Yellowbrick Conference 2023

Turning Insight into Action: From Shared Understanding to Community Integration

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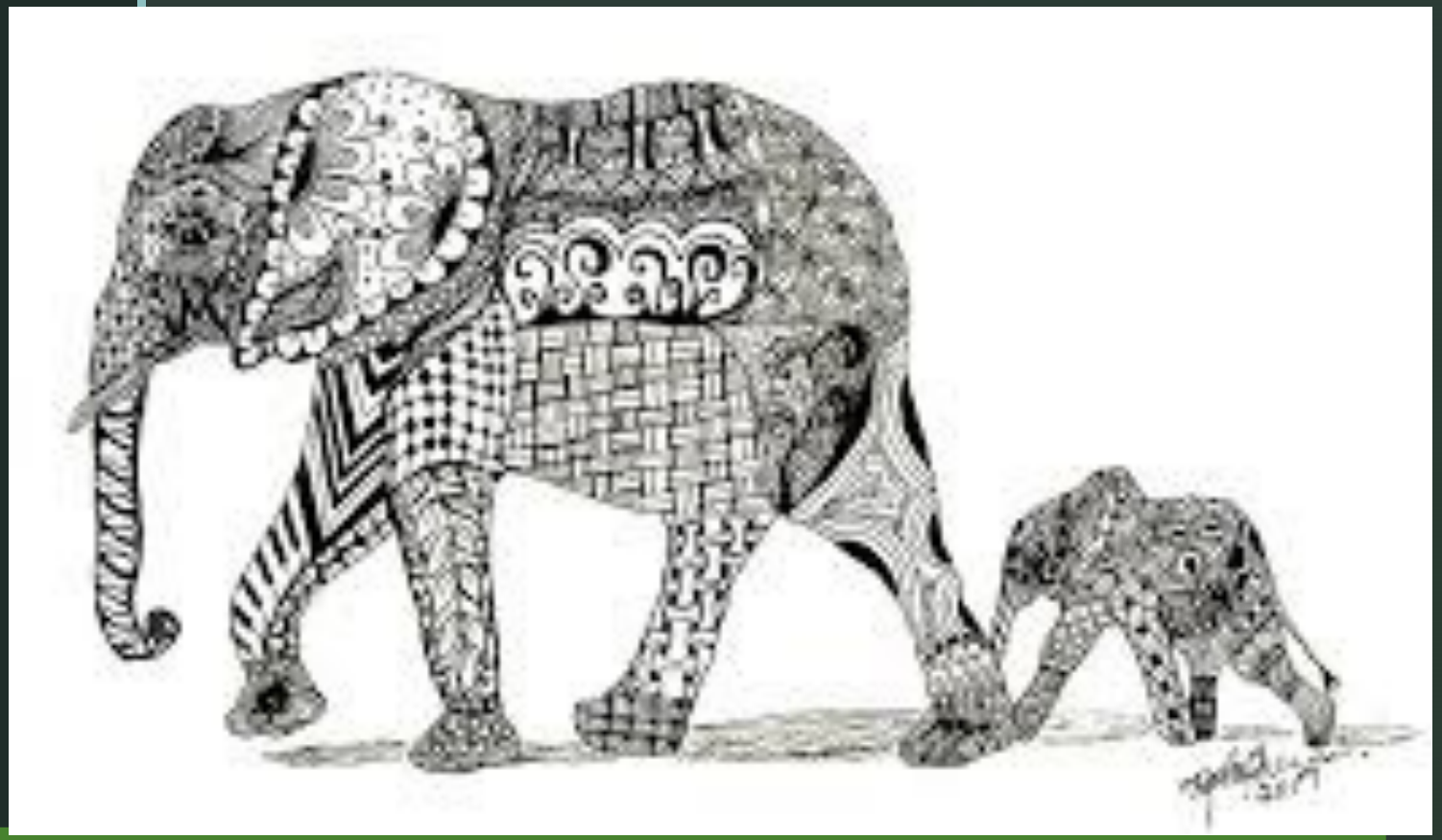
Core Learning Objectives

- 1) To receive an overview of the principles of mentalizing applied to substance use disorders
- 2) To gain knowledge of practices to create a shared narrative of core issues that balances diagnostics with strengths
- 3) To obtain an understanding of the most salient and effective aspects of community integration-based care from the client's perspective

Substance misuse is complex

Complex: consisting of many different yet connected parts



The Elephant(s) in the room

- Epistemic Mistrust
- Stigma & Ostracism
- Alienation from self
- The indulgence of the Least Capable Self
- Addiction expressing trauma and pain
- Loss of the ability to recognize strengths
- Fears amplified, hope decreases
- Neurocognitive habits and patterns in active and early recovery

Levels of Mistrust

"I am stuck and I can't figure a way out"

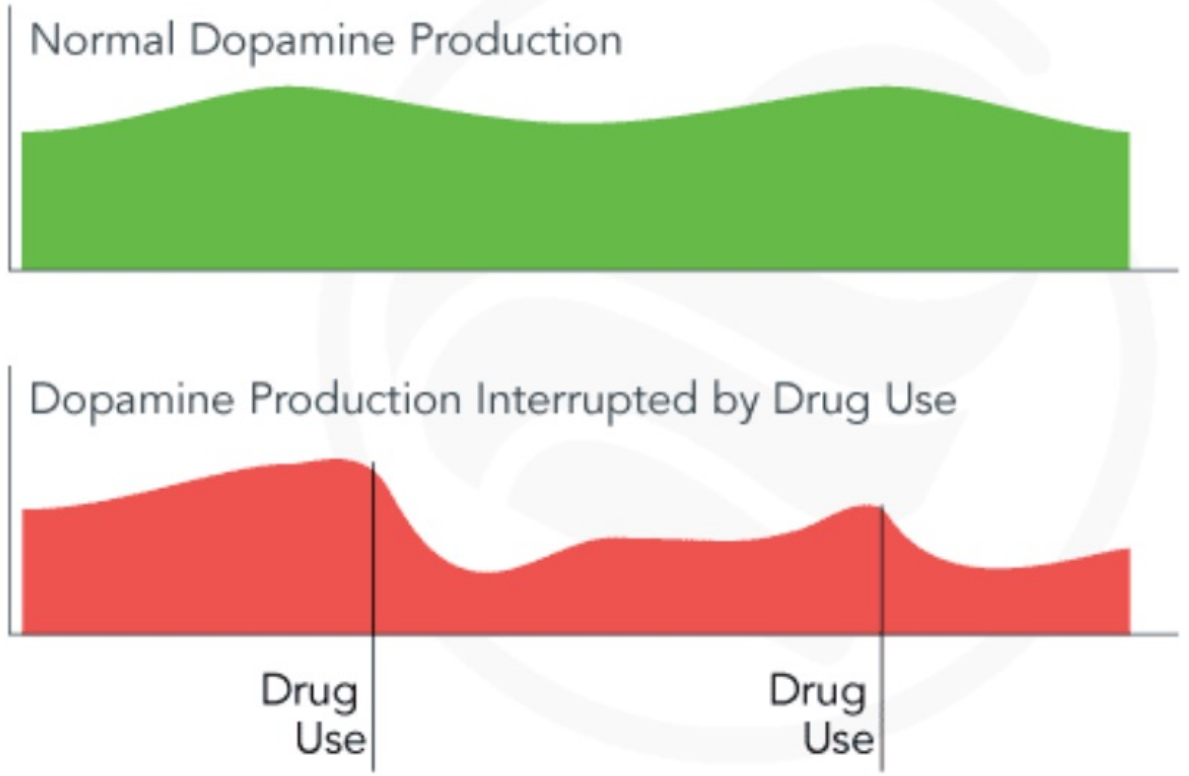
Emotions and motivations that are largely invisible to us.

Mentalizing

- **Mentalizing** is the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes.

