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11 Overcoming Addiction

A New Model for Working with Drug and Alcohol Abusers

Richard M. Gray

Why the Brooklyn Program?

Drug abuse and dependence are serious problems that affect more than 26 million people in the United States annually. More than 40% of all arrestees in the USA have used alcohol or some illicit drug within twenty-four hours of their arrest. Most arrests are drug-related or for minor crimes, however, 15–30% of them are for violent crimes. Jails and prisons are overflowing with people with minor drug offences. Millions of otherwise law abiding citizens struggle with addictions. This is a real problem and the classical solutions have not worked.

In the mid-1990s, working as a United States probation officer in Brooklyn, New York, I was assigned to a drug treatment caseload. Although I had been a probation officer for more than fifteen years and had dealt with addicts and substance abusers, I knew relatively little about addictions. While I had always listened to the experts, they seemed stuck. In their world every user was an abuser and every abuser was an addict; there was no middle ground. So everyone sent for treatment, regardless of how large or how small their problem, was subjected to the same regimen: detox and inpatient treatment followed by intensive outpatient treatment and interminable twelve-step meetings. Sometimes the inpatient phase was put aside but the outpatient features remained the same.

Despairing of help from the field, I began a period of intensive study that showed conclusively that this treatment pattern was demonstrably ineffective. Addicts and abusers were often confused with one another, drug education groups were ineffective, many people discovered they could safely return to the social use of alcohol and other drugs without problems, and twelve-step meetings were largely ineffective.[1]

Substance abuse is characterized by a pattern of use that persists for longer than twelve months and that interferes with or damages work, school, or relationships. Substance abuse is not a proper diagnosis for anyone previously diagnosed as substance-dependent. Addiction is characterized by similar problems but includes obsessive preoccupation with getting, using, and/or obtaining the money to obtain the addictive substance.[2]

Jungian theory holds that when people awaken to a pattern of growth into their full potential that life-path tends to become irresistible. In my work I had seen that pattern many times in addicts who had awakened to a spiritual reality, gotten a personally meaningful job, found a deeply satisfying relationship or some other source of meaning, and had walked away from their addiction. Whenever someone discovered something more important to them, in a deeply meaningful and ongoing way, he or she could leave the addiction or drug problem behind.

The Stages of Change Model is one of the most well-researched and empirically supported models of change in use today. It holds that when people change, they pass through predictable stages and, in each stage, specific interventions are appropriate. Crucial to the process of change is understanding that most of the process can be predicted by one thing—wanting something that is more important than the problem behavior.[3]

This resonates with two principles from NLP: (1) the well-formedness conditions for outcomes and (2) an observation by Bandler and Grinder about addictions. For an outcome to be well-formed, it must meet several criteria: stated in the positive, under personal control, sensory-specific, contextualized, given a time frame, and ecological. Applying this perspective allows us to recast substance use treatment as a well-formed enterprise; instead of *moving away* from something, treatment can be framed in terms of something *positively desired*. Bandler and Grinder's statement in *Reframing* (1982) was a major inspiration: if you create a state that is more pleasurable, more intuitive, and more accessible than an addictive drug, you can cure any addiction.

The Brooklyn Program was originally designed to work with drug addicts and abusers, alcoholics, and problem drinkers assigned to drug or alcohol treatment by the Federal Court. It was specifically designed for clients who did not want treatment or had failed at other kinds of treatment.

Since leaving the probation department, I have found that the program, even in a shortened version, provides powerful, life-changing experiences for people with or without substance use problems. Because it was designed to create powerfully motivating futures that align with an individual's deepest instincts, it can be applied in many contexts.

The benefits are many:

1. Practicing your ability to access remembered resources establishes self-efficacy regarding internal states and internal resources.
2. Enhancing meaningful positive experiences reinforces that sense of efficacy.
3. Anchoring those resources makes them transportable and easily available. Knowing about resources is one thing; having an amplified state available on demand is another.
4. Any emotional state that is amplified until it is free from the source memory and context gives access to trance, meditation, and spiritual experience.
5. Those deep states awaken a grounded sense of self. From that state it is possible to design meaningful futures and outcomes that can change the meaning of life and how it is lived.

What Is the Brooklyn Program and How Does It Work?

The program assumes that preferences, desires, and behaviors are organized in hierarchies established in the mid-brain dopamine system. This system includes the ventral tegmental area (VTA), the nucleus accumbens (NAcc), and the left orbitofrontal cortex (OFC). The VTA is the source of the dopamine neurons that energize the system. These neurons project to the NAcc. The OFC, part of the frontal lobes, is intimately involved with conscious experience and making decisions.

