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More Than Just Sober

A disease of thought and behavior



Common Patterns of thought/behavior to become aware of



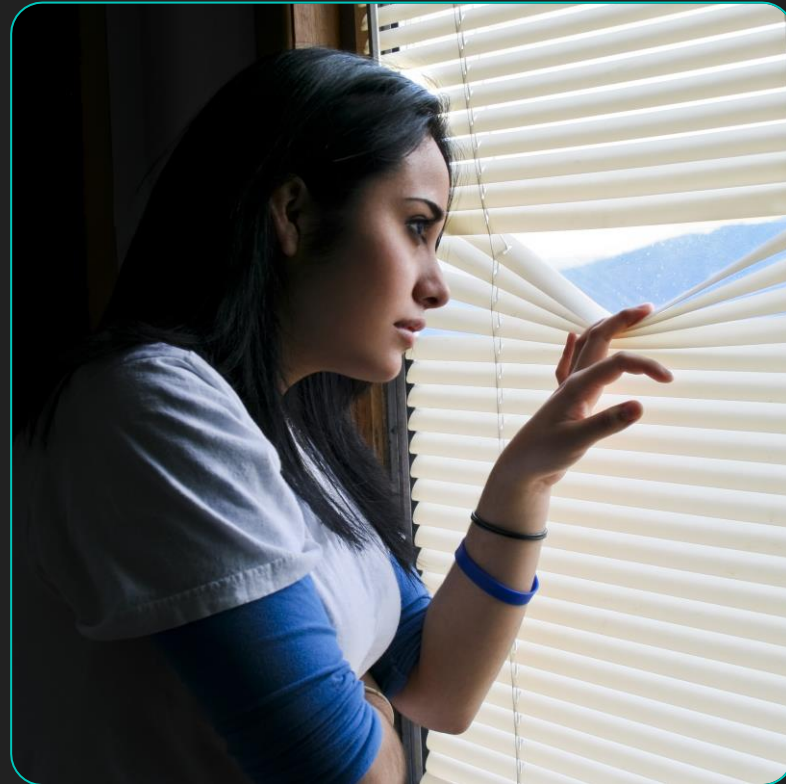
Understand how these patterns are related to relapse/continued use/quality of life issues; What need are you attempting to meet



How to begin changing the patterns and what the outcomes will be

Why focus on behaviors?

- The DSM diagnostic criteria for addiction are almost entirely behavioral (not based on labs or tests).



Common patterns of thought and behavior to become aware of

Trauma related behaviors (shame based)

