MANAGING EMOTIONS IN RECOVERY

Presented on May 9, 2012 by:
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Topics

• Overview of emotions
• Factors contributing to emotions
  • Emotions and health
• Emotions and mental health
• Emotions and substance use disorders
  • Strategies to manage emotions

OVERVIEW OF EMOTIONS
What is Emotion?

- Terms: emotion, feeling, mood
- Emotion is one part of total health
- Refers to a feeling and:
  - It’s attendant thoughts
  - Psychological state
  - Biological state
  - Range of impulses to act
- Universally recognized facial expressions for: fear, anger, sadness and enjoyment

Why Are Emotions Important?

- Help us adapt and protect (e.g., anxiety or anger can help in certain situations)
- Enrich life (love, gratitude)
- They affect physical, spiritual and overall health, and our relationships
- Affect behaviors and how we act
- They can enhance or impede recovery
Contributing Factors

Biological

Psychological

Interpersonal

Life Experiences

Other Factors

Goals/ Accomplishments

Behaviors

Conclusion

• There is a common thread of experience that occurs when we are with others whom we care about, whom we have a desire to help, who are a help to us, or with whom we wish to share experiences

• Common thread:
  feelings of connectedness, closeness, love, altruism

Universal Emotions

• Families of emotions common across cultures
  • Anger
  • Sadness
  • Fear
  • Enjoyment
  • Love
  • Surprise
  • Disgust
  • Shame
Emotions as Positive or Negative Experiences

- Any emotion can be positive or negative
  - Anxiety and fear can lead to vigilance, action or avoidance and impairment
  - Anger can motivate person or lead to substance abuse or violence
  - Depression or hypomania can lead to creativity or personal suffering
  - Mismanaged emotions can affect health, relationships, and quality of life

When Emotions or Moods Become a Problem

- When too intense, extreme, or chronic
- When lead to problem behaviors
- When impact on relapse to substance use
- When impact on emotional health
- When part of a psychiatric disorder

Emotions and Moods Can Cause Problems
Emotions and the Brain

**Frontal Cortex**
- Info passes from limbic system to frontal cortex to produce conscious feelings
- Conscious knowledge about environment is fed from cortex to limbic system in a continuous loop
- Effect of emotion on thoughts is stronger than effect of thoughts on emotion

**Amygdala**
- Tiny part of brain that is most centrally concerned with emotion
- Assesses external and internal (signals or stimuli) info:
  - For threat level and emotional significance
  - To produce appropriate emotional reaction


Positive Emotion

- Limbic system structures next to amygdala are involved in feelings of pleasure
- Reduce activity in amygdala and in cortical areas associated with anxiety
- Anticipation and pleasure-seeking are influenced by “reward” circuit
- Acts on hypothalamus and amygdala and secretes dopamine and GABA
Emotions and the Brain

• The Social Brain: Sex, Love, Survival
• Oxytocin: The Feel Good Factor
  – Hormone produced and released during sex and in final stages of childbirth
  – Pleasure feeling, promotes bonding (childbirth)
• The Insula: The Moral Brain
  – Right or Wrong
  – Empathy & sympathy
  – Psychopaths & bullies show signs of low activity in the amygdala in fMRI studies

Drugs of Abuse Engage Systems in the Motivation & Pleasure Pathways of the Brain

Emotions and Health
Emotions and Health

- **Biological well-being:**
  - lifestyle issues such as physical activity, diet, smoking, drinking

- **Psychological /behavioral well-being:**
  - thoughts and actions, response to trauma

- **Emotional well-being:**
  - degree to which positive and negative emotions are experienced especially depression/sadness, anxiety/fear, and anger/hostility

- **Economic well-being:**
  - personal achievement and economic equality; education; income

- **Existential/religious/spiritual well-being:**
  - beliefs and action that foster faith and meaning in life

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EMOTIONAL INTELLIGENCE

RECOGNIZING YOUR FEELINGS

Personal skills that characterize a rich and balanced personality

- Mediated by limbic and prefrontal areas of the brain
- IQ is mediated by neocortical areas of the brain

- Characteristics
  - Ability to regulate and manage a range of emotions and control impulses
  - Awareness of emotions of self and others
  - Ability to "read" emotions of others
  - Can tolerate frustration and pursue goals
  - Can show empathy to others
  - Can express positive emotions

