

# Belief Systems in Recovery/Life



CHRIS CLAYTON, CMHC, SSW, FATHER, SON, ADDICT,  
ALCOHOLIC, BASEBALL PLAYER, POT-HEAD, COKE-  
HEAD, ALCHY, FRIEND, SOBER, CLEAN, IN-RECOVERY,  
QUITTER, LOVER, STEP-DAD, LONER, SOCIALLY  
AWKWARD, SPIRITUAL, AWARE, ENLIGHTENED,  
SELFISH, NERD, STONER, EX-HUSBAND, FAILURE,  
GRADUATE STUDENT, HOLDER OF TWO MASTER  
DEGREES, WORKER, QUIET, TRAINER, LEARNER, UTAH,  
REBEL, SMART ASS

# Who, What, Why, How, When



- Yours truly after an arrest
- Police called to home for domestic disturbance
- Arrested and charged with: 2 felony possession of controlled substance, one A misdemeanor controlled substance, criminal mischief, domestic violence
- Age 32—

# My Story—Cliff Note Version



- First memories
- Baseball
- Rush when repeating the substance use behavior I was observing: rolling up weeds in paper, smoking; using shot glasses to drink water; chasing down halfies (half smoked cigarettes); the obsession of the mind to get the halfie began early—age 11-13—but not knowing what was happening
- First Use—Marijuana—age 16--->32
- Alcohol—age 16--->32

# Baseball



- Began when four years old
- Talented athlete
- Always was playing ball
- Excelled quickly, always a starter and stand-out player
- Pine View High School, Dixie State, Tacoma Timbers, Mercer University—Division One
- Identified as a baseball player—nothing else
- Asked to leave the game for mouthy comment, uncoachable
- Addiction/chemical dependency took off
- From age 16, attempted to manage baseball/drugs & alcohol

# First Primary Substances



## Alcohol

- Readily available
- Beer, alcapops, liquor
- Fake Id
- Always someone to buy alcohol
- Always a foundation as the addiction progressed

## Marijuana

- Readily available
- Range from poor quality to high quality but always something around



- What is the general consensus of addiction?
- Does this language interfere, create bias, promote, enhance how you work with those you work with?
- What is your personal belief of addiction—does this create bias in what you do?
- Have you directly or indirectly been impacted by addiction?
- How does the organization you work for/with view addiction and all the symptoms associated?

# Disease, Choice, Moral Degradation of Soul, Learning Disorder...?



- Thoughts?
- Dr. Kevin McCauley: *Pleasure Unwoven*—identifies this very concept really well in a film with Utah as its location—this is the disease model
- Learning disorder?
- Choice?
- Moral degradation?

# Addiction vs. Chemical Dependency



## Addiction

- What is addiction
- Is addiction only dealing with substance use
  - Men and pursuit of relief reward
  - Pathology

## Chemical Dependency

- What is chemical dependency
  - Hospital visits with patients needing narcotic pain medication
  - New born baby—born addicted or chemically dependent?



# ASAM Short Definition of Addiction



- **Short 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.

# Strengthening of Neurobiology



## Early Pruning

- Pruning of neural network
- If pathological pruning takes place, what is created
- Overdeveloped muscle

## Strengthening Pathology

- Early exposure to high risk situations
- Developing deepened neural networking
- Egoic strengthening
- Underdeveloped in:
  - Health, wellness, compassion, emotion, cognition, interrelational

# Huh?



## Consciousness

- What is meant by this concept
- Do we operate out of consciousness or unconsciousness
- Actually thinking, not ruminating, but thinking and using the brain for what is intended

## Unconsciousness

- Are we, humans, driven by unconsciousness
- Mechanical, patterned, repetitious
  - Driving a car, breathing, walking talking breathing blinking all at the same time with no effort

# Patterns of Addiction, Abuse, Poverty



## Addiction

- Neural development of pathological pursuit of relief/reward
- Strengthened cognition, emotional response, behavior

## Abuse/Poverty

- Developed neural pathway
- Trauma impacting the body, brain, and not having the ability to move on
- Brain does not know the difference between reality and what is repeated in the brain

## Take on Their Monster Problem Within the Short Timeframe Available



- One year for DCFS plan A with back up plan B; extensions available if progress is made=18 months at maximum?
- After the one year, recovery is really becoming a reality after acute withdrawal, PAWS—which they are likely to still be in, connection,
- Typically three to six months are wasted as the parents continue what they have been doing—not because they don't love their children, but because the disease is alive, well, thriving, and needs attention

