

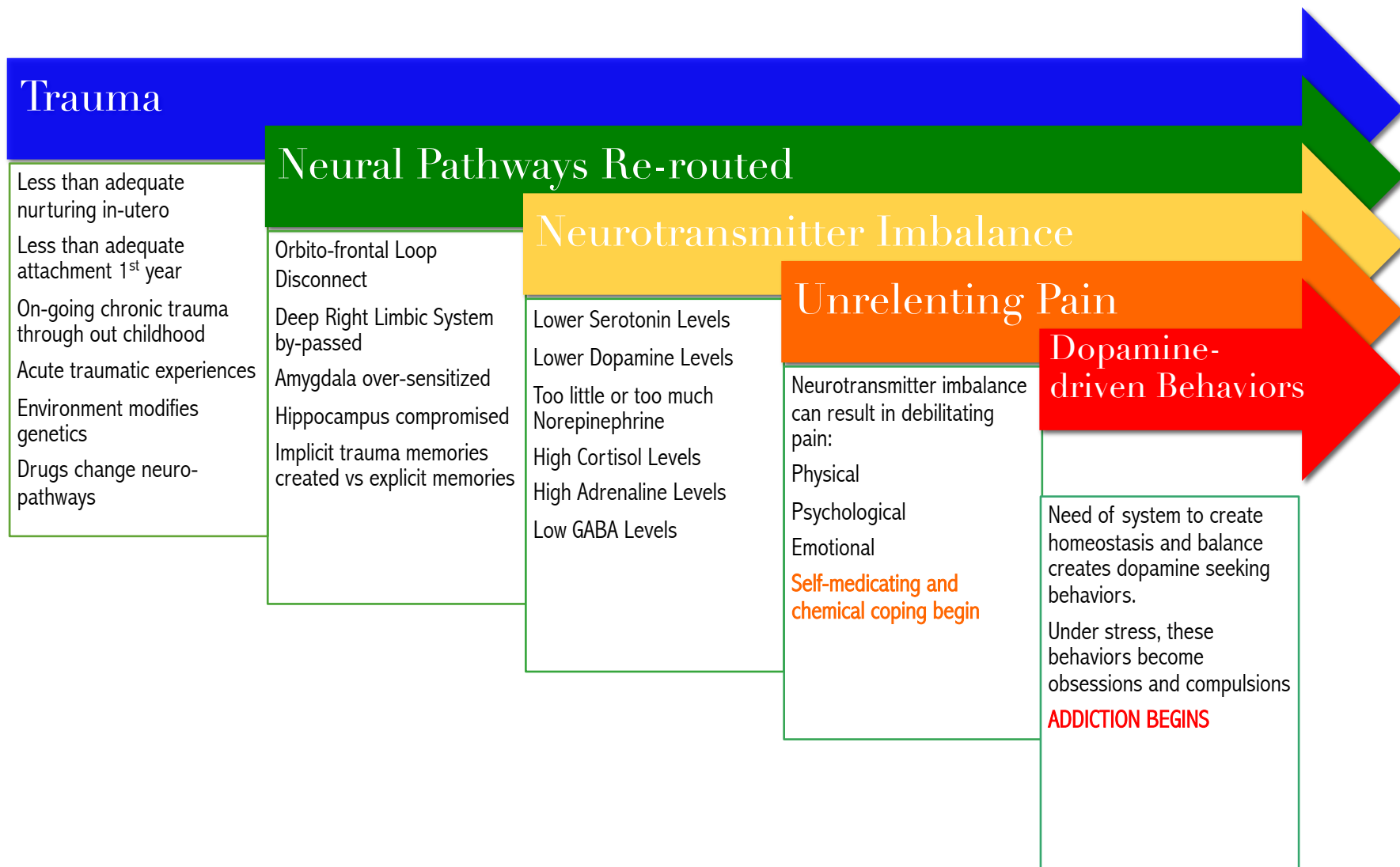


THE HAVEN MODEL

Neurobiology of Substance Use Disorder

INTEGRATED ADDICTION TREATMENT ADDRESSING THE COGNITIVE, SOMATIC, BEHAVIORAL, NEUROBIOLOGICAL AND SOCIOECONOMIC ROOT CAUSES OF ADDICTION

