THE AMYGDALA - EARLY CHILDHOOD TRAUMA AND ADDICTION
By Nicole K. Gilbert, Ph.D.

TRAUMATIC EVENTS - THEIR EFFECT ON THINKING BEHAVIOR
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THE TRUTH ABOUT WHY YOUR BRAIN DRIVES YOUR BEHAVIOR AND ADDICTION
By Austin Lutz BA, BCN Certified, Deborah Whitney BSBA
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Dear Readers,

I welcome you to The Sober World magazine. The Sober World is an informative award winning global magazine that's designed to help parents and families who have loved ones struggling with addiction. We are a FREE online e-magazine reaching people globally in their search for information about Drug and Alcohol Abuse.

Our monthly magazine is available for free on our website at www.thesoberworld.com or you can have it come to your inbox each month by signing up on our website.

Drug addiction has reached epidemic proportions throughout the country and is steadily increasing. It is being described as “the biggest man-made epidemic” in the United States. More people are dying from drug overdoses than from any other cause of injury death, including traffic accidents, falls or guns.

Many Petty thefts are drug related, as the addicts need for drugs causes them to take desperate measures in order to have the ability to buy their drugs. The availability of prescription narcotics is overwhelming; as parents our hands are tied.

Purdue Pharma, the company that manufactures Oxycontin generated $3.1 BILLION in revenue in 2010? Scary isn’t it?

Addiction is a disease but there is a terrible stigma attached to it. As family members affected by this disease, we are often too ashamed to speak to anyone about our loved ones addiction, feeling that we will be judged. We try to pass it off as a passing phase in their lives, and some people hide their head in the sand until it becomes very apparent such as through an arrest, getting thrown out of school or even worse an overdose, that we realize the true extent of their addiction.

If you are experiencing any of the above, this may be your opportunity to save your child or loved one's life. They are more apt to listen to you now than they were before, when whatever you said may have fallen on deaf ears. This is the point where you know your loved one needs help, but you don't know where to begin.

I have compiled this informative magazine to try to take that fear and anxiety away from you and let you know there are many options to choose from.

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help.

There are detox centers that provide medical supervision to help them through the withdrawal process,

There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

Many times a Criminal Attorney will try to work out a deal with the court to allow your child or loved one to seek treatment as an alternative to jail. I know how overwhelming this period can be for you and I urge every parent or relative of an addict to get some help for yourself. There are many groups that can help you. There is Al-Anon, Alateen (for teenagers), Families Anonymous, Nar-Anon and more. This is a disease that affects the whole family, not just the parents.

Addiction knows no race or religion; it affects the wealthy as well as the poor, the highly educated, old, young-IT MAKES NO DIFFERENCE.

This magazine is dedicated to my son Steven who graduated with top honors from University of Central Florida. He graduated with a degree in Psychology, and was going for his Masters in Applied Behavioral Therapy. He was a highly intelligent, sensitive young man who helped many people get their lives on the right course. He could have accomplished whatever he set his mind out to do. Unfortunately, after graduating from college he tried a drug that was offered to him not realizing how addictive it was and the power it would have over him.

My son was 7 months clean when he relapsed and died of a drug overdose. I hope this magazine helps you find the right treatment for your loved one. They have a disease and like all diseases, you try to find the best care suited for their needs. They need help.

Deaths from prescription drug overdose have been called the “silent epidemic” for years. There is approximately one American dying every 17 minutes from an accidental prescription drug overdose. Please don’t allow your loved one to become a statistic. I hope you have found this magazine helpful.

The Sober World wishes all our readers a Happy Valentines Day!

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Sincerely,

Patricia
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Richard, 38 years old, had gone to twelve addiction treatment programs and failed every one of them. He really wanted to quit. He went to AA but was so impulsive he was unable to stop himself from drinking. When he had his brainwaves analyzed using Quantitative Electroencephalography (qEEG) it revealed abnormal activity in an area called the prefrontal cortex, which is involved in impulse control.

The qEEG analysis of his electrical patterns in the brain (neurophysiology) was compared to a normative neurological database based on age and gender resulting in a personalized “Brain map.” This showed where the brain was having trouble communicating and functioning properly.

For Richard, the abnormal activity in the prefrontal cortex, or the part of the brain where the brakes, or pause button (the inhibitory functions) are applied wasn’t working for his decision making. This made it impossible for him to stop engaging in risky or unhealthy activities.

After seeing his brain, Richard remembered he had blacked out after a bad fall in a skateboard accident in high school and in college he had whiplash from a car accident. Because of this, the part of his brain that was supposed to keep his behavior in check wasn’t functioning optimally. The underlying problem in his brain’s prefrontal cortex was the primary reason Richard couldn’t get any real benefit from a recovery program.

