TREATMENT

EMOTIONS AT THE HEART OF ADDICTION

KEN MARTZ, PSY.D.

Ken Martz, Psy.D., MBA

• 25 Years experience in addiction and mental health treatment helping thousands of individuals recover their lost hope and authentic self
• International bestselling author in addiction and mental health
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Treatment: The Emotions at the Heart of Addiction

Presented by: Ken J. Martz, PsyD, MBA

Learning Objective 1:
Participants will be able to identify the role of emotions in the development, maintenance and resolution of substance use disorder and recovery.

Learning Objective 2:
Participants will be able to identify the role of emotions in deepening the therapeutic alliance.

Learning Objective 3:
Participants will be able to identify the role of 5 key emotions including fear, anger, and grief.

Overview

• Where Have We Been? Lessons from our Past
• Where Are We Now? The Current State of Addiction
• Research on Effective Outcomes
• What Is Our Goal for the Future?
• Therapeutic Alliance
• Emotions and Balance
• Tips on Finding/Maintaining Balance
• Putting into Practice
Self-Awareness

- Do I believe that an individual can change?
- What is the fuel for our beliefs, behaviors, and motivation?
- Am I aware of what motivates me?
- Am I able to experience a range of emotions?
- Are there some emotions that I label as “bad” or try to avoid?
- Where did I develop these beliefs and emotional patterns from in my past?
- Do I feel able to achieve the things I want?
- How do I define “gold standard”?
- On what do I base that standard?

- How do these beliefs affect how I treat individuals?

Consider the following:

- For this presentation “Addiction” is inclusive of both substance use and behavioral process addictions (e.g. gambling disorder)
- Addiction is being used as related to severe substance use and process addiction

- Addiction is a disease of hopelessness
- Addiction is a disease of shame
- Addiction is a disease of isolation
What if we were wrong?
Treatment: The Emotions at the Heart of Addiction

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A 1989 monograph for the National Institutes of Health, which asked readers to "consider the work" of Porter and Jick.

A 1990 article in Scientific American, where it was called "an extensive study."

A 1995 article in Canadian Family Physician, where it was called "persuasive."

A 2001 Time magazine feature, which said that it was a "landmark study" demonstrating that the "exaggerated fear that patients would become addicted" to opiates was "basically unwarranted."

A 2007 textbook, *Complications in Regional Anesthesia and Pain Medicine,* which said that it was "a landmark report" that "did much to counteract" fears that pain patients treated with opioids would become addicted.

Cited by 1,410 studies (Google Scholar as of 7.22.21)
HISTORY

Pain as the Fifth Vital Sign

- The pain-relieving properties of opioids are unsurpassed; they are today considered the “gold-standard” of pain medications. p106
  - Exit Wounds, American Pain Foundation
Recent Litigation

Justice Department Obtains $1.4 Billion from Reckitt Benckiser Group in Largest Recovery in a Case Concerning an Opioid Drug in United States History

- Reckitt Benckiser is not to manufacture, market or sell controlled substances for 3 years. Why?
  - Promoted Suboxone as less-divertable and less abusable even though such claims have never been established.
  - Promoted the sale and use of Suboxone without any counseling or psychosocial support and for uses that were unsafe, ineffective and medically unnecessary.

Indivior Inc. Indicted for Fraudulently Marketing Prescription Opioid
Company Allegedly Lied to Doctors and Public Health Care Benefit Programs About the Safety and Diversion Risks of Suboxone Film
Future?

Canada Approves Prescription Heroin to Combat Opioid Crisis
BY GILLIAN MOHNEY
Sep 14, 2016, 6:12 PM ET

Science News
from research organizations
Cannabis treatment counters addiction: First study of its kind


Conclusion:
Sustained-released methylphenidate was safe and well tolerated among active methamphetamine users and significantly reduced methamphetamine use, craving and depressive symptoms.

Sustained-release methylphenidate was safe and well tolerated among active methamphetamine users and significantly reduced methamphetamine use, craving and depressive symptoms.

An Australian study has demonstrated that cannabis-based medication helps tackle dependency on cannabis, one of the most widely used drugs globally. A new article provides the first strong evidence that cannabis replacement therapy could reduce the rate of relapse.
Where are we now?

Pop Quiz:

What situations are going on in the world today that are causing emotional unrest?
Where Are We Now?

