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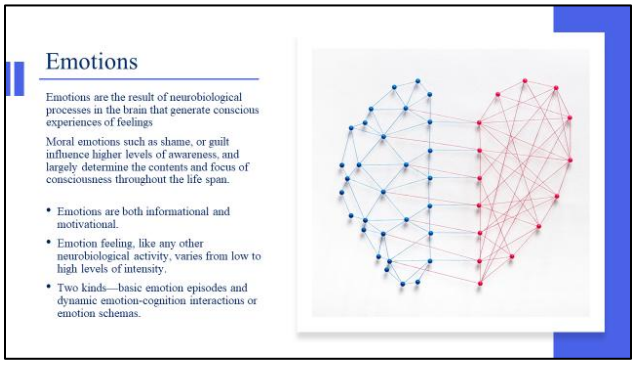
Emotional Compulsion and Addiction within the Context of Mental and Metabolic Health Recovery. Dr. Heather Hamilton ©2026



We begin the 4th of 16 BreakThrough! sessions exploring emotions, compulsive, and impulsive behaviors, as well as relevant brain-body states drawn from the science of addiction recovery. This presentation draws from peer reviewed research and expands on course topics 4.10, 4.11, and 4.12.

Emotions

Emotions are the result of neurobiological processes in the brain that generate conscious experiences of feelings (emotional sensations) [3]. Emotions have their roots in evolution and neurobiological development, and inherently, they're more adaptive than maladaptive [3]. Emotions are both informational and motivational and can help organize rapid actions and responses that are critical for our survival and to restore a sense of wellbeing [3].



Emotions can be simple or complex, varying greatly in intensity, complexity, and usefulness. Complex or higher order emotional- cognitive interactions form schemas that are heuristic in nature [3]. Schemas are essentially shortcuts for appraising a situation and responding (almost instantaneously) without the need to consider all the independent variables before taking action.

Schemas can be helpful in guiding responses, or they may become maladaptive and lead to psychopathology [3].

The emotion of interest is continually present in the normal mind under normal conditions, and it is the central motivation for engagement in creative and constructive endeavors and for the sense of well-being. Interest and its interaction with other emotions account for ***selective attention***, which in turn influences all other mental processes [3]. The discrete emotions of shame, guilt, and contempt (sometimes called the social or self-conscious emotions) and the pattern of emotions in love and attachment may be considered basic in the sense that they are fundamental to human evolution, normative development, human mentality, and effective adaptation [5].

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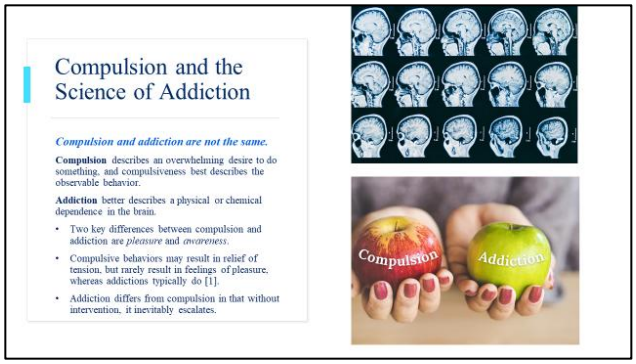


Our emotions have a clear role in driving and maintaining motivation to survive, thrive, feel safe, and return to a state of physiological balance (homeostasis). So it follows, that our negative emotional states serve multiple important purposes [3]. They alert us to physiological, psychological, and environmental threats, and serve as an alarm system so that we respond or react instantaneously to external stressors.

Compulsion

Emotional schemas can readily evolve into compulsive and predictable patterns of behaviors intended to placate or satisy emotional needs. For clarity, compulsion is different from addiction. Compulsion describes an overwhelming desire to do something, while addiction better describes a physical or chemical dependence in the brain.

Two key differences between compulsion and addiction are pleasure and awareness. Compulsive behaviors may result in relief of tension, but rarely result in feelings of pleasure, whereas addictions typically do [1]. Addiction differs from compulsion in that without intervention, it inevitably escalates [2].





Compulsive behaviors are rooted in a need to reduce tension caused by inner feelings or situations that a person wants to avoid or control [2]. "Can't", "must" and "I've got to" are expressions often associated with compulsions. "I've got to buy a scratch ticket at the gas station on 54th street" "I must exercise today, or my day will be ruined!" "I can't relax until I clean the house."

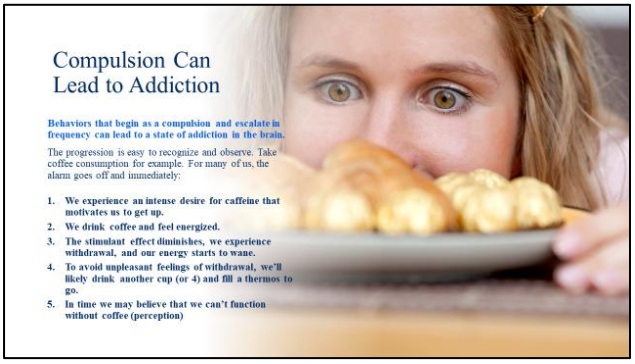
Compulsive thoughts and behaviors may develop early in life as a child attempts to deal with instability, abuse, neglect, or abandonment. A child in this environment has to develop hypervigilance, an exquisite hypersensitivity to environmental cues, and develop strategies to minimize exposure to pain. Over time, these strategies manifest in compensatory routines, rituals and thought processes designed to maintain a sense of "control" with respect to confronting, or

avoiding stressors. When these strategies work, "heuristics" (mental and emotional short-cuts) develop that result in compulsive behaviors designed to restore well-being.

