

The Addicted Mind: Why Smart Professionals Lose Control

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Addiction affects **everyone**. Including those who are:

- Intelligent
- Responsible
- Likeable

And still unable to stop.

Conceptual Background

Definitions of Addiction

DSM-5-TR

- Lists individual substance use disorders (SUDs)
- **Maladaptive pattern of use** leading to impairment or distress, characterized by 11 criteria combined in different permutations that meet a diagnostic threshold on a continuum of severity

National Institute on Drug Abuse (NIDA)

- “chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences...[it is] considered a **brain disorder**...involve[ing] functional changes to the brain circuits...”

Addiction is behaviorally defined

4C's of Addiction

Compulsion

Control (loss of)

Consequences

Cravings

Substance Use Disorder

Tobacco / vapes

Cannabis

Alcohol

Stimulants

Cocaine, Methamphetamine, Adderall

Sedatives

Benzodiazepines, Ambien, Propofol

Opioids

Heroin, Oxycodone, Fentanyl

Synthetic/Designer

K2/spice, bath salts

Hallucinogens

Ecstasy/MDMA, LSD, PCP, Psilocybin

Behavioral Addictions

1. Food *Abstinence not an option*
2. Phone *Engineered for compulsive use*
3. Exercise *Socially applauded*
4. Gambling *Addiction to “almost winning”*
5. Sex *Novelty without interpersonal vulnerability*
6. Shopping *Acquisition without fulfillment*

Nature of Addiction

Nature of Addiction

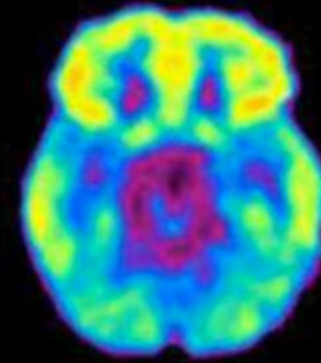
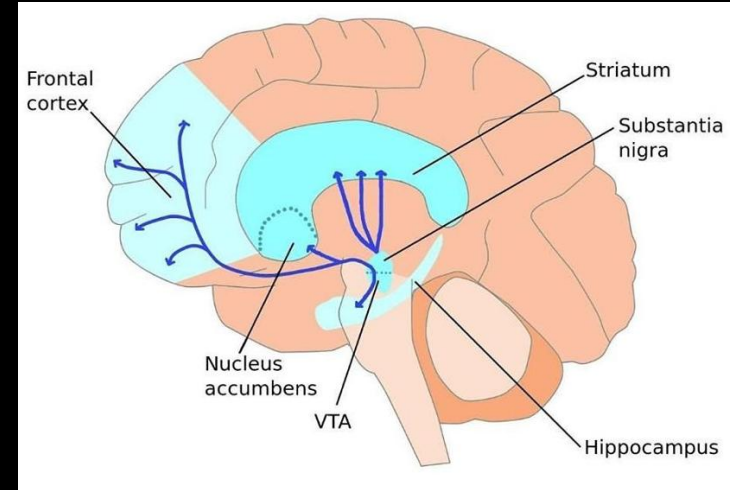
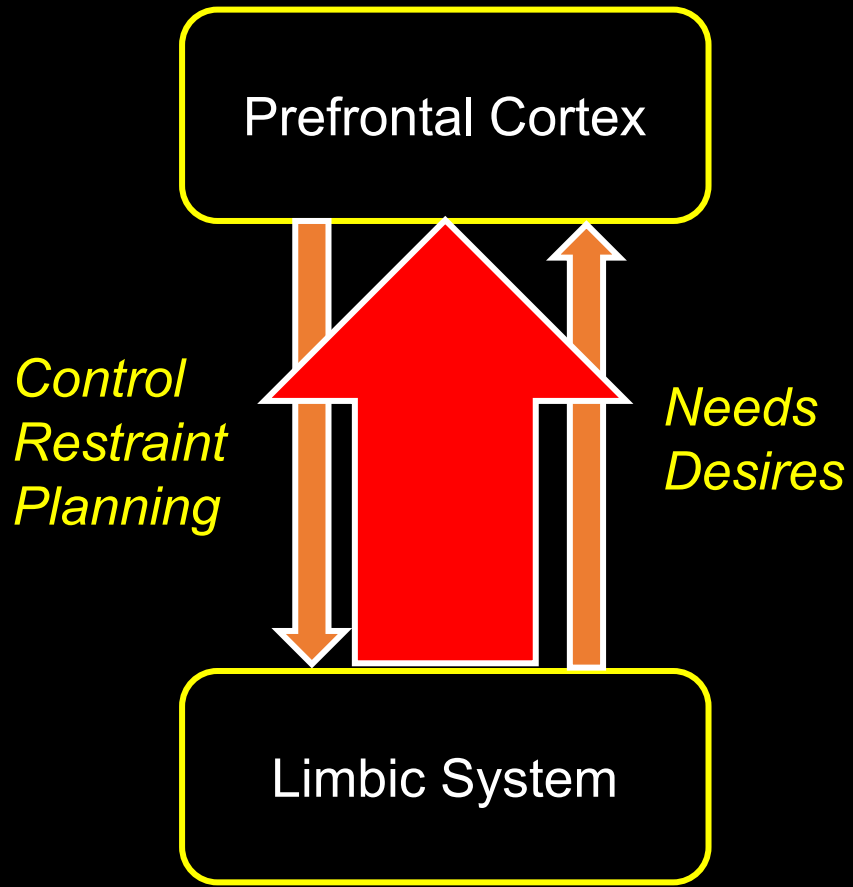
1. Neurobiology