How Addiction Develops:



Early Childhood Trauma/**SUD** Progression

In-Utero:

- Somatosensory Distress
- Neural path disconnect

0-12 mos:

- “Sense of Self” can’t develop
- Trauma/Stress memories can’t release
- Fight/Flight/Freeze experience is the norm

1-3 yrs:

- Attachment patterns established:
 - Dominance, Dependence, Disordered
 - “Not Belonging” established
 - Superiority/Inferiority established
- No authentic sense of self
- Hard to make sense of experiences = trauma
- Non-verbal: Language learning and understanding

Early Childhood:

- Verbal: language integrated into thought process
- No authentic sense of self
- Mask/Persona created
- Core beliefs, behaviors & emotions created by external experiences
- “Trauma Cluster” begins to develop:
 - Depression
 - Anxiety
 - OCD
 - PTSD
 - Suicidality

Adolescence:

- Black & white thinking established
- Perfectionism
- Unrealistically high expectations
- Feelings of shame, guilt, humiliation and rejection
- Self-hatred, Self-loathing
- Sense of not belonging reinforced
- Trauma Cluster issues increase in intensity
- Beginning of chemical coping/self medicating
 - Occasional relief drinking/using
 - Increase in Tolerance
 - Increasing dependence
 - Guilt
 - Unable to discuss problems
 - Persistent remorse
 - Loss of other interests

Young Adult:

- No “Sense of Self”
- No release of trauma memories
- Self-hatred, self-loathing
- Feelings of shame, guilt, humiliation and rejection
- Chronic stress/fight, flight, freeze
- Hopelessness
- Escape from unceasing, painful self-awareness becomes compelling:
 - Sleep
 - Cutting/self mutilation
 - Alcohol
 - Drugs
 - Eating disorder
 - Death
- Family and friends avoided
- Unreasonable resentments
- Drinking/using with chronic users
- Impaired thinking

Adult:

- Obsessive drinking/using continues in vicious cycles
- Unable to initiate action
- Family, relationship, money and employment troubles
- Unbearable emotional, physical, psychological pain

Early Childhood Trauma/SUD Recovery

Consequences of Early Childhood Trauma:

- Co-occurring Mental Illness
- Trauma memories not released
- Chronic stress/fight, flight, freeze
- Black & white thinking
- Perfectionism
- Unrealistically high expectations
- Feelings of shame, guilt, humiliation and rejection
- Sense of not belonging reinforced
- Superiority/Inferiority established



- Diminished “Sense of Self” (don’t know who they really are)
- Self-hatred, Self-loathing
- Attachment patterns established: Dominance, Dependence, Disordered
- “Trauma Cluster issues manifest



- Mask/Persona created
- Core beliefs, behaviors & emotions created by external experiences, not internalized learning/development
- Hopelessness
- “Trauma Cluster issues increase in intensity

Beginning of Chemical Coping/Self Medicating:

- Occasional relief drinking/using
- Increase in Tolerance
- Increasing dependence
- Guilt
- Unable to discuss problems
- Persistent remorse
- Loss of other interests
- **Escape from unceasing, painful self-awareness becomes compelling:**
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- **Obsessive drinking/using continues in vicious cycles**
- Unable to initiate action
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Process of Recovery:

Month 1

- Detox/MAT
- Assess co-occurring mental illness
- Assess medical issues
 - Assess chronic stress

Months 1 - 3

- Calm the Body
- Create safe, trusting relationships: increase sense of belonging
- Increase body awareness
- Activate right brain
- “Sense of Self” Development
- Create Hope

Months 3 - 12

- Attachment Patterns
- Core Beliefs
- Spiritual Self/Mindfulness/Detachment
- Emotions: Moment of Choice
- Building a Tribe (relationships)

Year 2

- Superiority/inferiority
- Mask/Persona or Authenticity
- Blk & Wht Thinking or Rainbow Thinking
- Self Acceptance
- Shame