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Coping – Emotional Intelligence

- Anderson & Anderson Emotion Longevity

- Salovey & Sluyter; Goleman
Emotions and Psychiatric Disorders

- Interpersonal relationships: emotions push others away
- Impulse control: leads to IP conflicts
- **Emotional regulation**: leads to substance abuse, IP problems, hurting self, depression, anger, emptiness
- Reality testing
- Personal identity

**AXIS 1**
- Depression:
  - common with mood, anxiety, personality, substance use, psychotic, eating disorders
- Anxiety:
  - common with anxiety, mood, psychotic, eating and substance use disorders
- Anger:
  - common with many Axis 1 disorders

**AXIS 2**
- Anger:
  - common with many Axis 2 disorders (especially borderline and antisocial disorders)
- Boredom and emptiness:
  - common with Borderline and Antisocial personality disorders

Emotions and Substance Use Disorders

- Anger
  - Use can cover up, distort, or bring out feelings
  - Severe interpersonal problems
  - Common extremes (physical, verbal, suppression)
- Anxiety
  - Increased risk of other disorders
  - Effects increased with intoxication, withdrawal
  - Increased risk of dependence on anti-anxiety meds
- Depression and Mood Disorders (DSM IV TR)
  - Dysthymia
  - Depressive disorder NOS
  - Depression induced by substance use or other medical condition

*“I could lie around and was glad to, sleeping or dozing sometimes 20 hours a day. . . Every act of life from the morning toothbrush to the friend at dinner had become an effort.”* - cf. Jamison, 1993
Relapse Situations Among Alcoholics

- Negative Emotions: 38%
- Urges, Temptations: 11%
- Interpersonal Conflict: 18%
- Social Pressures: 18%
- Other: 12%
- Positive Emotions: 3%

-Marlatt & Gordon

Questions from Participants

MANAGING EMOTIONS
- Decrease negative emotions
- Increase positive emotions
- General coping strategies
Patients Perception of Recovery Challenges
(n=168)

- Managing emotions
- Family, relationship, support systems
- People, places and events
- Lifestyle issues and life skills
- Changing thinking
- Personality & psychological issues
- Managing cravings & triggers
- Spirituality and 12-step involvement

-Daley QI Study, 2006

Many Treatments of SUDs Address Emotions in Recovery

- Twelve-Step Facilitation Therapy (NIAAA)
- CBT; Coping Skills Training (NIAAA)
- Individual Drug Counseling (NIDA)
- Group Drug Counseling (NIDA)
- MATRIX Model (NIAAA; Rawson et al)
- Recovery Training (NIDA)
- Other

Dealing with Feelings in Recovery

- Identify high risk feelings
- Assess coping skills
- Enhance existing or develop new coping skills to deal with feelings
- Consider possibility of mood, anxiety or other psychiatric disorders in some cases of addiction
ANGER
-MAD, ANGRY, UPSET, MIFFED, PISSED, STEAMED, RESENTFUL, IRRITATED
-FURIOUS, HATEFUL, RAGEFUL, HOSTILE

Substance Use Disorders & Anger

- Use can cover up, distort or bring out feelings
- Poorly managed anger can contribute to relapse to alcohol or drug use
- Can also contribute to severe interpersonal problems such as violence
- Expressed inappropriately
- Common extremes
  - Act out (verbal, physical)
  - Hold in (deny, avoid or suppress)

MANAGING ANGER
Anger Management Strategies

- Verbal
- Physical
- Behavioral
- Direct and Indirect

Anxiety

- Anxiety in Recovery
- Anxiety Disorders

Anxiety Disorders and Substance Use Disorders

- Having one of these disorders increases the risk of acquiring the other disorder
- Dependence on anti-anxiety medication may develop from long-term use
- Pt. may have limited ability to tolerate distress (pills needed to relieve distress)
- Pt. may resist focusing on recovery or non-medication coping strategies
Psychological Treatments

- **Panic disorder (+/- agoraphobia):** exposure, CBT, relaxation
- **Social phobia:** exposure, CBT, social skills training, relaxation
- **Simple phobia:** exposure, CBT (may be brief, 1-2 sessions)
- **GAD:** CBT, relaxation

