

Evidence Based Behavioral Treatments for Alcohol and Drug Use Disorders: One Size Does not Fit All

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Behavioral Economic Model of Alcohol and Drug Use

Focus on choice: behavior is allocated to an activity based on the **cost/benefit ratio** of that activity relative to other available activities over time (does not imply conscious choice)



Drug Availability & Price

Substance-free
Reward Availability
and Price

Behavioral Economic Model of Alcohol and Drug Use

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Drug Availability & Price

Substance-free
Reward Availability
and Price

Complicating Factor #1: Reward Delay & effort – drugs feel good immediately, many drug-free rewards require sustained effort over time to yield reward

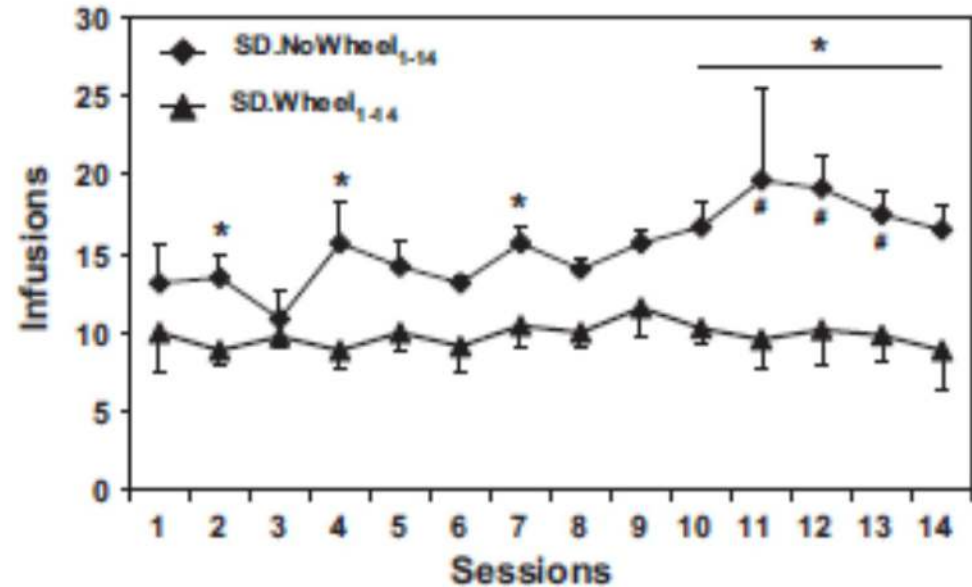
Complicating factor # 2: alcohol and drug use can enhance social connection

-choice = social + drug
reward vs. alternative
reward

-drinking reductions = less
social activity



Reward Deprivation is a Risk Factor for Addiction: Experimental Laboratory Evidence



Alexander et al., 1978; 1981; Higgins et al., 2004; Miller et al. (2012).
Drug and Alcohol Dependence; see also Ginsberg and Lamb (2018).

Factors Contributing to Reward Deprivation

- Poverty, lack of access to quality education
- Discrimination, oppression
- Mental health conditions (depression, social skill deficits)
- Medical conditions that cause pain or limit activities
- Transitions/life events (**pandemics!**)—
 - Unemployment, divorce, moving, reduced access to hobbies
- Chronic alcohol and drug use erodes natural sources of reward

—Addiction is both a “brain disease”
& an “environmental disease”



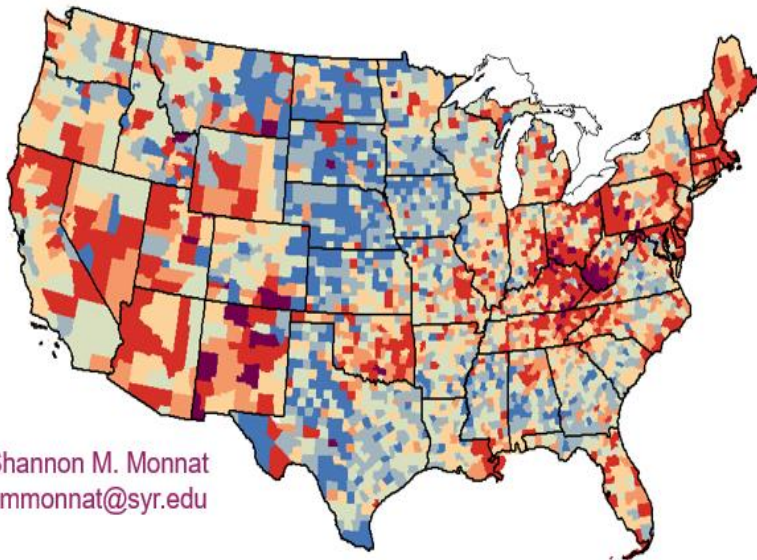
**LONELINESS
IN AMERICA**

46%
SOMETIMES OR
ALWAYS FEEL ALONE

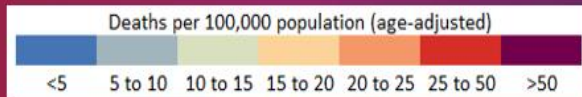
▪ GEN Z (adults ages 18-22)
is the loneliest generation

Reward Deprivation is a Risk Factor for Drug Overdose

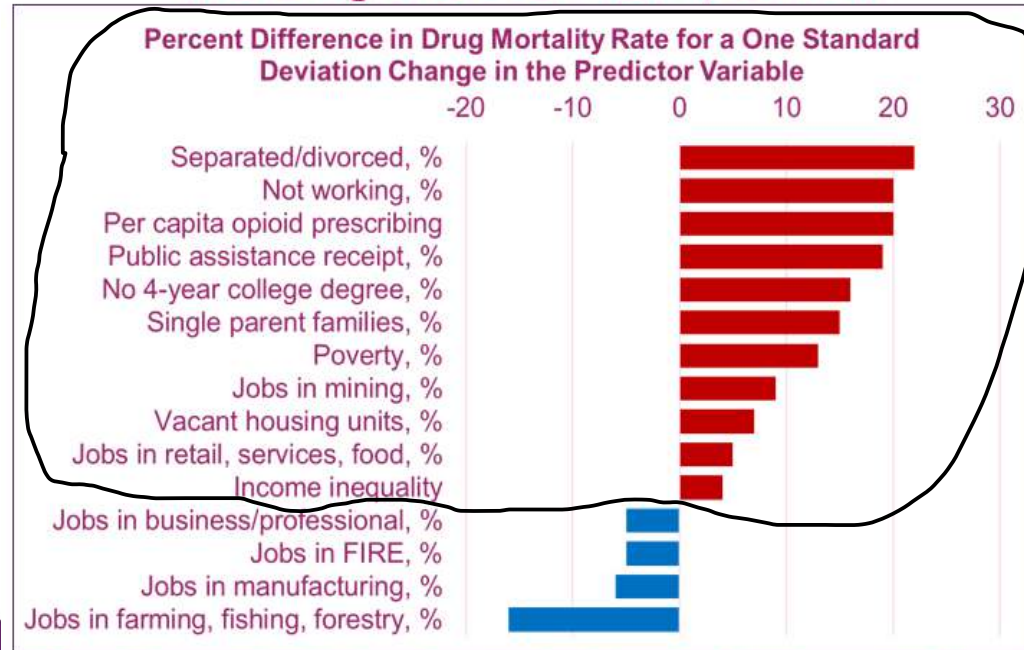
Fatal Drug Overdose Rates are Much Higher in Some Places than Others



Shannon M. Monnat
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Factors Contributing to Geographic Differences in Fatal Drug Overdose Rates, 2014-16

