these individuals, change will usually be modest and fragile and preventing the present situation from deteriorating can even appear to be the only objective accessible.

3 REHABILITATION APPROACHES AND INTERVENTION METHODS

The choice of rehabilitation approaches and intervention methods is primarily based on the concept of dependency and the rehabilitation approach presented in the preceding pages. Two other fundamentals also support this choice: the **rationale** for the Centre Dollard-Cormier as a **public rehabilitation centre** and **critical success factors** in the field of alcohol and drug abuse rehabilitation, as identified by current knowledge and clinical experience developed in the institution.

3.1 Rationale for the Centre Dollard-Cormier as a Public Rehabilitation Centre

A number of obligations and orientations are attached to the specific mission of the Centre Dollard-Cormier and its status as a member of the network of public health and social service institutions, as defined by the *Act respecting health services and social services*.

To begin with, the orientation of the *Act respecting health services and social services* clearly positions the **individual** at the centre of its concerns. The person who calls on services is more important than his problem. The intervention method chosen must therefore ensure that **his dignity and basic rights are respected**.

As a public centre, within the limits of its resources, the Centre Dollard-Cormier must make its **services accessible** to the entire population in the territory of the Island of Montreal and these services must be adapted to the needs of this population.

The rehabilitation approaches and intervention methods chosen must contribute to carrying out the mission of the Centre. In this context, the Centre Dollard-Cormier not only has an **obligation of means**, but also an obligation of **results**. Alcoholics and drug users are part of an **environment** which is affected by the problem as is the dependent person himself and, therefore, this environment must be able to benefit from the Centre's assistance. Within this scope, the environment can contribute to solving the problems associated with psychoactive substance abuse and, for this reason, the mission of the Centre Dollard-Cormier is carried out in **complementarity** with it.

3.2 Critical Factors for Success Based on Current Knowledge

Many studies on the effectiveness of alcohol and other drug abuse intervention programs carried out since the 1950s, and particularly since the 1970s, have allowed us to identify a number of success factors in a rehabilitation approach.⁵ The factors which are critical for success identified here, as well as the resulting choices must therefore, by definition, be revised regularly to keep up with new knowledge in this field. For example, the emergence of the harm reduction paradigm and its influence on the way of defining the results of a rehabilitation approach may also have an impact on identifying factors for success or failure.

The **characteristics of individuals who embark on a rehabilitation program** appear to be an important factor in predicting the results. Their state of mental health and family and social network as well as whether or not they have a job appear to be particularly determining in this regard. Actions to improve the person's situation in one of these areas have allowed the effectiveness of alcohol and substance abuse interventions to be significantly improved.

Sufficient exposure to the treatment (duration and quantity) appears to be a factor in its effectiveness no matter what intervention method is used. Nevertheless, the duration and quantity of the interventions which are considered necessary and sufficient will vary depending on the severity of the problems and the individual's personal resources. Consequently, although in some cases the intervention's effectiveness can be increased by extending its duration up to thresholds of 18 months or more, in other cases, a very brief intervention can also be effective. The current challenge in research is to improve the definition of the parameters used to measure the quantity of interventions necessary and sufficient depending on the situation.

In spite of the ambiguity of the data provided by research over the past few years, **a matching strategy** continues to be clinically indicated to ensure the quality of the intervention. From this point of view, rather than offering the same treatment to all, we must seek which form of intervention is suitable for each individual, taking into account their current situation and particular needs.

⁵ For a survey of the literature on this topic, see: Lamarche et Landry (1994), pp. 421-434. Nadeau, L., Biron, C. (1998) *Pour une meilleure compréhension de la toxicomanie*. Québec : *Collection Toxicomanies*, Presses de l'Université Laval/De Boeck, 142 pages.

More recently, it has also been demonstrated that, all other things being equal, **the actual nature of the intervention methods** can also make a difference. This difference can be translated in terms of effectiveness, as well as in terms of efficiency, a factor which represents an important consideration in the current economic context. Many studies have revealed that an **outpatient intervention** can be just as effective as an intervention in a residential environment. On the other hand, it has also been noted that, in the field of dependency rehabilitation, as in other areas in which the assistance relationship plays a determining role, the **quality of the relationship** established between the practitioners and the individuals who seek help continues to be a more important factor for change than the specific methods used.

Recent research is increasingly paying attention to **motivational factors** at work in the process of change. Motivation is no longer considered as a static dimension of the person who asks for help, but as a variable liable to be influenced during the actual course of the intervention. From this point of view, the existence of outside pressure at the origin of the request for help is not in itself a factor predicting the treatment's failure.

In short, in view of the wide variety of forms that dependency can take, the environments in which it can develop and the problems with which it can be associated, it is important to **identify the intervention targets** that are most appropriate in the Greater Montreal context. This will allow us to offer a range of services which best respond to all the needs of the Centre's current and potential clients, taking available resources into account. In this way, we will be able to establish a true matching strategy in the Centre.