- Increasing rates of SUD and other addictions
- COVID
- Emotion
  - Fear
  - Grief
  - Loss of joy
- Relationships
- Isolation

12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 6/0/2021

![Graph showing 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States](CDC.gov)
Current Areas of Focus

• Routine screenings at medical visits (SBIRT)
• Evidence-Based Practice
• How many medications are offered at your program
• Use of placement criteria such as ASAM
• Paperwork
  • Admissions paperwork
  • Timely notes
  • Quality notes
  • Timeframes of treatment plans
• Outcomes adopted from the medical profession such as Adult BMI, 7 day follow-up after hospitalization (Healthcare Effectiveness Data and Information Set-HEDIS)

Where is the person in all this?
What is meaningful in treatment?
Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment, for 90 days minimum and appropriate continuum of care.

Do we want:
- 80% success rates?
- Or
- 20% success rates?

Deleon (2010) Is Therapeutic Community an Evidence Based Treatment? What the Evidence Says
Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment for 90 days minimum and appropriate continuum of care.

**1990’s**

Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)

Robert L. Hubbard, S. Gail Craddock, Patrick M. Flynn, Jill Anderson, and Rose M. Etheridge
National Development and Research Institutes, Inc.

The Drug Abuse Treatment Outcome Study (DATOS) collected 1-year follow-up outcomes for 2,966 clients in outpatient methadone (OMT), long-term residential (LTR), outpatient drug-free (ODF), and short-term inpatient (STI) programs in 1991-1993. LTR, STI, and ODF clients reported 50% less weekly or daily cocaine use in the follow-up year than in the pretreatment year. Reductions were greater (p < 0.05) for clients treated for 3 months or more. Clients still in OMT reported less weekly or daily heroin use than clients who left OMT. Multivariate analysis confirmed that 8 hours or more in ODF and LTR and enrollment in OMT were associated with the reductions. Reductions of 50% in illegal activity and 70% in full-time employment for LTR clients were related (p < 0.05) to treatment days of 90 days or longer. The results replicated findings from 1972-1981 for heroin use in OMT and illegal activity and employment for LTR but not for illegal activity in OMT and ODF.

**NEW CONVICTIONS BY LENGTH OF STAY**

Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment for 90 days minimum and appropriate continuum of care.

**2000’s**

Effectiveness of Long Term Residential Treatment for Women: Findings from 3 National Studies

Does retention matter? Treatment duration and improvement in drug use (4,065 clients)

Research Length of Stay

Almost 50 years of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment for 90 days minimum and appropriate continuum of care.
Decades of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment and continuum of care.

“Therapeutic community treatment shows improvements in recidivism and relapse rates, as well as engagement in employment. These improvements are correlated to length of treatment, with highest rates of improvement among those with 9 months of treatment, and reduced effectiveness for treatment of less than 90 days.”

*NIDA (2002)* Research Series: Therapeutic Community

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Decades of studies consistently find length of stay as the primary predictor of outcomes, along with intensity of treatment and continuum of care.

*NIDA (2018)* *Principles of Drug Addiction Treatment*

“Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and the best outcomes occur with longer durations of treatment.” p. 5

“Research has shown unequivocally that good outcomes are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes.” p. 14

“The best known residential treatment model is the therapeutic community (TC), with planned lengths of stay between 6 and 12 months.” p. 29
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Evidence Based Care: An Environment to Take Root and Grow

- Biology
  - MAT, Diet, Exercise, Healthy sleep habits
- Recovery Management
- Relapse Prevention Therapy
- Trauma
  - Trauma Reinforcement and Empowerment Model (TREM), Seeking Safety
- Spiritual
  - 12-Step supports, Spiritual services

Treating the Whole Person

<table>
<thead>
<tr>
<th>Program name</th>
<th>Total benefits</th>
<th>Costs</th>
<th>Benefits minus costs (net present value)</th>
<th>Benefit to cost ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Step Facilitation Therapy</td>
<td>$4,697</td>
<td>$320</td>
<td>$5,016</td>
<td>$/4</td>
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<tr>
<td>Relapse Prevention Therapy</td>
<td>$5,982</td>
<td>$0</td>
<td>$3,982</td>
<td>$/4</td>
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<tr>
<td>Cognitive-Behavioral Coping Skills Therapy</td>
<td>$35,594</td>
<td>($263)</td>
<td>$35,331</td>
<td>$135.56</td>
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<tr>
<td>Motivational interviewing to enhance treatment engagement</td>
<td>$6,880</td>
<td>($263)</td>
<td>$6,617</td>
<td>$26.17</td>
</tr>
<tr>
<td>Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse</td>
<td>$9,509</td>
<td>($263)</td>
<td>$9,246</td>
<td>$26.20</td>
</tr>
<tr>
<td>Therapeutic communities for chemically dependent offenders (American)</td>
<td>$13,903</td>
<td>($263)</td>
<td>$13,640</td>
<td>$7.37</td>
</tr>
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WASHINGTOKN STATE INSTITUTE FOR PUBLIC POLICY COST BENEFIT ANALYSIS

