The Addictive Process

Models, Theories, and More

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But first, how about some DSM Criteria?

• Abuse – a maladaptive pattern of substance use leading to ____________ of the following (over 12 months):
  – Failure to fulfill major ______________ at work, school or home
  – Recurrent use in situations in which it is physically _______________
  – Recurrent substance-related ______________
  – Continued use despite having persistent or recurrent ________________ problems

And then there’s Dependence…

• Dependence – a maladaptive pattern of substance use leading to ____________ of the following (over 12 months):
  – ____________ – increased amounts or diminished effect
  – ____________ – characteristic withdrawal syndrome or substance is taken to relieve or avoid withdrawal
  – Substance is taken in larger amounts than was intended
  – ____________ – unsuccessful efforts to stop use
  – ____________ – a great deal of time is spent in activities necessary to obtain, use, or recover from its effects
  – ____________ – important social, occupational, or recreational ____________ or reduced
  – ____________ – use is continued despite knowledge of having a persistent or recurrent ________________ problem
Major Etiological Models

Moral Model
Sociocultural Model
Psychological Model
Medical Model
Bio/psycho/social/spiritual Model

The Moral Model
• Addiction occurs as a consequence of ________________________
• Individuals are viewed as capable of choosing abstinence
• Substance abuse __________________________
• Religious or spiritual intervention required

The Sociocultural Model
• Social-learning – learned through modeling or as a
  – "Using" patterns and attitudes are strongly related to peers' use of SA
• Alcoholics more likely come from:
  – Rigid, conflict oriented, disengaged, emotionally repressive families
  – Rigid, moralistic families
The Psychological Model

- SA viewed as secondary to other _______________
- Used to escape/________________________ pain
  - Self-medicative hypothesis
- SA used to escape shame from family of origin
  - High correlation with sexual abuse
- _______________
  - SA’s have greater likelihood of other compulsive behaviors
- Reinforced through immediate effect

The Medical Model

- Also called the " _______________
- SA viewed as a primary disorder
- Widely accepted in the Tx community
- Component of _______________
- Three Phases
  - Early or prodromal phase –
    - increased tolerance, guilt, chugging, blackouts
  - Middle or crucial phase –
    - loss of control, friends, jobs, protecting supply, personality change
  - Late or chronic phase –
    - morning use, violating ethical standards, tremors, hallucinations

The Medical Model

- Advantages
  - Removal of _______
    - embarrassment, shame, and guilt
  - Encourages responsibility for treatment/abstinence
  - Offers explanatory construct
  - Promotes _______________
- Disadvantages
  - Not inevitable loss of control or progression
  - SAs ___________ if they do not fit model
  - May result in purely ___________ to TX
  - May encourage avoiding responsibility
The Medical Model

• Helping clients/families understand the disease concept:
  – ___________ – must be addressed first
  – ___________ – occurs over time
  – ___________ (Chronic) – worsens over time
  – _________________ – 3 potential consequences
  – _________________ – people DO recover
• The 6 P’s of recovery
  – ________________________________________

Bio/psycho/social/spiritual Model

• Interaction of the biological, psychological, social, and spiritual domains
• Addiction is viewed as a _________________
  – Multiple patterns of dysfunctional use
  – Multiple personality types
  – Multiple combinations of adverse consequences
  – Multiple prognoses – may require multiple types of intervention

And the drum roll please…

• What I have found to be the most effective way to explore and explain the addictive process…
  – ______________________________
The Addictive Cycle (Carnes, 1994)

Belief System
- I am basically a _____________________ person
- No one will love me ________________
- My needs are never going to be met ______________________ on others
- The object of my addiction (sex, alcohol, gambling, food, relationships, etc.) is __________________________

Impaired Thinking
- Distorted __________________________
- Denial __________________________
  - Ignoring the problem
  - Blaming others
  - Minimization
  - arguments, excuses, justifications, and circular reasoning
- Isolation, Suspicion, Paranoia, and Blame
- The results of impaired thinking – the addict that a specific incident or behavior is a part of a total __________
Other types of Impaired Thinking

- _______________ – blame troubles on others instead of accepting responsibility
  - If only the world would change…
- _______________ – ability to eliminate self-destructive knowledge
  - Resorting to a mental image/simple phrase that neutralizes common deterrents
- _______________ – creative in formulating excuses for behaviors
  - Conjure up reasons why they are entitled to continue using

Other types of Impaired Thinking

- _______________ – a way to overcome feelings
  - Inadequacy, decreased personal control, and weak self-efficacy
  - Become arrogant, manipulative, violent
- _______________ – perform “good deeds” to atone for negative aspects of their lifestyle
- _______________ – optimism to an extreme, clearly grandiose and unrealistic
  - It won’t happen to me…

Other types of Impaired Thinking

- _______________ – lazy in thought and action
  - Take short cuts to problem situations
  - Fail to critically evaluate thinking, ideas, and plans
- _______________ – a lack of consistency or congruence in one’s thinking and behavior
The Addiction Cycle

- Addiction – a definition
  - An ____________ relationship with an object or event in an attempt to control that which cannot be controlled.
- Begins when someone establishes a relationship with an object/behavior
- Reinforcements initially outweigh punishments
- Another definition: Addiction is an ________________ for something with an accompanying ________________ to satisfy that desire.

Preoccupation

- A trance-like mood
- Obsessive thoughts
  - ________________ disappear

Ritualization

- Rituals are by nature positive things
- Routines make us comfortable
- For the addicted individual, rituals ________________ the experience
  - ________________
The Addictive Event

• Can be anything, for example:
  – The intake of a chemical
  – A sexual act
  – Spending money
  – Binge eating
• The key here is that the addicted individual

Despair

• Hopelessness and powerlessness
• The sub-cycle
  – ___________ – “I can’t believe I did it again! I promised myself (my daughter, significant other, etc) that I’d stay away from it!”
  – ___________ – “Oh, I’m going to suffer for this one, everyone is going to find out!”

Preoccupation

• No one wants to stay in Despair
• __________________ state is particularly problematic for the addicted individual
• The primary ______________________________ for the addicted individual
• The physiological benefits of preoccupation
Unmanageability

- The never-ending struggle to keep one’s ___________ life from affecting one’s ___________ one
- _________________ – arrests, unmasked lies, disruption, unmet commitments, attempts to explain the unexplainable
- More times through the cycle = more alienation from other people
- _____________ is the result

Belief System

- “Well of course I can’t stop, I am a bad and unworthy person. I’ll never be able to get beyond this…”
- “Now I’ve driven away ANOTHER important relationship”
- “I can’t trust people, they’re always after me to change. Who needs them anyway?”
- “I might as well just keep doing it. At least I know that I can depend on it to meet my needs.”