

# THE HELPING PROCESS: DIFFERENCE MAKING & AVOIDING HARM

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CHRISTOPHER MOORE LADAC II, BPS, CPRS TRAINER

SOR PROGRAM COORDINATOR

CAAP INC



## SHELBY COUNTY, TN

- Week of March 14<sup>th</sup> – 20<sup>th</sup>, 2021 – 44 opioid related emergency room visits and 56 suspected drug overdoses.
- Year to date suspected drug overdose deaths through March 27<sup>th</sup> - 105
- Resurgence of methamphetamine prevalence – increased trend among substance users engaged in the community
- Unprecedented risk for overdose, severe health consequences, and death related to drug use (fentanyl).
- COVID pandemic has exacerbated substance use/abuse and mental health problems. Impacted all aspects of everyday life.



# WHAT WE ALSO KNOW

- Calculated that over 367,000 Tennesseans struggle with substance use disorder
- Far reaching impact of drug use – family/relationships, employment, finances, health, etc.
- In 2019 over 264,000 people were estimated to experience serious mental illness (above national average) and 234,000 encountered serious thoughts of suicide.
- Around 62,000 Tennessee children encountered Major Depressive episode yet only around 24,000 received care.
- 80 % of current crimes are estimated to possess some drug related nexus. TBI suggests that around 800 existing meth labs in the State of Tn at any given time.
- Unemployment, poverty, & homelessness rates rapidly increasing. Memphis top 3 in country for most eviction filings during COVID-19.
- Several treatment programs for both substance abuse and mental health
- Expanded resources – frankly never been easier to access treatment services (detox, inpatient, outpatient, sober living)

## PERPLEXING QUESTIONS

- Why don't substance users stop?
- Why do so many refuse help?
- Why is the problem of drugs seemingly getting worse?
- Why are relapse rates so high?
- Why are treatment outcomes so poor?



PERHAPS....

*The problem of drugs has little to do with drugs and solving it has very little to do with substance users but in fact everything to do with our society, our existing systems, and us as people certain to encounter individuals struggling with issues they do not fully understand and more importantly could never be blamed for creating.*

# NO CONCRETE ANSWER...BUT

- Substance abusers have generally been viewed through a pathological lens – believing something is wrong with them, labeling them as problematic or difficult, and to blame for the wealth of problems that engulf their life.
- Stigma – self/public/institutional (exclusion, labeling, stereotyping, & discrimination)
- Eras of demonization, criminalization, and medicalization – reductionist perspectives can be dangerous and inhibit progress
- Existing gaps in knowledge – undeveloped professionals, archaic treatment models, challenge of current data, etc.
- Presenting problems are really more like results/outcomes. What can be observed (behavior) is a result of private internal processes and serves as an indication regarding the need for a deeper exploration of underlying causes and conditions.
- The problem of drugs is complex in nature and involves intersectional issues – overlapping social identity along the lines of race, age, gender, class, orientation related to systems of oppression, discrimination, & domination.



# Substance User

Thinking

Feeling

Behavior

## Encountered Challenges

- Pleasure principle – immediate gratification of all needs, wants, and urges
- Escapism – avoidance of discomfort & pain
- Impulsivity/Compulsion
- Cognitive Distortions - irrational/illogical/rigid thought processes
- Alienation/Isolation
- Anxiety/Fear/Insecurity
- Low self-worth/diminished esteem
- Trust issues – extremely guarded/struggling to connect
- Low frustration tolerance
- Maladaptive behaviors – avoidance, withdrawal, self-harm, passive-aggressiveness, etc.

## RAT PARK – B. ALEXANDER 70'S

Study conducted by Bruce Alexander in the late 70's. Psychologists tested the hypothesis that drugs do not cause addiction but rather the existing conditions surrounding one's life. Lab rats isolated in cages were provided two sources of liquid (water vs. morphine). Dependence on morphine was high and consumption rates in morphine implied it was preferred over food and water. Resulted in death for many of the test subjects. Other lab rats were provided same options of water and morphine but in a significantly improved environment that involved entertainment, socialization, open space, etc.

Rat Park's morphine remained largely untouched while caged rats in desolate conditions sought drugged induced haze. Normal social life not only was sought by one control group but was also sufficient in motivating drug dependent rats to endure withdrawal versus remaining in isolated conditions.