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<td>Methadone maintenance treatment</td>
<td>$8,531</td>
<td>($3,722)</td>
<td>$4,809</td>
<td>$2.29</td>
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<td>Buprenorphine/ Buprenorphine-Naloxone (Suboxone and Subutex) treatment</td>
<td>$6,201</td>
<td>($4,536)</td>
<td>$1,664</td>
<td>$1.36</td>
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<td>$3,493</td>
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<td>$709</td>
<td>$1.25</td>
</tr>
<tr>
<td>Supportive Expressive Psychotherapy for Substance Abuse</td>
<td>$15,987</td>
<td>($5,578)</td>
<td>($10,409)</td>
<td>($0.79)</td>
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<tr>
<td>Behavioral Contract Therapy (BCT)</td>
<td>$38,143</td>
<td>($5,916)</td>
<td>($32,227)</td>
<td>($6.58)</td>
</tr>
</tbody>
</table>
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FDA Adverse Events Reporting

Number of Adverse Events per Medication 1998 through 2018

Source:

What about Recovery?
PEER SUPPORTS

• Increasing attendance at 12-step meetings following treatment are associated with increased rates of abstinence (Timko & DeBenedetti, 2007).
  • This includes a range of activities such as attendance, getting a sponsor, being a sponsor, reading at meetings, calling a 12-step member for help etc.

RECOVERY LESSONS LEARNED

• Faces and Voices of Recovery Survey of 3,200 individuals with an average of 10 years in recovery.
  • Personal Descriptions:
    • The majority (75%) selected “in recovery”;
    • 14% chose “recovered,”
    • 8% “used to have a problem with substances and no longer do,”
    • 3% chose “medication-assisted recovery.”
  • Paths to Recovery:
    • 95% had attended 12-step fellowship meetings (e.g., Alcoholics Anonymous),
    • 71% professional addiction treatment
    • 22% had participated in non-12-step recovery support groups (e.g., Lifering, Secular Organizations for Sobriety (S.O.S.).
    • 18% had taken prescribed medications (e.g., buprenorphine or methadone).
RECOVERY LESSONS LEARNED

Table 5. What was different on the last quit attempt?

<table>
<thead>
<tr>
<th>Reason</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Step affiliation (AA/NA/CA)</td>
<td>24</td>
</tr>
<tr>
<td>Good support</td>
<td>22</td>
</tr>
<tr>
<td>&quot;Tired of the lifestyle&quot;</td>
<td>21</td>
</tr>
<tr>
<td>Insight</td>
<td>10</td>
</tr>
<tr>
<td>Feeling psychologically prepared</td>
<td>6</td>
</tr>
<tr>
<td>Moving away from drug-using peers</td>
<td>5</td>
</tr>
<tr>
<td>Benefits of residential rehabilitation</td>
<td>4</td>
</tr>
<tr>
<td>Family reasons</td>
<td>3</td>
</tr>
</tbody>
</table>


Into the Future...

Where are we headed?

How do we keep the individual at the heart of our efforts?
As professionals, what is our path toward fostering recovery supportive relationships?

Addiction is a disease of isolation....
Recovery Capital

- Citizenship
  - Sense of Belonging
  - Social Contribution
- Social Support
  - Positive Relationships
- Global Health-Psychological
  - Confidence
- Recovery Experience
  - Life Purpose, Optimism
- Substance Use and Sobriety
  - Achieving Abstinence

Recovery Capital (William White)

- Isolation/Connection
  - I feel like I have meaningful positive communication in my family and community
  - I have friends who are supportive of my recovery process
  - I have established close affiliation with a local recovery support group.

