

Psychological Dependency in Rehab Patients

The concept of Recovery

The Biopsychosocial model revisited.
A Psychodynamic view of Addiction,
Sid Goodman, MA , LMHC

Presented by:

Barry Shapiro, D.O.
Wellspan Behavioral Health

Prognostic Factors in substance Abuse

- “The best prediction of outcome in Axis I disorders is the level of severity of Axis II pathology.”

Jon Shaw, MD

University of Miami

The Psychodynamic View of Relapse

- Relapse is viewed as regression of an underdeveloped ego
- Treatment Goal:
 - Understand the core ego deficits
 - Address the Psychological relapse before the abuse of substance

Family of Origin Issues

- Childhood Rejection
- Childhood Overprotection
- Premature Responsibility (the parentified child)
- Primitive ego defenses of Denial, Projection and Regression defend the ego against painful affect
- Normal parental processes of defending, protecting and providing can be transformed into a process of rescuing and enabling

Well Meaning Families and Enabling

- In trying to help and protect the patient, inadvertently the patient gets the message that they will be rescued from their consequences.
- Enabling is a progressive problem if you do small thing for a patient who hasn't earned them
- Soon you will find yourself rationalizing doing big ones as the patient regresses to dependency
- Families do not recognize psychological relapse in themselves or the patient

Ego Deficits in Addicts

- Ego Deficit #1:

- **The inability to manage their own emotional life and take responsibility for one's own actions**
- Behavior is maladaptive from extreme mood swings to emotional numbness
- The world is at fault and owes them something
- They receive secondary gain from parent or spouse who come to the rescue reinforcing the dependency

Ego Deficits in Addicts, cont'd

■ Ego Deficit #2:

- **Lacks the internal capacity to self sooth. No emotional object consistency**
- The addict seeks outside sources of gratification
 - Drugs, sex, money, power
- People are seen as objects to meet their needs
- What can I get from this person
- They transfer social responsibility to others to take care of their needs. Eg. Rent money, lawyer fees
- Secondary gain reinforces the dependency

Ego Deficits in Addicts, cont'd

- Ego Deficit #3:

- **The fantasy of life without consequences**
- Failing at self care, the manipulation of others takes place. Example: doctors, therapists, attorneys, gov't agencies
- They may articulate what they should do but lack the ego strength to make the manifest behavioral change.

Ego Deficits in Addicts, cont'd

- Ego Deficit #4:
 - Deficits in self concept:
 - Self hatred, depression, inadequacy
 - Maladaptive behavior:
 - Grandiosity, entitlement
 - Learned helplessness
 - Victim mentality
 - Social withdrawal, depression
 - Social implications:
 - Failed relationships
 - Occupational failures

Maladaptive psychological defenses of the Ego, review

- Inability to manage their emotional life
- Lacking internal capacity to self sooth
- Fantasy of life without consequences
- Self hatred, depression social withdrawal
- The above results in,
 - Patients remain trapped inside their own developmental deficits
 - Emotional development of the Ego does not occur
 - Familial contribution to later addiction is the failure to allow the child/adult to complete the necessary developmental tasks

Defensive Structure of Addicts

■ Denial:

- can reach psychotic proportions requiring confrontation in group settings

■ Projection:

- 2 types,

■ Disowning:

- Unwanted aspect of the self is attributed toward others. “I don’t trust that person, he’s just out for himself”

■ Assimilative:

- Assuming others are very much like oneself
- This can be positive or negative:
 - Everyone smokes pot, it’s no big deal
 - The people in AA are just like me

Defensive Structure of Addicts, cont'd

- Rationalization
- All or nothing thinking
- Conflict minimization and avoidance
- Primitive narcissism fails to develop into secondary narcissism
- Obsessional focus
 - Workaholism
 - Sexual addiction
 - Pleasing others

Family Roles in Addictive Behavior

- Secondary Gain:

- Reinforces dependency in addicts

- Tertiary Gain:

- Reinforces the care takers emotional needs, but perpetuates dependency (co-dependent issues)
- Ex.: A spouse or family member may experience the following:
 - Avoidance of conflict defends against the anxiety of rejection
 - The need for power and control re-enactment
 - Feeling needed
- When family systems do not change patients do not change

Residential Treatment

- Removal from the relapse environment (people, places, things)
- Coordinate treatment interventions with significant others
 - Families, spouses
 - Employers
 - Courts, attorneys
- Constant behavioral feedback for both negative and positive behaviors

Treatment Interventions in RTC

- The addict is not judged by what they say but by what they do
- Splitting behavior is the norm and is continuously confronted
- Trust must be both demonstrated to others and earned from others

Self Care Adult Responsibility

- Learning self sufficiency
- Living within their means
- Feedback and help with negative attitudes, helps patients to set more appropriate boundaries
- 12 step meeting with a sponsor

Therapists Role for Substance Abusers

- Caring and responsible concern
- Teaching coping skills
- Confronting of maladaptive defenses. E.g..
Negative attitudes and behavior
- Alliance with the family
- Communicate with other agencies without rescue (treatment can not be used to hide from the consequences of behavior)