When a pleasurable, rewarding, or biologically important stimulus impacts the organism, the cells in the VTA send a rush of dopamine to the NAcc. Inputs representing various stimuli are compared in the NAcc to find out whether the expected reward has increased, decreased, or remained the same. Surprise rewards are always evaluated highly. All rewards or targets of behavior are ranked by this system in terms of their survival value and immediate relevance.

The results of this ranking are registered in the left OFC as hierarchies of positively desired rewards. Things we want more are stored in full multisensory representations, closer to the center of the brain. Less valuable representations are stored further from the center as more abstract representations. The hierarchy is dynamic with different rewards or desires becoming more important, desirable, or salient as context, internal state, and current experience shifts. One result of this ranking is that we want some things more than others. This is known as incentive salience.

Drugs and addictive behaviors move to the head of the hierarchy by affecting dopamine concentrations or by becoming the habitual go-to answers for life's problems. However, just as drugs and alcohol move other things from the head of the hierarchy, so other things can bump drugs from the head of the hierarchy. People often give up problem substances when they find a dependable means of achieving states that effectively compete with the drugged experience.

Description of the Program

The Brooklyn Program is implemented over sixteen weeks for one two-hour sessions per week. It teaches specific behavioral and cognitive skills and, as noted, it never discusses drugs or problem behaviors, but works to build emotional and cognitive resources that will ultimately outframe them. While it is conceivable that the program could be implemented in a shorter time frame, the sixteen-week duration allows for over-learning of the target behaviors and ensures that it will be taken seriously by persons unused to the speed of NLP techniques.

In the first several sessions, participants are taught how to access and enhance a series of positive resource states using standard NLP sub-modality techniques. As any NLP practitioner knows, this sub-modality work begins with a striking enhancement of the remembered experience and so validates the first promise to clients that they will be taught memory enhancement techniques.

During the same several sessions, the participants are taught to focus more and more on the feelings associated with the experience so that they discover a series of deeply pleasurable transcendent states. These pseudo-meditative states are designed partly to provide feelings of self-efficacy, but also to offer powerful positive experiences that are strong enough to challenge the salience of the problem state.

The generation of the states follows a simple pattern of sub-modality enhancement. After the participants have chosen an appropriate resource, have them close their eyes and experience the memory. Let them note just how they get to the memory: What do they notice first—a picture, a smell, a feeling? What comes next and next and next?

Once the client has stepped into the experience, they can then begin to vary the sub-modality structure of the memory. Instruct them to make the changes in a way that makes the experience work best for them. Let them experiment with each dimension to find a level that feels best.

Go through the sub-modality changes, pausing after each one to allow for processing time. After each change, ask the participants to note the change in their felt experience. Each instruction should be designed to provide a felt change in the experience and practice in the manipulation of feeling by changing the sub-modality qualities of the experience. Remind the client to take note of the kinds of perceptual changes that make the most positive difference in the experience. When you have gone through this process invite them to come back for a moment, shake out the experience, and talk about what happened: "Did that feel good? Did you know you could do that? What worked best for you?"

After a few minutes of discussion invite them to just close their eyes and return to the place where they left off and continue as follows**:**

> Now, step all the way back to the point where you just left off. For some of you the memory has gone away and you were just out there floating, that's good, go back there.
>
> Go back to the state where you left off and notice how easy this is.
>
> Notice how you breathe in this experience. Notice how you hold your body—the patterns of tension and relaxation that enhance your experience. Adjust your posture so that it enhances the experience.
>
> Notice the expression on your face. Adjust your expression so that it enhances your experience. Rest all of the way down into the very best part. Explore that and discover new ways of feeling and being, just by gently turning your attention to the very best part. Enjoy that for a few minutes and then come all of the way back.

Overload short-term memory with impossible dimensions of feeling: location, texture, spread, depth, breadth, height, temperature, imagined color and sound. As the participants focus on more and more of these, the context and content will be crowded out of working memory and they will be left in a powerful, peaceful ecstasy that carries the flavor and physical tone of the original state. It is a generalized state of autonomic arousal that is framed by the original state.

