

# Early Intervention and Current Psychosocial Approaches to Substance Use Disorder

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## Abstract

Addiction is a multidimensional question and not only the life of the person who uses it but affects the whole society in general. For this reason, the treatment of addiction needs to be handled in a multifaceted way. This article is written to identification of knowledge about early intervention and current psychosocial approaches in the treatment of substance use disorders. Today, the effectiveness of early intervention and psychosocial approaches is known in the treatment of substance use disorders. Early intervention includes informing individuals about the risk of substance use, identifying risky behaviors associated with substance use, and directing individuals to treatment. Increasing the motivation about the treatment process of the addicted person, counseling for family, structured therapies, various self-help groups are examples of psychosocial approaches.

**Keywords:** Substance use disorder; Early intervention; Psychosocial approaches; Clinical role

## Introduction

Addiction is a multi-dimensional question, not only the life of the person who uses the substance, but also the family, friends, colleagues, employers and the whole society in general [1]. When the literature is examined, it is stated that substance use disorders generally start in childhood and adolescence periods and are seen more in this period [2]. Based on the results of a clinically-based study, approximately 64% of individuals treated for

substance use consisted of individuals 15 years of age or younger [3]. It showed similar feature in the situation in Turkey until the age of 10 and the age of first drug use has fallen and is claimed to increase the utilization rate [4].

Substance use disorders in children and adolescents constitute a worrying cause, as almost every area may have long-term effects. The etiologic factors contributing to substance use disorders are complex and must be combined and synthesized for all the different factors,

including predisposing, sustaining, accelerating, and protective factors for the planning of care and treatment [5].

Although the onset of substance use usually occurs during childhood and adolescence, individuals rarely apply for treatment. For this reason, community-based programs seem to be more appropriate and useful for the prevention and treatment of substance dependence in this population group [3]. Clinicians should be actively cooperating and evaluating comorbidities while working in this population. Problem solving, emotional regulation, skills training for social skills and communication is an important part of the treatment of substance use disorders in adolescents. Substance abuse interventions should be part of a larger plan addressing other areas of interest in young people's lives [6,7]. For this reason, a multifaceted approach to reducing substance use disorders is important.

### Aim

This article has been written to address the points of care and identification of the knowledge of early intervention and current psychosocial approaches to substance use disorders.

### The Importance and General Principles of Early Intervention in The Substance-Use Disorders and the Approaches to be Used by Individuals, Institutions or The Government

Early intervention can be conducted by making regulations for various areas (school, mental health services, primary treatment units etc.) for the people who have the risk of substance-use disorder or mild use of substances [8]. The services under the early intervention practice can be provided in such situations as the person needs to receive social services, accompanied by another medical situation, and there is no call for treatment against substance-use. The purpose of early intervention is to decrease the damages that may be related to the use of substances in order to protect the individual against another disorder, and decrease the problematic behaviors against the risk of getting injured to improve social functions, and health [9]. Early intervention involves giving information about the risk of the substance-use, the normal or safe substance use, recognizing the risky behaviors related to the substance-use, and ensuring the individuals seek the treatment they needed. Early intervention services can be considered as a bridge between the protection and treatment services [10].

Early intervention can be used for both adults and adolescents who demonstrate risky substance use behaviors [8]. In addition to these, it is necessary to provide early intervention services to the younger people and pregnant women. In 2015, 214.000 pregnant women in the USA were estimated as consuming alcohol during their pregnancy. Another important aspect of early intervention is to prevent the individual from using additional substances [10].

It is considered that in early intervention the effect of culture and the legal regulations of countries are quite high. For instance, certain addictive substances, known as soft drugs which are legalized by legal regulations in certain countries while they are prohibited by law in many other countries [11,12]. The early interventions within the individual, cultural, and legal contexts should be developed according to the identities of countries.

Both protective and treatment role of the early intervention develops especially through the individuals' knowing themselves and developing correct help-seeking behavior. Therefore, it is necessary to know the boundaries of the concepts such as substance abuse, problematic substance use, substance use disorder, and addiction as a society. At this point, the parents also need to know the adolescence period and distinguish this period's enthusiasm from substance use. The professionals (nurse, doctor, teacher, social worker, psychologist, school psychological consultants etc.) need to observe the groups with the risk of substance use and need to detect the symptoms regarding substance use. However, in order to raise professionals who know the effects of substance use, can recognize the symptoms even when low dose substance is used the required in-service training programs should be provided [13].

In all around the world, the cost of treatment and rehabilitation of an individual who has the substance-use disorder is considered as higher than forming and implementing early intervention programs. Substance addiction is important not only from the perspective of health but also from social, legal and managerial perspectives. Therefore, it is necessary that many institutions should work in coordination and cooperation in terms of early intervention. The legislative proposals of governments should be prepared in cooperation with the health, education, and law departments and their specialists, and enough budget should be separated for this issue [14].

### Psychosocial Approaches and Significance in the Treatment of Substance Use Disorders

Adding psychosocial approaches to the substance use disorder treatment program is an indispensable need for addiction professionals. The nursing profession, which has a wide range of functions and roles at individual, family and community levels, is a professional resource for psychosocial approach to addictions. Examples of psychosocial approaches include; increasing the motivation of the dependent individual to the treatment process, guiding one's positive expectations and goals for the future, family counseling and information interventions, skill development group work, structured therapies and self-help groups [15,16]. The approaches will be examined below in terms of their use in addiction:

**Cognitive Behavioral Therapy:** Pharmacological methods not being sufficient alone for addiction treatment; despite the fact that they have significant effect on recurrence frequency and severity, made it necessary to use psychotherapy methods as an additional treatment method [17]. For this purpose, CBT is based on cognitive, social learning model considering the recurrence frequency after addiction treatment. The CBT aims to help dependent individuals in their addiction treatment to goals related to avoiding harmful and addictive substances and to develop new behaviors [18]. It aims to improve the self-efficacy of addicted individuals, reduce life stress and weaken the possibility of cyclical recurrence of the problem [19].