Bateman & Fonagy

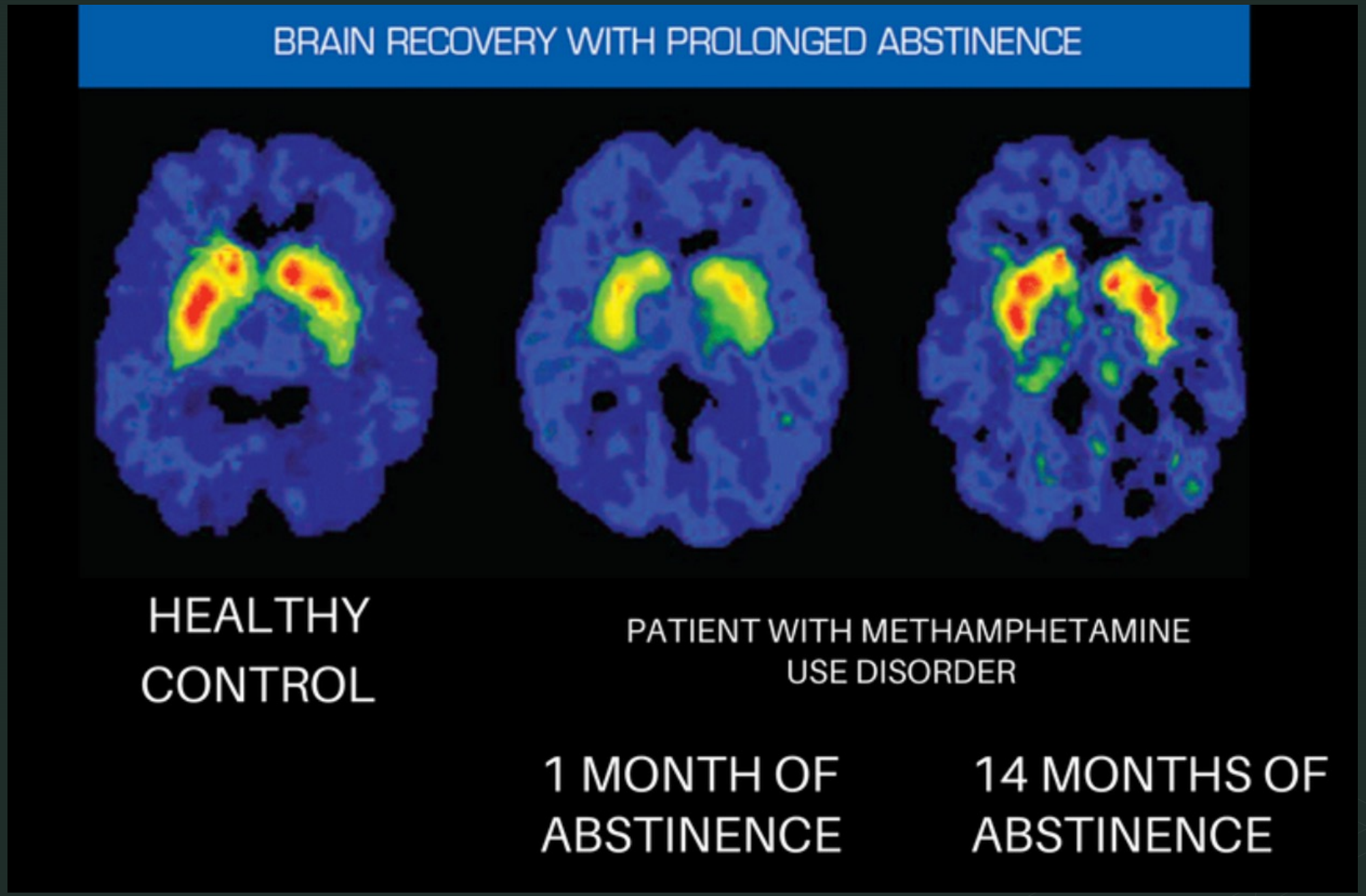
The Effect of Drugs on Dopamine Production



FHEHealth

Addiction's Impact

- Problematic alcohol use severity - negatively associated with mentalization capacity in a bidirectional relationship
  - Decreased mentalization → emotional dysregulation → substance abuse
  - Alcohol use → altered psychological states → decreased mentalization
- Substance abuse is an attempt to regulate emotions by activating brain's reward system
- Natural dopamine levels become depleted, contributing to difficulty regulating affect and feeling joy and contentment
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7700465/



https://www.recoveryanswers.org/recovery-101/brain-in-recovery/

Addiction Reduces Cognitive Flexibility

- Cognitive flexibility is negatively impacted by substance use
- Dr. Jun Wang's study exposed rats to cocaine and alcohol, which affect specific neuronal pathways (striatal cholinergic neurons) in the dorsomedial striatum responsible for cognitive flexibility.
- Rats exposed to substances were less capable of adapting to changed outcomes of learned tasks
- https://www.nature.com/articles/s41467-023-39623-x

Reflective Functioning

RFQ/MMQ

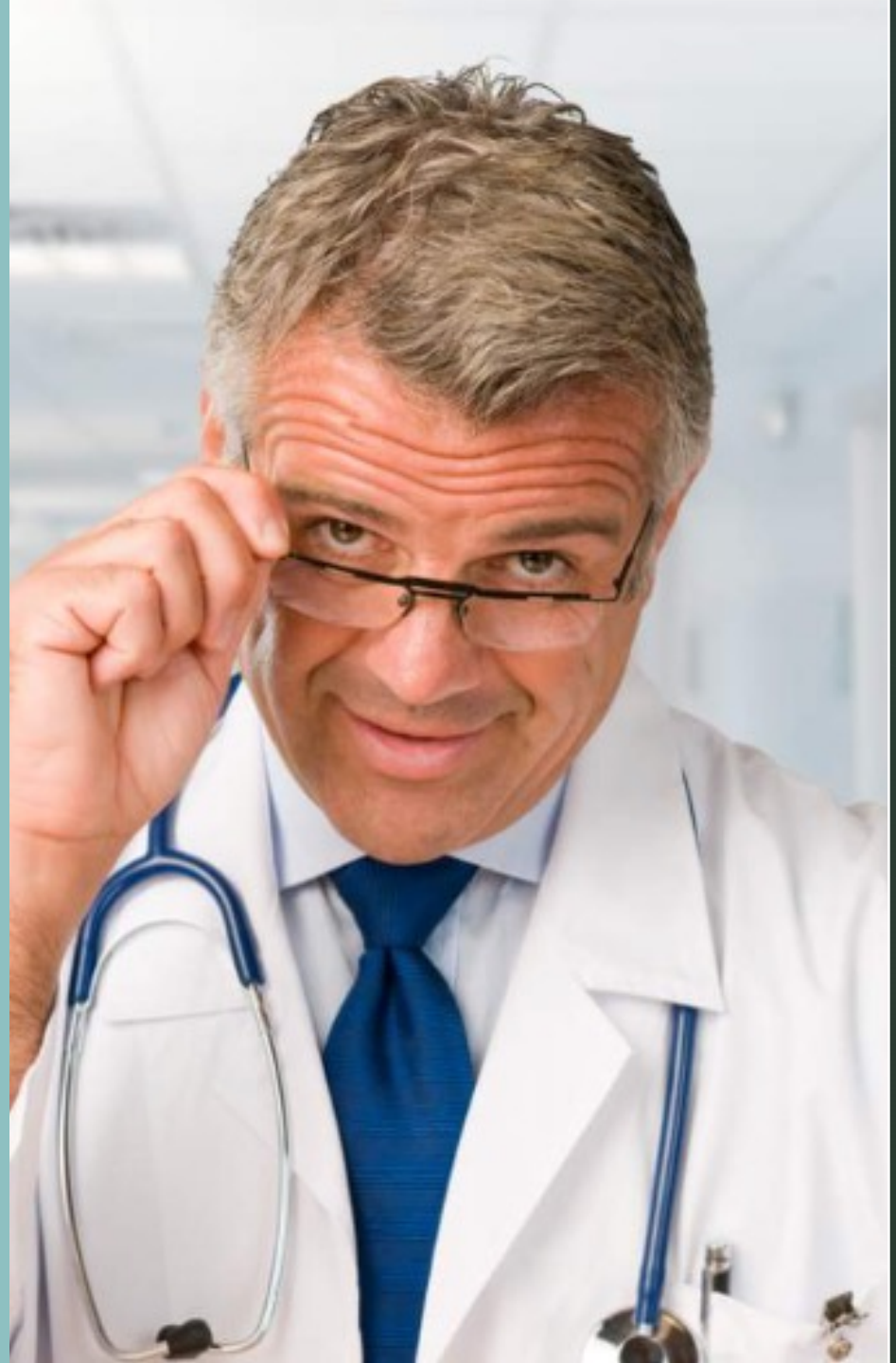
- “I am able to reflect on my behaviors.”
- “People’s thoughts are a mystery to me.”
- “ I don’t always know why I do what I do.”
- “When I get angry, I say things without really knowing why I am saying them.”
- “Strong feelings often cloud my thinking.”
- “Understanding what others feel is crucial in understanding their actions”
- “I am able to bear the emotional load of stressful situations”

