

The Rip Van Winkle Effect

Who Is Rip Van Winkle?

I am amazed that many young folks do not know the story of Rip Van Winkle. I thought that this story was a part of the fabric of American culture. When I bring up this story and get a blank look, after a sigh, I tell the story of Rip, who just before the Revolutionary War drank some strong liquor and fell asleep under a tree. He woke up 20 years later, only to find that much had happened and many of his friends had been killed in the war. He eventually re-integrated into his family and life, but not without stress and significant adjustments. Rip went back to his old idle ways in the end.

What does this story have to do with the treatment of addiction? When people start using drugs they tune out from their family, school, friends, and work. Instead of dealing with a problem, they get high. If they are in their teen years, social maturation stops. When adults start using, things change in their lives. They lose their jobs, get divorced. Also, time passes and kids grow up. After they “wake up” things have changed. They are real-life Rip Van Winkles.

The Problem

It is very common for us to see a 30-year-old man, who started using drugs in high school. He often lives at home and is supported by their parents, who are despondent with worry about what to do and also about how to protect themselves both physically and financially from the devastation that comes with chemical dependency and abuse. When we look closely at the maturity of our new patient, we usually find a 14 or 15 year old in the body of a 30 year old.

While in high school we learn many of the things that we will use throughout our lives, not only in book learning, but also on an emotional level. We learn about disappointment and how to resolve interpersonal conflict. We learn how to control our emotions and how to get things done, even when we want to play. If you never deal with these issues, you do not learn these vital life skills. Another important fact is that the brain is maturing during the later teen years. Many of the neural connections that we need to function in the real world are formed. Many of these people do not even have the basic skills of daily life, like writing a check and keeping themselves and their homes clean, etc.

There is important new research that clearly shows that drug use in the early and mid teen years leads to long-standing brain damage. Marijuana causes structural damage seen on MRI's and a new study released in March 2010, shows that teens who start smoking marijuana at 14 years old have a much higher rate of psychosis (schizophrenia and bipolar disorder) in later life as compared to those

who did not start that young. If you combine these disabilities with the huge amount of catch up that they need just to get back to square one, you have a tremendous problem. This is all in addition to the massive damage to the brain that is caused by drug addiction.

The Solution

How do we deal with this huge problem? The first step is to recognize that it exists. Since there is so much for a person in recovery to learn in order to “catch up”, we have to start with getting the brain back into a state that allows new information to have an effect. Unfortunately, after the typical detox, the brain is still in a “dazed” state and the patient suffers from PAWS (post acute withdrawal syndrome). Depending upon the drug of abuse, age of the patient, length of time of abuse, physical condition of the patient, presence of underlying mood and other psychiatric problem (everything from bipolar disorder to anxiety), nutritional state, and family situation, it may take quite a while to even start the process. Unfortunately, most rehab programs end just when the ability to learn is starting to develop.

In order to get on track as quickly as possible treatment must be aimed at all of the areas that I have listed above. It is past the scope of this brief paper to deal with them in depth, but a brief outline will make my point.

First, we have to realize that addiction is a brain disease and that simply stopping use will not correct the damage to brain receptors, especially in the short and medium term. At our clinic we use a variety of treatments that treat these altered receptors, including buprenorphine for opiates and flumazenil for cocaine, methamphetamine, and alcohol. We also use many other medications depending upon each patient’s specific needs.

We also provide nutritional support aimed at replenishing the marked deficits that develop with abuse. These treatments include the use of specific amino acids that help the brain make more of the normal neurotransmitters, vitamins, minerals, and even hormones when needed. We even use IV’s containing many of these substances to help with detox and early recovery. Most treatment centers are unaware of the vital role that these treatments play in supporting recovery.

Next, we treat any underlying mood problems. Of these, the most common problem that we find is anxiety. Anxiety is often the driver to “self-medicate” with drugs of abuse and it is the most common symptom that drives relapse. Treatment must include not only proper medication both for the receptor problems, but also for any co morbid primary problem. (This means that the person has both an abuse problem, as well as another independent problem

such as anxiety or depression.) Psychotherapy is a vital part of this process. This can be done in a group setting, but most of these patients need individual counseling as well.

We also have an Intensive Outpatient Program (IOP) where for three nights per week, three hours per night for seven weeks, our patients get an intense educational and therapeutic group experience. They also develop a peer group that supports them in and out of the actual clinic setting. Aftercare groups provide long term support.

We also employ transitional and sober living homes where our patients can learn basic life and social skills. They can live in these homes for as long as it takes to be ready to go out on their own. This may last for several months, but at times they may stay for years.

The last point is that the treatment has to be sustained for *A LONG TIME*. When a new patient comes to our clinic we outline a personalized program that covers the first two months of treatment. This is just the start. We feel that it takes at least a year and for many much longer to be ready for an independent drug-free life.

After the Re-awakening

Once the patient is safely in therapy and on the road to reintegration many families start having problems. A prime problem is the fact that while one is addicted; they simply do not count in family decisions. By that I mean that they check out at any indication of conflict. They take no responsibility for their actions or for family needs. Anyone else's needs are of no importance, only immediate personal gratification and avoidance of cravings. The rest of the family unit learns to live without them and suffers the blowback that they cause, be that financial, social, or legal.

Once they start dealing with their problems, they suddenly are a part of the family discussion. They have needs and desires. They can actually help with family problems. For a spouse who has called the shots for so long this can be very threatening and disruptive. The family has to learn new coping methods. It takes a long time for trust to develop. Questions such as, "When will the next shoe drop?" and "Can I trust that you will come through?" are very common and understandable. It often takes intensive family therapy to straighten out these problems.

Another aspect to consider is co-dependency. Co-dependency is defined as, "behaviors learned by family members or significant others in order to survive in an environment of great emotional pain and stress when a family member is

dependent upon the use of alcohol or drugs.” (Presbyterian Health Service). The spouse and family learn to make excuses for the addict. They work around the problems that they create. The pain can be intense when change occurs and it is common for a family member to sabotage recovery. For example, in the extreme, getting a six pack of beer if the addicted family member gets very anxious or not allowing the addict to make a mistake or suffer the consequences of their actions. These issues are among the most difficult to treat, but are vital.

Rip Van Winkle woke up to a very different world after his 20-year sleep. In the end he returned to his old lazy ways. With intensive multi disciplinary treatment we can hopefully avoid this outcome, but it takes hard work for a protracted period of time.

To learn more about Rip Van Winkle, check out this link:

http://en.wikipedia.org/wiki/Rip_Van_Winkle