Opioid Dependency it is bigger than you are

By Jeffrey M. Georgi, M.Div., MAH, LCAS, LPC, CGP **Clinical Associate Dept. Psychiatry and Surgery Division of Addiction Research and Translation Duke University Medical Center Georgi Educational and Counseling Services** Durham, NC jeff@georgicounseling.com

Biological+Psychological+Social+SpiritualVulnerabilityLiabilityContextBankruptcy

plus experience

equals

Addiction

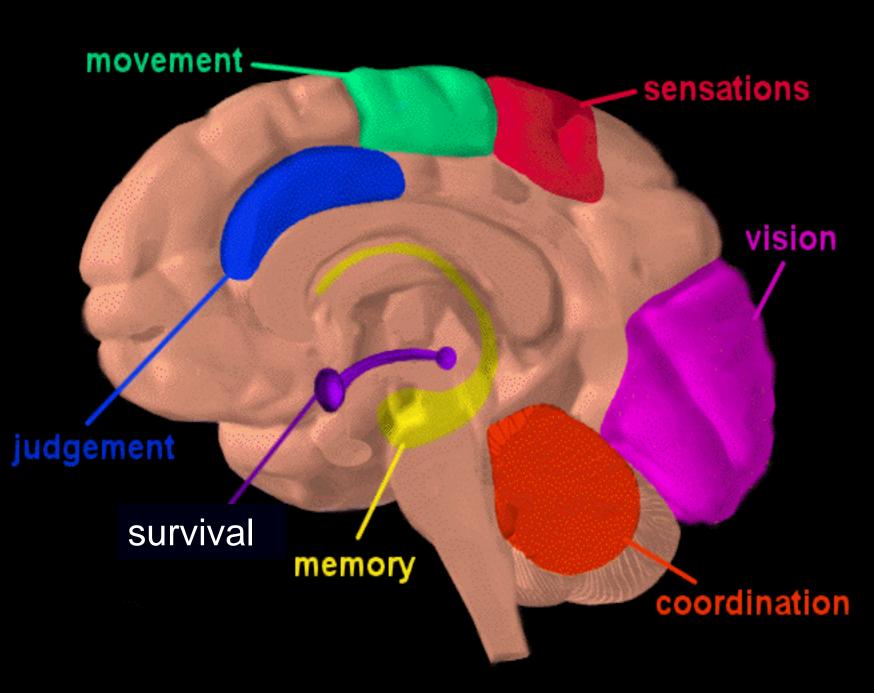
Drug of Choice

Wrong

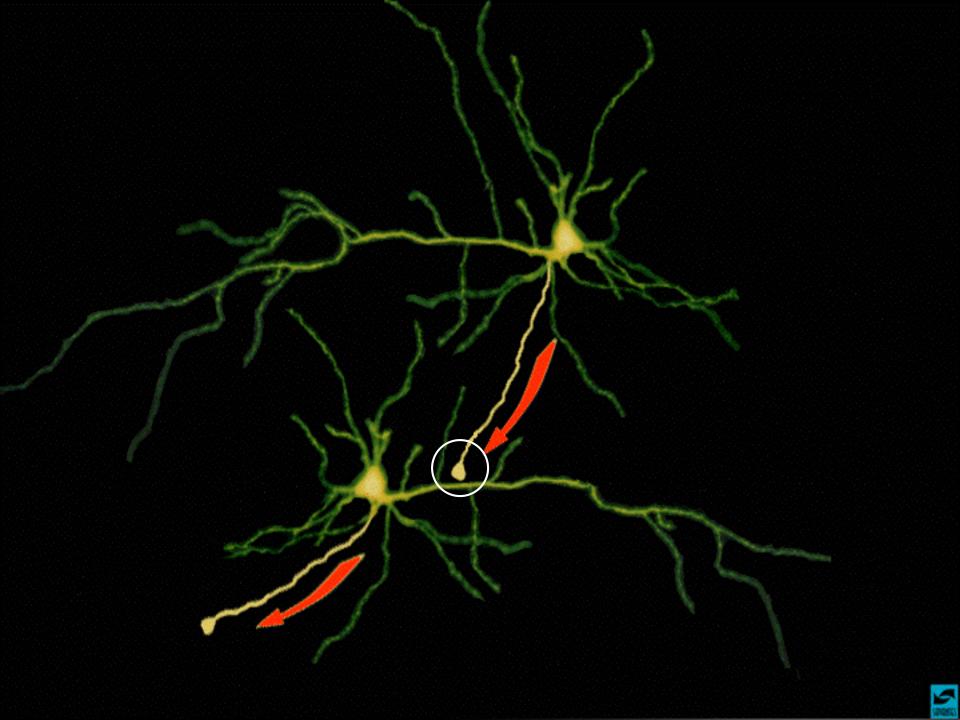
Drug of addiction

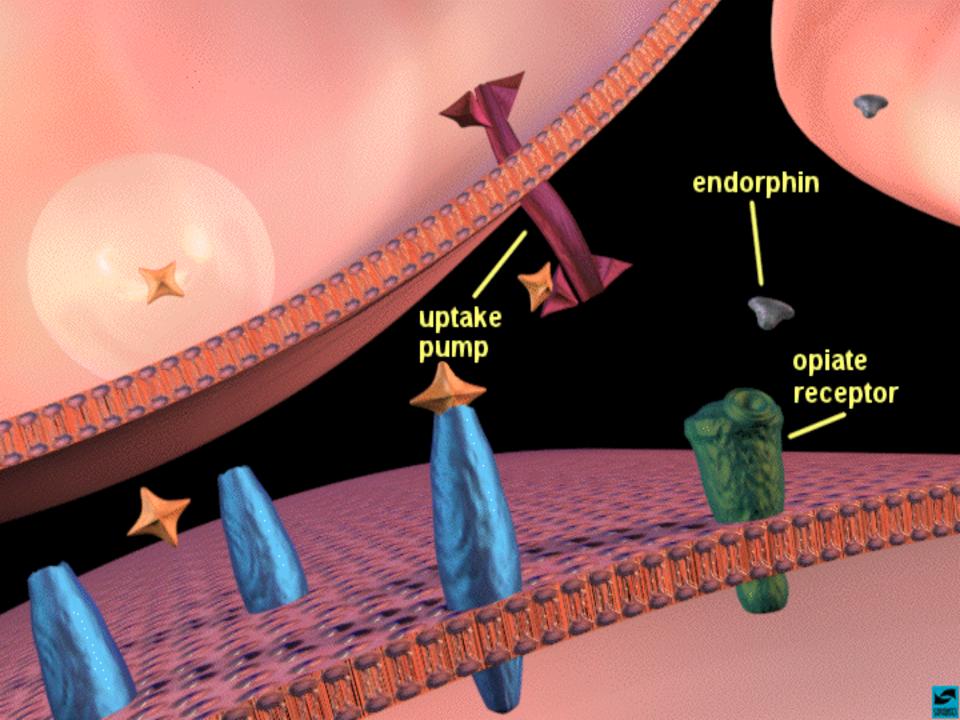
- The complexity of addictive disease is staggering.
- Medication is important and not enough.
- Individual or group therapists are not enough.

It takes a treatment team that is safe enough to argue, even fight to find consensus.