Only through harnessing the power of neuroplasticity by utilizing different neuromodulation techniques did his brain learn to self-regulate, rewire and reconnect. In Richard’s case, after repetitive 19 Channel Neurofeedback and TMS treatment for Resistant Depression, the brain began to respond and the cognitive function improved. Richard could successfully engage in talk therapy and he finally became sober and stopped drinking.

Addiction is a chronic brain disorder and not simply a behavior problem involving alcohol, drugs, gambling or sex, experts contend in a new definition of addiction. There is also evidence that brain injury can increase drug or alcohol use in people that had no histories of significant substance use prior to the injury.

Brain mapping reveals how toxic exposure from drugs and alcohol negatively impact the brain and how it plays a vital role in your ability to live your best life.

“At its core, addiction isn’t just a social problem or a moral problem or a criminal problem. It’s a brain problem whose behaviors manifest in all these other areas,” said Dr. Michael Miller, past president of ASAM who oversaw the development of the new definition. “Many behaviors driven by addiction are real problems. But the disease is about brains, not drugs. It’s about underlying neurology, not outward actions.”

The brain is your supercomputer, it is involved in everything you do. Moreover, it plays a central role in your vulnerability to addiction and your ability to recover and maintain sobriety. When your brain works right, your life works right; and when your brain is in trouble, you are much more likely to have trouble in your life. Common symptoms of traumatic Brain Injury (TBI) and substance abuse include:

- Risk of migraines, seizures, balance issues, lack of coordination and memory functions
- Problems with impulsivity, a lack of inhibition, poor decision-making skills and executive function
- Increased irritability, anger, and emotional distress
- Higher probability of mental health issues, such as depression, anxiety, or post-traumatic stress disorder (PTSD)
- After a head injury (TBI), medications, drugs or alcohol may have a much more powerful effect, creating a cycle of physical and psychological difficulties that inhibit recovery.

It is also helpful to recognize how underlying brain dysfunction can be categorized into addiction prone brain patterns. The Amen Clinic described these patterns to help you recognize if you are suffering from underlying brain dysfunction and how these problems may have made recovery from addiction and mental health unobtainable. Below are a few examples of addiction brain patterns.

**Compulsive Addicts** have trouble shifting their attention and tend to get stuck on impulsive thoughts. The voice keeps repeating in their head. They are locked into one course of action and have difficulty seeing options.

**Impulsive Addicts** have trouble with impulse control. This can be seen on brain mapping as abnormal activity in the prefrontal cortex. This affects:
- Judgment
- Impulse control
- Planning
- Follow through
- Decision making
- Paying attention

When the prefrontal cortex does not have enough blood flow or the proper electrical patterns, people are easily distracted, bored, inattentive and impulsive. This is seen in conjunction with ADD/ADHD.

**Anxious Addicts** tend to predict the worst and may be excessively isolating and easily upset. On the brain map we see this as too much activity in the basal ganglia. People with this kind of problem use alcohol, marijuana, painkillers, sleeping pills or food to medicate underlying feelings of:
- Anxiety
- Tension
- Nervousness
- Fear

People who have this also suffer from physical symptoms of anxiety such as:
- Muscle tension
- Headaches
- Stomach aches
- Nail biting
- Heart palpitations
- Shortness of breath

**Temporal Lobe Addicts** often have head injury in their history. Brain Map findings show decreased activity in the temporal lobes, although sometimes we also see excessive increased activity. Their problems include mood and learning issues like:
- Temper
- Mood swings
- Learning problems
- Memory problems
- Sleep problems

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RECOVERY IS A PHONE CALL AWAY!
Friedrich Nietzsche said “That which does not kill us makes us stronger.” Trauma consists of reactions to an overwhelming danger or an inescapable chronic threat which, particularly if it happens in childhood or adolescence while the brain is still developing, is an equal opportunity destroyer of that brain. So, unless he meant to include an intervening step of treatment, Nietzsche was wrong. Many traumatized people lead lives truncated by substance abuse and/or constant drama and disappointments, inability to learn from experience, and suicide. Mammals do not fly away in the face of danger; they have no wings (except for bats and a few flying squirrels). They instead are hard-wired to seek safety by running to a secure attachment figure. When the perpetrator is also that figure, it poses an insoluble problem to our brain: I must run away from danger toward my attachment figure, who is also the danger I must run away from. The consequences of this situation, if chronic, are frequently referred to as “complex trauma” or toxic stress, because their impact on the brain is pervasive and encompasses neurobiological and structural alterations. Of note is the fact that the amygdala, our threat detector, sends signals to the hypothalamic-pituitary-adrenal system that releases hormones including cortisol and adrenaline to deal with stress, which increase heart rate, blood pressure and breathing to put us in “fight or flight” mode. Our prefrontal cortex then evaluates and makes executive decisions. I jumped at a loud noise, my amygdala gets me on my feet, but then my prefrontal cortex informs that it was the wind slamming the door. I can continue reading my book. However, when the stress is unpredictable, inescapable and chronic as it is in childhood maltreatment, the amygdala remains on overdrive, growing structurally larger, while executive functions fail to develop fully, making learning and problem-solving more difficult, in a downward spiral. Traumatized people thus may perceive others as more hostile than they are, and over-react to even minor stresses.