These strategies often work well to help a child survive and later, thrive, but they can become potentially destructive in adulthood. In general, compulsive responses and behaviors limit enjoyment of life and intimacy in relationships (but they do not necessarily destroy them) [2].

Behaviors that begin as a compulsion can lead to a state of addiction in the brain. The progression is fairly easy to recognize and observe in ourselves and others. Let's take something as simple as caffeine. For many of us, the alarm goes off and immediately:

1. We experience an intense need for caffeine that motivates us to get up.
2. We drink coffee and feel energized.
3. The stimulant effect diminishes, we experience withdrawal and our energy starts to wane.



To avoid unpleasant feelings of withdrawal, it's likely we'll drink another cup (or 4). If we're expecting a long commute, we may even fill a thermos to ensure we avoid withdrawal on our way to work or school. Day after day we repeat this sequence of behaviors (habit) until we can no longer imagine a morning without a cup or thermos of coffee.

The idea of overnight fasting for a blood test and missing out on the morning "hit" might even surface feelings of sheer panic. At this point, we've likely reached the mental state where we've convinced ourselves we can't do anything productive or functional without our morning coffee. We've trained our brain, and ourselves, that caffeine supplies the energy we need to function. No coffee; no workee! It's our perception however, not actual fact, that has us to believe that we can't function without coffee.

There are all sorts of compulsive thoughts and behaviors. We're generally aware of the common compulsions such as excessive gambling shopping eating, gaming, cleaning, exercise etc., but it's not often that we talk about emotional needs, such as validation, reassurance and connectedness, in the context of compulsive behaviors and emotional addiction. Using the example of coffee, let's look at what can happen when we're confronted with a situation that's perceived as threatening.

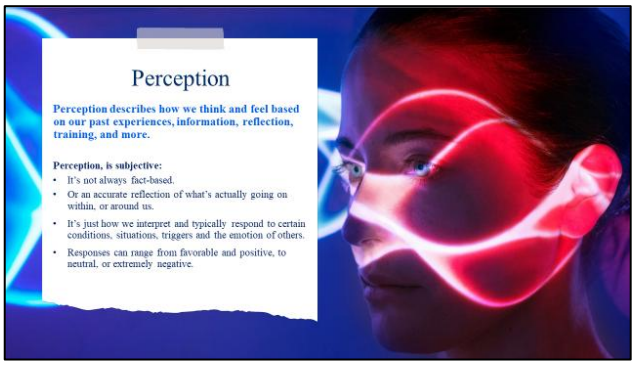
We experience unwelcome criticism or ____ (trigger) and immediately:

1. Experience an intense drive to defend our actions, beliefs, or integrity.
2. We immediately employ offensive, or defensive behaviors (confrontation or withdrawal) that temporarily restores a sense of safety or well-being.

3. When the restorative effect diminishes, discomfort with self-doubt (or a lack of connection) may take hold. Insecurities in turn trigger a deep need for external validation and reassurance.
4. If these external needs aren't met, the spiral of emotions and "justification" may continue to escalate, prompting more "acting out" behaviors.

Perception

Perception is heuristic in nature and representative of emotional schemas. Perception describes how we think and feel based on factors largely rooted in our past experiences, information, reflection, training, and more. Perception is subjective in that it's not always fact-based, or even an accurate reflection of what's going on within, or around us. It's just how we interpret and typically respond to certain conditions, situations, triggers and the emotion of others. Our responses can range from favorable and positive, to neutral, or extremely negative.



Stressors can be negative or positive, so optimally our emotional responses should help us avoid extremes of pleasant or unpleasant mood sates and experiences [3]. But what happens if we find ourselves repeating self-defeating or destructive patterns of behaviors in response to our emotions? What happens if we realize that we're "thinking" ourselves into deliberate emotional states so we can justify behaving in a way we know will provide internal relief from stress? Do these behaviors suggest that we're becoming addicted to the process of acting out to achieve internal relief or reward of some kind?

Emotions, Autonomy, and Loss of Control

When we don't experience some autonomy or sense of control across key areas of our lives, it's natural to build resentments and hypervigilance. Children who have to learn to fend for themselves, while desperately wanting connection and validation, often experience internal distress and conflicting emotions. To establish emotional connections that support nurturing, love, and affection, it requires one to be vulnerable, with the willingness to confront rejection or in some cases, abandonment. Internal distress arises from navigating the delicate balance between discomfort with vulnerability and connectedness, and the safety and predictability of autonomy. This internal conflict may persist well into adulthood and create confusing patterns of relationship behavior that escalate and lead to conflict. Some pervasive thoughts might be:

"I can do this on my own"
"It's not safe to trust, or depend on others"
"I'm not willing to relinquish control"
"I don't expect others to live up to my standards or expectations."