Steps to Prepare Clients Neurobiologically



Create a Safe
Relationship

Calm the Body



Activate the Right
Brain



Integrate the
Whole Brain and
Whole Body



Reframe &
Release, Validate &
Support



Techniques to Prepare Clients Neurobiologically

Limbic Resonance

Guided Relaxation
Movement/Stretching
Breathwork
Tapping
Acudetox



Create a Safe
Relationship

Calm the Body



Rhythmic Stimulation
Storytelling
Writing
Role-playing
Experiential Exercises



Activate the Right
Brain

Integrate the
Whole Brain and
Whole Body



Continuous Check-in
with Somatosensory
Experience

Child
Wild Woman
Wise Woman



Reframe &
Release, Validate &
Support

Areas to Focus on Using Therapeutic Interventions

Trust
Nonjudgement

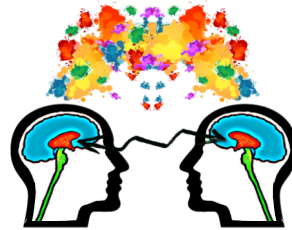
Body Awareness
Easy Ways to Ground

Development of an
Authentic Sense of Self

Trauma Memory
Release

Integrate All the Parts:
Child
Wild Woman
Wise Woman

Reframe Past Memories
Refine Sense of Self
Develop Meaning and
Purpose



Create a Safe
Relationship

Calm the Body

Activate the Right
Brain

Integrate the
Whole Brain and
Whole Body

Reframe &
Release, Validate &
Support



The Effects of Neurotransmitter Imbalance are Chronic and Cumulative:

	Trauma	Genetics & Environment	Opioid Use
In-utero	F/F/F constant state: Depression, anxiety, OCD, PTSD - severe	F/F/F sensitivity: Depression, anxiety, OCD, PTSD - probable	F/F/F reaction to danger Neurotransmitter balance
0-12 mos	Low concentration ability, low attention span	Ability to concentrate and focus	High ability to concentrate and focus
12-36 mos	Sense of Self under- developed	Sense of Self somewhat developed	Healthy Sense of Self
3-10 yrs	Low trauma release: low resiliency	Some trauma release: some resiliency	Healthy trauma release: High resiliency
10-19 yrs	Low confidence/self esteem	Low confidence/self esteem	Healthy confidence/self esteem
Adult			

Not all addiction is the same; treatment needs are based on amount & length of trauma-based neurotransmitter imbalance.

Recent Brain Science Enhances Psychotherapy

Old Paradigm

1. An expert authority
2. Clients are patients with psychological disorders
3. A component approach
4. Focus on symptom reduction
5. Remove negativity
6. Medical way to treat mental health

New Paradigm

1. A wounded healer
2. Clients are worthy human beings
3. A holistic approach
4. Focuses on both healing & flourishing
5. Embraces negativity
6. Nature's way to mental health



Operational Implementation of a Neurobiologically-based Program

INTEGRATED ADDICTION TREATMENT ADDRESSING THE COGNITIVE, SOMATIC,
BEHAVIORAL, AND NEUROBIOLOGICAL ROOT CAUSES OF ADDICTION



Current Substance Use Disorder/Addiction Treatment

Reduce Stigma

Addiction is a Disease

- Not a choice
- ~~Punishment~~
- Brain Pathways Disconnected
- Neurotransmitter Dysfunction
- Integrated Behavioral Health Approach Required

Detox

Remove the Coping Chemicals

- Medical Detox Protocol
- Inpatient
- Outpatient
- Focus on Acute Withdrawal Symptoms and Behaviors
- Integrated Behavioral Health Approach Required

MAT

Post Acute Withdrawal

Withdrawal Syndrome

- Relieve PAW Symptoms with Medication
- Vivitrol
- Suboxone
- Campral
- Anabuse
- Methadone
- Naloxone
- Reduces Relapse
- Allows for Treatment to be More Effective
- Go back to Work

