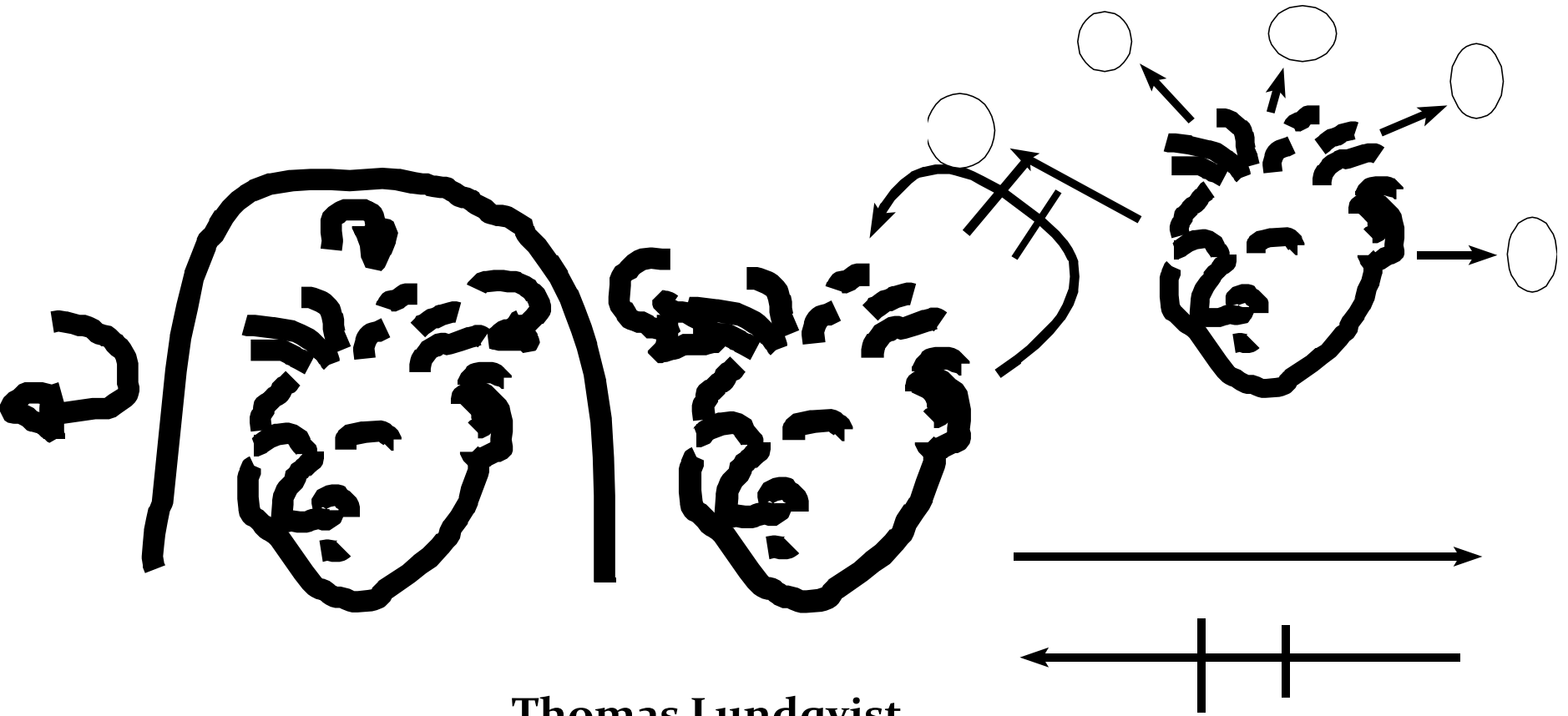


Digging into HAP method
(eliminations process,
neuropsychological aspects
and the pharmacological
impact).

A tool for a skilled professional

Treatment of cannabis dependance according to HAP



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Brest 19 and 20 feb

Why treatment?