> Now, return to the experience once more. As you do, notice that you can zoom right back to point where you left off the last time; right to the very most intense part. Step all of the way in and rest down into it. Notice the rush of feelings and sensations.
>
> And as you turn your attention, … just gently turn your attention, … to the center of the feeling, you can begin to notice, … really notice, … its temperature, … its color… Notice whether it makes a sound … or a hum. And you can notice, really notice, … how the feeling moves … Whether it is centered in your body, or beyond your body… Whether it moves in a circle … or a loop … or a spiral … whether it turns clockwise or counterclockwise … and whether it turns like a wheel … or like a turntable … And as you notice the pattern of this movement … you can reach out with imaginary hands … and begin to trace this movement … with those imaginary hands … and if the movement of the feeling … is not a complete movement … you can take those imaginary hands … and guide that feeling … through its own pattern, … back into its own center, … so that it grows …. and increases … and flows and multiplies … And you can use those imaginary hands … to take hold of the feeling … and move it faster … and faster … through its own center so that it doubles … and doubles again … and grows stronger … and stronger, … and the pictures fade … and the memories fade … and you find yourself floating … and resting, … down, … all … the … way … down, … into pleasant, … safe and ….warm … Resting … into your own ability … to feel … good … now.

Allow participants to remain in state for a while. They may safely be allowed to remain in this state for extended periods. Then, gently call the participants back to the present time and place.

After some discussion, have them return to the experience using this last segment of the script (beginning with the word "Now") and explore it by "gently turning" their attention to the best part. Do this several times to enhance their facility with the tools and their enjoyment of the state. Next, in sequence, the participants are taught

to anchor several predefined states that they have accessed and enhanced during the preceding sessions. These include:

- The experience of focused attention.
- A single good decision made in a systematic fashion.
- A moment of skill consolidation or streamlining of a learned behavior (e.g., riding a bike, driving a manual transmission).
- An experience of pure fun or enjoyment.
- An experience of confidence or personal competence.

These resources are enhanced to ecstatic levels—to the point where there is virtually no shadow of the original content or context. Each state is anchored to a distinct hand gesture. The anchors serve three purposes:

1. They make the resource transportable and accessible in multiple contexts.
2. They create a relatively mechanical means for evoking and enhancing the anchored state.
3. They create an automated access for later integration of these preliminary anchors into a more complex state (stacking anchors).

The anchoring technique used in the Brooklyn Program departs from standard NLP use in that it adheres to a standard, Pavlovian conditioning paradigm. This guarantees that the responses are truly automatic and that they can be used in spite of the participant's current mood or attitude. The basic pattern is provided in Figure 1.

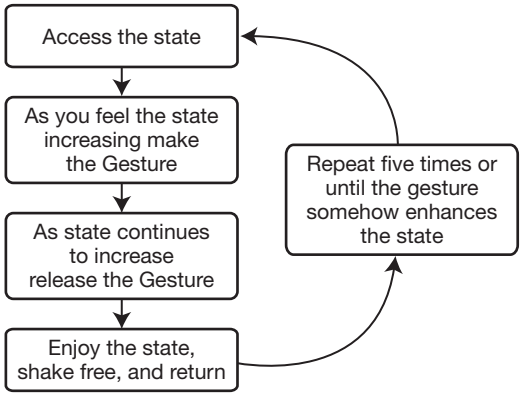

Figure 1: *The self-anchoring process*

Once the anchors have been practiced and enhanced several times, participants are encouraged to practice them in multiple situations so that they generalize into other life contexts. This ensures that the new behaviors—access to the resource states—generalize beyond the confines of the weekly session. A strong emphasis on homework and independent practice serves the same end. Participants are also encouraged to create several of their own anchors to make sure they understand that all of this is under their personal control and that the resource states are theirs alone. A crucial element here is an emphasis on the development of efficacy tools and beliefs about the participants' own feelings.[4]

At about the seventh week, the anchors are stacked into a single anchor which has been labeled "NOW" and which, according to my understanding, creates a basic felt experience (constellation) of Jung's Deep Self. Jung indicated that every person is being moved by unconscious processes toward the realization of a whole, integrated expression of all that they can be as psychological and spiritual beings. This inner potential serves as a life compass, in those able to use it, for personal development on all levels. The sense of this personal direction is evoked to provide an affective basis for creating a truly meaningful and compelling set of outcomes. This is done in the last sessions where we use the NLP well-formedness conditions to create a future that matches the function of the positive outcome in Prochaska's strong principle of change[5] and the observation that movement through the stages of change is propelled most significantly by the identification of a meaningful and compelling future.[6]

The process continues with the collection and anchoring of another series of resources from various time periods in the participant's life. These consist of times when the participants felt good about themselves—things that they did well, things that they learned easily, meaningful jobs and roles that they held, and things they wanted to be when they were kids. These are again anchored, enhanced, and integrated into the NOW anchor.

