# Holistic Recovery James Campbell, MA, CACII

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## Who am I and why am I here?

Who are you and why are you here?

#### Why Recovery is Difficult and What Can Be Done About It





# Rome

## Why Is Recovery Difficult?

#### The Foundation



#### What is Addiction?



## What is addiction?

If we asked the average person in South Carolina to describe an addict to us, what are some of the things they'd be likely to say?

#### Addiction?













### **Question:**

# Does this describe most of you or your clients?

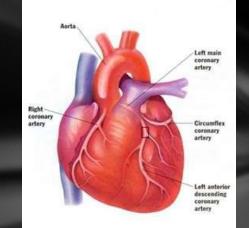
### Addiction is...

# A lifestyle related health problem.

#### Let's look at another example.

Heart disease.

- Has a genetic pre-disposition.
- Involves choices we make.



- -Choices are impacted by social influences.
- -Choices are impacted by psychological influences.
- When Biology and choices meet, there are predictable outcomes.

#### Question:

# Would most people say they can develop heart disease?



#### Question:

# Would most people say they could develop an addiction?



#### What is a disease anyway?

According to the American Medical Association, a disease must have:

- A cause (may or may not be known)
- Symptoms
- A prognosis
- May have a treatment
- May be chronic or not?





# How does this happen?

# 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 <u>18</u> 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?

	8						
8	8	8	8	6	4	2	1
	16						

#### 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?

#### prefrontal cortex The choice has been made

VTA

# nucleus A

#### What is a disease anyway?

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A cause (may or may not be known)

# •<u>Symptoms</u>

- A prognosis
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#### Symptoms???













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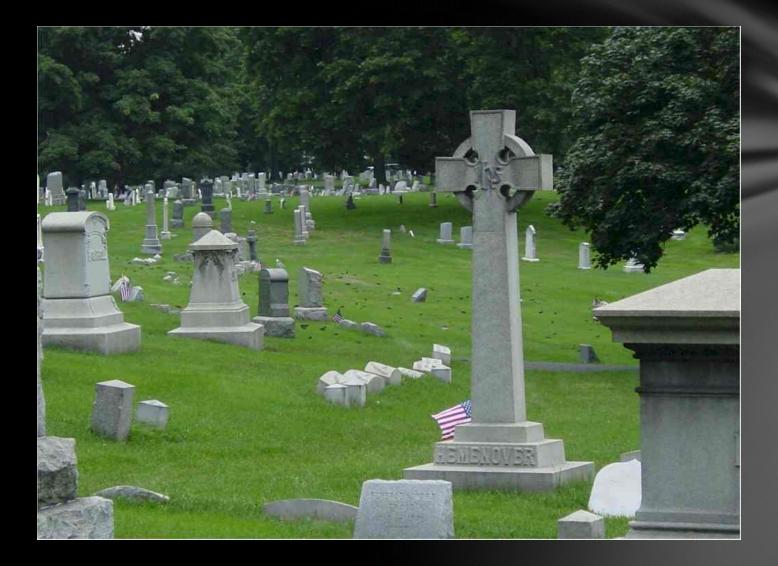
Symptoms



- May have a treatment
- <u>May be chronic or not?</u>



#### Prognosis



#### What is a disease anyway?

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- A prognosis

## •<u>Treatment</u>

• May be chronic or not?



