

# Addiction as *Protection*

*Through the Perspective of Psychotherapy and Psychiatry*

**Dante Ursini, LISW-CP-S**

**Addiction I Complex Trauma Psychotherapist**

Center for Drug and Alcohol Programs (CDAP)

Comprehensive Psychiatric Care Specialists (CPCS)

**E. Thomas Lewis III, M.D.**

**Board Certified Adult, Addictions, and Forensic Psychiatrist**

Director, Psychiatry Hospitalist Division

Director, Forensic Psychiatry Fellowship

Associate Dean, Student Progress, College of Medicine

Institute of Psychiatry

Medical University of South Carolina

Department of Psychiatry and Behavioral Sciences

College of Medicine

67 President Street

Charleston, SC 29425

# Objectives & Disclosures

1. Understand background information surrounding substance use in the United States
  2. Explain the connection between addiction and the autonomic nervous system, allowing for the creation of a proper treatment plan
  3. Knowledge and comprehension of the biopsychosocial model of treatment including interoceptive/introspective psychotherapy and pharmacotherapy when treating those with addiction
- No relevant financial disclosures

**Key Substance Use and  
Mental Health Indicators  
in the United States:  
Results from the 2024 National  
Survey on Drug Use and Health**

***SAMHSA***

Substance Abuse and Mental Health  
Services Administration



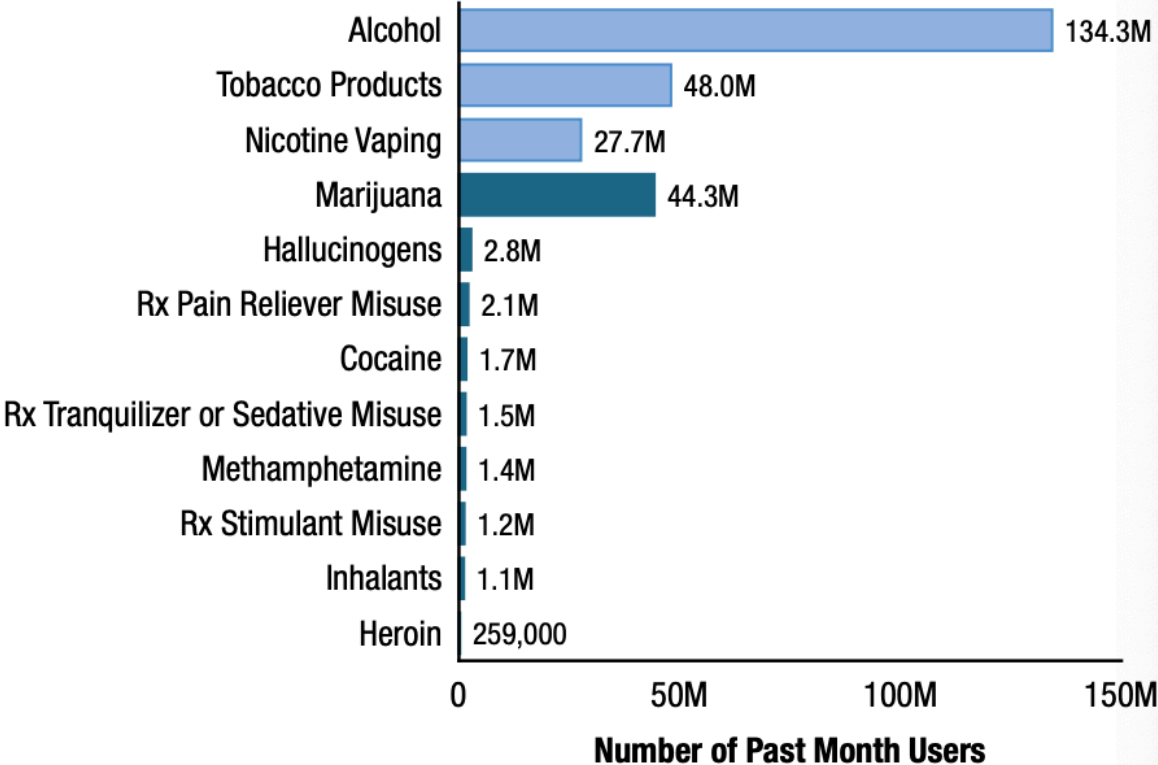
# 2024 National Survey on Drug Use and Health (NSDUH)

- Annual survey conducted across the United States
- Includes residents of households and people in non-institutional group settings (e.g., shelters, boarding houses, college dorms, halfway houses)
  - Excludes people without a fixed address
    - Unhoused
    - Active duty
    - Institutional group settings (e.g., jails, nursing homes, mental health institutions)
- Multimode data collection
  - In person (60.2%)
  - Online surveys (39.8%)
- 203, 743 addresses were screened
  - 70, 241 completed interviews



# Substance Use Over the Past Month:

**Figure 1. Past Month Substance Use: Among People Aged 12 or Older; 2024**

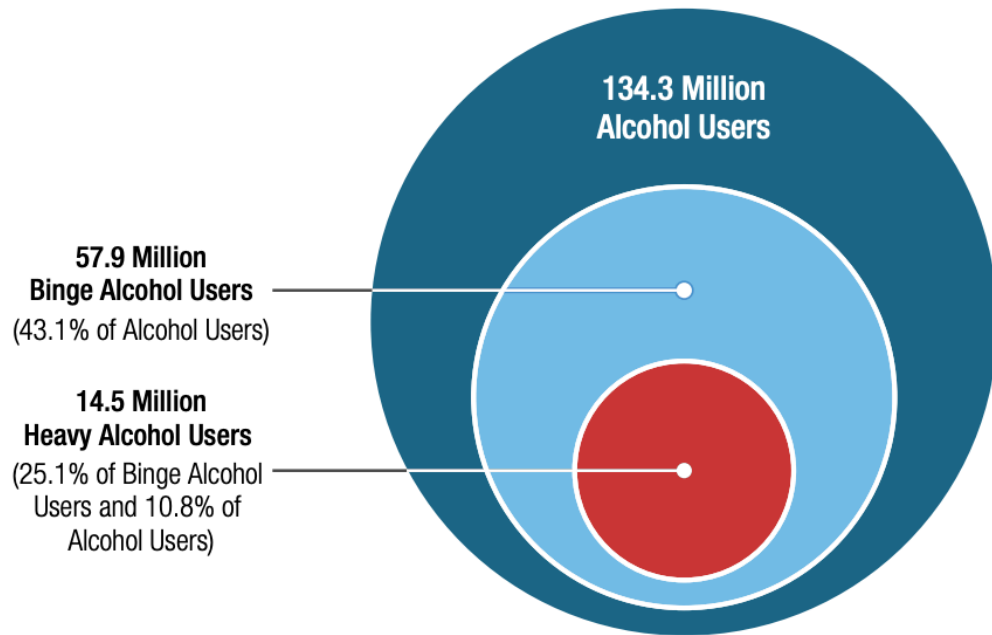


Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

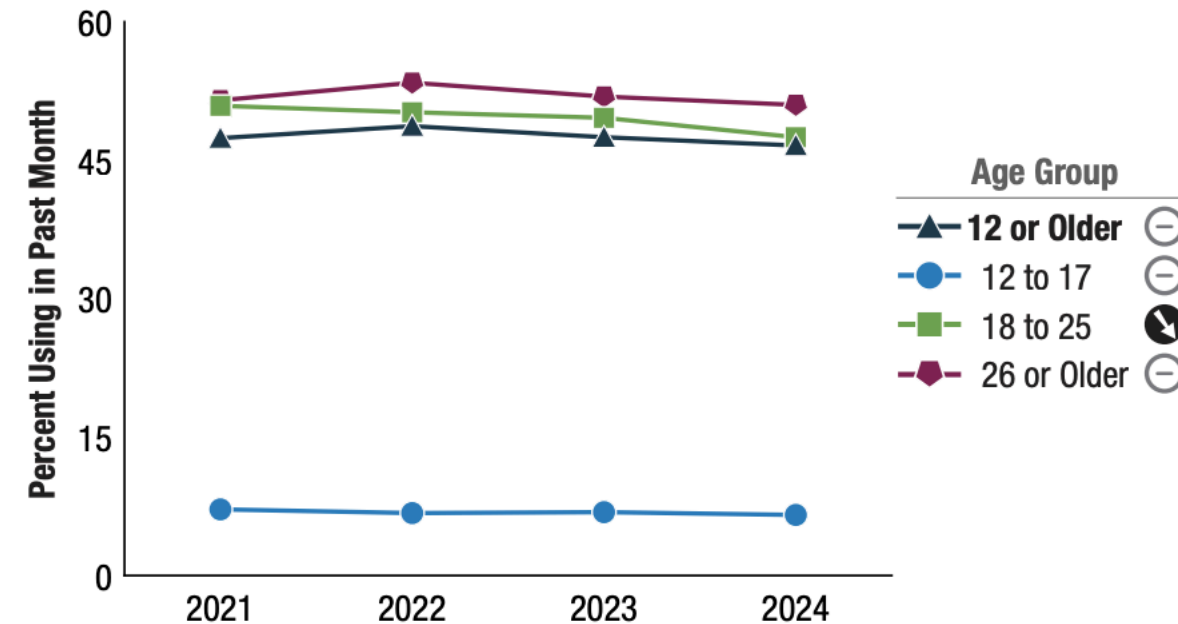
# Alcohol Use: A Closer Look

**Figure 7. Alcohol Use, Binge Alcohol Use, or Heavy Alcohol Use in the Past Month: Among People Aged 12 or Older; 2024**



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

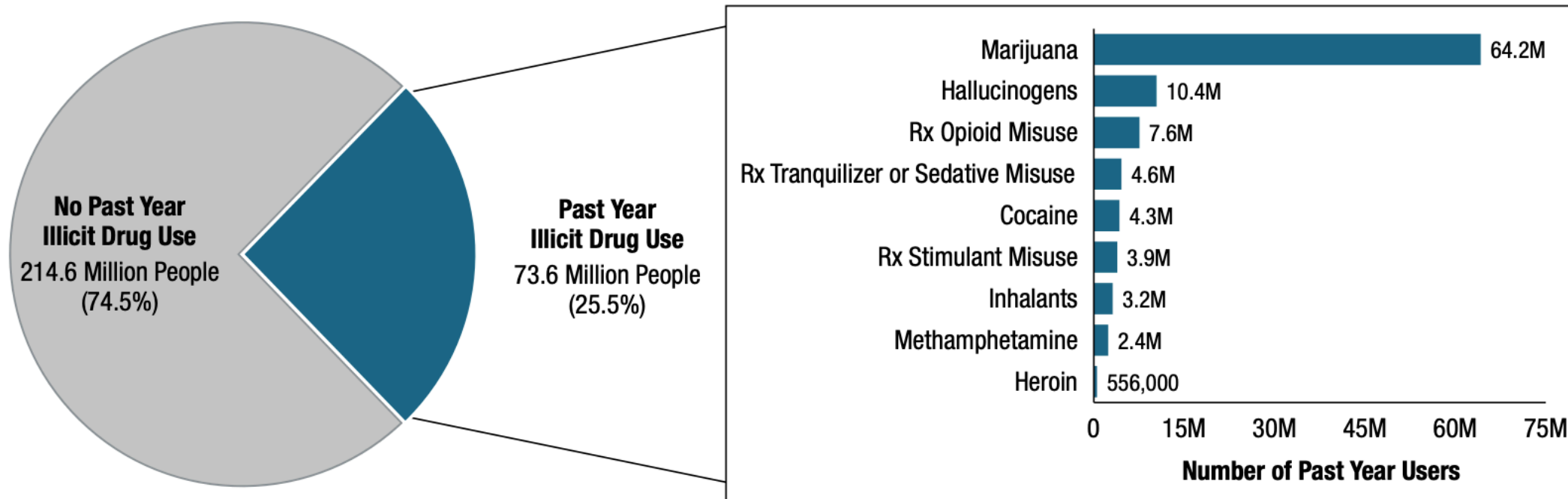
**Figure 8. Past Month Alcohol Use: Among People Aged 12 or Older; 2021-2024**