A residential substance abuse or dual diagnosis treatment setting provides great opportunities to offer a multi-pronged, stage-wise, team approach. The person initially is detoxed and stabilized, and further psychiatric interventions may also be necessary with medications such as SSRI’s and/or beta-blockers which may be helpful in containing anxiety sufficiently to benefit from therapeutic work. Next, there is a thorough psychological evaluation of how the patient fares in the “here and now.” Thankfully, we have valid and reliable measures to assess the symptoms of trauma, even if the person is unable to talk about what happened to them, recently or in childhood. Traumatized people often do not remember the details of how they grew up, either because their memories are deeply repressed or dissociated and they constructed a mythologized history; or because what happened occurred prior to language acquisition and they literally have no words, no coherent narrative or chronology, just images and sensations; or because they mislabel or diminish their childhood abuse under the guise that it was “no big deal.” Comprehensive assessment helps in determining the next steps.

In all cases, it is essential that the therapist make the person feel safe and in control of the work so that she doesn’t feel she “submits” to therapy as she submitted to the perpetrators in the past, while at the same time taking care not to collude with the typical avoidance symptomatic of trauma under the guise that the person is “not ready.” I met many patients who never worked on their trauma(s) in spite of multiple attempts at therapy. Any therapy hinges on the therapeutic alliance and the building of trust. However, most people with complex trauma have deep ambivalence about trusting anyone, particularly someone purporting to be helping them. After all, didn’t Uncle Joe say the same and then he molested me? Or Mommy, and then she beat me? Hence, the very therapeutic setting may set a person into a traumatic response which can take on many forms- from fighting and finding “proof” that the therapist is incompetent, uncaring or scared- to becoming strikingly compliant, and simply dissociating in session.

Thankfully, the field has developed many “evidence-based” therapeutic approaches to trauma well beyond “talk therapy.” In plain English, this means interventions that have scientifically showed statistically significant differences when compared with previously standard treatment. These approaches, such as trauma-informed CBT (TI-CBT), EMDR, DBT, mindfulness, somatic experiencing, sensorimotor therapy etc. are very effective- alone or in combination. However, the process matters more than the tools we employ. It is of no use to do “trauma work” unless and until the person can learn to be grounded, quiet her amygdala and get her executive functions online. It matters more to be attentive moment to moment to what the person might be talking about, and to the intensity of the emotions described about a particular incident recounted. It matters more to help the person locate the emotion in her body, a new concept for many who learned to cut off their bodies when they were 5 years old and Uncle Joe was over them. It matters to teach the person to breathe deeply and notice their breath as a way to switch in session from the sympathetic to the parasympathetic side of the autonomic nervous system, a most empowering process. The “entry point” matters little and can be the recounting of a spat which happened the day before with a friend. It does not have to be historical, and in fact, history may only come bit by bit as the person learns to identify and differentiate emotions belonging to the present from those emerging from the past but “triggered” by a current event. The goal of therapy is to gain the ability to leave the past in the past and live fully present, in the present moment. For a traumatized person whose brain has been altered, this is a great challenge indeed.

References Provided Upon Request

Dr. Nicole Gilbert is a licensed clinical psychologist who has practiced in Los Angeles, California for over 25 years. Her specializations include treatment addiction and dual disorders, attachment and trauma. She is currently Clinical Director at the Trauma and Beyond Psychological Center in Sherman Oaks, California.

Dr. Gilbert was educated in Switzerland, France and the United States and is competent to conduct therapy in French and English. She earned a Bachelor of Science in Psychology from the University of Washington, and her doctorate at the California Graduate Institute (now The Chicago School). She did her dissertation in cooperation with the Yale Psychiatric Institute on intergenerational patterns of attachment. www.traumaandbeyondcenter.com
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Relapse Prevention is important in addiction recovery. People who learn relapse prevention skills have a lower risk of relapse, and a better quality of life during periods of recovery. If they do relapse, many are able to stop quickly before serious consequences develop.

Relapse Prevention was originally developed in the 1970’s to help chronically relapse-prone people achieve long-term recovery. Relapse prevention was based upon research that identified a predictable sequence of early warning signs and high-risk situations that led from stable recovery back into addictive use.

The high-risk situations, usually the last step of the relapse process, did three things: it isolated people from recovery support; it increased social pressure to use; and activated a strong craving or urge to use. The early warning signs that drove relapse-prone people into high-risk situations were automatic and unconscious. In other words, they were habits done without thinking.