Lee Robins & Opiate Dependent Veterans (1977) – detailed study of a group of hundreds of heroin-addicted people. 90% of heroin dependent veterans ceased drug use upon returning to the States. 85% percent reported that opioids were readily available at home. While half did eventually try drugs again under one-third ever met the criteria for a substance use disorder. Radically transformed environment is the only accounted for difference.



# RAT PARK IMPLICATIONS

- Easy to blame drugs
- Cannot understand substance use/abuse w/o exploring important factors related to one's surroundings.
- Environment influences and motivates behavior.
- Addicted to altered states – drug use serves a functional purpose. We all know what drugs cause, but we should be exploring along the lines what they relieving for the user.
- Symptoms related to drug use fuel destructive drug use patterns.
- Addiction, in many ways, is a product of life circumstances.

# ROUGHNECKS AND SAINTS STUDY – CHAMBLISS

12 high school boys were studied. 6 of the boys, categorized as Saints for the purposes of the study, were from middle class families, endless resources, and were expected to do well in life. The other 6 boys, categorized as the Roughnecks, were from lower class families, poorer neighborhoods/limited resources, and were generally expected to fail by overall society.

Both groups exhibited the exact types of activities and behaviors – skipping school, recreational alcohol/drug use, fighting, vandalizing property, etc. However, radical contrasts exist between the societal responses these boys encountered. The Saints behavior(s) were generally excused and shielded from consequences because of the fundamental belief they were “good boys”. The Roughnecks, however, were scolded and faced re-occurring consequences as they were typically viewed as “bad, delinquent, & deviant”.

Outcome – all the Saints fared better off in life. 5 out of the 6 graduated college and were established in professional careers. Only 2 of the Roughnecks went to college on athletic scholarships and became high school coaches. 2 never graduated grade school and the other 2 ended up in prison.

# ROUGHNECKS AND SAINTS IMPLICATIONS

- Issues such as class, race, gender, orientation, & culture matter
- Our interactions with the world, especially in early developmental years, become the foundation of belief & identity formation.
- There is real power in the messages people hear about themselves. Labels are extremely influential and become internalized aspects of one's identity.
- Life scripts are constructed unconsciously in response to incoming messages people receive about themselves from parents, family, school, etc. Very often people are participating in these completely unaware.
- Experience, societal response, and assigned labels can be of serious detriment to one's life trajectory and often become self-fulfilling prophecies.



