

# Intimacy of Addiction: Understanding the Paths to Recovery

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## Outline

- ▶ *Co-occurring Disorders and Addiction*- Definitions: Common Problems- Randy
- ▶ *Intimacy of Addiction- Part I: Alcoholism* Life Story- obstacles- pain inflicted- Exercises regarding addiction- Leo
- ▶ *Trauma/ Suicide*- New Paradigm; Recovery in Corrections; Ways to Respond to Addiction/Trauma- Randy
- ▶ *Intimacy of Addiction-Part II:* Life Lessons, Triggers, Spiritual Lessons- Exercises regarding Addiction-Leo

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**don't live  
the same  
year 75  
times and  
call it life**

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### Intimacy and Betrayal

- ▶ Jilted Lover
- ▶ Broken Promises
- ▶ Highest Highs-Lowest Lows
- ▶ Addiction betrays the addicts physical health, mental health and emotional health
- ▶ Allusions of intimacy turn into layers of betrayal

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### DSM-5 - "Substance-Related and Addictive Disorders"

- DSM-5 eliminates distinction between diagnoses of substance abuse and dependence
- While the substance use disorder criteria in DSM-5 closely resemble the DSM-IV-TR substance abuse/dependence criteria, they are now combined into a single list and there are deletions/additions:
  - Deleted: "Recurrent Legal Problems"
  - Added: "Craving or a Strong Desire or Urge to Use a Substance"

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### Substance Use Disorder

Continued use of substance despite significant substance related problems: 4 sets of criteria:

- ▶ Impaired Control (4 criteria)
- ▶ Social Impairment (3 criteria)
- ▶ Risky Use (2 criteria)
- ▶ Pharmacological criteria (2 criteria: tolerance and withdrawal)-  
Note: no longer necessary for diagnosis

DSM 5 American Psychiatric Association

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### Substance USE Severity

- The severity of the DSM-5 substance use disorders is based on the number of criteria endorsed:
  - **Two or three criteria** = a **mild** disorder-benefit from moderation-brief intervention
  - **Four or five criteria** = a **moderate** disorder - cases in either mild or severe category
  - **Six or more criteria** = a **severe** disorder- abstinence essential. More intensive continued care

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### Modern Definition of Addiction:

- ▶ *Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.*
- ▶ *Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.*

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### Addiction and Brain Anatomy is Emphasized

*"Over the past decades, however, a burgeoning body of scientific evidence has indicated that an exogenous substance is less important to addiction than the disease process that the substance triggers in the brain- a process that disrupts the brain's anatomical structure, chemical messaging system and other mechanisms responsible for governing thoughts and actions-- the changes in the brain persist long after an addict goes through withdrawal: drug-using cues and memories continue to elicit cravings even in addicts who have abstained for years"*

Opinion Pages- New York Times

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### Severe Substance Addiction-Big “5”

- ▶ *Wanting to cut down/unable to do so*
- ▶ *Cravings with compulsion to use*
- ▶ *Sacrifices meaningful activities to use*
- ▶ *Failure of role fulfillment due to use*
- ▶ *Withdrawal symptoms*



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### Co-occurring: Substance/Medication-Induced Mental Disorders- DSM5

*A. The disorder represents a significant presentation of a relevant mental health disorder*

- B. There is evidence from history, examination or findings of:*
1. The disorder developed during or within 1 month of a substance intoxication or withdrawal or taking a medication; and
  2. The involved substance/medication is capable of producing the mental disorder.



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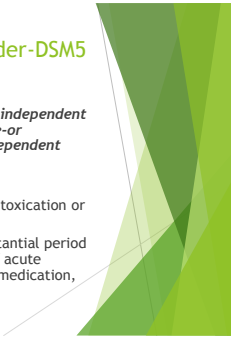
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### Substance Induced Mental Disorder-DSM5

*c. The disorder is not better explained by an independent mental disorder (ie, one that is not substance-or medication induced). Such evidence of an independent mental disorder could include:*

1. The disorder preceded the onset of severe intoxication or withdrawal or exposure to the medication; or
2. The full mental disorder persisted for a substantial period of time (at least 1 month) after the cessation of acute withdrawal or severe intoxication or taking the medication, with a few exceptions.