# Stay the course no matter how hard—Never Give Up!



- A majority of the cases brought before all of us have never learned this...it has become an integrated belief that drugs, alcohol, abuse, poverty, neglect are not only a way of life, but life as it should be

# Drug-Addicted (Dependent), Discouraged



- Clients will be discouraged in the early part of the recovery process—it sucks—learning new skills, working with emotions, engaging in life like never before
- Acute Withdrawal
- PAWS
- Treatment
- DCFS
- Legal
- Probation

# Overwhelmed, Weak-minded, Immature



## Why wouldn't they be?

- **Overwhelmed**—ALL THE TIME—flooding of emotions when newly sober and not knowing how to manage; working with others; interpersonal relationships; authority issues; interpersonal relationships; employment;
- **Weak Minded**—in theory and neurobiologically, YES...there has been such a strengthening of pathological relief, reward—addiction—that a large part of the brain such as executive brain functioning is indeed weak (reflection, working memory, cognitive flexibility, inhibitory/impulse control control)
- **Immature**—YOU BET! Emotional stunting begins when substance enters the body and when not using, as an adult, it is confusing as their begins to be some logic and rationality take place, but impulsive functioning often times overrides; lack of emotional understanding; reactive with anger



## Use and Internalize Treatment Tools and Skills Provided



### Tough Concept

- Not because stupidity, low IQ, but because there is an assumption made that one only needs to attend treatment, meetings, and the addiction will be removed—there is MUCH work to be done internally
- A motivation to enter into the work—verbal and physical may be incongruent
- External vs internal motivation

# Motivate to Dive In



- Consistency
- Holding accountable
- Treatment—Residential, Day Tx (PHP), IOP
- Boundaries—setting and then maintaining the boundary; maintaining the boundary is the difficult part
- Engage with while still holding them accountable, to the boundaries—this is a dance as they will attempt to break through them and why wouldn't they as they need to be taught such abstract concepts

# ASAM Six Dimensions



## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

# Breaking the Destructive Cycles



- Time
- Education
- Healthy interaction
- A child has as much of a chance in connecting to the healthy interaction, as they do the unhealthy
- Changing belief systems
  - **Antecedent--->Belief--->Consequence (good or bad)**

# What can I do or Say Every Time I Interact?



- Every time we interact, there is a dance taking place that begins to shape the relationship
  - Boundaries
  - Mutual respect which ties into boundaries—this will be difficult at first as there has been no boundaries to then having them instilled
  - Relate to, by letting them know that you are human—this is a touchy concept as this invites people into your life and I believe you must have worked on the concept you are sharing
  - Demonstrate compassion, love, healthy interaction and remember if they are mad, it is not about you

# Discovering Successful Ways in Helping People



- Is offering more time with children a possibility as this, in my opinion, begins to shape the neural networks wanted?
- Training on addiction and what it is and is not, how to work with this population and remain progressive
- Working with the individual and their specific struggles—addiction may seem all inclusive with symptomatology, however, it is not
- Compassion, empathy, love, not taking things personally as this certainly begins to bias the relationship

## 3-5 Specific (how-to's)

### These are Tough as it is Subjective



- Teaching, learning, and connection with clients is essential—it is the human condition we are talking about not someone with leprosy
- Understand their position as they have spent a large part of their life developing addiction characteristics—lying, cheating, relief/reward pathology—and now, in a short period of time, they are asked to change what took many many years to develop—10-30 plus years in most cases.
- Love, LOVE, LoVe, LoVE, lOvE
- Don't discount their ability—not their addictive ability, but the innate, Godlike ability that his wrapped up
- Read, Read, Read, Read, Read
- Journal
- Meditate

# Slay Their Dragon Once & for all, Live an Addiction Free Life



## Tough concept

- This takes us back to what addiction is and is not—can a person live with an addiction, place it in remission and live a healthy life?
- Is addiction and chemical dependency the same thing?
- Might the pursuit for relief, reward, motivation be present for quite some time once in long-term recovery?



# Reading Material



- Gabor Mate: In the Realm of Hungry Ghosts
- Maia Szalavitz: Unbroken Brain
- Heather King: Parched
- James Frey: A Million Little Pieces
- William Cope Moyers: Broken
- Eckhart Tolle: Anything—seriously, Anything
- Brene Brown: Daring Greatly; many others
- David Eagleman: The Brain, The Story of You
- Dr. Bob & Bill Wilson: Alcoholics Anonymous, Big Book
- Napoleon Hill: Think and Grow Rich???