Building a Village - The Art of Cultivating Effective Community Supports

James Campbell, MA, CACII

Rome

Who am I and why am I here?

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Adolescent Residential Manager, White Horse Academy

Program Director, Family Excellence Institute, LLC

Founder/Director, Family Excellence, Inc.

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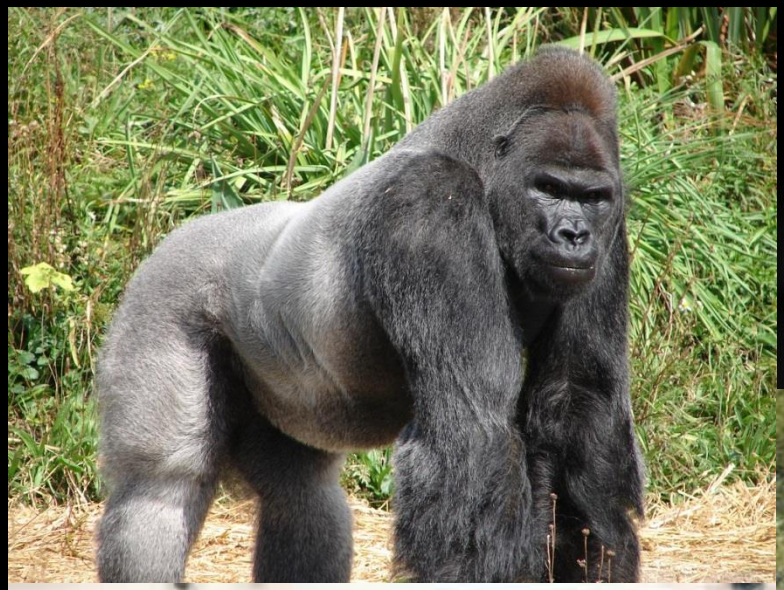
Who are you and why are you here?

AKA: What's your agenda?

Why are any of us here?

Why are any of us here?



Why are any of us here?

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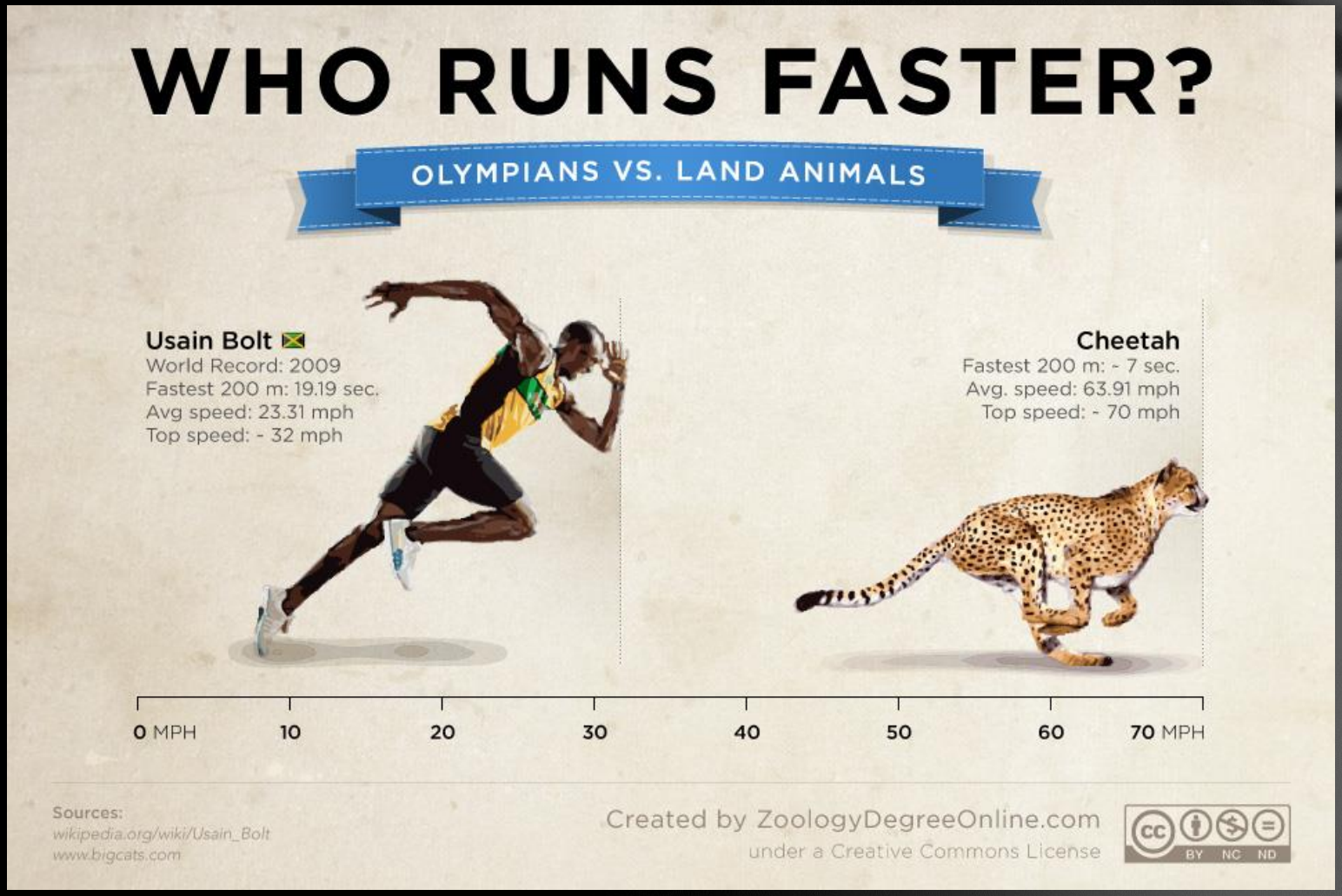

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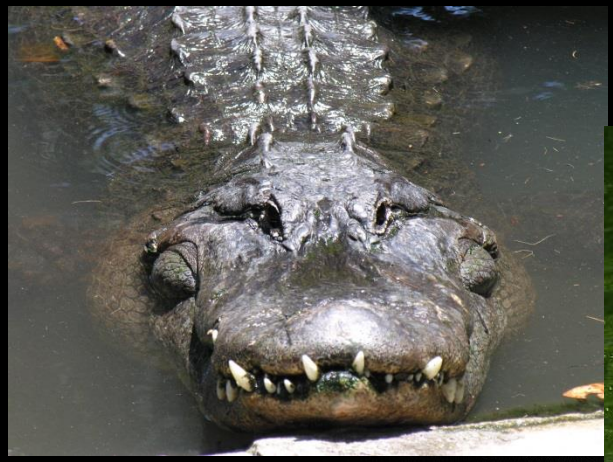

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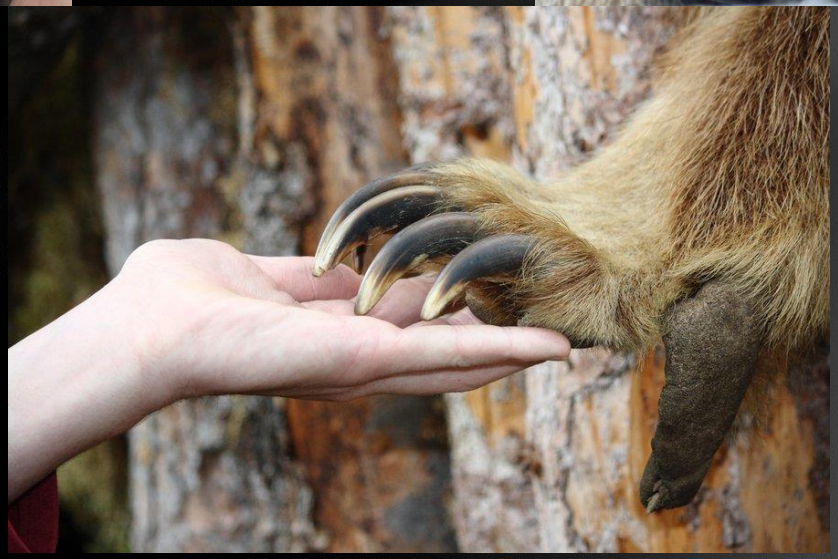


Why are any of us here?

Why are any of us here?

Why are any of us here?

