

Addiction & AEDP

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What makes Addiction hard to treat?

Them

- ❖ It's INITIALLY fun (sex, community, status, ease, shared activity)
- ❖ It helps! (aloneness, pain, sleep, boredom, avoidance)
- ❖ People can have difficulty feeling and sharing emotions (alexithymia)
- ❖ Anxiety easily goes over-threshold - to action or avoidance
- ❖ Impulsivity. Discharge of feeling as impulse
- ❖ It's compelling (heroin is not broccoli)
- ❖ Repeating cycles in spite of logic and pain
- ❖ Defenses include externalization, projection, resentment, denial (of pain, or discrepancy).
- ❖ Leads to splitting, poor empathy, lying, poor interpersonal skill
- ❖ Co-morbid issues: trauma, PD, mood disorders, psychosis or paranoia
- ❖ Medical, social



What makes Addiction hard to treat?

You

- ❖ Frustrating/ anger/ dismissed
- ❖ Feel connected then let down
- ❖ Disgusted
- ❖ Helpless/ Hopeless/ Fear

- ❖ Knowledge is power:
- ❖ How to ask.
- ❖ What and when is dangerous?
- ❖ What can help?



Treatment as usual

This is changing, but...

- ❖ Abstinence obsessed
- ❖ Away from caring connections: Caring is enabling (extends to medication too)
- ❖ Behavioral and divided: Deal with the addiction before trauma or emotions
- ❖ Emotions need to be tamped down as they'll be dangerous
- ❖ Rejecting, shaming: Come back when you're ready
- ❖ Punitive: Need to reach a rock bottom; incarceration.



Treatment that works

AEDP as the core of these: positive affects, inner resilience, connection, tolerate and use emotion effectively

- ❖ Welcoming and supportive

Relational and loving from the get-go

- ❖ Stage of Change: pros/ cons; motivational interviewing

- ❖ Harm Reduction: Appreciate the positive and the function; Support any positive change; Moderation

Connect to and foster inner resilience

- ❖ Contingency management

- ❖ Helping carers care well (positive, loving, rewarding)

Positive affects, mastery, pride

- ❖ Emotion/ stress managing: Trauma-Informed

- ❖ Relapse Prevention: has been cognitive but what is a trigger anyway?

Being with, bearing painful, undoing aloneness,

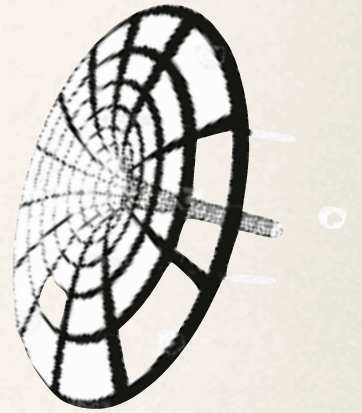


Affects Push



Hungry
Angry
Lonely
Tired

Addiction
Exerts Gravity



People
Places
Things



Defense - Adaptive or maladaptive
- Primitive or mature
- Age, power, cognition and knowledge

Anxiety - C-P distortion
- Invol muscle
- Vol muscle

Emotion - Cognitive label
- Felt sense (somatic)
- Adaptive action tendency

Action



Action

Defense: high resistance

Anxiety: low threshold

Emotion: poorly discerned and tolerated



Why focus on emotions?

- ❖ It is central to everything
- ❖ It is what is avoided, changed by thinking, use and behavior
- ❖ The heart of relapse prevention
- ❖ Urge surfing is one way into this
- ❖ Maintaining a pressure towards emotions raises anxiety and defenses. **This is a good thing!** You are trying to help the patient do something new.



S.O.B.E.R.

“Sobriety means you have to suffer like the rest of us”



Keep the faith

Undoing aloneness and being with core emotions brings gratitude, clarity, warmth, connection, peace...



Harm Reduction Stance

- ❖ Reach in to their basic humanity: vulnerable, painful, wanting connection and security
- ❖ This is motivational, willingness to try something different



Addicted Functioning

Feelings

- ❖ Stressed
- ❖ Low self-esteem, without purpose
- ❖ Lonely
- ❖ Tired
- ❖ Craving/ needing
- ❖ Agitated, Angry



Working with Defenses in Addictions

- ❖ Roll, don't confront
- ❖ Watch out for externalization, projection, shame/ self-blame. Partly, this is secondary to a compulsion.
- ❖ Create and FEEL the discrepancy
- ❖ Hold hope and Courage to change.
- ❖ Pathological shame, and resentment
- ❖ Manage the anxiety in tolerable range



	PRO	CON
CONTINUE	<p>1</p> <p>what does it help? what do you like about it?</p>	<p>3</p> <p>what are the downsides about your current behavior?</p>
CHANGE	<p>4</p> <p>what could you gain by changing behavior? What would that feel like?</p>	<p>2</p> <p>what will you miss by changing? what would you be left with? How can we bear this together?</p>