Daily Morning Team Meetings of Therapists

- Information is shared by staff about all patients as well as residential treatment staff
- This maximizes the ability to observe manipulation, lying and splitting. The patient cannot avoid these issues as they become an integral part of treatment.
- Persistent refusal to engage in treatment will result in discharge

Spiritual Recovery

12 Step Programs

- The admission of past behaviors for which one carries guilt and shame
- Facing the facts and painful emotion associated with previous actions and taking emotional responsibility
- These actions over time produces honesty and integrity which slowly takes the place of denial, lying and manipulation
- 12 step programs foster feeling of acceptance
- Restore a value system

Continuous Pay Criteria for Families and Insurance

- Provide therapeutic leverage to push the patient into treatment
- The family draws a contract

Example of Treatment/pay Criteria Contract

- I/we will provide you with this opportunity so long as you are willing to take advantage of it. There must be demonstration that you:
 - Consistently obey rules, regulations, and respect others
 - Accomplish treatment goals within a set time frame
 - Demonstrate honestly (no report of continuous lies and manipulation)
 - Participate actively expressing self in group regarding major issues
 - Can't just hang out
 - Make contract with _____ to settle financial legal problems e.g.. Divorce, alimony, child care

Family Phone Contract

- Content of phone call, therapeutic vs. repetitive crises
- How is the patient paying for the call
- What time is the call and is it convenient for you
- Are they complaining about the program or treatment
- Do you feel manipulated
- Are you being asked to lie
- Are they making progress in treatment by behaviors e.g. job, 12 step active participation

From Dependency to Recovery

Residential Rehabilitation

- The dependent position of addicts
 - Feeling of entitlement and grandiosity fuel anxiety, depression and fear
 - The external world is at fault
 - The dependent position and addiction = a substitute for developing the capacity and competency to regulate one's own internal emotional process
 - The lack of emotional object consistency
 - The use of someone else's behavior to regulate your own emotions is doomed to fail

The Interdependent Position of Recovery

- As we assume responsibility we see ourselves as part of a larger whole
- Our individual choices affect the environment and our lives

Clinical Philosophy Role in Establishing the Interdependent Position

- Consistently ask the patient to take responsibility for what is happening in his or her life
- The patient must earn before receiving emotional, financial and physical support
- Patients assume adult responsibilities including work and homemaking
- Patients are asked to do unto others as they would have done unto them

The Psychological Process of Recovery. Establishing the Interdependent Position

- The patient experiences firm boundaries set by family members, peers, courts and therapist
- The dissolution of rescue fantasies begins
- The patient experiences consequences for their actions e.g. splitting, lying, emotional blackmail and is held accountable
- **The dependent position is challenged**

The Psychological Process of Recovery

- The patient begins to experience their own strength and weakness rather than those of others
- The patient becomes oriented at his own or her own inside's painful and anxiety inducing but sobering
- **The dependent position is weakened**

Psychological Process of Recovery, cont'd

- The patient begins to perceive that it is him or her that is responsible for regulating their own internal emotional affairs
- The magical thinking of a child begins to give way to reality based adult perceptions
- **The dependent position deteriorates**

The Interdependent Position of Recovery

- Merging the patient's internal dialogue with the logical consequences of behavior
- The patient assumes honest realistic views of their self worth
 - Assuming responsibility for their behavior
 - This establishes consequences between their internal world and their outside world
- The patient takes stock of themselves and begins to establish personal integrity through the principles of 12 step recovery
- The patient begins to establish emotional object consistency

The Interdependent Position of Recovery

- The adult child is reoriented to the world of responsibility
- Learning to live with and demonstrate consideration for others
- **The dependent position disintegrates and is integrated as the interdependent position**

Psychological Recovery in Addicts

- The patient experiences psychological and spiritual relapse but finds resolution without returning to chemical dependency or self destructive behavior
- The patient builds a stable functional self identity
- This enhances feeling of self worth and a genuine self acceptance
- **The interdependent position is strengthened and becomes a way of life**

Lecture Questions and Review

■ Question #1

- In the psychodynamic view of substance dependency relapse begins with
 - A. The emotional craving of substance
 - B. Talking about abusing substances
 - C. Talking and dreaming about substances
 - D. The purchase of substances
 - E. Depending upon others to regulate your own emotions

Lecture questions

■ Question #2

– The ego deficits associated with dependency are:

- A. The inability to manage your own emotional life
- B. Lacking in self soothing abilities
- D. Self hatred
- E. All of the above

Lecture questions

■ Question #3

– In the process of helping families support the recovery process, therapists should:

- A. Encourage families to support the patient with whatever resources they can
- B. Have families become progressively involved in helping patients with their legal financial and personal problems
- C. Encourage families to have private very early open communication with the patient
- D. Set firm boundaries on communication between the patient and their families. Assist families in developing skills that recognize the psychological relapse. Help families to resist protecting the addict from the natural consequences of addiction