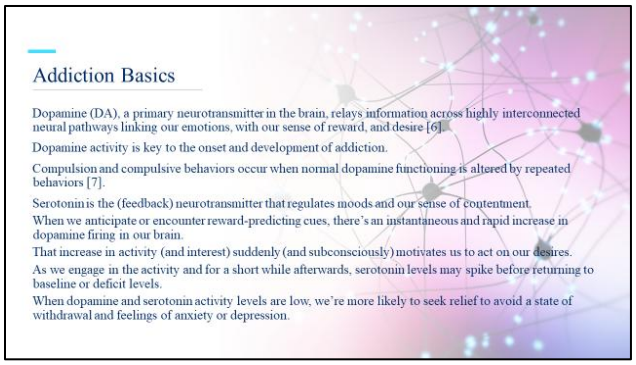
"People just want to take advantage of me; I don't need to feel used"

In the beginning of most intimate and committed relationships there's the desire and motivation to connect, to share life experiences, memories, and more with a partner. There's an unconscious drive to experience unconditional love, and as a 'reward' for being brave and vulnerable…the expectation of receiving validation and reassurance. The challenge for those who had to become autonomous to survive, is learning to identify and reconcile the discomfort that follows episodes of vulnerability and connectedness, while maintaining the perceived safety of autonomy.

This cycle is unpredictable but it can be fueled by a desperate and overwhelming need to be left alone so the sense or 'perception' of autonomy and safety can be restored. The triggers are often a result of criticism, character assassination, or perceived rejection of some type. Behavioral expressions of this internal conflict can include withdrawal of attention or affection, periods of isolation, detachment, and disinterest. When autonomy is restored, then the longing for affiliation and connectedness may re-surface, and eventually the cycle of acting out begins again.

Resentments that challenge our autonomy or "how things should be" can fuel desperate needs to feel "empowered". The expression of anger allows us to experience that sensation – even momentarily. Unfortunately, all too often, our resentments and unresolved anger prompts the inner critic "Bitching Betty" to justify subsequent "acting out" behaviors. These behaviors can range from the consumption of substances, to shopping, emotional eating, gambling, and even high risk behaviors such as shoplifting, reckless disregard for rules, and for some; self-harm.

While we're focusing on compulsiveness, (an observable behavior associated with addiction), it's important to review aspects of brain functioning in the context of addiction. Dopamine (DA), a primary neurotransmitter in the brain, can be thought of as a chemical messenger that relays information across highly interconnected neural pathways linking our emotions, with our sense of reward, and desire [6]. When we anticipate or encounter reward-predicting cues, such as seeing a person walking by with a huge ice-cream in hand, there's an instantaneous and rapid increase in dopamine firing in our brain. It's that increase in activity (and interest) that suddenly (and subconsciously) motivates us to find the nearest ice-cream store so we don't miss our opportunity to experience pleasure.



In Session 2, we learn that the reward circuitry in the brain spans two key brain regions, (1) the prefrontal region and the amygdala, and (2) the limbic system integrating the amygdala with the hypothalamus [6, 7]. Essentially these are the interfaces between US and Betty; Betty and Brian. When dopamine activity levels are low, we're more likely to seek, consume, and even binge to avoid feeling depressed or in a state of withdrawal. In substance addiction, compulsion and compulsive behaviors take place when normal dopamine functioning is altered by repeated and excessive intake of substances [7]. Dopamine activity affects our motivation and desire, but not our experience of pleasure. In our brain-body connections, serotonin is the neurotransmitter that regulates our moods and sense of contentment.

Emotional Addiction

Emotional addiction is a state where there is a dependency, on some emotions – or more specifically, on the chemicals produced by the brain when particular emotions are triggered, better referred to as "hit emotions." [8]



This chemical reaction to certain emotions gives our brain a similar "reward" feeling to the one it gets when using drugs [8]. The reason why some of us might become addicted to certain emotions is the same reason why a person might become addicted to a substance or a behavior like sex or gambling: for comfort, release, reassurance, distraction, or escapism [8].

If we grew up in homes where lack of stability, chaos, and being in a constant fight or flight state was the norm, safe, healthy, and connected relationships might feel boring and even scary [8]. Our bodies and minds learn to make crisis and chaos their home. Our brain becomes addicted to the adrenaline and cortisol spikes released in these types of situations.