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

# Illicit Drug Use Past Year :

**Figure 13. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2024**

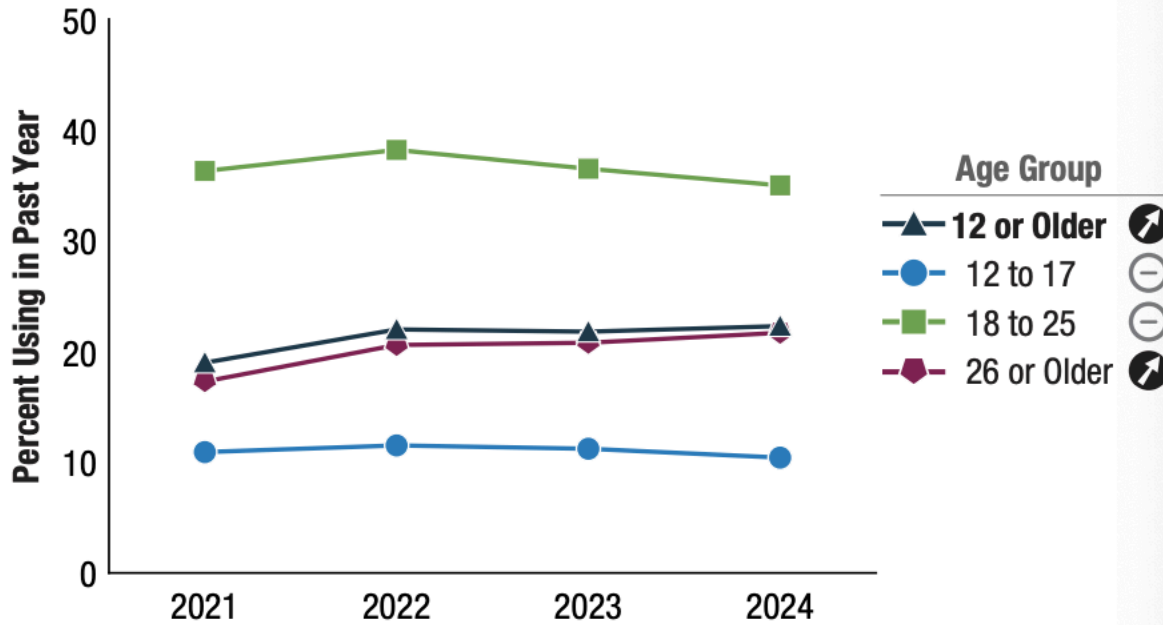


Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

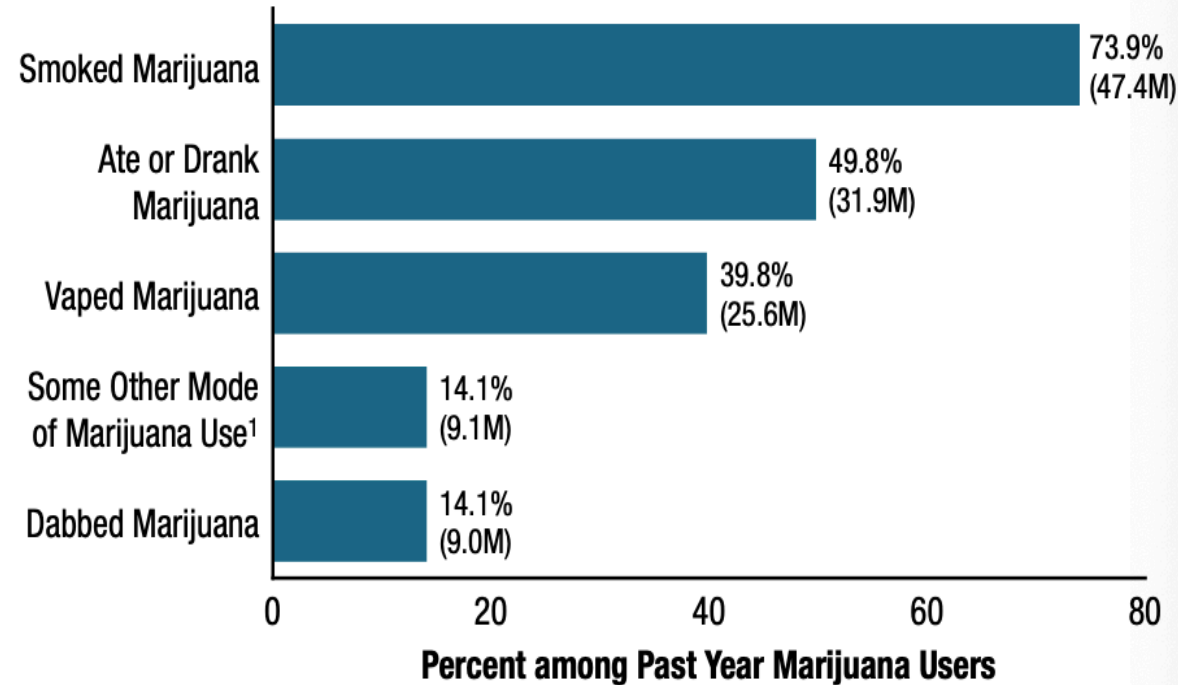
# Marijuana Use: A Closer Look

**Figure 15. Past Year Marijuana Use: Among People Aged 12 or Older; 2021-2024**



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

**Figure 16. Mode of Past Year Marijuana Use: Among People Aged 12 or Older Who Used Marijuana in the Past Year; 2024**

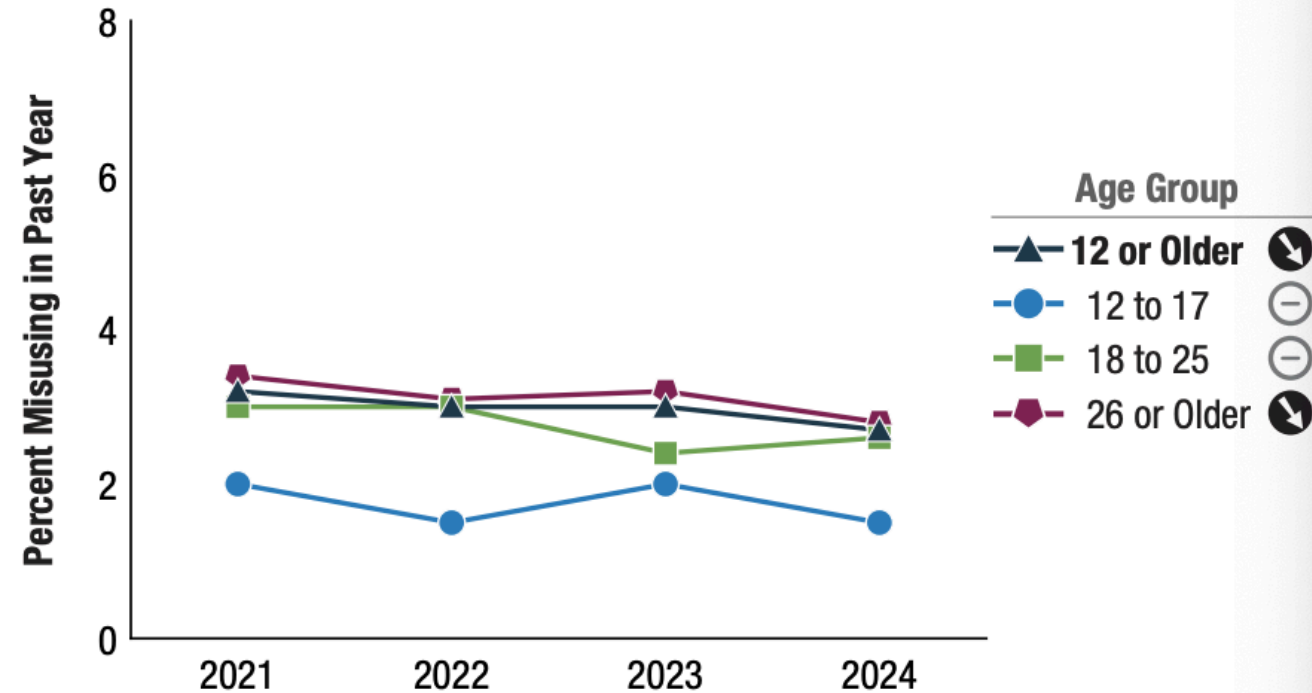


# Opioid Use: A Closer Look

Figure 28 Table. Past Year Opioid Misuse: Among People Aged 12 or Older; Percentages, 2021-2024

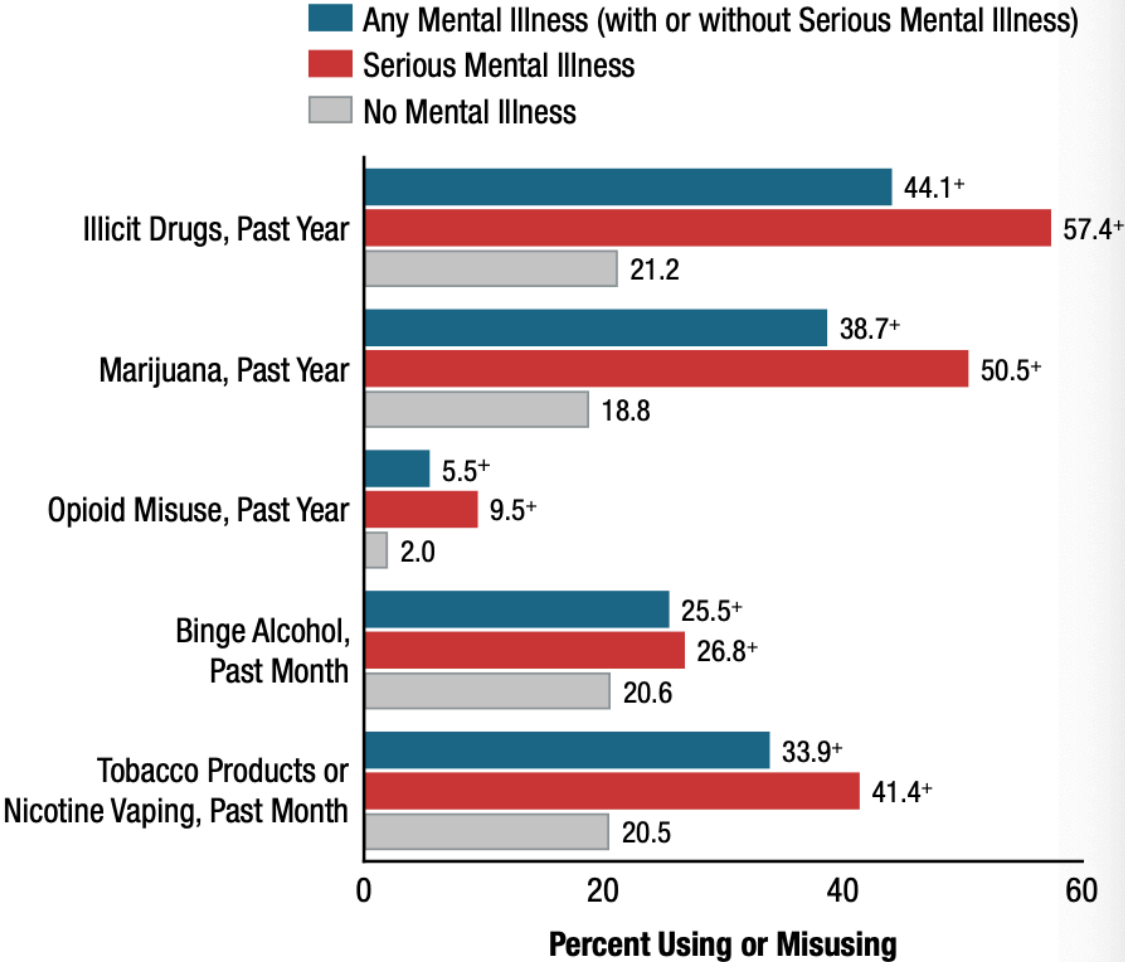
Age Group	2021	2022	2023	2024	Trend
<b>12 or Older</b>	3.2	3.0	3.0	2.7	Decreased
12 to 17	2.0	1.5	2.0	1.5	No Change
18 to 25	3.0	3.0	2.4	2.6	No Change
26 or Older	3.4	3.1	3.2	2.8	Decreased