Finally, the felt state associated with NOW is used to create well-formed outcomes across several life domains: home, occupation, spiritual, relationships, intellectual, and health practices. Each outcome is created by accessing the NOW anchor and imagining life in each of these domains through the affective window of the felt state NOW. This results in future outcomes that are consistent with a deep, felt sense of personal identity. Superficial outcomes—wealth, sex, possessions, and

so on—are discarded in favor of behavioral outcomes that characterize the kinds of behaviors that give expression to the constellated sense of the Deep Self. The remaining exercises are devoted to enhancing the vision of the future and consolidating the learnings.

A Few Observations

When used with individuals, these exercises will easily result in significantly decreased use of the problem substance or behavior or total abstinence. In the federal system, where the only measure of success is complete abstinence, the program garnered a healthy 29.6% abstinence rate for completers one year post-treatment. These were all federal offenders who, for the most part, had no interest in treatment. When you begin with a client who wants to change, things get a lot easier. These results have been reported in several peer reviewed journals.[7]

One of the important insights that came from running the program is that the skills, especially the state enhancement and anchors, must be practiced for their own sake. The program always works best when the client has first learned to enjoy the skills and states for themselves. *Let them understand the program as a precursor to treatment, as coping skills that they can use independent of drug treatment, or something that is just for them.*

We also never direct the clients in how to use the anchors, but allow them to discover their utility. The states should be practiced in session and at home, so that the behaviors are over-learned and become automatically available. After several weeks of practicing the anchors, after the clients have come to rely on them as tools in their own right, they can be used to counter urges and change behaviors. We prefer not to do this early in the program lest the states and anchors become devalued as *only* part of a drug treatment program.

Precautions and Exclusion Criteria

There are no magic bullets and no panaceas. Not even this. It should be noted that some drugs, especially alcohol and benzodiazepines (drugs like klonopin, xanax, and valium) can have life threatening withdrawal syndromes. Patients with severe or long lasting addictions to these substances will need medically assisted detoxification

before they start the program. Other drugs have withdrawal syndromes associated with them but they are generally not life threatening. Use your best judgment.

These techniques have been used with an otherwise stable criminal population that was free of serious mental health problems (Axis I disorders). It is not recommended for persons who are heavily medicated or under psychiatric care. If the client is receiving treatment for other problems, you should coordinate care with the other providers.

Although the program was designed for use in a group context, it works well with individuals. For individuals, sometimes just creating and using the anchors expands their perceived options so that they can move toward better behavioral choices. In every case, however, I prefer to have the clients build personally relevant futures using the altered states and well-formed outcomes. Having a motivating future or set of futures can be the difference that makes a difference. Sobriety itself is not a sufficient reward.

An important part of the program is the capacity to test for compliance. No drug treatment program can be successful without monitoring. If you do not test urine, hair, sweat, breath, or blood regularly for the target substance you have no measure of your progress or the client's compliance.

This program provides clear success criteria at each stage. There are seven behavioral criteria. In a group context, provisions were made to assess progress with the skills and coach participants on anchoring during the first of two scheduled one-on-one sessions. If participants remained unable to meet the root criteria after the eighth session they were instructed to repeat the program or to seek another form of treatment. In a one-on-one or voluntary setting these may not be important considerations.

Here are the behavioral criteria (the exercises referenced indicate the phases of the program for which the criteria are relevant):

1. Name the five states and illustrate the appropriate hand gestures; do this in order (Exercises 2 and 3).

2. Describe your physiological responses as the state arises (Exercises 1–5 and throughout the program).
3. Physiological signs: changes in posture, facial expression, heart rate, breathing, and skin tone. Although they differ from person to person, state changes will be observable.
4. Response latency: persons who have entered the deep states required will either not respond to external stimuli (loud noises) or will respond with marked latencies (e.g., eye movements several seconds after the sound).
5. Perseveration: persons who access the states often take a few seconds to return to normal consciousness. Persons who immediately return to normal voice tone and reaction time are suspect.
6. Mood change: the state enhancement and anchoring exercises (1–5) and all of the subsequent exercises lead to strong positive feelings. People who begin the session in negative states quickly change to more positive affects. Persons who retain a negative mood are suspect.
7. States arise automatically in response to the anchors; there is no preparation time or conscious effort to access the state.

Inspirations for the Program and from the Program

The program grew out of Jungian theory and my own experiences with drugs and redemption. One of the important things that happened after starting the program was a trip to a National Institute on Drug Abuse (NIDA) presentation on the midbrain dopamine system. At that time, the program was framed as a cognitive-behavioral approach with NLP elements added. After learning about the early research on incentive salience and how drugs actually worked, I realized that I did not have to teach or convince anyone about anything. *All I had to do was give them the opportunity to experience something that was available to everyone and important to them, and the experience itself would make the change.*

One of the more striking results of the program was the near universal and spontaneous use of anchors for anger management. Almost as soon as the participants found out that they had a reliable means to control their emotions, they began to

use the anchors to create choice about anger. This is all the more striking in light of the commitment to never instruct participants on how or where to use the anchors.