- The chronic influence on the cognitive functions.
- The impact of the increased subjective perception as a result of the acute intoxication on the emotional system.
- The need of professional guidance in the relearning process, and regaining and stabilisation of the cognitive functioning

Why treatment?

- Critical examination of the drug-related episodic memory.
- Promotion of the psychological maturation.
- The need to enhance the social competence and orientation to life.

continues

Why treatment?

- The causes that lie behind the self-medication use of cannabis.
- Depression and phobic reaction following cessation of cannabis.
- The need to be given proposals.

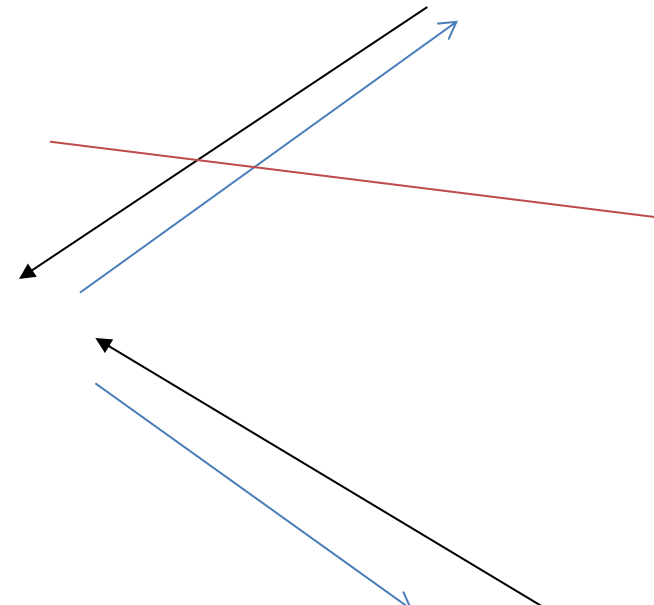
Executive functions- attention, impulse of control
mental flexibility, structuring incoming stimuli and
temporal integration

= Internal control

Emotions created by inner and outer stress

Social context, rules, principles, attitudes

= External control



It is necessary, for those who are dysfunctional,
to develop appropriate treatment programs based on

- cognitive-behavioural technique or
- cognitive-educative technique or
- Motivational Interviewing technique or
- a combination of these.

These programmes should incorporate:

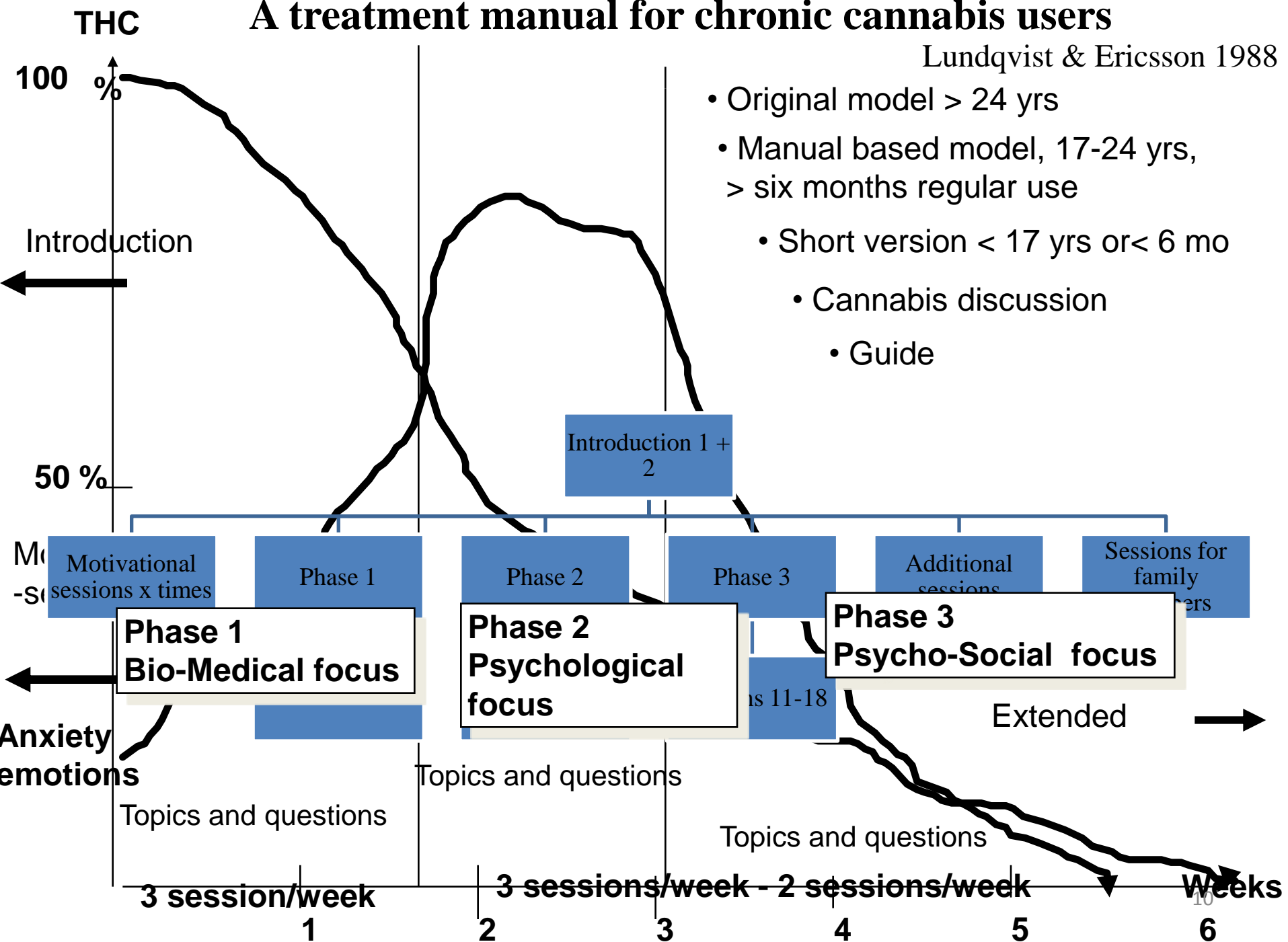
- A built-in flexibility to offer care to patients of all ages. (evidence 2)
- A brief intervention, which has significantly larger reduction in substance related problems with the lowest severity clients, few sessions. (evidence 2)
- A more comprehensive intervention, which works better with high severity clients, with at least 14 sessions over a period of 4 months with follow-up sessions, more often at the beginning. (evidence 2)
- The subtle impairments in cognition within their agenda and work towards their resolution. (evidence 3)
- A focus on immediate abstinence and the possibility to have urine samples taken. (evidence 2)
- Sessions for family members and significant others. (evidence 3)
- The possibility of long-lasting cognitive deficits that affect both the performance of complex tasks and the ability to learn. (evidence 2)

continued

- A focus directly on use itself, and at the same time, help to improve the accompanying deficits in competence. (evidence 2)
- A help to critical examination of the drug-related episodic memory (memory for self-knowledge). (evidence 3)
- Strategies to enhance self-esteem that is not based on a drug-related episodic memory. (evidence 2)
- A set of adequate questions to enhance the recognition factor. The effectivity of the cue is dependent on the associative strength and encoding specificity. (evidence 3)

A treatment manual for chronic cannabis users

Lundqvist & Ericsson 1988



- Original model > 24 yrs
- Manual based model, 17-24 yrs, > six months regular use
- Short version < 17 yrs or < 6 mo
- Cannabis discussion
- Guide

A Score

Is defined as a basic structure intended for interpretation, improvisation or completion by some else but the author. It, indeed, implies an individual creative process of the performer. The final identity is not possible to foresee.

