Serenity Model of Recovery™

Objectives: The participant will learn a new unifying model of addiction, recovery and relapse prevention, The Serenity Model, that will provide:

1. A new unifying model and theory of addiction that aids in understanding the connection between chemical and behavioral addictions.

2. Understanding of how this model will improve assessment, treatment, and relapse prevention of addictive disorders.

3. Increased understanding of cutting edge trends in addictive use treatment.
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™ 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.
Many people, including persons having behavioral and/or chemical addictions believe that the “high” is what keeps the addiction active. People struggle with the concept that the person is actually additively using chemicals and/or behaviors to relieve brain pain rather than seeking pleasure.
Many persons having addictive disorders, that have hit “a bottom” so to speak, do not struggle with the idea that addiction is really “relief of brain pain”. Why? Because they know that toward the end of their addictive use they were just “trying to feel normal” and were “tired of the high but just kept using” and knew that “the high wouldn’t help”.
The concept of “brain pain” or anxiety avoidance is as old as life itself. Anxiety was the first feeling sensed by organisms. All organisms attempt to avoid pain. The limbic system, often called the reptilian brain, is where anxiety, and feelings, are sensed. This is where the brain first notices “something is wrong”. The “flight or fight” response is held here; if the organism is ill or in some unhealthy environment the limbic system is where the organism feels the uneasiness.
We humans have a second part of the brain, a large cortex, often called the mammalian brain (reptiles do not have this part), the thinking part. The cortex is connected to the limbic system and it is able to decipher and differentiate and give names to various feelings along with naming degrees of anxiety.
Many of the feelings we experience are feelings we could characterize as uneasy, troubling, feelings. Feelings such as fear, hurt, anger, and sadness, and the various shades, and manifestations of these and others. It seems that these feelings, if not healthily processed, vented, emoted in some way continue to lend toward the limbic system building up the uneasiness, the troubling, the anxiety, the “brain pain” that the person attempts to avoid.
Serenity Model of Recovery™

- It is as if, as depicted in The Serenity Model pictorial model, the feelings log builds up more fuel toward heating up and overflowing the “anxiety pot”. The addicted person then uses addictive chemicals and/or behaviors to relieve, avoid, this brain pain. This is the heart of addiction. I call this phenomena, the “avoidance of brain pain cycle” the primary addictive cycle.

- It is the strongest and also because it is the most rudimentary, or primitive (reptilian), system in organisms having brains it seems to rule the addiction.
There is a second reinforcing cycle in addiction, the cycle that is reinforced by euphoria directly caused by the chemical or behavioral use. This secondary cycle, the euphoria cycle of reinforcement, is not as strong as avoidance of brain pain cycle.
Many of us working in the addiction treatment and recovery field know this is true as we have heard the person having the addiction state they are “sick and tired” of the high and yet they still use. They don’t realize they are also attempting to avoid pain. The reinforcing need to lower anxiety, brain pain, is much, much greater than the reinforcement given by the “high” or “euphoria”. Organisms are wired to avoid pain.
I believe that much of the stigma related to persons having addictions, and the negative misconceptions the public has about addiction, and addicts in general, would dissipate if the public were educated that addictive use is caused by the person’s, very understandable, “avoidance of brain pain” cycle. Most lay people, and also, regrettably, many addiction counselors, base their stigmatizing, prejudiced, thoughts about the persons having an addiction on the distortion that the addict “is an addict just because they want to be high.”
Serenity Model of Recovery™

Treatment Considerations

1\textsuperscript{st} Definition- Serenity, in this model, 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.
Serenity Model of Recovery™

Observations

How did we come up with the model?

- Over the years we noticed many clients who struggled achieving long term abstinence, and who were termed relapse prone.
- Often counselors label them, call them “frequent flyers” and other derogatory names and do not “believe” treatment will work. They label the client as “in denial” as “not motivated”. (Bart)
- My belief is that many of these clients were not assessed well or that we did not have good enough “clinical tools” with which to aid the client toward recovery.
- We believe the treatment model was not complete.
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 (brain pain) 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.
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.
What have we found by using The Serenity Model?

- 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 (brain pain) first.... i.e. cutting, restricting food, raging. Their first addiction was to a behavior.

- They may have found the euphoria cycle later on.
Serenity Model of Recovery™

What have we found by using The Serenity Model?

- 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. It seems to be 75% co-morbidity.
What have we found by using The Serenity Model?

