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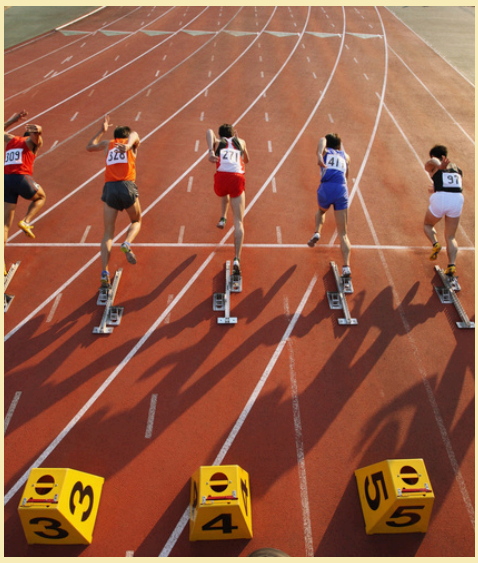

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NEW EXPERIENCES IN AN OLD WOUNDED PLACE

by Founder and Chief Medical Officer Dr. Ernie Fletcher

Transforming interpersonal conflict into an opportunity for deep, authentic healing sounds like a tall order. Because it is. Consider for a moment how different human history would be if it was easy.

When Carmin Long and Alan Muia talk about managing resident behavior in rural recovery homes, as they did at our May 7 webinar, they contrast the "punitive courtroom" in which our culture places them, where their worst instincts are reinforced, with the supportive, accepting environment they need but that many never find.

Like the Fletcher Group, Muia and Long believe in second chances, and thirds, and fourths, and as many more as it takes.

"They have the answers inside them," say Long and Muia. Our job is to give them, perhaps for the first time in their lives, the safety and time with which to find themselves.

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TAMING THE LIZARD BRAIN

"Lizard Brain" refers to the amygdala and basal ganglia, the oldest evolutionary part of the human brain that's responsible for primal survival instincts like fight-or-flight, fear, hunger, and reproduction. Also called “The Survival Brain,” it governs deep-seated drives like aggression, territoriality, and immediate gratification by triggering automatic, physical responses before the more logic-oriented prefrontal cortex has time to react.

Recovery home operators need to understand how the lizard brain works, says Alan Muia, Executive Director of *New Earth Recovery* in Mount Vernon, Washington, for one simple reason: “That’s where addiction lives. It's the hard-wired belief that I'll die if I don't react immediately and instinctively as I’ve always done before. When a client or resident freaks out, it's the lizard brain at work."

"The lizard brain tells them there's only one way to survive," says Carmin Long, Executive Director of *Truly Motivated Transitional Living* in Yelm, Washington "But life actually works a lot better if the brain is retrained to control its instinctive impules and react to threatening situations more logically and creatively."

What Long calls “limbic retraining” is, in her view, the most powerful and important thing that can happen during recovery. “We've seen it over and over again,” she says. “New positive experiences in an old wounded place can change everything."

But it can only happen in a safe environment. Recovery homes can therefore be thought of as laboratories where residents have the unique opportunity to navigate life’s challenges without falling back on old survival instincts. "The longer a resident stays in a healthy environment," says Muia, "the more 'limbic lessons' they learn and the more likely they are to succeed at long-term recovery."

Unfortunately, people in recovery who are caught misbehaving, lying, or reusing come to expect punishment, rejection, even abandonment, all of which can trigger and reinforce the worst impulses of the lizard brain. Only in an environment of grace, dignity, and support can self-discovery begin.

In the column to the right are a few techniques you can use to create a safe place for self-discovery.

To watch a video of our May webinar hosted by Carmin Long and Alan Muia, simply...