THE STRUCTURE OF THE GUIDE:

- Basic facts
- How does cannabis affect me?
- Why do I use cannabis?
- Why should I quit?
- Check your way of thinking as a cannabis user.
- Cannabis a treacherous drug.
- The process of quitting.
- How do I stay off cannabis?

A guide to quitting Marijuana and hashish

En Guide för Dig som vill sluta med Hasch och Marijuana

En Guide for dig som vil ud af hashmisbrug

En guide for DEG som vil slutte med hasj

OPAS Sinulle, joka haluat lopettaa kannabiksen käytön

A guide to quitting Marijuana and Hashish

Ein Guide für die, die nach einem Ausweg aus dem Haschischmißbrauch suchen

Un guide pour arrêter la consommation de Marijuana et de Hachisch

EEN GIDS voor Wie wil stoppen met Hasj en Marihuana

FUNA GUÍA PARA SALIR DE LA MARIHUANA Y EL HACH

Russian language

Persian language

-

Each discussion should contain

- To make the client notice what is happening.
- To make the client compare with earlier experiences.
- to make the client reflect and consider the topics of the discussion.

Checklist

Concerning your verbal ability

- **Have you noticed,**

< That you have become less able to find exact words with which to express yourself? Yes 📷

No 📷

< That other people have difficulties in understanding what you mean?

Yes 📷 No 📷

Checklist

to make correct conclusions

- **Have you noticed,**

That you have problems to correct errors and mistakes?

Yes 📷 No 📷

That it is difficult to maintain a train of thought in a complex situation?

Yes 📷 No 📷

A logistic framework of seven cognitive functions

1. **Verbal Ability** (quantitative and qualitative)
2. **Logical-Analytic Ability** (to make correct conclusions)
3. **Psychomotility** (flexibility in thought)
4. **Memory** (working and long-term memory)
5. **Analytic-Synthesis** (to synthesis and create an entity from perceived information)
6. **Psychospatial Ability** (orientation in space and time continuum)
7. **Gestalt Memory** (to create patterns and pictures of perceived information)

A short presentation of the treatment manual

- Phase 1: a bio-medical focus lasting until the 12th day after smoking cessation.
- Phase 2: a psychological focus lasting until the 21st day after smoking cessation.
- Phase 3: a psychosocial focus during the rest of the program.
This phase has no time limits.

The treatment manual focus on

- The chronic influence on the cognitive functions.
- The impact of the enhanced subjective perception.
- The need of professional guidance in the relearning process.

- Critical examination of the drug-related episodic memory.
- Promotion of the psychological maturation.
- Enhancing the social competence and orientation to life.

- The self-regulation use of cannabis.
- Depression and phobic reaction following cessation of cannabis.
- The need to be given proposals.