A brilliant assessment…

The Bio-Psycho-Social-Spiritual-Experiential Model

Based on the work of Jeff Georgi

Biological + Psychological + Social + Spiritual

Vulnerability Liability Context Bankruptcy

plus

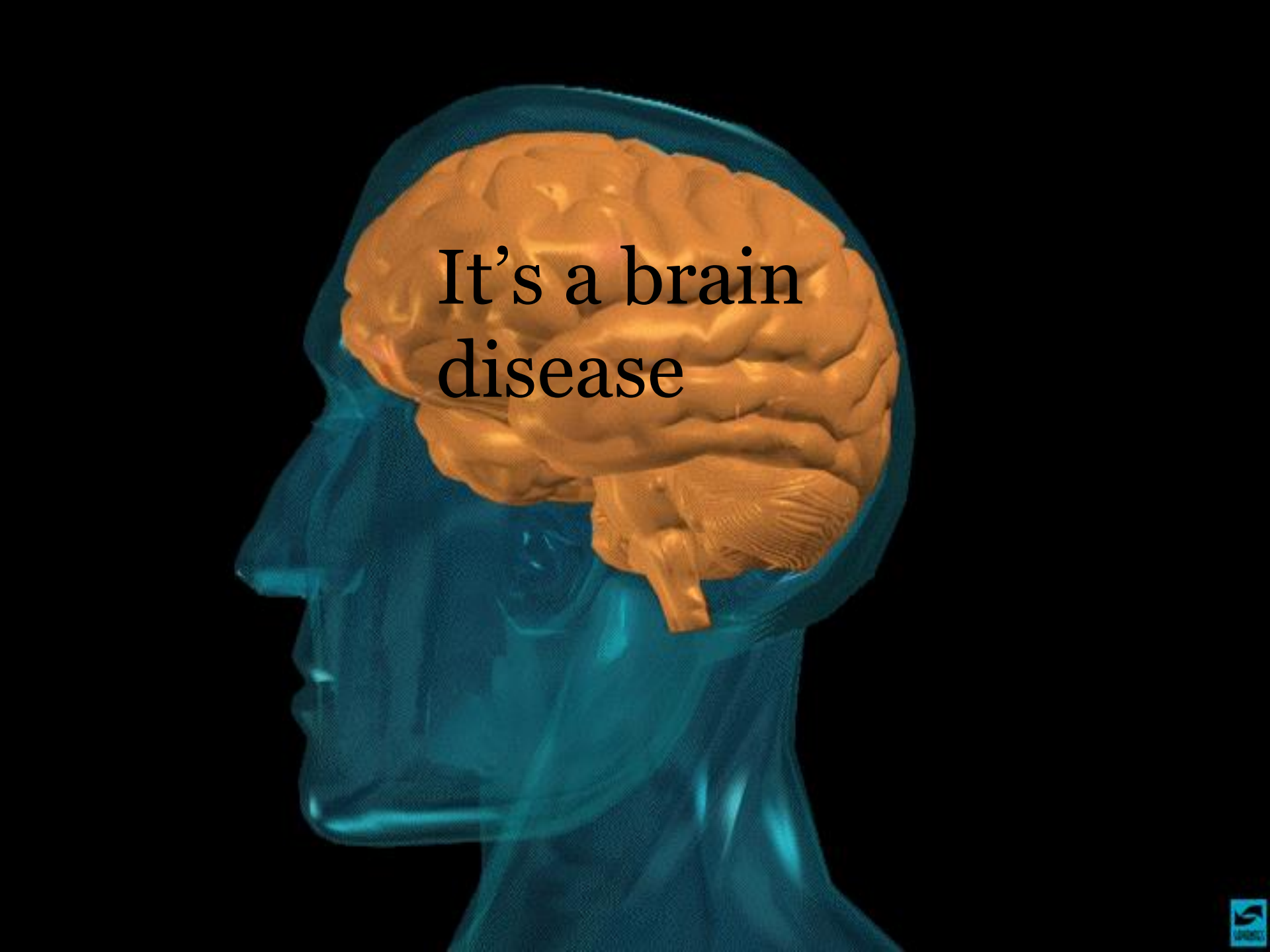
experience

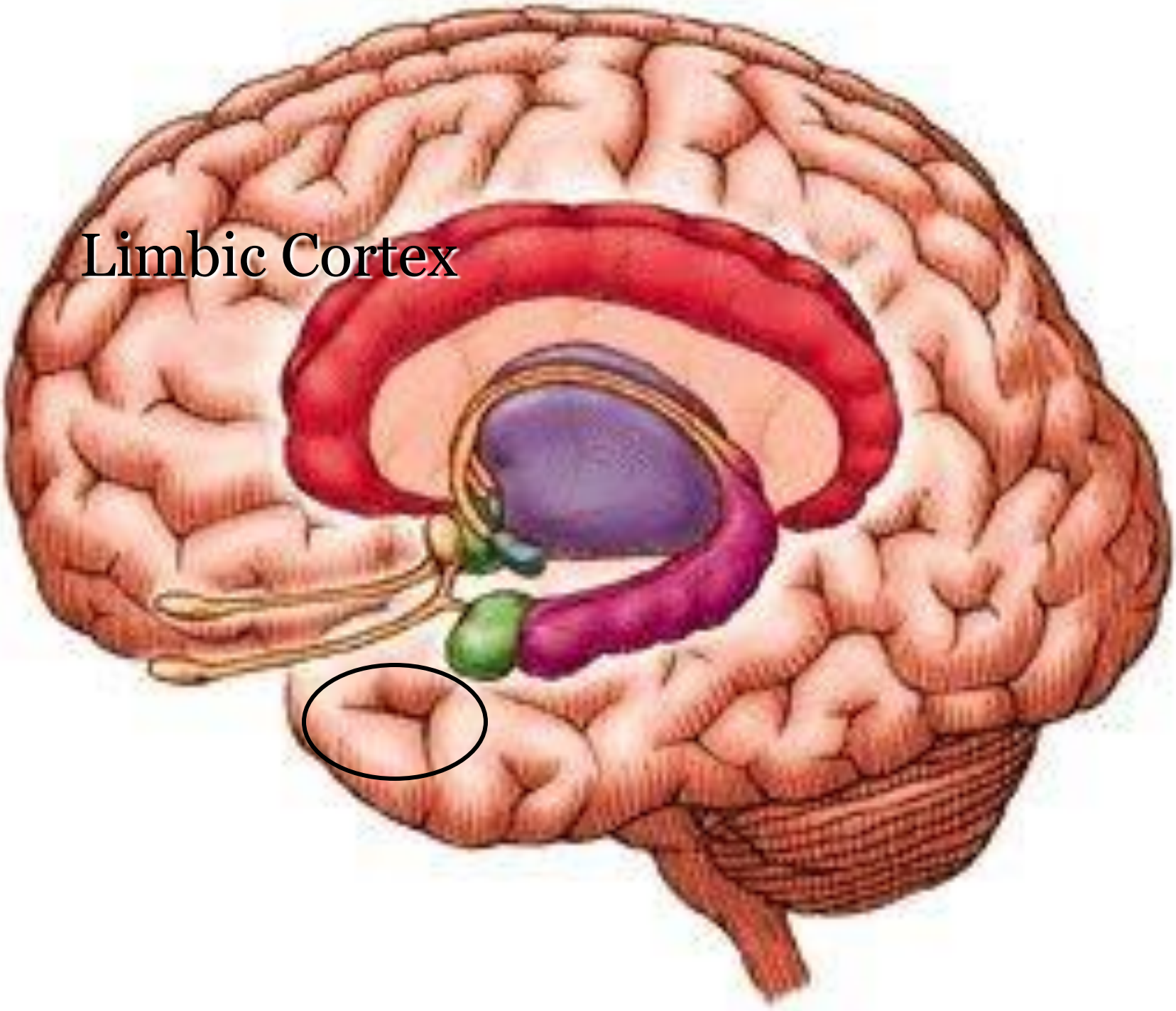
equals

Addiction

What causes addiction…

Nature or Nurture?


It’s a brain
disease


Limbic Cortex

Dr. Susan Holman

How does this work?

Let's assume that an average person has a dopamine level of 10,

…and they try cocaine.

Their body may read this as a dopamine level of **18** with 10 being natural and 8 being drug-induced.

The body want to get back to "normal"; so it backs off on its dopamine level to 8.

So what happens over time?

10	8	6	4	2	0	0	0
8	8	8	8	6	4	2	1
18	16	14	12	8	4	2	1

Question: Why don't they just quit?

Is your biology now working for you or against you?

Isn't it just a question of willpower?

- Krispy Kremes
- Drowned or murdered?

It's a brain disease

We talk about drug of choice as if volition was really the issue.

We document "clean time" as if having a disease made you "dirty."

We do our best to "teach" our patients into recovery and then wonder why their symptoms return.

We rely on understanding as if intellect was the problem.

It is a disease

So much of substance abuse treatment is historically defined by a limbic system in pain.