CLICK HERE

- **Physical Calming.** The offer, for example, of a glass of water expresses kindness while calming the nervous system.
- **“Bookmarking”** pauses a stressful conversation so it can be returned to later when the resident is not as agitated.
- **A Calming Presence.** Staff modeling can help the resident's "best self" come forward.
- **Mediation.** Instead of acting like judges, staff can facilitate a safe space where residents can practice negotiating their own solutions. This teaches the lizard brain that conflict doesn’t have to end in a fight or having someone removed from the residence.
- **The Self-Discovery Worksheet.** Described in detail on the next page, this fillable form helps residents recognize self-sabotaging patterns of behavior.

A KEY DISTINCTION

Before responding to challenging behavior, recovery home staff should ask themselves this critically important question: “Am I dealing with the impulsive behavior of someone amenable to change and who can benefit from my knowledge and skills? Or am I dealing with a mental health condition that's beyond my ability to understand or treat, in which case outside assistance is needed. Below are some guidelines to help you answer that question.

Lack of Improvement
You are likely dealing with a behavioral issue, rather than a mental health issue, if a resident’s response to an intervention appears to stem from survival skills learned during addiction. Such behavior can generally be addressed and changed using tools within the recovery home such as self-discovery strategies, behavior contracts, and repeated positive experiences. In contrast, you are more likely dealing with a mental health challenge if the resident is not seeing positive results despite best-effort interventions and support. In this case, the resident may not be able to respond to the change in behavior that’s requested even when they are willing and trying.

Inability to De-escalate
Another way to answer the question is by thinking in terms of behavior regulation and de-escalation. In normal circumstances, a resident in a behavioral crisis will sooner or later experience a "cooling down period" as a result of standard de-escalation practices. In other words, they'll be able to move out of their lizard brain and its fight, flight, or freeze reactions to a more logical and rational way of thinking and behaving. If, on the other hand, a resident stays in a "wound-up spot" and cannot "click out" of an elevated state even after considerable attempts to de-escalate the situation, the resident may have an underlying mental health issue that needs to be addressed by a specialist.

Persistence
One other approach to the question is to consider the persistence of a specific pattern of behavior. Through limbic retraining residents amenable to change will be able to learn from their mistakes and develop new skills to navigate conflicts and relationships. If, however, a destructive pattern of behavior continues regardless of rational interventions that have benefitted others, the resident may be facing a deeper mental health challenge.

A Difficult Decision
Addiction and mental health issues co-occur so often that it can be nearly impossible to say which is cause and which is effect. Drugs and alcohol are often used for self-medicating purposes by those with mental health challenges. Long-term substance use and associated trauma can also cause severe mental health challenges, even changes in brain chemistry. Active substance use can in some cases mimic a mental health disorder. Methamphetamine use followed by opiates, for example, can result in behavior normally associated with a manic depressive disorder.

The Bottom Line
Recovery home operators who have determined that a resident’s struggles are rooted in a mental health issue should resist the temptation to remove the resident; doing so will only contribute to their feelings of abandonment and hopelessness. Instead, refer the resident to an individual or organization that can perform a professional diagnosis and provide the treatment needed to stabilize the resident's mental health.

THE ART OF SELF-DISCOVERY

The goal of self-discovery is to unearth one's true identity so that people in recovery can start making intentional choices that lead to a more authentic and fulfilling life. Because exploring one's values, triggers, and passions is internal work, it can really only happen, say Long and Muia, in an environment of mutual respect and grace-based accountability.

"They have the answers inside them," says Long. "Instead of telling them what's wrong and how to fix it or, even worse, punishing them with rejection, we need to help them find their own answers."

The best tool for doing that is the Self-Discovery Worksheet Long and Muia ask residents to fill out whenever the lizard brain creates problematic behavior. A form of guided journaling, it leads the respondent step-by-step through the process of connecting a specific incident to an on-going pattern of behavior that's likely sabotaged them for years.

"Yes, it's a form," says Long, "but it's better to think of it as an opportunity to make a real change in your life. That's what it's done again and again for our residents."