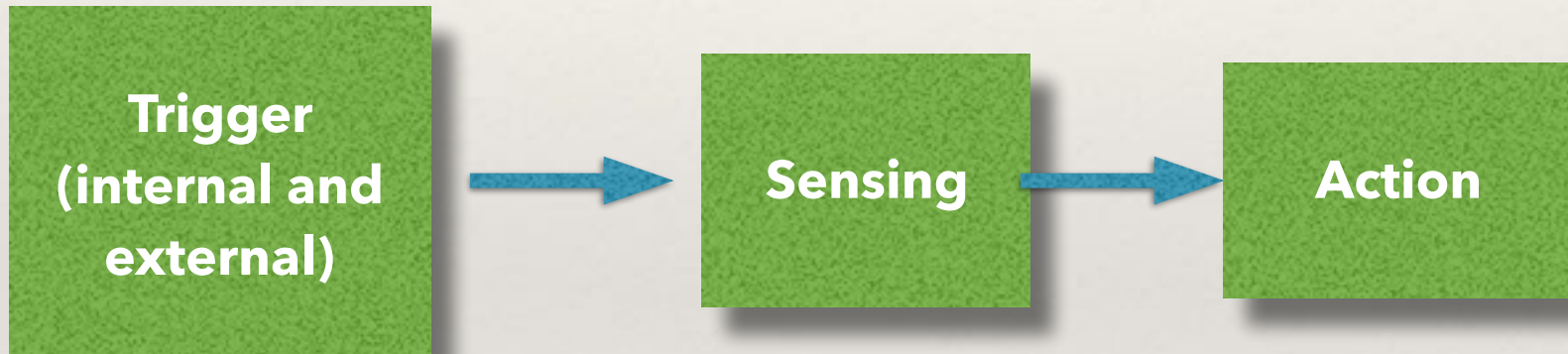
Moderation Management

- ❖ Curiosity
- ❖ Ideal Use Plan
- ❖ Drinks counting and diary - Checkup and changes; [alkadroid](#); [moderation.org](#)
- ❖ Alcohol equivalents and rates of breakdown
- ❖ **Food, concentration, rate, water/ heat, total time**
- ❖ Games, pre-gaming, other drugs, who with?
- ❖ Thinking/ feeling of the benefits
- ❖ Setting up rewards (praise, feeling good, money)
- ❖ Reviewing and learning



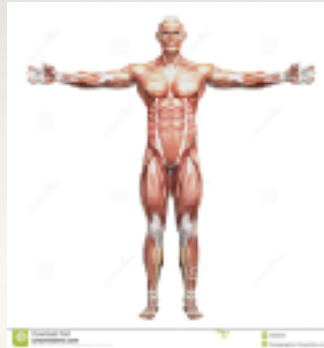
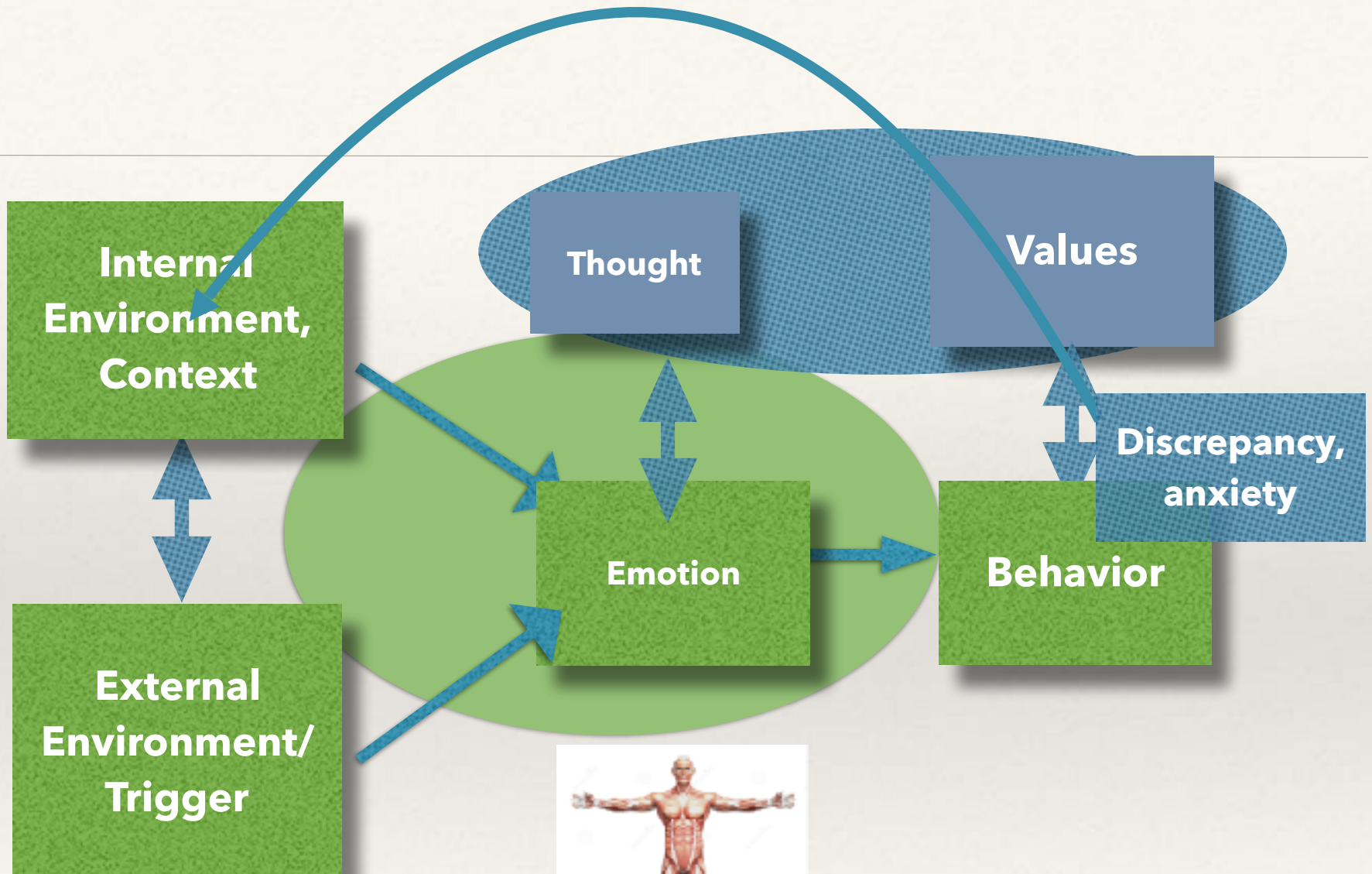
Relapse Prevention