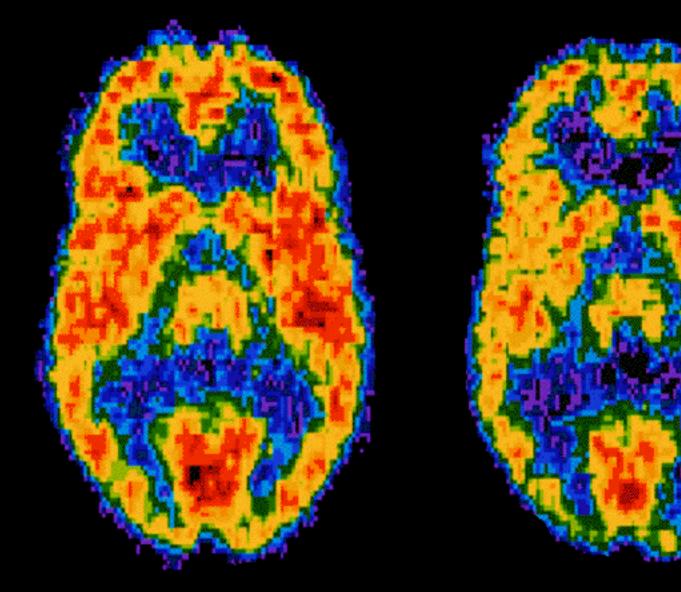


prefrontal cortex The choice has been made

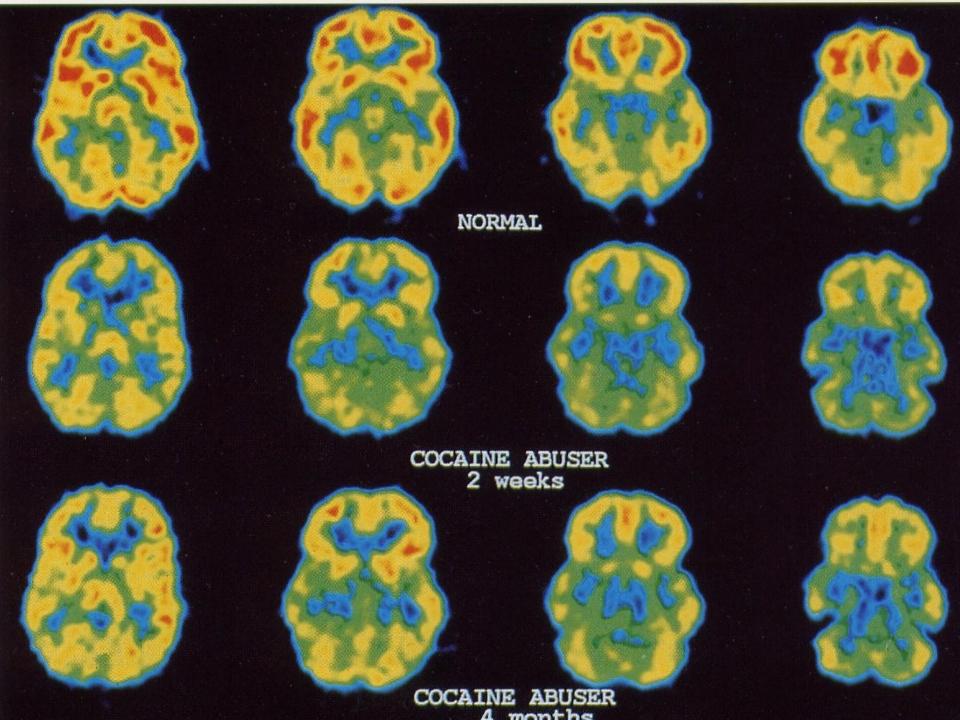
VTA

nucleus 🗡 accumbens

on cocaine









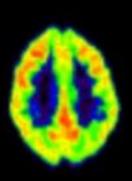


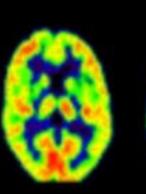
NORMAL CONTROL

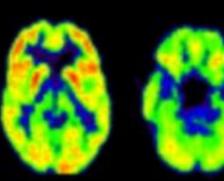
COCAINE ABUSER 1 month

COCAINE ABUSER 4 months

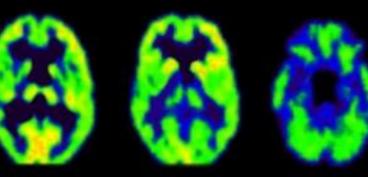
Heroin use decreases brain function







CONTROL SUBJECT



0%

100%

HEROIN ABUSER



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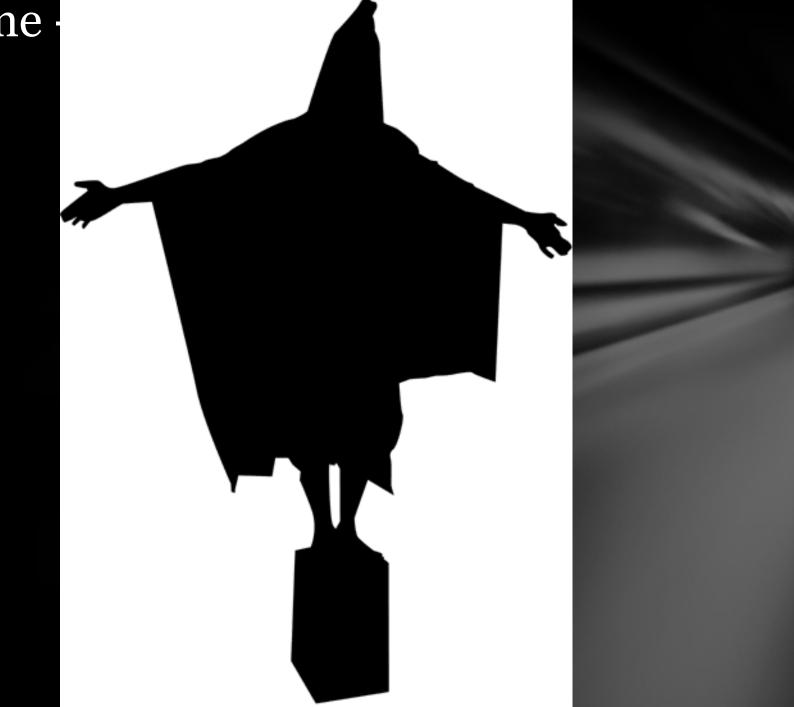
equals

Psychological Variable

Shame

"I am not enough." "I am worthless." "I feel empty." "I need to be perfect." "I must earn my value."