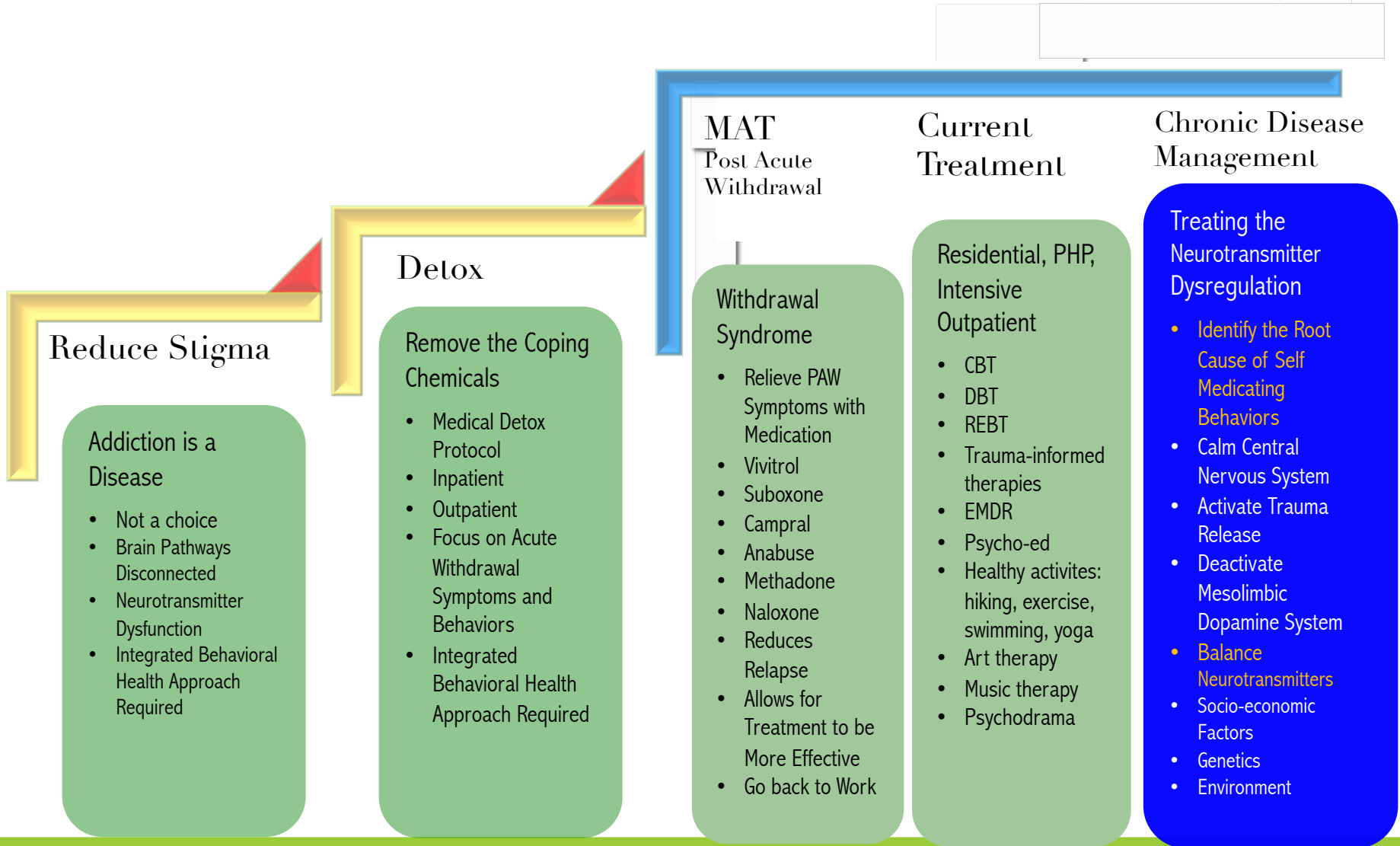
Current Treatment

Residential, PHP, Intensive Outpatient

- CBT
- DBT
- REBT
- Trauma-informed therapies
- EMDR
- Psycho-ed
- Healthy activities: hiking, exercise, swimming, yoga
- Art therapy
- Music therapy
- Psychodrama



Medical Model for Substance Use Disorder/Addiction Treatment



Systems & Structure

Human Resources

- Policies & Procedures
- Job Description

Quality Management

- Aggregate Outcome Measures
- Training Effectiveness
- Client Experience
- Clinician Experience
- Assessments

Full Immersion Treatment

- Every Haven employee implements the Treatment Objectives as each objective applies to their job description