CURIOSITY

- Questioning initial thoughts and feelings to consider what may be below the surface of initial reactions
- Am I making assumptions?

Begin with Therapeutic Assessment

- Therapeutic Assessment Institute, Dr. Stephen Finn - The examiner's goal becomes UNDERSTANDING vs. EXPLAINING.
- Leave the one-up position of 'expert' and take the position of collaborator, or co-investigator with the client.
- Curiosity– What does this data tell us? Does this fit? How does this show up in your life? How can we help you work on this?

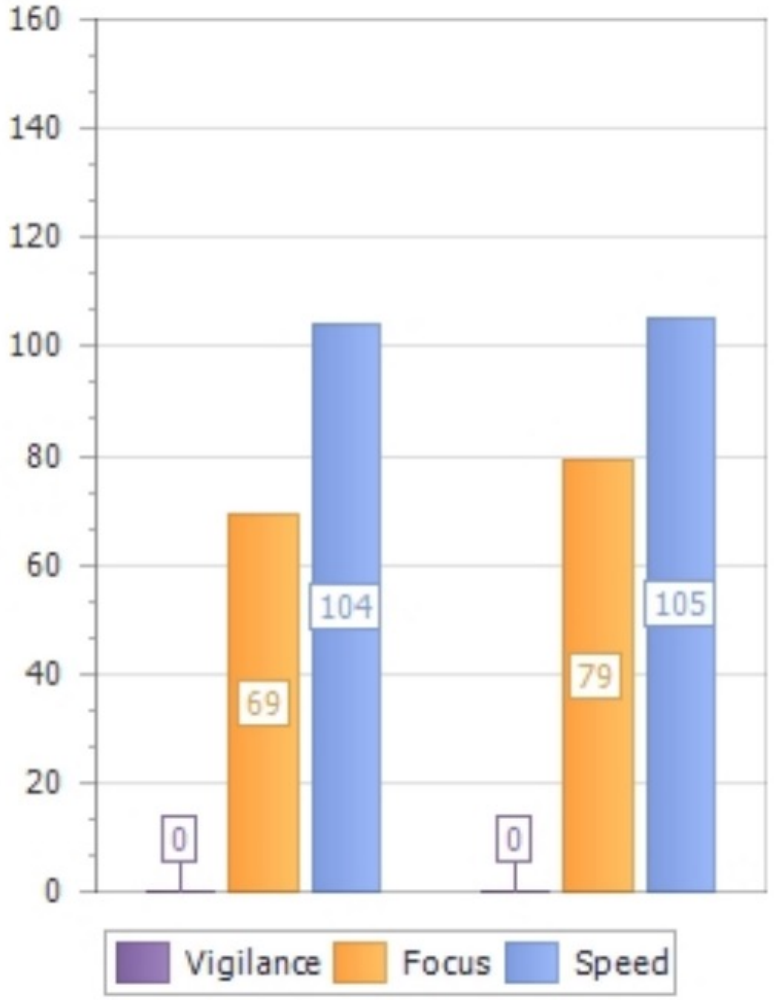


In Our Clients' Shoes

- Cf. Traditional Expert stance, i.e., "Strict white-coat way, like 'I'm the one who knows it all and I cannot talk about my tests to you." – Hilde De Saeger, M.A., TAI Faculty Member, Netherlands
- "They were trained to judge people, psychologically, but what I say is, we don't have to judge people." Noriko Nakamura, Ph.D., Asian Pacific Center for TA, Tokyo

