

ACCEPTED

The 7 Dimension Addiction Treatment Model

Contributed by

Tripler Army Medical Center
James Slobodzien, Psy.D., CSAC
HI

The views expressed in this abstract/manuscript are those of the author(s) and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the US Government.



Leading Practices Library

Organizations submit practices to The Joint Commission that they have found to be “leading practices,” with permission to share them with other organizations.

The Joint Commission makes these “leading practices” available to organizations that may wish to examine their applicability to their particular circumstances. Please understand that The Joint Commission can make no representations as to the results that any organization can expect from their use or adaptation of a “leading practice” to their particular circumstances.

4/21/2011

The 7 Dimension Addiction Treatment Model

Introducing a Multidimensional Public Health Approach and Recovery Measurement System for Poly-behavioral Addictions

By James Slobodzien, Psy.D., CSAC

The sun was thought to revolve around the earth for 1500 years. It wasn't until a European astronomer named - Nicolaus Copernicus first formulated a modern heliocentric theory of the solar system that we began to change our thinking. This insight ultimately ushered in a major paradigm shift in astronomy and physics.

Every model or viewpoint for recovery maintains the integrity and importance of its own position, often to the exclusion of other explanations. For example, there are recovery models and theories for: biological, psychological, social, cultural, and spiritual viewpoints that can all explain human behavior. Unfortunately, these viewpoints may thus "blind" their adherents to alternative interpretations until some new insight is achieved that resolves the problems left unsolved. This article briefly describes a multidimensional addiction treatment model that incorporates a recovery measurement system that could possibly be a step towards a "Copernicus" type paradigm shift.

Unitary Syndrome vs. Multidimensional - Healthcare

In 1990, 50 percent of the mortality (over 1-million deaths annually) in the United States from the 10 leading causes of death were linked to chronic illnesses and addictive behaviors such as tobacco use, poor dietary habits, alcohol misuse, illicit drug use, and risky sexual practices, (McGinnis and Foege, 1994).

Our present healthcare system is set up to focus on acute care (immediate responses for events like heart attack, stroke, or violent injury), rather than chronic illnesses (e.g., obesity, high blood pressure, heart disease, and addictions, etc.). Acute care focuses on a Unitary Syndrome model in which the sole marker of treatment success is specific symptom-reduction, rather than a multi-dimensional approach to healthcare that focuses on the prevention of diseases and disorders, and the holistic health and wellness of patients.

Recovery Measurement: Limitations

It should come as no surprise then, that for the last 70 plus years, we in the addiction treatment and mental health fields have been measuring recovery by what our patients' are "Not Doing," or on what behaviors they are doing less of (symptom-reduction). For example, a typical treatment discharge summary for a patient that has successfully completed an addiction rehabilitation program includes one or more of the following statements:

Discharge Summary (Example): Patient has successfully completed treatment as -

1. He/she has not consumed alcohol in 30 days;
2. He/she has not used drugs illegally in 45 days;
3. He/she has not had any mental health problems;
4. He/she has not had any medical problems;

5. He/she has not had any family problems; 6. He/she has not had any work/ performance problems; and 7. He/she has not had any behavioral/ misconduct problems.

In addition, our present attempts at estimating patient gains in the recovery process are limited by: 1. A therapist's positive biased impressions of client changes; 2. A client's unreliable self-reports of personal changes (surveys); 3. Subjective reports from client's family/ friends/ supervisors, etc.; and 4. Comparison of test scores that measure only facets of therapeutic functioning (Beck Depression scores have decreased, etc.)

Isn't it time for a Paradigm Shift? The 7-Dimension Addiction Treatment Model includes a recovery measurement system that can document outcome measures of treatment progress based on the overt behavior and therapeutic activity of a patient's life-functioning dimensions.

The 7 Dimensions Addiction Treatment Model

According to a recent (2010) addendum published by the American Society of Addiction Medicine (ASAM), concerning the criteria for preventing and managing the relapse of addictions, patients now being referred to treatment are presenting with much greater complexity of pathology and chronicity of relapse behaviors.

Early treatment for Alcoholism patients was modeled on the philosophy of the Twelve Steps of Alcoholics Anonymous, and they underwent "rehabilitation." That is, they had already acquired the skills to function effectively, but their drinking interfered with the application of these skills. Later, as the field broadened its scope, patients required "habilitation," with treatment focused on the acquisition of skills to function effectively for the first time.

It became clear that to offer effective treatment, the field must expand its set of tools to include psychosocial interventions to improve life functioning skills to overcome problems with living conditions, housing, education, employment, job skills, childcare, and transportation , etc.

Healthcare consumers are increasingly advocating for a multidimensional healthcare model that takes into account an array of life-functioning domains that influence patient treatment progress. Evidenced-based meta-analysis studies purport the prognostic power of life-functioning variables to predict outcome as well as their importance for treatment planning over a Unitary Syndrome Healthcare model that has had little empirical support.

