Reward Deficiency Syndrome Solution Focused Brief Therapy to Begin Integrating the Sciences of Addiction & Reward Deficiency Syndrome (RDS)

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Abstract

Reward Deficiency Syndrome Solution Focused Brief Therapy (RDS-SFBT), provided in both individual and group therapy formats, in the practice of Addiction Recovery Treatment, will help the client understand the importance of the challenge to achieve dopamine homeostasis in the recovery process. RDS-SFBT introduces new Reward Deficiency Syndrome concepts and solutions to the practitioner-client world, helping to bridge the gap between the worlds of research and therapeutic practice [1]. Newly created RDS-SFBT will bring awareness of the advancements of cutting-edge global Reward Deficiency Syndrome research efforts [2], and expands the resource application available to the consumer.

Keywords

Addiction, Reward deficiency syndrome, Solution-focused brief therapy, Anhedonia, Dysphoria, Relapse, Family therapy

Introduction

Scientists all over the world are pushing the limits of the accepted and reaching out in all directions, in search of new perspective in addiction Medicine. In response to new research, new fields are being created, such as the study of the molecular and cellular initiation of relapse, genomic medicine and psychiatric genetics. While many research studies concentrate upon dopaminergic dysfunction [3], it is known that serotonin and glutamine pathway imbalances help fuel addictive behavioral response [4]. Epigenetic research has contributed much understanding to the body’s response to neurological challenge, and potential pharmacotherapies are being studied to combat the epigenetic transcription powers of RNA.

In seeking the whole truth, we must reach for higher national and global standards. If our primary concern and motivation is to cure the disease, we must be clear on what the disease actually is. For decades, theorists have debated whether addiction is a choice or a disease [5]. Kevin McCauley [6] claims it is a disease of choice. It is believed that approximately 90% of those who experience substance use Disorder, have what might be considered maladaptive coping response mechanisms, meaning they have developed poor stimulus response behavioral patterns, which can be unlearned. This may not be as easy as inferred, because epigenetic response to the dopamine high jacked brain, is to lower the dopamine set point, which is one of the initiators of Reward Deficiency Syndrome.

Ten percent of those coming into treatment seem to fall through the cracks of addiction medicine. In addition to impulsive, compulsive and addictive behavioral patterns, they may also have several co-occurring mental health disorders, such as
the typical ADHD, Depression, Bipolar, and even potentially, Autism/Asperger, Gilles de la Tourette Syndrome [7] and Parkinson's Disease [8]. Those with the genetic predisposition will have too few functioning dopaminergic 1-4 receptor sites and experience a complexity of dopaminergic dysfunction disorders [9].

"Approximately 50 years of research have led to new understanding and a new phenotype for impulsive, addictive and compulsive behavioral expression, with the successful evidence based concept of Reward Deficiency Syndrome [10] which is linking all addiction under a common rubric [11], and changing the recovery landscape" [12]. The evolution of neurogenetic addiction science has arrived at the point, in which it is understood that Reward Deficiency Syndrome (RDS) is neurogenetic causal influence and addiction is its symptom [13].

"Decades of research has resulted in a vast evidence base in support of RDS, which has inspired research of Reward Deficiency System Solutions (RDSS)" [13]. It is hoped that the addiction recovery treatment industry will continue to evolve as well, align with cutting edge neurogenetic addiction science, and embrace RDS theory and RDSS. Humanity is indebted to Dr. Kenneth Blum and his many research colleagues and associates for changing the recovery landscape [14] providing enlarged perspective [15], and current RDSS focused application.

In former publication, Integrating the Science of Addiction and the Science of Wellbeing [16], the author has evaluated the problems facing the Addiction Treatment Industry; integrated and synthesized new theory in The Evolution of Addiction Treatment: The Disease is RDS and Addiction is its symptom [13]; as well as relayed extended RDS causal influence theory to co-occurring mental illnesses, which are linked by dopaminergic dysfunction, in The New Science of Attention Deficit Hyperactivity Disorder: News from the cutting edge of research science [17]. These dopaminergic dysfunction diseases also include: Obsessive Compulsive Disorder (OCD), Impulse Control Disorders, Behavioral Addictions, Depression [18], the Autism Spectrum, Gilles de la Tourette Syndrome [7], and Parkinson's Disease [19].