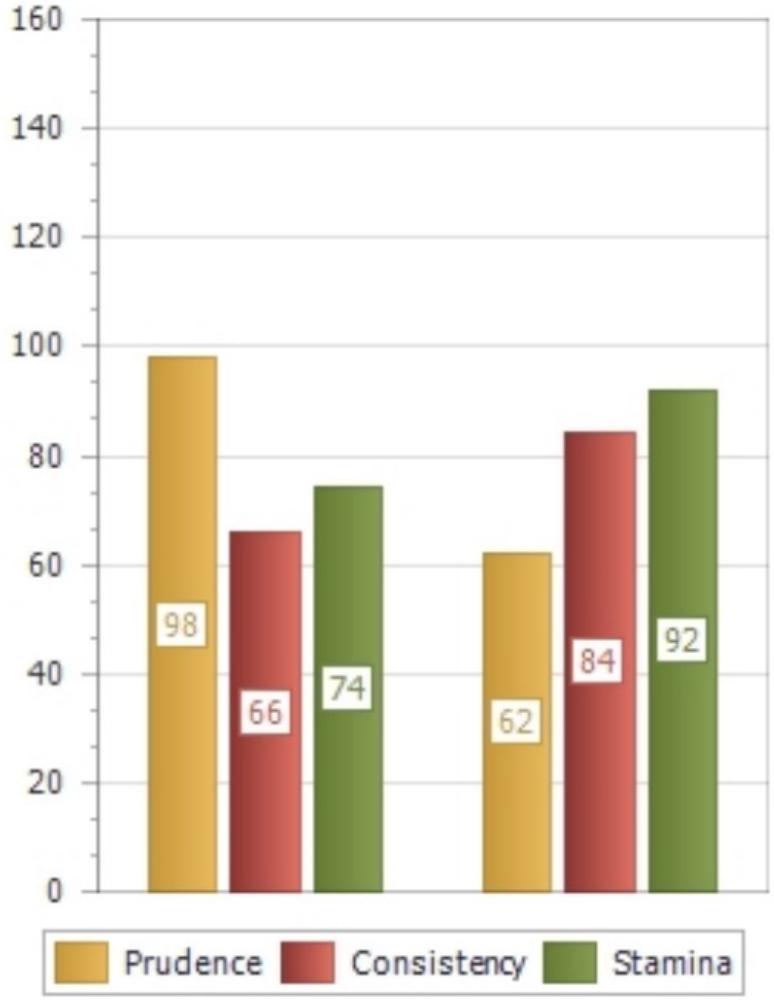
FS Attention Quotient = 27

Auditory	Visual
AQ = 26	AQ = 40



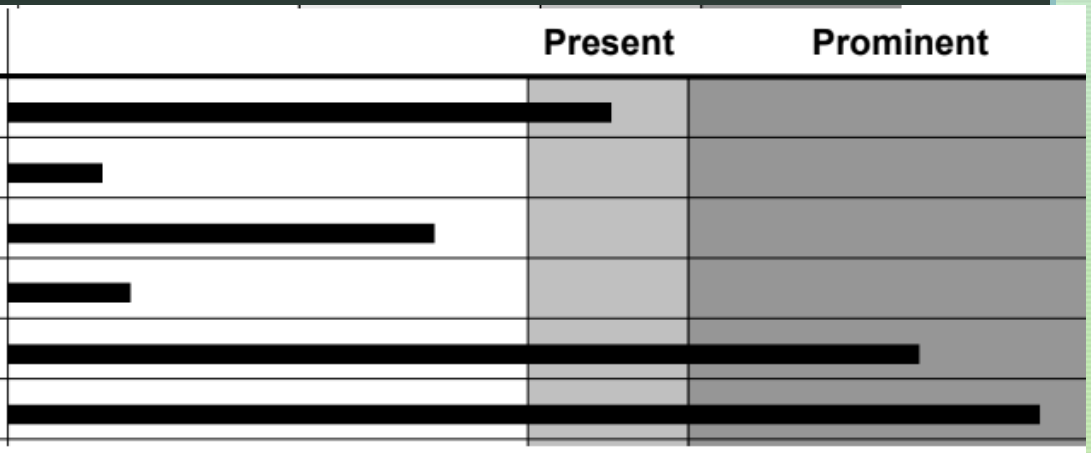
FS Response Control Quotient = 68

Auditory	Visual
RCQ = 71	RCQ = 68



Clinical Syndromes					Present	Prominent
Generalized Anxiety	A	7	61	80		
Somatic Symptom	H	2	27	20		
Bipolar Spectrum	N	8	66	69		
Persistent Depression	D	4	29	26		
Alcohol Use	B	10	98	102		
Drug Use	T	17	99	111		

Narcissistic	5	10	80	72	
Antisocial	6A	17	99	95	
Sadistic	6B	7	67	65	
Compulsive	7	4	2	17	
Negativistic	8A	1	15	10	
Masochistic	8B	11	78	73	



In Our Clients' Words…

"In my life, I have very often *not* enjoyed the company of others, and make it very clear to people when I feel this way. In simpler terms, I can be nasty. However, in doing this, I was always very hard on myself, reflecting my outward energy inward. Practicing kindness, patience, and tolerance with others has greatly helped me have more compassion for myself."

TRANSPARENCY

- Allowing for an open understanding of your thoughts and feelings and those of others

Identify Strengths

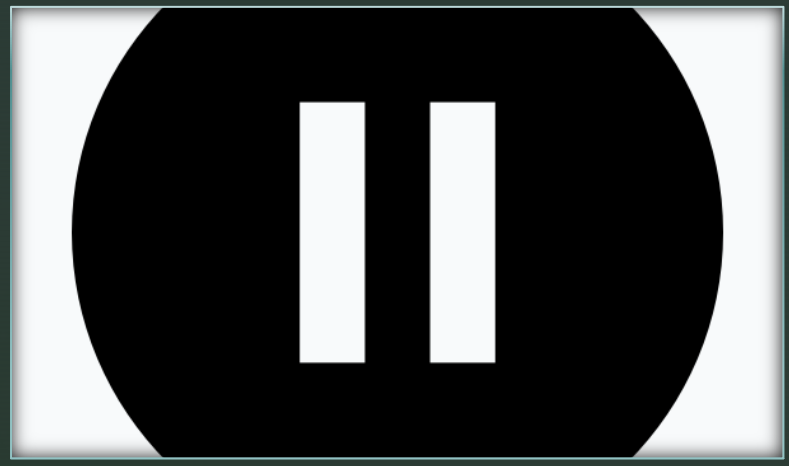
- *The New Personality Self Portrait: Why You Think, Work, Love, and Act the Way You Do* by John M. Oldham, M.D. and Lois B. Morris
- VIA Character Strengths, Enneagram
- Liabilities can be strengths or self-protective mechanisms in certain contexts, e.g. leadership
- Strengths-finding in test results – openness, resilience, empathy, reflection capacity, cognitive skills, access to emotion

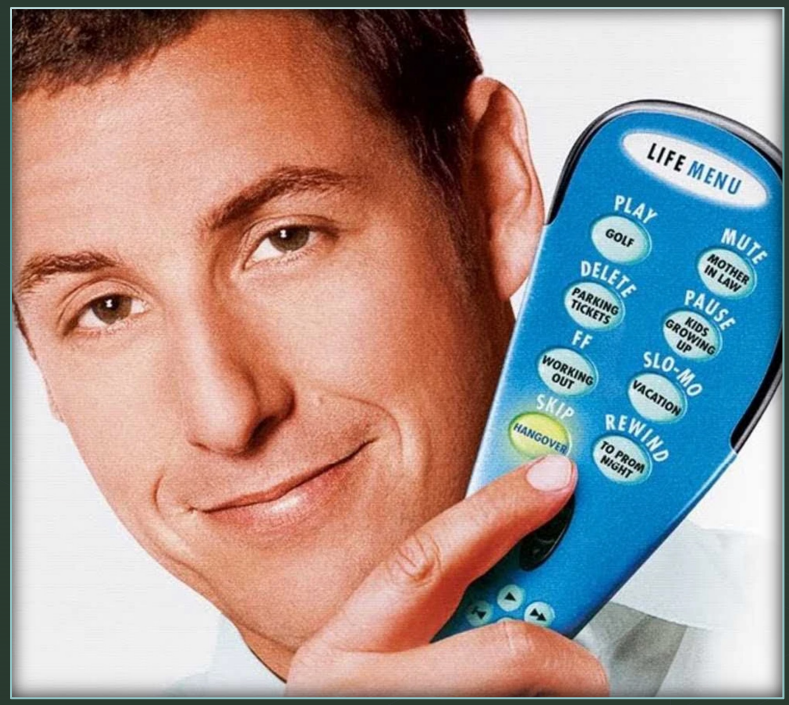
In Our Clients' Words

- "I've learned that it's ok to be selfish when I need my alone time and need some space just to be by myself. In the past, I overexerted myself socially which left me running on low battery all of the time. I feel ok saying 'no' to things now."
- "When I feel like I'm lacking in my recovery and AA, I reach out to my sponsor or a sober friend and just talk."

PAUSE BUTTON

- Pausing to give you space and time to consider your thoughts and feelings, allowing for contemplation and reflection.
- Allows you to respond thoughtfully vs. react.