Figure 28. Past Year Opioid Misuse: Among People Aged 12 or Older; 2021-2024



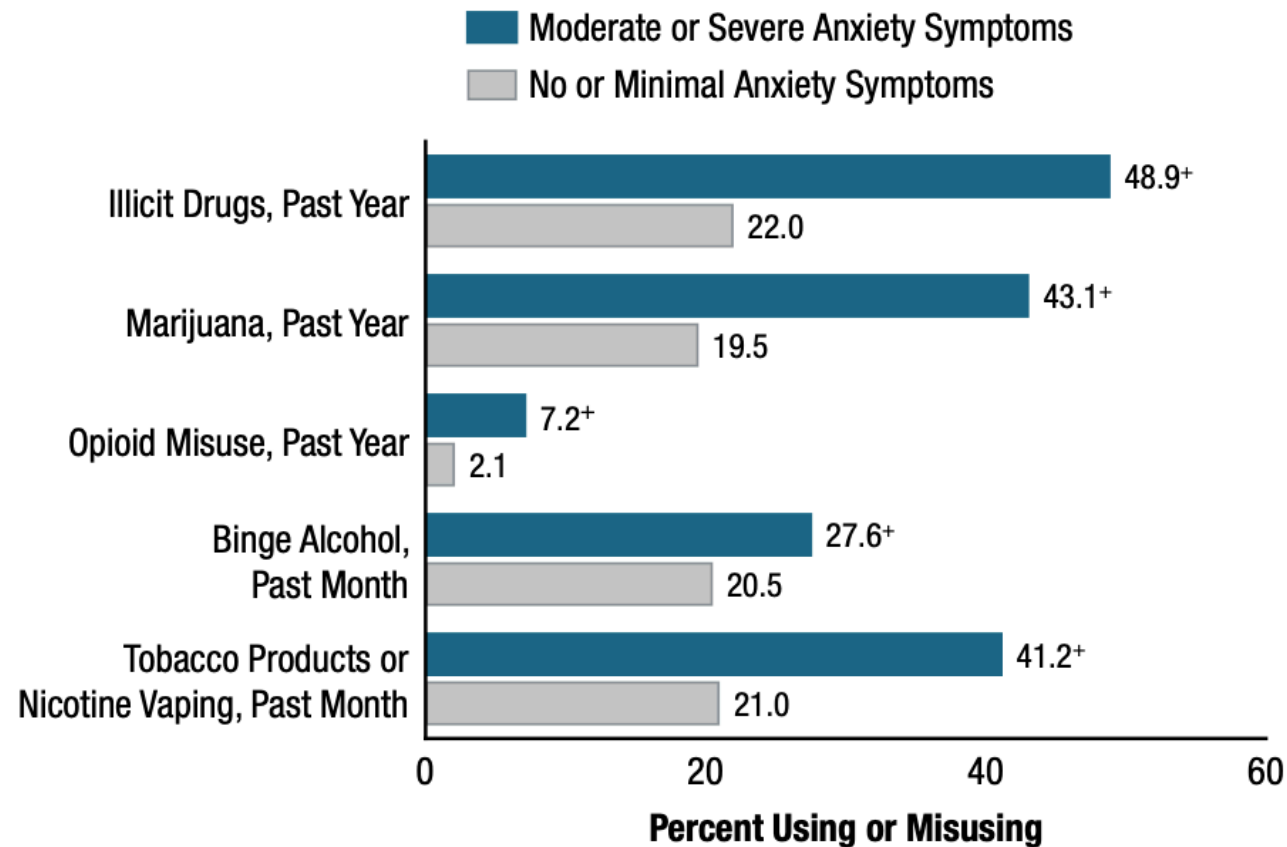
# Mental Health and Substance Use

**Figure 60. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2024**



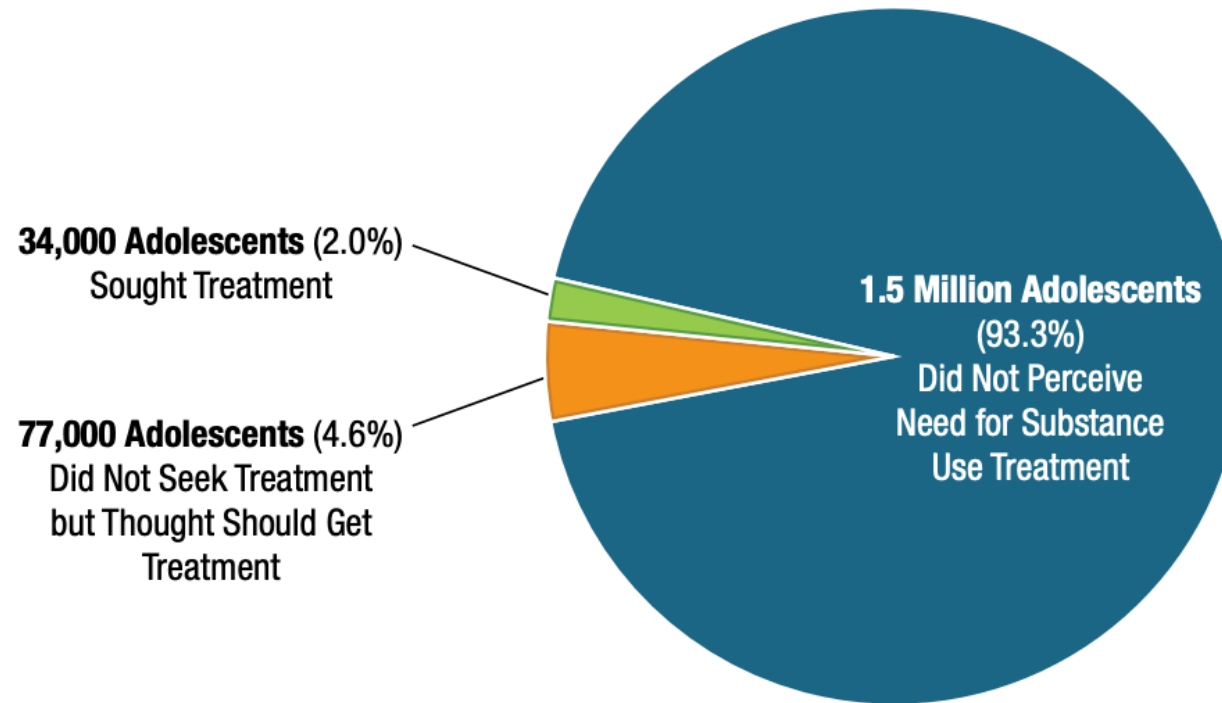
# Anxiety and Substance Use

**Figure 61. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Severity of Anxiety Symptoms, 2024**



# Substance Use Treatment: Perception among Youth

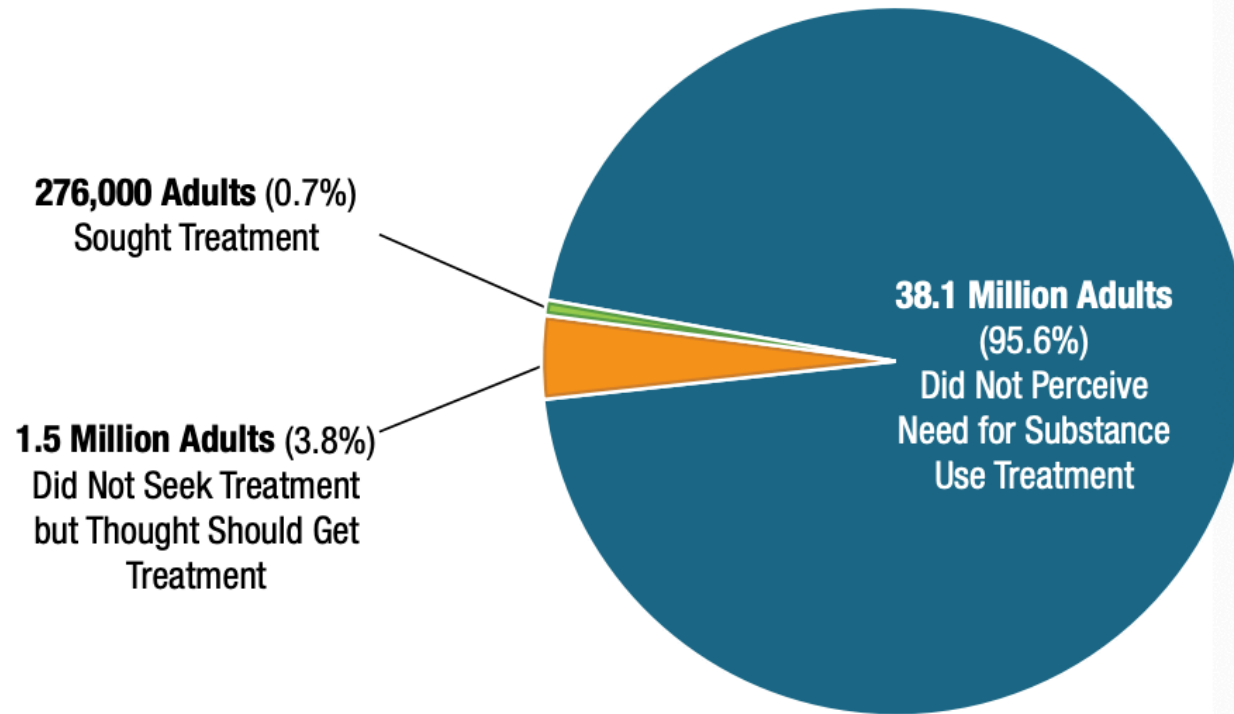
**Figure 72. Perceptions of Need for Substance Use Treatment: Among Adolescents Aged 12 to 17 with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2024**



**1.7 Million Adolescents with a Substance Use Disorder Who Did Not Receive Substance Use Treatment**

# Substance Use Treatment: Perception among Adults

**Figure 73. Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2024**



**40.7 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment**

# Substance Use: Observations from the Frontlines

- Alcohol
- Cannabis
  - Delta-8
- Opioids
  - Fentanyl
- Kratom
- Methamphetamines
- Benzodiazepines



# Treatment of Substance Use Disorders

- Medications
  - Naltrexone, Vivitrol
  - Suboxone (Buprenorphine - Naloxone), Methadone
- Therapy
  - Cognitive Behavioral Therapy
  - Motivational Interviewing
- 12-Step Community Treatment



# Treatment of Substance Use Disorders: Medications

- Opioid Use Disorder
  - Naltrexone: Opioid antagonist
  - Suboxone: Partial opioid agonist
  - Methadone: Opioid agonist
- Alcohol Use Disorder
  - Naltrexone: Reduces rewarding effects of alcohol
  - Acamprosate: Helps restore GABA/Glutamate balance
  - Antabuse: Causes build-up of acetaldehyde

# Is There Effective Treatment?

- Medications for Opioid Use Disorder are effective!
  - Buprenorphine and Methadone are “essential medicines” according to World Health Organization
  - Equal effectiveness among medication options
  - Meds need to be combined with counseling
- Medication assisted treatment (MAT) decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission
  - Heroin overdoses decreased by 37% in Baltimore after Buprenorphine became available

# Is There Effective Treatment?

- MAT increases social functioning and retention in treatment
  - When compared to group not receiving medications
- Treatment of pregnant women who are dependent on opioids with Methadone or Buprenorphine improves outcomes for their babies
  - Reduction in severity of Neonatal Abstinence Syndrome (NAS)
  - Reduction in length of hospital stay

# Is There Effective Treatment?

- Medications are not widely used
  - Less than ½ of privately funded treatment programs offer MAT
  - Most states do not have sufficient treatment capacity
- Methadone and Buprenorphine are not trading one addiction for another
  - Stigma, feedback from certain 12-step communities
- Diversion of Buprenorphine is uncommon
  - In 2014, Buprenorphine diversion made up less than one percent of all reported diverted drugs in the US



**“THERE IS ABSOLUTELY NOTHING  
WRONG WITH YOU- NOTHING.”**

**WHAT I TELL EVERY SINGLE PATIENT DURING  
THEIR FIRST VISIT WITH ME**

A. It is true



B. Autonomy, Agency, Authenticity, and Self-Efficacy typically have been greatly fractured in those who suffer from substance use challenges