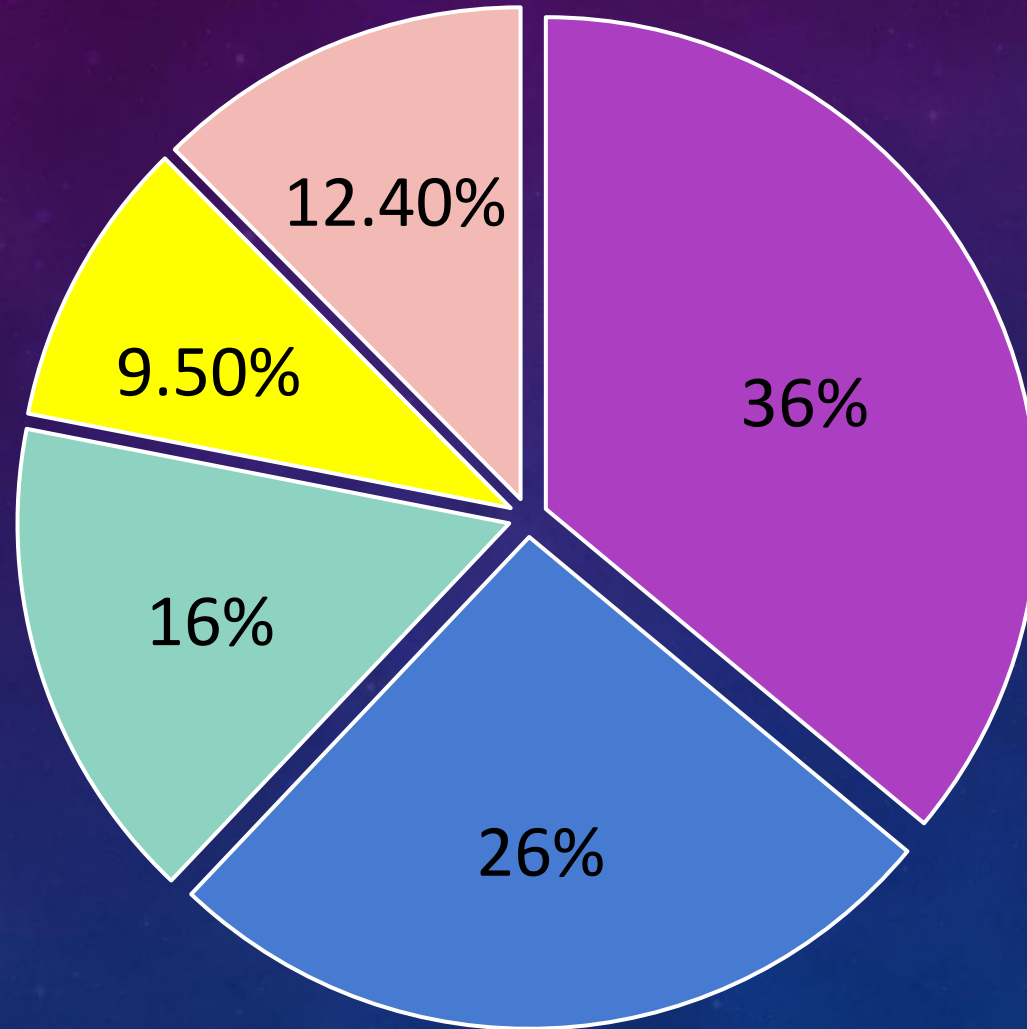
# ADVERSE CHILDHOOD STUDY – ANDA & FELITTI

Study conducted by Vincent Felitti & Robert Anda between 1995-1997. What began as suspicion attempting to account for problematic/regressive behaviors and high drop out rates at an obesity clinic in Sand Diego produced unintentional findings related to a large percentage of the client population having experienced childhood sexual abuse. Eventually led to a large study of over 17,000 people.

Participants were asked about various types of adverse childhood experiences – physical/sexual/emotional abuse, physical/emotional neglect, exposure to domestic violence, household substance abuse/mental illness, parental separation/divorce, and incarcerated household member. Important to note that ACEs questionnaire does not completely account for all situations that can create toxic stress – fails to explore humiliation, shame, bullying, etc.

