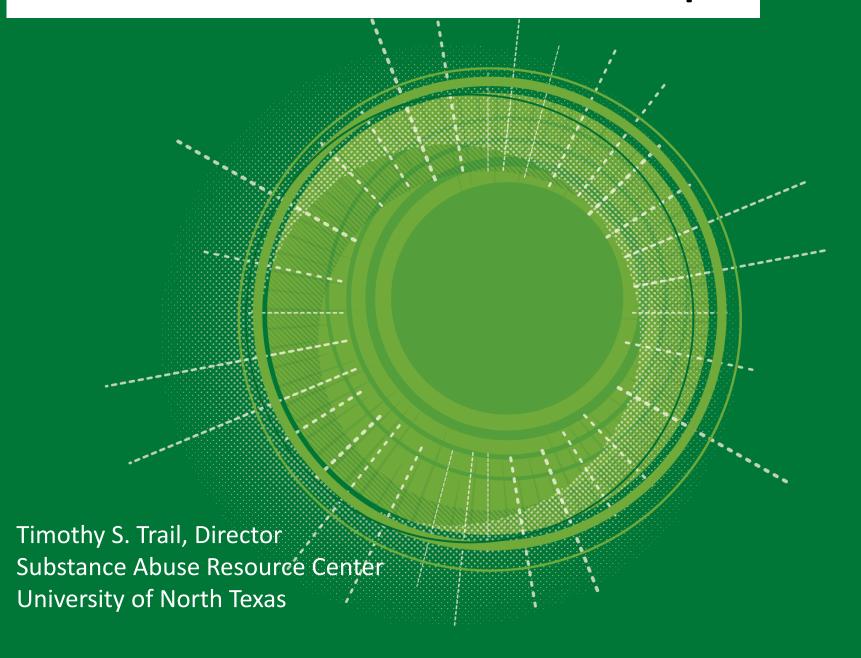
Neuroscience of Addictions made Simple



Beer Beer

of the state of th

Disease

NEUROLOGY

Natural

AA

choice choice

Hitting Bottom

Too Weak





Use it

Try HARDER!!

Addiction

What is will? How much of it do I need to stop?

Will power RECOVERY

Tolerance Weed

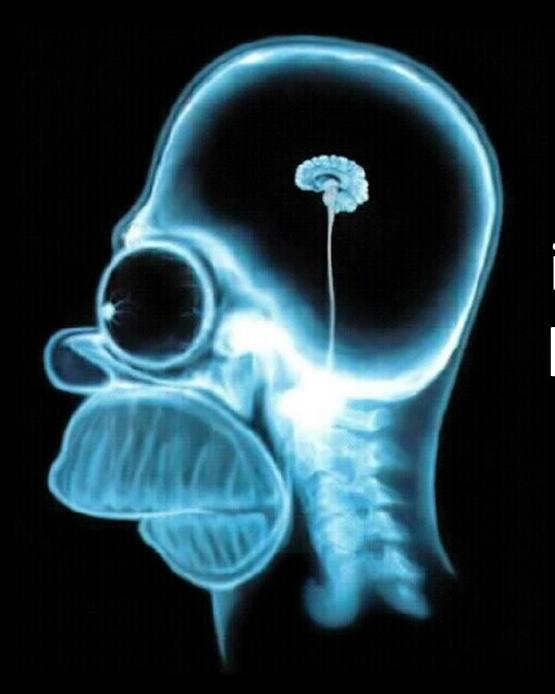
Can brain structure change?

Problem???

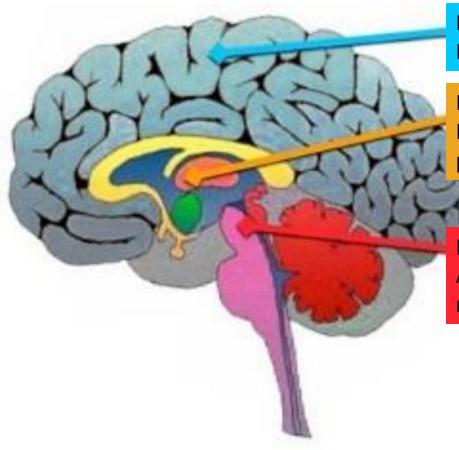
Just the few I focus on when speaking/consulting

- Education is lacking and often incorrect
- Education that is given is often too technical
- Not addressing the entire person
- Focusing on the surface (SUD may be Self-medication)
- Addressing all mental health is too brief