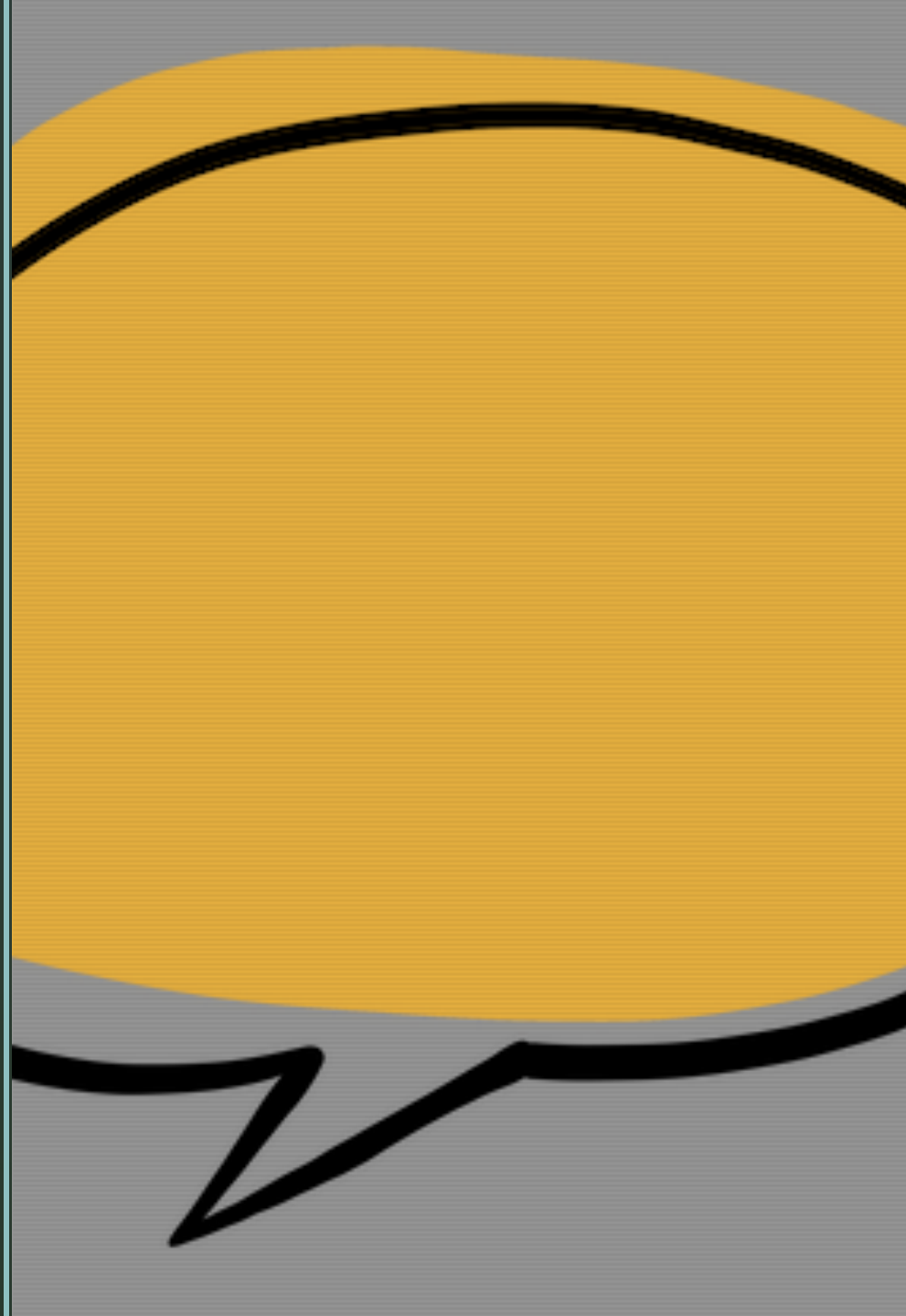


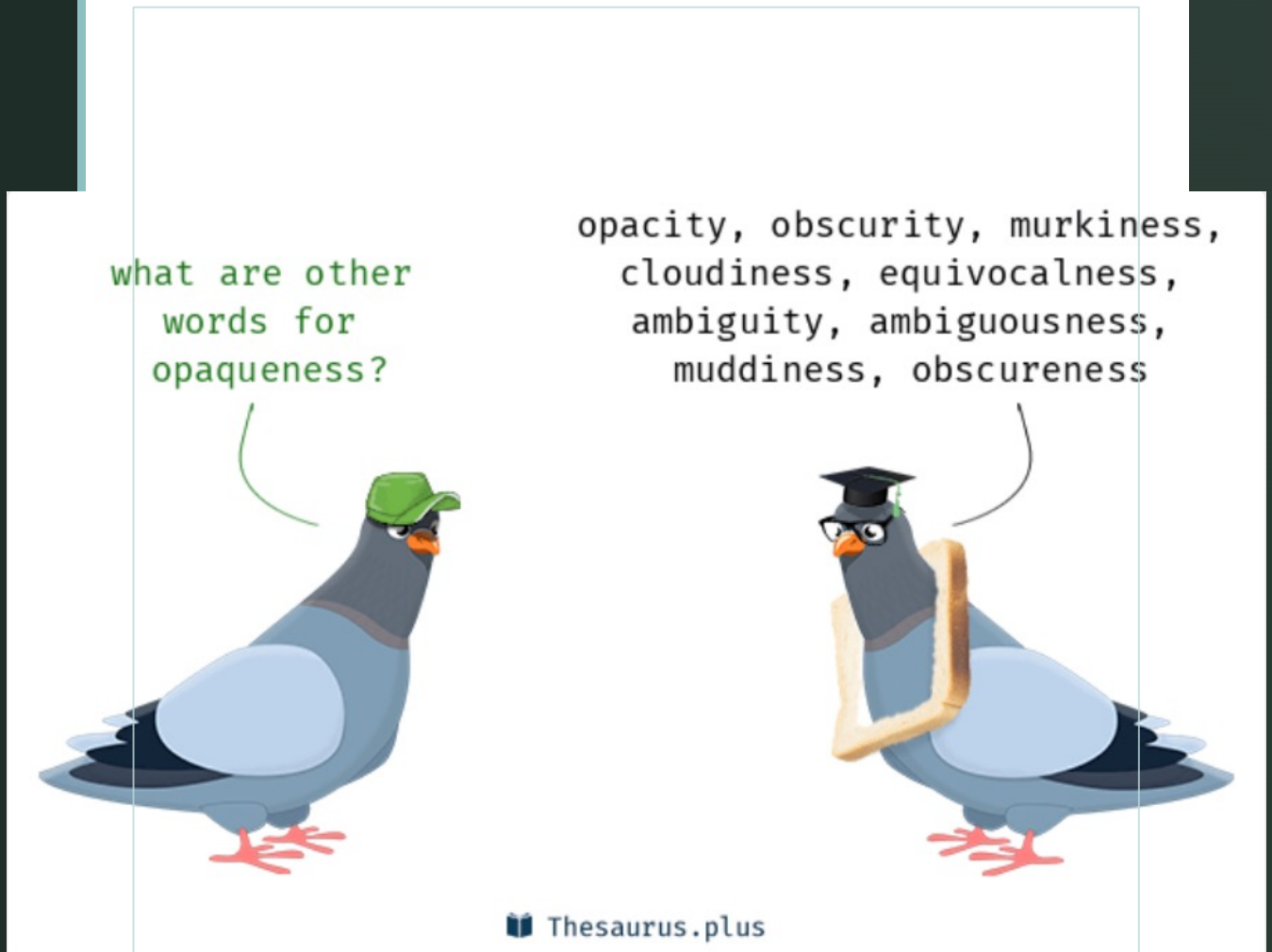


Pause Button

- “With myself, mentalizing has helped me be able to take a step back and understand why I am feeling the way I feel. I can make important decisions without my emotions getting in the way.”

