Anxiety Induced Dissociation Relapse Process presented for the

10th Annual Midwest Conference on Problem Gambling and Substance Abuse

Contact information:  www.kspts.com
Objectives: The participant will learn a new unifying model of addiction, recovery and relapse prevention, The Serenity Model, that will:

1. Increase their understanding of addictive disorders from an anxiety perspective.
2. Aid in relapse prevention and recovery planning.
3. Specifically aid in assessment and treatment of the client having a trauma diagnosis along with being relapse prone.
Objectives: Utilizing The Serenity Model, the participant will:

4. Gain understanding of the Anxiety Induced Relapse Process.
The Serenity Model™

- The Serenity Model of Recovery™ is a unifying theory of addiction, unifying the understanding of the cause, nature, and ultimately the treatment of both chemical and behavioral addictions. The unification of understanding is based on the intrinsic cause of addiction .... the addicted client attempts to lessen anxiety by whatever means they have learned will do so, ingesting a chemical or performing an anxiety lessening behavior.
The Serenity Model™

- The Serenity Model™ can be utilized to aid the counselor and client in understanding the addiction process and to assess and address recovery needs. It incorporates an understanding of the fundamental nature and basis of addiction ... i.e. anxiety and the addictive behaviors and substances utilized by the addicted client to lessen anxiety.
Serenity in this framework is defined as “the lessening of anxiety” and utilizes psychological, biological, social, and spiritual tools to accomplish this...to move into a recovery process that leads to less anxiety ...to more serenity.
The Serenity Model™

Serenity Model of Recovery

Psychological

- Anxiety
  - Trauma related disassociation
  - Learning how to scale anxiety levels by recognizing physiological responses

Chemical

- Foods: Alcohol, Marijuana, Stimulants, Sedatives, Opiates, Hallucinogens, Inhalant

Behavioral

- Raging, Cutting, Fantasy, Video Games, Gambling, Exercising, Shopping, Pornography, Internet Sex, Workaholism

Habit

Loss of Control

Addiction

BIOLOGICAL

- Nutrition: (Healthy biological activities lower anxiety)
- Sleep: (Regular and enough sleep time hours)
- Exercise: (Increases endorphins, improves self image, relieves excess anxiety)
- Caffeine: (No caffeine 6 hours prior to sleep time)
- Nicotine: (Is the anti-serenity drug, it negatively affects all four realms)
- Medical/Dental Care: (Lowering pain, infection, and inflammation lowers anxiety)

SOCIAL

- Family and Intimate Relationships: (Healthy Peer Relationships)
- Employment or volunteering: (Self-worth Activities)
- Relaxation Activities: (Vacations/Periods of time to reset your mind)

SPIRITUAL

- (A connection to something greater than self lowers anxiety)
- Define Self-Spirituality
- Learn how to utilize the 12 step program to gain spiritual principles
- Continue practicing and improving spirituality each day

Social

- Current Life Stressors: (Day to day problems, crises, and losses)
- Breaking Values: (Recognition of the conscience)
- Psychic Conflicts: (Bring unconscious conflicts into awareness for resolution)
- Perception of Self: (Accurate awareness of inner strengths and acceptance of humanness)
- Trauma by Stealth: (Trauma caused by being teased, neglected or abandoned)
- Life Threatening Events: (Rape, mugging, major trauma)
- Neurochemistry: (Medication to stabilize)
Anxiety in this sense can be viewed as the brain's way of feeling pain. A person may not recognize that the uncomfortable feeling they are having is anxiety. People will use the words ‘stressed’ ‘nervous’ ‘antsy’ ‘agitated’ ‘irritable’ etc. for what is really a level of anxiety.

Clinicians need to aid the client toward increasing awareness of their anxiety level.

We use a one to ten scale with ten being the highest level of anxiety a person can imagine experiencing.
At PTS we have found, when aiding persons in awareness of their anxiety, that they experience anxiety in many different ways physiologically.