BASICS



The important brain stuff



Neocortex Rational, logic, thinking

Limbic System
Emotional memory, alarm,
protection, and pleasure

Reptilian brain Automatic physiological mechanics

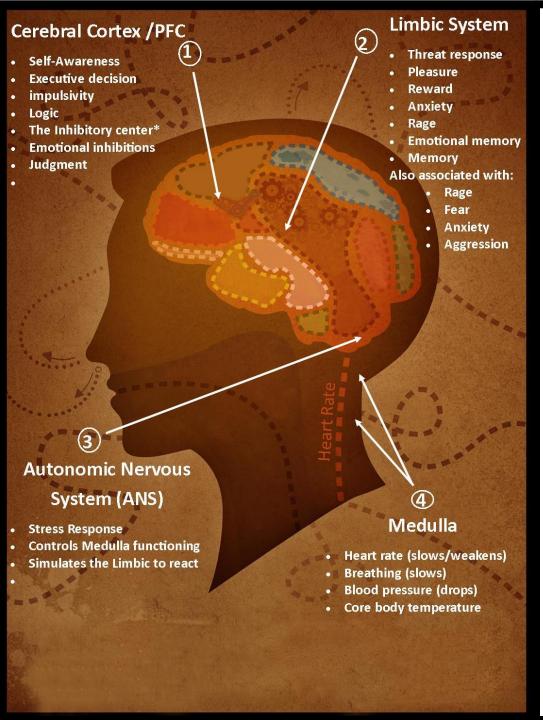
CHANGE

MECHANISMS of CHANGE in the BRAIN

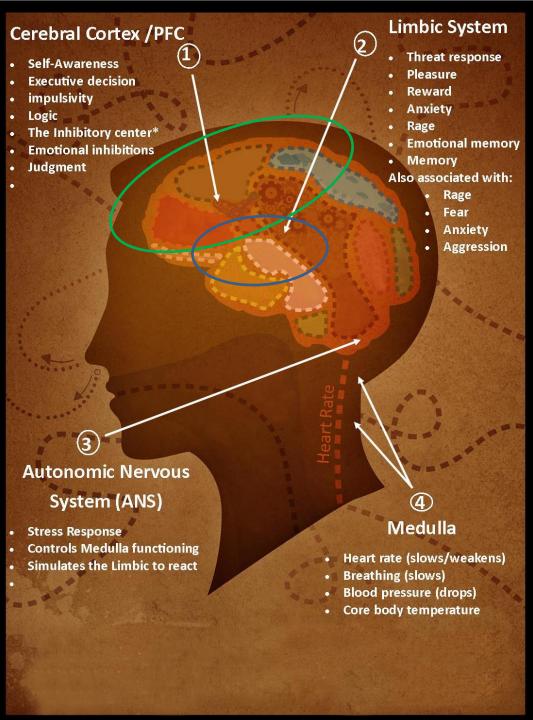
- Tissue Damage
- Tissue Dependence: adaptation of body to constant presence of a substance
- Conditioned response: Any stimulus experienced repetitively or that has a strong enough impact on our brain, begins to change our structure accordingly
- Reward (drugs, sex, gambling, avoidance)
- Physical vs. Psychological addictions



BALANCE



The Major Areas



The 2 Areas

1 The PFC

&

2 Limbic System

SLOW

Having too much slow wave activity in the front part of our head:

Fogginess

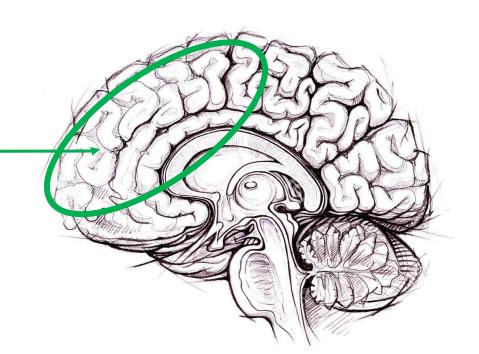
Impulsive

Unmotivated

Poor Decision Making

Depression

Reduced Memory



FAST

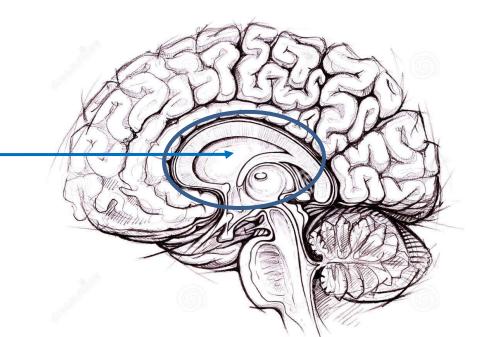
Having too much fast wave activity (BETA) in the limbic system (middle):