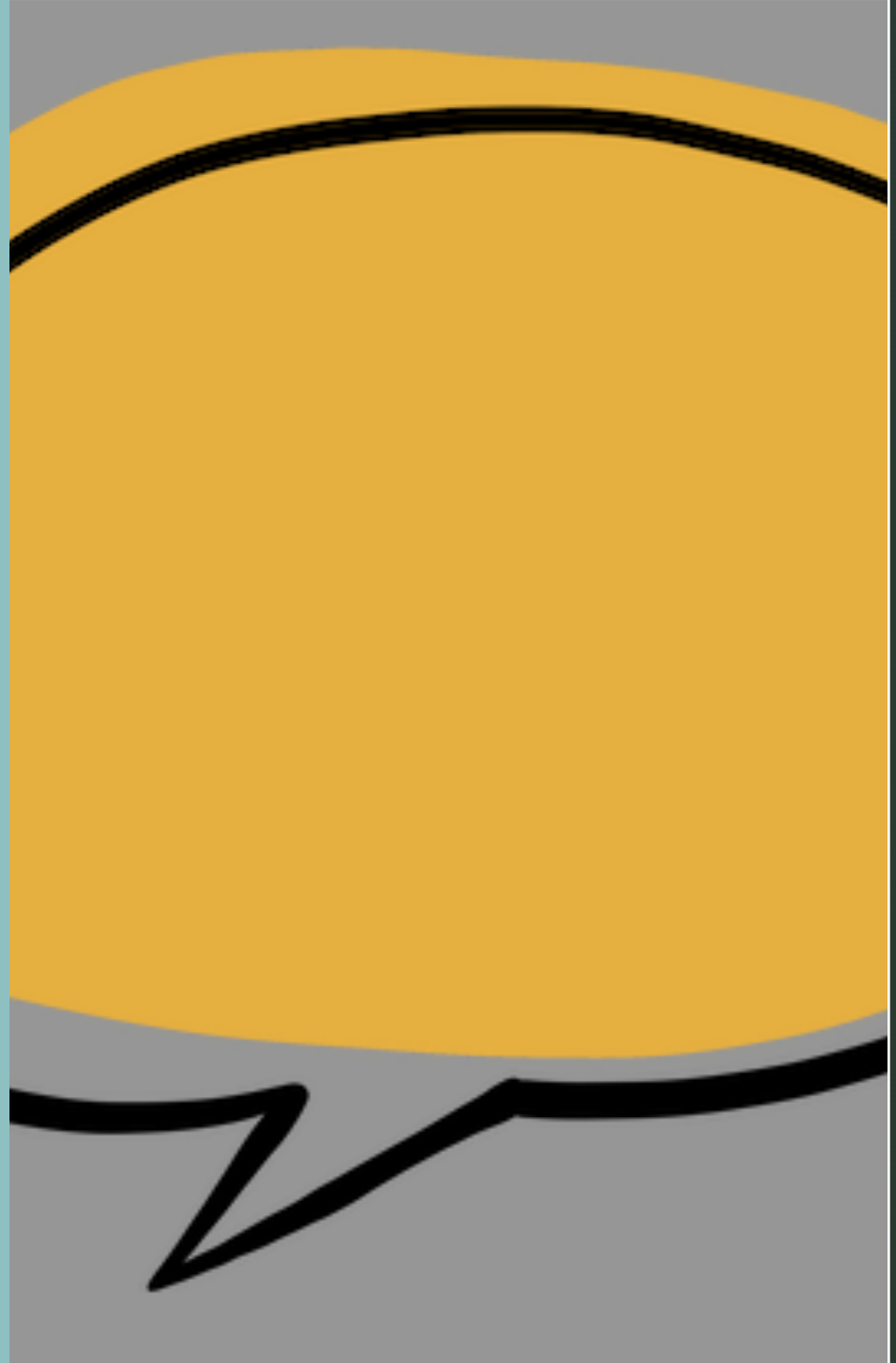
- “In my life, the things that happen to me are not important, the way I respond is. Taking a pause to think about another person's point of view, my own emotional state as well as their own, and how I am coming across to that person, all help me to show up the best I can.”





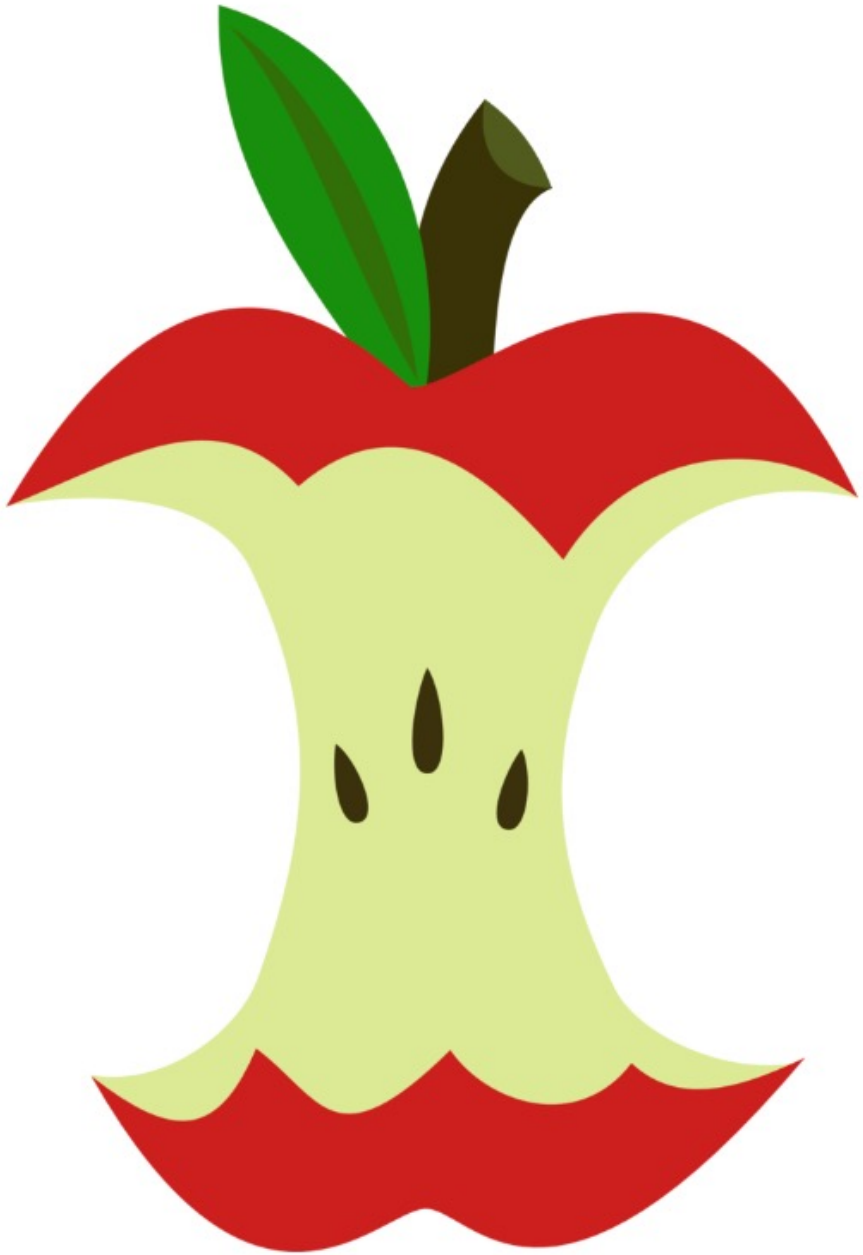
Opaqueness

- An attitude of “not knowing.” Acknowledging that one frequently does not know what people are thinking or feeling, allowing us to keep a flexible/open mindset.
- Considering our own thoughts and feelings and those of others based on clarifying and not making assumptions.



In Our Clients' Words

- "I was so convinced that my family wasn't going to be supportive of my sobriety…and then they weren't! And I was ok. And I stayed sober."
- "Mentalizing has helped me have a more secure attachment in even my most difficult relationships. It helps me understand my needs and where I need to instate a boundary and it helps me be more compassionate toward others. I take things less personally because I realize that people's behavior and motivation is usually about them and what is going on in their lives. Overall, I have more peace because of this."



CORE ISSUES

- An individual conceptualization/ understanding of what keeps you “stuck” or what is interfering with your ability to function at your desired level.
- Involves awareness of the impact that your thoughts, feelings, and actions have on others.

In Our Clients' Words

- "When I first got into treatment, I didn't know who I was. I didn't have a lot of development into who I thought I was and what my values were and what trust meant, so I was like this newborn baby. Through identifying core issues and identifying my values, it felt at first a little silly because I didn't know, like 'How do I know these are my core issues?,' 'How do I know these are my values?' Then I started to realize, 'Oh, I do care about this.'"

In Our Clients' Words

- "I was able to turn insight into action by learning how to identify emotions and then move away from actions and behaviors that were unhealthy and move towards behaviors that were beneficial to me.

An example of this would be learning through traditional therapy that it was not necessary nor helpful for me to tell everyone about my traumatic history. I learned to practice discernment and to slowly share details of myself over time in trusted relationships. These boundaries around self disclosure have allowed me to build healthier connections."

Shared Narrative

- Collaborative Letter describing testing results and/or core issues with compassion
- Shared understanding of what is known and understood about the client
- Incorporates psychological testing, therapeutic insights, timeline of events, family dynamics, etc.

XXXXX grew up as the youngest son to parents he views as both emotionally unavailable and financially indulgent. XXXXX has 2 older siblings, a brother and a sister, with whom he has always felt competitive and outcast. XXXXX felt trapped by his older siblings' bullying toward him, leading him to act rebellious from a young age. XXXXX encountered a traumatic event at age 7, when he saw an acquaintance seriously hurt. He remembers feeling intense separation anxiety and obsession with thoughts of death at that time. He remembers withdrawing socially and struggling with feelings of anxiety that he kept to himself. He was bright and able to do well academically, but he recalls feeling very lonely.