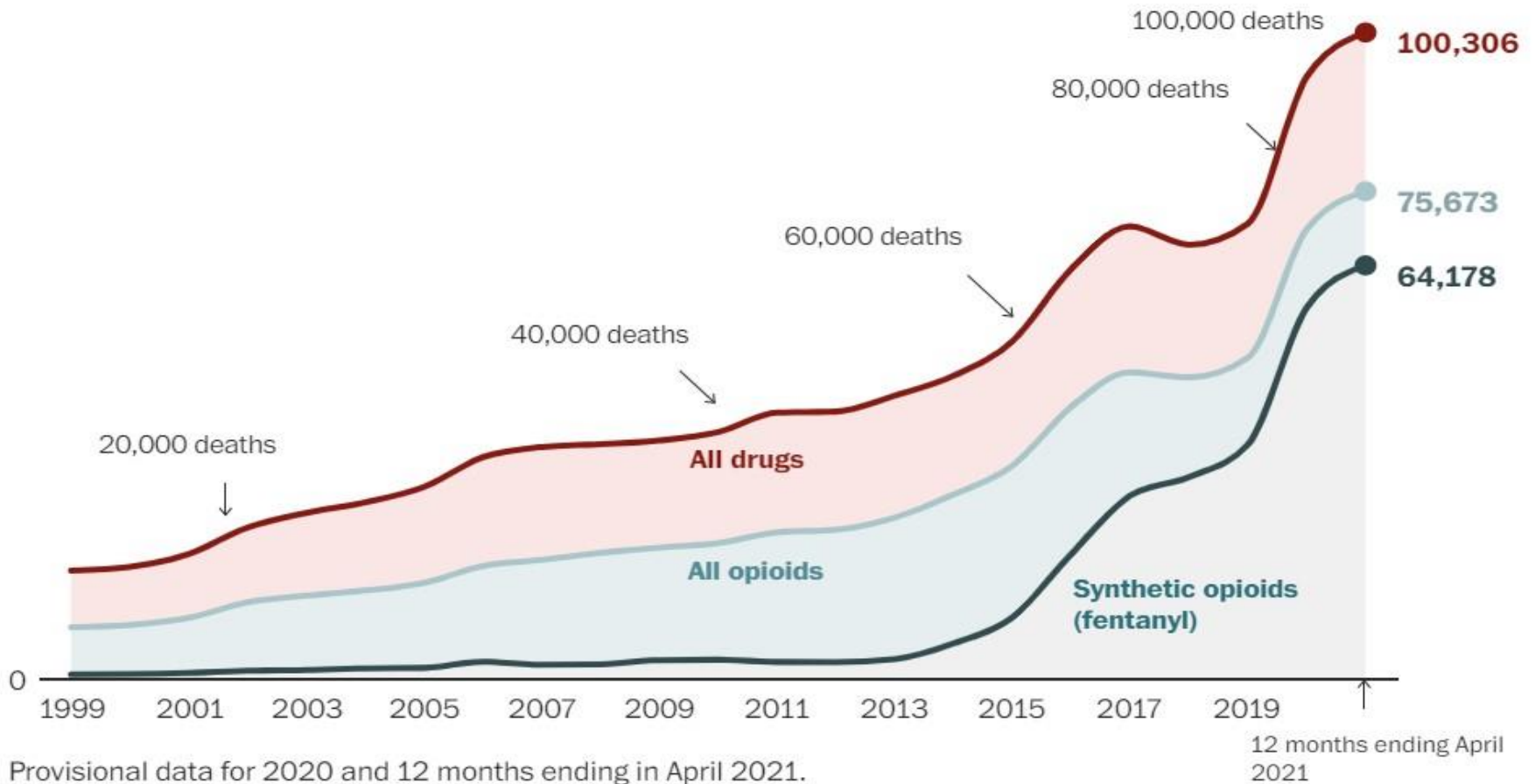


Monnat, Shannon M. 2018. "Factors Associated with County-Level Differences in U.S. Drug-Related Mortality Rates." *American Journal of Preventive Medicine* 54(5):611-619.

Epidemiology of Alcohol and Drug Use, Defining Moderate vs. Risky Use

U.S. drug overdose deaths per year

~ 30% involve alcohol + drugs



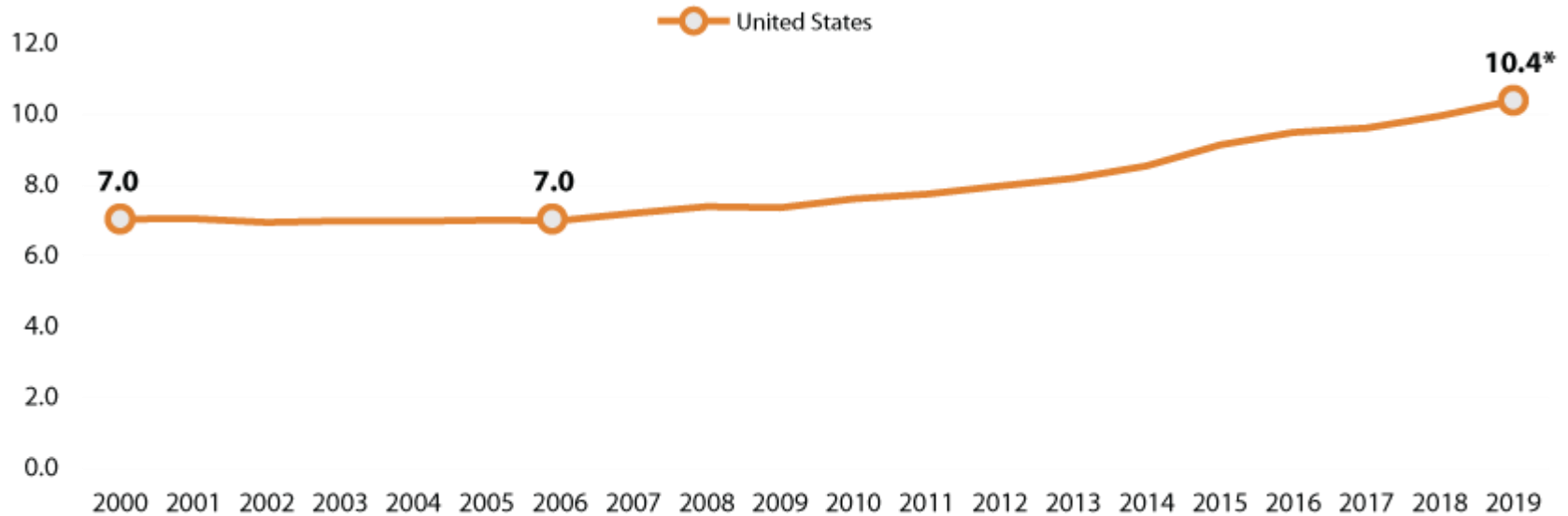
Provisional data for 2020 and 12 months ending in April 2021.

12 months ending April 2021

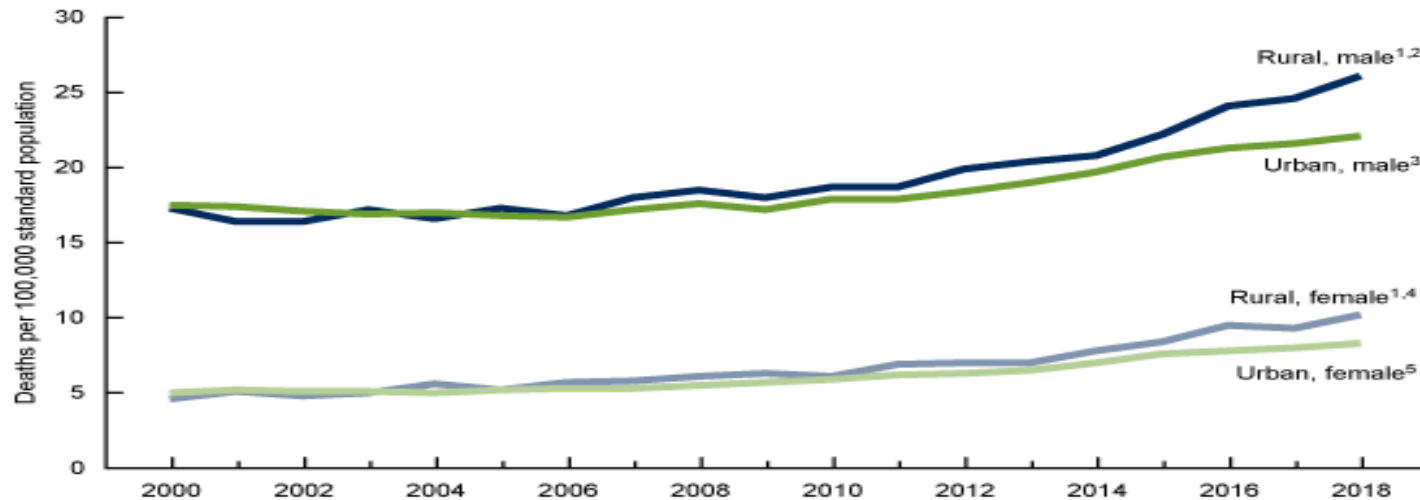
Source: Centers for Disease Control and Prevention, National Center for Health Statistics

