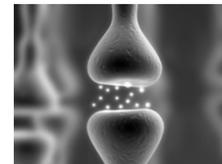
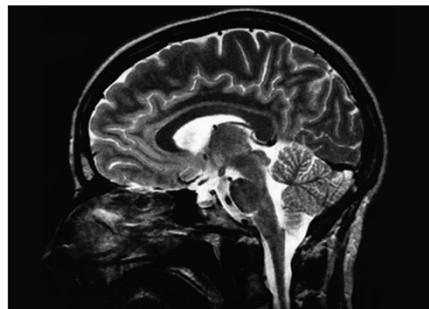
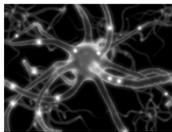


Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Brain, Behavior & Addiction

- The Science of Change



Science Has Generated Much Evidence Showing That...

Prolonged Drug Use Changes
the Brain In Fundamental
and Long-Lasting Ways

Where to Start

What do People in active addiction need?

Myths and Facts:

1. People have to “hit bottom”

Fact: Motivation to change is easier for brain earlier on the continuum

2. Person needs to accept they are an alcoholic or addict

Fact: Labeling can actually *increase* resistance because of stigma

3. Addicts need inpatient/residential rehab

Fact: 1996- ASAM – Start with *least* restrictive treatment that is safe.

4. Addicts are either ready to change – or not.

Fact: Ambivalence is *normal* – defining feature of ANY major change

Myth and Facts:

5. Addicts need to have their denial broken down (confrontation)

Fact: Confrontation causes activation of primitive, survival part of brain.

People with Substance Use Disorders consistently respond better with kindness and respectful treatment



Your Role As Counselor

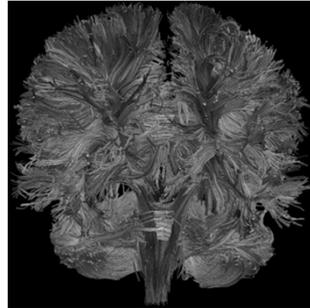
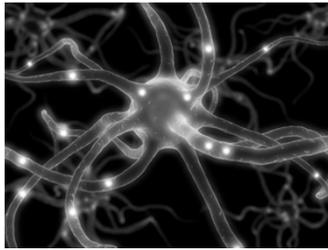
- Help through Recovery Science
- To Move Brain From:

Pro Using to Pro Recovery Patterns of Thinking



Fundamental Framework

- Where neurons fire together – they wire together!



So...Addiction:

- Continually fired and *strongly (efficiently)* wired pathways in the brain...
 - That reacts to its environment (Internal and External)....
 - To create powerful emotional “memories” (cue/triggers) at a biochemical level in the part of the brain that drives behaviors for survival.
- Most are unconscious!

- More you (repeat)...positively *or* negatively =
 - More efficiently and powerful pathway becomes
- Takes time and practice to break up brain's pathways of strongly wired connections



So.....Recovery

- Re-establishes balance of Frontal Cortex (Exec. Functioning) and Meso Limbic systems (Primitive)
- Re-establish/Creates healthier pathways (thinking/feeling)
- Foster better decision making

Understanding the Science is Important for Your Client:

- Understand *biological* factors driving behavior
- Reducing self stigma
- Plan for Recovery Management
- Be Patient

Fundamental Skills For Long Term Recovery

1. Learn relapse triggers and how to manage them
2. Change destructive thinking/feeling patterns
3. Identify emotional states and manage them
All related to changing brain wiring



Managing Cravings

- Fundamental Symptom of Early Recovery
- Ways to manage:
 - Avoidance – Sometimes impossible
 - Extinguish – Unpredictable

Trigger/Craving Plan of Action

Craving Crushers

Healing The Addicted Brain

1. Talking about it right away
2. Distraction
3. Flash Cards
4. Stress Management Techniques
5. Visualization

Flash Cards

List – 10 Positive Things if You Resist Craving

“If I Resist Craving” ...

- 10 Worst Things if you Don't Resist Craving

3x5 Card – 4 MOST Positive on one side

- 4 MOST Negative on other side

Make by hand and make lots of them!

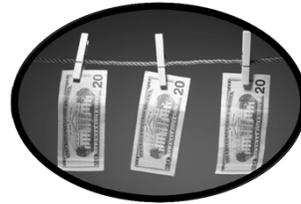
enterhealth | A BETTER WAY
to recover.

Daily Trigger Chart				
Situation (trigger)	Thoughts and Feelings	Behavior	Positive Consequences	Negative Consequences

Relapse Involves Cues that Trigger Cravings

Examples of external triggers:

- cash
- Fridays
- using “buddies”



Medical Management And Recovery

- Medical Management
 1. Subutex (Buprenorphine)
 2. Suboxone (Buprenorphine & Naloxone)
 3. Naltrexone – Oral or Vivitrol Naltrexone Injection
 4. Methadone
 5. Campral – Alcohol – Helps brain healing
 6. Gabapentin – Marijuana withdrawal

Dr. Richard Davidson's Work

- Affective Neuroscience
 - Brain Plasticity – ability to change structure and function throughout life
 - Experiences - external
 - Thoughts - internal



- His research shows that:
 - Behavioral interventions are actually
Biological
- In fact: Behavioral interventions:
Change brain in more targeted and specific
ways than pharmaceuticals
Without all the side effects



Dr. Davidson's Research

Mental training (meditators) can strengthen brain activity for:

- Empathy
- Compassion
- Optimism
- Sense of Well-Being



Other Research on Mindfulness

Benefits from smaller “doses”

1. Thirty minutes five/six days/wk for 2 months
2. 4 min x 4 times.
3. Two weeks
4. Training over the internet

Generalized Anxiety Disorder

Roemer, Orsillo Clinical Psychology Science and
Practice, 2001

Substance Use Disorders and Anxiety and Mood
Disorders with drugs and alcohol

NIH News 2004

In Mindfulness we can *work with* old, strongly held
connections

Becoming aware when they happen

“Stepping back” (loosening our brain) from:
the auto pilot thought/feeling/reaction by non-
judgmental awareness

Deciding if the thought, feeling, reaction is helpful
to us

- Practice changes neurochemistry to more positive functioning



Cognitive Behavioral Therapy

- Focuses on Role of ***Thinking*** in
 - How We Feel
 - What We Do



CBT

Based on an educational model

- Oppositional to “talk therapy”
- Unlearning old patterns
- Learning/practicing new patterns

Inquiry and debate using opposing viewpoints

Framed around asking and answering questions to

stimulate critical thinking

CBT – Why It Works to Rewire the Brain

Time limited

Agreed upon at first session

Therapist/Client relationship not the focus

Learning skill most important

CBT and the Brain

**Collaborative effort of “therapist”
& client**

Client’s goals

Structured and directive

**Not with the “what” but the
“how”**

Where attention goes, neurons fire.

And where neurons
fire, they can re-wire.

Daniel Siegel, *The Mindful Brain: Reflection
And Attunement in the Cultivation of Well-
Being* (2007), p. 291