XXXXX went on to try drinking alcohol at age 14 at a family event. He recalls not feeling well after this experience. However, when his peers began to drink alcohol and invite him to join at age 16, he remembers feeling a sense of belonging. XXXXX also remembers trying marijuana and noticing that these substances made his anxiety and worries seem less intense.

After graduating college, XXXXX worked for his family business in real estate. He struggled to maintain energy socially due to his introverted nature and noticed that drinking alcohol helped him to interact with clients. His trust fund became available to him in his 20s, and he treated friends to lavish gifts and parties. He noticed that he began to be taken advantage of by friends and women due to his monetary wealth.

After having a child and several relationships that ended poorly, XXXXX experienced profound loneliness as his child hit adolescence and began socializing more with friends. XXXXX reports that he no longer found it necessary to work and was using substances more heavily. He later learned that his child also began abusing substances in his teens, prompting him to seek his own treatment and enroll his son in treatment.

XXXX has identified several core issues that contribute to his addiction and depression:
Difficulty feeling connection in family of origin led to difficulty connecting emotionally with others.
Early trauma led to anxiety that has gone untreated.
Identity based on inherited wealth has led XXXXX to question his capabilities.
Main source of self-worth is what he can provide for others, leaving him prone to being taken advantage of.
Anxiety and passive-avoidant stance in relationships leads to trouble expressing emotions, but early experiences of being mistreated contribute to resentment.
Antisocial behaviors allow for feelings of freedom and power vs. constant state of anxiety and loneliness.
Difficulty trusting others leads to push-pull dynamics in relationships and vulnerability to isolation and increased drug use.

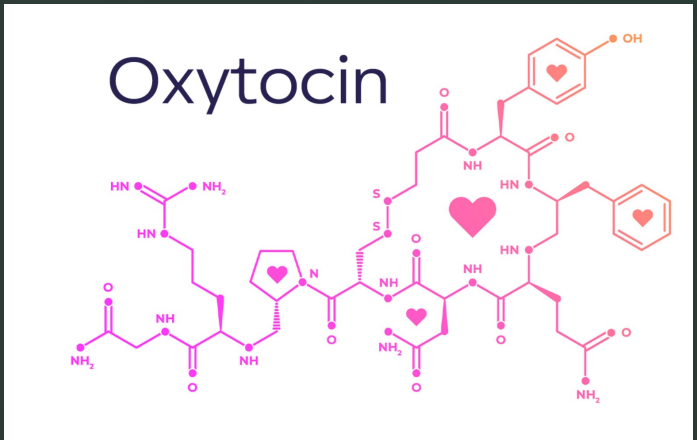
XXXX also exhibits several strengths and goals:
Testing demonstrates strong cognitive ability
Strong psychological insight into repeated patterns
Desire to diversify identity and try new work or volunteer experiences
Empathy to help others by investing time as opposed to money
Desire to change pattern of providing monetary gifts to maintain friendships

Key Elements of Attachment

- John Bowlby defined attachment as "lasting psychological connectedness between human beings."
- Bowlby shared the psychoanalytic view that early experiences in childhood are important for influencing development and behavior later in life. Our early attachment styles are established in childhood through the infant/caregiver relationship.
- **1) Proximity Maintenance** - The desire to be near the people we are attached to.
- **2) Safe Haven** - Returning to the attachment figure for comfort and safety in the face of a fear or threat.
- **3) Secure Base** - The attachment figure acts as a base of security from which the child can explore the surrounding environment.
- **4) Separation Distress** - Anxiety that occurs in the absence of the attachment figure.

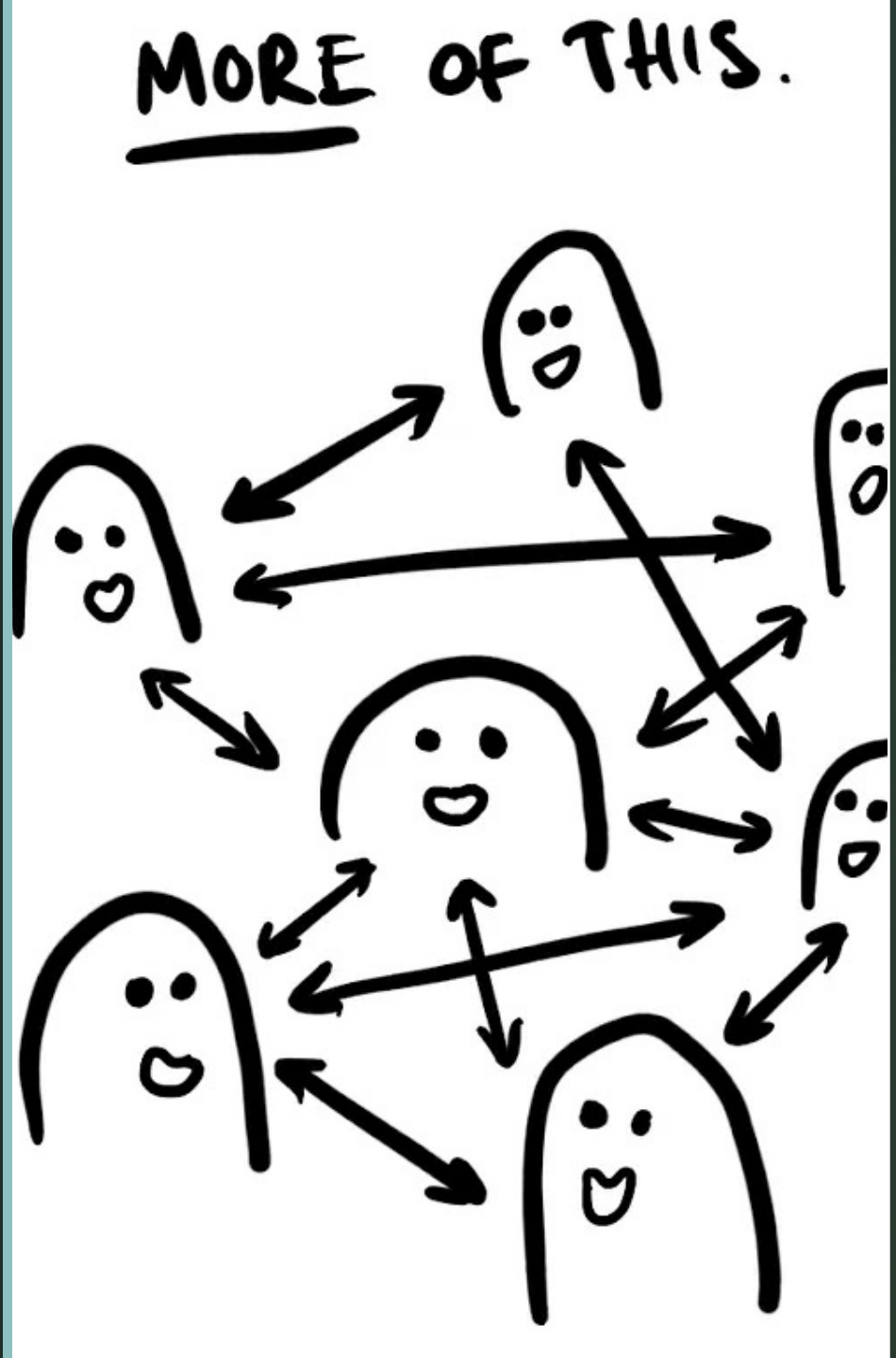
Social Connection Over Substances

- Rats had option of pressing lever for a drug infusion or a different lever to open a door and interact with a social peer
- Rats chose to open the door for peer interaction more than 90 percent of the time (even when already addicted to methamphetamine)
- Voluntary Rats Chose to forgo methamphetamine to obtain social reward
- Forced Abstinence Rats Access to drug was removed by researchers
- Voluntary Rats showed **no signs of the intensification (incubation)** of drug craving that happens over time both in rats and in some humans who abstain from drug use.
- Forced Abstinence Rats sought the drug **more avidly** 15 and 45 days after their last dose than they did on the first abstinence day
- Dr. Marco Venniro, head researcher:
- “From a clinical perspective, our findings support wider implementation of social-based behavioral treatments, which not only include the community reinforcement approach, but also innovative social media approaches, such as those being implemented to provide social support before and during drug-seeking episodes.”