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Psychological Treatments

- **OCD:** exposure, CBT
- **PTSD:** CBT and trauma therapies
  - Seeking Safety (Najavits, 25 grp sessions)
  - Addiction & Trauma Recovery Integration Model (Miller & Guidry, 12 group sessions)
  - Substance Dependence PTSD Therapy (Triffleman et al, 40 individual sessions)

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Medications

- **Panic disorder (+/- agoraphobia):** SSRI, TCA, MAOI and benzodiazepines
- **GAD:** buspirone (Buspar), SSRIs, TCAs and beta-blockers (Inderal)
- **Social phobias:** SSRI, TCA, MAOI and beta-blockers
- **Simple or specific phobias:** meds not usually used
**Medications**

- **OCD:** SSRIs, especially Luvox, Anafranil, Prozac, and Zoloft
- **PTSD:** SSRIs, especially Zoloft and Prozac; TCA's; MAOIs
- **Substance Use Disorders:** Naltrexone (alcohol & opiates); Campral (alcohol); methadone & buprenorphine for opiate dependence; nicotine patch and gum for nicotine dependence

**COGNITIVE INTERVENTIONS**

- Antony & Swinson; APA; Barlow & Craske; Beck et al; Hyman & Pedrick
- Pollard & Zuercher-White; NIDA; NIAAA

**Negative Thinking**

- Mark Twain Said...
  
  "I am an old man and have known many troubles, but most of them never happened"
Using Slogans, Self-Talk or Mottos

- Anxiety is part of life
- My anxiety/panic/fear won’t last forever
- I can’t live the rest of my life afraid
- Avoiding things I fear feed my anxiety
- People are not as critical as I think
- Live in the hear and now
- Being imperfect is humble

Behavioral Interventions: Exposure

- Behaviors that contribute to social anxiety include:
  - Avoiding social situations
  - Avoiding feared situations
  - Subtle avoidance strategies (e.g., eating in dimly lit place so date won’t notice your anxiety)
Depressive Disorders

DSM IV TR

- Major Depression
  - single episode
  - recurrent episodes
- Dysthymia
- Depressive disorder NOS
- Depression induced by substance use or other medical condition

TREATMENT OF DEPRESSION

PSYCHOTHERAPIES, MEDICATIONS, AND ECT.

Depression: Psychosocial Treatments

- Variety of effective treatments are available
  - Cognitive Therapy
  - Interpersonal Psychotherapy
  - Dynamic Therapy
  - Supportive Therapy
  - Skills Training (Coping with Depression Course)
**Depression: Medications**

- Many effective medications exist: SSRI, TCI, MAO, Other
- Need adequate blood level of some antidepressants
- Chronic drinking decreases blood plasma levels
- Acute doses of alcohol may increase blood levels of meds

**Treatment Algorithm for Major Depression**

- Low to moderate severity: offer choice of combined, therapy alone or medication alone
- If patient is partial or non-responder to single treatment, offer combined treatment
- High severity: offered combined

**Clinical Interventions for Depression**

- Help client understand, monitor, and express feelings or moods
- Help client identify and change cognitive distortions and negative thoughts
- Address IP relationship issues
- Address lifestyle issues (rest, relaxation, exercise, D&A use)
Clinical Interventions for Depression

- Engage in pleasant activities
- Facilitate use of support groups
- Educate about relapse and recurrence
- Involve client’s family in treatment
- Assess suicidality
- Teach sleep hygiene

Findings from Dozens of Research Studies

- Moderate exercise can improve mood even in people who are not clinically depressed
- Exercise can enhance feelings of well-being without increases in cardiovascular fitness
- Mood enhancing benefits endure after a time-limited exercise program is completed
  (e.g., improvements show up to one year after completion of 12 weeks of aerobic exercise)

GRIEF
Strategies to Manage Grief

• Share your story of loss
• Accept and share your feelings
• Listen to other peoples’ stories
• Seek support from family or friends
• Stay active and spend time alone
• Reflect on your loss
• Pay tribute to your loved one

Strategies to Manage Grief

• Take care of your health
• Use your spirituality or religious beliefs
• Modify your home environment
• Write about your experiences
• Help your children with their grief
• Explore resources on grief

GUILT AND SHAME
Guilt and Shame

- Guilt and shame are common feelings among people with psychiatric, substance use, or dual disorders
- Guilt: feeling bad about behaviors
  - Actions or inactions
- Shame: feeling bad about oneself
  - “I’m defective,” “I’m weak,” “I’m a failure”

Specific Behaviors and Guilt

- Failure to be responsible as a parent, spouse, or adult child
- Not fulfilling obligations- home, work, community
- Taking advantage of or lying to others
- Committing crimes
- Failure to support one’s family

Shame

- Many patients feel shame because they have one or more disorders
- Addiction and psychiatric disorders are “no-fault illnesses”
- Important to accept responsibility for recovery but not judge self for having a disorder
Coping Strategies

• Recognize and accept feelings of guilt and shame
• Take time to work through guilt/shame
  – No quick fixes
  – Must sustain behavior change over time
• Share feelings
• Use the 12 Step program
• Seek forgiveness from others

BOREDOM

Boredom

• Recognize boredom and type
  – General
  – Recovery/sobriety related
  – Work, relationship
  – Other
• Determine reasons for boredom
• Regain lost activities (non D&A)
Boredom

- Appreciate simple and ordinary things in life
- Develop new interests
- Build fun into daily life
- Know high-risk times for boredom
- Change thinking about boredom and activities

Boredom

- Be careful about major changes based on boredom (job, relationship)
- Deal with persistent feelings of boredom
- Participate in support groups
- Find something to feel passionate about (hobby, avocation, cause)
- Refute boredom thoughts before deciding to drink or use drugs

POSITIVE FEELINGS
Positive Emotions

• Compassion
• Forgiveness
• Love
• Hope
• Joy
• Faith
• Awe
• Gratitude

Positive Emotions

• Ratio of 3:1 (Fredrickson)
• High levels of positive emotion lead to:
  – Better physical health such as less pain
  – Less disability related to chronic condition
  – Fight off disease and illness better
• Better mental health and quality of life
• Better relationships
• May live longer

Positive Emotions

• Spend time with important people
• Take active interest in lives of others
• Attend to needs of others
• Look for positive things in life
• Make positive statements every day
  – Love, gratitude, appreciation, etc.
• Show positive emotions through actions
• Do not let emotional baggage build up
Gratitude

- Being thankful and having readiness to show appreciation for and to return kindness from other
  - Personal gratitude for material gift or non-material gesture
  - Transpersonal to God, Higher Power for gifts, beauty in life, etc.

Why is Gratitude Important?

- Contributes to positive feelings and experiences
  - Happy, hopeful
  - Cared for, appreciated by others
- Grateful people do better in life
  - Health, satisfaction, longevity
  - Achieve more, make more $, more friends

Strategies to Incorporate Gratitude in Daily Life

- Complete gratitude review of life
- Look for blessings on daily basis
- Do not show ingratitude
- Challenge non-grateful thoughts
- Replace with gratitude thoughts
- Show gratitude in language
- Show gratitude in behaviors
Strategies to Incorporate Gratitude in Daily Life

• Do not take others for granted
• Appreciate small gestures of gratitude
• Do not view self as victim

Questions from Participants

Thank You

• Thanks for attending this program and sharing in our discussions.
• Take care of your emotional life.
Internet Resources

- Alcoholics Anonymous – www.aa.org
- Anxiety Disorders Association of America – www.adaa.org
- CHAANGE (Anxiety Treatment) – www.chaange.com
- Depression and Bipolar Support Alliance – www.dbsailliance.org
- Dr. David Kessler – www.davidkessler.org
- Dr. Dennis C. Daley – www.drdennisdaley.com
- Dual Recovery Anonymous – www.draonline.org
- Emotions Anonymous – www.emotionsanonymous.org
- Freedom From Fear – www.freedomfromfear.org
- Grief – www.griefandrecovery.com
- Happiness – www.authentichappiness.sas.upenn.edu
- International OCD Foundation – www.ocfoundation.org
- Kindness – www.randomactsokindness.org
- National Alliance for Mentally Ill – www.nami.org

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