2. Psychology

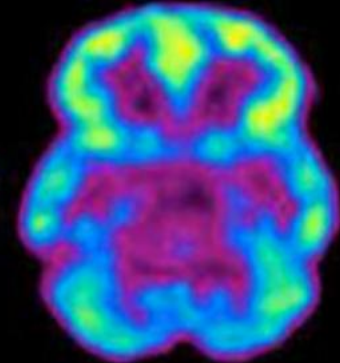
3. Behavior

3. Relationship

Brain

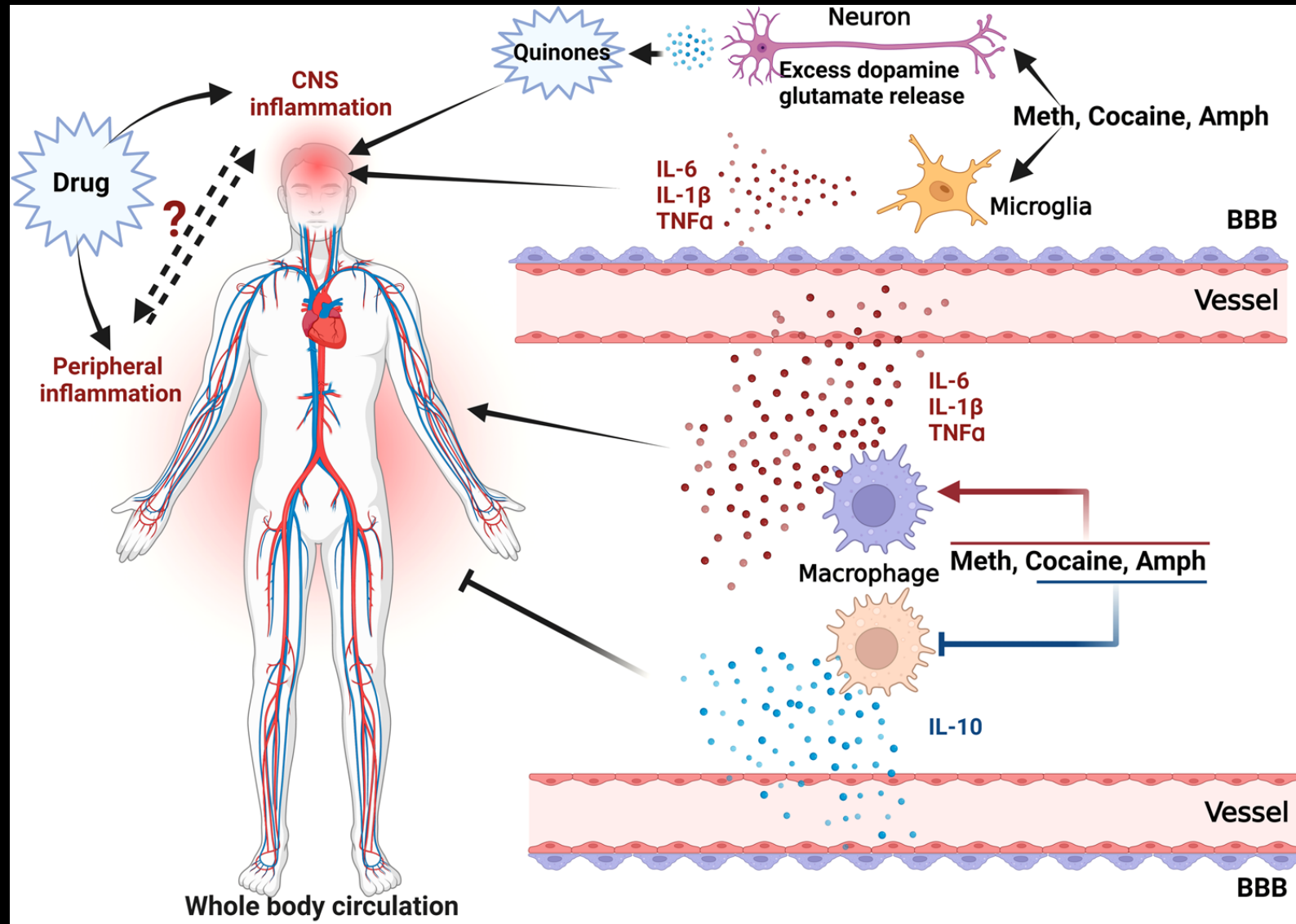


healthy

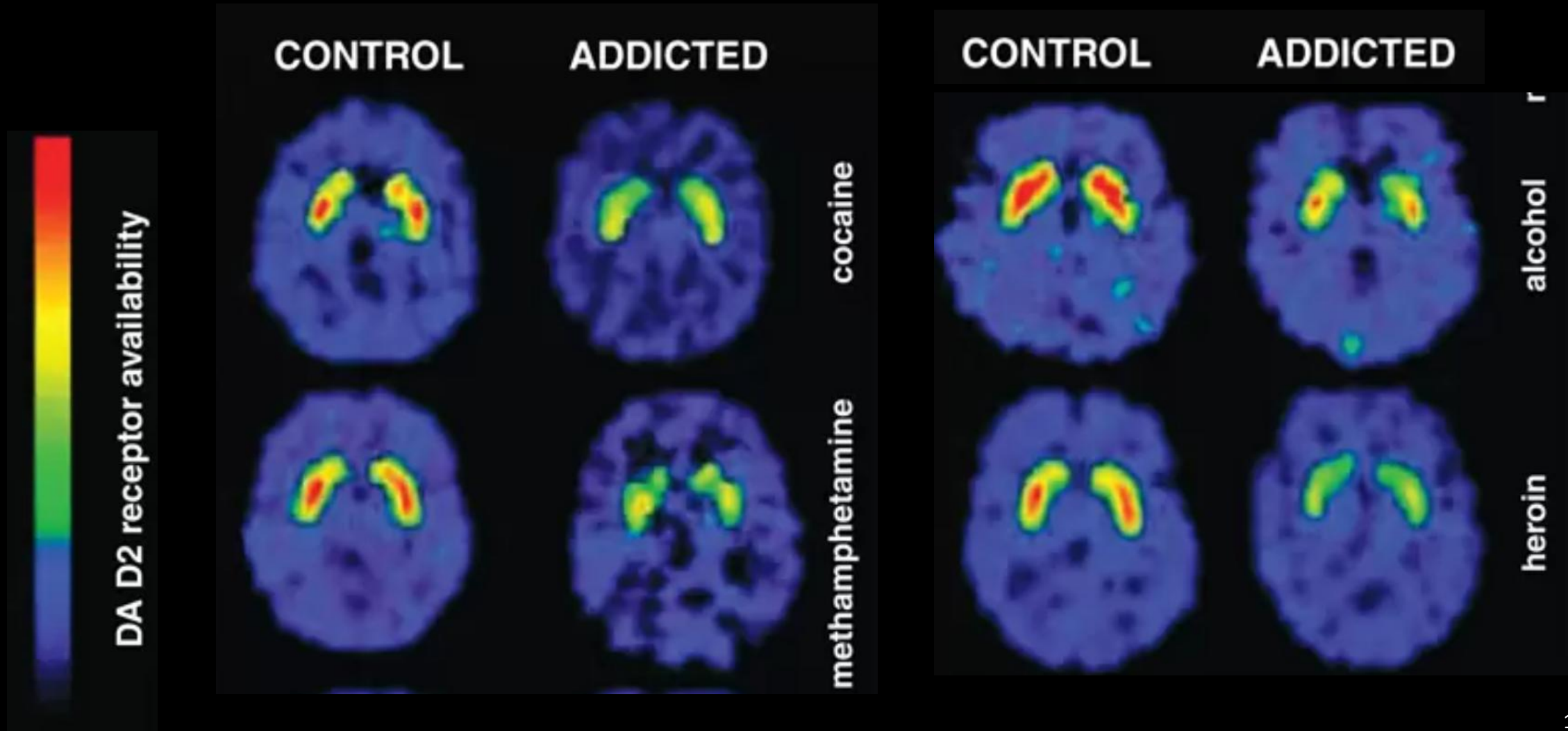


cocaine use
disorder

Addiction & Inflammation



Neurobiological Changes



Psychology

1. Psychic Distress
2. Response (distress tolerance)
3. Cognitive distortions
4. Co-Occurring Disorders

Co-Occurring Psychiatric Disorders

Shared risk factors

1. Shared genetic vulnerability
2. Adverse childhood experience

Psychiatric symptoms driving SUD

1. Self-medication
2. Enhanced Reinforcement
3. Impaired judgment

SUD contributing to psychiatric symptoms

1. Long-term neuropsychiatric consequences
2. Substance use leads to exposure to traumatic events

Relationship



It shows up reliably
It never judges
It soothes and comforts

But counterfeit.

Legal Professionals

Shared traits

e.g.) Self-reliance, perfectionism, control, intellectualization, compartmentalization

Pressure

e.g.) constant high-stakes, perception of limited safe outlet

Fear of consequences

e.g.) professional and reputational

What constitutes happiness?