Attachment in Recovery

- Stable social bonds and happy relationships, perhaps associated with higher levels of oxytocin (Feldman et al., 2007, Grewen et al., 2005, Seltzer et al., 2010), might be protective against addiction to drugs (Blackson and Tarter, 1994, Bowen et al., 2011, Johnson and Pandina, 1991, Liu et al., 2011).
- The few effective treatments promoting recovery from addictions appear to have a magic “X” factor that comprises some form of social rehabilitation or social reintegration.
- For example, it may be that the social support provided by Alcoholics Anonymous meetings causes therapeutic success by resetting dysfunctional oxytocin pathways (Koerner, 2010).



Community: In Our Clients' Words

- "And it was terrifying that I was convinced that I was going to be miserable my whole life…but you know having the reassurance of a safe place was very comforting because I knew I was going to go through a lot of scary stuff and process a lot of scary stuff, but at least I could do it with people that I trust in a place that I love."

Creating a Securely Attached Community Across all levels of care

Known Understood Accepted

Fully Integrated Care:
Matching the intensity of the work with intensity of support for all staff.

- A curious supportive culture where everyone has a voice.
- Consistent team meeting and consistent supervision = foundation of programming.
- Therapeutic growth opportunities and training.
- A culture that promotes work life harmony

* The challenge of providing support in our current paradigm of delivering SUD and psychiatric services is daunting.

Creating a securely attached community across all levels of care.

- “Community is very important for my sobriety. Isolation is one of the greatest factors in increasing my chances of relapse.”
- “My current experience of community is heavily in Recovery. I still have close connections with people I went through treatment and sober living with. I have lifelong friends from this process of recovery, and I would not be where I am today without the community that held me and still does.”

Shifting from what is wrong to what is right?

Positive sense of self

interests

values

personality

aptitudes

VS

ALIENATED

DEFICIT-FOCUSED

SELF

SOCIETY

MBT Combined with Skills, Supports and Experiences

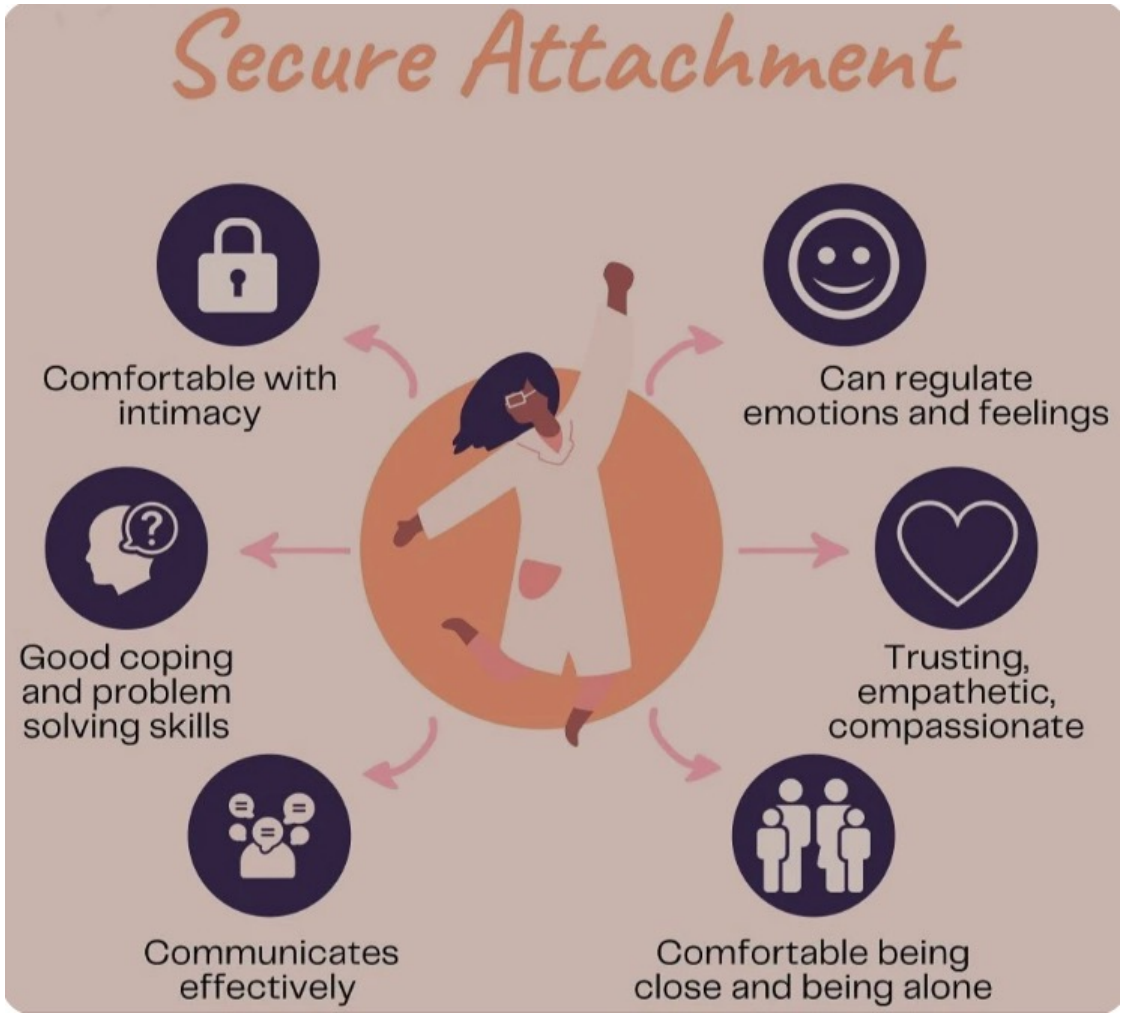
Insight → **Action**

Shared Decision Making

Community Mindset

Attachment & Community

- Our way of responding to attachment figures is very powerful, similar to how our brains respond to addictive substances
- Attachment relationships are a means of regulating emotions



The Art of CIP

- Developing a secure attachment with your community
- Identify ”Social Entry Points”
- Identity both as exploration and commitment
- Create feedback from the community/peers rather than the program
- Developing co-created recovery milestones

Community in Our Clients' Words

- "Community integration was an integral part of recovery/sobriety. It helped me in my long-term recovery because it helped me create new, healthy, recovery habits. It provided the structure I needed in an incredibly vulnerable time in my life."

- "I had to rebuild my life from the ground up so being able to step into work and family life slowly and gradually was the only way to go. Not to mention how emotionally dysregulated I was… I needed stability because I was not able to provide it for myself at that time."

Meaning and Purpose

Summary of Attachment-Based SUD care

- Creating an environment that seeks to curiously and non-judgmentally to know, understand and accept clients and our inherent complexities.
- The best solutions are co- created (shared decision making)
- Restoring or creating a secure attachment is the basis for long term recovery.

The essence of our work

Beyond Boundaries

- “I have had many experiences outside of therapy that have been invaluable to my recovery. Making friends, starting new relationships, taking care of my dog, starting a new career, sponsoring women, and traveling with family, have been a few of the amazing experiences that now cultivate my life. The right combination for me was to have new experiences and then take them back into therapy to process and have a sounding board to help ensure that I am behaving in ways that match my emotions, honor my boundaries and are conducive with continued wellness and growth.”

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