Most persons recognize when they are at a low anxiety level, ‘serenity’, and they notice when they are at a high level of anxiety as they have very specific, to them, physiological symptoms.

One key to this model is aiding the client in recognizing the graduation of anxiety from low, level 1, to high, level 10.
Anxiety Induced Dissociation Relapse Process

Physiological Symptoms of High Levels of Anxiety include:

- Tightness in the client’s forehead. Clients often state “head is going to explode”;
- Intestinal discomfort such as nausea;
- Panic like attack, shortness of breath with a rapid heart beat;
- Tightness in their chest, shoulders, or neck;
- Tingling or numbing in their extremities

A person can feel one or a combination of the above physiological anxiety symptoms ... and others.
Observations

- We noticed many of our clients who struggled achieving long term abstinence, and were termed relapse prone, were also victims of severe trauma.

- Case study: Bart
Observations

- We have also noticed more persons, as a percentage, with a trauma history in the behavioral addictions group than in our chemical addictions groups.

- Why? What does this mean? We believe that many of the behavioral addictions clients started utilizing behaviors to deal with their anxiety prior to having mood altering chemicals readily available... so they resorted to addictive behaviors to deal with the anxiety.... i.e. cutting, restricting food, raging. Their first addiction was to a behavior.
Anxiety Induced Dissociation Relapse Process

Observations

- We have also noticed many of these clients moved from behavioral addictive behaviors to chemical addictive behaviors later in life, and often, now cross addicted, moved back and forth between behavioral and chemical use, or used both.

- Since the development of The Serenity Model™ we have become more aware that behavioral addictions are much more common than previously thought.
Anxiety Induced Dissociation Relapse Process

Observations

- Many of these cross-addicted clients, cross-addicted to both chemical and behavioral use, were “undertreated” as many programs were for “substance disorders only” as the counselors did not have the knowledge and expertise to assess and treat the behavioral addictions.
Observations

- These cross-addicted, behavioral and chemically addicted clients were often labeled “treatment resistant”, “in denial” or “relapse prone.”
Anxiety Induced Dissociation Relapse Process

Observations

We believe, in reality, the lack of treatment success for these “treatment resistant” clients has been due to three factors:

1. Our professions lack of understanding of behavioral addiction... that chemical and behavioral addictions are inherently the same. Some differences on the outside, but on the inside, the same brain chemistry and learned behavior. Treatment has to treat both at the same time.

2. Under-treating the client due to our lack of knowledge and a unifying theory of treatment- led to development of The Serenity Model™.

3. Lack of understanding of the Anxiety Induced Dissociation Relapse Process
While utilizing The Serenity Model™ we noticed some clients still struggling to achieve abstinence, despite their seemingly high motivation, utilization of 12-Step support and Step work, along with intensive relapse prevention skills acquisition.
We had for many years, experienced what other counselors have heard... common, very similar, stories from clients that the relapse was not the client’s fault... “my car automatically pulled into the liquor store parking lot”... “something pulled me toward the casino” ... “it was like I was watching myself play the slot machine.” Much of the time I didn’t believe the client. I would think such statements are just “excuses” or part of “denial”.
Anxiety Induced Dissociation Relapse Process

- We noticed that many of the clients presenting with these “unexplained” “not my fault” relapses had one thing in common. Many were trauma survivors...often the trauma was suffered as children.
- We proposed that an anxiety induced dissociation relapse process, triggered by a certain level of anxiety, could be an explanation of the above relapse phenomena.
Anxiety Induced Dissociation Relapse Process

- Case study- Sarah (fictitious name)- molested by uncle.
- For instance a young person is lying in bed knowing their perpetrator could come in and molest them at any time. Their anxiety increases when the door opens to a certain level of brain pain (anxiety- Level 5?) and they then dissociate- they go somewhere else in their mind (a learned, reinforced behavior)- until the trauma is over.
Anxiety Induced Dissociation Relapse Process

Case Study

Sarah is now an adult. She has learned to utilize addictive chemicals and behaviors to cope with anxiety.