Traditionally we confront patients –

We tear down their defenses and reduce their egos-

We “force” them to see the terrible price their addiction has cost others –

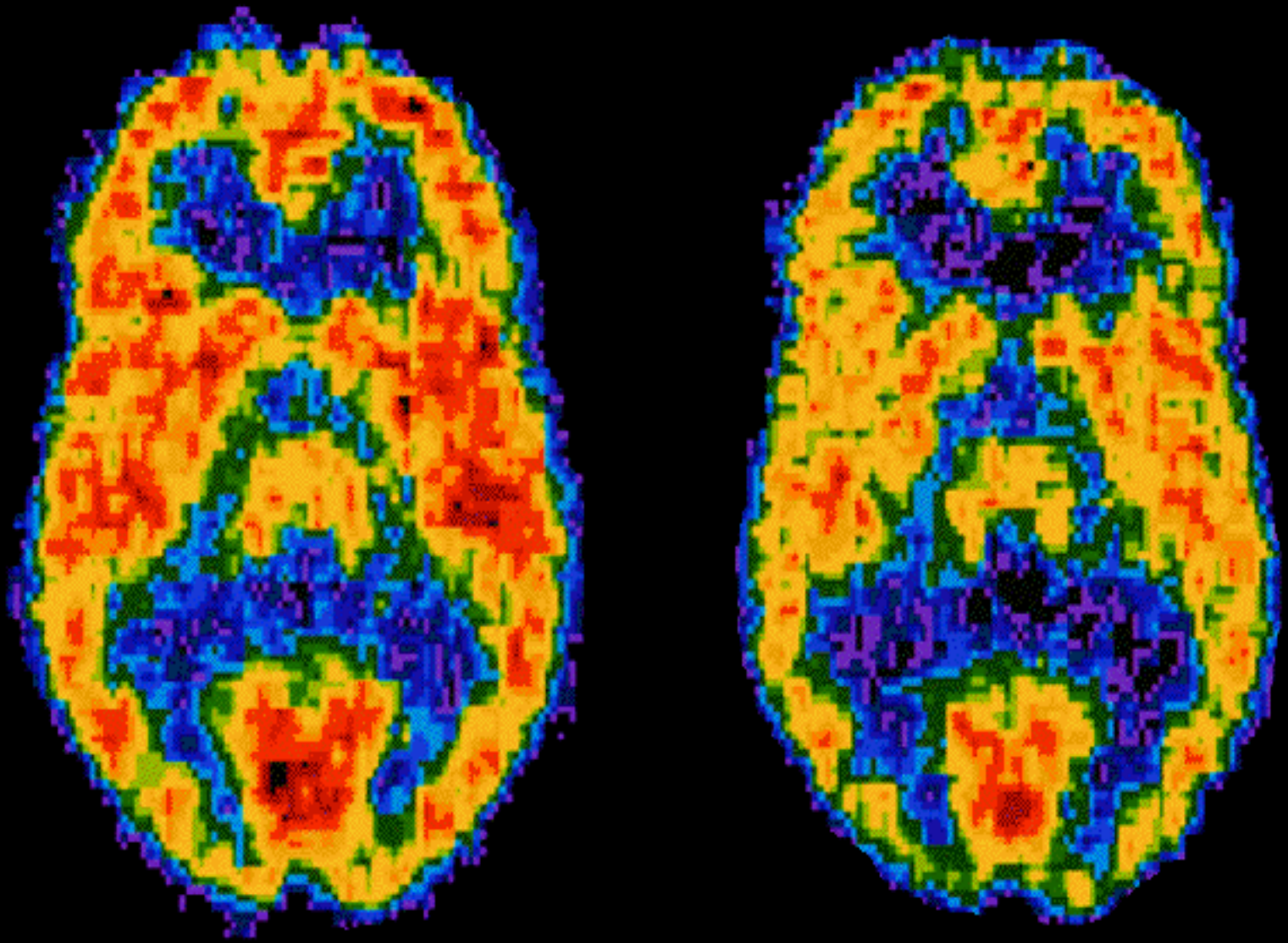
We break through their denial –

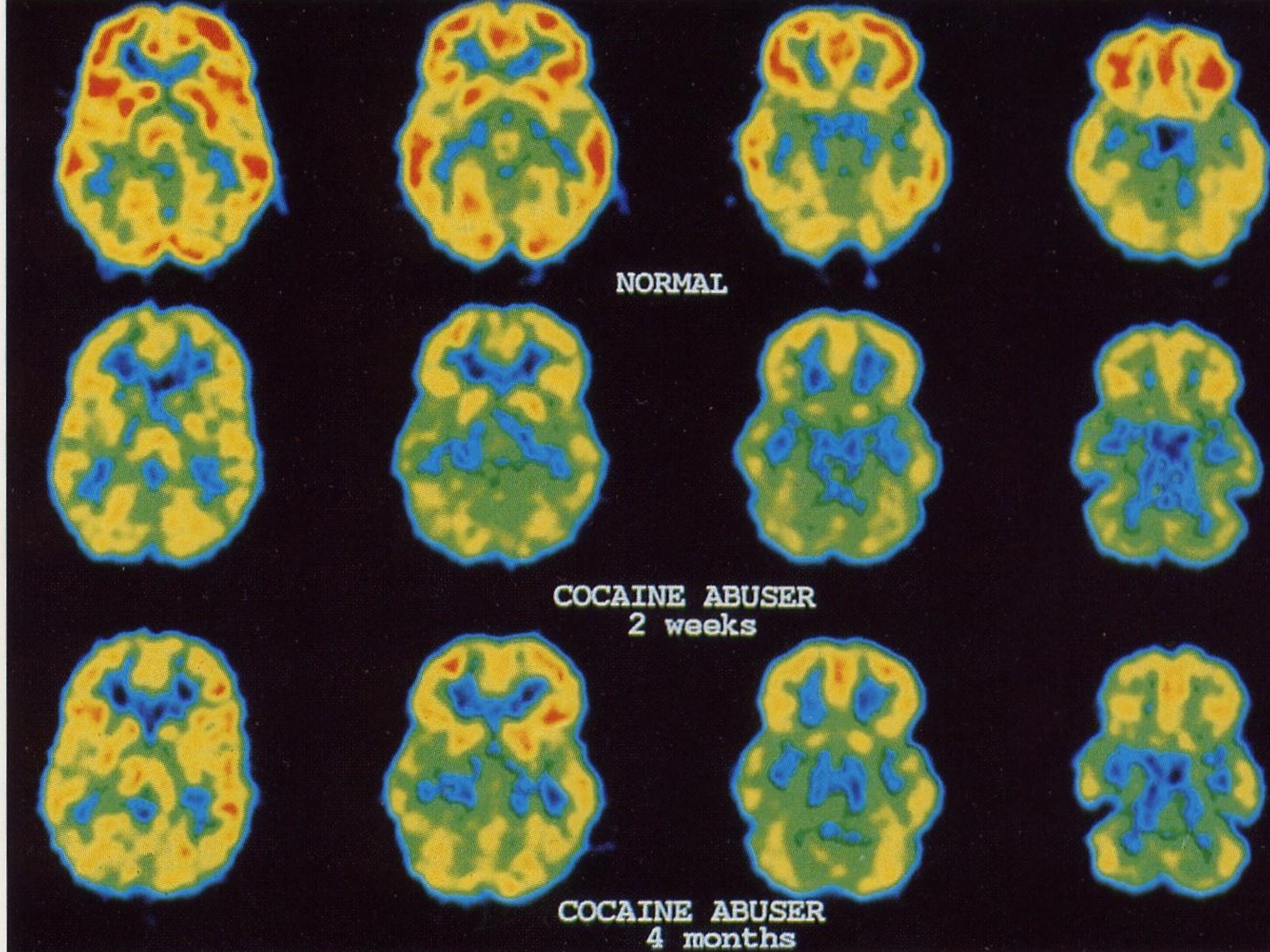
Then we forget about the family

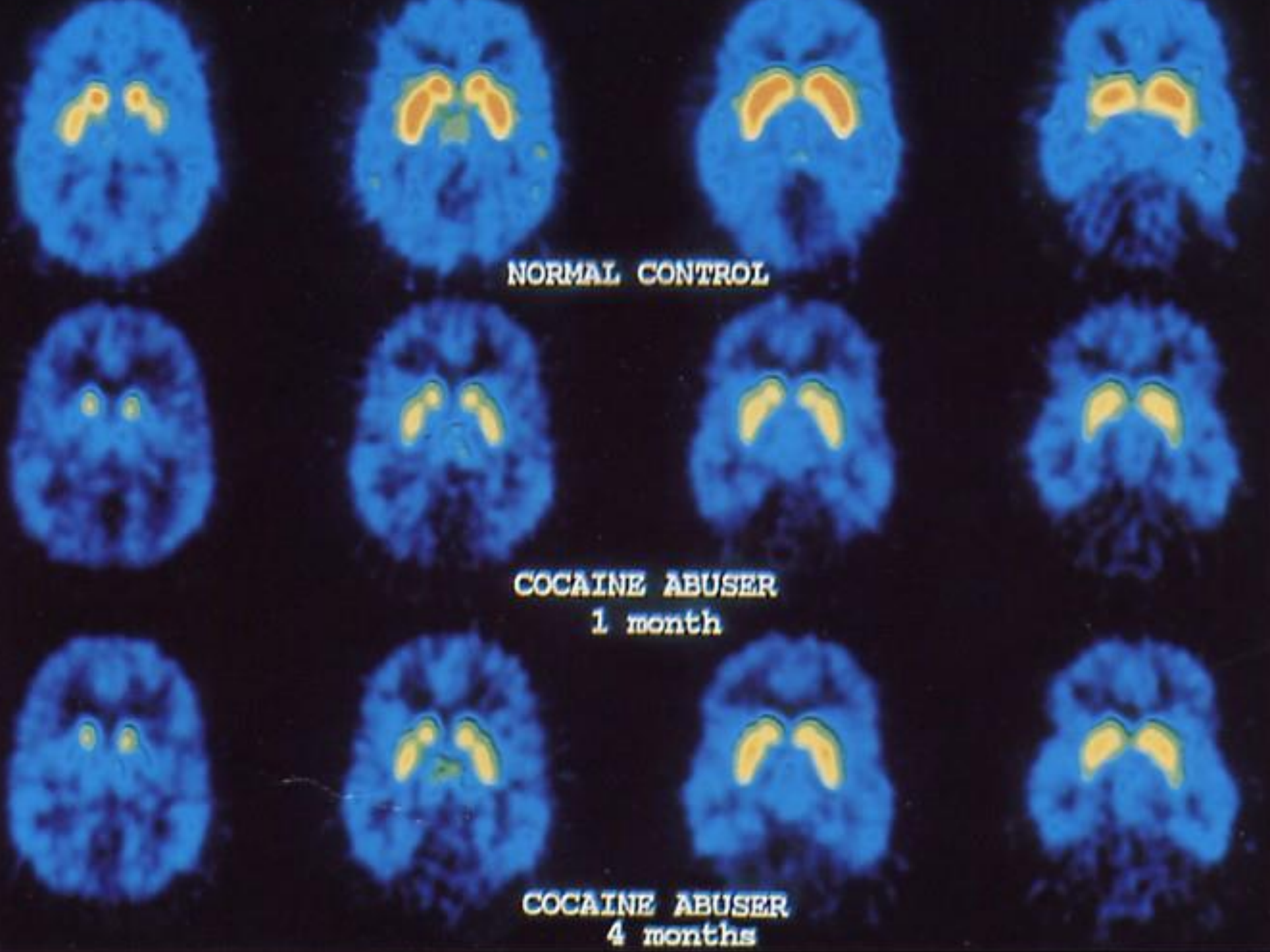
The energy of addictive disease originates in the central core of the brain NOT the neocortex.

It's not about thinking errors.

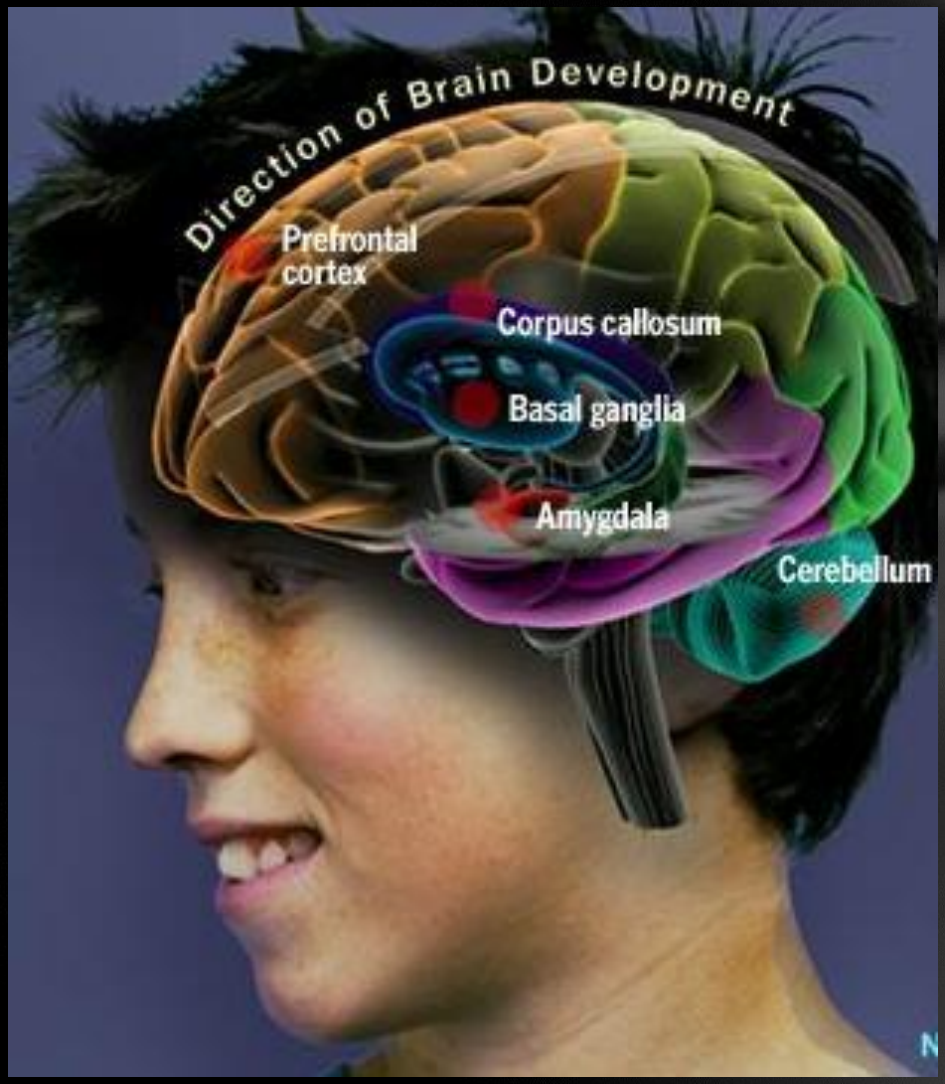
on cocaine



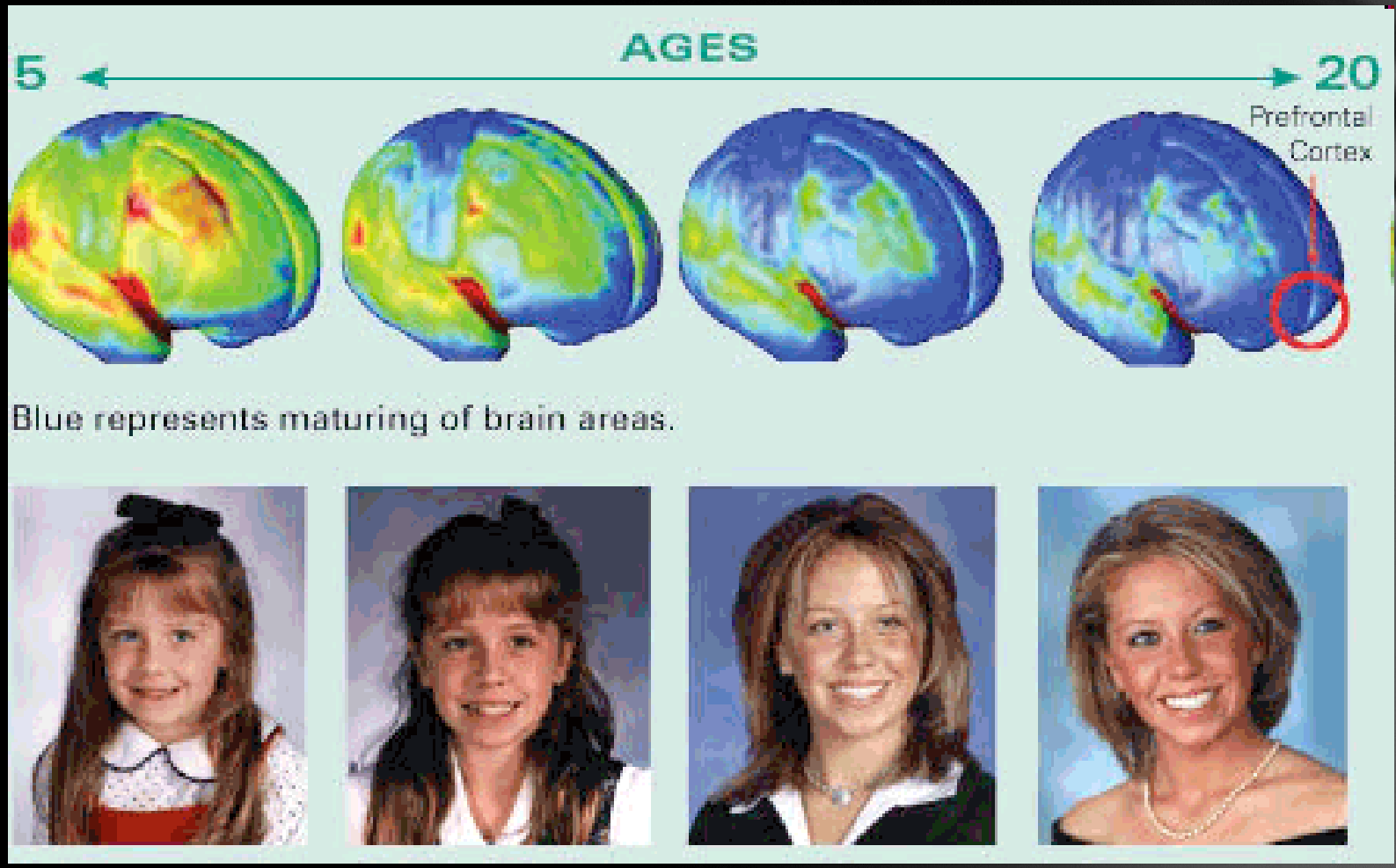

NORMAL
COCAINE ABUSER
2 weeks
COCAINE ABUSER
4 months


NORMAL CONTROL
COCAINE ABUSER
1 month
COCAINE ABUSER
4 months

Human Growth and Development



Biology parallels the psychological and social requirements of adolescents. (Goleman)



Biological + Psychological + Social + Spiritual

Vulnerability Liability Context Bankruptcy

plus

experience

equals

Addiction

Psychology of Addiction

Not merely a symptom of underlying Psychiatric condition.