"It gives them a very concrete way to learn from their mistakes," says Muia. "And it does it in a way that respects them rather than treating them like a child and making them feel humiliated."

"The worksheet begins by clarifying what happened," says Long. "Residents are asked to name the behavior, describe how they felt at the time, and how they justified their behavior to themselves. It then explores the behavior's impact on both themselves and others as well as its impact on past relationships. Then comes the 'Double Bind' portion of the worksheet where they're asked what scary thing might happen if you walk away from this behavior and what will happen if you don't. That question engages the lizard brain that relies on experience and lives in the past while at the same time engaging the prefrontal cortex that thinks more rationally and objectively. Finally, the form asks how the behavior might be changed and who might assist the change by demanding accountability. That involves making amends to those you've hurt. Acknowledging our mistakes is a big step, but it's not enough. We also need to at least try doing some cleanup, right?"

YOUR COPY OF THE SELF-DISCOVERY WORKSHEET

To download the worksheet described on this page, simply...

CLICK HERE

The beauty of the worksheet, say Long and Muia, is that it lets residents find their own answers.

"They've heard a hundred times what they should be doing to fix themselves," says Long, "and that's never worked. The worksheet takes a different approach by helping them understand what's really going on inside them, how to take ownership of it, and the steps unique to each resident that must be taken to break the cycle and start anew."

"It's all about preparing them for the thousand and one environments and relationships they'll encounter after they leave us," says Muia. "How are they going to make a marriage work? How are they going to make employment work? If they can learn from the mistakes they make within the little safety net we've created for them, then they're much more likely to succeed in the outside world."

WHAT IF IT DOESN'T WORK?

But what if the Self-Discovery Worksheet doesn't work and the problematic behavior continues? Long and Muia have a tool for that, too. For residents to stay, they must sign a Behavior Contract that specifies the behavior and the action needed to change it.

"We're still committed to the resident staying with us and succeeding," says Muia. "But at this point we need to be really firm about what's required. That means a commitment in writing and an understanding that if the behavior continues we'll need to have a much harder conversation."

"The underlying message doesn't change," says Long. "We continue to make it clear that we want you here and want you to succeed. But the resident also needs to understand that we've reached a serious juncture and the ball is now in their court."

In contracts like this, say Long and Muia, specificity and fairness go hand-in-hand.

"Leaving things open-ended may sound nice but it's actually unfair," says Long. "If you're not clear about what exactly is expected, the resident will feel like they have this thing hanging over them where they're being constantly monitored and anything they do might cause them to be judged, rejected, and abandoned."

One of the most important things to specify is the duration of the contract. "In my experience," says Long, "a behavior contract should never be longer than a few weeks. You want to give people enough time to respond, but not so much that it feels like a permanent burden."

Fairness and specificity also play a key role in the resident's ability to buy-in and engage. When residents finish reading the contract they need to feel that it's fair, respectful, honorable, and achievable—something they can put their good name to in good conscience and with confidence. A contract signed without those feelings is not likely to be honored.

That Key Distinction
It's often during the contract phase that recovery home operators and staff gain a clearer understanding of whether the resident is struggling with a behavioral issue or an underlying mental health concern.

YOUR COPY OF THE BEHAVIOR CONTRACT

To download the contract described on this page, simply...

CLICK HERE

If a resident is unable to change the behavior despite willingly signing and committing to the contract, it may be time for professional mental health support.

One Last Chance
So what happens if the Behavior Contract also proves ineffective and the problematic behavior continues as before?

It's time then, say Long and Muia, to present the resident with a Last Chance Form. It's virtually identical to the Behavior Contract with the added stipulation that failure will require the resident to leave the facility.

"It may sound severe," says Long, "but being direct and fully transparent about this final step and the consequence is the fair and right thing to do since the outcome so powerfully affects the resident's home, livelihood, and recovery journey. It's because we're still supporting them and wanting them to stay that we have to make the rules as clear as possible."

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