DAN KEATING / THE WASHINGTON POST

U.S. Alcohol-Related Deaths Grew Nearly 50% in Two Decades

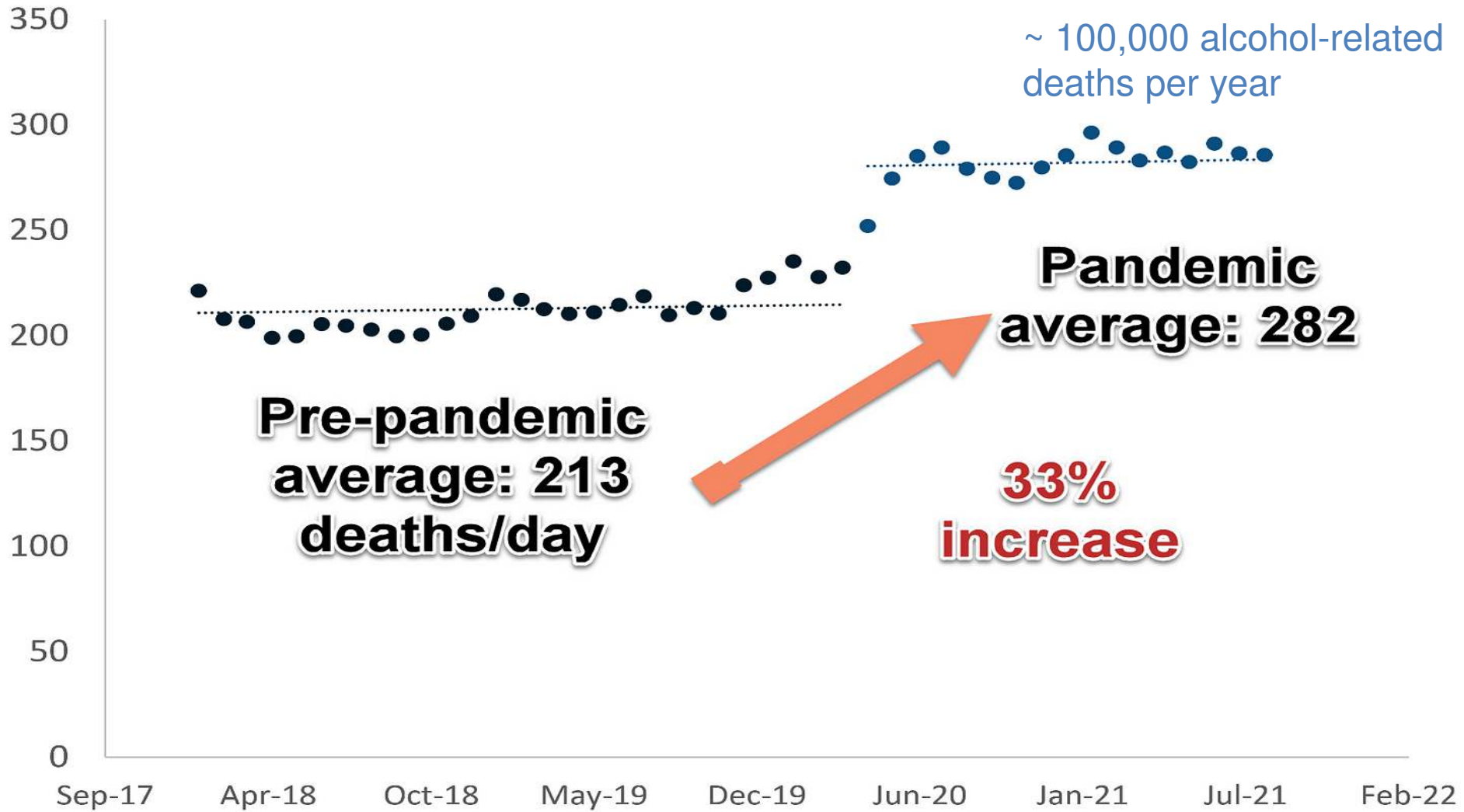


* Statistically significant change in rate at 95% level.
Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

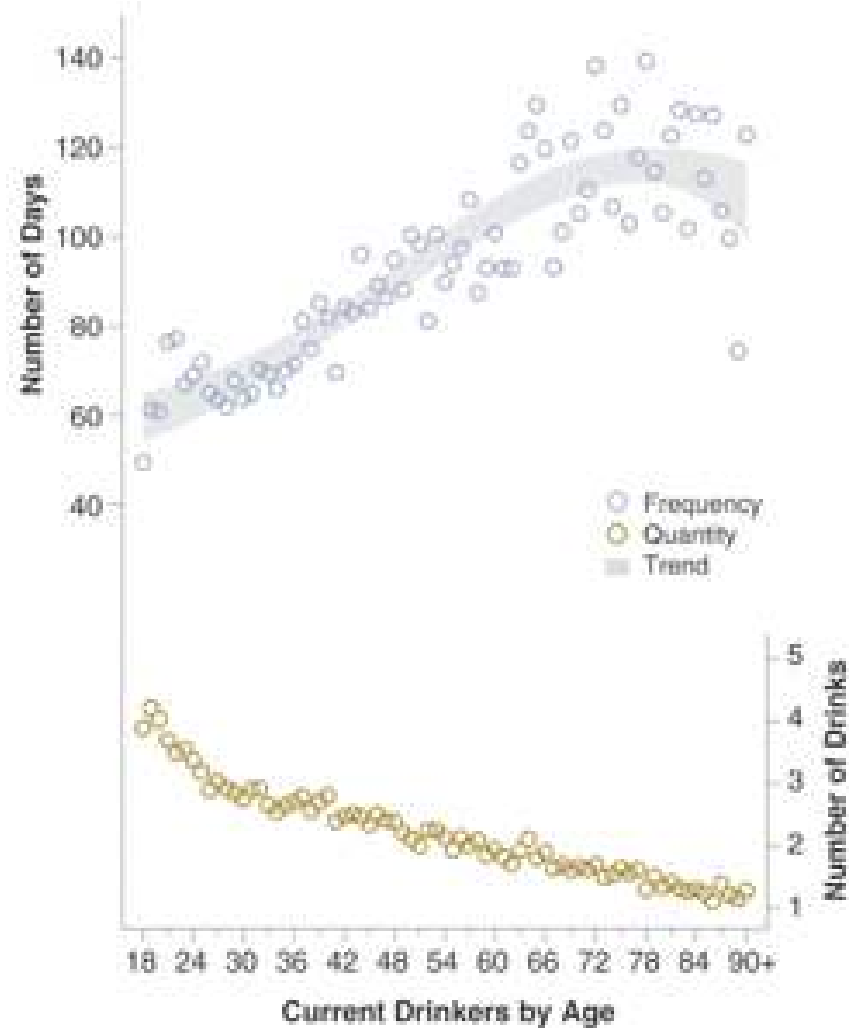
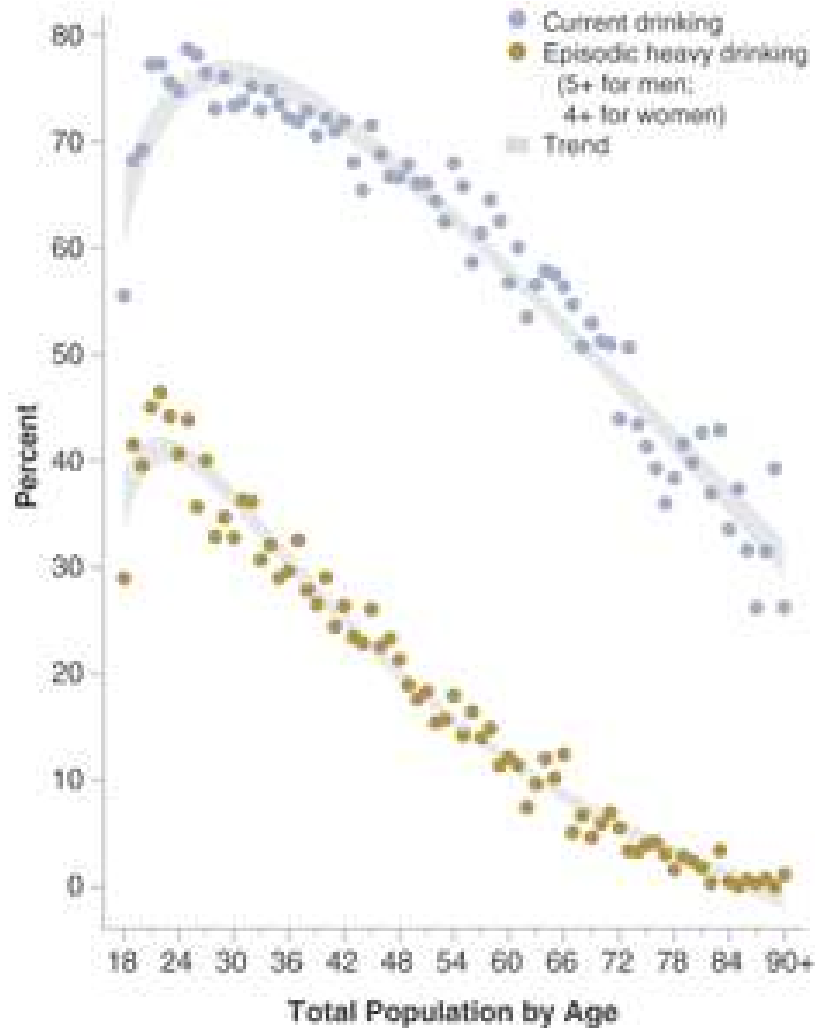


Alcohol-Related Deaths Per Day (Excluding COVID Deaths)

U.S., Pre-Pandemic (Jan 2018-Mar 2020) and Post-Pandemic (Apr 2020-Aug 2021)



Drinking as a Function of Age



Many Individuals without Addiction Can Benefit from Alcohol/Drug Focused Treatment

About 38 million adults in the US drink too much
Only 1 in 6 has talked about it with a health professional



For men, binge drinking is **5 or more drinks** consumed on one occasion*



For women, binge drinking is **4 or more drinks** consumed on one occasion*

*One occasion = within 2 to 3 hours



For men – **15 or more drinks** on average per week

One Drink = 5-ounces of wine, 12-ounces of beer, or 1 ½-ounces of 80-proof distilled spirits or liquor



For women – **8 or more drinks** on average per week

Drinking too much includes



Any alcohol use by pregnant women



Any alcohol use by those under age 21

Are You a Moderate Drinker?