The Haven Model

Staff Development

Training & Development

- Experiential
- Adult Learning Focused
- Whole Person Design

Supervision

Coaching

- Coach on site, available for any staff member

Tools & Techniques

- Appropriate to each job description

BHMP/NP/Nurse

Counselors/BHP/BHT

Recovery Coach/BHPP

House Managers/Peer Support

Administration/Board

Clinical Treatment Objectives

1. **Create a Safe Relationship:** Therapeutic presence, neurophysiological mechanisms mediating feeling safe in therapeutic relationships
2. **Calm the Body:** Activation of the parasympathetic nervous system to calm the amygdala-mediated autonomic pathway. Promote a continuation of the somatosensory process to a resolution by uncoupling the language-based overlay that interrupts its needed, logical progression to resolve historical distress.
3. **Quiet the mind:** Quiet the left-brain cognitive processing, in order to access non-verbal states.
4. **Activate the Right Brain:** Entrainment to allow access back to primary awareness encoding.
5. **Integrate Whole Brain:** Reframe implicit memory/Externalize and objectify trauma memories through narrative; encourage self-reflection of beliefs, intentions and values in order to “re-author” and “re-remember” the experience, trauma release
6. **Integrate Mind & Body:** Bring attention to somatosensory experience in the moment. Whole Person integration.
7. **Validate & Support:** Create a shift in self-image and a sense of belonging. Encourage and practice non-dualistic thinking in the context of the individual's emotional experiences providing integration of their internal belief system with memories, both implicit and explicit

Full Immersion Treatment

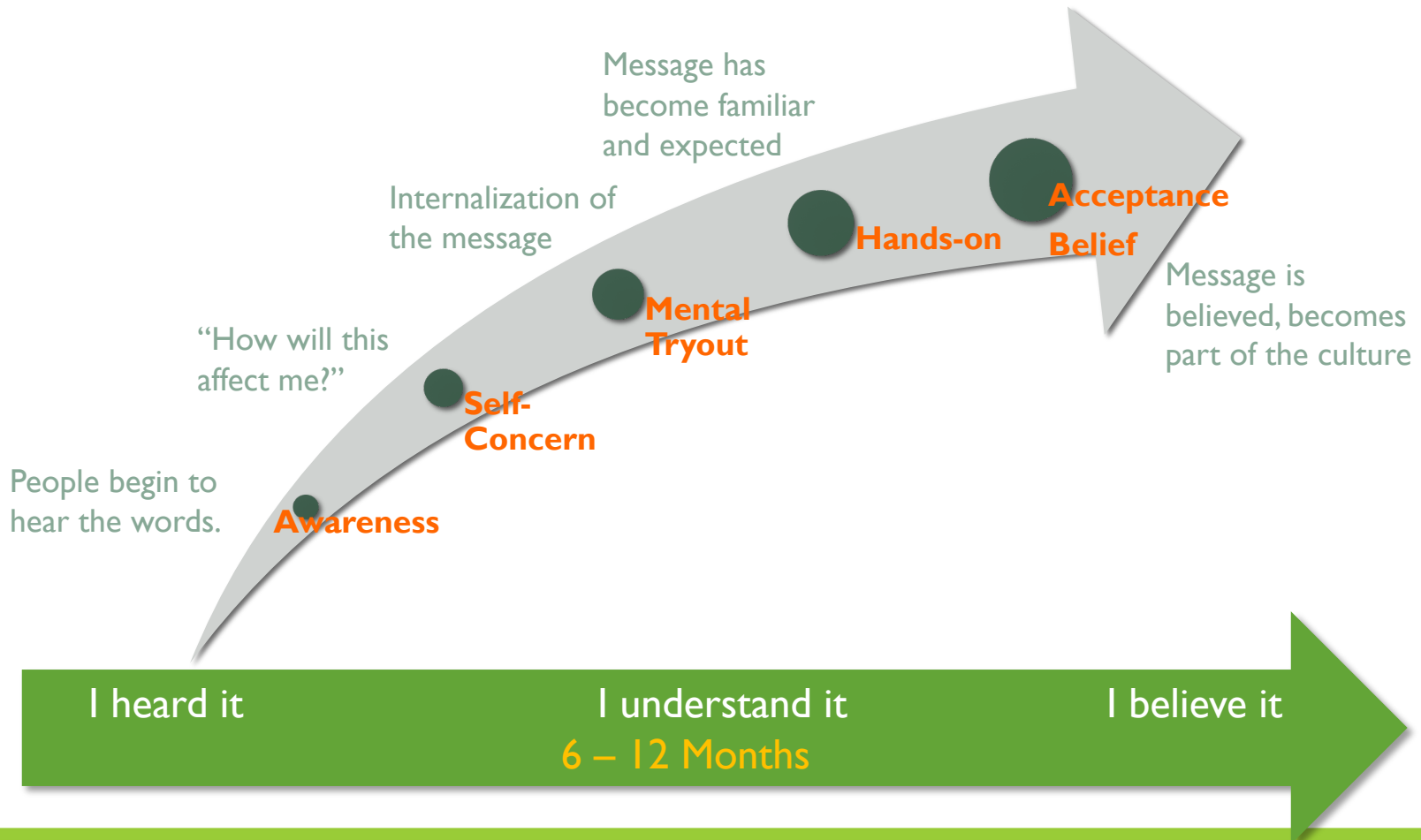
Clinical Objectives	Medical: BHMP	Nursing	House Managers	Counselors, BHT, BHP	Recovery Coach/BHPP
Reduce anxiety	Medication, MAT, acupuncture, OTC remedies, timely meds, Treat Trauma Cluster	Talk about anxiety & how to relax, document symptoms, timely meds, document efficacy of BHMP's interventions	Observe & document behaviors and symptoms, offer distractions, music, aromatherapy, calming tea	Somatic therapies, problem identification added to treatment plan, DBT, document efficacy of BHMP's interventions, trauma release	Full body relaxation daily, stress reduction groups, guided meditation, assist with problem resolution
Increase individual's ability for personal insight	Reduce racing thoughts Cognitive clarity, psychosis	Role model self-insight and accountability, timely meds	Redirect inappropriate or negative discussions in the milieu, role model accountability	CBT, REBT, DBT, Storytelling, acudetox, trauma release, psychodrama, expressive therapies	Accountability group, role modeling, identify defensive behaviors, acknowledge progress, grounding
Connect Thoughts, Feelings & Behaviors	Address unhealthy sleep patterns Assess regularly	Observe, Document, Assess regularly, discuss observations with BHMP	Question: What were you thinking when you just did that? Document answer	CBT, DBT, REBT, narrative therapy, trauma release, address survival resources,	6x6 group, visualization boards, art therapy, guided visualization, identify creative resources