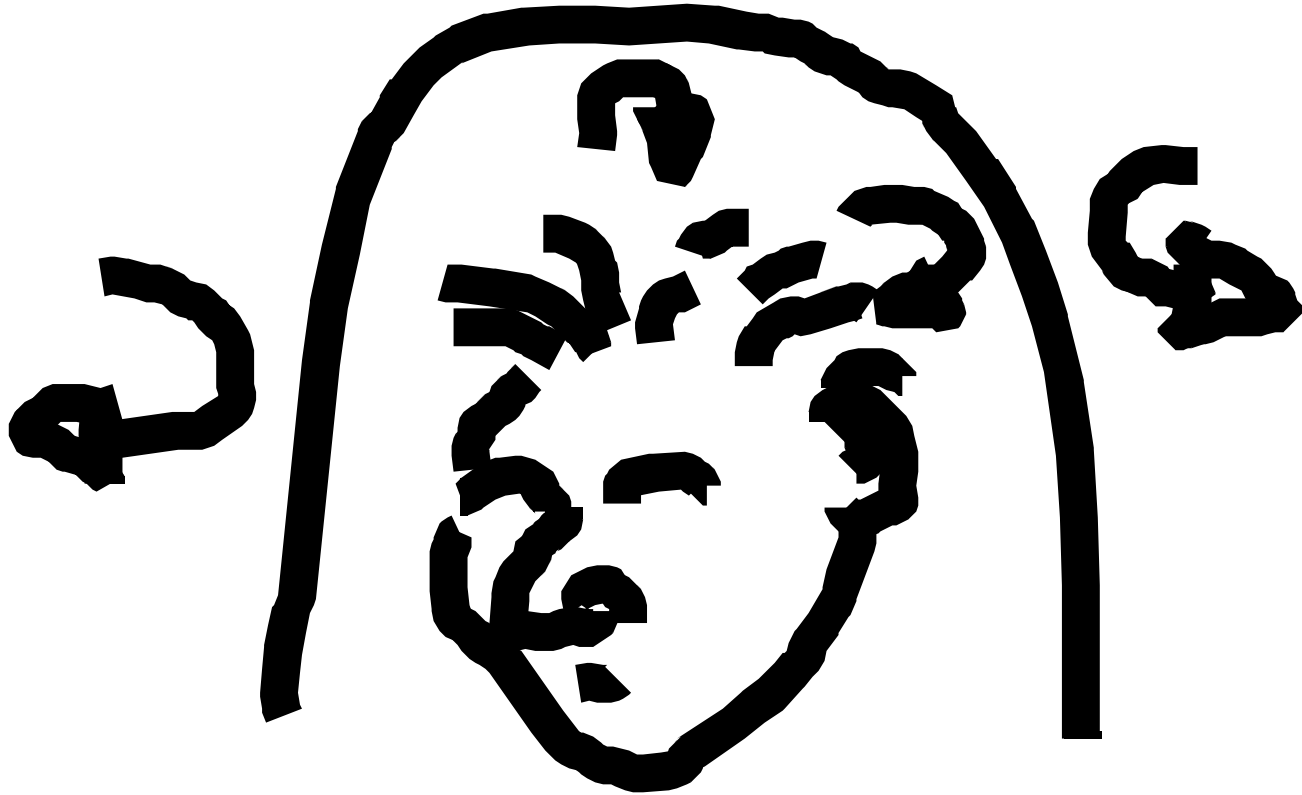
The therapist is requested to:

- have good knowledge of the acute and chronic effects of cannabis.
- use a concrete and simple language.
- transform abstract reasoning into drawings and metaphors.
- be a leading authority in describing the detoxification process.
- **The therapist is the prefrontal substitute.**

The function "substitute frontal lobe"

- Simple and clear language, metaphors, anecdotes, flipchart
- Practical tasks and problems
- Individually
- Maximum 45 minutes
- One-way communication, gradually dialogue
- Same time and place
- Rehearsal, check agreements
- Summaries, comprehensive picture of the days / weeks
- Compare, to identify changes
- Planning days and weekends
- See options and make decisions

An illustration of the screened off condition



Each discussion should contain

- To make the client notice what is happening.
- To make the client compare with earlier experiences.
- to make the client reflect and consider the topics of the discussion.

Step 1 implies

- **To handle and solve the anxiety reactions.**
- **To help the patient resist the desire to escape back into the influence of cannabis.**
- **To coach the defective capacity for learning.**
- **To reveal the specific thought pattern of the patient.**

Topics discussed in step 1

- **The pattern of cannabis use.**
- **The patient's image of himself/herself as cannabis user related to the seven cognitive abilities.**
- **The concept of time.**
- **The withdrawal symptoms.**

Step 2 implies

- **To be negative to the state-dependent ego.**
- **To be able to perceive the difference between what they are today and what they want to be.**
- **To be inspired with positive representations of the future.**

Topics discussed in step 2

- **The home situation.**
- **The process of change.**
- **The patients representations of the future.**
- **“Good feelings- bad feelings”.**
- **The experience of “the fog lifting”.**
- **Loneliness and isolation.**

Step 3 implies

- **To help the patient understand the components of a developmental process.**
- **To elucidate the basic conflict.**
- **To help the patient realise the difficulties in changing identity.**

Topics discussed in step 3

- **Do the patient consider himself as a part of the society.**
- **How does he/she function in daily life without the shelter**
- **of cannabis.**
- **How does he/she handle the vulnerability and sensitivity.**
- **How does he/she plan the future life.**

The 18 sessions manual used at MariaYouth Centre

Session 1

Illustration of THC elimination and anxiety reactions. Info about physical reaction.