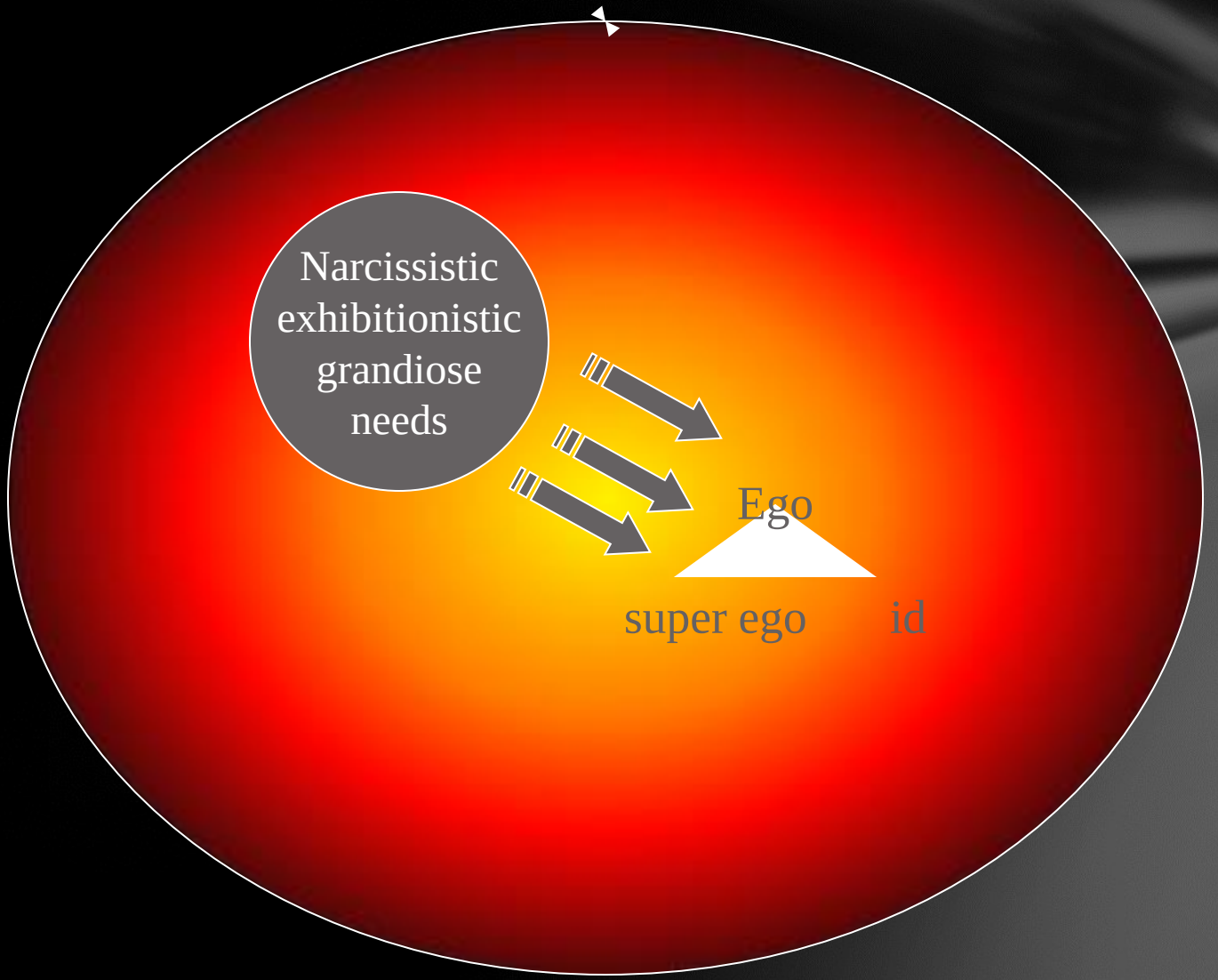
Gives energy to the Biological variable.

Using a self Psychological frame - Heinz Kohut.

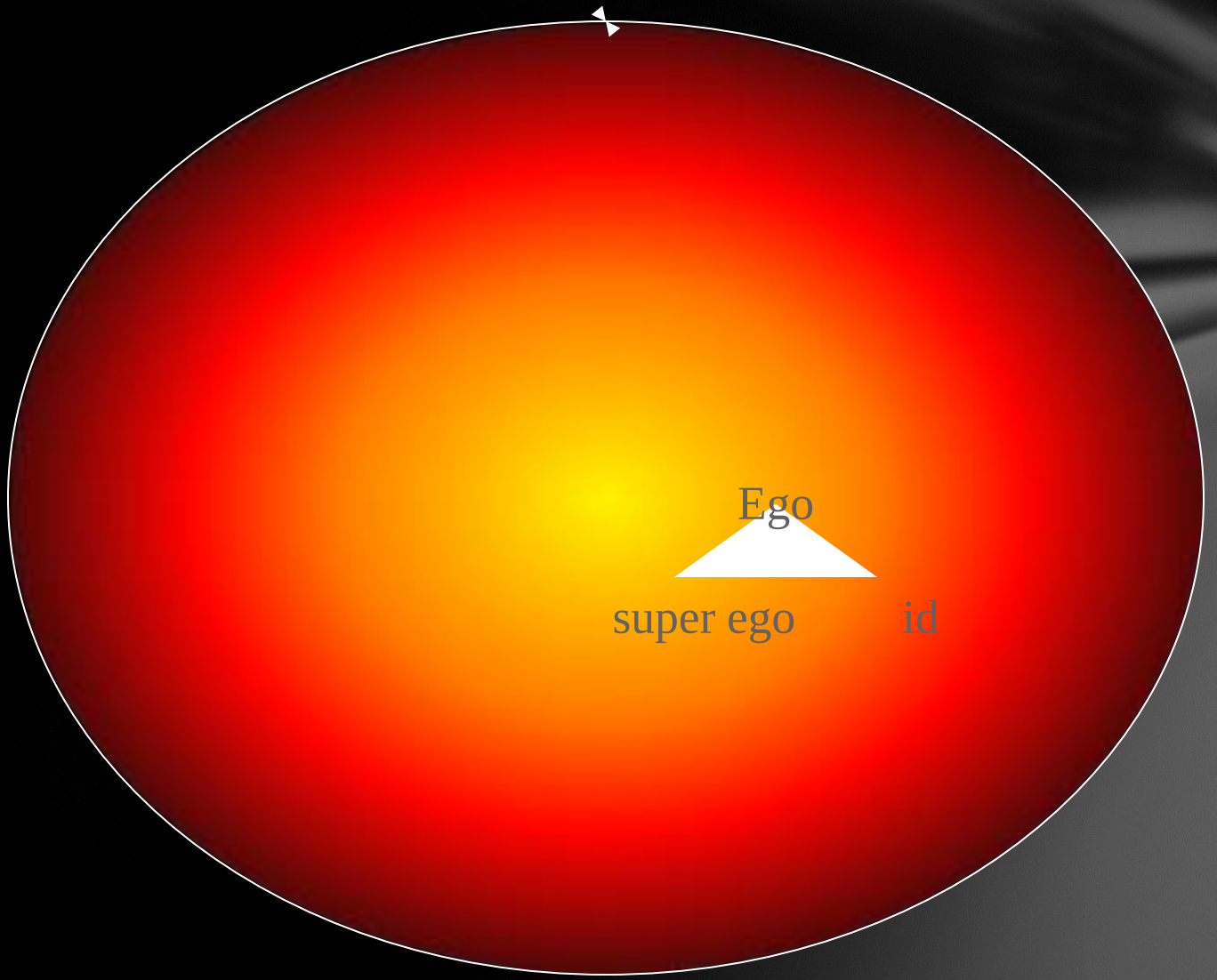
Effort to combine the two extremes of the Freudian analytical continuum.

Failure Of Attachment

Psychology of Addiction



Psychology of Addiction



Psychology of Addiction

Manifestation of False Self Structure

Shame

The belief that at my core I am bad - therefore I must earn my value. “To be good I must do good.”

A need or constant external approval.

A persistent fear of punishment.

Nagging comparisons to others - “Do I measure up?”

Extreme sensitivity to others expectations.

People pleasing.

We shame the shamed and wonder why they do not get better.

Psychology of Addiction

Treatment Assumptions

Love

is the only true antidote to shame.

We must have the courage to re-introduce the word love into our clinical lexicon and love our patients so they in time may love themselves.

Over time our external love can be transmuted and internalized into self love.

Attachment and the Brain
Treatment Implications

We fail to realize that the “love hungry brain” will by necessity seek satisfaction either in unhealthy relationships or drugs.

Herein lies the power of group! (family is a group-we all have one)

The limbic regulation in the group can restore balance to its members.

Biological + Psychological + Social + Spiritual

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The Brain: Social

Family of Chance vs. Family of Choice

- Families mirror the culture
- People with SUD are harshly judged in culture

This is the old paradigm:

Consider a new paradigm:

ADDICTION

Social Context

We are thrust into our culture and defined by it.

We can not separate ourselves or our identity from our social context.

When we think we are “speaking” for ourselves, our personal truth is but an extension of context.

Social Context

Conformity is adaptive.

Shared values are the norm.

Perception is altered by social context not just values.

Culture determines how we see ourselves.

We are intrinsically SOCIAL CEATURES.

We cannot define ourselves outside of social context and relationships.

Social Context

Aspects of our Culture that Support Addiction

Eventually the “shamed” end up believing the messages that society is telling them about themselves.

We deserve our disease.

We really are the bad people that everyone (including ourselves) believes us to be.

I am truly so worthless not even God can love me.

We are pack animals.

We are herd animals.

How did they communicate?

They certainly did not talk, although there may have been some communication by shared sound.

They did not have carefully choreographed “paw” signals.

Pheromones were not fast enough.

So how did they communicate?

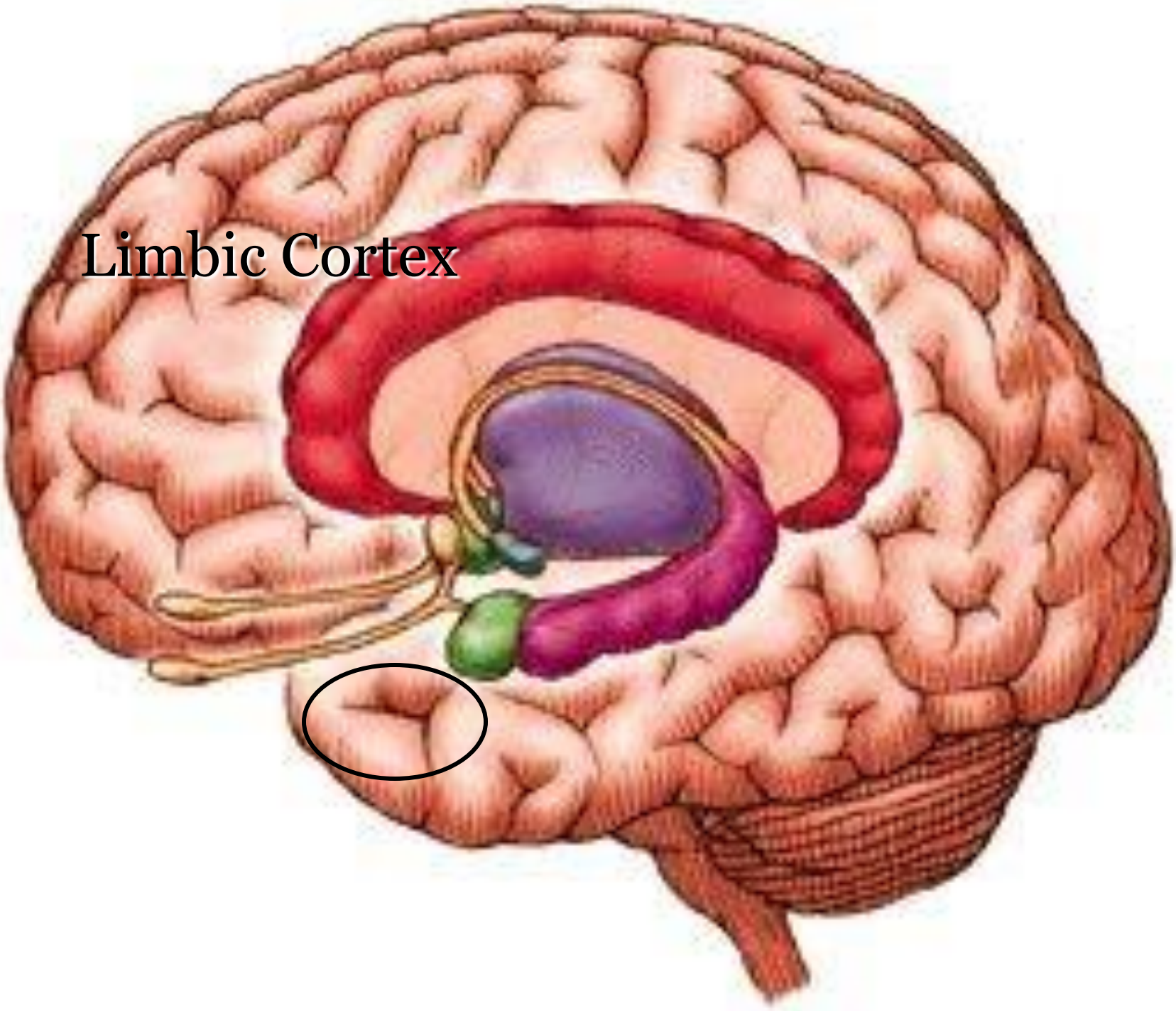
Attachment and the Brain

The limbic system is able to quickly monitor the integration of the external and internal worlds that impact our life.