Happiness

1. Work

Meaning, creativity

2. Love

Meaningful Relationships

3. Agency

Intentional

Peace and Contentment

Recovery

Safety First. Always

1. Withdrawal risk
2. Suicide risk

When in doubt, seek professional help

Recovery

1. Brain

Hardware

2. Thoughts

Software

3. Behaviors / Environment

Operating system

4. Relationship

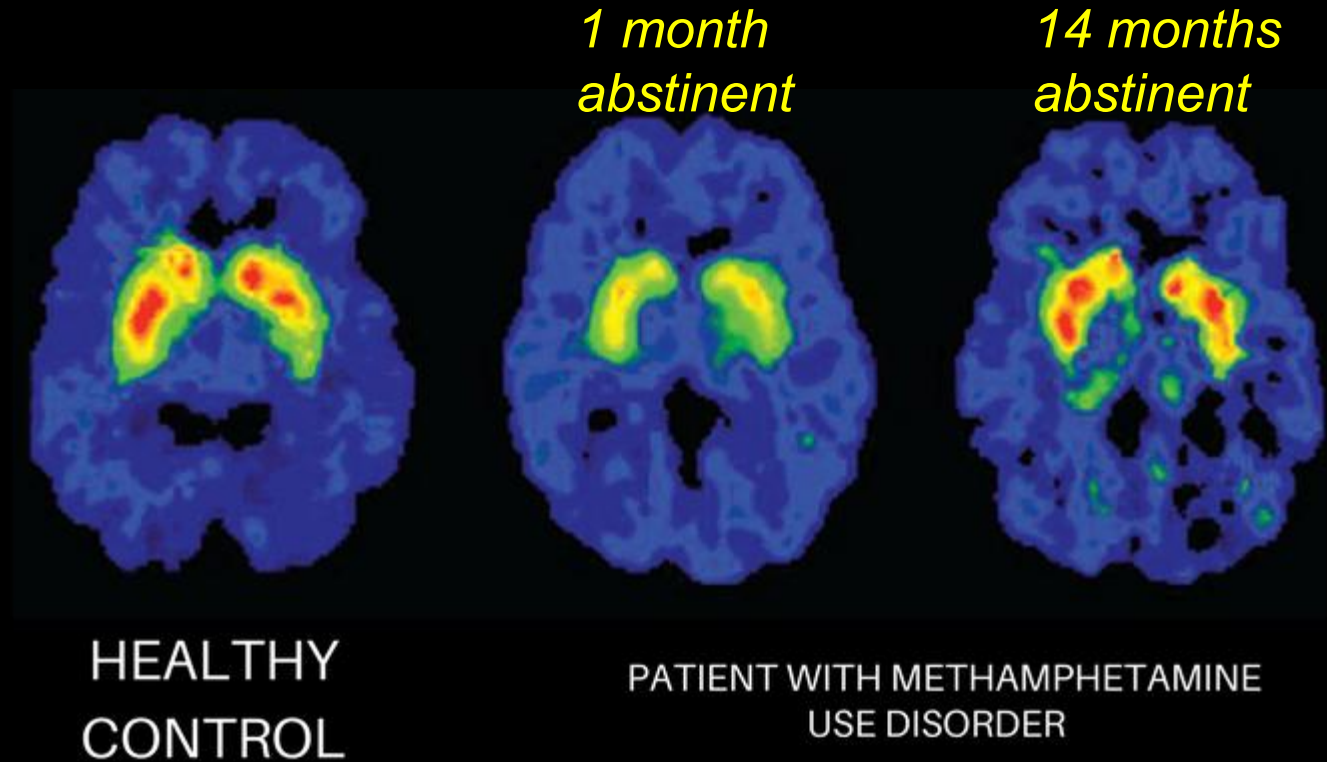
Network connection

Neuro-recovery

Plasticity

Time

Stabilization



Medications

4 Mechanisms

Blocks the reward

(e.g., naltrexone, Vivitrol)

Stabilizes receptor chemistry

(e.g., buprenorphine, methadone, varenicline)

Quiet distress signals

(e.g., acamprosate)

Behavioral Deterrent

(e.g., disulfiram)

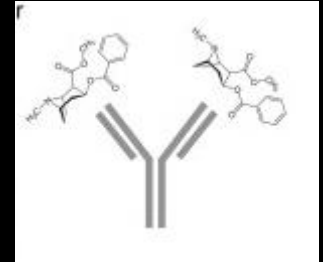
Frontiers of Pharmacotherapy



Blocks the reward
(e.g., cocaine vaccine)

