Toward an
Integrative Addiction Psychotherapy
Harm Reduction Psychotherapy,
Schema Mode Therapy, and
Transformational Chairwork

Scott Kellogg, PhD
Andrew Tatarsky, PhD
Basic Orientation

- People use substances in problematic ways for a range of reasons
  - Reasons that need to be respected
- In many cases, they will need to be addressed directly
  - Sometimes before the person is ready to decrease or cease their use of substances
Drug Use and Suffering

Anthony Papa

Reasons for Using

- Reduce the pain of anxiety or depression
- Block intrusive traumatic memories
- Increasing focus (ADHD)
- Reduce the symptoms of psychosis
- As a revolt against or escape from Superego/Inner Critic Tyranny (Wurmser)
Reasons for Using

- Overcome a sense of inner deadness
- Gain access to blocked-off or dissociated parts of themselves
  - Happiness/Euthymia
  - Creativity
  - Spirituality
- Belong to a social group and/or affirm a personal identity
Reasons for Using

- Cope with various forms of social oppression
  - Poverty, racism, sexism, and social disenfranchisement
- Alleviate somatic pain and suffering
  - Medical illnesses
- Reduce or eliminate drug-related pain
  - Withdrawal or other physical consequences
“I’ve always felt like I wanted to die since I was a little kid. I don’t know why…

I want to see a therapist or psychiatrist about it but I don’t go ‘cause I’m afraid to tell them I still do dope.

I still just really love to get high.” (Welch, 2011)
Schema Therapy

Schema healing
Punitive parent
Subjugation
Detached protector
Abandonment
Unrelenting standards
Early maladaptive schemas
Schema modes
Schematherapy

Courtesy of David Edwards, PhD
Randomized Trial of Dual-Focused Vs. Single-Focused Individual Therapy for Personality Disorders and Substance Dependence

Ball, Samuel A. PhD*†; Maccarelli, Lisa M. PhD‡; LaPaglia, Donna M. PsyD*; Ostrowski, Mark J. PsyD§

(2011). *The Journal of Nervous and Mental Disease*

*Issue: Volume 199, 319-328.*

Schema-Focused Model Not Working Well in Trials
Rafaeli, Bernstein, & Young (2011)

- A connection was made between alcohol use and the Detached Protector
  - Both Self-Soothing and Self-Stimulation

- Ongoing and severe drug and alcohol use are seen as a potential contraindication for Schema Therapy treatment
Kersten (2012): Addictions and Personality Disorders

- Developed a sophisticated understanding of the use of various substances
  - With particular Personality Disorders
  - Using specific Mode operations
    - Reminiscent of the work of Khantzian
Modes and Drug Use

- Cocaine, Ecstasy, and Speed/Methamphetamine
- Intensification of Overcompensation Modes
  - Self-Aggrandizer
  - Bully and Attack
  - Conning/Manipulator
  - Predator Modes
Modes and Drug Use

- Heroin, Alcohol, and Cannabis
- Intensify Avoiding Modes
  - Detached Protector
  - Angry Protector
  - Detached Self-Soother
Modes and Drug Use

- Alcohol and Cocaine

- Intensifies Child and Parent Modes
  - Abused/Humiliated/Abandoned Child
  - Angry Child
  - Impulsive Child
  - Punitive Parent
Building Bridges
Multiplicty of Self

Dancing of the Selves

By Brenda Clews
Multiplicity

- The understanding that people have numerous internal:
  - Parts
  - Voices
  - Modes

- Multiplicity is the link between Harm Reduction Psychotherapy and Schema Therapy

- Motivations for using can be re-envisioned as Modes
Multipliclity and Addiction

http://upload.wikimedia.org/wikipedia/commons/5/57/Dr_Jekyll_and_Mr_Hyde_poster.png
Multiplicity and Addiction

- Addicted individuals frequently use concepts of multiplicity
- To understand their experience

“Once she had a drink she became unrecognizable.

She was like two people, like Jekyll and Hyde.”

(Rhind, 2008)
Drug User Internal Mode Groups

- **Drug Use to Feel Alive, Experience Pleasure; Access Creative and Spiritual Aspects of Self**
  
  *Self-Stimulation Mode*

- **Drug Use to Treat Inner Anguish, Pain, and Psychopathology**
  
  *Self-Soothing Mode I*

- **Biological Aspects of Drug Use**
  
  - Brain Changes, Withdrawal, Mood Dysregulation, Cravings, and Medical Illness
  
  *Biological Mode*

- **Drug Addiction Lifestyle; Addict Identity**
  
  *Social Identity Mode*

- **Social Oppression: Sexism, Racism, Disenfranchisement, Poverty**
  
  *Self-Soothing Mode II*
Integrative Addiction Psychotherapy
Basic Orientation

- Problematic drug use may exist both:
  - In a complex interaction with these underlying causes
  - And independently of them
- This means that the therapist needs to
  - Work on both fronts simultaneously
  - Understand that change sometimes occurs in small steps
Components of Treatment
Therapeutic Relationship
Therapeutic Alliance

- Research shows that a strong and positive alliance can play a significant role in:
  - Improving retention rates
  - Increasing levels of treatment completion
  - Facilitating positive therapeutic outcomes across a wide range of substances
Therapeutic Alliance

- The foundation of all healing and change
- Provides an experience of safety
- Corrective Emotional Experience
Goals of Treatment
Therapeutic Contract / Treatment Goals

Gradualism and Addiction Treatment
Therapeutic Contract/Treatment Goals

- Harm Reduction Psychotherapy
  - No preconceptions, no agenda
  - The goals of the treatment will emerge out of the therapeutic process

- Gradualism
  - Abstinence, “true” moderation, or nonaddictive use should be the ultimate, if not the immediate, goal of treatment
Multiple Meanings of Drug Use
Denning Case (2000)

- “Party Girl”
  - Recreational Cocaine Use
  - Social
  - Snorting
- “Suicidal Girl”
  - Solitary
  - Self-Endangering
  - IV Cocaine Use
Kellogg Case

- Social Drinking with Friends
  - “Moderate”
- “Life of the Party” Drinking*
- Sexual Drinking*
- Self-Soothing Solitary Drinking*
- Depressive Drinking – At Home*
- Family-Centered Drinking
Assessment as Treatment

- An essential part of the ongoing treatment
- A way to elicit both the surface and underlying meanings of drug use
Microanalysis

- Charting and tracking drug use
  - Which substance or substances were used
  - Context – Where, when, and with who?
  - Amount
  - Method or methods of use
  - Feelings, thoughts, and images
    - Before, during, and after the use
Imagery

- Use imagery to re-live the story
- A way to identify narrative-related thoughts, emotions, and associations
Through this ongoing process of assessment, meaning-laden patterns of use are likely to appear. These patterns can be organized into different constellations of the self, providing a way to identify the relevant Modes.
Decisional Balance
Decisional Balance

- The heart of Addiction Psychotherapy
- Assesses the many forces supporting the drug use
- And the forces favoring change and/or recovery
- Another way to identify and clarify the Modes
Horizontal and Vertical Interventions
Interventions

- **Horizontal Interventions**
  - Those focused on controlling and/or discontinuing drug use

- **Vertical Interventions**
  - Those that are used to address and treat the underlying issues
Horizontal Interventions
Substance-Use Management

http://www.drcnet.org/links/
Substance Use Management

- Helping people use drugs in ways that are safer
  - Reducing the amount consumed
  - Changing methods of use
  - Reducing the time of involvement
  - Changing the context of use
  - Drug substitution
    - (Bigg, 2008)
Relapse Prevention
Relapse Prevention

- Working with patients to:
  - Understand triggers and cues
  - Identify high-risk situations
  - Develop such coping skills as:
    - Cognitive Restructuring, Assertiveness, Relaxation Therapy, Distraction, Social Support
    - Awareness/Mindfulness/Urge Surfing
Ideal Use Plan

- “If you were to use drugs or alcohol in such a way as to maximize the pleasure and benefit you gain from them while minimizing the pain and danger involved, what would that look like?”
- Can they implement this?
- What interferes or stops this from happening?
- (Tatarsky & Kellogg, 2010)
Contingency Management

Creating Positive Reinforcement Systems
Targeting Safer Use, Moderation, or Abstinence
Vertical Interventions
Three Therapeutic Domains

- Problems Connected to the Past
  - Trauma, Grief, and Moral Failure

- Problems Connected to the Present
  - Depression, Anxiety Disorders, Assertiveness, Personality Disorders

- Problems Connected to the Future
  - Existential Life Decisions, Identity Creation, Anxiety, Recovery, Hero’s Journey
Core Psychotherapeutic Strategies

- Relational
- Cognitive
- Behavioral
- Experiential
- Existential
- Meditative/Self-Soothing
Transformational Chairwork

Northern Tide
By Tim Wallace
Multiplicity and Mode Mapping are Ways to Understand and Organize the Complexities of HRP

Chairwork is a Powerful Way to Work With Them
Created the Chairwork Technique
Frederick “Fritz” Perls, MD

Developed Chairwork into a Psychotherapeutic Art Form
Core Dichotomy

- **External Dialogues**
  - Patient sits in one chair
  - Speaks to an imaginal other in the opposite chair

- **Internal Dialogues**
  - Patient shuttles back and forth between the two chairs
  - Speaks from two different viewpoints or perspectives
Chairwork Dialogues

- Depression and Anxiety
- Trauma
- Grief and Loss
- Personality Disorders
- Assertiveness
- Psychotic Disorders
- Addictive Disorders
- Existential Issues: Values, Choices, and Decisions
- Dreams and Personal Growth Work
Primary Addiction Dialogues

- Decisional Balance
- Relational Dialogues
- Assertiveness: Drink and Drug Refusal
- Internal Complexity and Identity Restructuring
Addiction-Related Dialogues:
Internal Dialogues
## Decisional Balance

<table>
<thead>
<tr>
<th>Positives of Drug Use</th>
<th>Positives of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate physical pleasure (10)</td>
<td>Feel a greater sense self discipline (9)</td>
</tr>
<tr>
<td>Escape/Feeling more “there” (10)</td>
<td>Would be more productive (10)</td>
</tr>
<tr>
<td>Feels more emotion (10)</td>
<td>Help him be more comfortable with self (8)</td>
</tr>
<tr>
<td>Reduces social anxiety (6)</td>
<td>Greater confidence (6)</td>
</tr>
<tr>
<td>Shuts out critic (7)</td>
<td></td>
</tr>
<tr>
<td>People will know “real” self (7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Negatives of Drug Use</th>
<th>Negatives of Change</th>
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<tbody>
<tr>
<td>Feels guilty (7)</td>
<td>Would not enjoy life as much (9)</td>
</tr>
<tr>
<td>Others are concerned (6)</td>
<td>Would be ignoring a part of himself (10)</td>
</tr>
<tr>
<td>Not as productive (10)</td>
<td>Breaking up with something he loves – a hard breakup (9)</td>
</tr>
<tr>
<td>Feels like it a crutch (10)</td>
<td></td>
</tr>
<tr>
<td>Feels bad (7)</td>
<td></td>
</tr>
<tr>
<td>Health Problems (7)</td>
<td></td>
</tr>
</tbody>
</table>
Motivational Work

- The part that wants to use:
  - Feels more comfortable and alive
  - The Inner Critic is shut off
  - He is able to connect with other people more easily

- The part that wants to change/stop:
  - Embodies his ambitions
    - He has goals that he is not pursuing
  - Feels he is betraying himself
  - Is concerned that he might be damaging himself
Basic Motivational Dialogue

Desire to Stop, Reduce, Or Change The Pattern

Desire to Continue Using Substances
A Complex Motivational Dialogue

Desire to Stop, Reduce, Or Change The Pattern

Self- Stimulation: Using To Feel Alive, Powerful, Good, and Joyful

Self Soothing: Using To Reduce Pain and Suffering; Using To Feel More Comfortable
Positive Goals; Desire for Something Better

Violates Personal Moral Standards

Concerns About Health And Wellbeing

Provides Great Pleasure; Feels Alive; Hedonic Experience

Reduces Inner Pain; Depression and Anxiety

Facilitates Social Interaction

Improve Relationships With Significant Others
Positive Goals; Desire for Something Better

Violates Personal Moral Standards

Concerns About Health And Wellbeing

Improve Relationships With Significant Others

Healthy Adult Mode

Provides Great Pleasure; Feels Alive; Hedonic Experience

Reduces Inner Pain; Depression and Anxiety

Facilitates Social Interaction
Strategic Guidelines

- In concert with the patient,
- Seek out ways to meet the needs of the parts that want to use substances
- Work to strengthen the parts that are oriented toward change and recovery
- Do not argue with the parts that want to use
  - Have the patient engage in the conflict
Clinically Useful To Name The Different Parts Or Modes!
Substance-Related Dialogues:
External Dialogues
Relationship with Substances

Johanna Silverthorne © 2010
Relationship with the Substance

- Drug use can be seen as a relationship with a substance (Denning, 2000)
- A dialogue can be organized between the patient and their substance
Relationship with the Substance

- They can discuss their relationship
  - How we met
  - How things developed
  - What we have been through
    - The good times and the bad
  - Where we are now
  - How I want things to be in the future
Relationship with the Substance

- This can involve the creation of a new relationship
- Or the patient can do the work of saying goodbye
- Separate dialogues may need to take place for each substance
Relationship with the Substance

- This dialogue helps to clarify the nature and experience of the drug use
- It is interesting to see what kind of “person” the drug turns out to be
  - A beautiful woman who betrays
  - A strong, powerful, and determined man
  - A devil
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