C. There is an obsession psychiatry/medicine with pathologizing people. What purpose does this serve?

**Why is this  
message  
important?**



The door will always be  
OPEN

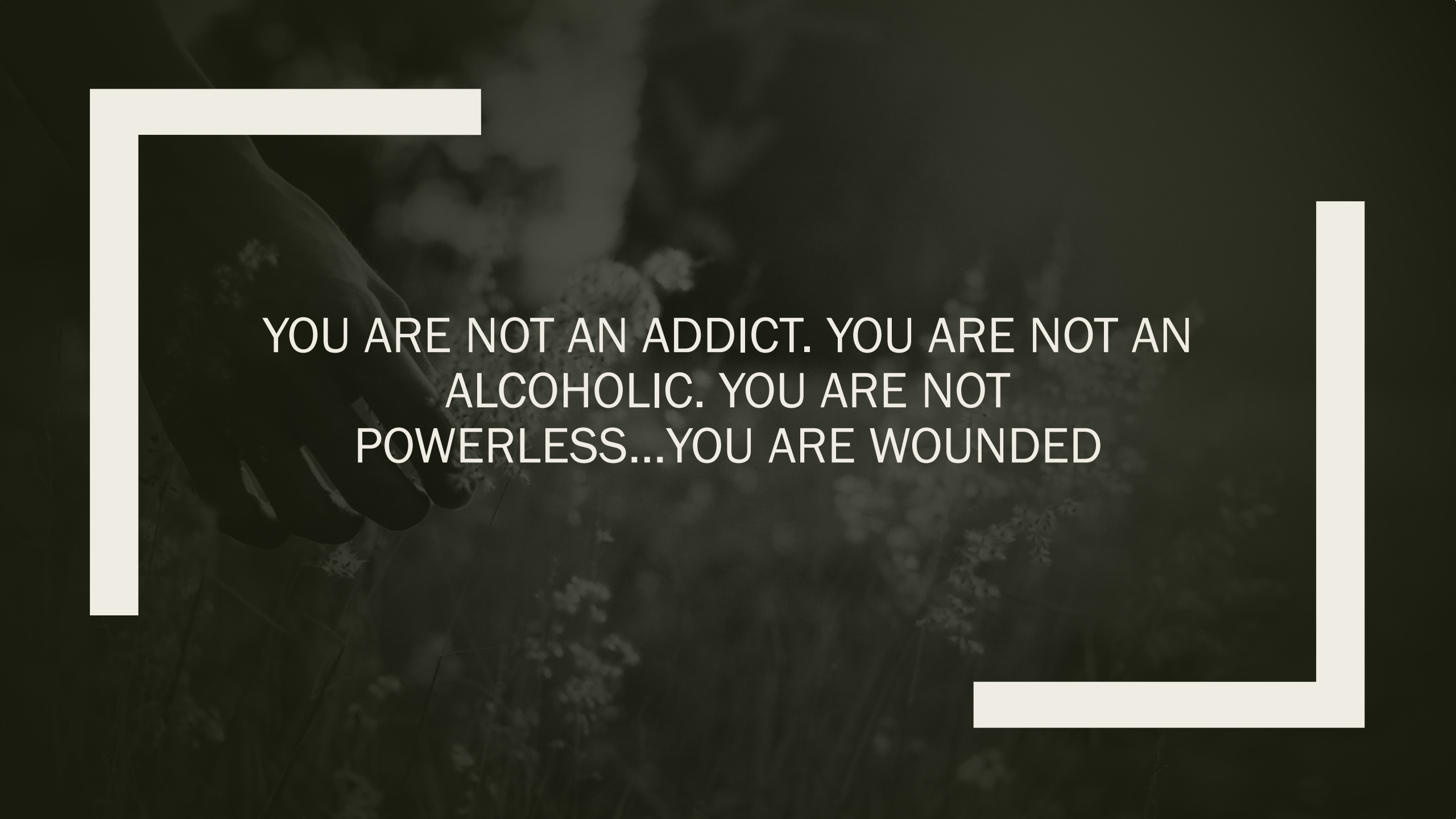


Create an energy/environment where the patient never has to worry about the message of an exile being reinforced as part of treatment (I am unlovable, I am defective, I am hopeless, I am broken, I am damaged, I am unwelcome, etc.)



Unconditional compassion with a touch of empathy

Mission  
Critical  
Objectives

A black and white photograph of a hand holding a lit cigarette. The background is a soft-focus view of trees and foliage. The image is framed by a white L-shaped border on the left and bottom.

YOU ARE NOT AN ADDICT. YOU ARE NOT AN  
ALCOHOLIC. YOU ARE NOT  
POWERLESS...YOU ARE WOUNDED

# Defining Addiction

(Maté, G. (2022). *The myth of normal: Trauma, illness, & healing in a toxic culture*. Avery, NY)



Addiction is a complex psychological, emotional, physiological, neurobiological, social, and spiritual process. It manifests through any behavior in which a person finds temporary relief or pleasure and therefore craves, but that in the long term causes them or others negative consequences, and yet the person refuses or is unable to give it up.



Accordingly, the three main hallmarks of addiction are short-term relief or pleasure and therefore craving; long-term suffering for oneself or others; and an inability to stop.



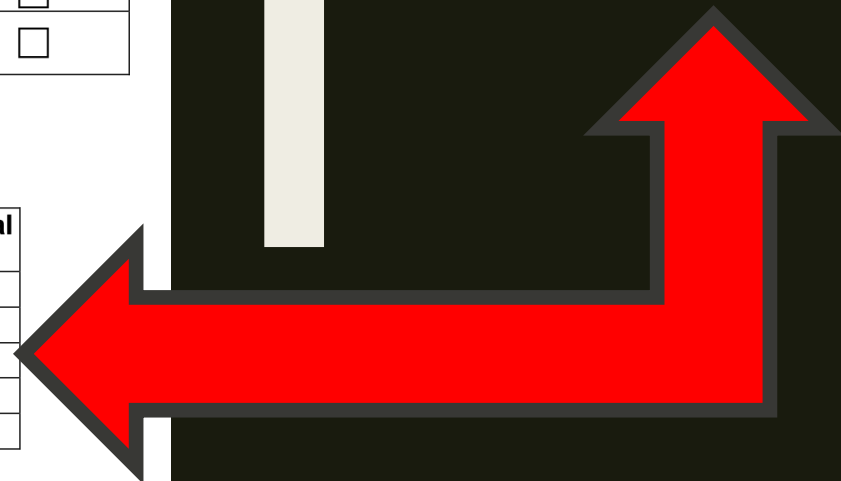
Addiction begins as an attempt to induce feelings that we were biologically programmed to generate innately, and would have—if unhealthy development hadn't got in the way.

DSM-5-TR	Mild	Moderate	Severe	Unspecified	Early Remission	Sustained Remission
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogen-Related Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalant Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedative, Hypnotic, or Anxiolytic Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulant Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (or Unknown) Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On Maintenance Therapy (Opioid Use Disorder)

Trauma	Distal/Proximal Relevance
Posttraumatic Stress Disorder (PTSD)/Complex Posttraumatic Stress Disorder (F43.10)	<input type="checkbox"/>
Developmental Trauma (DT)/Complex Trauma	<input type="checkbox"/>
Adverse Childhood Experiences (ACEs)	<input type="checkbox"/>
Traumatic Brain Injury- Major/Mild Neurocognitive	<input type="checkbox"/>
Currently Relevance Unknown	<input type="checkbox"/>

WHAT IS THEIR  
STORY?  
“WOMB TO TOMB”



<i>Symptoms</i>
Taking more than intended
Persistent desire / unsuccessful attempts to cut down
Great deal of time spent obtaining, using, or recovering from using the substance
Cravings
Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
Continued use despite persistent social problems caused or made worse by using
Important life activities given up or reduced because of substance use
Recurrent substance use in situations in which it is physically hazardous
Continued use despite physical or psychological problems made worse by using
Tolerance
Withdrawal

- Mild Specifier: 2-3
- Moderate Specifier: 4-5
- Severe Specifier: 6 or more
  
- Early Remission
- Sustained Remission
- Problematic Patterned Behavior – any 12-month period
  
- Subjective to Patient’s Perspective

# SUBSTANCE USE DISORDERS (SUDS) AND THE DSM-5-TR



**WHY DO PEOPLE  
USE SUBSTANCES?**

# Two Essential Questions

(Maté, G. (2022). *The myth of normal: Trauma, illness, & healing in a toxic culture*. Avery, NY)



The first question to ask is not what is wrong with an addiction, but what is “right” about it



The second question: Ask not why the addiction, but why the pain?

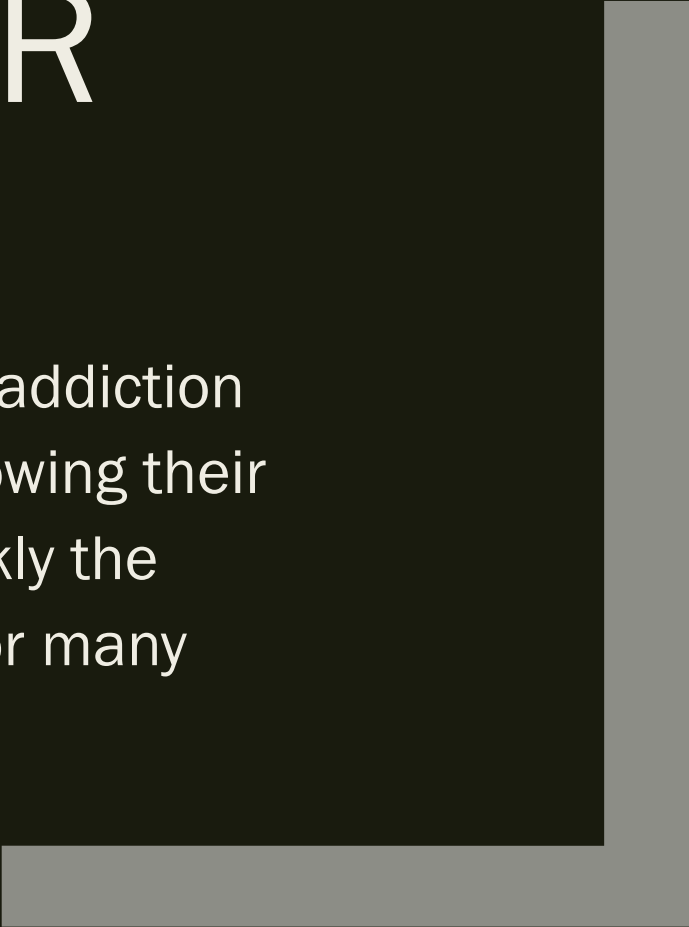
IT IS IMPOSSIBLE FOR THE ALCOHOL OR  
SUBSTANCE TO BE THE PROBLEM

*The problem is within what the  
alcohol or substance protects*



# WHAT IS THEIR STORY?

It is impossible to understand the role of addiction without exploring, understanding, and knowing their story. We start to discover rather quickly the substance has been protecting them for many years of their life.



**“TRAUMA IS PERHAPS THE MOST AVOIDED,  
IGNORED, BELITTLED, DENIED, MISUNDERSTOOD,  
AND UNTREATED CAUSE OF HUMAN SUFFERING”**

**-Peter Levine, PhD (Traumatologist)**

# What is a trauma to the mind and body (bodymind)?

“Trauma is when we are not seen and known.”

- Bessel van der Kolk, MD

Trauma “is about a loss of connection—to ourselves, our families, and the world around us. This loss is hard to recognize, because it happens slowly, over time. We adapt to these subtle changes; sometimes without noticing them.”

– Peter Levine, PhD

“Traumatic stress is an illness of not being able to be fully alive in the present.”

-Pierre Janet 1889 (French Psychologist)


“Trauma is not what happens to you, but what happens inside of you.”