# ACEs with Adults

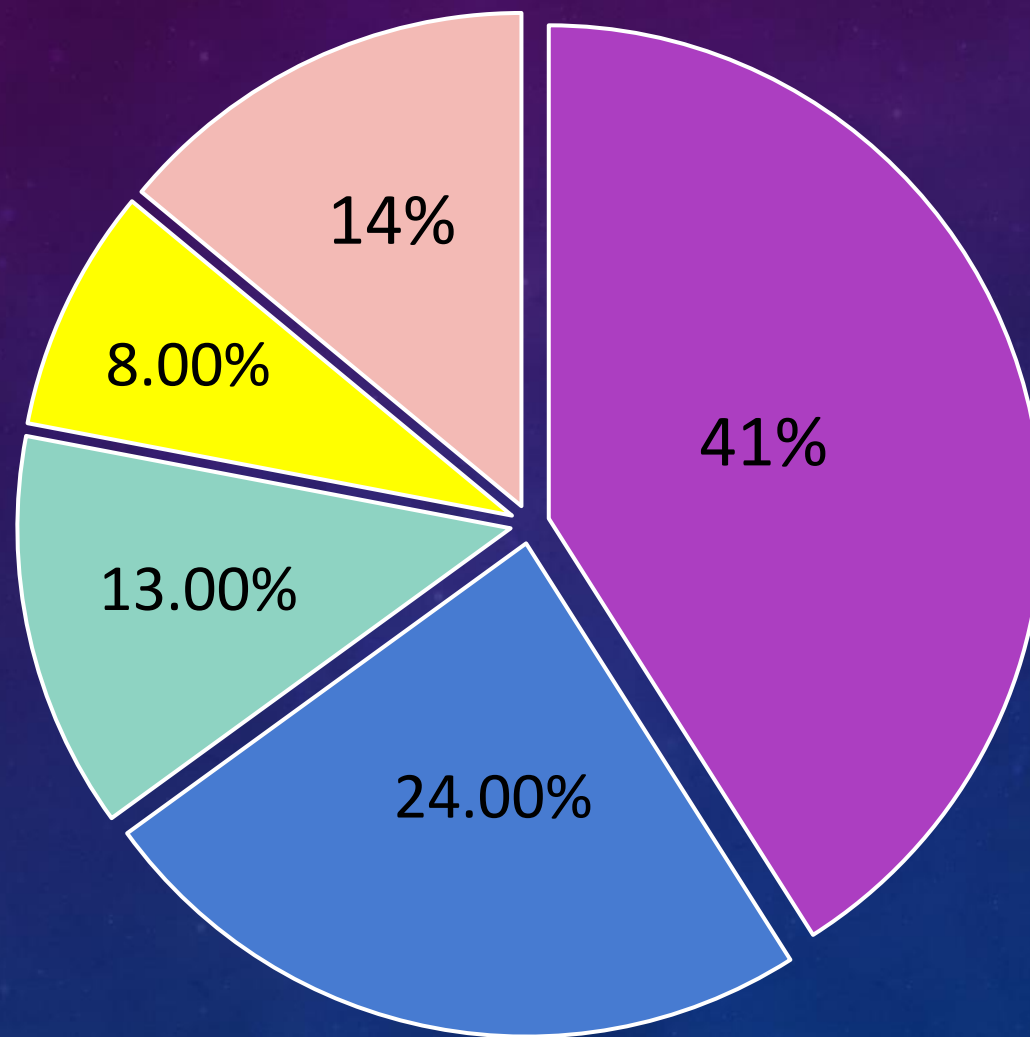
Nearly 64% of adults have experienced some type of Adverse Childhood Experience in their life.



- 0 reported ACEs
- 1 reported ACE
- 2 reported ACEs
- 3 reported ACEs
- 4 or more reported ACEs

# ACEs in Children

At least 59% children have experienced Adverse Childhood Experience





# ACE Findings

- Startling discoveries were made related to the impact of toxic stress and traumatic experience(s). Significant correlations between number of ACEs and increased risk for negative behavioral and health outcomes across one's lifespan. As Aces increase so does the risk for heart disease, obesity, cancer, smoking, mental health and substance abuse problems.
- Long standing debate between nature versus nurture
- Environment and lived experience have a direct impact on neurobiological development. Hardship, adversity, and trauma disrupts brain development leading to functional differences in learning, behavior, and overall health.
- Epigenetics – study of how external factors directly alter gene expression. Ongoing interplay between biochemistry and environment. Recent discovery of profound significance – epigenetic changes can be passed on from one generation to another. This means that any of us or those we serve could be experiencing health consequences related to the past experiences of our parents and grandparents.

# PERSON-IN-ENVIRONMENT

## Demographics

Class, race, sex, culture, orientation, & education

## Relationships

Parents, siblings/family, teachers, friends, significant other(s), etc.