Minimize the health risks alcohol can cause.

Follow the USDA guidelines for moderate drinking:



WOMEN

Up to 1 drink
per day



MEN

Up to 2 drinks
per day

-Alcohol related risks can be both **acute** (hangovers, arguments, injuries) and **long-term** (increased anxiety, weight gain, poor sleep, etc.).

-Even **occasional binge drinking** can be associated with significant acute risk
-one accident/arrest can have lifelong impacts

-Even “**light**” **daily drinking** can be associated with long-term risk
-poor sleep, weight gain, heart-disease cancer, etc.

Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016

Strong dose-response effect for alcohol consumption and risk;
-any reduction generally results in positive health and social benefits

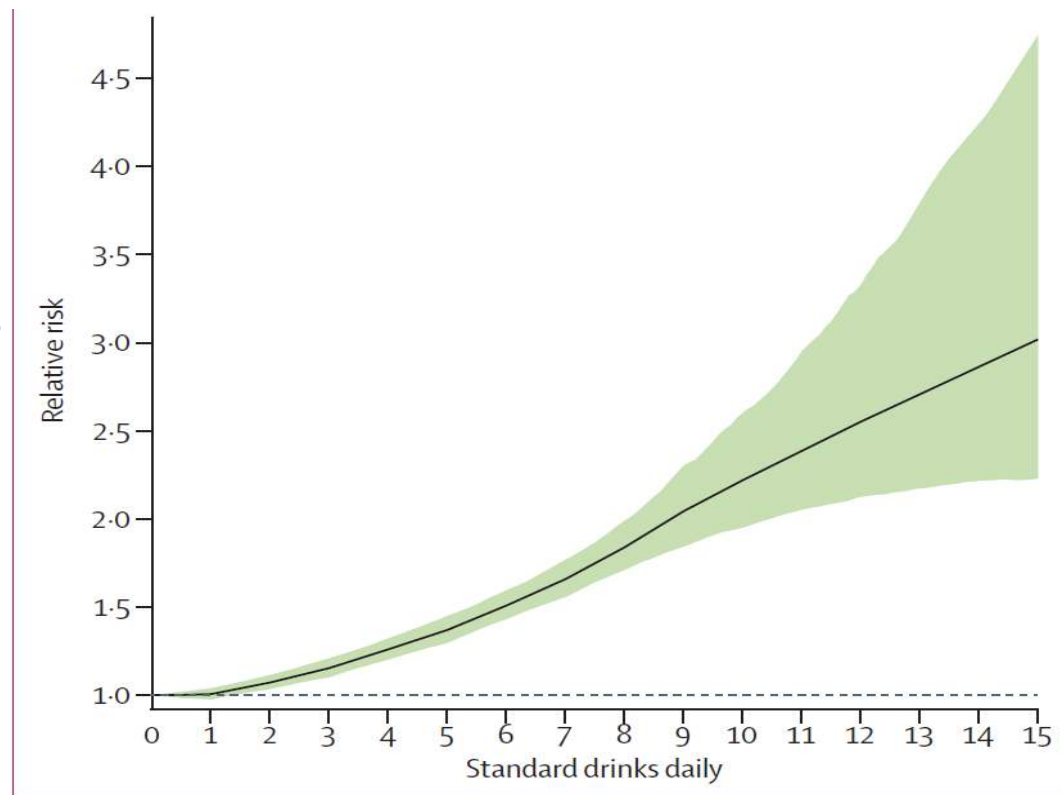


Figure 5: Weighted relative risk of alcohol for all attributable causes, by standard drinks consumed per day

Age-standardised weights determined by the DALY rate in 2016, for both sexes. The dotted line is a reference line for a relative risk of 1. DALY=disability-adjusted life-year.

Lancet 2018; 392: 1015–35

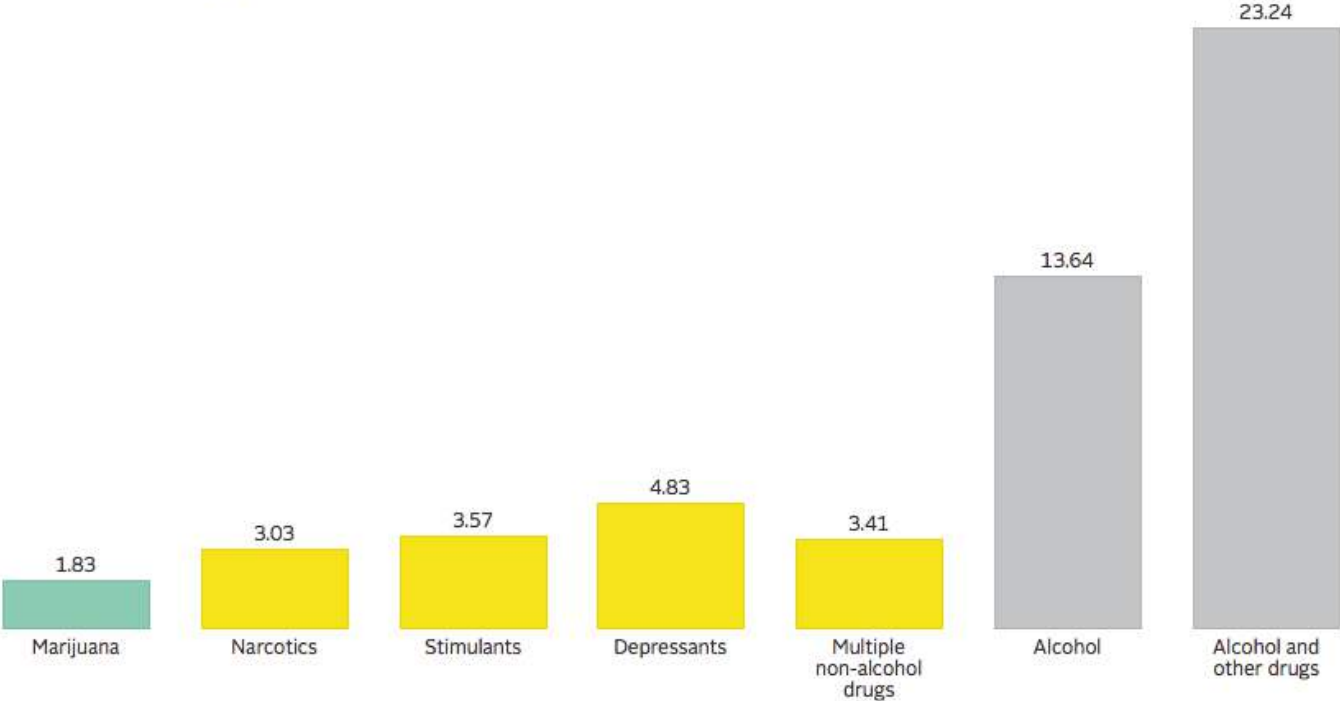
Published Online

August 23, 2018

<http://dx.doi.org/10.1016/>

S0140-6736(18)31310-2

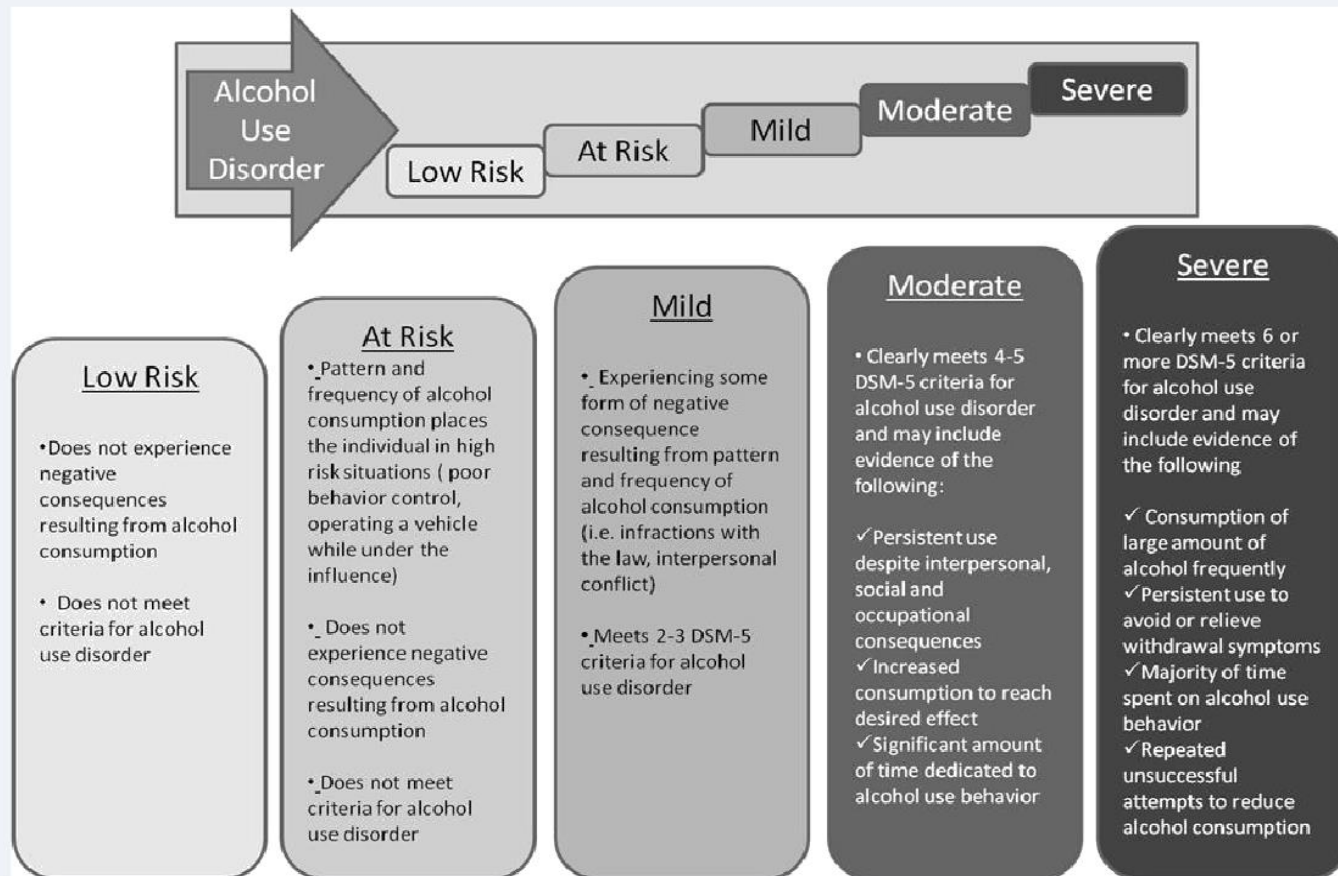
Multiplied risk of a fatal traffic accident while under the influence