It is easy to confuse the experience of an affect (limbic) and naming that affect as an feeling (neocortex).

Affect is basic biology, feelings are when we become aware of the affect intellectually and emotions give it a name and context. Sylvan Tompkins.


Limbic Resonance and
Social Intelligence


Limbic Cortex

Limbic Resonance and Social Intelligence

In addition, the limbic system has special physical apparatus specifically geared toward detecting and responding to the internal world of other similar creatures.

This capacity led to what is referenced as

"limbic resonance."

This resonance seems uniquely developed to nurture and respond "intuitively" to our young and to love and be loved in general.

Limbic Resonance and Social Intelligence

Mirror neurons are found in the new cortex and the limbic system

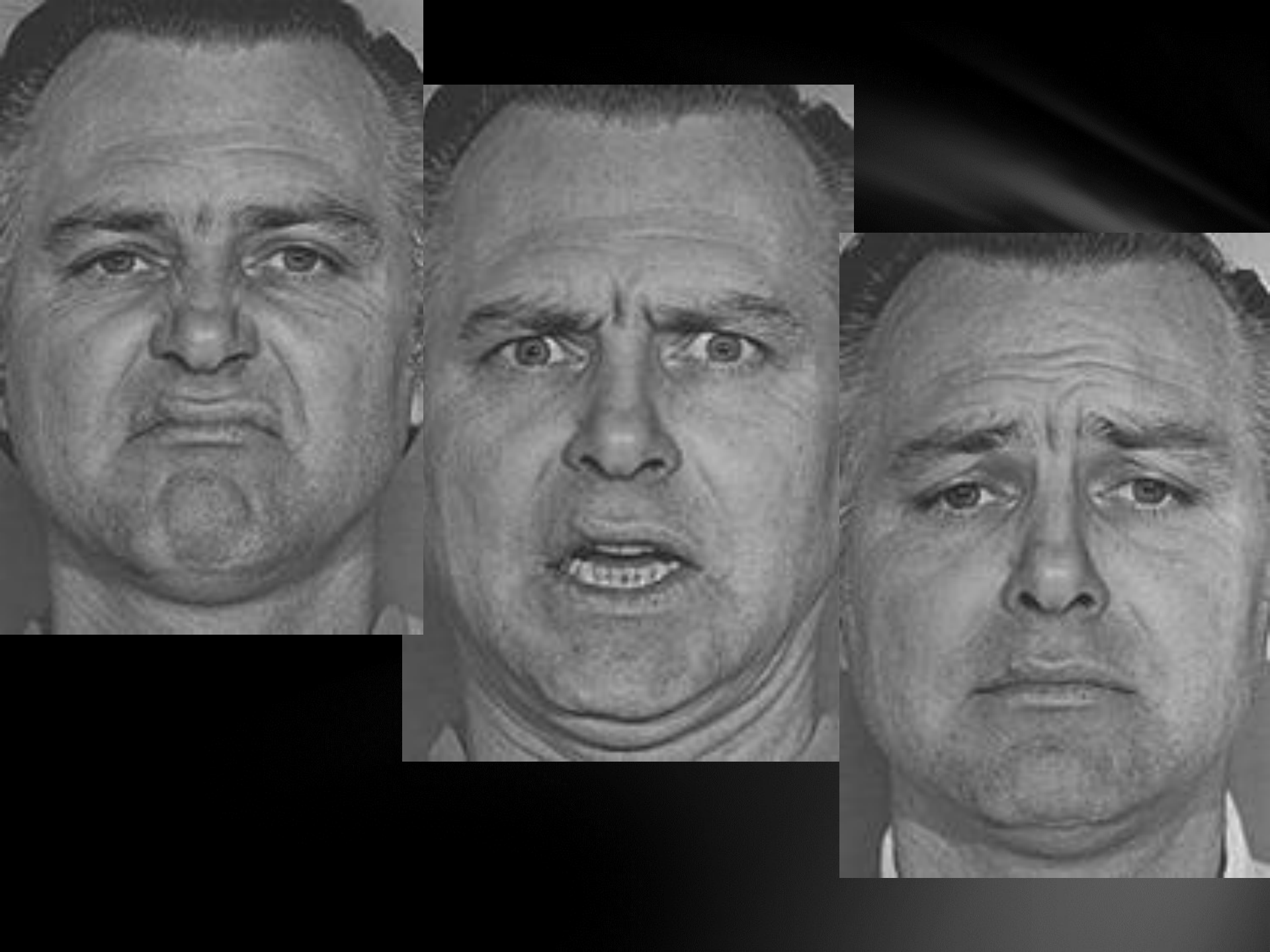
Memes – we are built to imitate

Emotional contagion

Highroad – slow but accurate

Low road – very fast but less precise

Low road + mirror neurons = empathy




What is she feeling?

Attachment

Oxytocin – female bonding

Vasopressin – male bonding

"Falling in love" is not a choice!

Attachment and the Brain

We can change what we know by appealing to our reason and intellect.

We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved over time.

Drugs of Abuse & the Limbic System

All drugs of abuse impact the limbic system.

While they may differ in their pharmacological impact they lead toward dysregulated limbic energy.

Limbic communication is distorted.

Limbic learning is compromised.

Age and gender matter.

Limbic Resonance and Social Intelligence

Emphasis on Social Intelligence

People are given permission to love well

to be loved

to love others

to love self

Attachment and the Brain

Despite all that we have learned.

Despite all the techniques and skills we have perfected.

Despite all of our evidenced based interventions.

It is the therapeutic relationship that matters the most.

Limbic Resonance and Social Intelligence

Treatment Implications

Be alive-

Be aware-

Be intentional-

Be self-loving- and be grateful for all the relationships who are making who you are

And then, if you have the courage, love your patients and they may learn how to love themselves.

Limbic Resonance and Social Intelligence

Treatment Implications

1. Basic assumptions will change.
2. Families will be admitted to treatment not individuals.
3. Motivational enhancement techniques will amplify a therapeutic relationship and reduce shame.
4. Transference and countertransference will be examined and valued.
5. Treatment environments will be more welcoming.

Treatment Implications

You cannot out talk the limbic system.

Craving management is different than “relapse prevention”.

Behavior changes the brain more effectively than words.

Pain is too potent a motivator for words to undo.

Treatment Implications

Content is important, particularly in early recovery. However, process interventions should not be overlooked.

Issues of relational connection; mother to child, husband to wife, sister to sister, brother to brother, father to child, friend to friend, must be supported.

Don’t forget family.

Treatment Implications

The therapeutic relationship is of primary importance.

Issues of “play” and fun in addition to spontaneity need to be addressed in treatment.

Group interventions need to be safe and needs to bring the patients into the “here and now.”

We shame them because we have been SHAMED.

Treatment Implications

We can change what we know by appealing to our reason and intellect.

We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved and to love unconditionally over time.

The wounded child with in our psyche is not a “pool of relational pollution” that can be drained, filtered and refilled through introspection and insight. Rather this pain in the psyche is like a storm with in the ocean of the unconscious.

A seasoned sailor never makes the mistake of confusing the sea with a placid pool. Through patience, awareness, intention and the shared wisdom of community, the sailor does not shrink the ocean but learns to navigate it - learns when to find safe harbor in the face of the approaching storm - learns to accept and to use the storm itself as an integral part of the ocean’s wonder, life and mystery.

Biological + Psychological + Social + Spiritual

Vulnerability Liability Context Bankruptcy

plus

experience

equals

Addiction

So What Is Recovery And How Do We Help Folks Get There?

Biological+Psychological+Social+Spiritual

Vulnerability Liability Context Bankruptcy

plus

EXPERIENCE

equals

Addiction

Biological + Psychological + Social + Spiritual

Resiliency Health Support Connection

plus

experience

equals

Recovery

Biological Resiliency

Psychological Health

Social Support

Spiritual Connection

experience

Biological+Psychological+Social+Spiritual

Resiliency Health Support Connection

plus

experience

equals

Recovery

Biological

Resiliency

Exercise/Gym
Nutrition
Medical/Dental Care
Learning/Association
Medication When Appropriate
Mindful Practice

Psychological
Health

Relational
Limbic Connection
Esteem/Respect
Boundaries
DBT

Social

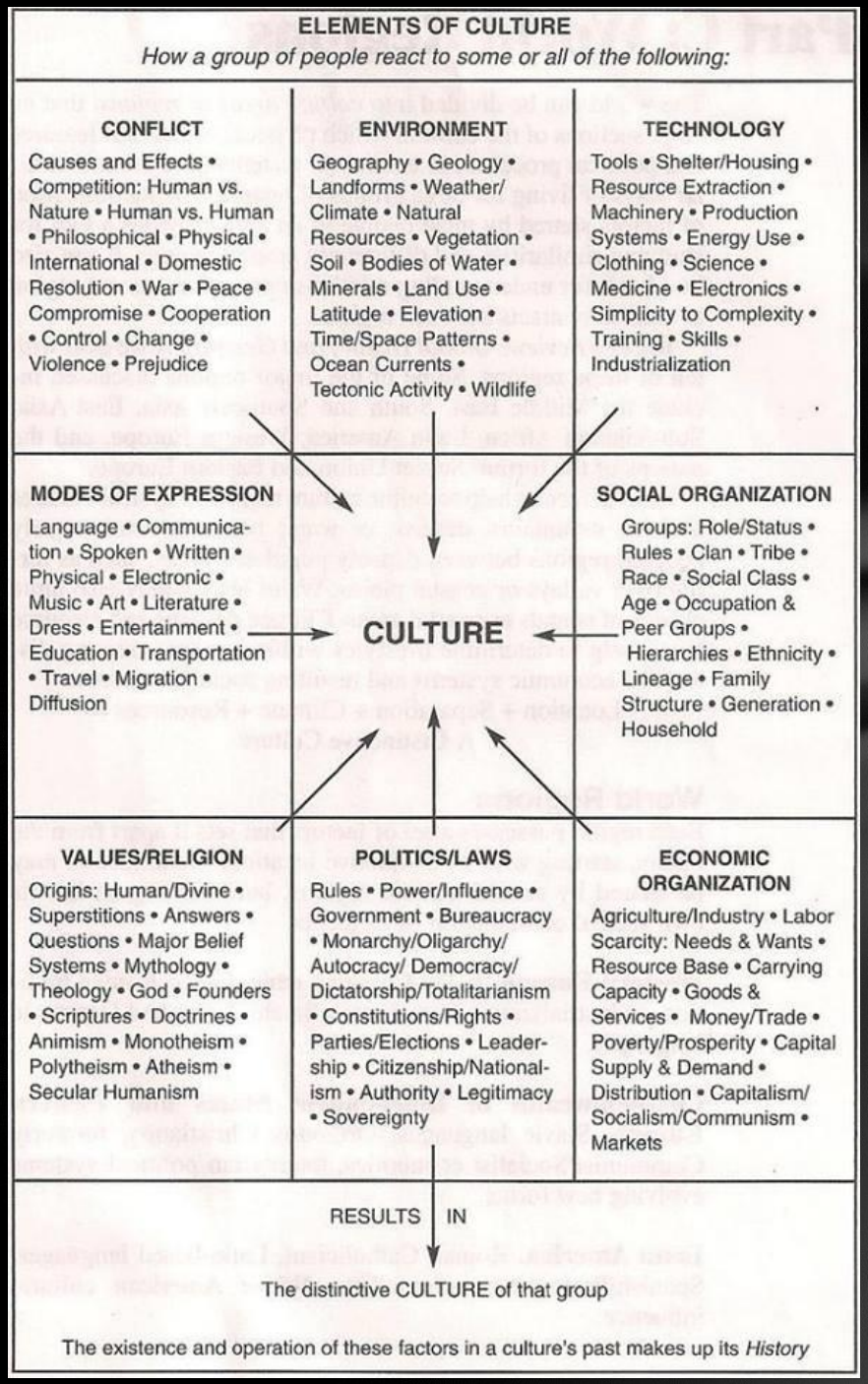
Support

Family Engagement
Support Groups/Hang with the Winners
Treatment Groups
Peers
School
Work
Faith Community
Civic Groups
Community/Neighborhood
Gangs
Cliques
Family of Choice

Experiential?