**Person**

## Systems

Family, school, neighborhood, peer group

## Societal Norms

Rules/expectations/musts/shoulds

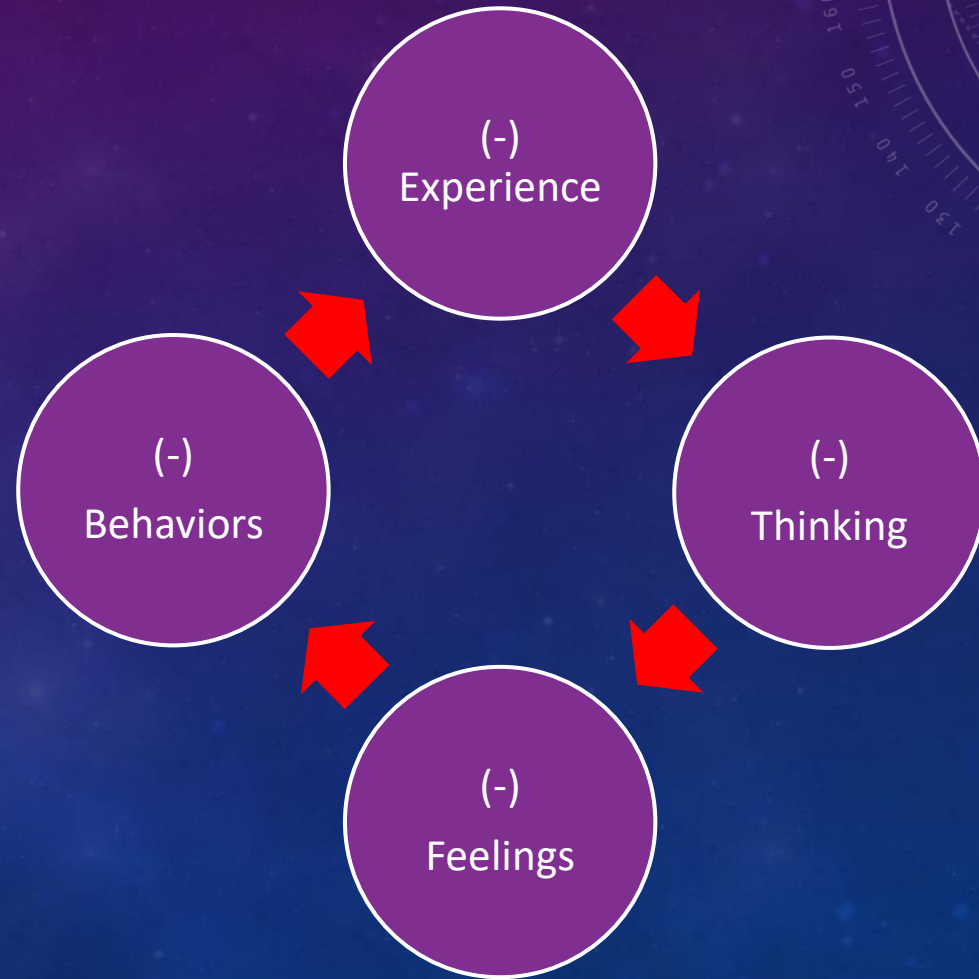
# CYCLE OF SUFFERING

Experience(s) – abuse, neglect, abandonment, separation/divorce, rejection, shame/humiliation, poverty, discrimination, death/loss, etc.


Cognition – interpretations, beliefs, attitudes, outlooks, and personal understandings

Emotion/Feeling states – sadness, loneliness, worry, fear, jealousy, stress, anger, & emptiness. Also fight/flight/freeze/fawn reactions.

Behavior – withdrawn, risk-taking, attention-seeking, defensiveness, procrastination, arguing, lying, rebelling, outbursts, aggression, substance use/abuse, etc.





The background is a deep blue gradient with faint, light blue circular patterns and a scale on the right side. The scale has numbers from 0 to 210 in increments of 10. There are also some dashed lines and arrows forming circular paths.

*HELPING IS A COLLABORATIVE PROCESS OF CONNECTION,  
SUPPORT, AND EMPOWERMENT ROOTED IN THE  
FUNDAMENTAL BELIEF THAT ALL PEOPLE ARE CAPABLE OF  
CHANGE.*

# CONNECTION

Connection should be understood within the context of our ability to form a mental and emotional bond to those we are trying to help. Connection is considered as a core basic need of all people. For individuals struggling with substance abuse and mental health problems there are severed connections of many kind throughout their life. Connection is the most critical avenue for healing.

Relatability – critical for helpers to be right sized; eye to eye with those in need. Authenticity, vulnerability, and the appropriateness of transparency around everyday challenges/struggles. Normalization of the human condition. Some of the most powerful words for substance abusers and those struggling with mental health issues to hear - “yeah me too”/”you’re not alone”. There is always some basis for relatedness. Helpers, despite existing differences, can relate if they choose to practice humility, embrace vulnerability, and meaningfully explore common bonds.

Connection Skills – Active listening, empathetic responses, effective communication, and genuine interest invested in the well-being of those being helped. A critical task of helping others is creating a level of connection in which we are invited into the inner world of a person’s life.