One time, in the course of teaching the process of anchoring, two otherwise skeptical clients put their fingers together to evoke the state and were so surprised by the onset of the state that they literally jumped out of their seats. They were assured that they were completely in control of the process.

Another offender, who had violated several parole terms because of cocaine use, came into the session and called me aside and said that he had a problem. Encouraged to speak, he indicated that the previous night he had gone to the place where he usually bought his drugs and found himself confused. He did not know what to do. When asked what then happened, he indicated that he just left. He was congratulated for his decision. After graduating from the program the offender completed his parole without incident and as far as can be ascertained has not been rearrested.

During the regular weekly sessions, the anchors were used to provide access to ecstatic pseudo-meditative states. Outside of the treatment context, they often had the effect of bringing the subject out of depression or anger into a neutral state. One participant (who slipped past our attempts to screen out psychiatric problems) suffered from bipolar disease. In the course of a trip home, her mother died and, simultaneously, she began to experience her depressive phase. When she returned from the trip she reported her difficulties and was glad to say that she had not used any drugs (confirmed by urinalysis). She indicated, however, that she was disappointed in the anchors. She reported that when she found herself getting lost in depression, she fired off the anchors expecting a state of deep peace and meditative ecstasy. Instead, the anchors brought her to a relatively positive, neutral state that made the remainder of her visit quite bearable.

Toward the end of the program, after stacking the anchors to establish a deep sense of self, several clients were powerfully moved as they came to the realization that the program had allowed them to reconnect with their pre-addiction identities. In tears they thanked me for returning their pasts to them.

Notes

1. Peele and Brodsky (1991); Chiauzzi and Liljegren (1993).

2. American Psychiatric Association (1994); Schaeffer Library of Drug Policy (2005).
3. Prochaska et al. (1994).
4. Bandura (1997).
5. Prochaska (1994).
6. Gray (1996).
7. Gray (2001, 2002, 2010).

References

American Psychiatric Association (APA). (1994). *Diagnostic and Statistical Manual of Mental Disorders*, *Fourth Edition* (DSM-IV). Washington, DC: American Psychiatric Association.

Bandler, R. and Grinder, J. (1982). *Reframing: Neuro-Linguistic Programming and the Transformation of Meaning*. Moab, UT: Real People Press.

Bandura, A. (1997). *Self-Efficacy: The Exercise of Control*. New York: Freeman.

Chiauzzi, E. J. and Liljegren, S. (1993). Personal perspective. Taboo topics in addiction treatment: an empirical review of clinical folklore. *Journal of Substance Abuse Treatment* 10: 303–316.

Gray, R. (1996). *Archetypal Explorations*. London: Routledge.

Gray, R. M. (2001). Addictions and the self: a self-enhancement model for drug treatment in the criminal justice system. *Journal of Social Work Practice in the Addictions* 1(2): 75–91.

Gray, R. M. (2002). The Brooklyn Program: innovative approaches to substance abuse treatment. *Federal Probation Quarterly* 66(3): 9–16.

Gray, R. M. (2005). Thinking about drugs and addiction. *AnchorPoint*. Available at: www.nlpco.com/library/therpapy/addictions.html (accessed 09/02/11).

Gray, Richard M. (2008). *Transforming Futures: The Brooklyn Program Facilitators Manual*. Available as a free download at www.lulu.com/product/paperback/transforming-futures-the-brooklyn-program-facilitators-manual/3978079?productTrackingContext=search_results/search_shelf/center/1 (accessed August 10, 2011).

Gray, R. M. (2010). The Brooklyn Program: applying NLP to addictions. *Current Research in NLP: Proceedings of 2008 Conference* 1(1): 88–98.

Peele, S., Brodsky, A. and Arnold M. (1991). *The Truth about Addiction and Recovery*. New York: Simon & Schuster.

Prochaska, J. O. (1994). Strong and weak principles for progressing from precontemplation to action on the basis of twelve problem behaviors. *Health Psychology* 13(1): 47–51.

Prochaska, J. O., Norcross, J. C., and DiClemente, C. C. (1994). *Changing for Good*. New York: William Morrow.

Schaeffer Library of Drug Policy (2005). Addiction criteria. Available at www.druglibrary.org/Schaffer/library/addcrit.htm (accessed August 10, 2011).

Further articles, training audios, and audio tracks of the basic techniques and other materials can be accessed for free at: http://richardmgray.home.comcast.net.