- Gabor Maté, MD

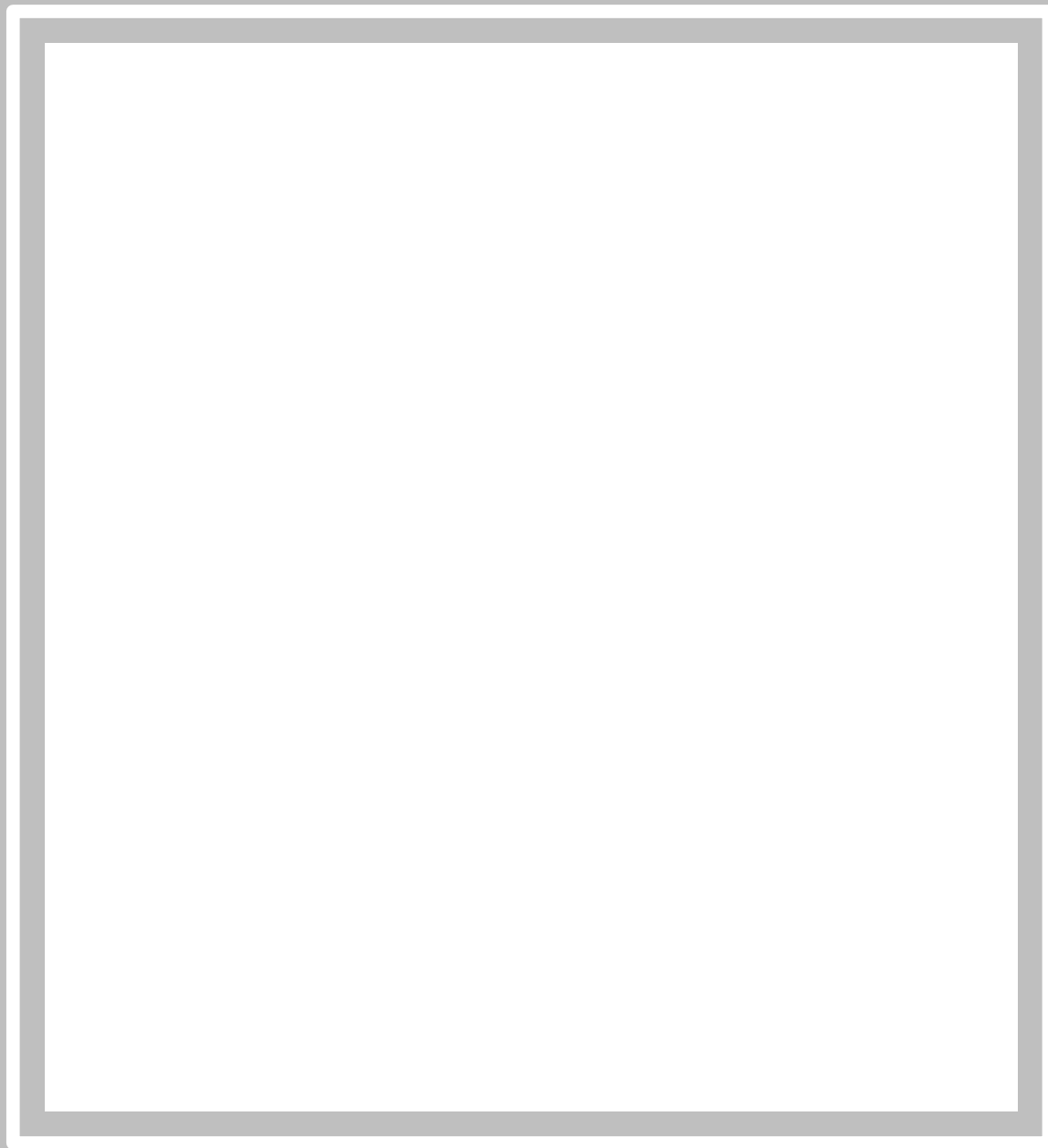
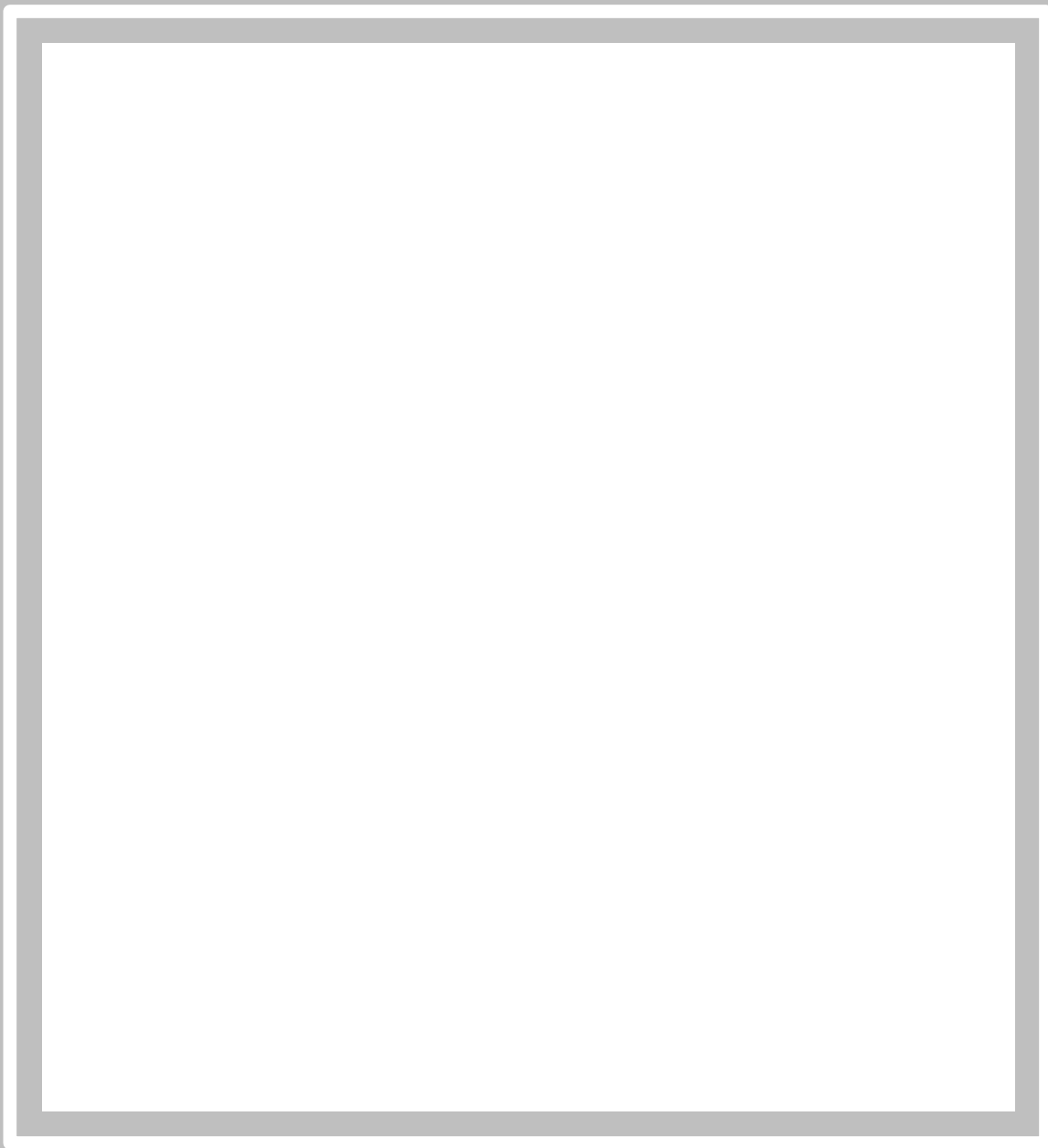


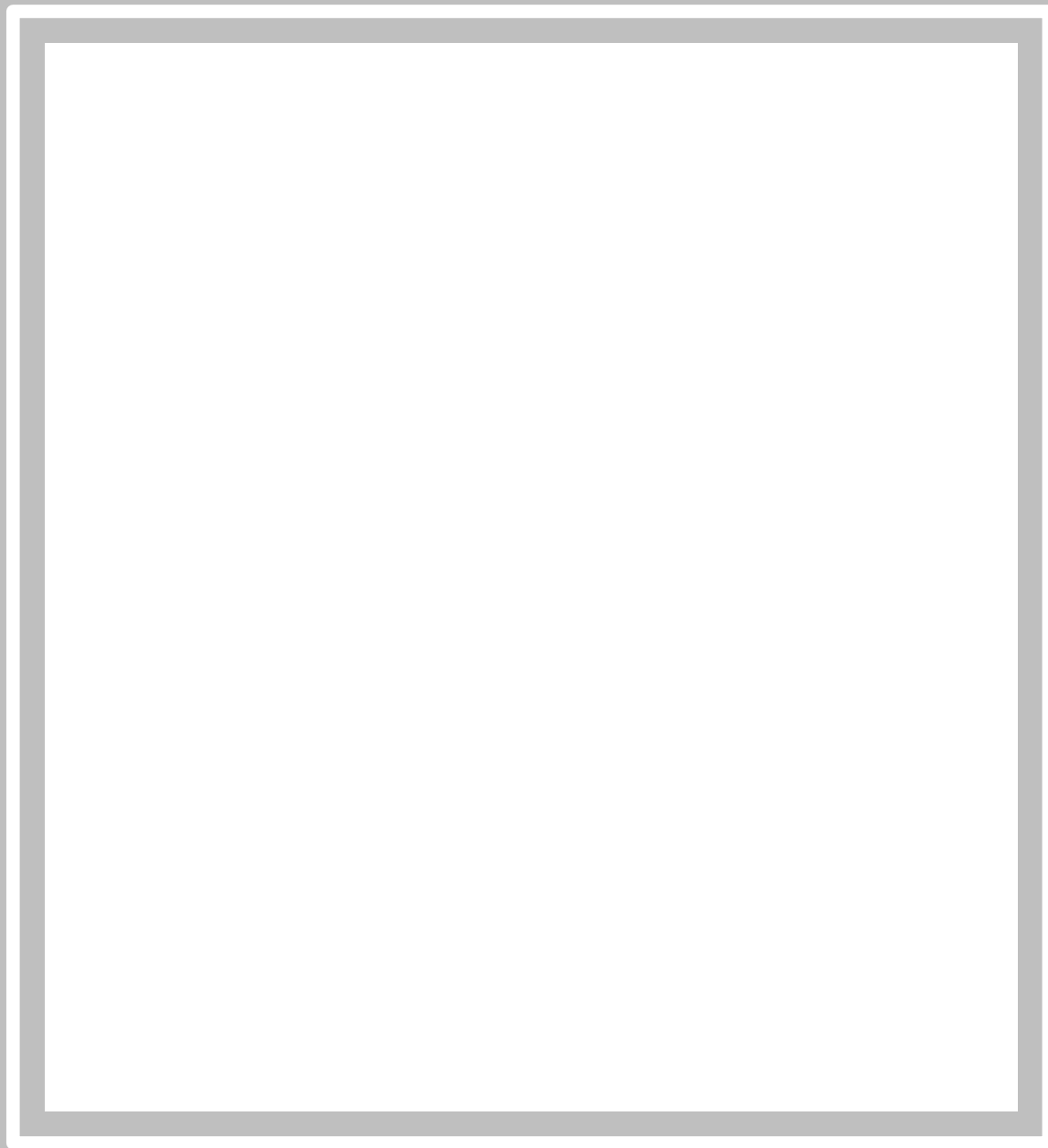
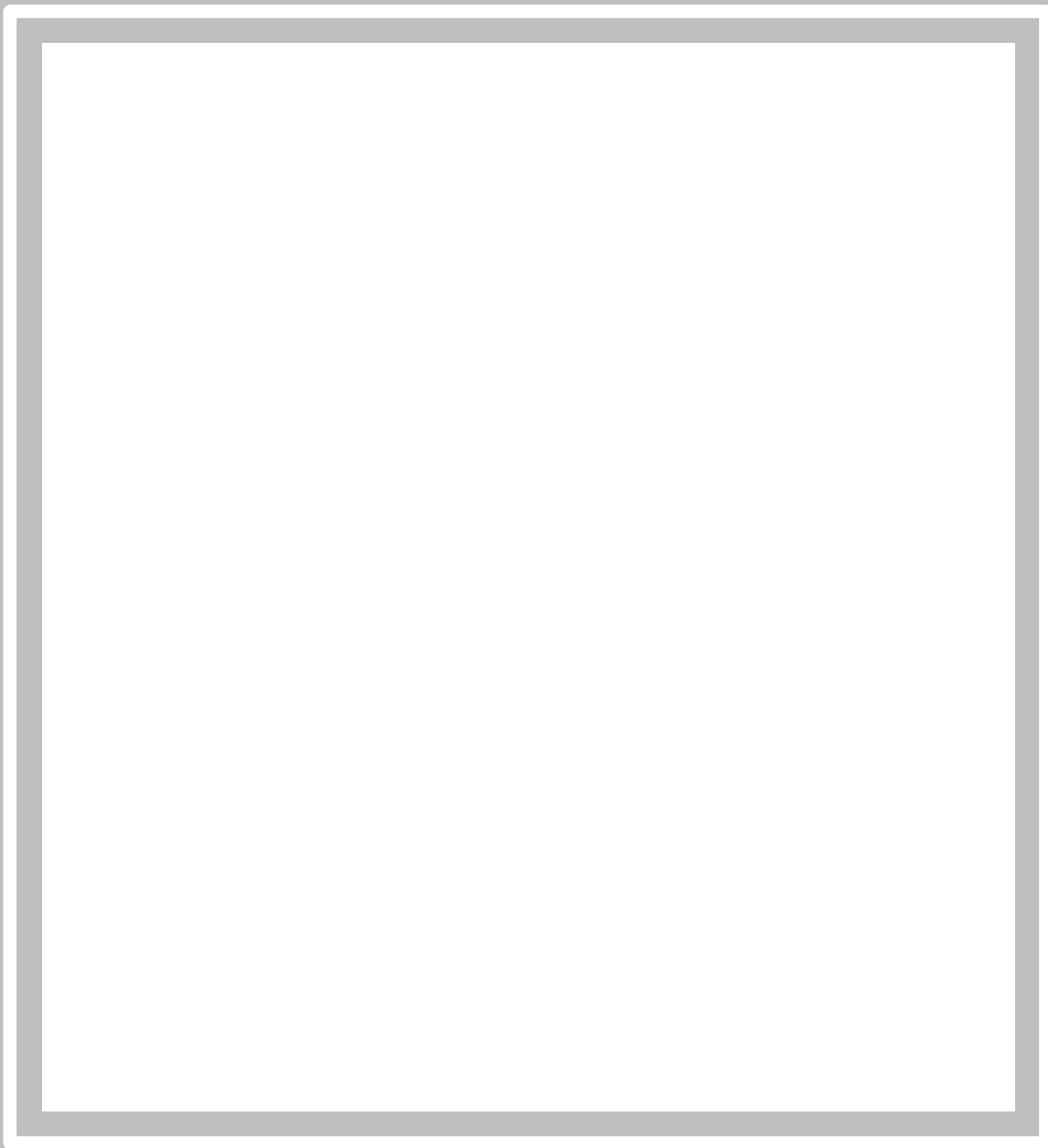
YOU WOULD BE A **DEVIATION** IF YOU HAVE  
NOT EXPERIENCED A TRAUMA OF THE MIND