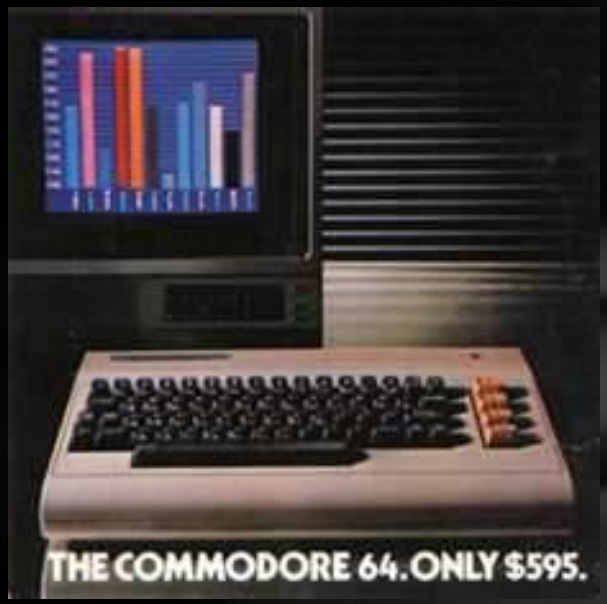
Nature or Nurture?

Environment?


ELEMENTS OF CULTURE
How a group of people react to some or all of the following:
CONFLICT
Causes and Effects • Competition: Human vs. Nature • Human vs. Human • Philosophical • Physical • International • Domestic Resolution • War • Peace • Compromise • Cooperation • Control • Change • Violence • Prejudice
ENVIRONMENT
Geography • Geology • Landforms • Weather/ Climate • Natural Resources • Vegetation • Soil • Bodies of Water • Minerals • Land Use • Latitude • Elevation • Time/Space Patterns • Ocean Currents • Tectonic Activity • Wildlife
TECHNOLOGY
Tools • Shelter/Housing • Resource Extraction • Machinery • Production Systems • Energy Use • Clothing • Science • Medicine • Electronics • Simplicity to Complexity • Training • Skills • Industrialization
MODES OF EXPRESSION
Language • Communication • Spoken • Written • Physical • Electronic • Music • Art • Literature • Dress • Entertainment • Education • Transportation • Travel • Migration • Diffusion
CULTURE
SOCIAL ORGANIZATION
Groups: Role/Status • Rules • Clan • Tribe • Race • Social Class • Age • Occupation & Peer Groups • Hierarchies • Ethnicity • Lineage • Family Structure • Generation • Household
VALUES/RELIGION
Origins: Human/Divine • Superstitions • Answers • Questions • Major Belief Systems • Mythology • Theology • God • Founders • Scriptures • Doctrines • Animism • Monotheism • Polytheism • Atheism • Secular Humanism
POLITICS/LAWS
Rules • Power/Influence • Government • Bureaucracy • Monarchy/Oligarchy/ Autocracy/ Democracy/ Dictatorship/Totalitarianism • Constitutions/Rights • Parties/Elections • Leadership • Citizenship/Nationalism • Authority • Legitimacy • Sovereignty
ECONOMIC ORGANIZATION
Agriculture/Industry • Labor Scarcity: Needs & Wants • Resource Base • Carrying Capacity • Goods & Services • Money/Trade • Poverty/Prosperity • Capital Supply & Demand • Distribution • Capitalism/ Socialism/Communism • Markets
RESULTS IN
The distinctive CULTURE of that group
The existence and operation of these factors in a culture's past makes up its History

All about environment.

Media



Media

What makes up media?

Media

Media


POT FARM


MTV


THE HANGOVER
PROJECT X
WITNESS IT


grand theft auto IV


THIS 50

Are we engaging our clients where they are?

How in touch are we with their world?

Drug of ~~Choice~~

Wrong

Drug of addiction

Stop Shaming

Language of Recovery

Alternative Terminology	Current Terminology
Treatment is an initiation into recovery (one of multiple pathways into recovery)	Treatment is the goal; Treatment is the only way into Recovery
Substance Use Disorder	Substance Abuse / Addiction
Drug of Use	Drug of Choice / Abuse
Ambivalence	Denial
Recovery Management	Relapse Prevention
Strength / Asset Based Assessment	Pathology Based Assessment
Focus on the drug CLIENT feels is creating the problems	Focus is on total abstinence from all illicit and non-prescribed substances the clinician identifies
Each illicit substance has unique interactions with the brain; medication if available is appropriate.	A Drug is a Drug is a Drug
Recurrence	Relapse
Recurrence is part of the Disease	Relapse is part of Recovery
Abstinent / Drug Free	Clean / Sober

Revised 10.24.13 cfd

Denial

Ambivalence

"Intrinsic motivation for change arises in an accepting, empowering atmosphere that make it safe for the person to explore the possibly painful present in relation to what is wanted and valued. People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it." (Miller and Rollnick, 2002)

Ambivalence

Misinterpretation

They’re not ready

They don’t want in enough

They’re too resistant

This is like saying to the diabetic “sorry, you’re blood sugar is too high so we’re going to take away your insulin until you’re ready.”

Those people…

Alcoholic

Wino

Bowery Bum

Wet Brain

Sot

Margeritaville

Boozer

Bottom of the Barrell

Addict

Crack Head

Space Cadet

Needle Pusher

Druggie

Zombie

Junkie

Mental Illness

Hopeless

Not the sharpest knife in the drawer

A ham sandwich short of a picnic

Schizo

Vagrant

Difficult

Co-occurring Disorders

Unmanageable

Double Trouble

Not My Problem

Beyond Help

Emergency Room Junkie

These terms are alive and well

General public

Treatment Team Chatter – we set the table in treatment team and that usually ends up how we serve the food

Legislators and government agencies

Other service providers

Drug of Choice

This phrase suggests “volition”. It reinforces the concept that individuals disease and unhealthy relationship with a particular drug is a “choice”.

More appropriate term would be “drugs of abuse” or “drug of addiction”.

Dirty/Clean UDSs

Laden with moral implications

Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature

Have you heard that when diagnosed with cancer, diabetes, hypertension?

Alternative – Positive for____/negative drug screen – alcohol/drug free

Sober / Clean

Terms used to denote the period when someone who is addicted to a substance refrains from using that substance.

Implies individual is “dirty” when in active addiction.

More appropriate terms would be “sustained abstinence”, “remission” or “drug free”

Other Language

Treatment is viewed as initiation into recovery.

Relapse Prevention is now referred to as recovery management.

Emphasis is on the drug being the problem.

Substance Use Disorders

Disease/Disease Concept

Has it's place – beneficial when working with families and to help explain cravings – The Science of Addiction and Recovery

Permeates "the rooms" – "we never called (alcoholism) a disease…we did not wish to get in wrong with the medical profession…therefore we always called it an illness, or a malady – a far safer term for us to use". Bill Wilson (1961)

Disease/Disease Concept

We must embrace people across multiple cultural contexts who develop substance use disorders through varied paths and unfold in various patterns

We need to embrace widely divergent metaphors to understand and resolve substance use disorders – it's not simple

Disease/Disease Concept

We need to bring unequivocal messages of hope that problems can be resolved

The focus needs to be on the solutions that recovery brings

- The reality of recovery
- The diversity of patterns of recovery
- The variety of methods used to achieve recovery

Disease/Disease Concept

Chronic brain disorder

Disregulated limbic system

Other health problem language

Nearly everyone would agree that sustained, excessive AOD use is a serious health problem while many of those same individuals would argue that these problems do not constitute a disease

Self-help Groups

AA/NA/MA/CA et al.

Normally the people who embrace these groups do so because they have figured out that all attempts at self-help have failed

Such designation promotes “pulling oneself up by the bootstraps”

Alternative – mutual help or mutual aid groups

A Drug is a Drug is a Drug…

- Different cultures surrounding different drugs
- Wipes out just a few people like people in medication assisted recovery and those with bona fide mental health disorders taking prescription medication
- What about nicotine and caffeine?

Abstinence / Mood Altering Substances

"Abstinence" is frequently used as the "gold standard" for successful completion of treatment.

Abstinence from what is much more subjective and nebulous

"Mood Altering Substances" is frequently what is used to describe what someone needs to be abstinent from, but again it is subjective and nebulous.

Relapse – Oh, the Horror

Overused and misunderstood

Often used to "cull the herd"

Carries much emotional baggage

Relapse is part of recovery?

- Blurs the distinction between pathology and health- one does not hear people describing a reoccurrence of cancer, heart attack or stroke as part of their recovery from these disorders

Relapse – Oh, the Horror

- the resumption of drug use by someone with a history of addiction is part of the addiction process, not part of the process of getting well

- Fails to acknowledge the potential for permanent recovery with no continued episodes of drug use

- minimizes the pain and potential loss of life involved in the resumption of usage

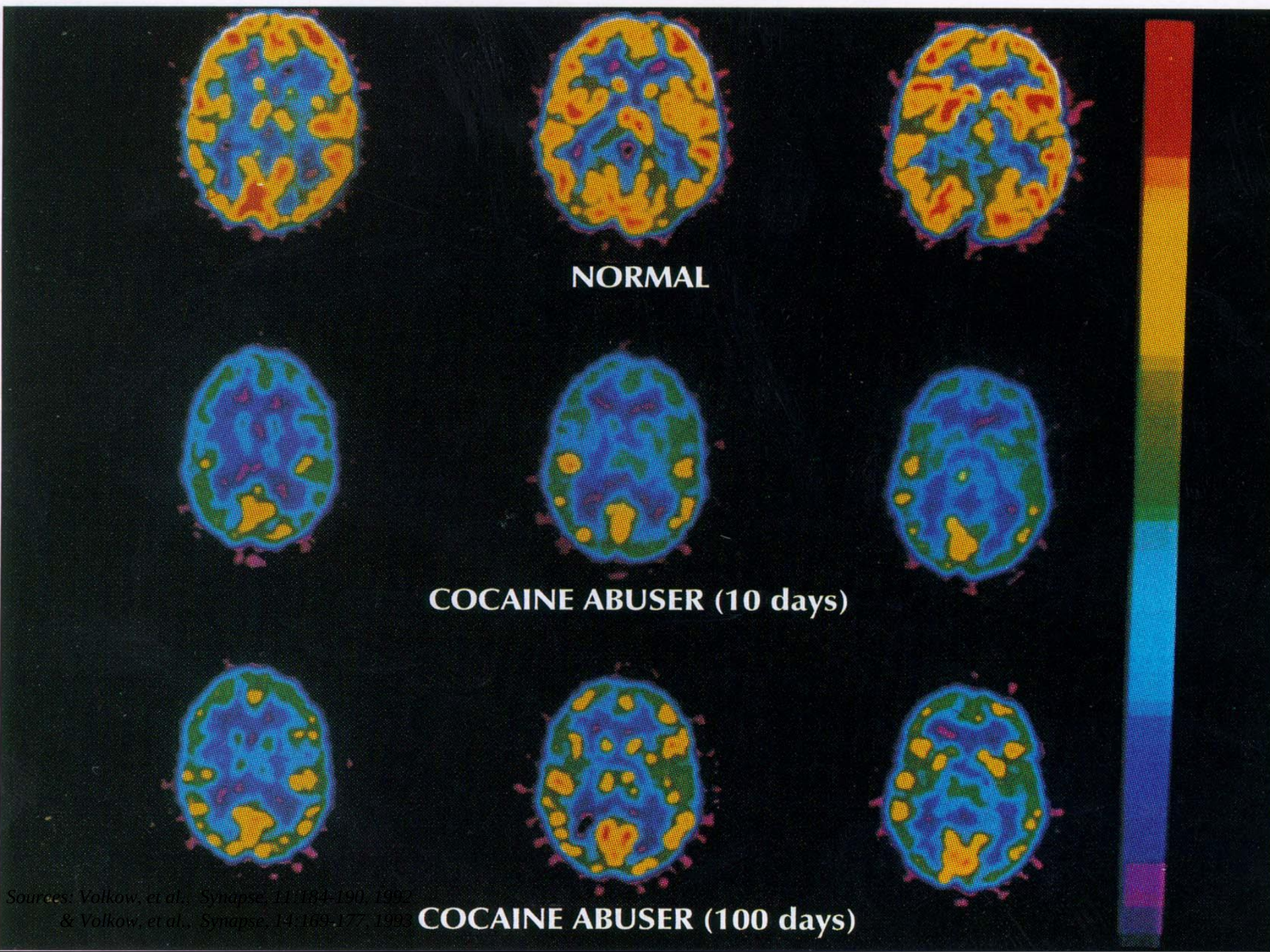
Relapse – Oh, the Horror

- Offers the person seeking recovery an invitation and excuse for continued use

- is a thin line away from the "once an addict, always an addict' mantra that has fueled decades of addiction-related social stigma