Unconsciously, we learn to need "hits" of strong emotions to feel alive even if these are "negative emotions" or emotions that bring us suffering and discomfort. This is why crises tend to make some people feel good or even

needed – they provide a distraction from deeper unresolved feelings and trauma, and it is a familiar way to connect with people, typically learned in childhood. Because connection with family members only happened through crisis and drama, these people will seek adult relationships and careers that mimic these same emotional patterns [8]. People who were raised with cycles of emotional addiction might feel repelled, bored or unattracted to safe and stable relationships (because it feels unfamiliar, and unfamiliar equals scary). Our bodies gravitate towards what feels familiar (because familiar equals safety), so we might actively look for emotions, people, or experiences that trigger those familiar, albeit negative, feelings to find said comfort, release, reassurance, or, escapism [8].

Introspection Exercises

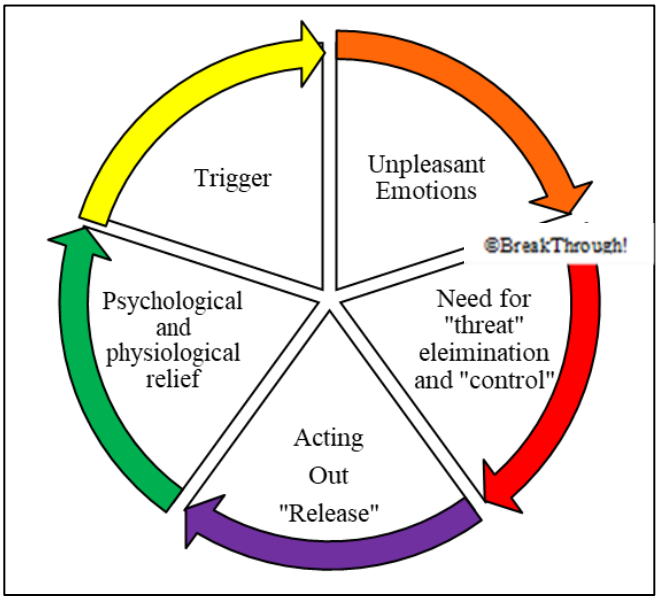
Recognition: Do you identify with any of the features of compulsion or emotional addiction?

Recognition: When your life is stable do you try to disrupt things (AKA, you self-sabotage) by watching the news, picking fights in your relationships, gossiping, etc.?

Recognition: When things feel calm do you tend to look for ways to generate a cortisol and adrenal spike within your system, even if the spike does not necessarily feel pleasant? (Stress, anger, and frustration as emotions one can be addicted to).

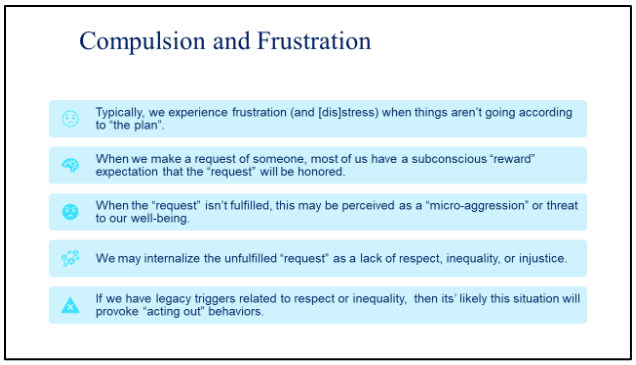
<u>Frustration and Compulsion</u>

Typically we experience frustration (and [dis]stress) when things aren't going according to "the plan". For example, when we make a request of someone, most of us have a subconscious or "reward" expectation that because we made the "request" that the "request" will be completed, or honored as promised. When the "request" isn't fulfilled, this frustration and disappointment can become a subtle (and subconscious) "threat" to our "expectations" of how things "should" be.



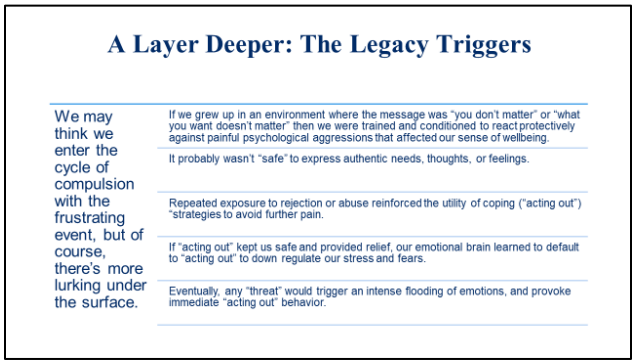
With most emotional cycles there's a recurring theme or pattern. It begins with a triggering event (or threat), a sudden <u>rush of unpleasant emotions</u>, an overwhelming <u>need to reassert "control"</u>, "<u>acting out</u>" and ultimately, <u>emotional and physiological "relief"</u>.

