

Bonding Therapy (BPT) in Therapeutic Community (TC) for drug addicts

dr. Bogdan Polajner, psychologist
Bonding psychotherapy fellow

(power point presentation)

ISBP Conference, Buenos Aires, 3. 9. 2011

Content of the presentation:

- A) Relation between BPT, TC and addicted persons (drug users)
- B) Some practical views of using BPT in TC
- C) Slovene experience with BPT in TC

Abstract

Bonding Psychotherapy has been applied in Slovenian Therapeutic Community for drug addicts for about 10 years. During this period we have used several different organizational approaches:

- BPT in the form of intensive therapeutically weekends (16 hours of therapy in 2 days), leaded by external experts from foreign state (Italy),
- BPT in the form of intensive weekends, leaded only by domestic experts,
- BPT in the form of 1 day work-shops, leaded only by domestic experts.

From all those different approaches we resume that it is important in which form we provide BPT for drug users into high threshold program of

TC. The presentation will show the experiences and different results of

A) Relation between BPT, TC and addicted persons

Why to use (B)PT in TC in general?

(B)PT can create a significant positive influence to TC's clients through:

- increasing,
- deepening and
- shortening of th. process in general

TC for Addicts

TC should be:

- structured, supportive, (drug) safe environment,
- which provides possibilities for emotional, cognitive and behavioral changes, as well as personal growth

TC and BPT – common history

Early TC movement

- Synanon, 1960, USA
- Day Top Lodge, Day Top

Dan Casriel work

- bonding

IC and BPT – therapy is the most “common”

IC should provide psychotherapy;
Self-help is not enough!
(TC > “Community”)

BPT, psychodrama,
behavioral-cognitive ,...
PT
are usually adequate
for addicts
(not clasical psychoanalysis)

BPT and TC – a lot of common tasks

Drug addicts in TC can use BPT to work on:

- basic emotional problems
- cognitive schemas
- behavior
- bio-social basic needs
- Relationship problems
- attachment styles

Emotions through TC's phases

Emotions through TC's phases (1)

(not always typical)

“No emotions”

Deep emotions are blocked and suppressed (by using drugs etc)
Mechanisms of defense are high

Early Receiving phase (before detox)

Emotions through TC's phases (2)



Fear	<u>late Receiving phase</u> , before and at the beginning of <u>detox phase</u> <u>Early at the beginning with TC phase</u>

Emotions through TC's phases

(3)



Anger	<u>Detox phase, first residential TC phase</u>

Emotions through TC's phases (4)



Emotional pain, sorrow, sadness,...	<u>Middle</u> of residential <u>TC</u> phase

Emotions through TC's phases (5)



Emotional pleasure, peace, love and feeling "I'm OK / others are OK"	<u>Late</u> residential <u>TC</u> phase

Emotions through TC's phases (6)



Fear Emotional calmness, pleasure, basic elements of love	<u>Early re-entry phase</u> Middle and <u>late re-entry phase</u>

BPT and TC – the ultimate goal

TC: happy person/
abstainer (drug using is just
an outside symptom →
abstinence is not enough for
liberation from addiction)

BPT: the goal is not just
reduction of
symptoms, but
(among others)
enjoying everyday life

BPT and TC – results

(T)C: if provides just behavioral changes, relaps follows after the program

BPT: provides positive attachment style, better self-image and ↑trust in others

Addicts and BPT

TC: addicts are usually deeply traumatised persons (e.g. sexual abuses, loss of parents, living in “toxic” relations - e.g. parent-alcoolist,...)

BPT: participants rework painful previous experiences and they are able to overcome the fear of intimacy and rejection

Addicts and BPT

TC: addicts usually
have strong belief “I
do not exist” and
basic untrust towards
others

BPT: through therapy
they can create
positive attitudes (I do
exist,...) and secure
attachment-style

Addicts and BPT

TC: addicts – persons
with basic untrust
towards others

BPT: through therapy
they receive positive
experiences with
physical and
emotional closeness
toward others

Addicts and BPT

TC: addicts – because of basic untrust they are socially self-isolated

BPT: participants can learn bonding as an act and process of emotional openness and physical (non-sexual)

closeness toward other(s)

Addicts and BPT

TC: addicts – because
of basic untrust they
can not ask for help

BPT: helps to create
positive attitudes (“I
need help”, I may ask
for help”) also on
emotional level (they can
feel fine with asking help!)