# SUPPORT

Support is about joining in the journey of another and being in touch with our ability to provide unwavering presence during struggles that people generally feel alone in. Think about what support has meant to you and how you have benefitted from another's presence throughout some of your own greatest life challenges.

## Types of Support – Emotional, Informational, Tangible, and Affirmational

- Emotional – providing love, support, reassurance, acceptance, and encouragement.
- Informational – providing guidance, education and insight. Problem solving and brainstorming ideas for change strategies.
- Tangible – taking active role in helping individuals needs be met. Be cautious of enabling but equally important is avoiding pre-conceived notions/judgment.
- Affirmational – expressions of confidence, encouragement, strength focused, conveying worth, and establishing belief in someone's ability to be successful.



# EMPOWERMENT

Empowerment is about autonomy and self determination. Process of helping others grow stronger and allowing them to be in the driver seat steering the vehicle of change. Encouraging others to establish priorities and goals in their life versus lecturing them on what matters/what they must do to get better. Strengthened commitment and increased involvement in change process when people are the primary determinants of established goals/plans versus being told what they need/must do.

Empowering interactions –

- Listen without injecting opinions. Create safe space of unrelenting acceptance.
- Avoid criticism, shaming, or judgement. Establish genuine care and availability regardless of progress in change plan
- Validate thoughts/feelings. Utilize open-ended questions to help them draw conclusions for their life
- Strength based perspectives remind people of their worth and abilities.
- Reference their ability to make choices regardless of circumstances and brainstorm potential ripple effects

# RESILIENCY

Resiliency is about the strength to cope with stress and hardship. It's our ability to withstand and work through adversity successfully. Resilience is a protective factor in facing life adversity but can be developed in individuals who may not have had much success navigating challenges in the past. Factors associated with resiliency are - connection to others, communication, confidence, competence, and commitment.

Strategies for building resilience –

- Developing positive relationships
- Avoid awfulizing challenges
- Take decisive actions and work towards goal fulfillment
- Self-discovery, tending to needs, monitoring thought and feeling states
- Develop and nurture strong sense of self-efficacy