Information about cannabis.

Test: SOC, SCL-90, BDI scale focusing on relations.

Session 2

Assessment feedback

Positive and negative attitudes to cannabis use

Why do you want to quit now?

What kind of help do you need?

Session 3

Acute effects of cannabis

Session 4

Chronic effect of cannabis

Session 5

Cognitive function and dysfunction

Session 6

Attitudes and patterns of use

Session 7

Drug lifeline

Session 8

Sociogram

Session 9

Lifeline

Session 10 (or when it is appropriate)

Session together with the parents

Session 11

Relaxation

Focus on emotions

Session 12

Continued focus on emotions

Guilt and shame

Session 13

Norms and values-behavior-abuse

Session 14

Juhariwindow or something more suitable

Session 15

The process of relapse

Session 16

Continued relapse prevention

Test: SOC, SCL-90, BDI scale focusing on relations.

Session 17

Assessment feedback

Look at the flipchart, repeat select the material to be used at the closing session.

Session 18 Closing session

Show the flipchart for the family and others.

Graduation and Diploma

How we work specifically with manual

The manual is important

- as the main theme of the treatment. Cannabis users have difficulty focusing and therefore should not control the conversation.
- Manual tools - creates security for the patient / client and therapists, no hidden agenda. The client knows what will happen and what is the purpose of the treatment. If you change too much, it will not HAP.
- You can not shrink the program. Instead, you can cancel a while and then resume the program. It is important to keep the 3 different phases.

The manual can be a barrier

- if you follow it strictly, you might miss something that is relevant to the client.
- Flexibility key inside the frames, where the frames are structured program. The flexibility is about the big picture. Seeing the client where he / she is and to find a balance
- One can not follow the client at all times, our work to guide.

Initials

Date

Session

How do you feel?

What has happened?

Drugs / Alcohol / craving?

The theme of today's session

Reviewing homework assignment

(Planning the weekend)

(Urine samples)

Explaining new assignment

Themes in phase 1

What impact has c on the client vs. others who smoke?

How to use client c (patterns of use)?

How do client concept of time?

How the client discloses his cannabis craving?

How do you describe the client's environment?

How has it been in previous periods of abstinens?

Reasons to stop now?

Negative effects of smoking? Positive effects?

Discuss the client symtoms of detox?

Discuss the client's view of how conflicts arise around him.

Sessions in phase1

Initials

Date

Remember?

How do you feel?

Happened?

Drugs / Alcohol / Craving?

Walking / physical activity?

Reviewing homework assignment :

Reasons why I smoke.

3 reasons why I want to stop now.

What is needed?

Objectives of the time in the program.

Planing the weekend;

Activities / people to help you stick to your decision.

What situations should be avoided?

Urinesample

New assignment:

Notice the physical symptoms you have.

Daily walk at least 30 minutes or other physical activity

Themes in phase 2

How do the client perceive his domestic situation?

The client can see changes in his way of functioning?

How would the client that his life should look like?

What emotions does the client feel good or bad?

Discuss current feelings (eg, what struck you?).

The client can describe how "the fog lifts"?

Discuss escape behavior.

Experiencing the client loneliness and isolation cf. with the so-called fellowship before?

Initials

Sessions in phase 2

Date

Remember?

How do you feel?(use the THC curve)

Happened?

Drugs / Alcohol / Craving?

Walking / physical activity?