#### Treatment



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- May have a treatment





#### Is addiction chronic?



#### Does this mean it is hopeless?

# Absolutely not!

# Drug of <u>Choice</u>

# Wrong

# Drug of addiction

#### 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.



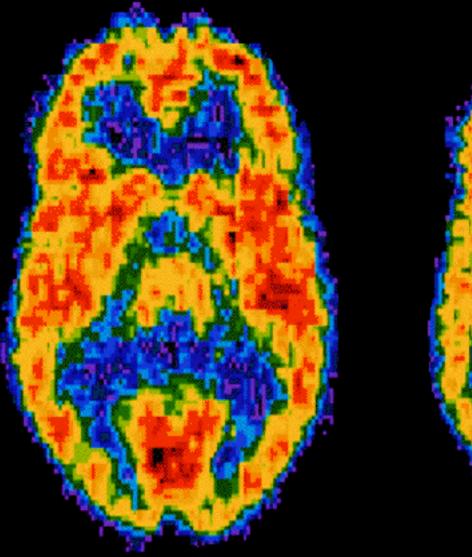
## It is a disease

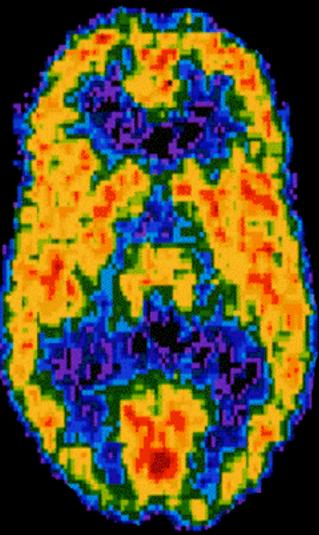
- So much of substance abuse treatment is historically defined by a limbic system in pain.
- Traditionally we confront patients –
- We tear down their defenses and reduce their egos-
- We "force" them to see the terrible price their addiction has cost others –
- We break through their denial –
- Then we forget about the family

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

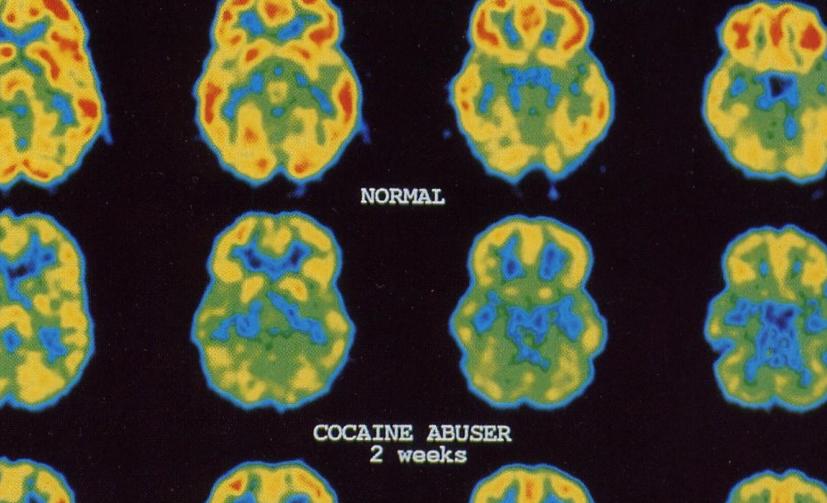
It's not about thinking errors.

# on cocaine









COCAINE ABUSER 4 months



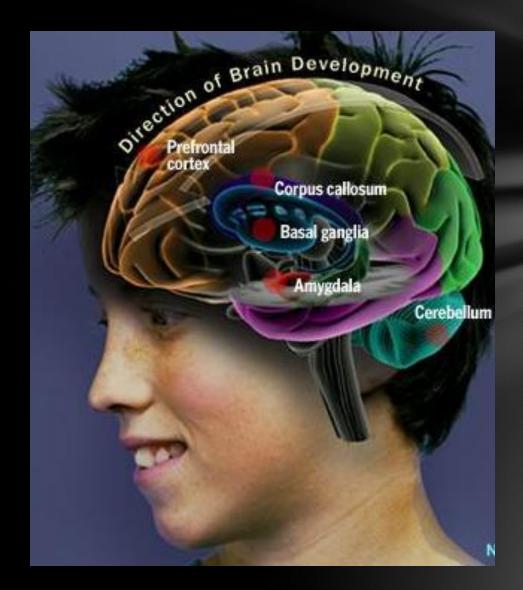


#### NORMAL CONTROL

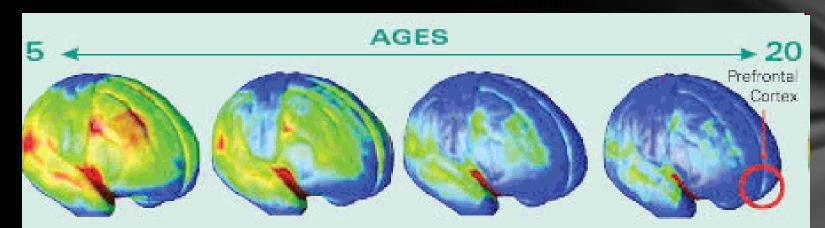
COCAINE ABUSER 1 month

COCAINE ABUSER 4 months

# Human Growth and Development



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



Blue represents maturing of brain areas.