In addition, we must **select the intervention methods or rehabilitation approach best adapted to the needs of the clientele identified**. The following criteria must be taken into consideration in making this choice:

- › First, we must take advantage of the **wealth of training and clinical experience** of the personnel in choosing the intervention methods;
- › We will seek to retain the **most effective and efficient methods**, in so far as this selection is compatible with the expectations of the clients and the range of services to be offered. A strategy enabling us to go from lighter to heavier is no doubt the most appropriate in this regard (outpatient vs. inpatient, brief vs. extended);
- › The **quality of the relationship** between the practitioners and the clients will be promoted. In addition, we intend to develop tools which will enable us to intervene in terms of the dependent individual's motivation and to build on the various pressures being exercised on him.

The application of a **network approach**, affirmed in the general principles, must be translated into seeking **cooperation** between all the resources involved and in actions which focus on the environment as well as on the individual. When suitable, this joint effort may lead to individualized service plans and service agreements with the partners. The **family and friends** must be an **integral part** of the intervention. The organization of services must promote **continuity in the interventions**, both within and outside the Centre. The complexity of the substance dependency problem and its multidimensional nature require that the Centre's practitioners work within a **perspective of multidisciplinary and intersectorality**. To ensure better coordination with institution and community partners in the environment, practitioners must show that they are open to new forms of intervention and creative methods of interacting with the environment.

In the choice of rehabilitation approaches, the concern for the effectiveness of the intervention, particularly in regard to the pressures that can be exercised on the dependent person (for example: the legal system or the employer), will always be subordinate to the **respect of his rights and integrity**.

The intervention must be **results oriented**. In this sense, it must be planned and suitable for an assessment approach and the importance of individualized intervention plans must be emphasized.

4 Pathological gambling

Gambling and consumption of alcohol or drugs both have the power to lead to excess, abuse or dependency. The diagnostic criteria used to assess dependency on gambling or psychoactive substances are quite similar. Just as drug users, gamblers with a dependency problem have a strong desire to engage in the activity, usually with the hope of winning back money they have lost or to **escape... avoid reality**, a decline in their control of behaviours associated with the dependency and a constant concern about it. An increase in the frequency and in the size of the dose or bet completes the picture. Just as drug users, pathological gamblers have a tendency to deny their problem and put off asking for services until a final crisis explodes. In both cases, there are repercussions on the social, family, and professional levels, while the activity is maintained in spite of the negative consequences.

In spite of recent interest in pathological gambling, fewer researchers have invested in this field so there is less data on interventions with pathological gamblers than with drug users. In Quebec, the treatment model that has prevailed so far, essentially based on the work of the team led by Professor Robert Ladouceur, utilizes the cognitive behavioural approach. In this intervention model, special attention is assigned to the erroneous thinking and **illusions of control** which characterize the pathological gambler. This model has been adopted in all substance abuse rehabilitation centres. The next few years will allow us to assess the best way of applying it, taking into account the characteristics of pathological gamblers who come to the Centre. The few years of experience reveal that clients who attend the program for pathological gamblers, just as drug users, have a varied profile, are faced with many associated problems and experience significant psychological distress.

5 CONCLUSION

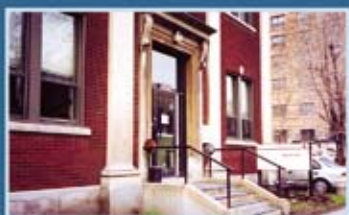
Dependency is one of the most important problems facing society. The causes and consequences of this problem are many and the way in which they interact is still poorly known so a varied approach, capable of taking the complexity of the phenomenon into account, is required if we are to deal with it effectively. The path of individuals who develop a dependency to one or more psychoactive substances is, itself, very varied. The approaches proposed must therefore be able to adapt to the needs of each person and respect their individual pace.

In order to carry out its rehabilitation mission, the Centre Dollard-Cormier must therefore develop a range of services which allow clients and their family and friends to have access to the means required to reduce the harm of their alcohol and drug abuse, thereby allowing them to recover their freedom of choice in regard to these substances. The Centre intends to develop this range of services in complementarity with other resources in the community within a network perspective. The definition of the mission and organization plan illustrates how the Centre intends to achieve this goal.



head office

950 de Louvain St. East
Montréal, Québec
H2M 2E8
Tel.: (514) 385-0046



service center

3530 St-Urbain St.
Montréal, Québec
H2X 2N7
Tel.: (514) 982-4531



service center

13926 Notre-Dame St. East
Montréal, Québec
H1E 1T5
Tel.: (514) 642-2121



service center

110 Prince-Arthur St. West
Montréal, Québec
H2X 1S7
Tel.: (514) 982-4533



service center

923 Ontario St. East
Montréal, Québec
H2K 3A4
Tel.: (514) 521-8054