Anxiety Impulsivity

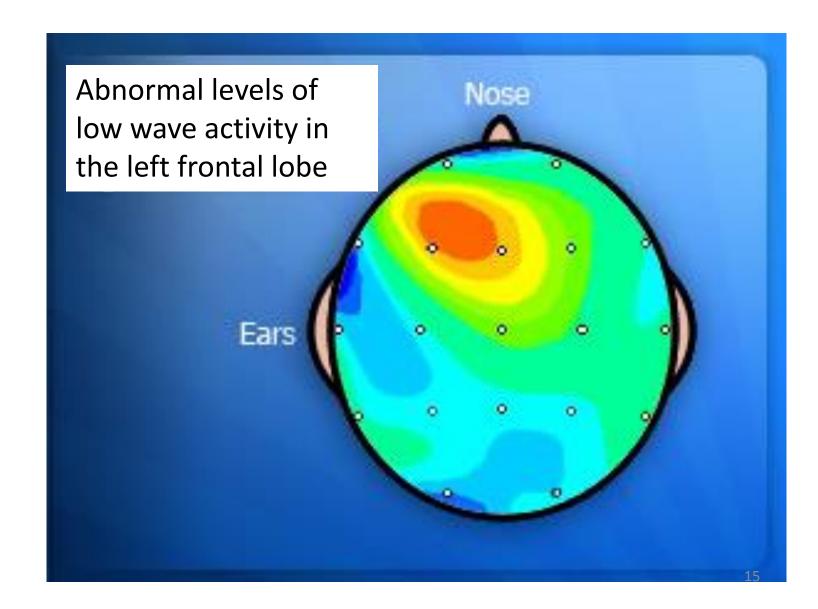
Anger Heightened fight/flight

Memory issues Stress

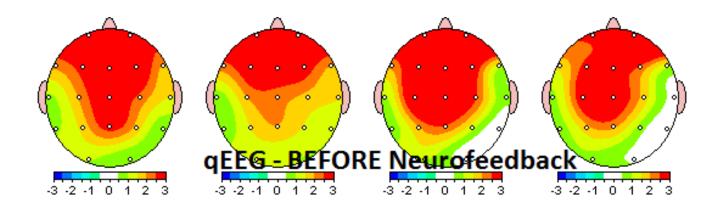
Addictive behaviors Driven to use



How do we know?



The brain of someone with addiction as his/her main issue



LASTING CHANGES

Even though a person stops/cuts back use, the brain imbalance will often stay close to the same. This leaves behind:

Depression Anger

Anxiety Confusion

Bipolar-type symptoms Dulled affect

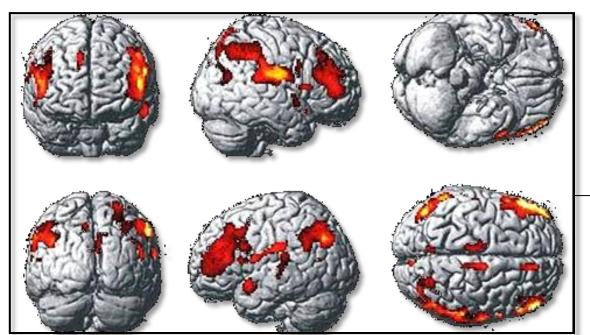
YES! EVEN MARIJUANA

- •67 participates
- •Began between 16-17 years-old
- •Average: 1 time per day for 3 years

