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This article has more problems. Please help you improve it or discuss these problems on the discussion page. (More information on how and when removing these templates messages) This article can be a source of confusion or not clear to readers. Please help you clarify the article. There may be a discussion on this on the Talk page. (November 2012) (More information on how and when to remove this message template) This article is written as a personal reflection, personal essay, or an argumentative essay indicating the personal feelings of a Wikipedia editor or gifts an original topic on A topic. Please help you improve it to rewrite it in an encyclopedic style. (November 2012) (More information on how and when to remove this message template) (more information on how and when removing this template message) Professionals given the dependency as a disease or a choice. A model is referred to as the dependency disease model. The second model is the model of choice of addiction. Researchers argue that the process of dependence is as the illness model with a target organ is the brain, and symptoms of the disease. The dependency is like the model of choice with a genes disorder, a reward, memory, stress and choice. [1] Both models translate into compulsive behavior. [1] Substantial dependencies concern drugs, alcohol and smoke. [2] Process dependencies refer to non-related behaviors to substances, such as gambling, spending, sexual activity, game, internet, and food. [3] The most antique dependence definition of psychologists is that the drug addict has a lack of self-control from something that has a prize-giving effect that continues to return. The party dedicated wants to refrain, but cannot resist temptation. Addicts lose control over their actions. It has been seen that a drug addict fighting with their dependency and wanting to abstinence and gain control over their actions [4]. History The word addiction was traced back to 17th century. [5] The consumption of substances that give addictive, such as alcohol, opiates, cocaine, and cannabis, have been traced back to ancient history in Syria, China, and also South America. [6] During this time, the dependence was defined as being forced to act out any number of bad habits. People who abuse drugs were called opium and morphine "eaters". Drunkard whose alcohol abuses. Texts of medicine categorized these "bad habits" like Dipsomania or Alcoholism [7] However, it was not until 19th century, when the diagnosis was printed first in medical literature. In 1860, Sigmund Freud and William Halsted began experimenting with Cocaine users. Freud, in particular, was convinced that cocaine could be the answer to many physical and mental problems and published a document "On Coca" on his benefits. [8] To be aware of powerful qualities dependence of the drug, Freud began to praise as a means to overcome morphine dependencies. Over time Freud and Halsted has become inadvertently guesses in their research activity and, consequently, their contribution to psychology and medicine have changed the world. Freud publicly approved cocaine and his uses, he theorized that cocaine could be used as an anesthetic that was subsequently tested and found to be true. [9] However, most of his other statements about cocaine was to be false and the defense of him for the cocaine seriously injured his career of him. While working in Vienna General Hospital (Vienna Krankenhaus), in Austria, cocaine took possession through Freud's life when he found the To alleviate his migraine. When the effect of cocaine has decreased, the amount of Cocaine Freud consumed increased. With the pain information suppression cocaine properties, doctors began to prescribe cocaine to their patients who have requested pain relief. [7] Ignar of Freud and Halsted experiments with Cocaine. W.H. American doctor Bentley was conducting his similar experiments. The Medicus Index published his article that describes how it has successfully treated patients with cocaine that have been dependent on opium and alcohol. At the end of the 1800s the use of cocaine as a one Drug Diffusion as a worldwide epidemic. [7] Didn't pass long until we realized that the cocaine was much more engaging than previously realized and how many deaths were caused due to cocaine overdose. [10] How cocaine continued to medical spreads started searching for patients to deal with opium dependencies, cocaine and alcohol. The doctors discussed the existence of the "Personality dependent" brand, but believes that the Quality Freud possessed (bold risk, emotional cicatral tissue, and psychic agitation) were of those that favored the "dependent personality". [7] Important doctor contributors Sigmund Freud, born on 6 May 1856 in Freiberg, France (an area now known as Příbor in the Czech Republic), was decisive in the field of psychology. The interpretation of dreams and psychoanalysis (also known as therapy of the word) are two of the contributions of him well known to him. Psychoanalysis is used to treat a multitude of conditions between dependencies. [11] As one of the most influential thinkers of the 20th century, has changed the way we perceive ourselves and communicate our perceptions as a number of him theories of him were widespread and terms created have entered the general language. [12] Mental health theories, the