Integrated Treatment of the Anxious Substance Abuser

Isn't every substance abuser anxious about something? Doesn't addiction to any drug cause anxiety? The answer to both questions is yes. If it's that simple, then why is treatment of this combination so difficult? It's difficult because there are so many sources of anxiety during the different stages of addiction and recovery. This article outlines **ten approaches** to guide front line clinicians who work with anxious substance abusers

#1 Consider the reasons and give feedback: When you don't know what's what making you anxious, it makes you more anxious. There are two approaches to giving feedback: **differential diagnosis** and **source by stage**. The **differential diagnosis** for anxiety and substance abuse is normal worrying, poor stress control, substance-induced (intoxication, chronic use, or withdrawal), independent anxiety disorder, other psychiatric disorder, primary insomnia, medical illness, and/or medication side effects. Some or all may apply. The most common early reasons are normal worry, poor stress control, and substance-induced. The first four weeks after last use are critical in learning the reason. Persistent anxiety after four weeks is most likely due to a psychiatric disorder or medical problem. The **source by stage approach** cites the reason by stage of addiction and recovery. The tables below list these. Give simple feedback of the possible reasons.

Substance Abuse & Anxiety:
Sources By Addiction Stage

Stage of Addiction	Source of Anxiety
Early	*acute drug effect *social stressors
Middle	*psychological dep *blackouts *denial
Late	*chronic drug effect *withdrawal *poor health *social problems

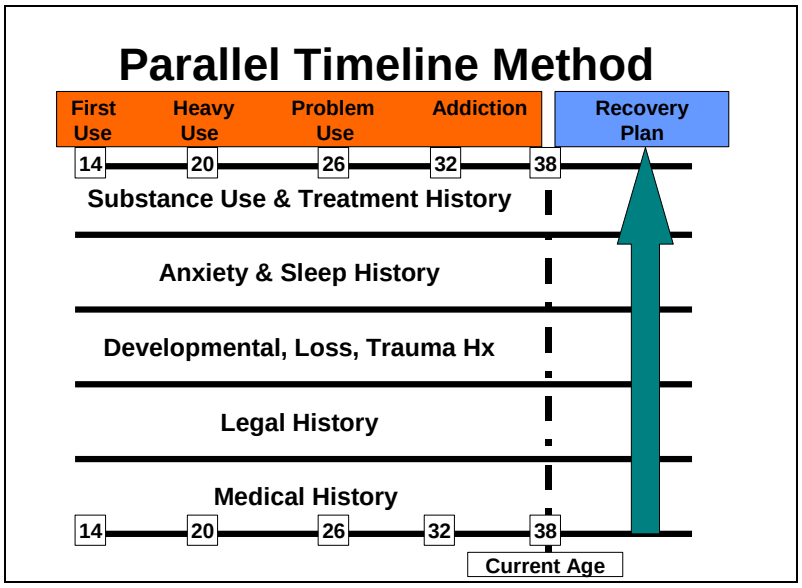
Substance Abuse & Anxiety:
Sources By Recovery Stage

Stage of Recovery	Source of Anxiety
Pretreatment	*denial *drug effect *model mismatch
Stabilization	*withdrawal *denial *identity shift
Comfort	*post-acute withdrawal *symptom reemergence
Life Balance	*lifestyle changes *losses
Past Trauma	*traumatic anxiety

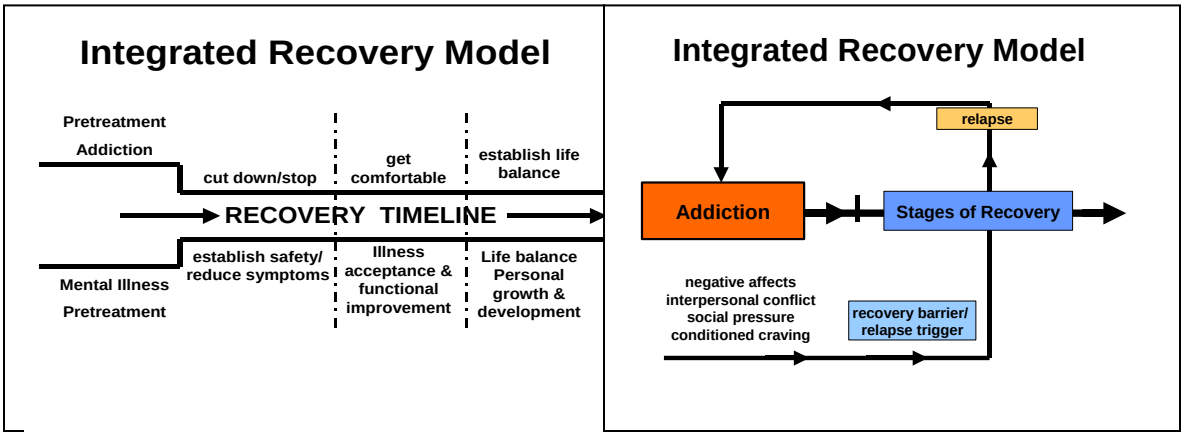
#2 Use rating scales and daily symptom trackers: Anxiety in substance abusers must be tracked over time to clarify the reason. It's best to use a rating scale like the Beck Anxiety Inventory weekly and track general levels daily using a 30-day calendar. Drops in symptom severity over the first few weeks usually indicate a substance-induced or aggravating mechanism.