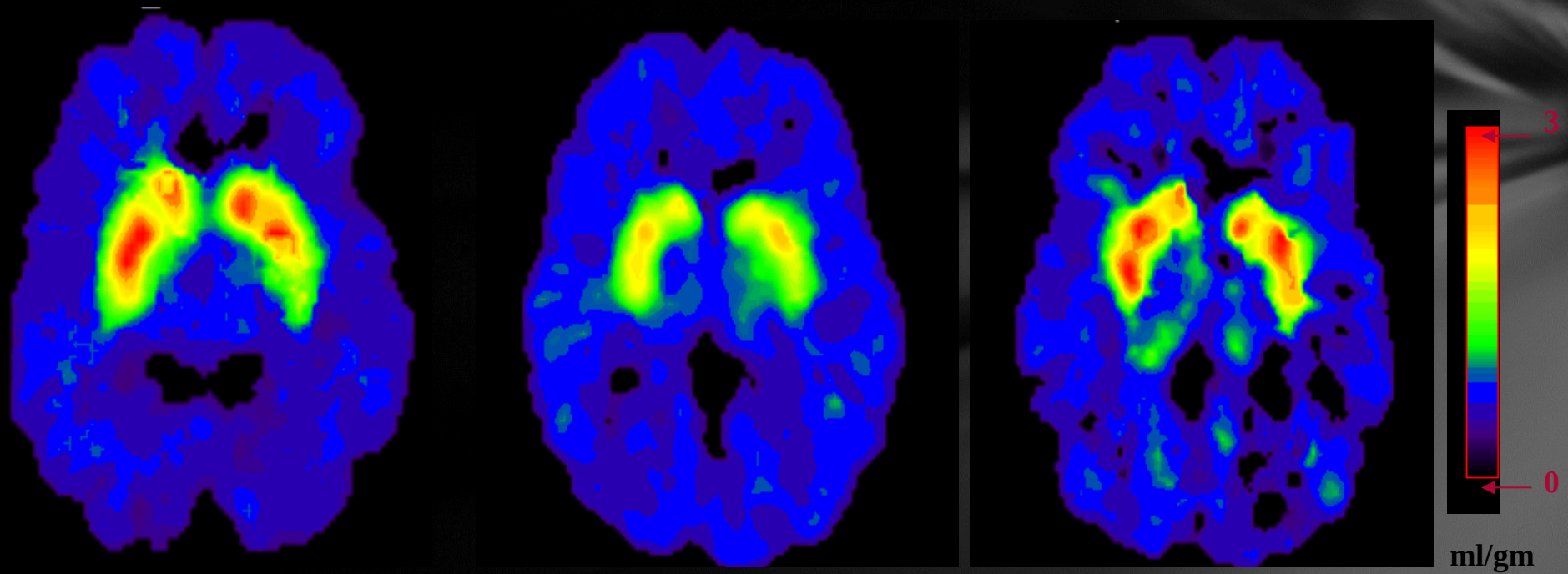
- lessens programmatic accountability

Relapse is not part of recovery. White (2010)



Sources: Volkow, et al., Synapse, 11:184-190, 1992
& Volkow, et al., Synapse, 14:169-177, 1993

Recovery is real!



Normal Control

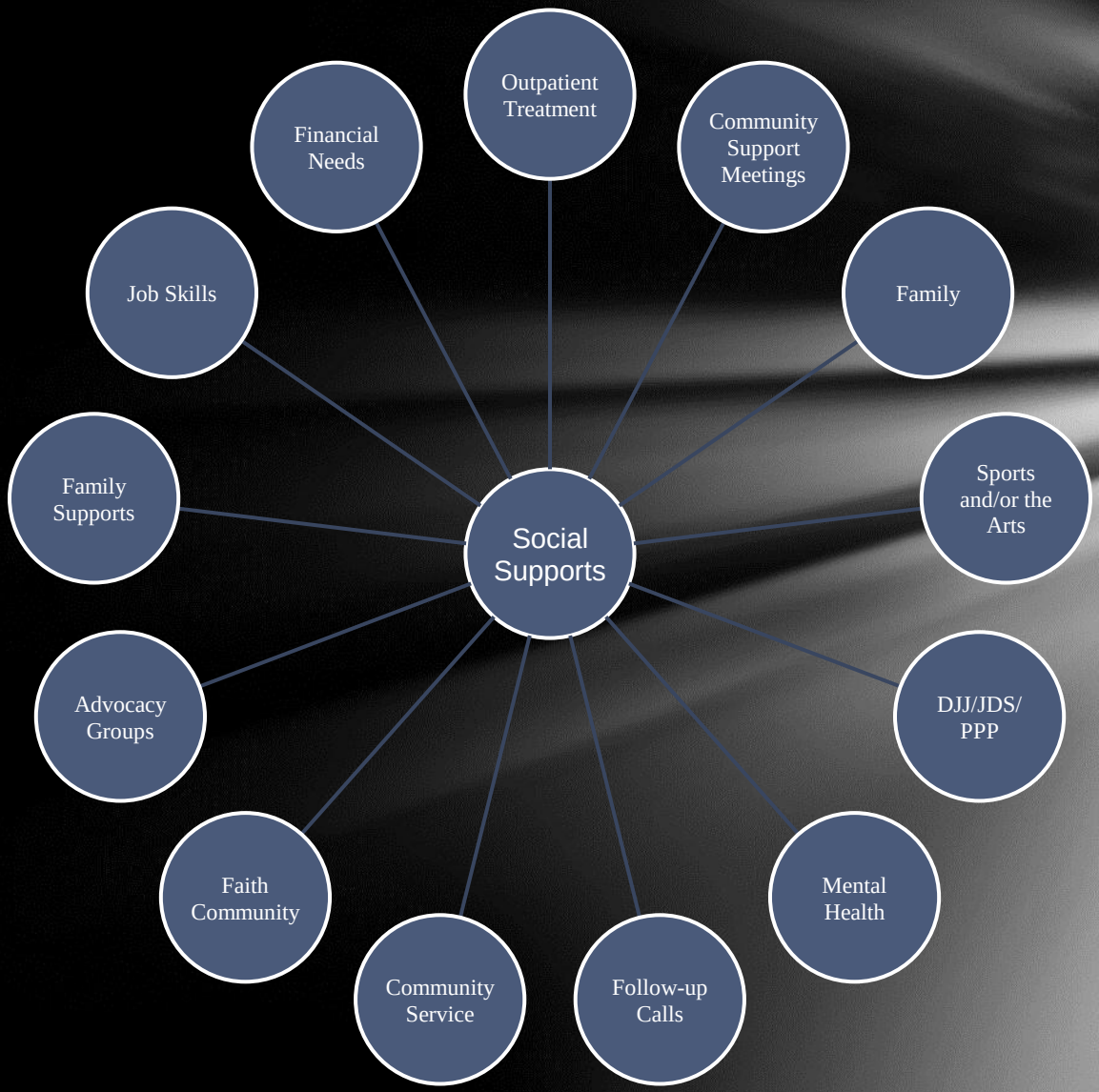
METH User (1 month detox)

METH User (14 months detox)

Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.

The longer we stay focused on the problem, the longer we will stay in the problem.

Social Supports



Social Supports

- Always be listening for needs
- Always be looking for supports
- Always be looking for community partners and collaborations
- Help us connect the dots and help the students connect them as well

How about your office, group rooms, and facility?

Are they inviting to those we serve?

Are they inviting to families?

Do they allow for creativity?

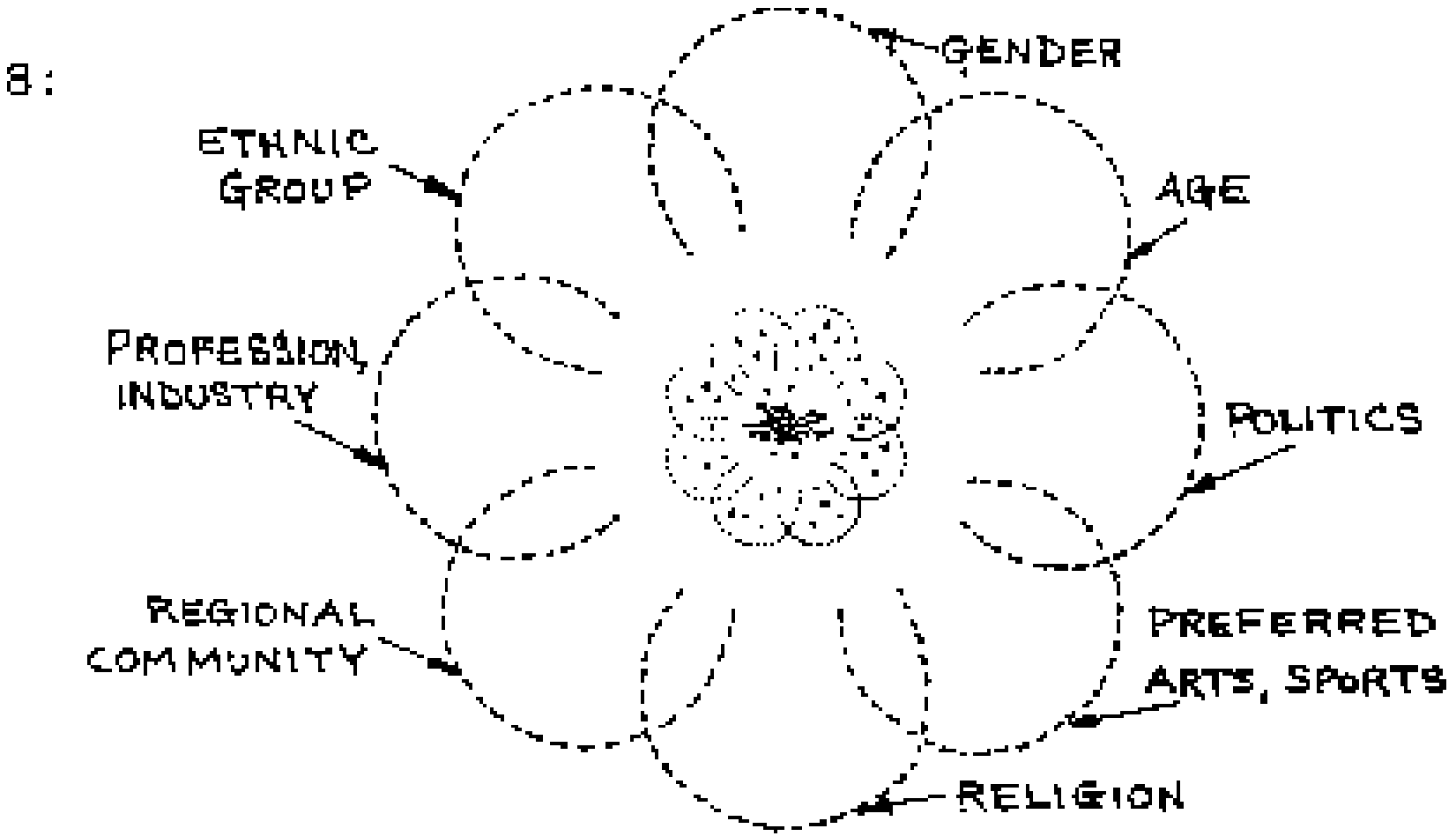
Do they provide adequate space for teens of different genders or backgrounds?