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### Substance Induced Mental Health Disorder

*D. The disorder does not occur exclusively during the course of a delirium.*

*E. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*



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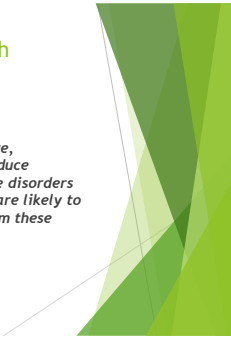
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### Substance Induced Mental Health Disorder

*“ In general, the more sedating drugs (sedative, hypnotics, or anxiolytics and alcohol) can produce prominent and clinically significant depressive disorders during intoxication, while anxiety conditions are likely to be observed during withdrawal syndromes from these substances.”*

DSM5



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### Mental Health Disorders Associated with Alcohol Intoxication and Withdrawal

- ▶ Psychotic Disorders
- ▶ Bipolar Disorders
- ▶ Depressive Disorders
- ▶ Anxiety Disorders
- ▶ Sleep Disorders
- ▶ Sexual Dysfunction
- ▶ Delirium
- ▶ Neurocognitive Disorders



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### This Disease is Fueled by Lies/Manipulation

- ▶ *The addict will do anything to protect his/her habit*
- ▶ *Manipulation and lies are part of the disease*
- ▶ *Craziness is embedded in thinking of : Self -Centered, Blaming Others, Minimizing/ Mislabeled and Assuming the Worst*



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### Denial is Ugly

- ▶ *Most abusers deny and/or minimize use unless have been in treatment for a period of time*
- ▶ *Most abusers blame others for their personal and legal problems*
- ▶ *Most abusers lie and falsify statements to look good and avoid detection*



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### Do I Have a Drinking Problem Quiz

Discussion of Scores



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### Intimacy= "In to me see"

- ▶ Vulnerability
- ▶ Close Communication with another
- ▶ Transparency
- ▶ Close Familiarity
- ▶ Affinity
- ▶ Confidence
- ▶ Warmth



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### Intimacy of Addiction- Depths of Betrayal

- ▶ Best Friend
- ▶ Lover
- ▶ Partner in exhilarating times
- ▶ Confidant in down times
- ▶ Communicate and open up self only to addiction
- ▶ "In life or death"



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### There are many Stigmas to Hide Addiction

- ▶ Functioning Alcoholic
- ▶ Roles in Family
- ▶ Roles in Business
- ▶ Positions / Clubs/ Organizations



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### The Good Die Young

RIGGS STORY



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### Social Stigma of Addiction-Life Lessons

Phil's Story- A Life full of Love, Family and Denial



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### Intimacy of Addiction- Part I -Leo

Intimacy of Addiction- Handout

Life Story- Obstacles; Mind-set; Pain



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## TRUTH (s)

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## ADDICTION



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### ANOSOGNOSIA - Definition

When someone rejects a diagnosis of mental illness, someone with **"acute mental denial"**

They may be instead experiencing **"lack of insight"** or **"lack of awareness"**

The formal medical term for this condition is anosognosia, from the Greek meaning **"to not know a disease"**



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**Alcoholic Anosognosia - [MY DEFINITION]**

In my disease, the substance had total control over my life. It overcame everything else - my spouse, children, family, and friends - to the point that I was mentally ill.

A sane person would not reject their family or loved ones so flippantly.



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LEO -Year: 1998

Windsor, Ontario

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WHAT YOU SEE

WHAT YOU DON'T SEE

Inner Turmoil

Negative Emotions

Questionnaire handouts - This is the part of the iceberg you don't see. Take a minute to have a look. ~~Breaks~~ ~~spirit~~ honesty is for your own personal reflection.

Addictions

Pain

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**IT'S A GOOD  
WEEK  
TO HAVE  
A GOOD WEEK**

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All Addicts Wear Masks

The Mask I Wear - Poem-Handout

Leo's Masks

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### Lifestyle Balance Pie- Exercise

Is Your Life in Balance- Take a Look!

SMART RECOVERY

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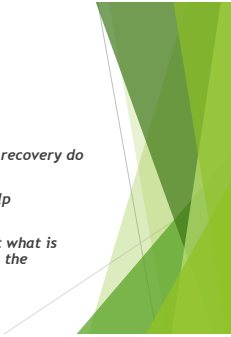
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### Ways to Respond to Addiction

- ▶ *Confront behavior not the person*
- ▶ *Educate on what drugs do, what people in recovery do*
- ▶ *Give written literature on where to get help*
- ▶ *Help person see their life stressors are not what is unmanageable but their alcohol/drug use is the problem*



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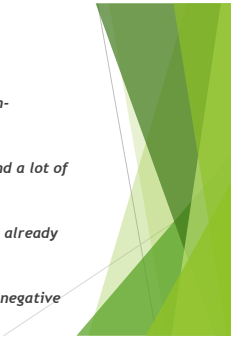
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### Ways to Respond to Addiction

- ▶ *Develop a relationship that is engaging, non-judgmental and full of listening*
- ▶ *Do not expect change- expect baby steps and a lot of questions*
- ▶ *Never give up on addicted client- they have already given up on self*
- ▶ *Trust- 5 positive interchanges to every one negative*



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### Ways to Respond to Addiction

- ▶ *Do not argue or get into confrontations*
- ▶ *Do not judge thoughts or feelings even if seem off or strange*
- ▶ *Let person know they are not likely crazy or mentally ill - use these feelings to educate*
- ▶ *Let them know without accountability and treatment relapse is predictable, with both it is still possible*



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### Ways to Respond to Addiction

- ▶ *Let them know the brain is diseased and needs time to heal*
- ▶ *Let them know they may need sobriety first- counseling and medication help later- some do need Medicated Assisted Treatment now to deal with Opioid Addiction*
- ▶ *Give success stories and that things can get better and life pain can lessen*

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### Exercise: Chair Exercise

Randy and Leo- Getting at Recovery

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### What do we know about addiction treatment?