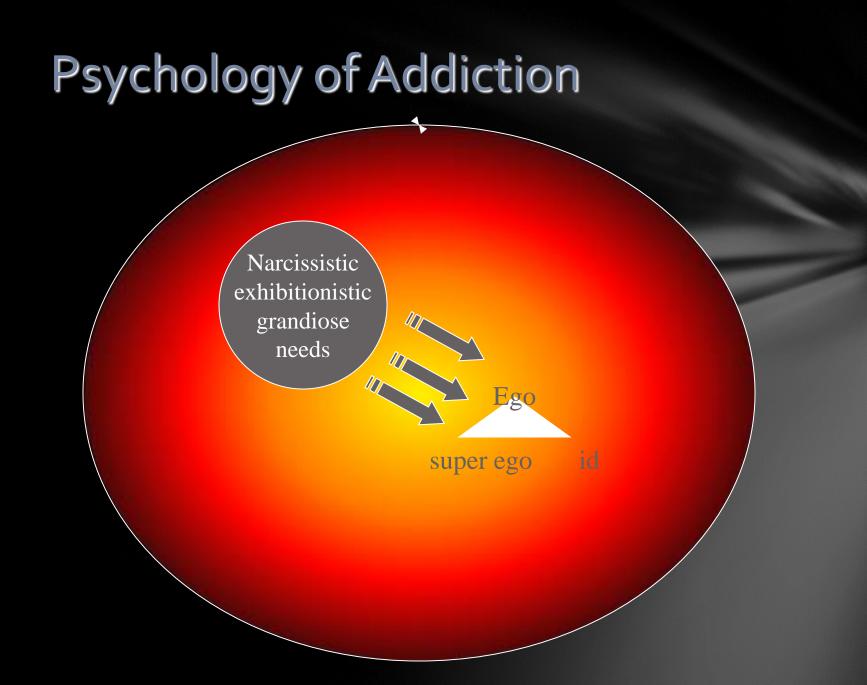
# The Foundation

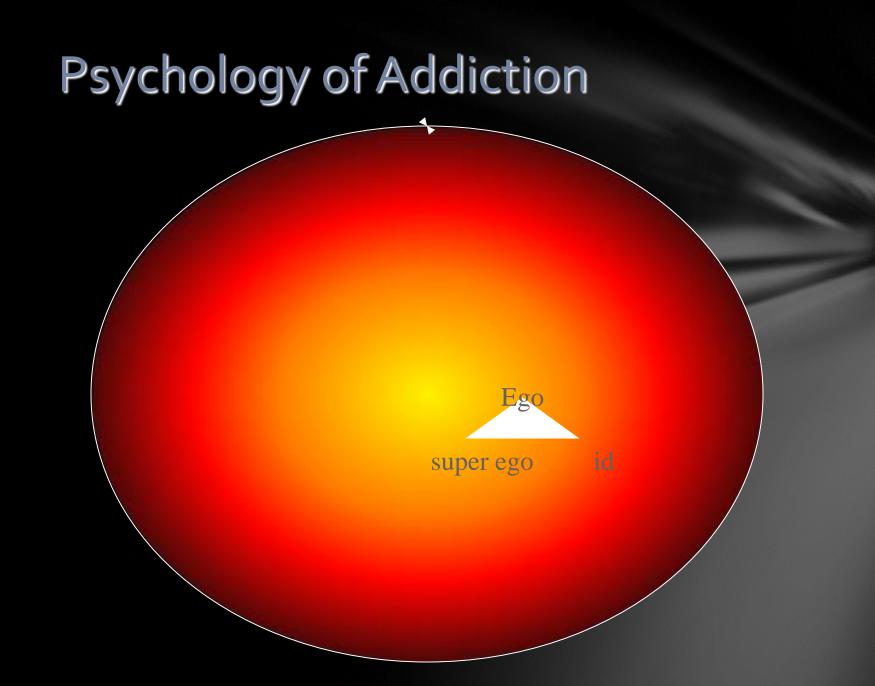


# **Psychology of Addiction**

- 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** 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. 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. 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.

### 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.

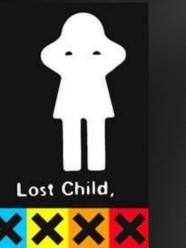
### This is the old paradigm:













#### Consider a new paradigm:









ADDICTION





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