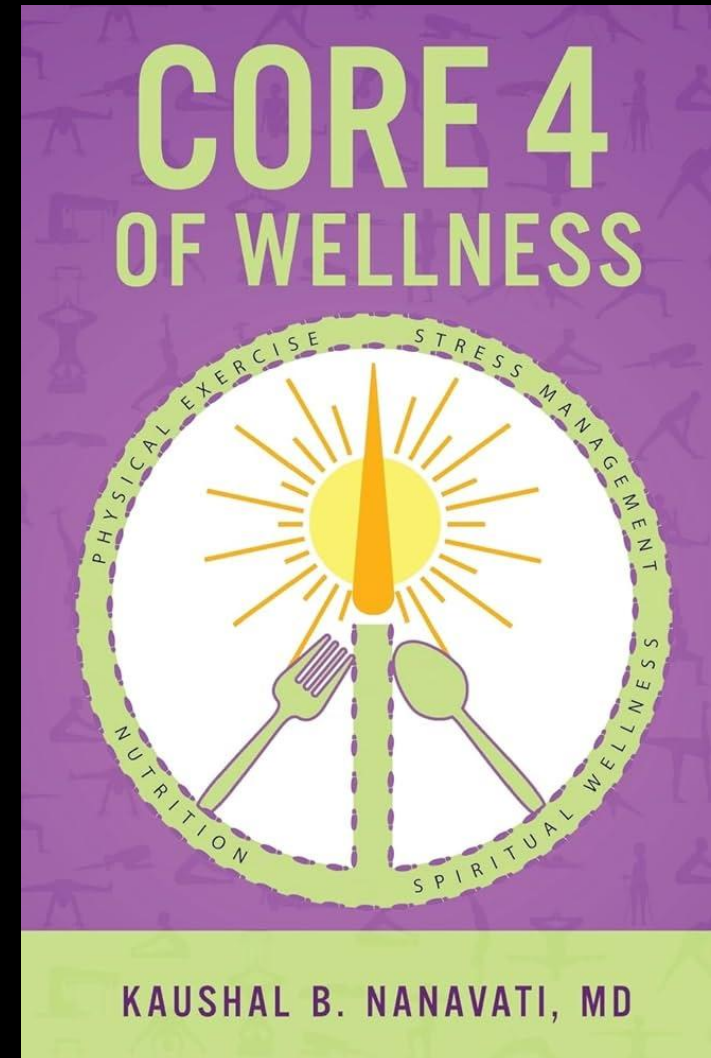
Turbocharge Neuroplasticity
(e.g., hallucinogenic psychedelics)

Quiet distress signals
(e.g., GLP-1 agonists, deep TMS)



Foundational Pillars

1. Nutrition
2. Exercise
3. Stress management
4. Spiritual wellness



Recovery

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Network connection

Therapy Elements

1. Functional analysis of behavior
2. Cognitive reframing of maladaptive use
3. Coping / distress tolerance skills to manage triggers

Sample Functional Analysis

Antecedent (Triggers)	Behavior	Consequence
Low mood and fatigue after a hard day at work	Use	Short-term: relief
		Long-term: withdrawal, cravings, more depressed & irritable
Feelings of worthlessness leading to "I might as well" thinking	Use	Short-term: numbing of worthlessness
		Long-term: intense return of depressed mood

Cognitive Reframing

- Dysfunctional beliefs about substances
e.g.) “Cocaine helps me feel better – it’s my invigorating tonic”
- Dysfunctional beliefs about self in relation to substance
e.g.) “I’m going to be in pain anyway, so I might as well use and feel better”
- Permission-giving (“rationalizing”) beliefs
e.g.) Statements that starts with “just,” “only,” “little”
- Abstinence violation effect
e.g.) [after relapse] “all my efforts have been for naught...there’s no point in stopping now...so I might as well keep going [with using]”

Recovery

1. Brain

Hardware

2. Thoughts

Software

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Operating system

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Network connection

Behavioral Tools

- Managing cravings and urges
e.g.) riding the wave, deep breathing, mindfulness
- Navigating high-risk external situations
e.g.) places, situations, people
- Managing high-risk internal states
e.g.) anxious, agitated, bored, depressed, etc.