Addicts and BPT

TC: addicts have
intensive
fear of rejection and
lack of fulfilling of basic
needs (expc. need for love)

BPT: participants
become able to
overcome the fear of
intimacy and rejection

Addicts and BPT

TC: addicts have significant basic emotional disorders

BPT: participants learn how to satisfy basic needs to feel more pleasure and love; and how to minor the negative influence of fear, anger and sadness

Addicts and BPT

TC: for addicts are
significant low
contact with his/her
own emotions

BPT: participants
exercise to recognise,
express and accept
all 5 basic emotions
(fear, anger, sadness,
pleasure, love)

Addicts and BPT

TC: addicts have low
contact with his/her
own body sensations

BPT: participants learn how
to recognise his/her own
body sensations in
emotionally positive way

Addicts and BPT

TC: addicts have self-destructive life style and “no-future” cognitive orientation

BPT: participants through therapy create positive relationships, secure attachment style and ability to enjoy life

Addicts and BPT

TC: addicts use drugs to
escape from
themselves (their own
feelings, needs, desires,
problems, tasks, talents,..)

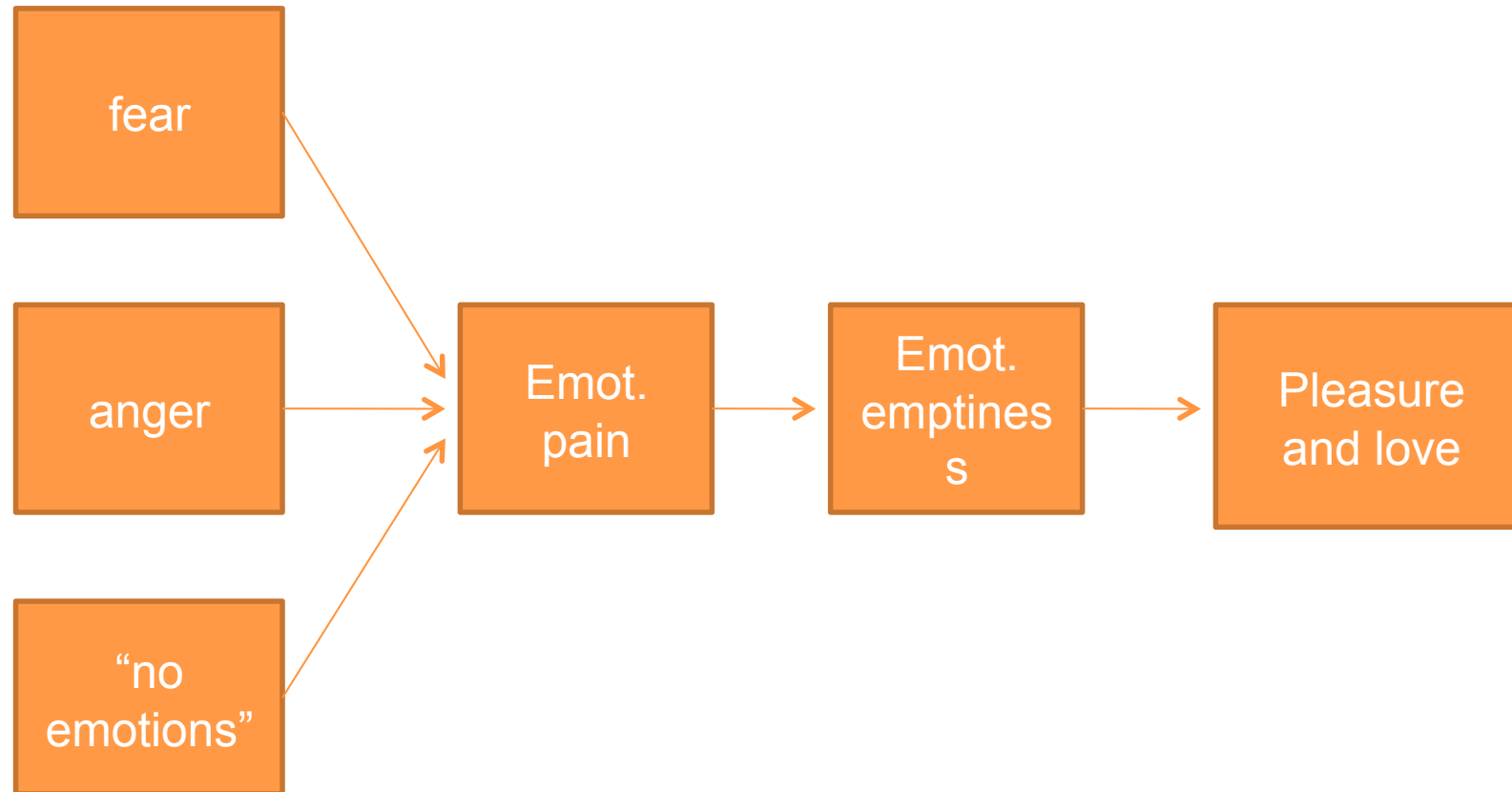
BPT: participants
exercise how to
increase ability to
fulfill the bio-psycho-
social (and spiritual)
basic needs