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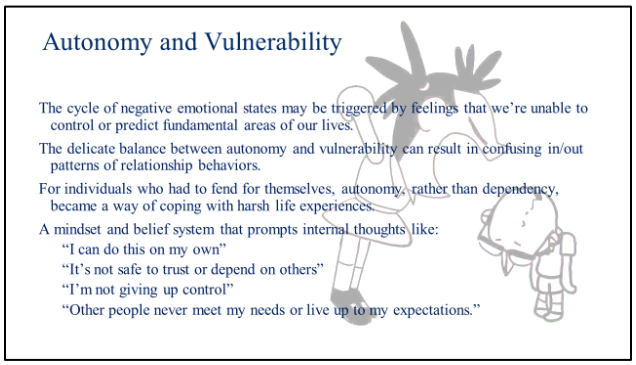
Unmet requests can be conceived as "micro-aggressions" or threats to our well-being. We may perceive and internalize the unfulfilled "request" as a lack of respect, inequality, or injustice. On its own, a single incidence that provokes frustration may be attributed to forgetfulness, carelessness, a lack of attention, passive resistance, or procrastination.

When there's a pattern of unfulfilled expectations, it's natural that resentments will emerge and consolidate into "triggers".



This is where we may think we begin the cycle of emotions related to frustration, but of course, there's more lurking under the surface. If we grew up in an environment where the message was "*you don't matter"* or "*what you want doesn't matter"* then we were conditioned to react protectively against painful psychological aggressions that affected our sense of wellbeing. In this type of environment it probably wasn't "safe" to express authentic needs, thoughts, or feelings. This is particularly true if we were raised by a narcissistic parent (or two). It's unlikely that they were attuned or interested in our feelings unless what we said reflected on them well. It's much more likely that their behavior was dismissive, disinterested, or they were simply incapable of offering or "mirroring" genuine expressions of empathy, validation or warmth.

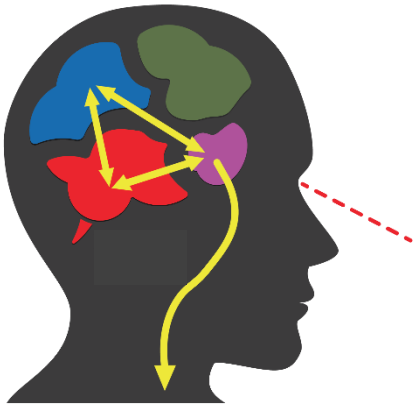
For the individual who grew up in a household where one or both parents were suffering with active substance addiction, it's even more likely that there were pervasive fear-based feelings of insecurity and at times, confusion. Fears of abuse, violence, or punishment, episodes of sheer terror with respect to the uncertainty of the home environment and meeting basic needs such as shelter food, clothing, transportation and more. With enough exposure to rejection, (a threat to our wellbeing) it's natural that over time we developed coping ("acting out") "strategies to avoid further pain. When "acting out" or alternatively, isolating ourselves worked to keep us safe, our emotional brain learned that this these behaviors would down regulate our stress and fears, and douse the internal fire of neurological, hormonal, and adrenal responses.



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The problem though, with repetitive "acting out" is that our friends, Betty (Amygdala), Brian (HPA) and the Hippo (Hippocampus) began to lose the ability to distinguish between actual and perceived threats. Eventually, any "threat" however large or small, can trigger an intense flooding of emotions, and result in immediate "acting out" behavior. Ultimately with "release", the brain would experience the calming "reward" of relief from tension and anxiety.

Remember the role of our brain is to ensure our physical survival. Our brain learns to crave anything, (an activity or substance) that quickly alleviates (dis) stress and emotional tension and returns us to a state of "normalcy".



On its own, the brain does not SLOW DOWN to "think" and carefully consider alternatives before responding to threats. Perceived or actual threats will almost always ignite the protective triangle of neural circuitry between the amygdala, HPA and hippocampus (Betty, Brian, and the Hippo) to release emotions, restore "control" thereby achieving" relief".

Recognition: Practice self-awareness. Begin by observing how you feel around stability and safety. Is it triggering? Do you tend to self-sabotage by picking fights with your partner or family members?



Recognition: When you're experiencing tension, and the urge to act out, what 3 activities or alternatives would help relieve stress?

Resistance: Unlearning patterns is a process that takes time, and that's okay! What can you do to remind yourself to be more compassionate, gentle, and patient with yourself?

Resistance: If necessary, are there boundaries you need to adopt with people, situations, or places that trigger adrenaline and cortisol spikes?

Resilience and Recovery: Do you need to remove yourself from unhealthy relationships or places that feed this cycle of compulsion or addiction?

4.12 The Progression of Relapse Thoughts, Feelings, & Behaviors

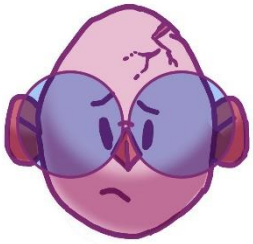


Doing Well

- Feeling okay
- Connected and engaged with others
- Working on goals – encouraging self
- Present and mindful of emotions and eating

Caution

- Fantasizing about "junk" food
- Not sleeping well – mind racing at night
- Isolating or withdrawing from places or friends
- Working harder than usual - Stressors increasing
- Dissatisfied with progress toward goals
- Missing important appointments or groups
- Hobbies are on the back-burner
- Avoiding vacation/family or holiday gathering



High Caution

- Old thought patterns returning - Feel like a victim
- Making decisions in response to reactive "old" thoughts
- Change in routine
- Denial of health problems
- Overreacting to everyday situations – moods change quickly
- Overanalyzing – defensive