- Work/Life Balance
- Continual Growth of Professional Skills and Approaches
- Fill Your Cup
- Personal Beliefs About SUD
- Examine Your Own Story

Neuroleadership: Using How the Brain Works to Create Lasting Change




Neuroleadership: Using How the Brain Works to Create Lasting Communication



Creating a Culture of Recovery With Respect

- Respect and Compassion Starts with Yourself
- Our Neurobiological Treatment Approach Addresses the Root Causes of Addiction
- Adverse Childhood Experiences (ACE)
- Resilience: The Ability to Adjust to Misfortune
- Personal Adaptation: Can Manifest as SUD

What is Compassion?



**If you want others to be happy,
practice compassion. If you want
to be happy, practice compassion.**

Dalai Lama



**Compassion is the basis of
morality.**

Arthur Schopenhauer



**Wisdom, compassion, and
courage are the three universally
— recognized moral qualities of
men.**

Dalai Lama



**Love and compassion are
necessities, not luxuries. Without
them humanity cannot survive.**

Dalai Lama

Recovery with Respect



Delivering Integrated Trauma-Informed Care



Vicarious trauma changes the brain. These changes can make everyday life unbearable. The pain of merely existing affects people:

- Physically
- Emotionally
- Psychologically
- Spiritually

Over time, the person can't even tell where the pain is coming from, it's all one exhausting experience every day and night.

Highly Engaged Employees Outperform Their Peers by:

17% in higher productivity

19.2% increase in operating income earned

21% greater profitability

Profits grow 3 times faster than competitors

147% higher in earnings per share

24% to 59% lower turnover (employee churn costs can easily be 200%)

41% less absenteeism

70% fewer safety incidents

Deloitte Development, Shape Your Culture, Drive Your Strategy. 2016

Coleman, John. Harvard Business Review. May 6, 2013

Gallup, Inc., 2015

BI Worldwide, 2016



Overview of Change Management Strategy