- Hopelessness/Hope
  - My personal values and sense of right and wrong have become clearer and stronger in recent years
  - I now have goals and great hopes for my future
  - I know that my life has a purpose

Hanauer et al. (2019)
Therapeutic Alliance

• As counselors, our role is to:
  • Foster individual change
  • Model a safe and trusting relationship
  • Facilitate development of these relationships in the individual’s system of recovery supports
  • Maintain cultural competency and context

Therapeutic Alliance

• As counselors, we can do many things to help such as:
  • Empathy
  • Warmth
  • Genuineness
  • Open communication
  • A safe space to explore difficult emotions
  • Balance support, with courage to alter difficult emotions
  • Time and consistency
AWARENESS- INTERNAL EXPERIENCE

JOIN ME TO EXPLORE AN INTERNAL MEMORY

OUR BODY RESPONDS TO STRESS IMMEDIATELY. MEMORIES TRIGGER THE GUILT OF OUR PAST AND FEAR OF OUR FUTURE. BE AWARE, PRACTICE, AND REPEAT OFTEN.

Emotions

- As professionals, what is our path to move from external interventions to managing the internal world of the individual?
Emotions: Stress Management

- Eustress
- Distress

Target Area

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Emotions: Stress Management

Joy
Boredom

Anger
Drive

Compassion
Insensitive

Sadness
Respect

Fear
Courage

Target Area
Build Resiliency

Eustress

Distress

Remove Stressor

Emotional Circle

Connelly, 2004

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Joy/Boredom
- Happy, Loving, Delighted, Glad, Upbeat, Playful, Amused, Lighthearted
- Manic, Lonely, Empty, Fatigued, Dull, Tired

Compassion/Insensitive
- Trusting, Caring, Benevolent, Merciful, Sympathetic, Sweet, Warmhearted, Tender
- Anxious, Worried, Concern, Impatient, Critical, Hostile, Passive

Sad/Respect
- Proud, Smart, Dignity, Honor, Appreciation, Thankful
- Grief, Guilty, Stupid, Inadequate, Ashamed, Hurt, Insignificant, Weak, Embarrassed, Helpless

Anger/Drive
- Confident, Vision, Directed, Passionate, Motivated
- Mad, Rage, Hate, Impatience, Temper, Jealous, Frustrated, Angry, Fuming, Irritated, Hostile, Critical, Annoyed

Fear/Courage
- Brave, Grieving, Grit, Valor, Perseverance, Endurance
- Scared, Confused, Horror, Panic, Terror, Fright, Shaken, Frightened, Startled

Emotional Circle

Pop Quiz: Which would be better for a beginner? What else can we do with someone advanced? Example: My boss yelled at me. I am mad.
Circle of Emotions: Addiction/Recovery

Joy/Boredom
Isolation/Hungry for pleasure and connection
Able to partner with provider

Compassion/Insensitive
Selfishness/Self Focus
Willingness to act for the sake of the "other"

Sad/Respect
Hate myself/Shame
Grief over losses
Believing I am worthy of Recovery

Fear/Courage
Fear of being "Caught"
Courage to ask for help

Able to see a vision of a future

Anger/Drive
Helpless Anger at Self/Others/World
Able to assertively build a new relationship

Circle of Emotions: Loved Ones

Joy/Boredom
Isolation/Lonely
Able to partner with loved one

Compassion/Insensitive
Self Protection Focus
Willingness to act for the sake of the "other"

Sad/Respect
Shame/Embarrassment
Grief over losses
Believing I am worthy of Recovery

Fear/Courage
Fear of being tricked again
Courage to change

Able to partner with provider

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CHANGE PROCESS:

Pop Quiz

How can I use this process on Monday?

Emotional Circle

Apply it Now:
My Strengths/Weakness

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Circle of Emotions: Addiction/Recovery

Additional Tools

- Rate fears on scale of 1-10
- Exposure
- Grandmother Hug
- Affirmations
  - I am courageous
  - I trust
  - I am flexible

Joy/Boredom
Isolation/Hungry for pleasure and connection
Able to partner with provider

Anger/Drive
Helpless Anger at Self/Others/World
Able to see a vision of a future

Sad/Respect
Fear of being “Caught”
Courage to ask for help

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Fear/Courage
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Circle of Emotions: Addiction/Recovery

Additional Tools

- Identify sources of anger
- Breathing
- Identify Decisions/Solutions
- Physical Exercise
- Planning
- Journaling
- Assertiveness training
- Affirmations
  - I have a clear vision for my life
  - I can ask for what I need

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Circle of Emotions: Addiction/Recovery

Additional Tools
- Identify pleasures
- Smiling/laughing
- Massage
- Breathing
- Affirmations
  - I celebrate success
  - I have trustworthy partners in life
  - I enjoy “playtime”

