# Sustainability: the Addiction Model

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Thanks to Dave Gustafson and the National Health Service for much of this material


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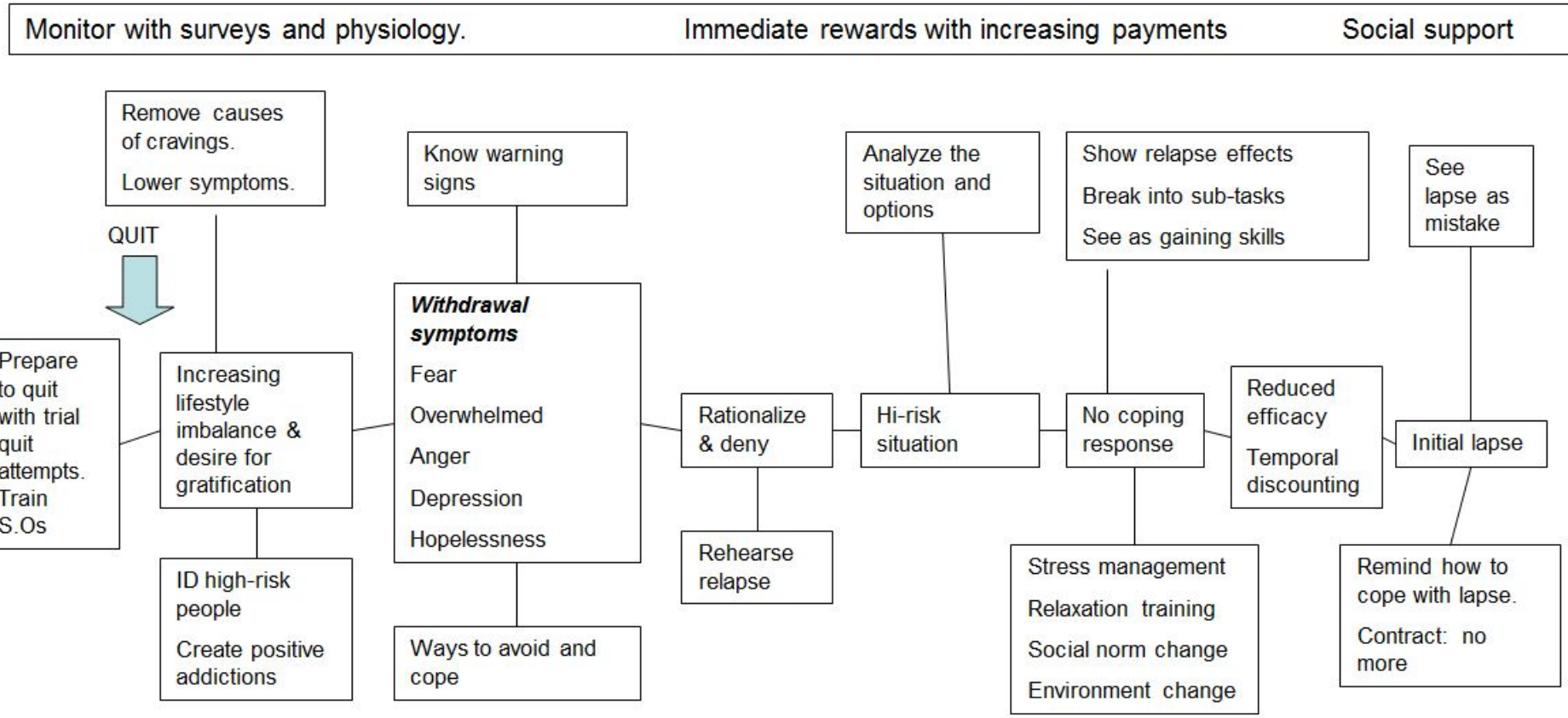
# Sustaining change: the addiction model

- See sustainability as “avoiding relapse”
  - “Quit” effort <<<“staying clean” effort
- Tension for change
  - For addicts, from the courts etc.
  - For SNF: need to get to QAPI!

# What we know

- Recovery happens in a series of predictable steps
- Evidence-based methods exist to deal with each of the steps
- Parallels to sustaining changes

# Preventing Relapse




The middle line of boxes depicts the stages of recovery as experienced by the patient. The top and bottom lines depict what we know about how to avoid and deal with each of these stages in order to help the patient sustain their recovery.

# Keys to the process

- Measure performance and affect along the way
- Identify events that will interfere with sustainability
- Develop ways to overcome these events
- Act to decrease negative affect (depression, hopelessness, failure)

# Pre-start

- Review reasons for the change
- Accept ambivalence
- Engage in proactive problem solving
  - “what if I fail” etc
- One day at a time (PDSA)

# Steps to success

1. Identify high-risk people
    - Who is most at risk for relapse?
    - What are the drivers that will encourage/enable relapse?
    - People want immediate gratification
        - Work with them to envision long term success
        - Remove causes of cravings
        - Mitigate symptoms

# Steps to success

2. Create positive addictions
   - Why do they prefer the old way?
   - Addiction parallel: AA
   - Create some immediate rewards for behaving the new way

# Steps to success

3. Remove withdrawal symptoms (fear, anger, hopelessness, depression, feeling of being overwhelmed)
    - Give the “addict” control
    - The principle of “no surprises”
    - Identify obstacles
    - Use success stories
    - SIMPLIFY THE CHANGE!

# Steps to success

4. Collect data
    - How is the patient doing?
    - Give feedback
    - Subjective (affect) and objective
        - Parallel to addiction: surveys and physiological data

# Steps to success

5. Rewards
    - These need to grow over time
        - They lose effectiveness if kept constant
        - But eventually new habits will form

# Steps to success

6. Provide social support
   - Formalized
     - E.g., AA
     - Huddles, other meetings, groups experiencing similar situations: this Collaborative!
   - For the addict, it’s personal; for the organization, it’s systematic

# Steps to success

7. Fight rationalizing/denying
   - “I can do it this way just ONCE”
   - “Who’s it going to hurt?”
   - Rehearse the “old way,” both positive and negative
   - What would “relapse” feel and look like?

# Steps to success

8. Prepare for high-risk situations
    - For addict, a party, a bar, etc.
    - For SNF: survey, staffing shortage, change in leadership, etc.
    - Analyze the situation and consider options for continuing success

# Steps to success

9. Supply coping responses/supports
    - "This is hard"
    - Provide de-stressers
        - Stress management
        - Relaxation training
        - Social norm change
        - Environment change
    - Show relapse effects
    - Break into subtasks
    - See this as skill-gaining

# Steps to success

10. Cope with lapse
    - See as mistake
    - Not a disaster!
    - Part of chronic “disease”
    - Make a contract: no more

# Questions?

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*For more information:*
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