Danger

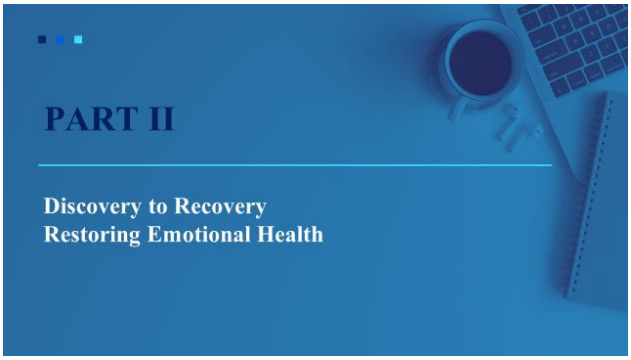
- Pervasive fatigue – sleep disturbance
- Withdrawn, "checked out," avoiding most people
- Irritable, verbally abusive, or cold
- Lying to others
- Fears of failure (or other fears) feel overwhelming
- Absent from the present; past and future thoughts and emotions are racing
- Unresolved past issues resurface



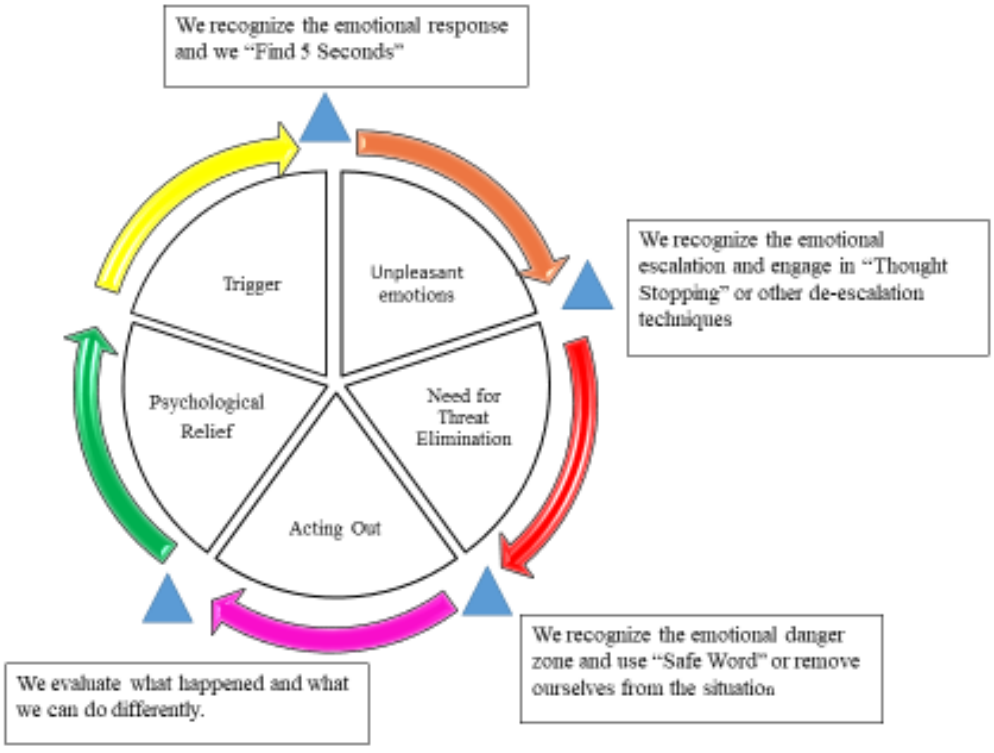
Remorse

- Acknowledge relapse has or is occurring
- Recognize need for help & schedule mental or medical health support
- Review what was working – rejoin support group
- Implement Daily Reflection tool

4.11 Breaking the Cycle of Emotional Behaviors with Choice Points.



Start at the green arrow. Most of us want to wake up with a sense of anticipation, confidence, and a sense of empowered goal-oriented hope. "Today's the day!" we tell ourselves with the best of intentions. Later in the day, "I guess today wasn't the day".



Recognizing our personal triggers and choice points helps us build **Resistance**. Let's say we start the day off in the green band but then something negative happens. We might begin to feel some anxiety or depression. At this point we can recognize the old feelings and make the choice to move forward and stay the course. If we don't then we'll likely pass into the yellow zone. We may let our resentments take hold as our mood shifts negatively. If this continues, we may start to fantasize about what we want to say, or do. Subconsciously and then and

consciously, we wanting to "act out" our resentment. Now the emotions intensify and we have another choice point. If we follow through on our compulsion, we'll fall into the red band and "act out". When the "high" or relief subsides we're falling headfirst into the purple phase of remorse. At this point we experience not only withdrawal but eventually, remorse, guilt and hopelessness may follow.