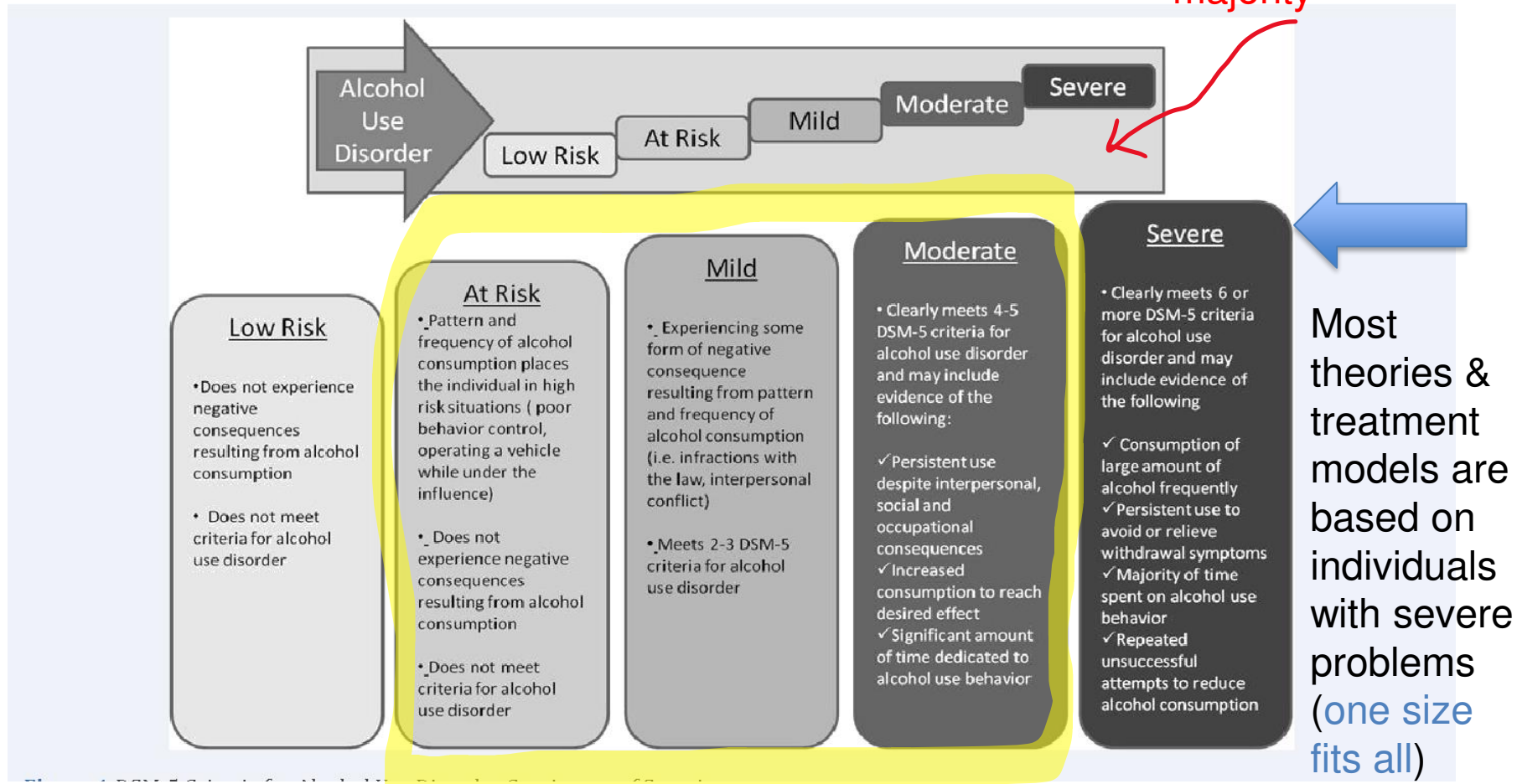
Source: Columbia University study



Tremendous heterogeneity in severity and course of AUD/SUD



Tremendous variability in severity and course of AUD/SUD



- mild to moderate problems more common than severe
- problems not always “progressive” as implied by disease model

Conundrum: Treatment works but only ~ 15% of people with AUD/SUD want it?



Why Do only ~ 15% of People with AUD/SUD Present for Treatment?

- Stigma, labels associated with addiction treatment, privacy concerns
- Mismatch between level of severity (mild to moderate) and available treatments (Feeling that problem was not severe enough for treatment)
 - many programs require immediate abstinence to begin treatment, provide only intensive treatment or require AA/NA (one size fits all)
 - lack of awareness of “low threshold” brief interventions, medications, or outpatient therapy; misconception that addiction is all or nothing phenomenon
- Belief that one can quit without treatment (most people do)
- Many treatments are poor quality, some exploitative
- Financial and Social “Costs” of Treatment
 - Expense, location, time commitment
 - Family/childcare responsibilities; work responsibilities

But Overall Treatment Works, and it is Important to Understand Factors Predicting Treatment-Seeking

- Problems related to substance use, especially interpersonal problems
 - *Level of use* is less robust predictor
- Social network pressure to quit/reduce use

How can you promote these processes in therapy?

Factors Associated with Successful Long-term Recovery

- Change in social group
- Significant other/family support
- Increased substance-free interests/activities
- Change in work (new or better job)
- Avoiding situations where alcohol/drugs are present
- General decrease in negative life/health events and increase in positive events following initial quit attempt (Tucker, 1999)

How can you promote these processes in therapy?



AUD/SUD is Often Missed in General Medical/Mental Health Settings

- > 25% of clients in mental health setting have alcohol use disorder
- Clinicians often ignore AUD/SUD; don't ask about it, or don't ask about it effectively

Screening, Brief Intervention, Behavioral Treatment, and Harm Reduction for Risky Alcohol Use (SBIRT)

Screening for Substance Misuse

- Step 1: Assesses Quantity and Frequency of Use and Acute Risk (BAC, risky behaviors)

How many drinks have you had in the past 7 days? What is the greatest amount of alcohol you have consumed in a day over the past year? What drug have you used over the past year?

Tell me about some of the things that have happened to you as a result of drinking/drug use? (also use questionnaire measures)

- Drinking and driving
- Blackouts
- Passing out
- Risky sex
- Fights, accidents, etc.
- Overdose (very high risk with opiates, especially fentanyl)

Gauge:

- Risk of arrest, job loss
- Risk of Hep C or HIV infection related to injection
- Risk of overdose and withdrawal
- Medical consequences related to use
- Risk to others – children or other dependents

More Detailed Assessment as part of Treatment

-Self monitoring functional analysis to identify situational, cognitive, behavioral, and affective antecedents to use AND urges to use (when, where, why, with whom?)