*“ Addicts can quit if they really want to; all they have to do is commit wholeheartedly to their treatment, which consists largely of talking therapy- individual or group psychotherapy or 12-step programs like Alcoholics Anonymous”*

Urschel, Harold, MD

True or False?

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### Paradigm Shift

*“ Obviously, we need to take an entirely new approach. We need a paradigm shift, a new approach that will do for the treatment of addiction what insulin did for diabetes, what Prozac did for depression, and what Viagra did for erectile dysfunction”*

Healing the Addicted Brain



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### Recovery of Brain Function

► *Recovery depends on:*

- Length of time abusing alcohol (4 yrs+ can create significant damage)
- Length of time abstinent ( single most important predictor)



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### Traditional Counseling Ineffective

*Talk therapy can not work until the brain is partially repaired through sobriety-need to pay attention, listen, and remember to heal*

Healing the Addicted Brain



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### Healing is not just Physical

The addict can be programmed to abstain, but emotional and psychological healing comes from choices within the addict!



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### Family History- (Genetic links)

- ▶ *Puts alcoholics more at risk for cognitive deficits*
- ▶ *Recovery slower once abstinence achieved*
- ▶ *A lot of traditions and behavioral habits to break ingrained*



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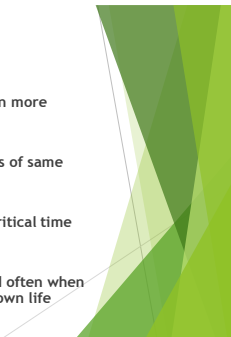
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### Suicide and Homicide

- ▶ Many studies point to those inebriated often more likely to take others' lives or their own
- ▶ In crisis- suicide and homicide are two sides of same coin
- ▶ Take every threat seriously and the most critical time is taking someone off monitoring
- ▶ Depression is highly linked with suicide and often when feeling better is when have energy to take own life



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### Getting Help is Critical

Suicide is a Permanent End to a Temporary Problem!!!!!!!!!!!!!!

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### Substance Abuse Key Issue

- ▶ 25% of completers have alcohol use problems
- ▶ 64% of attempts involve alcohol intoxication
- ▶ SA in Youth: substance abuse, impulsivity, Conduct Disorder

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### Protective Factors/ Adult

- ▶ Access to Means
- ▶ Will to Live
- ▶ Social/family Supports
- ▶ Treatment Relationship
- ▶ Cultural Beliefs

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### Protective Factors, Cont'd

- ▶ Life Satisfaction
- ▶ Religiousness
- ▶ Coping Skills
- ▶ Reality Testing
- ▶ Unique Factors (CAT MAN)

All Protective Factors can be rated as low, medium or high

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### Key Suggestions

- ▶ Always err on the side of caution
- ▶ Do not ignore any suggestions of hurting self and/or others even if you think it is for attention- people die trying to get attention!
- ▶ Always keep the client safe first - worry about paperwork second!!!

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### Strategies to Reduce Recidivism: Intensive Monitoring

- ▶ *Regular contact with Probation Officers or court designated monitors with addiction training*
- ▶ *Most benefit for high risk offenders*
- ▶ *Technological devices offer promise (ie. ignition interlocks; "transdermal alcohol contact" bracelets)*

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### Strategies to Reduce Recidivism: Medication to treat Opiate Addiction

- ▶ *Naltrexone: blocks alcohol pleasure center and stops intense cravings*
- ▶ *Vivitrol (newer version): doses last 1 month and can easily be tracked*



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### Strategies to Reduce Recidivism: Testing

- ▶ *Frequent and random testing can be effective during probationary period*
- ▶ *Strict consequences needed for violating conditions of probation*



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### Treatment Programs boost gains

*Intensive monitoring, medications and random testing all more effective when take place as part of treatment program*



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## Intimacy of Addiction- Part 2 - Recovery

Recovery- Lessons Learned; Spiritual Discoveries; Hope

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#21735

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## Summary

- ▶ *New Paradigm gives a lot of hope*
- ▶ *It is a brain disease we are fighting not simply addiction*
- ▶ *Professionals need to look on ways to heal the addict's broken spirit*
- ▶ *Monitoring, medications and testing for sobriety effective within treatment program*

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### Summary

- ▶ Need to find ways to keep someone sober so their brain can heal and the fog can lift
- ▶ Need to develop safety plans for when addicts are in crisis
- ▶ Need to educate clients on their disease, how their disease will progress and what the recovery system looks like
- ▶ Never give up on an addict as many have already given up on themselves- their intimate lover continues to jilt them



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### Contacts

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