Codependent traits

Lying

Manipulating

Avoidance

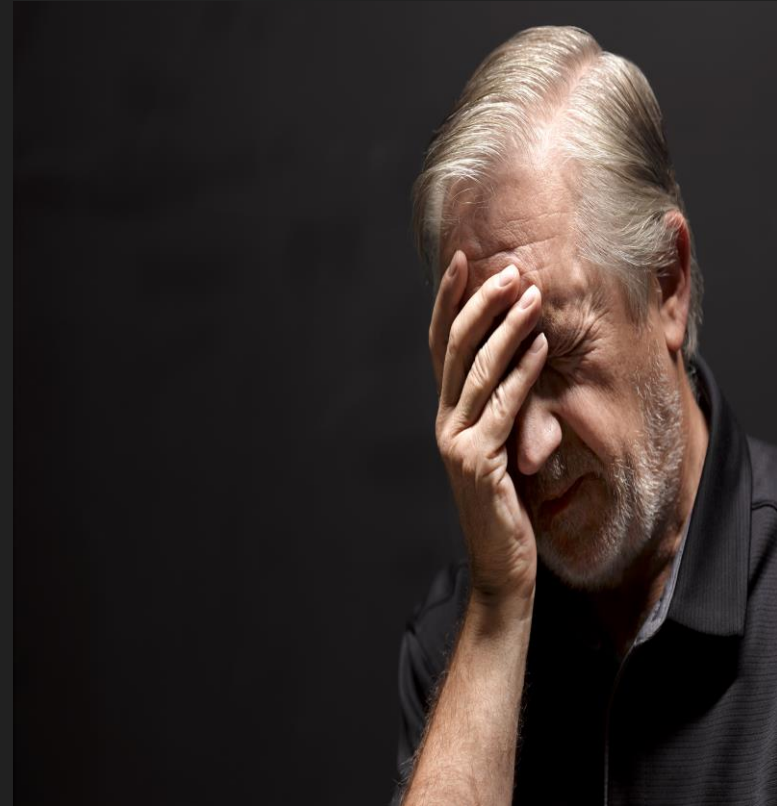
Rule breaking

Procrastinating

Compartmentalization

Acting Out

“Criminal” or “Stinking” Thinking



- Codependent traits

- Fixation on relationships-defocus on self
- Toxic behaviors with family members/significant others (manipulation, jealousy, score keeping, controlling)
- Need to be needed (tolerating abuse/mistreatment rather than being alone)
- Learned helplessness

- “Stinking” thinking

- Cheating the system

- Sense of accomplishment for breaking rules

- Lack of accountability

- Wallowing/self-pity

- Compartmentalization

- Two sets of values
- Creates internal unrest
- Allows for justification and rationalization of continued problem behaviors (it's ok to steal this because it's from a corporation and they have more money than me)
- Lack of integrity leads to inability to build self-worth

- Acting Out

- Anger issues

- Anxiety behaviors (clinginess, panic, manipulation)

- Hyperfocusing on imagined issues as a way to defocus or reason to leave treatment

Understand how these patterns are related to relapse/continued use/quality of life issues; What need are you attempting to meet?

- An inability to connect certain behaviors and their consequences to patterns of use/relapse often leads to repetitive cycles of failed attempts at recovery and treatment. (Lack of willingness, etc.)
- Even if the substance use is discontinued and sobriety is achieved, patterns of addictive/self-destructive behaviors will continue to lead to a multitude of consequences and have a negative impact on one's quality of life.
- While the behaviors may be pathologized/problematic, they are often someone's attempt to meet a normal human need- it is not the need that is the issue, it is the way of trying to meet it.

- Attempting to meet a human need

- Acceptance

- Love

- Belonging

- Pain relief

- Coping with grief and loss

- Reduction of anxiety or anger

- Willingness vs wanting

- Wants to change but not willing to do certain things
- Talk about trauma, address toxic relationships, attend support groups, sober living, etc.
- Don't want to change but want the consequences to go away

- Sobriety without recovery

- Procrastination and stagnation
- Fear based behaviors (abandonment, success, being “normal”, rejection, responsibility)
- Unhealthy relationships lead to stress, pain, insecurity, dependency
- Chaos/excitement; Boredom/peace

How to begin changing patterns and what the outcomes will be

- Concepts and working knowledge for clients to implement in their daily life
- Short-term/immediate change vs long term work
- Ability to identify and verbalize actual steps to take



- Short term “right now” changes

- Facing triggers

- Practicing accountability

- Habits

- Checking own motives

- Honesty with self and others

- People/places/things

- Long term work

- Trauma work (nervous system)
- Codependent traits
- Self-worth—self-sabotaging behaviors
- Emotional Sobriety
- The willingness to embrace discomfort

- Outcomes of changing patterns of behaviors and thought
- These rewards become a source of intrinsic motivation to continue to do and be better

- Improved self-worth
- Improved relationships
- Reduction of mental health symptoms (anxiety, depression, etc)
- Increased life stability
- Less impulsivity
- Improved physical health

Conclusion

- Helping the clients to understand thoroughly the fact that simply discontinuing their substance use will rarely lead to long term recovery, and will certainly not lead to the quality of life that is achievable. Underlying patterns of thought and behavior contribute equally to the deterioration of self and the consequences of the addiction.