

Date: 10/28/2024

Time: 10 AM until 12 PM

Location: 1750 West 103rd Street Chicago IL, 60643

Virtual info:

Meeting ID: 83457129193

Password: 553998

Phone Number: 312-626-6799

Community Topic: More Than Recovery (Thinking and Behavior Patterns)

Presenter/Trainer:

Jessie Monreal, PLE, CADC

Overview:

- Common Patterns of thought/behavior to become aware of
- Understanding patterns are related to resume use, continued use, and the overall quality of life.
- How to begin changing the patterns and the outcomes.

Fact: DSM DIAGNOSTIC Criteria for addiction are almost entirely behavioral (Not based on labs or tests)

Common Patterns of thought/behavior to be aware of:

- **Trauma-related behaviors:** This includes the trauma you have experienced or witnessed and includes the trauma that is self-afflicted.
- **Codependent traits:** Fixation of relationships, defocus on self, toxic behaviors with family, the need to be needed, learned helplessness.
- **Lying:** In recovery honesty and integrity must be practiced.
- **Manipulation:** saying or doing whatever to get their needs.
- **Avoidance:** Not identifying the areas that need correction.
- **Rule-breaking:** Refuse to follow rules.
- **Procrastinating:** putting things off that should be addressed.
- **Compartmentalization:** Two sets of values, create internal unrest, and allow for justification and rationalization, Lack of integrity leads to the inability to build self-worth.

- Acting out: Anger issues, Anxiety behaviors (clinginess, panic, manipulation).
- “Stinking thinking”: Cheating the system, sense of accomplishment for breaking rules, lack of accountability, wallowing/self-pity.

Understanding how patterns are related:

- An inability to connect certain behaviors and their consequences to patterns or use often leads to repetitive cycles of failed attempts at recovery and treatment.
- Even if substance and alcohol misuse has stopped, patterns of addictive/self-destructive behaviors will continue to lead to a multitude of consequences and hurt one's quality of life. If the patterns of behaviors are not addressed.
- The behaviors may be pathologized/problematic, they are often someone's attempt to meet normal human needs. It is not the need that is the issue it is the way of trying to meet the needs.

How to begin changing patterns:

- Providing concepts and working knowledge for the recoveree that can be implemented in their daily life.
- Focus on short-term/immediate change versus long-term work. This includes facing triggers, practicing accountability, creating new habits, honesty with self and others, and acknowledging and knowing what is good and what is bad as it relates to people, places, and things. Long-term work will include Trauma work (nervous system), codependent traits, self-sabotaging behaviors, and the willingness to embrace discomfort.
- Identify and verbalize the steps taken

The benefits of understanding the outcomes of changing pattern behaviors and thoughts can be rewarding:

- Improved self-worth
- Improved relationships
- Reduction of mental health symptoms
- Increased life stability
- Less impulsive
- Improved physical and mental health
- Reduce the risk of resume misuse
- Productive and healthy lives
- Reduction in criminal thinking and behavior

Guest Speaker: Jessie Monreas – disclosed she is in recovery and the triumphs she went through with addiction, family and abuse. She talked about how her thinking was the primary reason to how she remained in addiction and her continuous blaming others. However, she informed the audience of the importance of moving past addiction and how our past behaviors can stagnate that growth. Also, Jessie discussed how PLE's prefer relationships with people who have lived experience because this allows them to remain in a certain comfort zone. She explained this also stagnates growth and can keep a person embedded in their past behaviors.

Resources and additional support:

NAMI (National ALLIANCE ON Mental Health Chicago chapter)

Call 988: National Suicide Prevention lifeline

Text line: TEXT HOME TO 741741

Illinois Helpline for opioids and other substances 833-234-6343

Housing Support: CALL 311/211 OR 312-361-1707

Trilogy Mobile cCisis Team 1800- fact -400 or 800-322-8400

Jessie Monreal,
CADC

More Than Just Sober

A disease of thought and behavior



Common patterns of thought/behavior
occur in some of:



Understand how these patterns are
related to help you understand us/figure
out the issues. What return are you
collecting for yourself?



How to begin changing the patterns and
what the outcomes will be

Why focus on behaviors?

- The DSM diagnostic criteria for addiction are almost entirely behavioral (not based on labs or tests).



Common patterns of thought and behavior to become aware of

Trauma related behaviors (shame based)