Cognitive Restructuring

Cognitive restructuring begins with the founding fathers of psychology. Not Beck, or even Adler, but the even older ones: Aristotle, Socrates, Plato, among others. The Greeks coined the term *psyche* to describe "soul" and later, *therapeia* as "care for the soul. Therapeia described the process of helping a person understand their afflictions, learn to listen to their inner wisdom and desires, and then develop the mindset to become their own best "therapist". Socratic inquiry would encourage and challenge a person to identify what their depression or "affliction" was trying to teach them about their choices or life situation, and what they could do differently. Following these origins of psychology, the BreakThrough! 4R© approach is highly structured and includes:



Recognition: (new information) provides insight into behavior and traits. Teaches us how to identify and make healthy (long-term) choices to reach our goals.

Resistance: takes advantage of brain plasticity. Affirmative self-talk and new skills help re-wire and re-orient impulsive or emotionally – driven behaviors

Resilience: is a result of consistent and purposeful resistance. Describes new brain regulation that supports and advocates life-sustaining, healthy choices

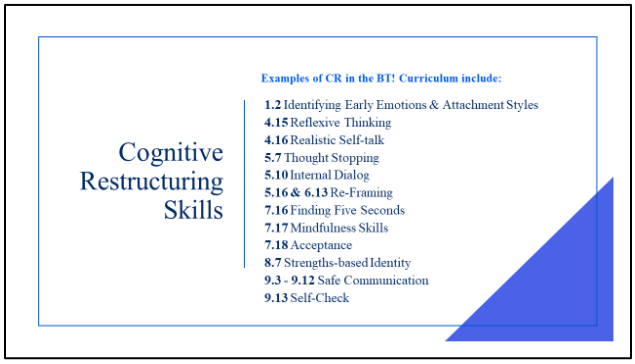
Recovery: encompasses both an improved capacity for optimal self- regulation as well as a new operating range

BreakThrough! Encourages Cognitive Restructuring

Cognitive restructuring encourages patients to become stakeholders in their own recovery. This is particularly true when mental health disorders contribute to the development of lifestyle disorders such as obesity and type 2 diabetes.

Cognitive restructuring helps patients actively address faulty perceptions, beliefs, and thoughts, such as "I always fail" or "I'm too old" that can lead to the onset of depression, anxiety, relationship problems, and self-defeating behaviors. Forms of cognitive restructuring (learning to think about or do things differently) are present in a number of therapeutic models, including Integrated Weight Management Therapy (IWMT; Hamilton 2015). IWMT is an

approved, evidence-based, and inclusive approach that sets the foundation for the Breakthrough! Lifestyle Recovery course.



BreakThrough! topics and online sessions progressively focus on brain health, and recovery from depression, anxiety, trauma, stressors, and social influences (relationships, family, work, etc.) that often contribute to cycles of emotional and behavioral problems.

Cognitive elements include:

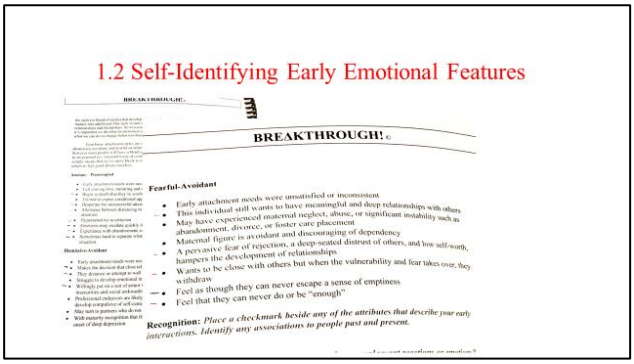
- Identifying self-defeating thoughts and behaviors
- Recognizing bias in thought processes
- Understanding negative legacy influences and one's self-view
- Resisting thought patterns that cause emotional distress
- Overcoming defense mechanisms

And more importantly what participants can do differently:

- Identify mood states or patterns and use coping skills to recover quickly
- Understand brain mechanisms that prompt compulsive emotional and impulsive behaviors
- Develop an accurate strength based self-view
- Reframe the narrative of the inner critic to one of a coach
- Develop goal oriented behaviors
- Actively manage stressors with mindfulness techniques and healthy activities

Selected BreakThrough! Skills for Overcoming Compulsion and Emotional Dysregulation.

1.2	Identifying early emotions and attachment styles
4.15	Reflexive thinking
4.16	Realistic self-talk
5.7	Thought stopping
5.10	Internal dialog
5.16	Re-framing
4.11	Choice points
7.16	Finding 5 seconds
7.17	Mindfulness skills
7.18	Acceptance
8.7	Strengths-based identity
9.3 > 9.12	Safe communication skills
9.13	Self-check



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Influences on Self-View



Parents, teachers, coaches, family, peers, and mentors influence how we see and feel about ourselves.

This can be a result of what's said to us or conveyed by body language such as disappointment, ridicule, shame, frustration - even anger.

At least until puberty we tend to believe that what we're told about ourselves is accurate.

If the influences are overly negative or relentless critical…it's almost impossible to develop confidence and a positive self-view.

Betty didn't start out life as our critic; she was trained to be a mean!

Mixed Messages



Some of us grew up with extremely inconsistent parenting influences and "mixed" messages.