#3 **Determine the patient's clinical model and resolve any differences:** Every patient has a way of thinking about anxiety and substance use. Some think they use to reduce anxiety (self-medication) while others know substances cause anxiety (disease). Still others think abuse and anxiety result from stress and the environment (social learning) while some are convinced they are just bad or unable to control behavior (moral volitional). If the clinician and patient are using different models then conflict and anxiety will exist. A common working model must be developed.

#4 Use Time Lines: The histories of some patients are so complicated that recording the intake in narrative style does not help in guiding treatment. Using simple parallel time lines for recording substance use/treatment, anxiety/sleep, loss and trauma, legal, and medical histories can help identify key associations and patterns over time that aid treatment planning.



#5 Use a developmental model of recovery: Having a roadmap for recovery increases confidence. Many anxious substance abusers are in the pretreatment stage-i.e. they are still in "denial" that: a problems exists-or it is severe enough to require change; or they should cut down/quit; or anxiety will ever go away; or assistance from others is necessary. Working through each of these areas of resistance is critical to shift from pretreatment into early recovery's three stages.



#6 Enhance motivation: Motivation to change is made up of two main components: importance and confidence. High motivation occurs when making a specific change becomes a high priority and is accompanied by confidence that change is possible. Use motivational interviewing principles (express empathy, develop discrepancy, avoid argumentation, support self efficacy) and strategies (summarize, explore concerns, examine pros and cons, listen reflectively, think about the future) to build readiness. Direct confrontation at times increases anxiety.

#7 Teach stress control techniques: Most clinicians and patients are aware of the stress reaction but few are aware that an equally powerful and counterbalancing relaxation reflex exists. The key to developing the relaxation reflex and using it for coping is repetitions. Patients must establish a fitness routine, utilize meditation, practice breathing exercises, learn to visualize success, develop positive self-talk, use music and movement, and improve attentional narrowing and shifting. Many of these techniques are the same that sport psychologists and sports medicine physicians use to enhance athletic performance.

#8 Utilize recovery-oriented brief therapy: Developmental models of recovery allow clinicians to use brief therapy to remove recovery barriers or relapse triggers specific to each stage of recovery. Once the source(s) of anxiety are determined, then focused sessions can be devoted to removing the block(s). The most common psychotherapeutic issues that are associated with anxiety in early recovery are low readiness/persistent denial, unresolved grief, traumatic events, immaturity, or character pathology.

#9 Involve family members or a recovery network: Many sources of anxiety can't be eliminated or reduced without enlarging an existing support network or creating a new one. Solutions often appear when new perspectives are introduced.

#10 Improve Sleep Hygiene: Chronic insomnia is very common in anxious substance abusers. Even if substance induced, it may persist during early recovery. Developing positive pre-sleep routines and avoiding common sleep inhibitors will help. **Do:** get up at the same time each day; exercise regularly; turn your alarm clock around; use your bed for sleep and sex; create quiet time before bed with low light and noise; develop a bedtime routine like deep breathing, visualization, meditation, listening to soft music or reading; consider a warm drink; get sunlight early in the day; and keep the bedroom dark and well ventilated. **Avoid:** stimulants late in the day and at nite; alcohol and sedatives (they fragment sleep); tobacco products containing nicotine; heavy meals, excessive fluids, or exercise 3 hrs before bedtime; and staying in bed if not sleepy.

Try one or more of these to reduce anxiety as recovery progresses. In combination with the right medication at the right time, substance and anxiety can be managed.