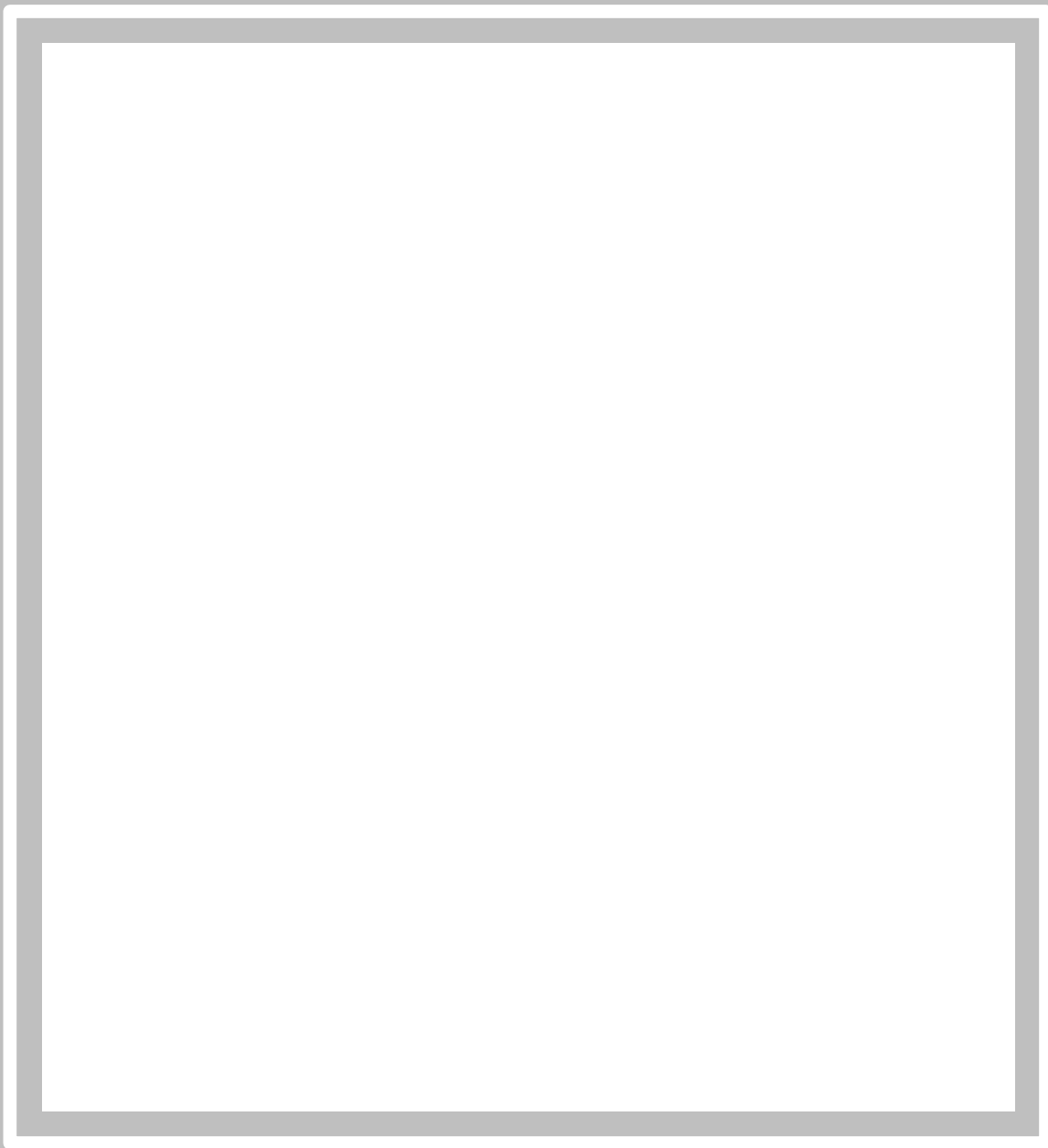
Most experienced traumas that influence our relationships (self, others, co-workers, strangers, family, partners, children, environment) are what is called “shadowed trauma”-exiled out of conscious awareness



I am bad.	I am a failure.	I am damaged.
I am unlovable.	I am lost.	I am broken.
I am unworthy.	I am all alone.	I am broken beyond repair.
I am worthless.	I am my worst mistake.	I am deficient.
I am unwelcome.	I am cursed.	I am overwhelming to others
I am helpless.	I am unwanted.	I am evil.
I am hopeless.	I am rejected.	I am garbage.
I am powerless.	I am an annoyance.	I am nobody.
I am painfully sad.	I am an embarrassment.	I am not seen.
I am terrified.	I am a mistake.	I am not valued.
I am guilty.	I am a problem child.	I am misunderstood.
I am stupid.	I am a mess.	I am not important.











“THE BRAIN IS A HISTORICAL ORGAN. IT  
STORES OUR PERSONAL NARRATIVE.”

-BRUCE PERRY, MD., PHD

# Genetics vs Epigenetics

(Maté, G. (2022). *The myth of normal: Trauma, illness, & healing in a toxic culture*. Avery, NY)



- No single addiction gene has ever been found—nor ever will be. There may exist some collection of genes that predisposes people to susceptibility, but a predisposition is not the same as a predetermination. What's true of physical illness is just as true of addiction: genes are turned on and off by the environment, and we now know that early adversity affects genetic activity in ways that create a template for future dysfunction. Human and animal studies have both confirmed that any genetic risks for substance abuse can be offset by being reared in a nurturing environment.
- Epigenetic processes act on chromosomes, delivering and translating messages from the environment that “tell” the genes what to do.

**It is critical to understand the immense power of the external world (environment) starting in utero**

**“The hub of our body’s system for handling stress smoothly and economically is called the “HPA axis.”** This acronymic term describes the pathways and feedback loops linking the **hypothalamus**—the small, crucial area in the center of our brain whose role is to keep our body in a healthful, balanced state—with the **pituitary gland** at the top of our brain stem and the **adrenal gland** that sits atop our kidneys. Think of a busy transportation corridor connecting three major urban centers, replete with on-ramps, exits, and interchanges, and you start to get a picture. Although our species can survive in a broad range of external environments—far more than almost any other animal—our internal milieu must stay within a relatively narrow range of physiological states. Our temperature, blood acidity or pressure, and heart rate, along with many other bodily metrics, are all obliged by Nature, on pain of death, to stay within definite and nonnegotiable limits. **The renowned American stress researcher Bruce McEwen popularized the word “allostasis” to capture the body’s attempt to maintain inner equilibrium in the face of changing circumstances.** The term is a combination of the Greek words allo, for “variable,” and stasis, for “standing” or “stoppage”; combined, we have something like “staying the same amid change.” We cannot do without it, and so our bodies will go to great lengths to maintain it—even to the point of long-term wear and tear if stresses do not abate. Such strain on our body’s regulatory mechanisms, which McEwen dubs **“allostatic load,” leads to an excessive and prolonged release of the stress hormones adrenaline and cortisol, nervous tension, immune dysfunction, and, in many cases, exhaustion of the stress apparatus itself. We now know that the infrastructure of the HPA axis is set early in life, starting in utero and on through the young childhood years. Stress or abuse incurred during this delicate period can distort the stress-hormonal apparatus for a lifetime.** Again and again, we see supposedly immaterial “nonthings” such as emotions having a material impact, decidedly and decisively.”

(Maté, G. (2022). *The myth of normal: Trauma, illness, & healing in a toxic culture.* Avery, NY)

**HPA AXIS-  
ENDOCRINE  
SYSTEM**

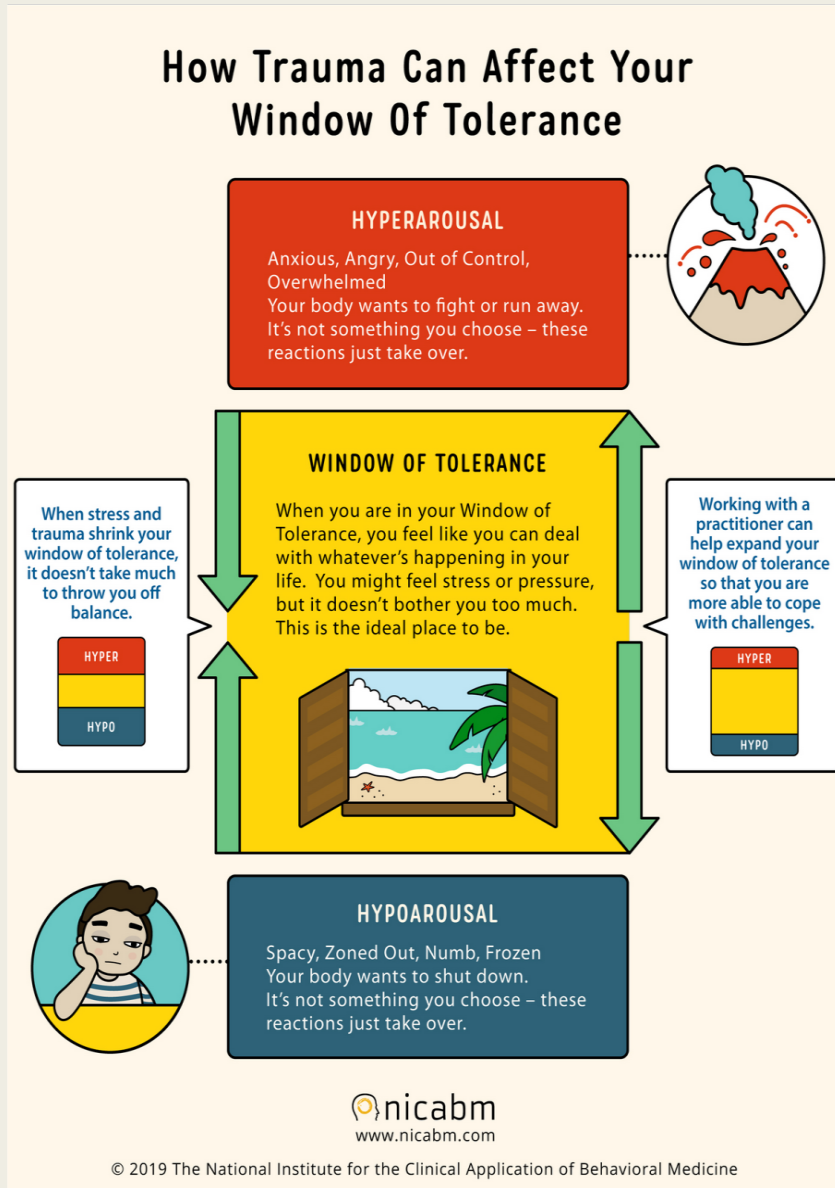
**ALLOSTASIS**

**SUBSTANCES  
PROTECT A  
TRAUMATIZED HPA  
AXIS SYSTEM- IT  
PRODUCES  
PERCEIVED  
ALLOSTASIS**

# MY AUTONOMIC STATE- AM I CURRENTLY SAFE?

*As of the current moment, what is my  
autonomic state? What is my internal  
surveillance system (neuroception)  
detecting?*

**Window of Tolerance and “Trauma”**  
 As Related to Substance Use and Addictive Behaviors  
*Hyperarousal vs. Hypoarousal*



## WINDOW OF TOLERANCE – HYPER/HYPO AROUSED STATES

- We see those who suffer from trauma and SUDs have a much smaller “Window of Tolerance”
- Essentially, it does not take much for them to go into a state of hyper or hypo arousal
- The Mind understands the high consequence/risk of a hyper/hypo-aroused state, therefore, it will call upon parts of the mind to demand using alcohol/substances to get back in the “Window of Tolerance”- A Protector
- “FROZEN IN TIME”