Codependent traits

Lying

Manipulating

Avoidance

Rule breaking

Procrastinating


Compartmentalization

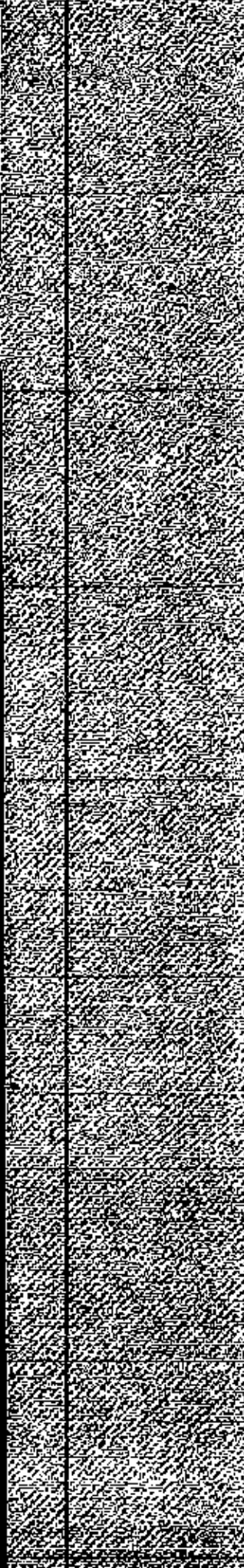
Acting Out

"Criminal" or "Stinking" Thinking

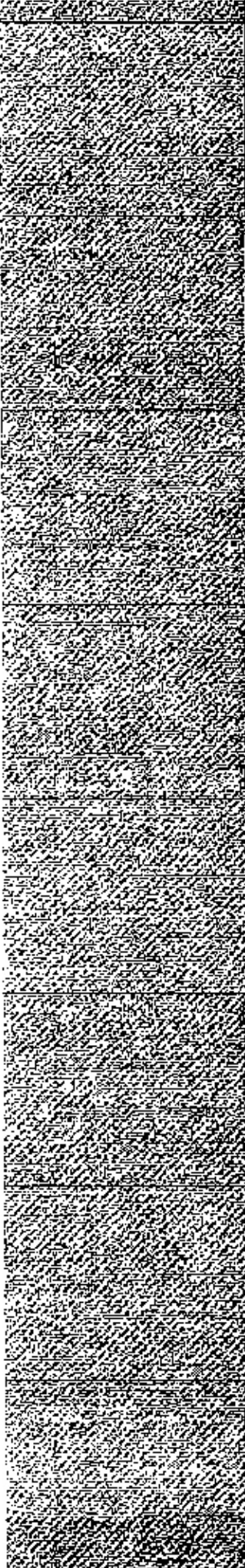


- 
- Codependent traits
 - Fixation on relationships-defocus on self
 - Toxic behaviors with family members/significant others (manipulation, jealousy, score keeping, controlling)
 - Need to be needed (tolerating abuse/mistreatment rather than being alone)
 - Learned helplessness

- 
- "Stinking" thinking
 - Cheating the system
 - Sense of accomplishment for breaking rules
 - Lack of accountability
 - Wallowing/self-pity
 - "Stinking" thinking

- 
- Two sets of values
 - Creates internal unrest
 - Allows for justification and rationalization: of continued problem behaviors (it's ok to steal this because it's from a corporation and they have more money than me)
 - Lack of integrity leads to inability to build self-worth

○ Compartmentalization



○ Acting Out

- Anger issues
- Anxiety behaviors (clinginess, panic, manipulation)
- Hyperfocusing on imagined issues as a way to defocus or reason to leave treatment

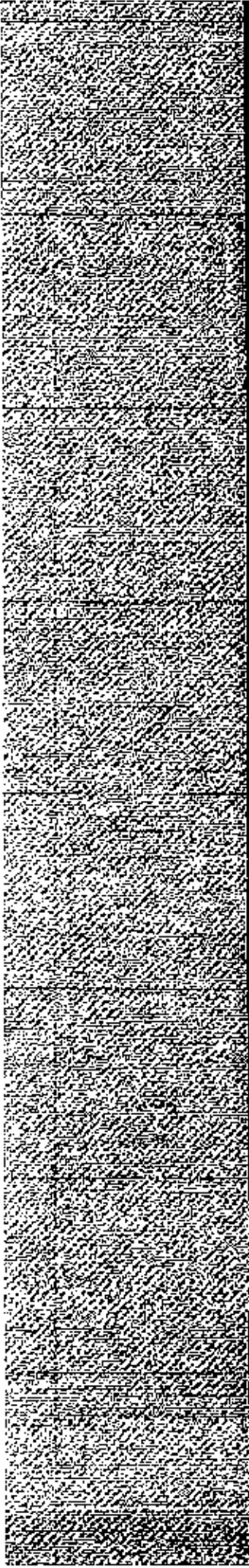
Understand how these patterns are related to relapse/continued use/quality of life issues. What need are you attempting to meet?

- An inability to connect certain behaviors and their consequences to patterns of use/relapse often leads to repetitive cycles of failed attempts at recovery and treatment. (Lack of willingness, etc.)
- Even if the substance use is discontinued and sobriety is achieved, patterns of addictive/self-destructive behaviors will continue to lead to a multitude of consequences and have a negative impact on one's quality of life.
- While the behaviors may be pathologized/problematic, they are often someone's attempt to meet a normal human need- it is not the need that is the issue, it is the way of trying to meet it.