Stopped use at 19-20 years-old

Monitored for Two years after stopping

Imaging two years after completely stopping

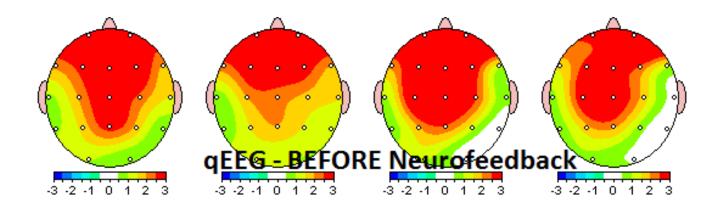


OPTIONS

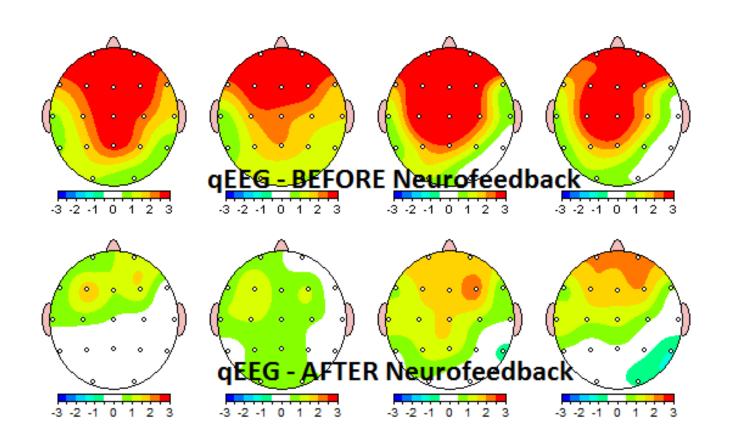
An Alternative

NEUROFEEDBACK

The brain of someone with addiction as his/her main issue



The brain of someone with addiction as his/her main issue



An Alternative

Mindful-Meditation

IF ADDICTIONS IS CHARACTERIZED AS:

- 1 TOO MUCH LOW WAVE ACTIVITY IN THE PFC
- **100 MUCH HIGH WAVE ACTIVITY IN THE LIMBIC SYSTEM**

MINDFUL-MEDITATION:

- 1 INCREASES HIGH WAVE ACTIVITY IN THE PFC
- DECREASES HIGH WAVE ACTIVITY IN THE LIMBIC SYSTEM

MINDFUL-MEDITATION ALSO:

INCREASES GREY MATTER IN PFC

DECREASE CHANCE OF HEART DISEASE BY 87%

STRENGTHEN NEURONAL ACTIVITY IN REGIONS RESPONSIBLE FOR:

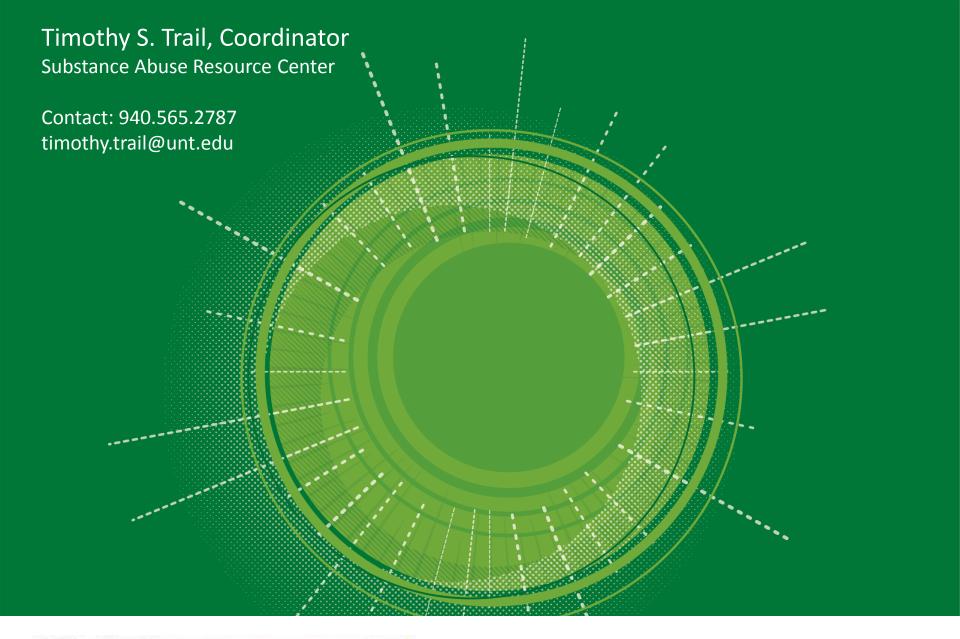
- SELF-CONTROL
- SELF-AWARENESS
- **3 HAPPINESS AND JOY**
- **4** CALMNESS
- **(5)** MEMORY FUNCTIONS
- **6** CLARITY & UNDERSTANDING
- INHIBITORY PROCESSES (compulsivity, anxiety, stress, anger, emotional deregulation, etc)

An Alternative

Counseling

What most groups or self-help does not address (or address well at least).

- Trauma (sometimes hidden or normalized)
- Family dynamics and on-going issues
- Gives coping skills (although a group can be a CS, it can't be the only one)
- Many counselors have access to multiple newer wave treatment techniques: neurofeedback, mindfulness, Alphastim, etc
- Many counselors have deep training and understanding of extenuating issues most often involved in SUD: anxiety, depression, and addressing family dynamics
- Insights often hidden from conscious view
- 8 Counseling has been shown to change neurological structures and events as well





Cigna Behavioral Health Awareness

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

Chantelle Hoogland – 888.244.6293 x 329159 Lisa Osborne – 770.779.2023