Accurate diagnosis is also dependent on a thorough multidimensional assessment process along with the possible help of a multidisciplinary treatment team approach. Behavioral Medicine practitioners have come to realize that although a disorder may be primarily physical or primarily psychological in nature, it is always a disorder of the whole person – not just of the body or the mind.

In 2005, the book "Poly-Behavioral Addiction and the Addictions Recovery Measurement System (ARMS)," was published describing the following 7 life-functioning therapeutic activity dimensions for progress outcome measurements (Slobodzien).

The 7 Life-functioning Dimensions of Wellness:

1. Medical/ Physical Dimension: Taking precautions for self-care (regular exercise, good eating habits & sleeping routines, regular medical check-ups);
2. Self-regulation/ Impulse-control Dimension: Embodies the brain's executive function of will power that manages drives and emotions and involves replacing addictive/ impulsive behaviors with healthy habits;
3. Educational/ Occupational Dimension: Preparing for and making good use of your vocational gifts, skills and talents by making plans for education, training & experiences & pursuing one's career ambitions;
4. Social/ Cultural Dimension: Developing and maintaining trusted, valued family relationships and friendships that are personally fulfilling and that foster good communication including a comfortable exchange of ideas, views and experiences;
5. Financial/ Legal Dimension: Maintaining personal financial & legal obligations by developing the ability to make wise decisions regarding personal finances & complying with community standards;
6. Mental/ Emotional Dimension: Includes the capacity to manage one's thoughts & feelings appropriately and approaching life's challenges in a positive, optimistic way by demonstrating self control, stamina and good character with choices and actions; and
7. Spiritual/ Religious Dimension: Includes the capacity to search for meaning & purpose in human existence by strengthening a set of personal beliefs, principals or values that sustain a person beyond family, institutional, and societal sources of strength.

The "7 Dimensional" Public Health Model Components

In the 1990s, the U.S. Congress directed the National Institute of Mental Health (NIMH) to work with the Institute of Medicine (IOM) to develop a Public Health Model that encompasses the following 7 strategies for the prevention, treatment, and maintenance of emotional problems that include addictions (Dozois & Dobson, 2004). The 7 Dimension Addiction Treatment Model has various components that can be incorporated into the public health model's focus on the individual within the psychosocial environment in the following ways:

1. Universal Interventions: Public education and prevention campaigns can promote 7 Dimension Health and Wellness Programs.
2. Selective Interventions: The 7 Dimension Health and Wellness Program can be targeted at specific subgroups such as college students, and military service members, etc.
3. Indicated Interventions: The 7 Dimensional Interventions can be utilized to screen and assess high-risk individuals (See below for a brief description of these interventions).
4. Case Identification: The 7 Dimension Diagnostic Classification System can be utilized to diagnose patients without labeling or stigmatization (A Prototype Model for the Alcohol/Substance Dependence diagnosis has been developed and proposed for DSM-V).
5. Short-term Treatment: 7 Dimensional treatment and wellness plans can be utilized.

6. Long-term Treatment: The 7 Dimensional Tracking Team can be utilized to assist with treatment compliance and progress monitoring.
7. Aftercare: 7 Dimensional Treatment progress reports can be utilized to assist with acquiring standardized outcome measures.

In addition, the 7 Dimension Addiction Treatment Model includes multidimensional: assessments, treatment and wellness planning interventions, along with 7 methods of measuring patient progress outcomes on a “Wheel of Life” scale such as the:

1. The 7-D Global Assessment of Functioning (GAF) Scale;
2. The Global Adverse Childhood Experiences (ACE) Scale;
3. The 7-D Psychosocial Stressor Inventory (PSI) Scale;
4. The 7-D Target Intervention Measure (TIM);
5. The 7- D Therapeutic Activity Scale (TAS);
6. The 7-D Quality Relationship Scale;
7. The 7-D Counseling Relationship Scale.

Due to the brevity of this article, only the 7 Dimension Therapeutic Activity Scale (7D-TAS) and intervention method will be described below.

7- D Therapeutic Activity Scale (TAS)

The TAS intervention is a systematic approach for evaluating a patient’s progress in treatment from enrollment to discharge. A 21 Question therapeutic activity survey is given to the patient upon admission, half-way through the treatment process, and at discharge. The scores from the survey are plotted on the “Wheel of Life” scale, and a 7 Dimension Wellness Plan is mutually written by the patient and counselor.

The following 3 questions are asked to determine if the patient is presently participating in activities that decrease stress and/ or improve health and wellness for at least for 30 minutes a day – Example:

1. Are you currently active in or maintaining good physical health?
2. What activities are you presently participating in? (Diet, exercise, sleeping habits, etc.)
3. How many days per month? (At least 30 min. per day)

A total score is then added up and a percentage of therapeutic activity is calculated by dividing the total score by 210. The therapeutic Activity Units (TUs) are then plotted on the Wheel of Life scale to motivate patients to develop & monitor a personalized wellness plan with specific goals and objectives that also indicate the Stages of Change (Contemplation, Preparation, Action, etc.) and start/ completion dates. The Wheel of Life gives each patient a vivid visual representation of the way their life currently is, compared with the way they ideally would like it to be, and provides a systematic approach for evaluating treatment progress & documenting outcome measures.