development of personality, and the disease that Freud developed are considered very controversial. According to Freud, people are equipped with three levels of awareness: conscious, preconscious and unconscious, where the conscious level refers to what we are fully appreciated, preconscious is what people could be aware if they have become more careful and level Unconscious includes facts that humans cannot be aware of. The purpose of therapy is to transform unconscious in conscious. [12] William Halsted, born on September 23, 1852, in New York City, graduated in Medicine in 1877. In the course of his medical career as a surgeon he contributed surgical techniques that eventually led to an improvement in the patient's result After the surgery. During the professional career of Halsted, which (together with Freud) conducted experiments with the drug cocaine. While their research was underway they became guys for their experiments when they became cocaine dependent. In 1884 he was the first to describe how cocaine could be used as a localized anesthetic when he is injected into the trunk of a sensory nerve, and as prolonged ischemia prolonged anesthetic drug properties. [7] [13] G. Alan Marlatt was a pioneer in the field of psychology dependence. Born in Vancouver, British Columbia, in 1941, he spent his professional career as a psychologist addictive, researcher, and director of the University of Addictive Behaviors Research Center in Washington and Professor at the Department of Psychology. Marlatt adopted the theory of damage reduction, and developed and tested scientifically ways to prevent relapse of a drug addict to become a relapse. He realized that he expects immediate and complete abstinence of drug addicts often dissuaded drug addicts from looking for the help they need and deserved. Marlatt died on March 14, 2011. [14] [15] [16] A. Thomas McLellan was born in 1949 in Staten Island, New York. He is a lecturer at the University of Pennsylvania School of Medicine at the Dependency Study Center. McLellan serves or served to editorial committees as a reviewer of medical and scientific journals, and as a consultant for governmental and non-profit organizations including the national laboratory practice of American Psychiatric Association, and the World Health Organization. He is co-founder and Chief Executive Officer of Research Institute of treatment located in Philadelphia, Pennsylvania. McLellan led decades of For the efficacy of treatment for patients abuse of substances, and is recognized both nationally and internationally as a psychologist dependency. He is also known for the development of the Severity Index dependency or asi and serves as a head editor of the Journal of of Treatment of abuse and the vice-official of the national drug control policy, research and evaluation. [17] Arnold Washton is specialized in dependence on 1975 and is a psychologist of dependence known for his work in the development of therapeutic approaches to the treatment of drug abuse and alcohol. A author of many books and articles of professional journals on treatment and addiction. He is a lecturer, clinical, researcher and served on the Advisory Committee for the US Administration and Drugs. Washton is the founder and the executive director of recovery options, a practice of private dependence treatment located in New York City and Princeton, New Jersey. [18] William L. White [19] is a senior research consultant in chestnut health systems, an addiction consultant, researcher and writer in the field of dependence for over 45 years. He wrote over 400 documents and 18 books. He received awards from the National Association of Dependency Suppliers (Naapt), the National Council on Alcoholism and Drug Addiction, (Naada), the Association of Professionals of Dependency and American Company of Dependency Medicine (ASAM). [20] The dependence from addiction is a progressive disease and a mental disorder that is defined by the American Society of addiction medicine as "a primary disease, chronic brain reward, motivation, memory and related circuitry. It is characterized by " inability to control behavior, creates an emotional response dysfunctional, and affects the ability of users to refrain from substance or consistently behavior. [21] psychology today defines addiction as "a condition that can occur when a person consumes Substance like nicotine, cocaine or alcohol or engages in a business such as gambling or shopping / shutdown. " [22] When a non-dependent takes a drug or performs a behavior for the first time it does not automatically become an employee. This is because there are many obstacles that your brain creates drugs / compelling behaviors. These obstacles include the test anxiety to try said drug / behavior, possible side effects, nervousness of the possibility of being caught, and so on. [23] or Ver Time the non-addict chooses to continue to engage in behavior or ingesting a substance because of the pleasure that The non-dependent receives. A non-drug addict can become a drug addict through frequency. The now dependent has lost the capacity to choose or renounce the behavior or substance and behavior becomes a compulsive action. The non-dependent change to drug addict takes place largely from the effects of the use of the prolonged substance and behavioral activities on the functioning of the C Hervei. Dependency concerns brain reward