Ideally our feelings lead to actions which are consistent and effective



In any living organism





Unwrapping the Urge

- ❖ People rush, impulsively, from trigger to behavior, from affect to action
- ❖ We want to help people expand that moment
- ❖ Within the urge lies an opportunity to connect, feel, tolerate and choose a new path
- ❖ You will end up doing CBT, distress tolerance, relapse prevention, trauma-focused work, etc.



Strapping to the mast

Pre-commitment



Pitfalls in Addictions Treatment

- ❖ Focusing only on use and ignoring emotions
- ❖ Focusing only on emotions (heroin is not broccoli; and people vary in their response)
- ❖ Harm Reduction has a direction: Health. It's not JUST being with, watching destruction
- ❖ Reacting to the awful instead of being with them in the pain and allowing the core self to act
- ❖ Not attending to the external World - relationships, triggers
- ❖ Not attending to self-care - sleep, exercise, diet, spirit
- ❖ Missing the anxiety overwhelm because of alexithymia and defense
- ❖ Being scared of slip or relapse: Learn
- ❖ Taking the lying and secrecy personally; or being surprised
- ❖ Failing to tie motivation to action
- ❖ Rushing it: Pleasure will be limited for 3 months.



Life in Early Recovery



Stages to work Early

1. Compulsion/ habits strong

Behavior and thinking is twisted toward habitual acquisition; associative cues: people, places, things

2. Valued Goals eroded

Behaviors dominate. Identity is wrapped up in use and so all people and activities are too.

3. Emotions are poorly differentiated threshold; some withdrawal?

4. Defenses are more entrenched, more primitive and difficult

5. Anxiety easily goes over threshold and is poorly tolerated

6. Shifting pathological shame to healthy shame.



Early Phase Work

- ❖ **Engagement and Alliance** - people have been alienated and poorly treated. They have changed manner of connecting.
- ❖ Sense of safety, respect, autonomy, self-efficacy
- ❖ Provide **hope, belief, courageous partnership** to someone alone
- ❖ **Goals** - Harm Reduction focus - Who's goals? What goals? Internal Focus
- ❖ Support any positive change
- ❖ Identify deeper identity goals
- ❖ Create discrepancy between goals and behavior
- ❖ **Internal triggers:**
 - ❖ Understand what will be needed to address the cons of using less
 - ❖ Look for emotions - Hungry, Angry, Lonely, Tired, Bored... through to complex
 - ❖ Show and tell anxiety tolerance
- ❖ **External Triggers** - Identify and educate re: Compulsions
 - ❖ Look for associative triggers - People, Places, things
 - ❖ Stabilize/ support healthy relationships



Later Work

- ❖ Relapse prevention
- ❖ Internal:
 - ❖ Reduce problematic defenses: shame, self-punishment, lying
 - ❖ Tolerating anxiety
 - ❖ Using and Tolerating Emotions
 - ❖ Building flexibility in how see others and respond
 - ❖ Building self-efficacy / locus of control
- ❖ External:
 - ❖ Engage in positive behaviors that build healthy identity (aligned with goals)
 - ❖ Build healthy community
 - ❖ Identify and reduce use risks
 - ❖ Strengthen and deepen relationships



Acceptance



The Serenity Prayer

God grant me the serenity to accept the things I cannot change;
courage to change the things I can; and wisdom to know the
difference

First Step: I admitted I was powerless...

Second: There is a higher power

SURRENDER