The author contributed A proposed treatment plan model for Reward Deficiency Syndrome: To help in restructuring the Addiction Recovery Industry [12] which provides the basis for the proposed RDS adapted Solution Focused Brief Therapy. Research imperative and moral mandate demands that the system also adapt to align itself with new science, the neurosciences of addiction [2]. RDS theory needs to become integrated within the very foundation of the addiction recovery industry and offered in psycho-educational material for counselor-therapist, client, family members and future predisposed generations of Reward Deficiency Syndrome sufferers.

Discussion of Reward Deficiency System Solutions

In addition to suffering dopaminergic dysfunction and/or deficiency, the experiential phenomena or responsive conditions of Anhedonia and Dysphoria, further contribute to the complexity of the disease, and should demand our upmost attention, in order to stop the cycle from continuous repetition. It is the suffering individuals who have the lowest positive response benefit from traditional treatment who need to be genetically screened for RDS, along with their family members, who will generally have some variation of the dopaminergic dysfunction [20].

Reward Deficiency System Solutions include the patented Genetic Addiction Risk Score screening test, known as GARS, which can identify polymorphic gene variance which predisposes individuals to RDS and even subtype their addictive behavioral expressions [21]. Instead of just screening for multiple Substance Use Disorders (SUD) and Co-occurring Mental Health Disorders (COD), the industry needs to also screen for RDS, and call it what it is, the disease, thus redirecting the addiction recovery industry's course to treat the disease, RDS, not just the symptoms, Addiction and many dopamine dysfunction co-occurring mental health disorders.

RDSS include methods for achieving dopamine homeostasis [22]. RDSS also offers viable application for rejuvenating a brain damaged by toxicity, in neuro-nutrient supplements [23] which provide the amino acid building blocks for proper brain function, and pro-dopamine regulator therapy [24] to combat SUD. After identifying these individuals, and their RDS phenotype, special RDS and RDSS psychoeducation can be provided, as well as tailored individual treatment recovery plans for Reward Deficiency Syndrome [12], to help achieve dopamine homeostasis, within the typical traditional "Treatment as Usual" (TAU), 12 step oriented treatment facility program [25].

Discussion of RDS Solution-Focused Brief Therapy

For addressing continuity of treatment and stage focus needs, Reward Deficiency Syndrome and Reward Deficiency System Solutions can be provided in psycho-education and Solutions Focused Brief Therapy, in a flexible integrative eclectic format, including technique from Rational Emotive Behavior Therapy (REBT), Reality Theory/Choice Therapy (RT/CT), and Motivational Interviewing (MI) to help strengthen client commitment and recovery resolve. RDS-SFBT is appropriate for all phases along the new life-long treatment continuum for individuals and their family members [26].

RDS adapted SFBT will inform clients of new dopamine homeostasis solution oriented applications and help to motivate them to create their own plan for recovery and wellbeing, implementing RDSS strategies for natural dopamine homeostasis [27], as well as neuro-nutrient brain regeneration therapy. Drawing upon their personal strengths to manage the challenges, limitations and symptomology of RDS/Addiction phenomena, clients are encouraged to take responsibility for developing personalized recovery plans. Clients are motivated to increase solution focused behaviors, such as exercise therapy
Achieving Dopamine Homeostasis [30], combating Anhedonia [31], Dysphoria and Dopamine deficiency are key concepts. RDS adapted SFBT can provide the additional tools of Anhedonia and Dysphoria Likert Scales [32] to give insight, and increased awareness of the RDS issues which contribute increased risk of relapse of addictive behavioral expression. Utilizing Anhedonia and Dysphoria measurement Likert Scales can help one stay aware of periods of increasing risk for relapse [33]. In addition to the inability to experience pleasure, expanded RDS Anhedonia Likert Scales [34] may include correlational categories such the inability to experience ease, comfort, and the inability to mitigate pain [35]. Dysphoria refers to an uncharacteristic proclivity for volatility, inability to tolerate the experience of frustration and sudden extreme rage.

The basic tenets or key concepts of SFBT, as outlined by the Research Committee of the Solution Focused Brief Therapy Association, in their Solution Focused Therapy Treatment Manual, [36, 37] include focus on the present, rather than the past. The RDS-SFBT is focus upon increasing solution building behaviors rather than problem solving. It also helps one identify exceptions to the problem, or times when the problem does not present. Counselors are encouraged to ask the magic miracle question – What would be different if you awakened today and the problem did not exist?

