

Session 21

Ali Damji: Do coffee shops/local businesses ever support contingency management by providing those vouchers in anyone's experience?

Ali Damji: How does SmartRecovery differ from the other modalities discuss? Where does it fall?

William Nickell: Have you ever used more than 24 mg of buprenorphine per day?

Megan Miller, MD: A prior lecture had talked about CBT apps – are there any focused on SUD that are helpful for relapse prevention?

- Dr. Earley: There are several coaching apps for people in recovery. I can look further to let you know about how much validation they have had. There are several research apps that are not generally available.

Sunil Khushalani: Can you please explain dissonance conflict and self-attribution?

- Dr. Earley: I will explain dissonance conflict and self attribution in the post talk Q & A. They require some time.
- Sunil Khushalani: Thank you

Helene Alphonso: Is it possible Step 1 is a reflection of the mesolimbic circuit and it's role in addiction?

Dr Luther: I think Step one needs a part 2:

- Dr Luther: We WERE powerless over alcohol and our lives HAD become unmanageable. Today, I AM powerful over alcohol and MY life IS manageable.
- Dr. Earley: However the powerless remains IF people with an alcohol or drug use again. So the powerlessness remains -- this is an important part of understanding the disease.

Anne Brouha: Several of my patients have told me they can't go to NA meetings because the parking lot at NA meetings is the best place in town to find drugs. Is this a common problem elsewhere?

- Karl Wittnebel: Common in LA. Seems like patients meet people at AA then go do cocaine with them or whatever.
- Sadie Knott: This can be a common misperception, almost urban legend like. Patients usually have heard this from someone else, not necessarily had this experience themselves when going to a NA meeting.

Jeffrey Rosen: can u get addicted to aa ?

- Dr. Earley: No this is a mis-understanding that many people have. People often meditate once a day. Are they addicted to meditation? The same principle applies to AA or exercise.

Cameron Duffy: Is it just in my community, or is it a basic tenet of AA that receiving MAT is not being in recovery?

- Sharon Stancliff: I hear it more about NA, AA more accepting. But most of my patients who like 12 step feel compelled to not mention meds.
- Dharm: I get same negativity from AA.

- Adam Lake: I always cite this for patients: "Tradition 10: Alcoholics Anonymous (and Al-Anon) has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy
- Dr. Earley: This is a tricky issue. I will address in my discussion after this presentation.

Helene Alphonso: Many AA meetings do welcome those with drug use and I have patients who prefer it. We also talk about people being at different stages of their disease and if they look for those who have long term recovery they will find them as well.

- Sean Leonard: In my area, NA tends to be a bunch of people getting together discussing drug use, and then going out into the parking lot and using drugs...I recommend my patients seek out AA meetings as they tend to be more supportive and more focused on abstinence and community support, no matter what the drug of abuse is.
- Kirit: DOES PARTNER THERAPY REQUIRE PRESENCE OF THE PERSON WITH SUD?

Juliet La Mers: Do you have pts attend multiple types of meeting, like AA and celebrate recovery? CR meets only weekly near me, AA more often.

- Dr. Earley: I explore a patients spiritual life and beliefs and use this as a way of prioritizing my referral. People of the Jewish or Muslim faith might have difficulties with A.A.'s tendencies to be more Christian in its focus. I encourage experimentation with self-help and frequent discussion of a patient;s experiences.

ST Weiss: Here's a distillation/review if you don't want to read the whole Cochrane document:

https://watermark.silverchair.com/agaa050.pdf?token=AQECAHi208BE49Ooan9kxkW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAsYwggLCBgkqhkiG9w0BBwaggKzMIICrwIBADCCAqgGCSqGSIb3DQEHATAeBgIghkgBZQMEAS4wEQQM5X29Htco_Q8JdZz9AgEQgIICeX95eZz5bDrbb7SsGOwV9AQcdaRjo_ILwFd09Bjs7A2IPtRvi7ol0qPcbC0v-cHfeg79FqXPRKzB5ee99gVARrMpfNhFEg3oApacSbzz8meHVe9k88RPfRrTGMuM5_fUBs0wG9Ta4pHxIXAIWqChMGF-mYj6MdMFBux0IaYxuAGreHWrWMGsDn7dcFEvY89JSt9LDTvcfErdUPWjgJEOE7QKmlqhGC_dieHjEZRDYlhb2N4aJ8nbUt3eKZ1TzZWx_lwrY7TSMWYEvIqjvwF3k66r-a8zLeIb1uDis8JRREdj1_6Nad8FKYpOahg3Vkn1BpSxpIdahPF9LzFxDQmf587oR7l6zWJwXTcFA8_5OMASjMaGJ-1hZlB4Jd9jyqWbHPKEffs_0QdlppdDsGYeaa2gam2uclu2OKQ32HxmrJiG_UCTEf0eaW_fuJXGGiRzAP6RYt9g-ACGaanfuNVw-Mo-a2cdTI6eZSmsuYvIIF1B4gQUQE-oplbdbTtpQ0v32h_78FV1O75GdA8Y5UILe-bcGdHF7Nnc7ioFiU5fnZkyU7k3rQo7CSfdoX-EOnuh0UoVeFKIrd8aUL1dmbQkQSUXVfVNiLrATETto3HUs-qqlzWlUWT25EhEvy5Bti2ygGsH-EPu04LhTtLfTCKXT0Ao0ym073Zqf88467tsQwpl00DM1Asmgcw9BjortVmlvNwF8ABsUqqgq-r9oi7TLBzqDpW8tYObHewjLmZ-GNbsMrie5ISBddr2D4NdG8UQuWZeP1Igd-E3F5mrhNP-vkPIYI7THYURCyYFGcxZbE9SSzOo72GFPZAE_39oSHIPDilZwUwpDbWg

Adam Lake: Is there a stance on if people can attend AA/NA if they don't identify as someone with AUD/SUD?

- Dr. Earley: No. People who are "considering if they have a problem" are welcome. Because there is no direct feedback, people are not questions as to their motives for attending.

Helene Alphonso: Are there any studies showing provider participation in Al Anon can improve patient outcomes?

Greg: what about therapy for the surviving partner after an OD death or suicide?

- Dr. Earley: Survivors of partner suicide should always be referred to psychotherapy and/or support groups for survivors of suicide, whether or not drugs were involved. These are available online and in most metropolitan areas.

Mileidys Gomez Gonzalez: Most of the questions about psychotherapy I have done on qbanks state dialectic behavioral therapy is not good for SUD, only for BPD, is this something new?

Bruce Burns: Please define religious trauma?

Sarah Kattakuzhy: Is there a good way/screening tool to assess what treatment modalities may be successful for your patient?

- Adam Lake: great question! I'd like to know this too. How involved should I be in determining this as the physician?

Dr Luther: Gabor Mate: Ask not why the addiction; but why the pain

Adam Lake: Are certified recovery specialists considered recovery coaches? Or are these things separate?

Bella: Does emdr explain why spinning wool has always been considered healing?