Recovery

1. Brain

Hardware

2. Thoughts

Software

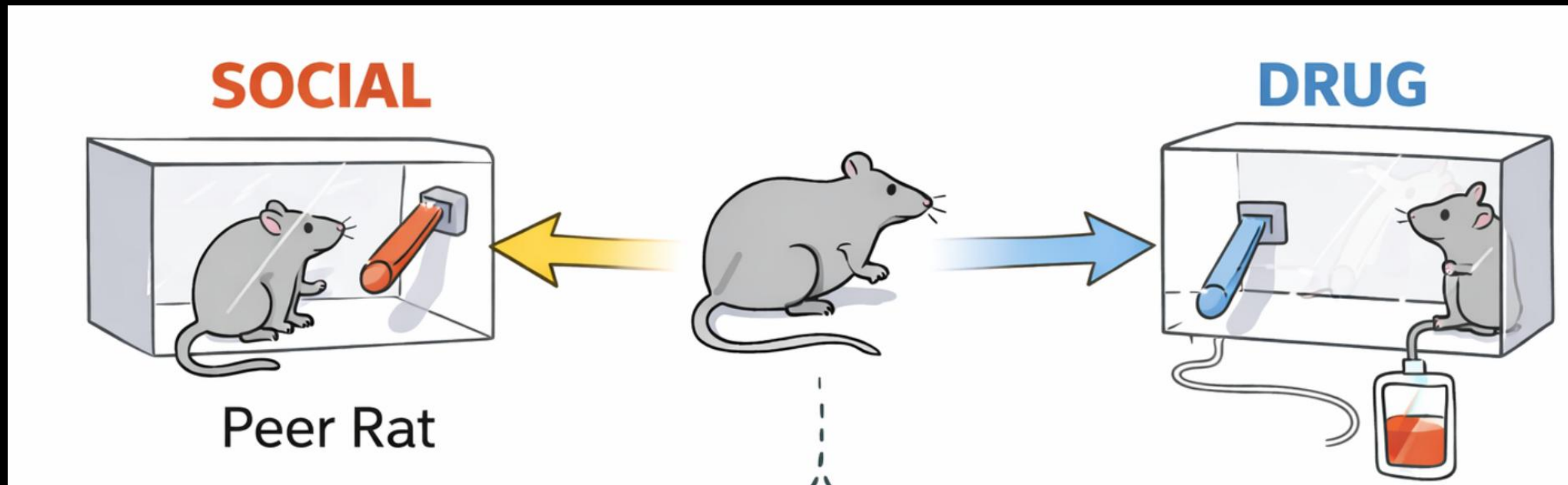
3. Behaviors / Environment

Operating system

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Network connection

Connection Beats Chemicals



Veniro et al., *Nature Neuroscience*, 2018

Healing Relationships

Psychotherapy

12-step facilitation

AA / NA / SMART / Dharma Mutual help groups

Volunteering / Community

Family

Maintaining Recovery

Common Mistakes in Recovery

1. Relapse as failure (rather than data)
2. **Danger:** shame + all-or-nothing thinking
3. Recovery is a trajectory, not a streak
4. Myth of Social Drinking
5. Tolerance

Supporting Loved Ones

1. Self-care
2. Love the person, not the addiction
3. Do not manage the consequences

Deception in Addiction

1. Name the pattern
2. Make honesty safer than lying
3. Verify with compassion and intention of help

Healthy Disposition

1. Compassion
2. Humility
3. Prudence

End goal: ***Human dignity and flourishing***

Summary

1. Addiction is the impaired capacity to respond to reason
2. The profession creates unique vulnerabilities
3. Recovery is possible and starts with one honest conversation



Questions?