- Many clients have been “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.
The Serenity Model™

Psychological

ANXIETY

Awareness - learning how to scale anxiety levels by recognizing physiological responses

Feelings

Awareness, processing, emoting

Thoughts & Cognitive

Ability to discern between accurate thinking and errors in thinking

Beliefs

Recognition of how family of origin beliefs affect thinking patterns

Current Life Stresses

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)

Recovery of sense of personal safety

Neurochemistry

Medication to stabilize

HABIT

Loss of Control

CHEMICAL

BEHAVIORAL

Cravings, obsessions and thoughts of use

Trauma Related Dissociation

Gambling

Food Addictions

Raging

Exercising

Shopping

Spending

Fantasy

Internet Use

Pornography

Sex

Video Games

Work

Self-Injury

Relieves anxiety, fear and which reinforces

Alcohol

Caffeine

Cannabis

Hallucinogens

Inhalants

Opiods

Sedatives

Stimulants

Tobacco

BIOLOGICAL

(Healthy biological activities lower anxiety)

NUTRITION
(protein, veggies, fruit, lower carbohydrates and sugars)

SLEEP
(regular and enough sleep time hours)

EXERCISE
(increases endorphins, improves self image, relieves excess anxiety)

CAFFEINE
(No caffeine 8 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
(Healthy, supportive, balanced relationships lower anxiety)

Family and Intimate Relationship time

Healthy Peer Relationships

12-Step Group and Sponsorship

SELF-WORTH ACTIVITIES
(Emloyment or volunteering)

Self-Growth/Recreational 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
The Serenity Model™

Biological Recovery
(Healthy biological activities lower anxiety)

- **Nutrition**
  (protein, veggies, fruit, lower carbohydrates and sugars)

- **Sleep**
  (regular and enough sleep time hours)

- **Exercise**
  (increases endorphins, improves self image, relieves excess anxiety)

- **Caffeine**
  (No caffeine 8 hours prior to sleep time)

- **Nicotine**
  (Is the anti-serenity drug. It negatively effects all four realms)

- **Medical/Dental Care**
  (Lowering pain, infection, and inflammation lowers anxiety)
The Serenity Model™

Psychological

Social Recovery
(Healthy, supportive, balanced relationships lower anxiety)

Family and Intimate Relationship time

Healthy Peer Relationships

12 Step Group and Sponsorship

Self-worth Activities
(Employment or volunteering)

Self-Growth/Recreational Activities

Relaxation Activities
(Vacations-Periods of time to reset your mind)
The Serenity Model™

The diagram illustrates the relationship between chemical, behavioral, and habit-related factors leading to addiction. An Anxiety scale is shown, indicating a connection to something greater than self, which lowers anxiety. The spiritual recovery section suggests defining self-spirituality and utilizing the 12-step program to gain spiritual principles. It also mentions the importance of continuing to practice and improve spirituality each day.
### 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>
<th>If at 6 or above call support 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Where do you feel this anxiety in your body?</strong> (Exp - “chest” “head” “stomach” )</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feelings:</strong> Name them. Talk about them. Don’t ignore them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Troublesome thoughts – perfectionistic/demandingness; avoidance; comparing self; taking other’s inventory; putting self down; ruminating; low frustration tolerance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What intervening thought do you use to stop the distortion?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How I will take care of self</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exercise – how much</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sleep</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition – fruits, veggies, protein – portion control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social – Balance non isolating activities Job, Family, Friend, 12-Step meeting, Sponsor, Fun</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spiritual Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Daily readings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Service Work – helping others</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Talk to God – Talking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step Work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Circle what you do that day.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How has this Model Improved Treatment?  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 (2nd Observation)
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.
How has this Model Improved Treatment?  2nd Observation
The Anxiety Induced Relapse Process

- 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”.
The 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.
Serenity Model of Recovery™

How has this Model Improved Treatment?  2nd Observation
The Anxiety Induced 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.
Serenity Model of Recovery™

How has this Model Improved Treatment?  2nd Observation

The Anxiety Induced 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.
Serenity Model of Recovery™

How has this Model Improved Treatment? 2nd Observation

The Anxiety Induced Relapse Process

Treatment of Trauma Clients who Have Addictive Disorders

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
Serenity Model of Recovery™

How has this Model Improved Treatment? 3rd Observation

One last example- i.e. 3rd Observation- If we have time to go over Tobacco - Anti Serenity Drug
Serenity Model of Recovery™

Thank you **everyone**!

A Special Thank You to the Members of the MCPGSA Committee

To contact
Duane Olberding- email [duane@kspts.com](mailto:duane@kspts.com)
Jason Keezer- email [jason@kspts.com](mailto:jason@kspts.com)