Joy/Boredom
- Isolation/Hungry for pleasure and connection
- Able to partner with provider

Anger/Drive
- Helpless Anger at Self/Others/World
- Able to see a vision of a future

Compassion/Insensitive
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Fear/Courage
- Fear of being “Caught”
- Courage to ask for help

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Circle of Emotions: Addiction/Recovery

Additional Tools
- Touch/Hug
- Donating
- Volunteering
- Gifts freely given
- Grounding techniques
- Affirmations
  - I am stable despite challenges
  - I have all that I need
  - I have enough to share with others

Joy/Boredom
- Isolation/Hungry for pleasure and connection
- Able to partner with provider

Anger/Drive
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Circle of Emotions: Addiction_Recovery

- Joy/Boredom
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Additional Tools

- Values clarification
- Needs vs Wants
- Write a letter/burn it
- Connect with spirituality
- Gratitude journal
- Apologies
- Affirmations
  - I am valuable
  - I respect those around me
  - I am deserving and worthy

Theories of Change

- Experiential Therapy
  - Partnersing, building specific goals, treatment planning, action steps
  - Listening, open to connections/patterns, following

- Behavioral Therapy
  - Focus on beliefs, and other internal change

- Cognitive Therapy
  - Reflecting, strengthening client gains so they become stable

- Psychodynamic Therapy
  - Reflecting, strengthening client gains so they become stable

- Rogerian Therapy
  - Reflecting, strengthening client gains so they become stable

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Into the Future...
Practice, Practice, Practice

“NOW THAT WE LOVE. HOW DO WE MAKE LOVE STAY?”
JAMES TAYLOR

• Practice, Practice, Practice.
  ... And what happens when we practice?
GOAL SETTING AND THE BRAIN

• Direct the thinking to the positive/solutions
• Practice positive solutions: gratitude, pride etc.
• Brain does not understand "no"
  • Cannot stop addiction
  • Can create recovery
• Direct thinking to specifics
  • Use as many senses as possible to rehearse material
• Use Goal-Directed questions
  • What else can I do to help my recovery today?
  • What else can I successfully accomplish today?
  • How many things can I do today that I can be proud of?
  • How many new things can I do today to celebrate my recovery?
• Compare to questions like:
  • Why did you do that?

BUILDING A PRACTICE

Form
1. Declaration
2. For the sake of
3. Detail practice
4. Reminder
5. Support

Example
1. I will,
2. for the sake of [whom],
3. I will [practice],
4. and remind myself by [reminder],
5. with support from [whom]

Be Specific. Plan to follow-up afterwards
I will, for the sake of Joe, my 42-year old spouse,

[Practice] Write three things I am grateful for in my journal every day, before bed.

[Reminder] I will remind myself by placing my gratitude journal under my pillow

[Partner] I will ask Janet, my best friend, to check in with me discuss with me how I am progressing every Monday morning once the kids go to school.

If I am successful, I get a hug from Janet, if not, I give Janet a hug.

I will, for the sake of Mary, my 12-year old daughter,

[Practice] Ask my family how their day was and practice listening for 5 minutes every day, at the beginning of dinner time.

[Reminder] I will remind myself by placing flowers on the table

[Partner] I will ask Jane, my best friend, to check in with me discuss with me how I am progressing every Saturday morning over coffee.

If I am successful, I get a cookie (or cookies) to go with it. If I am not successful, I buy a cookie for Jane.
SOME OF MY FAVORITE TOOLS

- Abdominal Breathing- rapidly calming, versatile, can be done anywhere
- Meditation- great for awareness, prevention, and impulse control
- Feelings wheel- helps awareness of emotions
- Letting go/Forgiveness practices- various tools to release past wounds (e.g. letter writing)
- Vision board/Goal setting- Creating a clear future improves motivation

WHAT CAN I DO?

- What if I counted my success in terms of lives saved, rather than deaths?
- What if I counted success as the number of hugs collected?
- What if I counted success in terms of authentic relationships?
Remember...

- We are here because the people we serve can change, if we reach to the heart of their issues.
- Our belief that an individual can change is central to our work.
- Relationships and emotions are important elements of care.
- Our relationship with an individual is the pathway to their freedom.
- The relationship of the therapeutic alliance is grounded in the individual's emotional world.
- Move external supports to internal change.
- See which emotional area is "weak" and strengthen it to create balance.
- Develop practices to maintain gains for the long term centered on the client’s recovery.
- Develop a rounded approach to the range of emotional causes and strengths.

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