Themes of the day

Relapseprevention

The client can describe how "the fog lifts"?

Reviewing homework assignment

Emotions and internal states

Planing the weekend;

What situations should be avoided?

Urinesample

New assignment:

Make a feel-good list

Daily walk at least 30 minutes or other physical activity

Themes in phase 3

Does the client feel that he belongs in this society?

Does the client that it works in daily life without defense as c gives?

How the client handle the increased sensitivity?

The client can watch tv / read a book with profit?

Ask the client cf. notions of a so-called normal life with the hash period with the way he looks at it now.

How does the client now look upon on how he has lived his life?

What does the client think is the reason he started abusing?

Initials

Date

Session in phase 3

Whats up?

Happend?

Drugs / Alcohol / Craving?

Theme of the day

Does the client that it works in daily life without defense as c gives?

Reviewing homework assignment

The client draws and talks about his drug history and therapists ask questions.
How does it feel for the client to see his drug history as a picture?

New assignment:

Who are you when you do drugs?
Who are you when you are drug free?
Who would you like to be?

Information meeting (of age youth / young adults)

Welcome!

The format of this meeting

Presentation of us & the Center

The youth talks about why he / she has come and how the situation looks (what drugs, how long, intensity?

Previous treatment? abstinence?

Family, friends, jobs? Other health / contacts?)

We report on HAP / what we can offer for help

Information on how the drug affects + what happens when people stop

Can youth recognize themselves?

Initials

Mid follow up

Date

context Highlight

What is it?

What has happened since last time?

Drugs / craving?

Watch the fulfillment of the goals

The same goals now?

Which goals are met?

What changes have taken place from the beginning until today?

What do you think has been good?

Have you wished something would be different?

The therapists say what was good and if anything could have been different.

Presenting the program issues to come

Do you want deal with something else?

new assignment

Leave a urine sample?

Home assignments

The guide and the walks

Tests

- Cannabis

emotional Paper

Changes

Use the senses while walking

Feel good list

draw the drug line

network Map

See notions of a normal life when smoked with how you see it now.

Middle: What has been good? What could have been different? Changes? add something in the sessions to come?

Ask others about changes

How has c influenced your feelings?

Follow-up questions in the Guide

Who are you when you do drugs / drug free that? Who would you like to be?

Tests

Think about the future

Conclusion: What has been good? What could have been different? Changes?

Emotions and mental state

Identify and Grade 1-10 (1 = weak sense - 10 = very strong sense) for the emotions that are relevant to you.

- Angry
- Sad
- HAPPY
- ALONE
- LUCKY
- BE AFRAID
- CALM
- CURIOUS
- ANXIOUS
- DISAPPOINTED
- HATE
- LOVE
- LOW
- SATISFIED
- INFIRM
- DESIRE
- COMPASSION
- JEALOUS
- SHY
- BORED
- EUPHORIC
- CONFUSED
- CONFIRMED
- TORPID
- HARMONIC
- WOUNDED
- SAFE
- UNCERTAIN
- AFFECTIONATE
- STUPID
- MISSUNDERSTOOD
- Agonized
- ANTICIPATIVE
- ASHAMED
- DISTRESSED
- DESPERATE
- INSECURE
- KEEN
- DISCONCERTED
- PLAYFUL
- ABOMINATION
- QUILL
- INSUFFICIENT
- PROUD
- SUSPICIOUS
- WORRIED
- EXHILARATED
- DEPRESSED
- HELPLESS
- FREE
- TERRIFIED

Initials

Final session

Date

Mark context (time, what to do)

What is it?

How has it been since last time?

Drugs / Alcohol / craving?

What have we done (look through the flipchart)

What goals are met?

What changes have occurred? (according to the client, therapist and family members)

What has been good? (according to the client, therapist and family members)

What could have been different? (according to the client, therapist and family members)

Does the client want a continued individual contact, make an appointment!

Make an appointment for follow-up, two months after completing the HAP