and motivation circuits, learning and memory and inhibitory control over behavior. [24] There are several schools of thought regarding the terms dependence and addiction when it refers to drugs and behaviors. A belief adopted is that "drug addiction" is equivalent to "addiction". The second conviction is that the two terms are not equal to each other. According to the DSM, the clinical criteria for "Drug Dependence" (or what we refer to addiction) include the use of compulsive drugs despite the harmful consequences; incapacity to stop using a drug; incapacity to satisfy work, social or family obligations; And sometimes (depending on the drug), tolerance and withdrawal. The latter reflects the physical dependence in which the body adapts to the drug, requiring more to achieve a certain effect (tolerance) [25] and arouse specific physical or mental symptoms for drugs if the use of drugs is abruptly ceased (withdrawal). Addiction It can happen with the chronic use of many drugs ..., including the appropriate use, indicated by the medical point of view. Therefore, the physical dependence of for itself does not constitute addictive, but often accompanies addiction. This distinction can be difficult to discern, in particular with prescribed pain medications, in which the need to increase dosages can represent tolerance or a deterioration of the underlying problem, as opposed to the beginning of abuse abuse dependence. There are some dependency features that regardless of sharing municipalities. The behavior provides a rapid and powerful means of altering mood, thoughts and sensations of a person who occurs because of the physiology and expectations learned. The immediate precipitating factors of the relapse, the times of the relapse and the recurrence rate after the treatment is high. American psychological association The American Psychological Association (APA) is a professional psychological organization and is the largest association of psychologists in the United States. Over 100,000 researchers, educators, doctors and students claim the association through their belonging. Their mission "is to advance the creation, communication and application of psychological knowledge to benefit from societies and improve people's lives." [26] APA supports 54 divisions, two of which belong to dependencies. Division 50, psychology of the dependency company promotes progress in research, vocational training and clinical practice in the context of exciting behavior. The exciting behavior includes problematic use of alcohol, nicotine and other drugs and disorders involving gambling, eating, spending and sexual behavior. [27] Division 28, Psychopharmacology and abuse of substances promotes teaching, research and dissemination of information regarding the effects of drugs on behavior. [28] The College of Professional Psychology (CPP), hosted by the Organization of the American Psychological Association Practice Organization, has previously offered a certificate to psychologists who demonstrated competence in the psychological treatment of alcohol and other disorders related to substance. The CPP maintains the certificate of competence for the people who acquired it before 2011. The company of the public psychology certificate will be re-established while the company examines other roads for credentials professionals in the treatment of addiction. [29] A disease addiction Recently researchers claimed that the dependency process is like the disease model, with a target organ, a defect and symptoms of the disease. In other accounts, addiction is a disorder of genes, reward, memory, stress and choice. [30] Disease model depending on the new illness model, rather than being a disease in conventional sense, dependence is a disease of choice. That is, it is a disturbance of the brain parts necessary to make appropriate decisions. As you become cocaine dependent, the nucleus of the ventral Tegmentum Accumbens in the brain is the organ. [1] The defect is the Hedonic regulation induced by stress. Understanding the impact that genes, reward, memory, stress and choice have on an individual will begin to explain the model of sickness of genetic dependence, the genetic makeup of an individual determines how they respond to alcohol. What causes an individual to be more prone to dependence is their genetic makeup. For example, there are genetic differences in the way people respond to methylphenidate injections (Ritalin). [31] The increased reward the dopamine is related to a greater pleasure. For this reason, dopamine plays a significant role in strengthening experiences. He tells the brain that the drug is better than expected. When an individual uses a drug, there could be a wave of dopamine in the menstricino, which can lead to the movement of the "threshold" of the pleasure of the individual (see figures one and two). [1] Memory The neurochemical glutamate is the most abundant neurochemical in the brain. It is fundamental in the consolidation of memory. When a drug addict discovers addiction behavior, glutamate A role creating pharmacological signals. It is neurochemistry in motivation that starts drug research, creating addiction so. [32] Stress When under stress the brain is not able to reach homeostasis. As a result, the brain returns to Allostasis, which in turn alters the brain's ability to draw up pleasure, which lived at the "set point" edion (see figures one). [33]. So, so, The pleasures may not be more pleasant. This is also known as Anhedonia or "for pleasure sordite". When pointed out, the addict can experience extreme grass - an intense, emotional, obsessive experience. [34] Choice a drug addict can incur damage to the orbitary bark (OFC), the cyulated front bark (ACC) and the prefferal cortex (PFC). This damage causes the tendency to choose small and immediate awards compared to the larger but delayed prizes, deficits in social response due to the decrease in awareness of social signals and a failure of executive function as sensitivity to the consequences. [35] Many degrees authorized practitioners provide space for dependency treatment. The educational background that each professional will achieve similarities but philosophy and point of view from which the material is delivered can vary. Also the requested quantity of education before gaining a varied certificate or grade. Some of the most commonly recognized study fields are included. [36] Psycholst Psychiatrist Social Assistant Social Assistant Social Assistant Correspondents Professional Concessionamento Counselor Paraprofessional Recognized Certifications Many certifications are recognized in the field of dependency psychology. Everyone has their own needs. Certification for alcohol candidate and drug consultant. [37] Credential alcoholism and substance abuse consultant. [37] A certified chemical dependency consultant. [37] Councilor of substance abuse / certified dependency consultant. [37] The certified dependency professional. [37] Consultants for the treatment of certified dependence. [37] Certifications combined with other degrees. [38] The treatment is the dependence of the process and behavioral dependence have many dimensions that cause disorder in many aspects of the life of drug addicts. Treatment programs are not a size suitable for all phenomena, so there are different modes or care levels. Effective treatment programs incorporate many components to deal with every size. The addict suffers from psychological dependence and some can suffer from physical dependence. [39] Help a single stop using drugs is not enough. The treatment of dependency must also help the individual to maintain a lifestyle without drugs and obtain productive operation in the family, at work and in society. Addiction is a disease that alters the structure and function of the brain. The brain circuit can take months or years to recover after the drug addict has been recovered. [39] This can explain why drug abuses are at risk of relapse even after long periods of abstinence and despite the potentially devastating consequences. Research shows that more employees need a minimum of 3 months of treatment to significantly reduce or interrupt their use of drugs, however treatment greater than 3 months has a greater success rate. Recovery from dependence is a long-term process. [39] Care mode The mode or the level of care necessary for a patient is decided by the treatment of treatment in combination with the patient when feasible. As expected, the patient's treatment will probably receive the steps forward and backwards the level of care could float. The common modalities are explained. People who are looking for help there the first stop will be a rehabilitation center, a group of LCDC (authorized chemical dependent advisers) therefore will help them with the base of why the person is dependent. They will then continue and continue on the path that is best for them and recovery. The detoxification and retreat managed from the point of view When the body gets rid of drugs is indicated as detoxification, and is usually concurrent with the side effects of the withdrawal that vary according to substances and are often unpleasant and even fatal. Doctors can prescribe a drug that will help reduce withdrawal symptoms while the addict is receiving care in a dwooping or outpatient setting. Detoxification is generally considered a precursor or a first phase of treatment treatment It is designed to manage the acute and potentially dangerous physiological effects to stop the use of drugs. [40] [41] This is generally the most difficult part to get rid of an addiction. All the different side effects that come into these abstinence processes is almost canceled only. Long-term residential treatment is structured and works 24 hours a day. Residents will remain in treatment by usually 6 to 12 months, while the development of responsibilities, responsibility and socialization of skills. Activities are designed to help drug addicts from recovering from destructive behavior models while the adoption of positive behavior models. Constructive methods of interaction with others and improving self-esteem are other areas of focus. The therapeutic community model is an example of a therapeutic approach. Many therapeutic communities provide a more complete approach to include employment training and other support services. [41] [42] [43] [44] Short-term short-term residential programs On average, six weeks in a residential environment. The program is intense followed by plus ambulatory treatment to include individual and / or group therapy, anonymous programs 12 steps, or other forms of support. Due to the short duration of this mode is even more important for individuals to remain active in a t

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