**B) Some practical views of
using BPT into TC**

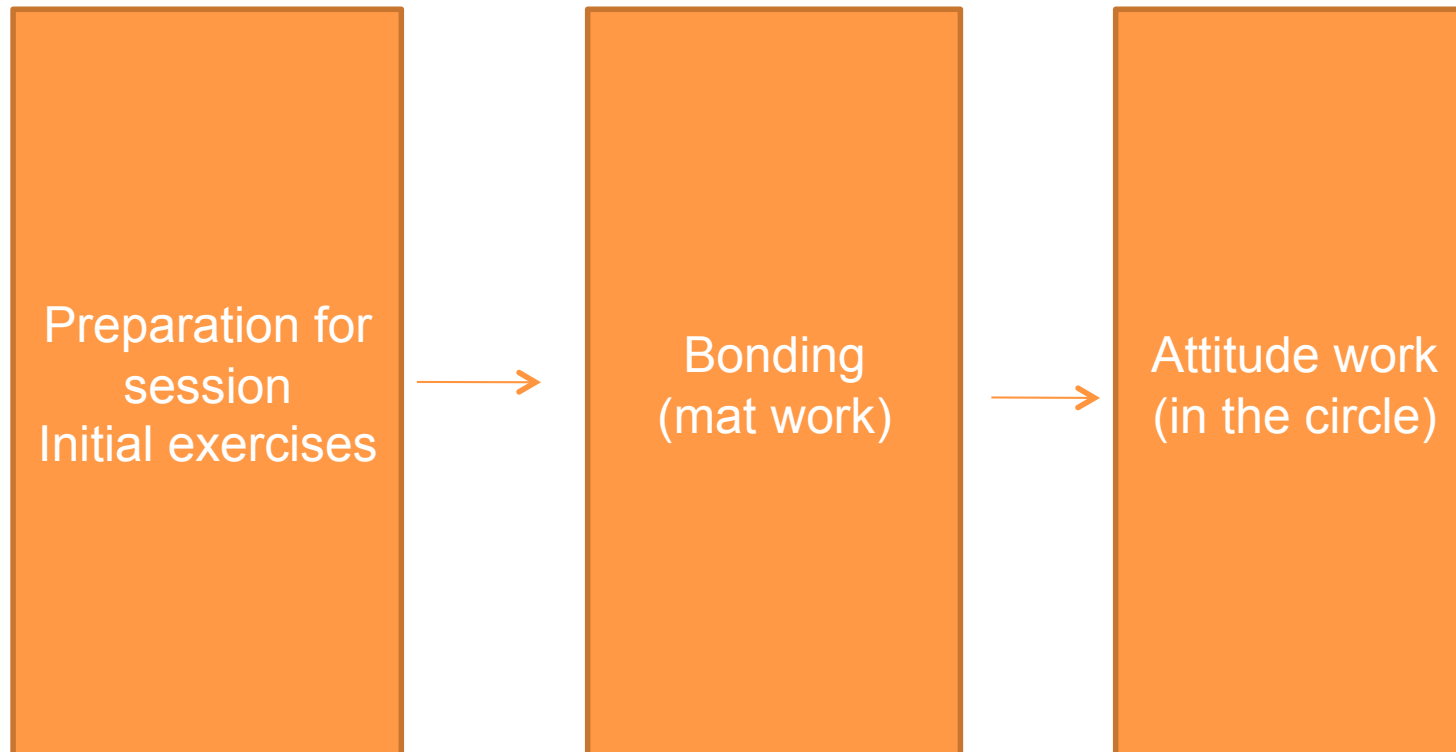
Example: 1-day BPT session in TC

- (before: intake procedure,...long term abstinence,... sound-proof room,...)
- Introduction “feed-back” of participants (emotions and plans)
- Basic exercises of contact with basic emotions and body sensations (8.00-9.30)
- Bonding exercises (mat work or other forms of “bonding” exp. for clients which feel in classical bonding too much closeness with others and too high tension) (10.00-11.30)
- Attitude work in the circle (13.00-15.30)
- Closing-up exercises for: pleasure, feeling of connection / belonging to the group, relaxation, emotional calm and love (16.00 – 16.45)
- Final feed back and individual plans to transfer BPT work to everyday life (in TC, home,...) (17.00-18.00)

Typical emotion dynamic through BPT



Typical steps of BPT group session



BPT and cognit. schemas / attitudes

Basic positive attitudes

The most basic attitudes:

- I exist
- I need
- I have the right
- I am lovable

Other basic attitudes:

- I'm worthy / I worth / I'm your equal
- I'm not perfect, but I'm good enough
- Me first
- I'm responsible (for my life,...)
- I can choose
- etc.

1. basic positive attitude: “I exist”

- Because of traumatic experiences drug addicts often feel:
 - I do not exist,
 - I do not have the right to be alive,...
- Often two opposite ways of behavior if those negative att.:
 - too quiet, peaceful behavior, like he/she does not exist
 - violence, destructive, acting-out behavioral,...
- Characteristics of those families: abandonment or neglecting towards child, divorced or addicted parents (parents are not able to take care for their kids)

2. basic positive attitude: “I need”

- Because of traumatic experiences drug addicts often feel:
 - I do not have needs
 - I may not ask for help
 - I should do everything on my own (me alone)
- Too much pain in early years to fulfill the needs and because of this low connection with own needs
- Philosophy of those parents: “Who does everything alone, is worthy for three others”

3. basic positive attitude: “I have the right”

- Because of traumatic experiences drug addicts often feel:
 - I do not have the right
 - I may not demand nothing for myself
 - I do not deserve something good for me (I do not deserve a good life, a good future,...)
- Families of those drug addicts often have low social perspective and low quality of life (often there is alcohol problem already for generations in those families, etc.)