–do this even if currently abstinent to ID possible relapse triggers that can be addressed in treatment and inform specific coping skill development

- Identify consequences of use – both individual, interpersonal, and systems level; both positive and negative
- Need to genuinely understand/appreciate why the person uses – what are the benefits?
 - » Social, coping, enhancement motives are common (coping especially common for adults, individuals with comorbidity)

Functional Analysis or High-Risk Situations Record

Antecedent Situation	Thoughts	Feelings and Sensations	Behaviour	Consequences
<p>Where was I?</p> <p>Who was with me?</p> <p>What was happening?</p>	<p>What was I thinking?</p>	<p>How was I feeling?</p> <p>What signals did I get from my body?</p>	<p>What did I do?</p> <p>What did I use?</p> <p>How much did I use?</p> <p>What paraphernalia did I use?</p> <p>What did other people around me do at the time?</p>	<p>What happened after?</p> <p>How did I feel right after?</p> <p>How did other people react to my behaviour?</p> <p>Any other consequences?</p>

Assessment of Motivation and Need for Further Treatment

- Why is this person presenting for treatment? Self referred for other disorder, referred or mandated by work/significant other, self-referred
- If treatment is mandated, are there consequences for honest reporting of drug use? (if, self-reports of drug use are generally accurate if you ask clear questions in non-judgmental tone)

Assessment of Motivation and Need for Further Treatment

- *What would you like to do, if anything, about your drinking/drug use?*
 - Abstinence vs. harm reduction goal (should be very specific)
 - May involve **trial** of moderate drinking/drug use (but consider medical conditions that might preclude this goal)

How to decide among treatment options?

- Detox – can be necessary but short-term
- Inpatient/residential (often expensive and not evidence based – resorts, but can provide needed stability for some)
- Partial hospital (CBT, MI, 12 step facilitation)
- Outpatient therapy (same as above)
- Brief intervention (1-2 hours, apps, online support)
- Mutual-help (including online support, **mobilizing social network**)

NIAAA Combined Behavioral Intervention (CBI) Elements*

- Phase 1 of CBI involves two parts (brief motivational intervention).
 - Session 1 = less structured period of motivational interviewing focused on drinking behavior
 - Session 2 = systematic feedback of findings from the client's pretreatment assessment in MI style

*this treatment was developed for alcohol, but based on evidence-based approaches that are effective for drug treatment as well

Treatment Manual available free online:

<https://www.niaaa.nih.gov/sites/default/files/NIAAA-combined-behavioral-intervention-manual.pdf>

Session 1 Eliciting Self-motivational Statements (Evocation)

- *I assume, from the fact that you are here, that you have been having some concerns or difficulties related to your drinking. Tell me about those.*
- *Tell me a little about your drinking. What do you like about drinking? What's positive about drinking for you? . . .[and later] And what's the other side? What are your worries about drinking?*
- *Tell me what you've noticed about your drinking. How has it changed over time? What things have you noticed that concern you, that you think could be trouble, or might become problems?*
- *What have other people told you about your drinking? What are other people worried about? (If a spouse or significant other is present, this can be asked directly.)*
- *How would things be better if you changed?*
- *What's your next step?*

Motivational Interviewing Style Suggestions

- Be conscious not to sound frustrated with client; convey a sense of investment and optimism in their potential for change
- never ask three questions in a row. Instead, ask a question, listen to the client's response, and reply with empathic reflection, summary, or affirmation

-Affirm the client

-Your friends mean a lot to you, and drinking is one way you connect with them

-Its been hard for you to follow through with your goal, but you had the courage to tell me about this and recognize the risks of continuing to drink and use drugs.

-Avoid direct advice or confrontation

change is up to client, client values are guiding force in change, lack of judgment “people do the best they can with what they have”

- People are more likely to be persuaded by what they hear themselves say (vs. what you tell them)

- Try to selectively focusing on client statements of problem recognition or the potential desire for change
 - ask particular open-ended questions that are intended to elicit certain kinds of speech “**change talk**” and selectively reflects the elements of clients speech that elicit motivation
 - Avoid questions/reflections that enhance “sustain talk”(reasons for not changing)
 - asking for elaboration, reaction, other examples of concerns related to problem behavior, reasons for change
 - “can you tell me more about a recent example of ...” “what are you most worried might happen...” “what makes you concerned about” “what would be the advantages of changing ...”

Enhancing Motivation

–Exploring conflict with values/goals

- *“how does your drug use fit in with your overall life goals?”*

» This is more effective if you learn about their goals and what is important to them in life

–Envisioning the future:

- *“right now you are content to continue to stick with your current drug use patterns. How do you see that going over the next few years? At what point, if any, would you think about making a change?”*

» *If they anticipate changing in the future, ask why?*

Offering Concern or Advice

- Be judicious and avoid judgmental tone
- Generally best to use probes and feedback as prompt for participant to ID concern/risk
- Ask for permission, empathize and emphasize autonomy, avoid value judgments - instead focus on how outcome could hurt the client

- *“Can I share a concern about that? I worry that your current drinking level puts you at risk for X (medical/social consequence) and I would like to be able to support you in any way possible to keep you safe and well”*
- *What are your thoughts about that?*

Providing Advice

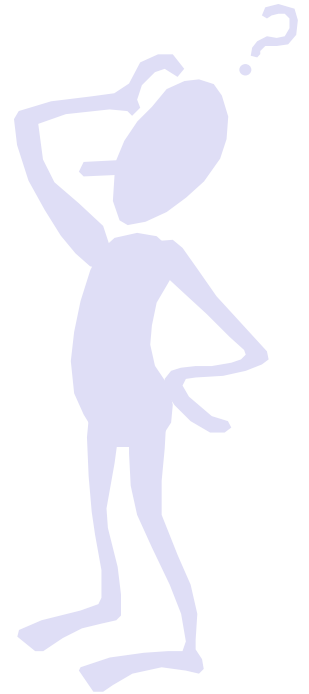
- Elicit-Provide-Elicit Approach (avoids lecture)
 - *What do you know about the ways in which drinking alcohol can influence your mood the next day?*
 - *Would you like me to tell you more about how alcohol can impact sleep and increase anxiety and irritability the next day?*
 - *What do you think about that? What are your ideas about how this might be relevant for you?*

Session 2 Personalized Drinking Feedback

The information provided below is intended to help you evaluate your drinking behavior and whether or not you wish to change it. The information is based on your questionnaire responses.

How your drinking compares to others' drinking.

According to your responses to the questionnaire, you drink **4 days a week**, and consume about **25 standard drinks** a week. In comparison to other men your age, your percentile rank is **86**. This means that you currently drink more than 85% of 18 year-old men. In other words, only 14% of men your age drink as much as or more than you.



CDC Guide to brief alcohol interventions in primary care:

<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>

Free Alcohol Feedback Tool: Check up and Choices

https://checkupandchoices.com/alcohol/?utm_source=NIH&utm_medium=referral&utm_content=helpful-links-cnc-name

Risk Factors for Alcohol Problems

- Binge Drinking

- *You reported 8 binge episodes in the past month. This places you at risk for alcohol problems.*

- Alcohol-Related Consequences

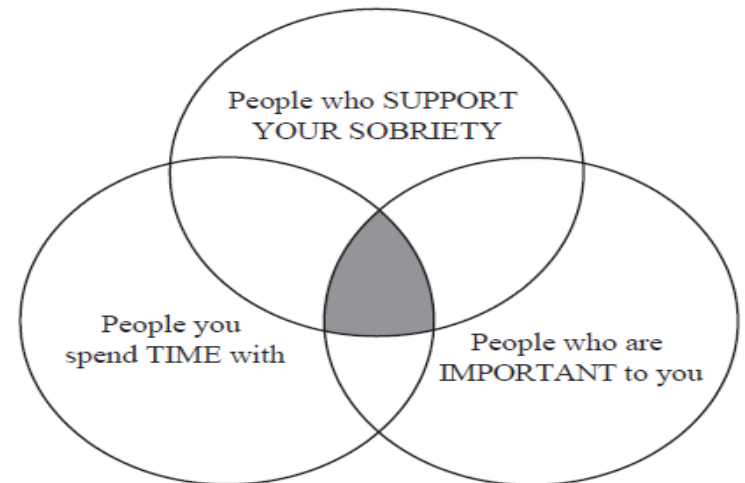
- *You reported that the following alcohol related problems has occurred in the past month:*
 - » *missed work, arguments with friends, blackout, getting sick*
 - » *Drinking and driving*

- Family History

- *From the information you provided, we consider your risk for alcohol related problems based on family history to be **positive**.*

NIAAA Combined Behavioral Intervention

- Phase 2 Includes a functional analysis of the client's drinking, a review of the client's psychosocial functioning, and a survey of the client's strengths and resources, used in developing an individual plan for treatment and change.
 - Client is encouraged to become involved in a 12-step or other mutual-help group.
 - Whenever possible, a **supportive significant other** is identified to participate in the client's treatment sessions as frequently as seems appropriate, ranging from a few to all sessions.