This environment can be even more damaging to developing an intact sense of identity than one of purely negative messages.

Say for example, a parent presents the image of success, confidence, and charm outside the home, but turns into a demanding, vicious and abusive alcoholic behind closed doors.

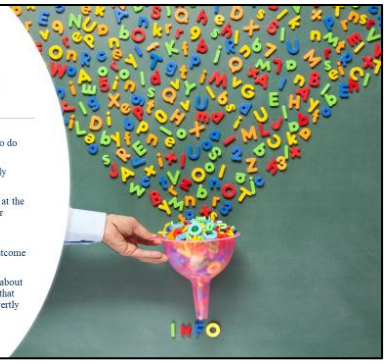
As a child we lack the experience and wisdom to distinguish between extremes of positive praise and abusive belittlement.

Mixed messages make it difficult to define a true sense of identity and reality. Am I a good child or should I consider suicide?

The message in public might be "Oh yes, my daughter Mary is a wonderful young girl." Hours later with no provocation, the message being screamed at Mary is "I wish you were never born!"

If you grew up with mixed messages, how do you think these affected your self-view, your confidence, and influenced choices you may have made?

The Filter of the Past



How we internalize and process messages has a lot to do with our personality and early experiences.

As a coping strategy, most people either automatically **Accept** or **Reject** certain messages.

In part, it depends on the context, how we're feeling at the time **and** the nature of our relationship with the other person.

It's easy to reject or dismiss someone's opinion or judgment **if** we aren't emotionally invested in the outcome of the relationship.

It's much harder to reject a negative comment – say about one's skin color, culture, faith, or appearance, when that negative position, bias or prejudice, is overtly or covertly reinforced within communities and societies.

5.9 Challenging the Cycle of Emotions



Write down your thoughts and feelings then ask yourself the following:

Are they helpful?	Are they accurate?	Are they even yours?	How long have you had these thoughts and feelings?	If anything helps you feel better – what is it?



Dispute the Inner Critic! (REBT)



Disputing is one of the tools we use to help retrain our Inner Critic.

After you identify the critical thoughts it's time to look at whether they are constructive or defeating.

New disputing dialog:

- "Stop it!"
- "That's not helpful!"
- "Seriously?"
- "Are you kidding?"

Identify Legacy Resentments



Legacy resentments may include statements like these:

I resent being told I was stupid.

I resent being hit every time I made a mistake.

I resent my mother for never protecting me from being molested and later, raped.

I resent my father's insane alcoholic rages.

Other legacy resentments may be those that were experienced in other contexts like school or other activities.

I resent that I was bullied by ____for_____

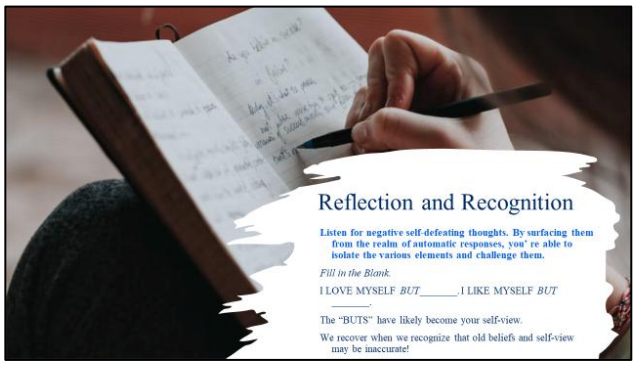
I resent that teachers would_____

Resistance and Reflexive Thinking

MTCBT identifies two thought processes; unhelpful and helpful reflexive thought processes. Which of these strategies might be helpful?

- Weighing the evidence:
- Problem Solving:
- Step-by-Step:
- What can I do?
- What can we do?
- How can I change?





Reflection and Recognition

Listen for negative self-defeating thoughts. By surfacing them from the realm of automatic responses, you' re able to isolate the various elements and challenge them.

Fill in the Blank.

I LOVE MYSELF *BUT*_____ I LIKE MYSELF *BUT* _____.

The "BUTS" have likely become your self-view.

We recover when we recognize that old beliefs and self-view may be inaccurate!

BREΔKTHROUGH! ©

The Patient as Primary Stakeholder

It takes a cross section of providers to satisfy the different elements of integrated care. That said, for mental and behavioral health recovery, the patient needs both encouragement *and* responsibilities to become the primary stakeholder in their recovery.

BreakThrough! courses are structured to shift the work of recovery from provider-led, to client-led. This feature is unique and designed to alleviate provider burn-out. Whether patients work through the course workbook with their provider, attend weekly virtual groups, or work through the learning management platform, with over 170 topics and 550 introspective exercises, the client becomes the stakeholder in their recovery!

Our BreakThrough! team hopes this presentation is helpful in understanding and working with your patients. These are just 2 of over 170 topics presented progressively in the BreakThrough! Course for Mental and Metabolic Health Recovery. For more information regarding this course, the 300 page course workbook, and our on-line virtual support groups, please don't hesitate to reach out!

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