Ultimately there are two primary forces that are therapeutic:

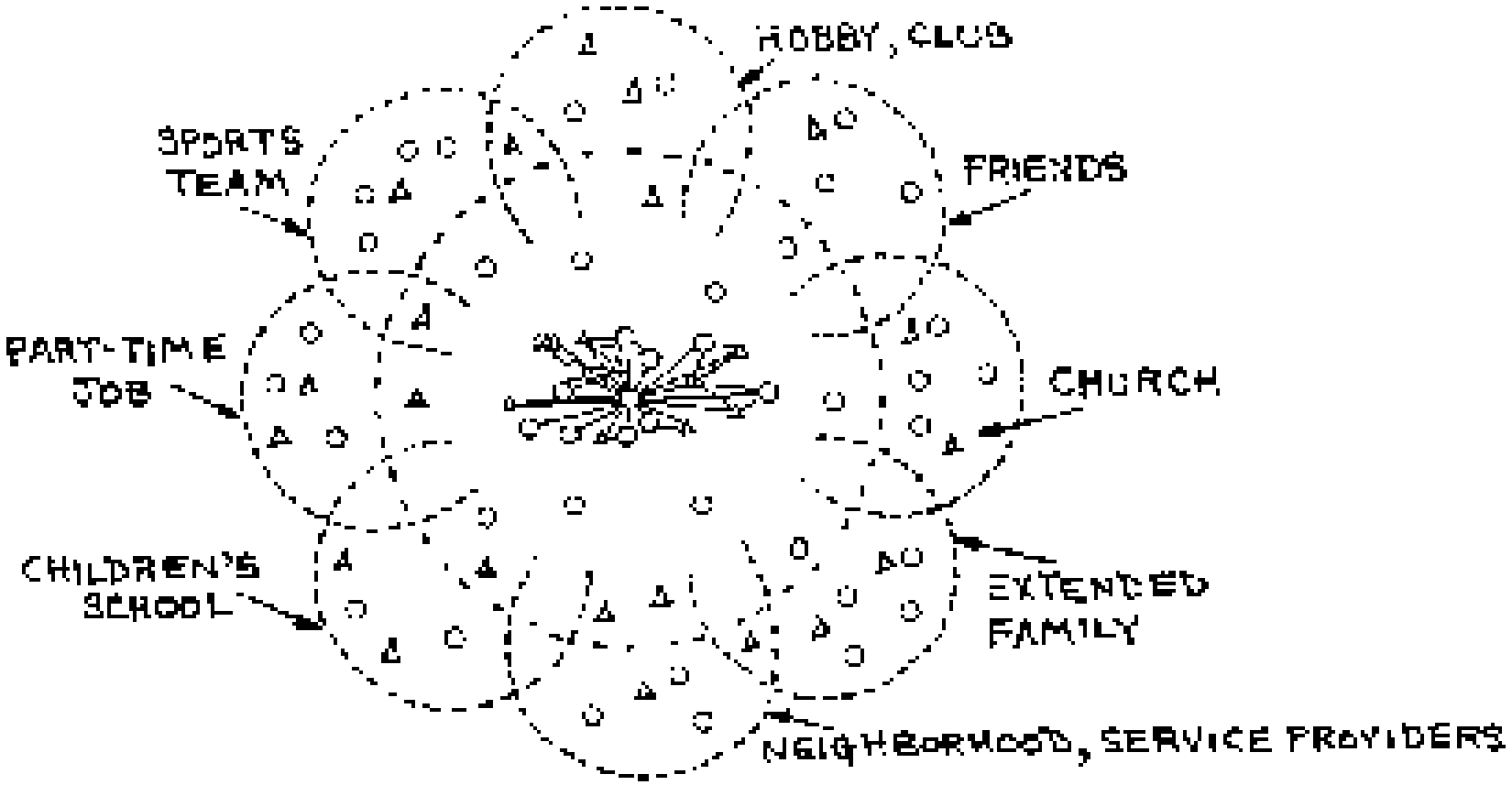
Experience
And
Relationship

Engaging the Community

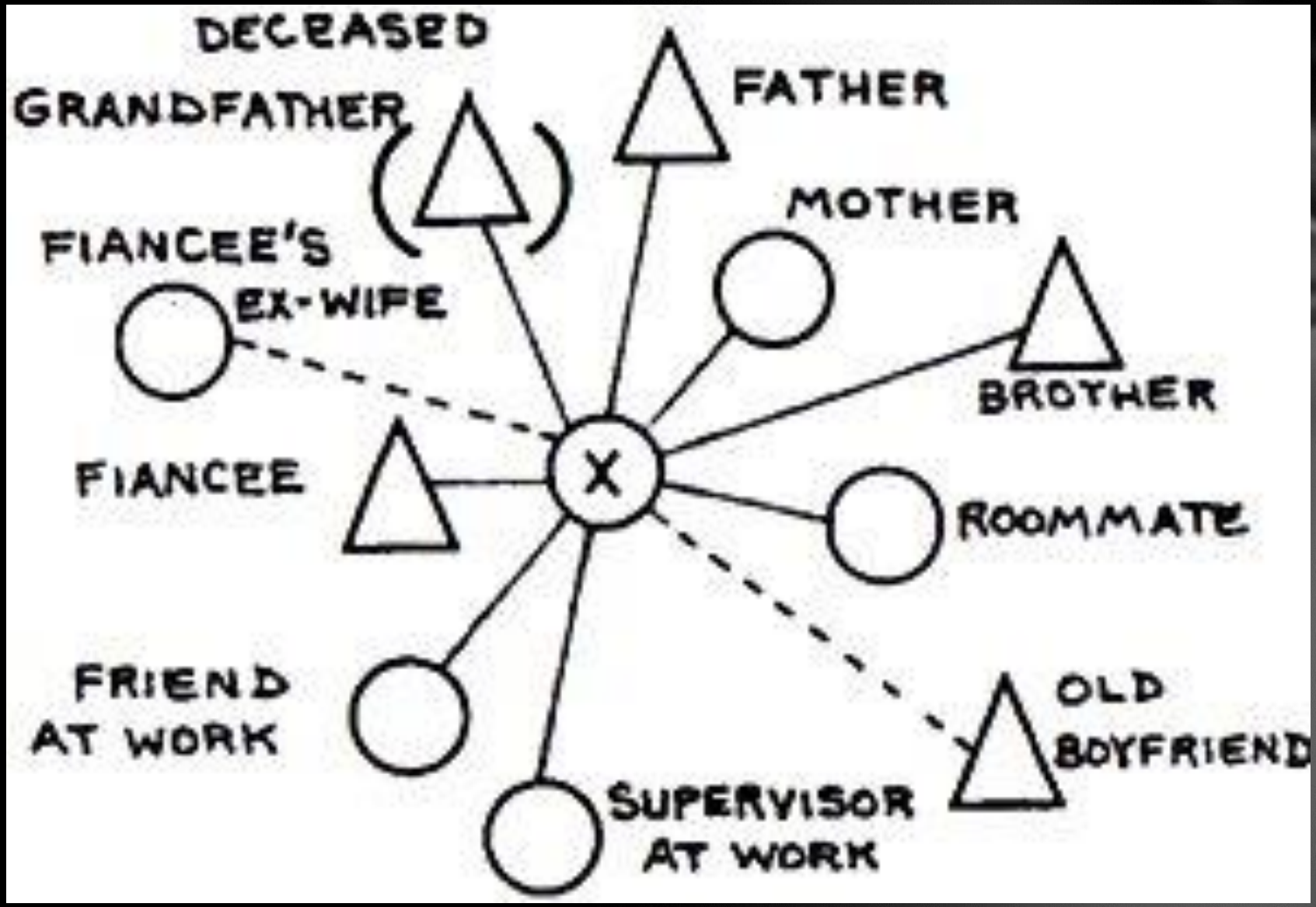
Social Atoms



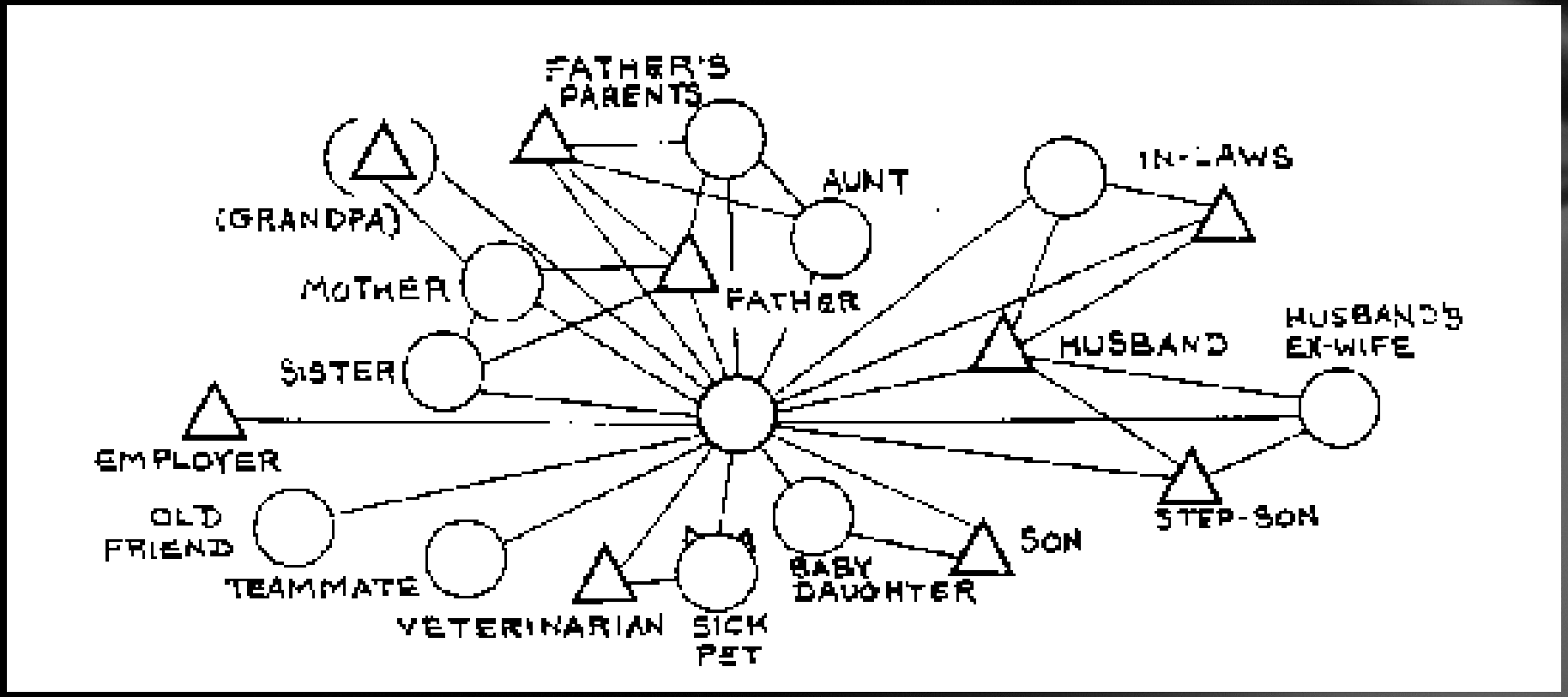
Social Atoms



Social Atoms



Social Atoms



How do we engage the community?

~Know the resources
~Ask about connections
~Service work
~Volunteers
~Telling your story

Thoughts, Observations, and Questions?

The Best Marriage Advice I Ever Received

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