- Phase 3 draws upon a menu of nine cognitive-behavioral skill-training modules chosen on the basis of the client's needs identified during Phase 2 :
 - (1) assertiveness skills, (2) communication skills, (3) coping with craving and urges, (4) drink refusal and social pressure, (5) job finding, (6) mood management, (7) mutual-help group facilitation, (8) social and recreational counseling, and (9) social support for sobriety.
- Phase 4 = maintenance checkups, review motivation and address any difficulties

General AUD/SUD Treatment Elements: Therapeutic Relationship

- Treatment should be flexible Client-centered and non-judgmental, yet also directive, structured
 - “meta-communicate” and provide frequent feedback on progress “you seem really conflicted about this, on the one hand you have said this is a problem, but on the other hand you haven’t been able to get yourself to cut down “where does this leave us”?”
 - Continue to ask about use level (throughout therapy) and urges and be open to “bad news” (relapse, craving, etc.), clients may otherwise hide this so as not to disappoint you (also check in with significant others frequently)
- Help to increase the salience of distal benefits of abstinence and costs associated with substance abuse
 - Identify values and goals, ask about consistency with substance use
- Reduce craving - medication (Naltrexone) and behavioral strategies (e.g., urge surfing, mindfulness, cue exposure)
- Develop coping skills for specific triggers associated with relapse (e.g., drink refusal, mood/craving management, problem solving, anger management) and plan should relapse occur

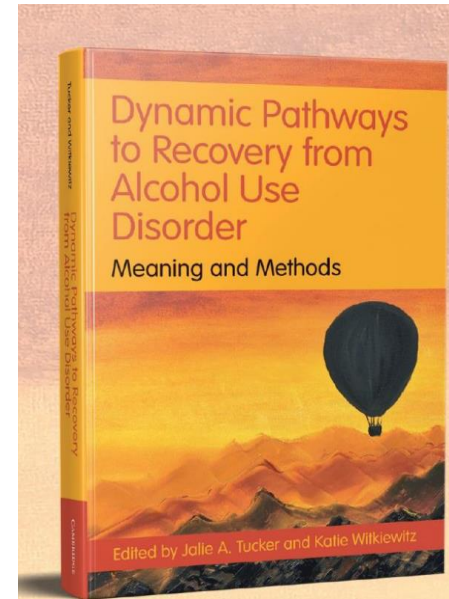
Transtheoretical AUD/SUD Treatment Elements: Support development of sober life worth living; one that “competes with” substance use

- Enhance social support, both general and abstinence specific
 - How to initiate conversations, small talk, assertiveness, conflict resolution, etc.
- Improve mood (reduce anger, sadness, anxiety)
- Try to actually change the client’s life situation (family, friends, work) to support change (immediate consequences for use, reinforcement for abstinence)
 - Life structure, reason to get up in the morning, people supportive of abstinence/moderate use
 - Encourage mutual-help group participation-
 - Exercise is an effective treatment adjunct, time in nature

How to Do this: Reinforcement & Life-enhancing Treatments for Addiction

- Primary Treatment Focus
- Contingency Management (CM)
- Community Reinforcement Approach (CRA)
- Behavioral Activation (e.g., LETS ACT)
- Physical Activity-based interventions
- Substance-Free Activity Session (SFAS)

- Secondary/Indirect Treatment Focus
- 12-Step Facilitation
- Behavioral Couples Therapy
- Cognitive Behavioral Therapy
- Mindfulness-Based Relapse Prevention
- Mindfulness-Oriented Recovery Enhancement
- Network Support Treatment
- Acceptance & Commitment Therapy
- Episodic Future Thinking
- Implementation Intentions



10 Individual Behavioral Interventions to Incentivize Sobriety and Enrich the Natural Environment with Appealing Alternatives to Drinking

James G. Murphy, Ashley A. Dennhardt,
and Kathryn S. Gex

Individual Behavioral Interventions to Incentivize Sobriety
and Enrich the Natural Environment with Appealing
Alternatives to Drinking

Consistent with the guiding assumption of this book, we view recovery

Increasing Engagement in Substance-free Activities is a Flexible Approach that is Compatible with a Range of Client Treatment Goals

- Can facilitate abstinence or harm reduction outcomes by providing alternative ways of experiencing reward & occupying time
- Can benefit individuals with no desire to change substance use (life enhancement can precede change in substance use)
- Can support stable long-term recovery for those in maintenance phase of treatment
- Positive activity enhancement can address comorbidity (e.g., Craske et al., 2019)

Substance-Free Activity Session (SFAS)

Structure: Motivational interviewing plus personalized activity feedback (brief, 1-2 sessions w/booster contact)

Goals are to Increase:

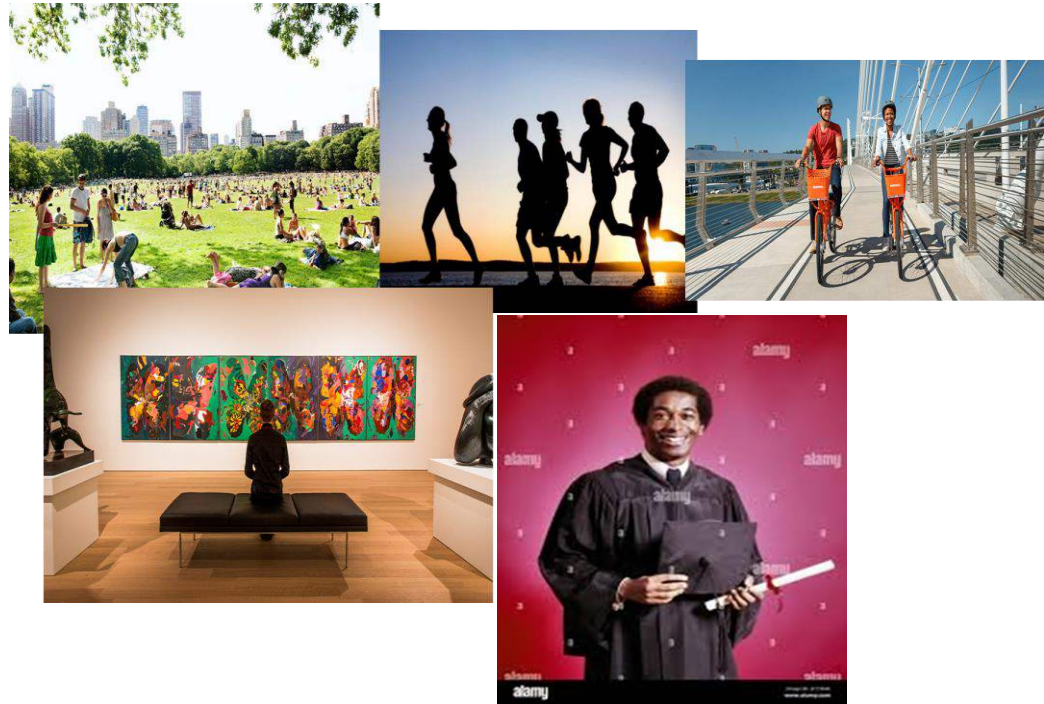
-substance-free activities and awareness of and commitment to life goals

-the salience of delayed rewards

-the extent to which recent time allocation patterns (to drinking and a variety of substance-free activities)

are viewed as extended patterns

leading to delayed rewards



Substance-Free Activity Session: 11 trials to date

Target Behavior/Population	Modality/Duration	Publication/Grant
Risky alcohol use/college students	50-minute F2F session + 1 phone booster	Murphy et al., 2012 Murphy et al., 2019
Risky alcohol use/college students	45-minute <u>interactive text-message session</u> + 4 text boosters	Gex et al., 2022
Risky alcohol use/18-29-year-olds who are not college students or graduates	50-minute Zoom session + 4 text boosters	in progress; R01AA029031 (Murphy, Dennhardt, Borsari, McDevitt-Murphy, Berlin)
Alcohol and Cannabis/College students	30-minute F2F session	Yurasek, Dennhardt, Murphy (2015)
Alcohol & PTSD/US Military Veterans	50-minute F2F session	Luciano, McDevitt-Murphy et al. (2022)
Alcohol Prevention/Airforce recruits	Large Group (50+)	Little et al., 2021; in progress R01AA029074 (Klesges, McDevitt-Murphy, Talcott, Murphy)
Cannabis Use/College students	50-minute F2F session + phone booster	Murphy et al. (under review) R01AA020829-02S1
AUD/Adults in AUD treatment	50-minute F2F session + text boosters	Meshesha et al., 2020
OUD medication adherence/Adults in OUD treatment	Four 50-minute F2F or Zoom sessions (integrated with mindfulness)	in progress; R61 AT010604 (Derefinko, Murphy, Witkiewitz et al.)

SFAS Session Introduction

- *The goal of our meeting today is to help you to clarify what is important to you in your life, and to discuss how your activity patterns fit with those priorities.*
- *I'm also interested in hearing about your hobbies or general interests; if you are interested, I can provide you with some suggestions for local resources based on these.*
- *I'd like to start by learning more about you, can you tell me about some of the people and activities that matter most to you?*

Personalized Feedback on Consistency between Values and Actions

The goal of today's session is to help you explore your personal goals, values, and how you spend your time. The session and this feedback are designed to help clarify your goals, decide what sorts of activities you would like to get involved with, and decide how you would like to organize your time.



Values and Actions

You reported what areas in your life are important to you, and how consistently you feel you're living with them. Your ratings of how important these activities are to you is represented in blue and in red is how you believe your actions (in the past week) have been consistent with these same values.



It looks like family, parenting, & relationships are very important to you, & your actions have been less consistent with those values- can you tell me about that?

Valued Living Questionnaire, Wilson & Murrell (2004).