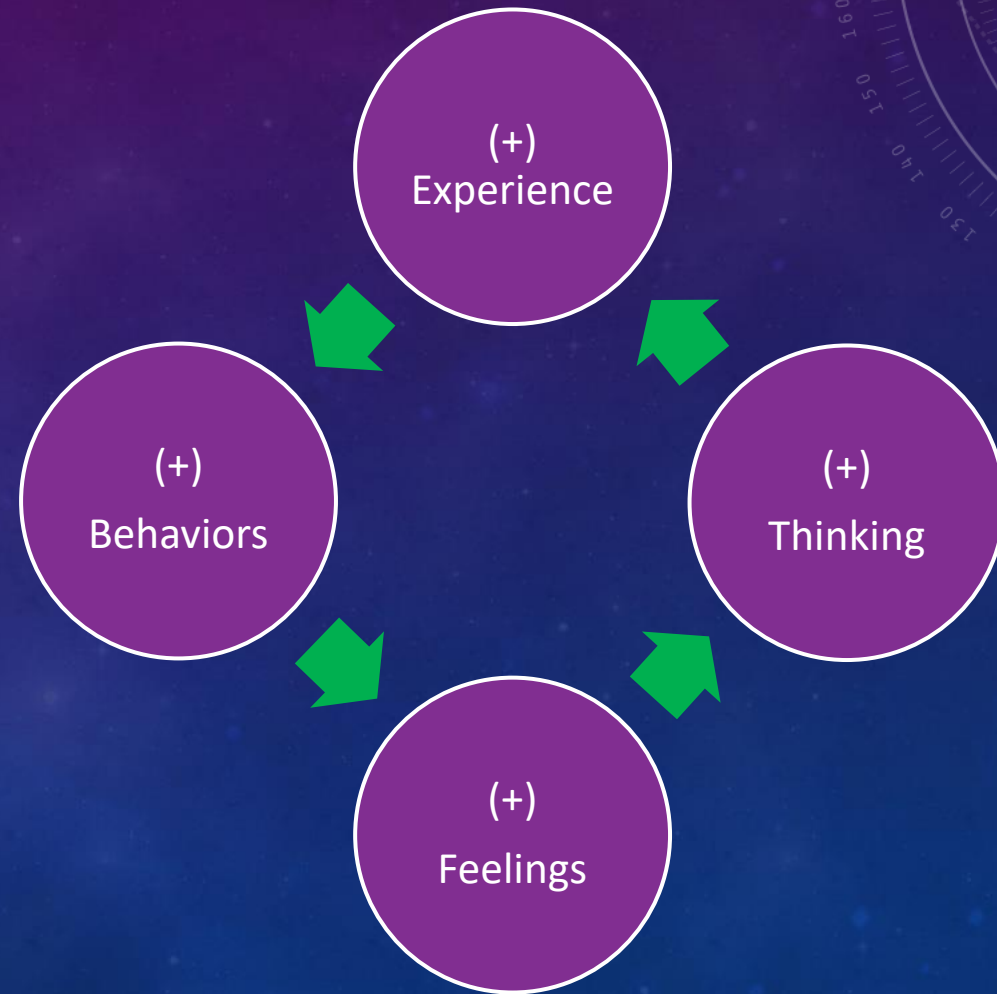
# THE HEALING PROCESS

Behaviors – asking for help, opening up to others, being honest, stepping out of comfort zone, trying new approaches/responses, connecting to others, trusting, taking responsibility, doing for self, taking initiative, being pro-active, etc.

Emotions/Feelings – improved stress responses and feeling states such as hope, awe, inspiration, joy, gratitude, love, sense of belonging, serenity, etc.

Cognition – re-evaluation of previously held ideas, challenging assumptions, disputing irrational/unhealthy beliefs, changing attitudes and overall outlook.

Experience – accomplishments, improved relationship w/ self and others, increased stability, connection/acceptance, expanded opportunities, unfolding potential, new possibilities, etc.





# IF IT'S THAT SIMPLE, WHY ARE WE LOSING?

- We are dealing with ingrained personality traits, developmental issues, deeply embedded belief systems, habitual thinking/feeling/behavioral patterns, etc.
- Neuroscience – the more often we think/feel/ behave in a certain way the more such becomes physically wired into our brain. Neural pathways are like heavily traveled paths. Responses become automatic and involve little to no conscious effort.
- Neuroplasticity - no such thing as a “fixed” brain. We know that new neural pathways can be created but requires conscious effort, consistency, and time. However, the brain is naturally inclined to take path of least resistance meaning that what has been dominant - along the lines of thought, feeling, and behavior - remains the most likely response despite one’s desire to change. Estimated to take around a minimum of 3 to 6 months of repetition to alter dominant pathways.
- The flaws in societal systems, family dynamics, day to day challenges, and remaining consequences of an unhealthy life do not dissipate simply because a person is trying to make changes. The types of influences that adversely affect development early on still exist equally as prevalent in the “here and now” reality of users. Triggers are powerful and can come from a variety of places throughout a person’s life at any given moment.

# AVOIDING HARM

Unintentional harm often occurs in the helping community. Helpers often find themselves enmeshed in tremendously difficult situations dealing with extremely complicated issues. Even the best of us sometimes negatively effect the cause and those we are trying to help. It is critical for helpers to develop and maintain a keen self-awareness to ensure our personal issues does not spill into the helping process. Working closely with unique people requires a broad skillset that forces us to question our assumptions about what we know and creates a need for lifetime learning. What must be accepted as a universal truth in this noble endeavor is that contained within every good intention is an inherent potential for harm.

Judgment/Shaming/Criticism

Oversimplifying Problems/Solutions

Implicit Bias

Interpersonal Problems

Competency Deficits

Resisting Change

Compassion Fatigue/Burnout

Boundary Issues

# CLOSING REMARKS

The background is a dark blue gradient with a field of small white stars. Overlaid on this are several technical diagrams in a lighter blue color. In the top right, there is a large circular gauge with a scale from 0 to 210 and a needle pointing to approximately 190. Below it is a smaller circular diagram with concentric rings and arrows. In the bottom right, there is another circular diagram with concentric rings and arrows. In the bottom left, there is a circular diagram with a dashed outer ring and a solid inner ring, with an arrow pointing left. In the top left, there is a small circular diagram with a dashed outer ring and a solid inner ring, with an arrow pointing left.