She has been in treatment many times for addictive chemical use but has never had her behavioral addiction, shopping, addressed.

Sarah has unexplained relapses despite high motivation and recovery behaviors. When Sarah’s anxiety level reaches Anx=5 these relapses occur.
Anxiety Induced Dissociation Relapse Process

Treatment

1. Assessment is key
2. Utilization of unifying theory of addiction and treatment such as The Serenity Model™.
3. Education about the anxiety induced relapse process.
4. Teaching anxiety awareness skills (see worksheet).
5. Trauma therapy, DBT, EMDR
# Anxiety Induced Dissociation Relapse Process

## Serenity Model of Recovery - Daily Inventory

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>The anxiety pot is full at 10 1 to 10 (10 is high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you feel this anxiety in your body? “chest”</td>
<td></td>
</tr>
<tr>
<td>Feelings: Name them. Talk about them. Don’t ignore them.</td>
<td></td>
</tr>
<tr>
<td>Thoughts - What is on my mind the most today? What thoughts are fueling the feelings?</td>
<td></td>
</tr>
<tr>
<td>Troublesome thoughts – perfectionistic/demandingness; putting self down; ruminating</td>
<td></td>
</tr>
<tr>
<td>What intervening thought do you use to stop the distortion?</td>
<td></td>
</tr>
</tbody>
</table>

## How I will take care of self

### Exercise – how much

<table>
<thead>
<tr>
<th>Type</th>
<th>Type</th>
<th>Type</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
<td>Min</td>
<td>Min</td>
<td>Min</td>
</tr>
</tbody>
</table>

### Nutrition - fruits, veggies, protein – portion control

<table>
<thead>
<tr>
<th>Fruits Y, Veggies Y, protein Y, 3 meals? Y, Breakfast? Y</th>
</tr>
</thead>
</table>

### Social - Balance- non isolating activities Job, Family, Friend, 12-Step meeting, Sponsor, Fun

<table>
<thead>
<tr>
<th>Job, Y N</th>
<th>Family Y N</th>
<th>Friend Y N</th>
<th>12-Step mg Y N</th>
<th>Sponsor Y N</th>
<th>Fun Y N</th>
</tr>
</thead>
</table>

### Spiritual Activities

| Daily readings Church or online Nature Service Work- helping others Talk to God - Talking Step Work Circle what you do that day. |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|

## Anxiety

*The anxiety pot is full at 10 1 to 10 (10 is high)*

- If at 6 or above call support **7**

Where do you feel this anxiety in your body? “chest”

Feelings: Name them. Talk about them. Don’t ignore them.

Thoughts - What is on my mind the most today? What thoughts are fueling the feelings?

Troublesome thoughts – perfectionistic/demandingness; putting self down; ruminating

What intervening thought do you use to stop the distortion?

How I will take care of self

<table>
<thead>
<tr>
<th>Exercise – how much</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition - fruits, veggies, protein – portion control</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fruits Y, Veggies Y, protein Y, 3 meals? Y, Breakfast? Y</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social - Balance- non isolating activities Job, Family, Friend, 12-Step meeting, Sponsor, Fun</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job, Y N</th>
<th>Family Y N</th>
<th>Friend Y N</th>
<th>12-Step mg Y N</th>
<th>Sponsor Y N</th>
<th>Fun Y N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spiritual Activities</th>
</tr>
</thead>
</table>

| Daily readings Church or online Nature Service Work- helping others Talk to God - Talking Step Work Circle what you do that day. |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|

## Circle what you do that day.
Anxiety Induced Dissociation Relapse Process

Assessment Includes

1. Dissociative Experiences Scale (DES)
2. Qualitative and Quantitative Trauma Questionnaires.

Research is ongoing
Thank you.

The End

Contact Information
Duane L. Olberding  duane@kspts.com

785-843-5483  website  www.kspts.com