Short and Long-Term Goal Setting with Action Steps

- *Next, I'd like to learn a bit about your goals. Try to think of 2 things you want to accomplish in the next few months that could enrich your life, and then one longer-term life goal.*
- *These can be anything from health/ fitness goals, social/ relationship goals, hobbies, or work/educational goals.*
- *Try to think of things that are feasible and would bring you joy or a sense of accomplishment.*
- *Why are these goals important to you?*

Goal Setting Worksheet

Note: clinicians encourage focus on activities that are relatively incompatible with heavy drinking, mood enhancing, & goal-directed

Below are **2 short-term goals**(something you want to accomplish in the next few months) and **1 longer-term "life" goal** (can be personal, health, social, family, career, or education related). Under each primary goal, please use the bullet points to list some **short-term specific actions** that would help you to reach your primary goals.

Short-term Goals (within next few months)

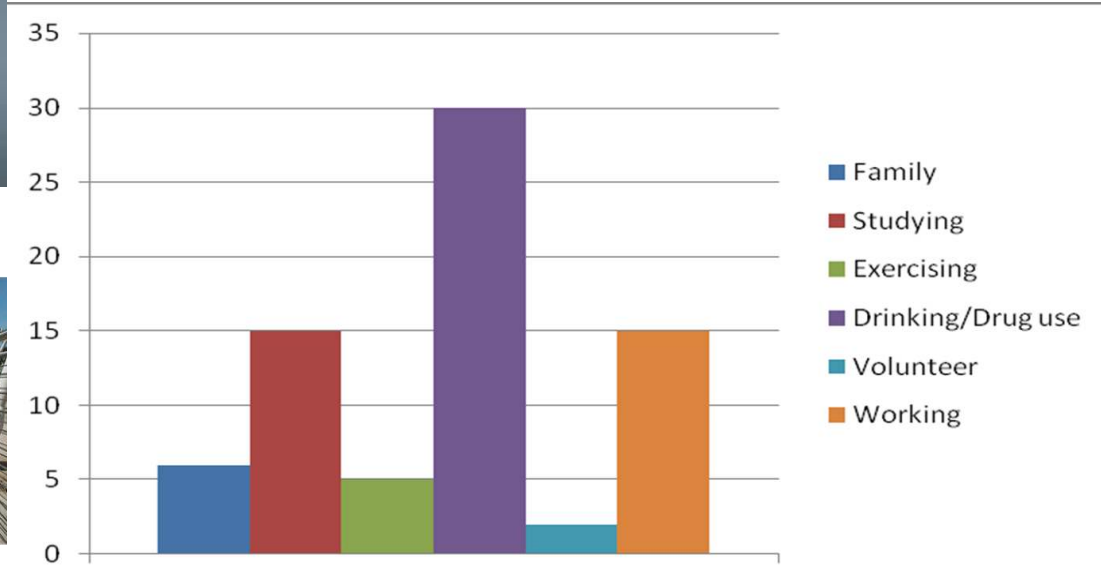
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Personalized Time Allocation Feedback

- *Now, I'd like to talk a bit about how you spend your time. I want to emphasize that I'm not trying to tell you that there's any correct way to spend your time;*
- *You likely have a lot of obligations that aren't flexible, so I'm most interested in learning about how you spend the time that is more flexible.*
- *One reason we summarize this information is because people rarely think about how they spend their time, even though it's precious and says a lot about what you find important.*
- *I put together this chart of how you spend your time during the week based on the calendar measure you completed.*

Personalized Time Allocation Feedback



Which activity categories, if any, could you see yourself devoting more/less time to in order to enhance wellness or progress towards goals?

How do you feel about the amount of time you spend drinking/ using drugs?

Relationship Between Substance Use and Life Goals/Values

- *How does your alcohol/drug use fit in with your goals and values?*
- *To what extent do you think your current drinking or drug use pattern will be compatible with the future you envision for yourself?*

Recreational & Leisure activities:

Some activities that you report doing:

- Running
- watching sports



Other activities that you may enjoy:

- **Breakaway Running**
2109 Madison Ave,
Memphis, TN 38104
901-722-8797
<http://breakawaymemphis.com/runs-races/group-runs/>
FREE weekly group runs and **FREE** marathon training
- **Memphis Fitness Kickboxing**
2183 Young Ave,
Memphis, TN 38104
(901) 249-2165
<http://www.memphisfitnesskickboxing.com/>
- **Get Outside! Fitness Programs**
6903 GREAT VIEW DRIVE NORTH
MEMPHIS, TN 38134
(901)-222-PARK (7275)
<https://www.shelbyfarmspark.org/get-outside-fitness-programs>
FREE and no registration required
Offers tai chi, hoop fitness, total body conditioning, Pilates in the park, and yoga



- *You listed some activities that you had participated in previously & enjoyed*
 - Which of these do you enjoy most?
 - What do you like about X?

Volunteering

- **Real Good Dog Rescue**
<https://www.realgooddogrescue.com/donate>
- **Memphis Animal Services/Shelter**
2350 Appling City Cove
Memphis, TN 38133
(901) 636-1416
<https://www.memphistn.gov/animal-services/i-want-to-volunteer/>



- *Here are some of the activities that you said you would like to do more often. What are some of the reasons you want to do X more?*



Episodic Future Thinking Exercise

Next, I'd like to ask you to engage in a short imagination exercise. Visualize your life 1-3 months into the future. Think about aspects of your life that matter to you and imagine a positive future event that could happen some time in the next 3 months – it could be a simple day-to-day event, a bigger event, or accomplishment related to one of your goals or hobbies.

Try to really focus on something that will give you a real sense of joy or purpose and try to put yourself in moment. If you're comfortable, you may close your eyes so that you can focus. Take a minute to visualize and imagine what it could look and feel like if this were to actually happen.

Now, take the next couple minutes to write about the specific positive elements of this experience. Please write about the details of the event as if it was currently happening (use "I am" statements).

If you are comfortable with talking about it, I would like to hear what you wrote about. Some people find it as a good opportunity to talk about their hope and goals for the near future.

Patel & Amlung, 2020; Voss, Jorgensen & Murphy, 2022; Athamneh et al., 2022

Weekly Text Message Boosters for 4 Weeks

- Personalized feedback on local substance-free leisure/service activities that participant expressed interest in
- Reminder of goals and positive future event

Hi PARTICIPANT,

This is the _____ study reminding you of the goals you set for yourself. You wanted to do more of X and Y, and less of Z to reach your goal(s) of

. Here is an activity in Memphis that will be in line with your interests: XXX
XXX at LOCATION






11 Indicators of Effective Addiction Treatment



1. Dignified Environment
Respectful surroundings comparable to facilities addressing other medical conditions



2. Integrated Treatment that
Addresses the Whole Person -
Mental, Physical, Spiritual
Addresses co-occurring disorders & concerns



3. Qualified, Well-trained Staff
Staff are experienced, licensed, &/or board certified



4. Comprehensive, Person-centered Screening & Assessment
Thorough screening of physical, psychological & social factors

5. Evidence-based Practices
Uses proven behavioral & medical treatments



6. Engagement & Retention Strategies
Mutually trusting environment with clear boundaries & communication

7. Family Involvement
Involves loved ones and recognizes their needs, value, & importance



8. Addresses the Needs of Important Subgroups
Attends to different patient needs, life contexts, preferences, & experiences

9. Measures Program Performance & Patient Progress
Conducts continuous measurement of performance & patients response to treatment



10. Provides Linkages to Continuing Care & Community Recovery Supports
Connects patients to services & support after discharge

11. External Accreditation
Is accredited by an external licensing body to ensure high standards of care (e.g. JCAHO, CARF, COA)

Digital Recovery Support

Not everyone can make it to meetings in person. Here are some resources that many use to access vital recovery support online from home:

Alcoholics Anonymous



aa-intergroup.org/directory.php
onlinegroupaa.org
aaonlinemeeting.net



Narcotics Anonymous

virtual-na.org
na.org/meetingsearch
*for country, select "Web"

Online/Digital Recovery Support Resources

SMART Recovery

smartrecovery.org/smart-recovery-toolbox/smart-recovery-online
smartrecovery.org/private-convenient-online-recovery-support



Other Resources

addictioncampuses.com/alcohol/apps-for-recovery
sobergrid.com/howitworks
intherooms.com/home
unityrecovery.zoom.us/my/allrecovery





Project BLUE

Building the Life You Envision

What is the study about?

- Open to 18-29 year-olds who are not 4-year college students or graduates who report recent alcohol-related risk
- The purpose of this research study is to enhance wellness and to understand what might help people change health behaviors

What is involved?

- 1) Screening survey for eligibility
 - * Online, by phone, or in person
 - * 1-in-100 chance of \$50 gift card
- 2) Confidential surveys about your health behaviors and lifestyle
- 3) 2 1-hour sessions that involve discussing a few of these topics: Alcohol use, activity participation, and stress reduction. Earn up to \$250 for completing the entire study.
- Can be completed in person at U of M or via Zoom

(901) 871-9976
BLUE3Memphis@gmail.com



Project BLUE

Building the Life You Envision



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