Clinical Utility: The 7D-TAS has initially demonstrated to be efficient and effective in assessing an individual's current multidimensional positive therapeutic activities or Therapeutic Units (TUs) as an overt behavioral measure of patient treatment progress and overall health and wellness life-style change. Total Clinic Therapeutic Units at one clinic increased a total of 55 % in the 7 Dimension Scales during the last fiscal year period (FY09), assessing a total of 80 discharged patients. The previous 2 years yielded the following (TU) increases: FY 07 (54%), FY 08 (44%). The 7D-TAS's brevity, ease of administration and scoring make it highly useful for research applications. It is my hope that these initial treatment outcome studies will be replicated and will stimulate future research projects to further encourage training centers to address the 7 health and wellness dimensions of human existence.

The 7 Dimension "Long-term Goal"

The long-term goal is the health-consumer's highest optimal functioning, not merely the absence of pathology or symptom reduction. The short-term goal is to change the health care system to accommodate and assimilate to a multidimensional health care perspective. The 7 Dimensions model addresses the lack of outcome measures being presently utilized by healthcare professionals by helping patients establish values, set and accomplish goals, and monitor successful performance.

Additionally, when we consider that addictions involve unbalanced life-styles operating within semi-stable equilibrium force fields, the 7 Dimension philosophy promotes that there is a supernatural-like spiritually synergistic effect that occurs when an individual's multiple life functioning dimensions are elevated simultaneously in a homeostatic human system. This bilateral spiritual connectedness has the potential to reduce chaos and increase resilience to bring an individual harmony, wellness, and productivity.

Conclusion

The 7 – Dimensions Model is not claiming to be the panacea for the ills of addictions treatment progress and outcomes, but it is a step in the right direction for getting clinicians to change the way they practice, by changing treatment facility systems to incorporate evidence-based research findings on effective interventions. The challenge for those interested in conducting outcome evaluations to improve their quality of care is to incorporate a system that will standardize their assessment procedures, treatment programs, and clinical treatment practices. By diligently following a standardized system to obtain base-line outcome statistics of their treatment program effectiveness despite the outcome, they will be able to assess the effectiveness of subsequent treatment interventions.

For additional information concerning utilizing the following 7 Dimension Addiction Treatment Model Components for your clinic, please contact me at: drslobodzien@gmail.com

1. The 7-D Global Assessment of Functioning (GAF) Scale;
2. The Global Adverse Childhood Experiences (ACE) Scale;
3. The 7-D Psychosocial Stressor Inventory (PSI) Scale;
4. The 7-D Target Intervention Measure (TIM);

5. The 7- D Therapeutic Activity Scale (TAS);
6. The 7-D Quality Relationship Scale;
7. The 7-D Counseling Relationship Scale.

References:

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000, p. 787 & p. 731.
- American Society of Addiction Medicine's (2003), "Patient Placement Criteria for the Treatment of Substance-Related Disorders, 3rd Edition, Retrieved, June 18, 2005, from: <http://www.asam.org/>
- Arthur Aron, Ph.D., professor, psychology, State University of New York, Stony Brook; Helen Fisher, research professor, department of anthropology, Rutgers University, New Brunswick, N.J.;
- Dozois, D. J. A., & Dobson, K. S. (Eds.). (2004). The prevention of anxiety and depression: Theory, research, and practice. Washington, D.C: American Psychological Association.
- Foley, G. M. & Hochman, J. D. (2006), Mental health in early intervention: Achieving unity in principles and practice.: Baltimore Brooke Publishing.
- Kessler, R.C., (1994), Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the national comorbidity survey. Arch. Gen. Psychiat., 51, 8-19.
- Paul Sanberg, Ph.D., professor, neuroscience, and director, Center of Excellence for Aging and Brain Repair, University of South Florida College of Medicine, Tampa; June 2005, the Journal of Neurophysiology
- Gorski, T. (2001), Relapse Prevention In The Managed Care Environment. GORSKI-CENAPS Web Publications. Retrieved June 20, 2005, from: <http://www.tgorski.com>
- Lienard, J. & Vamecq, J. (2004), Presse Med, Oct 23;33(18 Suppl):33-40.
- McGinnis JM, Foege WH. Actual causes of death in the United States. US Department of Health and Human Services, Washington, DC 20201, 1994.
- Monroe, S.M., & Simons, A.D. (1991). Diathesis-stress theories in the context of life stress research: Implications for the depressed disorders. Psychol. Bull., 110, 406-25.
- Morgan, G.D.; and Fox, B.J. Promoting Cessation of Tobacco Use. The Physician and Sports medicine. Vol 28- No. 12, December 2000.
- Slobodzien, J. (2005). Poly-behavioral Addiction and the Addictions Recovery Measurement System (ARMS), Booklocker.com, Inc., p. 5.
- U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition). Washington, DC: U.S. Government Printing Office; 2000.