Attempting to meet a human need

- Acceptance
- Love
- Belonging
- Pain relief
- Coping with grief and loss
- Reduction of anxiety or anger



○ Willingness vs wanting

- Wants to change but not willing to do certain things
- Talk about trauma, address toxic relationships, attend support groups, sober living, etc.
- Don't want to change but want the consequences to go away



○ Sobriety without recovery

- Procrastination and stagnation
- Fear based behaviors (abandonment, success, being "normal", rejection, responsibility)
- Unhealthy relationships lead to stress, pain, insecurity, dependency
- Chaos/excitement; Boredom/peace

How to begin changing patterns and what the outcomes will be

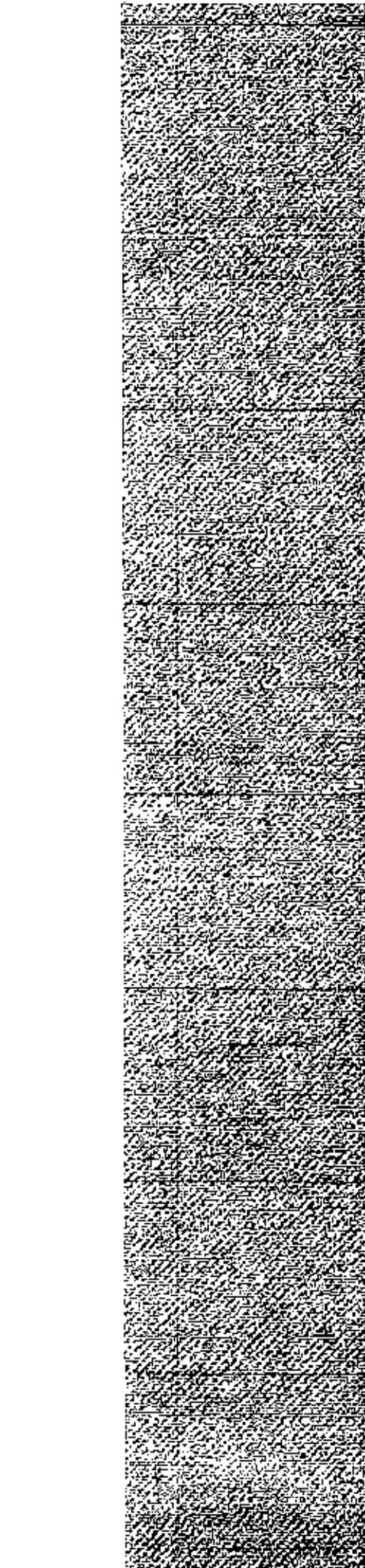
- Concepts and working knowledge for clients to implement in their daily life
- Short-term/immediate change vs long term work
- Ability to identify and verbalize actual steps to take





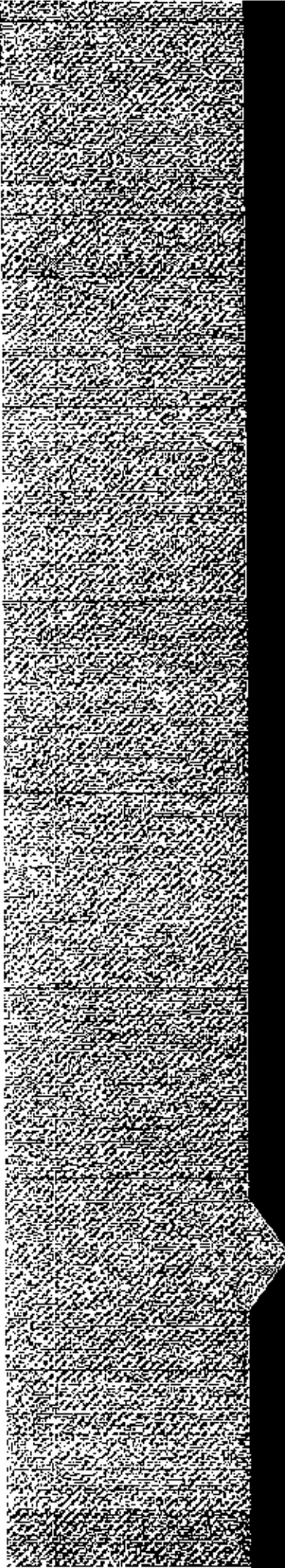
- Short term "right now" changes

- Facing triggers
- Practicing accountability
- Habits
- Checking own motives
- Honesty with self and others
- People/places/things



○ Long term work

- Trauma work (nervous system)
- Codependent traits
- Self-worth—self-sabotaging behaviors
- Emotional Sobriety
- The willingness to embrace discomfort

- 
- Outcomes of changing patterns of behaviors and thought
 - These rewards become a source of intrinsic motivation to continue to do and be better

- Improved self-worth
- Improved relationships
- Reduction of mental health symptoms (anxiety, depression, etc)
- Increased life stability
- Less impulsivity
- Improved physical health

Conclusion

- Helping the clients to understand thoroughly the fact that simply discontinuing their substance use will rarely lead to long term recovery, and will certainly not lead to the quality of life that is achievable. Underlying patterns of thought and behavior contribute equally to the deterioration of self and the consequences of the addiction.