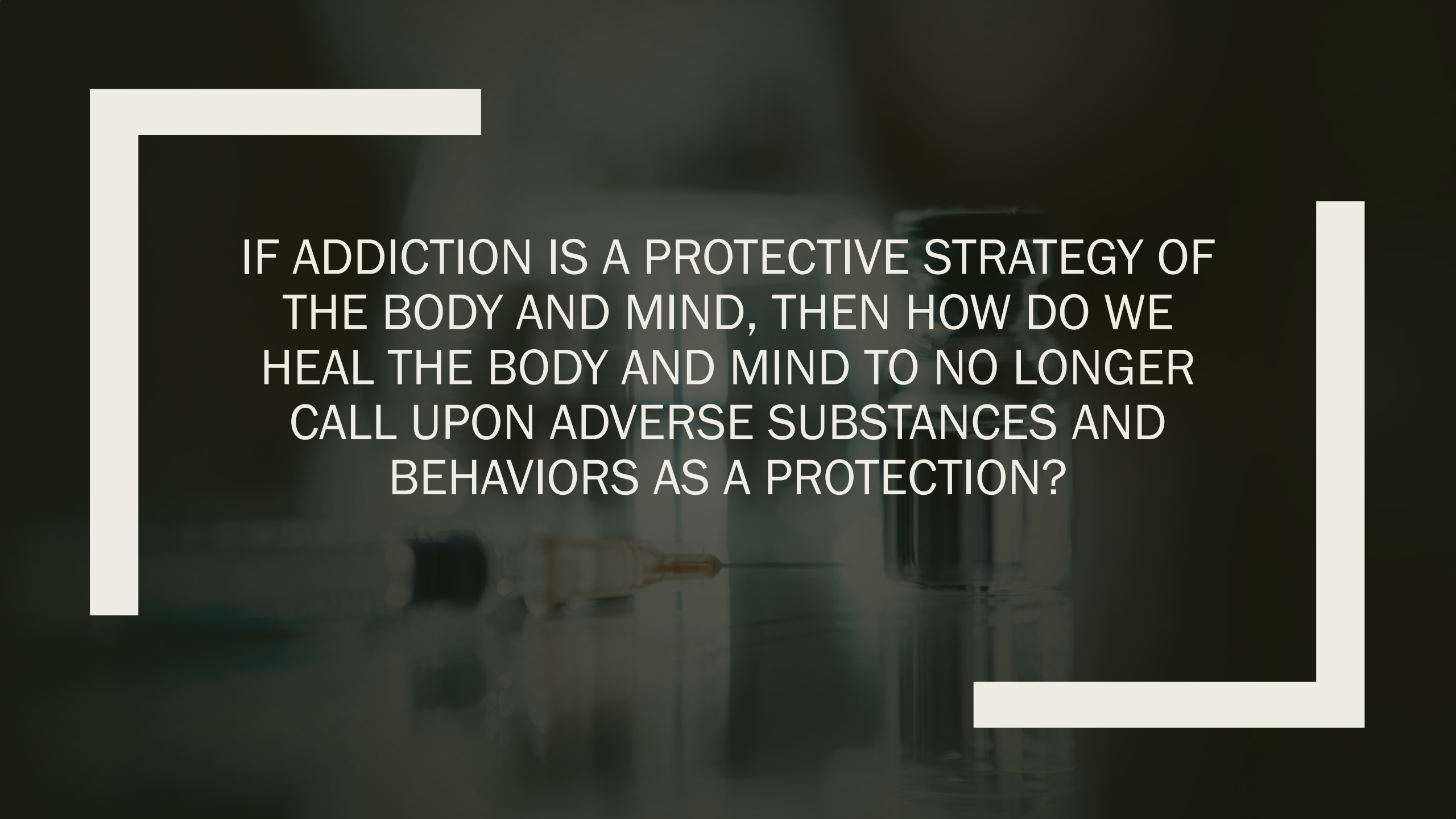




# Extreme Caution Prior to Taking a Substance Away

**Patient Case:** Developed problematic alcohol use in 50's due to sudden medical complications (extreme persistent pain). Medical complications resolved within 5 years- now has strong maladaptive guilt and heavy shame due to alcohol use.

- 1) What was the alcohol protecting you from?*
- 2) What was the fear if you did not drink?*
- 3) What if alcohol was not available?*



IF ADDICTION IS A PROTECTIVE STRATEGY OF  
THE BODY AND MIND, THEN HOW DO WE  
HEAL THE BODY AND MIND TO NO LONGER  
CALL UPON ADVERSE SUBSTANCES AND  
BEHAVIORS AS A PROTECTION?

# Internal Family Systems (IFS)



- IFS is a transformative tool that conceives of every human being as a system of protective and wounded inner parts led by a core Self. We believe the mind is naturally multiple and that is a good thing. Just like members of a family, inner parts are forced from their valuable states into extreme roles within us. Self is in everyone. It can't be damaged. It knows how to heal.
- IFS is frequently used as an evidence-based psychotherapy, helping people heal by accessing and healing their protective and wounded inner parts. IFS creates inner and outer connectedness by helping people first access their Self and, from that core, come to understand and heal their parts.
- But IFS is much more than a non-pathologizing evidence-based psychotherapy to be used in a clinical setting. It is also a way of understanding personal and intimate relationships and stepping into life with the 8 Cs: confidence, calm, compassion, courage, creativity, clarity, curiosity, and connectedness. Professionals from many different backgrounds such as, but not limited to, body workers, legal mediation, school administration, life coaches, and religious leaders may utilize IFS to inform and guide their work. Our growing list of educational programs aims to serve not only therapists but the wider public and other professions.

A person is walking up a dark, narrow staircase in a building. The person is silhouetted against a bright light source at the top of the stairs, creating a strong backlight effect. The walls of the building are dark and textured, and the stairs have metal railings. The overall atmosphere is dramatic and contemplative.

# THE SELF

Remedy for Healing Addiction

### 8 C's of Self– *Leading in Self*

**Curiosity**  
**Calm**  
**Confidence**  
**Connectedness**  
**Clarity**  
**Creativity**  
**Courage**  
**Compassion**  
**Choice (9<sup>th</sup>)**

### 5 P's of Self– *Leading in Self*

**Perspective**  
**Patience**  
**Persistence**  
**Playfulness**  
**Presence**

# Self (Self-Energy)

Your Self (with a capital “S”) has been within you since the moment you appeared in your mother’s womb. The Self is ultimate wisdom, can never be damaged, and does not need to be taught or developed. Think of it as your “golden essence,” or if you are spiritual, it can be represented by God, Buddha, Jesus, or any figure you would consider ultimate love, compassion, wisdom, peace, courage, and confidence.

**The Self can be represented by the 8 C's  
and 5 P's**

# EXILE PARTS OF THE MIND

EXPERIENCED TRAUMAS/BURDENS



I am bad.	I am a failure.	I am damaged.
I am unlovable.	I am lost.	I am broken.
I am unworthy.	I am all alone.	I am broken beyond repair.
I am worthless.	I am my worst mistake.	I am deficient.
I am unwelcome.	I am cursed.	I am overwhelming to others
I am helpless.	I am unwanted.	I am evil.
I am hopeless.	I am rejected.	I am garbage.
I am powerless.	I am an annoyance.	I am nobody.
I am painfully sad.	I am an embarrassment.	I am not seen.
I am terrified.	I am a mistake.	I am not valued.
I am guilty.	I am a problem child.	I am misunderstood.
I am stupid.	I am a mess.	I am not important.



WHAT IS THE STORY  
BEHIND EACH EXILE?



# MANAGER PARTS OF THE MIND

**Pursue control to keep you safe  
and are typically proactive.**

Perfectionism	Worrying	Overworking	Criticizing
People-Pleasing	Intellectualizing	Restricting Food	Overexercising
Caretaking	Controlling Others	Controlling You	Hypervigilance
Fastidiousness	Frugality	Building Up Walls	Bossiness
Busyness	Legalism	Performing	Codependency
Stuffing Emotions	Micromanaging	Overly Judgmental	Over-Functioning
Competitiveness	Blending In	Playing Small	Over-Accommodating
Overachieving	Extreme Planning	Overanalyzing	Overcommitting
Catastrophizing	Phobias	Dissociating	Repressing Sexuality

A thick black L-shaped frame is positioned on the left and bottom-right sides of the slide, framing the central text.

# WHAT IS THE STORY BEHIND EACH MANAGER?

What is their ultimate fear? What are they protecting?



# FIREFIGHTER PARTS OF THE MIND

**Pursue numbness, detachment,  
distraction, relief, pacification and are  
typically reactive/impulsive.**

Confronting (Fight)	Leaving (Flight)	<b>Drinking to Soothe</b>	Vegging Out w/TV
<b>Eating Sweets</b>	Explosive Outburst	Lashing Out	Playing Video Games
Feeling Strong	Dissociating	Risk Taking	Extreme Sports
<b>Gambling</b>	Procrastinating	<b>Addiction</b>	Escaping into Fantasy
Egotism	Overindulging	<b>Excessive Spending</b>	Promiscuous Behavior
Driving Recklessly	Attention-Seeking	Flirting	Acting Violently
<b>Overmedicating</b>	Binging Shows	Oversleeping	Skipping Work/School
Excessive Traveling	Bullying	Overanalyzing	Cutting Off Relationships
Excessive Traveling	“Retail Therapy”	<b>Chasing the High</b>	Scrolling Social Media
Avoiding Conflict	Checking Out	Affairs	Pursing Toxic Relationships
Avenging	Shutting Down	<b>Self-Harming</b>	Seeking Gratification
Raging	<b>Homicide</b>	<b>Suicide</b>	“Us vs. Them” Mentality



# WHAT IS THE STORY BEHIND EACH FIREFIGHTER?

What is their ultimate fear? What are they protecting?



**“THE OPPOSITE OF ADDICTION IS NOT  
SOBRIETY. THE OPPOSITE OF ADDICTION IS  
CONNECTION.”**

**-JOHANN HARI 2015 TED TALK**





# THE FOUNDATION TO ADDICTION IS PROTECTION

Primary Objective: Heal the Body and Mind (bodymind) of Held Burdens (traumas)

Long Term Objective (Goal): Eliminate *Protective* Substance Use\*

(Negotiating Most Likely Required\*)

GREATEST  
GATEWAY DRUG IS  
TRAUMA- SO HEAL  
THAT MIND





## Center for Drug and Alcohol Programs (CDAP)

### Walk-In Clinic **Monday-Friday** **9:00am-12:00pm**

There is no appointment required. Please arrive by 11:00am if possible.

Patients will receive an assessment to determine if any of the following CDAP services can help them navigate current substance use challenges. CDAP meets patients where they are in their recovery journey. CDAP is NOT an abstinence only program. Many services are also offered virtually.

- **Individual Psychotherapy**
- **Relapse Prevention/ Recovery Support**
- **Motivational Enhancement Therapy (MET) Group**
- **Women's Recovery Support Group**
- **Family Therapy Support Group** (For family/friends of those with addiction)
- **Intensive Outpatient Program (IOP) for Alcohol & Drug Addiction**
- **Pharmacotherapy Evaluation (w/Psychiatrist)**
- **Opioid Recovery Program**
- **Buprenorphine/Suboxone Maintenance**
- **Alcohol and Drug Testing**
- **Addiction Rehab Program for Legal and Medical Professionals**

### Center for Drug and Alcohol Programs (CDAP)

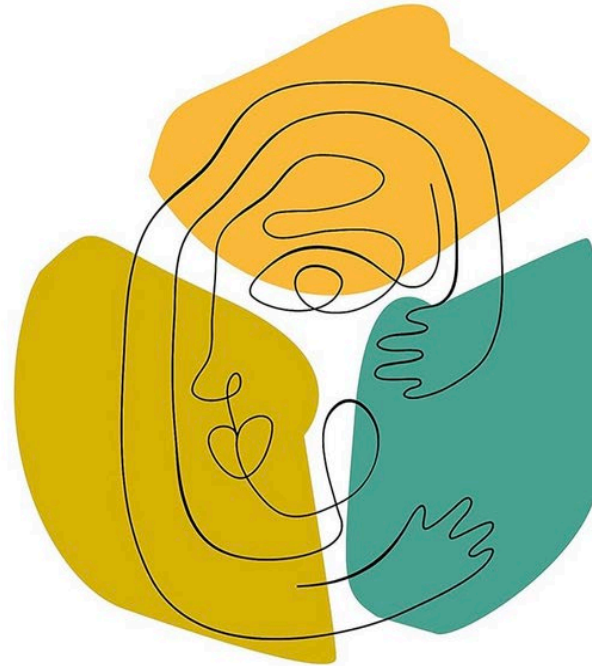
4<sup>th</sup> Floor (North)  
67 President Street  
Charleston, SC 29425  
843-792-5200

Patients also have the option to call 843-792-5200 to schedule an assessment in-person or virtually if they cannot attend the Walk-In Clinic

# CDAP CLINIC TREATMENT SERVICES

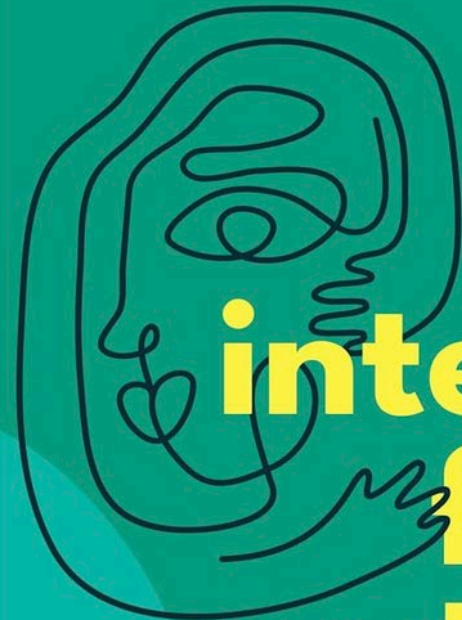
RICHARD C. SCHWARTZ, PHD

Foreword by Alanis Morissette



Healing Trauma &  
Restoring Wholeness with  
**THE INTERNAL FAMILY  
SYSTEMS MODEL**