For an individual suffering from Reward Deficiency Syndrome, and it's many addictive expressions, the client may be asked to recall memory of days in which he or she was not plagued by craving, anhedonia [38] and/or dysphoria, or in other words, those times in which the disease did not preoccupy time and attention. Every addict has experience days of reprieve, in which the disease was not actively flaring up, when he or she was free to go about the process of daily life, achieving goals, making progress, and living in the luxury of the moment’s temporary bliss.

With positive benefit being the motivation, the client is encouraged to think about ways in which he or she can maintain dopamine homeostasis so that the aggravates of Anhedonia and Dysphoria, do not exasperate an already turbulent physiological and emotional climate. The stress of craving, Anhedonia [39] and Dysphoria increase the likelihood of relapse, giving in to the disease to quell the beast, and/or choosing a perceived short-term gain over long term detriment. It is estimated that craving is positively correlational to the intensity of Anhedonia and Dysphoria [40].

RDSS psycho-education informs the clients of many ways to boost dopamine, through various activities such as listening to uplifting music, singing, dance, swimming, exercise [28], massage, meditation [41], visualization and many other integrative mind body healing applications such as yoga, tai chi, gi-gong, and acupuncture, etc. [42]. Integrating SFBT, REBT, and RT therapies can empower the client to take charge of their own recovery, developing a plan of action, encouraging them to continually increase behaviors which work [43] and reexamine those which don't and need to be pruned.

These solution-oriented client centered therapies place the responsibility for the quality of their lives in the hands of the client [44]. The author of this manuscript has created the following chart, as a quick reference for the comparison and contrast of theories and techniques, discussed in more detail by Corey [45]. See Table 1.

SFBT has already been adapted in several other contexts and used as the subject matter of research study [46]. For example, SFBT has been studied in case study for Alcohol Use Disorder (AUD) and in randomized controlled trial study of Substance Use Disorder (SUD) with positive results [47-49]. SFBT has been adapted for children with psychiatric illness with successful results [50]. The effectiveness of SFBR for children and families has undergone systematic and critical evaluation for the 20-year period between 1990-2010, in the UK and was found of particular value for early intervention for children in relation to internalizing and externalizing behavior problems [51]. However, a review of this review thought the benefits were overstated [52].

An eclectic method, integrating Solution-Focused Brief Therapy, Rational Emotive Behavior Therapy [53-54], Choice Theory/Reality Therapy and Motivational Interviewing [55-57] can be a powerful tool for therapists in helping clients in individual and group therapy achieve their desired results. These person-centered positive solutions and action-oriented modalities empower individuals to manage their handicaps and strive to thrive. A flexible integrative approach can be utilized to increase motivation [58] and facilitate a positive self-concept of competence for increasing solution-oriented behavior. RDS-SFBT combined Reality Therapy and Rational Emotive Therapy, can be a power tool for the addiction recovery industry to begin including RDS theory and its solutions, in therapeutic process.

Conclusion

Instead of waiting the typical one hundred years or so, for scientific advancements to trickle down into public awareness, I encourage the addiction recovery industry to treat neurogenetic causal influence, not just the phenomena of addiction symptoms. Neurological dysfunction must be treated with neurological solutions [59]. Psycho-education of Reward Deficiency Syndrome (RDS) and Reward Deficiency System Solutions (RDSS) [12, 60] should be made available to the addiction-recovery treatment industry, to practitioners, counselors, therapists for continuing educational units (CEU), to facilitate the delivery and integration of new perspective and new solutions [61, 62].

Those treatment center enterprises which are expanding treatment response to include RDS, neuro-psychology, and brain plasticity therapies [63] will be better equipped to meet new demand, as these concepts of enlarged perspective filter through the industry and public awareness. We as an industry are still a long way off, from crossing the finish line, of stopping
the generational cycle of addiction, or Reward Deficiency Syndrome, as it is more accurately about to be known.

It is my hope that SFBT can be adapted by Family System Therapy as a psychoeducational means to relay new perspective of RDS theory and RDS solutions in relation to SUD and dopaminergic dysfunction related mental illness. It is also my hope that addiction recovery counselors and therapists will use these tools, to give more awareness and understanding of enlarged perspective, to the client, so that they can more efficiently and more effectively, take charge of managing their own pathology and strive to thrive.

References


42. Gingerich WJ, Peterson LT. 2013. Effectiveness of solution-focused brief therapy to begin integrating the sciences of addiction & reward deficiency syndrome (RDS) Gilberty.