Shame



Biology of shame

shame = stress =

glucocorticoid storm

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equals

Social Context

Social Context Aspects of our Culture that Support Addiction

- Our culture is shame-based.
- We live in a society that worships the material.
- We profess to "family values" but we embrace the values of greed and excess.
- Our culture rewards left hemispheric activity over the "more spiritual" right hemisphere.
- Patients internalized the message that they are "not good enough."

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Spirituality

Spirituality vs. Religion

Religion

Religio - obligation or rule.

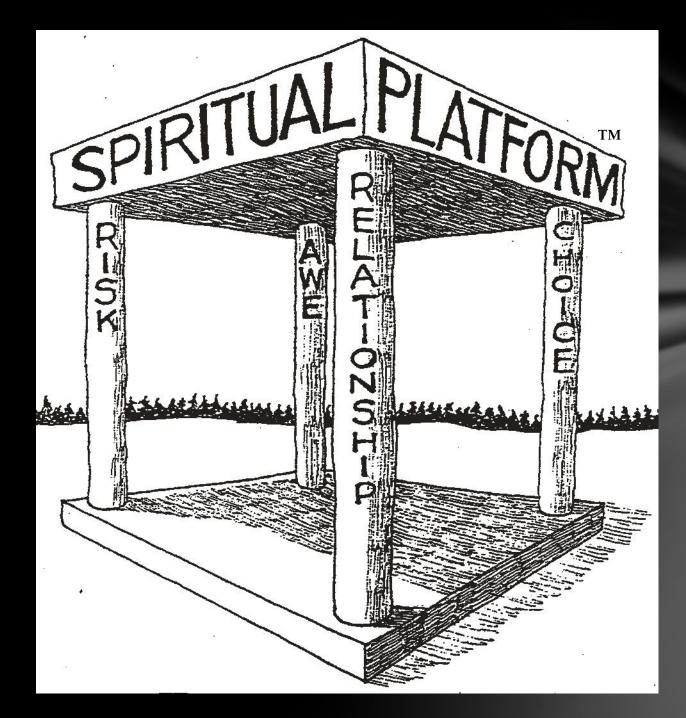
Tells us how to lives.

What constitutes the righteous life.

Ten commandments, not the ten suggestions

Spirituality

Spiritus - breathing. The essence of life. What gives life meaning. What gives human life its unique meaning.



Spirituality: What is it?

It is what makes us human and separates us from all other creatures by degree.

Existential expression.

Spirituality is a doing thing.

If we stop "doing" spirituality we lose our humanity.

Spirituality

The **choosing** is more important than the of the choice.

The **risking** is more growth producing than the "outcome" of risk.

The **relating** is more connecting than the relationship. The **wondering** is more expansive than the object of awe.

LEFT BRAIN

PIRITUALITY RIGHT BRAIN

content	process
particulars	gestalt
ends	means
outcome	flow
individual notes	symphony
results	context
fingerings	music
technique	
black/white thinking	
trees	
concrete	

Treatment Implications Treat the pain. Identify the shame. Honor the strength. Celebrate the successes. Call attention to desire. Pay attention to the Therapeutic Relationship and the **Treatment Team**. Get feedback from the patient!

You cannot out talk the limbic system.

Craving management is different than relapse prevention.

Behavior changes the brain more effectively than words.

Pain is too potent a motivator for words to undo. Medications are often necessary.

Harm reduction is an appropriate strategy.

- The complexity of addictive disease is staggering.
- Medication is not enough.
- Individual or group therapists are not enough.
- It takes a treatment team that is safe enough to argue, even fight to find consensus.
- Get feedback!

Content is important, particularly in early recovery. However, process interventions should not be overlooked.

Issues of relational connection; mother to child, husband to wife, sister to sister, brother to brother, father to child, friend to friend, must be supported.

Don't forget family.

The therapeutic relationship is of primary importance.

Issues of "play" and fun in addition to spontaneity need to be addressed in treatment.

Group interventions need to be safe and needs to bring the patients into the "here and now."

We can change what we know by appealing to our reason and intellect.

We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved and to love unconditionally over time. Andreasen, Nancy C., Brave New Brain : Conquering Mental Illness in the Era of the Genome, Oxford Press, New York, 2003.

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