**Motivational Interviewing:** It was first developed by Miller as an alternative model for behavior modification related to alcohol use and is also used in different patient groups [20]. Motivational interviewing programs were developed with support from many models such as; person-centred therapy, cognitive behavioral therapy, social cognitive theory, health belief model, and transtheoretical model. Motivational interviewing is a directive and client-centered approach used to help clients discover and resolve the ambivalence of their clients and to provide behavioral change. It includes basic approaches such as; cooperation, reminders, empathic approach with autonomy, expressing contradiction, combating resistance and supporting self-sufficiency. Through motivational interviewing, the individual's motivation is increased by determining the feelings and thoughts of the individual [21,22].

**Family-Based Approaches:** Attempting to treat addiction independently without family support has

enormous risks preventing the therapeutic effect from being integrated into the life and being permanent [23]. Just as addiction itself will affect existing family dynamics negatively; problems such as separation, divorce, domestic neglect, abuse, and stories of violence can also lead to addiction. In this respect, it is important to treat addiction in consideration of the family; in order to provide support to the patient, to determine the problems of patients' relatives in the context of co-dependence and to prevent the deterioration of family dynamics due to addiction[24,25]. Family and marriage therapies applied in addiction treatments consist of three phases, including intention to change, realization of change and long-term preservation of change. Family-based approaches met with great resilience in the first years of their emergence, have been accepted efficient as the result of evidence-based scientific research, and gradually become widespread [26].

**Self-help groups - Alcoholics Anonymous:** A self-help group is based on the concept of peer support. It hinges on acceptance by other individuals who experience similar problems in their lives. One of these formations, the Alcoholics Anonymous (AA), is a large self-help group organized for the treatment of alcoholism. It was founded in 1935 by two alcoholics who discovered that they were able to stay sober through mutual support [27]. Bill Wilson, a stockbroker and Bob Smith a surgeon, achieved this success not as professionals but as peers who share common experiences. Soon after, they worked in turn with others, enlarged the movement and increased their success [28]. Alcoholics Anonymous regard alcoholism as a disease. Its main purpose is to help its members stay sober. When sobriety achieved, it is expected that these people will help other alcohol addicts. AA has become an important model for other self-help groups related to abuse or addiction problems [29].

**Counseling:** Individual counselling is frequently used to help patients with substance abuse. The relationship is purposive and may vary in length from weeks to years. The counselor must be warm, polite, non-judgmental but adept at setting limits [30]. In the first step, data is collected about the loss of function caused by the substances. Following this stage, the counselor supports the dependent person in the sense that he/she acknowledges that the substance use causes problems in important matters [31]. They agree that partnership is necessary. The individual tries to gain self control and keep away from the substances. Prolonged protection of these behaviors through role play, self-control in case of crisis and prevention of relapses are provided once the

problem has been identified and the prevention been achieved [32].

### Early Intervention, Clinician's Role in Psychosocial Approaches and Recommendations for Future Researches

Today, the effectiveness of psychosocial methods used in addition to drug therapy is known in the treatment of substance abuse disorders [19,33]. In addiction treatment, it is common for the client not to stay until the end of treatment. In order to the patient to be able to continue and benefit from treatment, obstacles in front of medication adherence must be removed. At this point, the clinician's role in the treatment has a major precaution. Regardless of the theoretical approach; the therapy process is a contract involving the exchange of services between two people. The clinician needs a framework in established relation with the patient. How and under what conditions the clinician and the patient will work, explanation of the rules that the clinician and the patient are obliged to obey, and informing the patient clearly about the study create the main outlines of this framework. In the treatment, the clinician's established relation with the patient should be built on a therapeutic basis. Trusting of patient to clinician is the most basic step. Otherwise, it is not easy opening himself to any one or to share him/her private life with him/her. Therapeutic relationship between the patient and the clinician includes aspects such as cooperation, mutual emotional bond / trust, agreement on stages of and goals of treatment, and play a key role in recovery [34,35].

In addiction treatment, it is the most basic aim to lead the patient to behavioral changes by strengthening the coping skills of the patient. In this process, It should be that the planning by clinician of all interviews as patient-centered, the supporting of the autonomy for the behavioral change by discovering the intrinsic motivation of the addicted person, and the helping to direct of behavioral changes [36,37]. While doing all this, the clinician needs to use effective communication skills such as asking open-ended questions, listening, confirming and summarizing, and especially when working with addicted individuals, stay away from using nontherapeutic communication techniques such as ordering, threatening, interrogating, warning, consoling, drawing attention another way of someone's attention, changing subject [35].

Substance abuse is an all-round disorder that affects both the patient and the family. While mutual intra-familial relationships are a risk factor for substance use,

substance use can lead to deterioration of family relations as well. For this reason, the family should be absolutely included in treatment process by the clinician in substance abuse [38]. In the treatment of addiction; it is seen that treatment protocols which do not leave the patient under burden give better results. For this reason, in early intervention; it is priority to ensure that the patient gains confidence and comes to the controls. The principal role of the clinician in treatment is to motivate the patient for change, adhering to the principles of general psychiatric interviewing [39,40].

As a result, the existence of early intervention and psychosocial approaches, which are carried out in parallel with drug treatment in the treatment of addiction, cannot be denied. Conducting of researches about psychosocial interventions aiming to better understanding the addiction that affects society in multifaceted way and primarily to improve preventive services and subsequent care and rehabilitation services is recommended.

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