4. basic positive attitude: “I’m lovable”

- Because of traumatic experiences drug addicts often feel:
 - I must deserve love
- Negative attitude is often connected with high sense of guilt
- Families of those drug addicts often show to children that they are lovable only if they behave well (they are not lovable because of themselves)
- Too strict rules are significant for those families

Others basic positive attitudes:

“I’m worthy / I’m your equal”

- Because of traumatic experiences drug addicts often feel:
 - I’m not equal to others / I’m worth less than others
- Those drug addicts have negative experience with receiving attention (like kids they got attention only if they were sick,...)
- Families often criticize kids too much(“you are not for any use; you are worthless at school, at home,...)
- These negative attitudes often show brothers and sisters of drug addicts

Other basic positive attitudes: I'm not perfect, but I'm good enough”

- Because of traumatic experiences drug addicts often feel:
 - I need to be perfect,
 - Only the best is good enough from me,...
- Those families often use “hermetic close” environment for kids
- Those parents often expect too much from kids (from emotional, psychological and also from physical view: “You need to be beautiful”)

Other basic positive attitudes: I'm responsible (for my life)"

- Because of traumatic experiences drug addicts often feel:
 - I'm not responsible for my own life (others decides,...)
- Those families usually take over all responsibilities and always decide or work instead of the child
- Those families do not approve that the child can take his/her own decisions, risks, experiences and learning process also through mistakes,...
- Those parents block child's personal growth through decision making and responsibilities

Other basic positive attitudes: “I can choose”

- Because of traumatic experiences drug addicts often feel:
 - I do not choose / decide about what I really want
 - I must decide like my parents, partner,... want(s)
- Those drug addicts feel like they are “pre-determinate” for all future life
- Those families often (similar to negative attitudes “I’m not responsible”) take over all decisions, plans, choices,... from kids
- Block process of separation and individualization

Other basic positive attitudes: “Me first”

- Because of traumatic experiences drug addicts often feel:
 - I belong to the very last place (among others)
 - All others are better than me
 - Others do, think, speak, deserve,... better than me
- Those drug addicts always speak last in the group or – without support - prefer not to speak at all
- Those parents usually used phrases towards kids: “You are small – so be quiet; you are stupid – let the adult to speak,...”

C) Some Slovenian experiences with BPT use in TC

Experience with providers of BPT

Old practice 1999-2001:

foreign experts (Italian exp.)

Problems: Clients tried to
impress, more stress before
BPT

After 2001:

unexper. domestic experts

Experience: Less stress for clients

Experience with type of BPT group

Old practise 1999-2005:

- to inten 3 days of intensive BPT weekends / 4 x / year

Problems:

- often drop out and acting-out behavior after BPT session
- for clients too rarely (4x / year) to be able to connect one BPT experience with the next one

After 2005:

- 1 or ½ day sessions /1-2x/month (not always with bonding; point on positive attitudes excercises)

Experience:

- no more acting out beh. after BPT
- improving of continous growth
- positive opinion about BPT from clients (“best TC in the country”)

Experience with type of clients

Old practise 1999-2006:

- BPT available only for TC participants

Problems:

- Clients from Reentry phase more often had relapses (ideology: R. phase is not for therapy any more, but for everyday tasks)

After 2006:

- BPT available for TC, Reentry and for graduates

Experience:

- Less relapses in R. phase
- Better connection BPT work with everyday life of clients

Experience with obligation of participation

Old practise 2001-2006:

- Unwritten rule: participation for all clients of TC is almost obligatory (except border line...)

Problems:

- Split phenomenon: some participants wish to participate a lot, some had a lot of avoiding behavior (“illness” before BPT,...)

After 2006:

- participation is based on free will of clients (except for clients with contra-indications)

Experience:

- Almost all drug addicts (sometimes all of them) want to participate at BPT sessions

Experience with obligation of participation

Old practise 2001-2006:

- Unwritten rule: participation for all clients of TC is almost obligatory (except border line...)

Problems:

- Split phenomenon: some participants wish to participate a lot, some had a lot of avoiding behavior (“illness” before BPT,...)

After 2006:

- participation is based on free will of clients (except for clients with contra-indications!)

Experience:

- Almost all drug addicts (sometimes all of them) want to participate on BPT sessions
- Clients with psychotic disorder feel pain because of rejection (we provide more education and information for them)

Thank you for your attention!

Contact

dr. Bogdan Polajner, psychologist
Bonding psychotherapy fellow

Association of Bonding Psychotherapist of
Slovenia

E-mail: bogdan.polajner@zbps.si