**No Bad Parts**



the  
**internal  
family  
systems  
workbook**

a guide to discover your self  
and heal your parts

**RICHARD C. SCHWARTZ, PhD**



SOUNDS TRUE INNER WORKBOOKS

"A lantern that illuminates the complex path of healing layered trauma."  
Dr. Mariel Buqué, bestselling author of *Break the Cycle*

# Releasing Our Burdens

A GUIDE TO HEALING  
INDIVIDUAL, ANCESTRAL,  
AND COLLECTIVE TRAUMA

Richard C. Schwartz, PhD  
*and* Thomas Hübl, PhD

The author of *IN THE REALM OF HUNGRY GHOSTS*

**GABOR MATÉ, MD**

with **DANIEL MATÉ**

**the  
Myth  
of  
Normal**

**NEW YORK  
TIMES  
BESTSELLER**

**TRAUMA, ILLNESS & HEALING  
IN A TOXIC CULTURE**

AMERICAN EDITION OF THE  
#1 CANADIAN BEST SELLER

NEW  
INTRODUCTION  
BY THE  
AUTHOR

“Thought-provoking and powerful ... [Dr. Maté’s] uniquely humane perspective—  
all too absent from much of the ‘modern’ approach to addictions—should be  
a part of the training of all therapists, social workers, and physicians.”  
—Bruce Perry, MD, PhD, co-author of *The Boy Who Was Raised as a Dog*

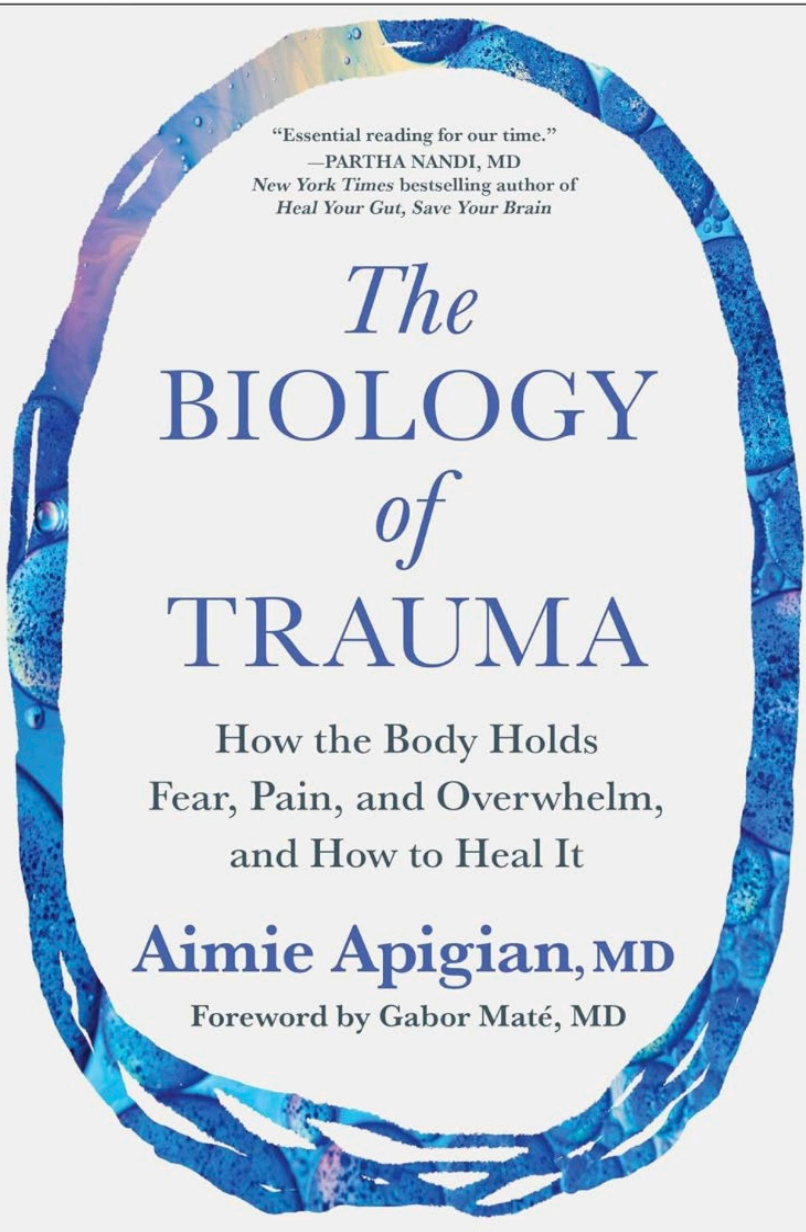
**GABOR MATÉ, MD**  
NEW YORK TIMES BEST-SELLING AUTHOR OF *THE MYTH OF NORMAL*

# In the Realm of Hungry Ghosts

*Close Encounters with Addiction*

Foreword by PETER A. LEVINE, PhD  
author of *Waking the Tiger: Healing Trauma*





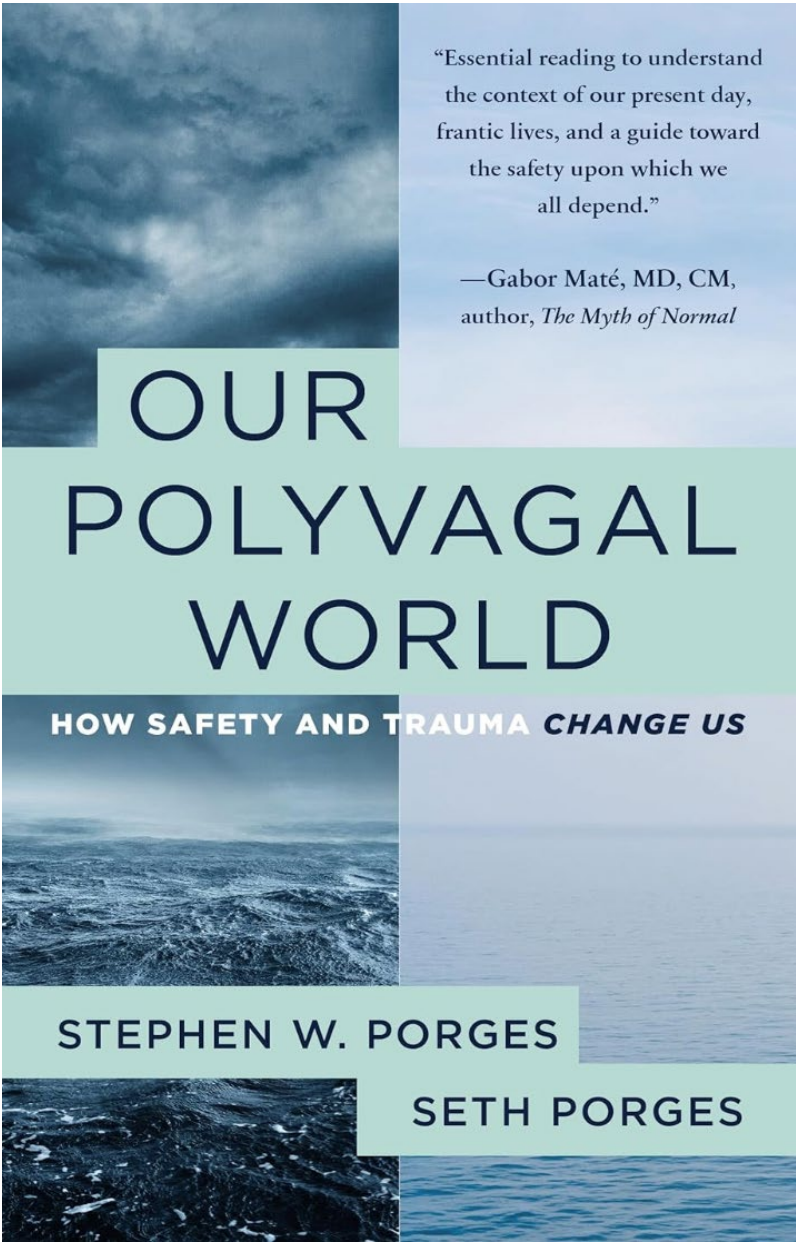
“Essential reading for our time.”  
—PARTHA NANDI, MD  
*New York Times* bestselling author of  
*Heal Your Gut, Save Your Brain*

*The*  
BIOLOGY  
*of*  
TRAUMA

How the Body Holds  
Fear, Pain, and Overwhelm,  
and How to Heal It

**Aimie Apigian, MD**

Foreword by Gabor Maté, MD



“Essential reading to understand  
the context of our present day,  
frantic lives, and a guide toward  
the safety upon which we  
all depend.”

—Gabor Maté, MD, CM,  
author, *The Myth of Normal*

# OUR POLYVAGAL WORLD

HOW SAFETY AND TRAUMA *CHANGE US*

STEPHEN W. PORGES

SETH PORGES

# the nervous system workbook

practical exercises to ease anxiety,  
find safety, and come home to yourself  
using polyvagal theory

**DEB DANA, LCSW** 

 SOUNDS TRUE INNER WORKBOOKS

NEW YORK TIMES BESTSELLER

Daniel J. Siegel, MD

# AWARE

*The Science and  
Practice of Presence*

THE GROUNDBREAKING  
MEDITATION PRACTICE

## Acknowledgements

I use the knowledge from the world's greatest traumatologists who truly understand the mind and body as one (*bodymind*) as a foundational component to my treatment for those suffering from addiction.

Thank you, Richard C. Schwartz, PhD, Frank G. Anderson, MD, Gabor Maté, MD, Daniel J. Siegal, MD, Stephen Porges, PhD, Deb Dana, LCSW, Thomas Hübl, PhD, and Bessel van der Kolk, MD.



(The manager, firefighter, and exile charts in this presentation were adapted in part from: Schwartz, R. C. (2024). *The internal family systems workbook: A guide to discover your self and heal your parts*. Sounds True. Boulder, CO

# News Release



September 16, 2025

## MEDIA CONTACT

Chloe Field, Public Information Officer  
Mobile: (843) 991-1391  
Email: [cfield@charlestoncounty.org](mailto:cfield@charlestoncounty.org)

## New Bridge2Hope app links community to addiction treatment, recovery, and support services

The [Charleston Center](#), in partnership with [FAVOR Lowcountry](#), is proud to announce the launch of *Bridge2Hope*, a new mobile app designed to connect community members with vital resources for drug and alcohol treatment, recovery, and harm reduction.

The app also offers guidance and support for family members and friends of individuals living with addiction, ensuring that loved ones have access to the help they need as well.

Available now on the Apple App Store and Google Play, *Bridge2Hope* brings critical services together in one easy-to-access platform, making it simpler for patients and families to find assistance.

### Resources include:

- Links to support group meetings
- Information on sober living options
- Veteran-specific resources
- Naloxone access points across the tri-county area
- Direct connection to a FAVOR Lowcountry Recovery Support Specialist, available 24/7
- The Charleston County Opioid Overdose Dashboard

Questions? Email me at [Lewiset@musc.edu](mailto:Lewiset@musc.edu)



# Selected References:

Acharya AB, Sánchez-Manso JC. Anosognosia. [Updated 2023 Apr 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513361/>

Biswas J, MD (2025). Dignity restored: the power of treatment first. *CNS Spectrums*, 30(1), e11, 1–5. <https://doi.org/10.1017/S109285292400052X>

Chai G, Xu J, Goyal S, et al. Trends in Incident Prescriptions for Behavioral Health Medications in the US, 2018-2022. *JAMA Psychiatry*. 2024;81(4):396–405. doi:10.1001/jamapsychiatry.2023.5045

Friedman, J., & Hadland, S. E. (2024). The Overdose Crisis among U.S. Adolescents. *The New England journal of medicine*, 390(2), 97–100. <https://doi.org/10.1056/NEJMp2312084>

Harlow AF, Miech RA, Leventhal AM. Adolescent  $\Delta$ 8-THC and Marijuana Use in the US. *JAMA*. 2024;331(10):861–865. doi:10.1001/jama.2024.0865

Hendershot, C. S., Bremner, M. P., Paladino, M. B., Kostantinis, G., Gilmore, T. A., Sullivan, N. R., Tow, A. C., Dermody, S. S., Prince, M. A., Jordan, R., McKee, S. A., Fletcher, P. J., Claus, E. D., & Klein, K. R. (2025). Once-Weekly Semaglutide in Adults With Alcohol Use Disorder: A Randomized Clinical Trial. *JAMA psychiatry*, 82(4), 395–405. <https://doi.org/10.1001/jamapsychiatry.2024.4789>

Nakhaee, N., Karamouzian, M., Sharifi, H., Malekshahi, K., Moaddeb, K. A., Vahidzadeh, A., & Iranpour, A. (2024). The effectiveness of court-mandated compulsory treatment in promoting abstinence among people with substance use disorders in Iran. *The International journal on drug policy*, 124, 104325. <https://doi.org/10.1016/j.drugpo.2024.104325>

Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases>