



2012  
Web Seminar Series

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**MANAGING EMOTIONS IN RECOVERY**

Presented on May 9, 2012 by:

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*NIDA CTN CCC Training*

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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

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**OVERVIEW OF EMOTIONS**



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### 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

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### 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

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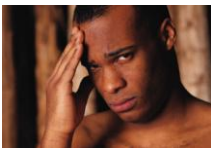
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### FACTORS CONTRIBUTING TO EMOTIONS OR MOODS



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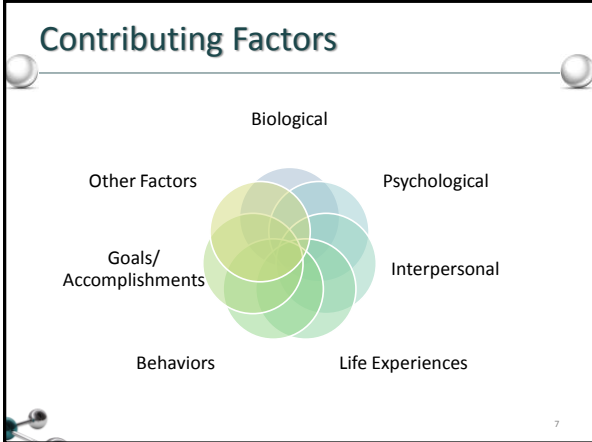
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### Conclusion

- 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***

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### Universal Emotions

- Families of emotions common across cultures
  - Anger
  - Sadness
  - Fear
  - Enjoyment
  - Love
  - Surprise
  - Disgust
  - Shame

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### 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

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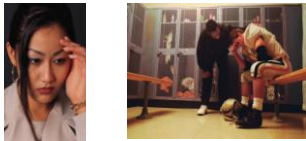
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### WHEN EMOTIONS OR MOODS BECOME A PROBLEM



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### Emotions and Moods Can Cause Problems

- 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

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## SCIENCE OF EMOTIONS/MOODS




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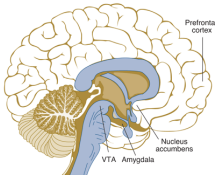
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## Emotions and the Brain



### 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

Image: Resource from <http://pubs.niaaa.nih.gov/publications/arh312/168-176.htm>, NIAAA.

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### 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

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## 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

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## 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

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



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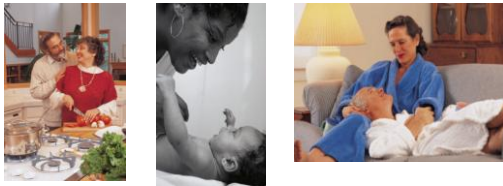
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## EMOTIONS AND HEALTH



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## 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

-Anderson & Anderson Emotional Longevity

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## EMOTIONAL INTELLIGENCE RECOGNIZING YOUR FEELINGS




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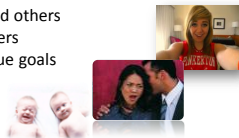
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## Coping – Emotional Intelligence

*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



- Salovey & Sluyter; Goleman

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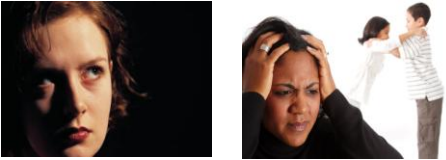
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## EMOTIONS AND MENTAL HEALTH PSYCHIATRIC DISORDERS




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## 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	AXIS 2
<ul style="list-style-type: none"> <li>• Depression:                             <ul style="list-style-type: none"> <li>– common with mood, anxiety, personality, substance use, psychotic, eating disorders</li> </ul> </li> <li>• Anxiety:                             <ul style="list-style-type: none"> <li>– common with anxiety, mood, psychotic, eating and substance use disorders</li> </ul> </li> <li>• Anger:                             <ul style="list-style-type: none"> <li>– common with many Axis 1 disorders</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Anger:                             <ul style="list-style-type: none"> <li>– common with many Axis 2 disorders (especially borderline and antisocial disorders)</li> </ul> </li> <li>• Boredom and emptiness:                             <ul style="list-style-type: none"> <li>– common with Borderline and Antisocial personality disorders</li> </ul> </li> </ul>

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## Emotions and Substance Use Disorders

"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

- 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

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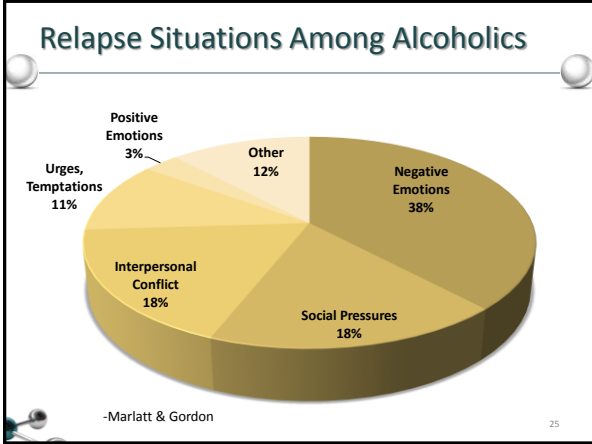
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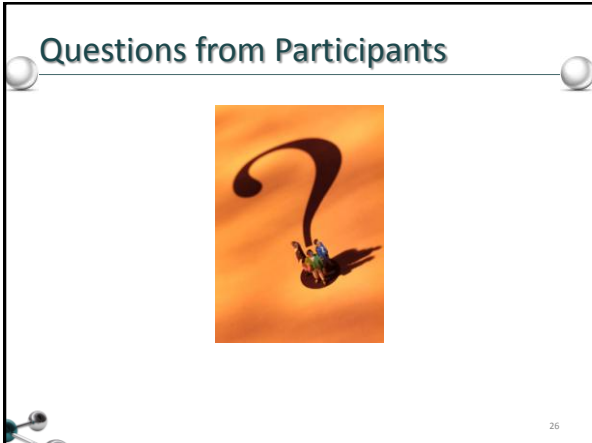
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### MANAGING EMOTIONS

- DECREASE NEGATIVE EMOTIONS
- INCREASE POSITIVE EMOTIONS
- GENERAL COPING STRATEGIES

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**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

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**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

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**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

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**ANGER**

-MAD, ANGRY, UPSET, MIFFED, PISSED,  
STEAMED, RESENTFUL, IRRITATED  
-FURIOUS, HATEFUL, RAGEFUL, HOSTILE



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**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)

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**MANAGING ANGER**



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## Anger Management Strategies

- Verbal
- Physical
- Behavioral
- Direct and Indirect



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## ANXIETY

- ANXIETY IN RECOVERY
- ANXIETY DISORDERS



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## 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

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### 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

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## 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

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## COGNITIVE INTERVENTIONS

- ANTONY & SWINSON; APA; BARLOW & CRASKE; BECK ET AL; HYMAN & PEDRICK
- POLLARD & ZUERCHER-WHITE; NIDA; NIAAA

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## Negative Thinking

- **Mark Twain Said. . .**

↳ "I am an old man and have known many troubles, but most of them never happened"



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### 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

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### 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)

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## DEPRESSION AND MOOD DISORDERS

- DEPRESSION IN RECOVERY
- DEPRESSION AS A MOOD DISORDERS



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## Depressive Disorders DSM IV TR

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

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## TREATMENT OF DEPRESSION PSYCHOTHERAPIES, MEDICATIONS, AND ECT.



"When you're feeling blue you have to laugh at yourself. If that doesn't work, go laugh at someone else."

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## Depression: Psychosocial Treatments

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

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### 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

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### 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

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### 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)

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### 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

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### 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)

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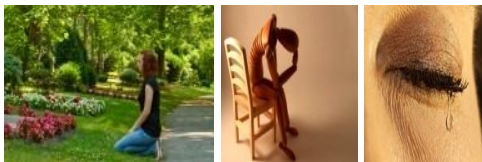
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### GRIEF



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### 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

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### 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

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### GUILT AND SHAME



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## 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”

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## 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

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## 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

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## 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

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## BOREDOM



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## Boredom

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

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## 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

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## 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

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## POSITIVE FEELINGS



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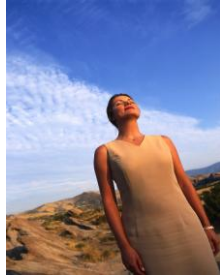
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## Positive Emotions

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



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## 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

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## 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

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### 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.

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### 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

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### 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

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### Strategies to Incorporate Gratitude in Daily Life

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



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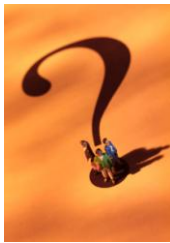
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### Questions from Participants



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### Thank You

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



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## Internet Resources

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

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*A copy of this presentation will be available electronically after the meeting*

<http://ctndisseminationlibrary.org>

The screenshot shows the website's main page with a navigation bar containing links for Home, What's New, Search, Implementation, Training & Resources, Policies, About, and Site Map. The 'Training & Resources' link is circled in red with an arrow pointing to it. Below the navigation bar, there are sections for 'Browse the Library', 'Search the Library', 'Conferences & Trainings', and 'About the CTN'. The 'About the CTN' section lists various resources like Protocols (Studies) in the CTN, CTN Web & Community, Treatment Programs (CTFs), and NIDA's CTN web site. The 'Search the Library' section includes a search bar and an 'Advanced Search' option. The 'Conferences & Trainings' section lists national/international conferences and CTN Webinars. The 'About the CTN' section also includes a 'New in the Library' section with recent updates.

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## Upcoming Webinars

DATE	WEBINARS
JUN 13	Biological Measures & Specimen Handling
JUL 18	Co-occurring Disorders: Integrated Treatment of Addiction and Mood and Anxiety Disorders
AUG 15	Personality Disorders and Addiction
SEPT 19	Build Your Team for Research Success
OCT 24	Managing Safety & Crisis Situations
NOV 14	Practical Statistical Reasoning in Clinical Trials for Non-Statisticians
DEC 19	Helping Patients with Substance Use Disorders and Pain

Requests can be sent to:  
[CTNTraining@emmes.com](mailto:CTNTraining@emmes.com).

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