Initially, relapse prevention was focused on two things: identifying and managing the primary high-risk situations that caused craving and addictive use. This helped some people, but in others, their behavior was already out of control before they got into the high-risk situation. As a result, they were unable to use the high-risk situation management strategies they were taught.

The focus then shifted to identifying the specific behaviors that increased stress and problems, and allowed recovering people to slip into the high-risk situations that they believed would relieve their stress and solve their problems.

Initial research showed that thirty-seven warning signs preceded high-risk situations and could be used to predict relapse in many people. Using this list of warning signs, many relapse prone people were able to identify the specific pattern of problems that led them from a stable recovery back into addictive use.

This led to focusing not just on the high-risk situations, but also on the progressive problems in thinking, feeling and acting, that allowed people to fall back into those high-risk situations. These immediate problems fit into five general categories:

1. Severe denial of addiction
2. Cognitive impairments caused by the protracted or post acute withdrawal syndrome (PAW)
3. Extremely stressful life problems in early recovery
4. Inadequate family and social support for continuing in recovery
5. Lack of problem solving, coping, and stress management skills

Under the high stress caused by these problems, many relapse-prone people develop difficulty in thinking clearly, managing their feelings and emotions, and controlling urges to act out in self-defeating and addictive ways. These self-destructive urges cause them to stop important recovery activities; distance themselves from sober and responsible people; and move back into an addiction-centered lifestyle.

As the neuropsychological studies of addiction progressed, it was discovered that these symptoms were part of a long-term withdrawal syndrome caused by the affects of chronic addictive use upon brain chemistry. The brain, it seems, does not suddenly spring back to normal. A period of abstinence, recovery education, low stress, proper nutrition, exercise and amino acid supplementation helped these symptoms to clear up more quickly.

Relapse Prevention was first conceptualized as a specially form of treatment for these relapse-prone people. Relapse Prevention was initially provided by a specialty relapse prevention program designed to meet the special needs of people who had completed primary addiction treatment and then returned to addictive use.

The assumption was, that people who relapsed after completing one or more primary addiction treatment programs, were either unmotivated, or had special problems that caused them to relapse.

The primary addiction treatment process involves: stabilization, motivation, education, recovery skills training, continuing care, and active involvement in a community-based recovery program. The primary recovery skills that were taught in treatment involved teaching people to recognize and manage addictive thoughts, feelings, urges, actions, and relationships. An important focus was on teaching clients to build sober and responsible relationships by getting involved with other sober and responsible people. People accomplished these goals by regularly attending recovery support groups and continuing care as an outpatient.

The assumption was, that primary recovery was successful with most people who were willing to actively participate, and resulted in them recognizing and accepting their addiction, developing and participating in a standard recovery program, and building sober and responsible relationships and lifestyles.

One thing became obvious very quickly – many chronic relapsers never started this recovery process. These relapse prone people had strong denial and were defensive and resistant to treatment. Special treatment methods that involved Denial Management Counseling and Motivational Counseling were developed to help these people recognize and accept their need for addiction treatment and to develop the motivation needed to start and maintain an effective recovery program.

Another thing became obvious – about one out of every three people entering primary recovery for the first time, making a commitment to their recovery, ended up going back into addictive use. These people who had never attempted recovery and relapsed, showed the same early relapse warning signs and high-risk situations that were experienced by relapse-prone people who had completed primary treatment.

This led to the awareness that many people in primary recovery for the first time could benefit from relapse prevention. Relapse prevention, however, was generally placed as the last thing to be addressed in primary treatment. Some programs even scheduled relapse prevention to be completed in outpatient treatment. The problem was that many people would leave treatment and return to addictive use before they learned to use the relapse prevention techniques.

Integration With Primary Recovery

As a result of these experiences, relapse prevention methods have been integrated into the primary addiction recovery process. In this approach, critical factors that increase the risk of relapse are focused upon as people go through the primary treatment process.
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TRAUMATIC EVENTS- THEIR EFFECT ON THINKING BEHAVIOR

Alan Meyers, Ph.D., NBCFCH and Chaim B. Colen, MD, Ph.D.

Trauma victims disassociate or compartmentalize traumatic events in the subconscious mind. How can we unlock those sequestered trauma memories that reproduce negative or even life-threatening situations or activities? Years ago, I had a patient referred to me for self-harming; she was hitting herself in the face with a brush as well as abusing alcohol to the point of blacking out. During treatment, it was revealed that she had suffered from early childhood sexual abuse; and this memory had surfaced in adulthood to produce devastating consequences of self-mutilating behavior.

Trauma and traumatic experiences are common occurrences that may trigger negative perceptions and behavior patterns. Trauma may affect both the conscious and subconscious states of mind, producing perceptions that can be consciously recognized or subconsciously hidden. These perceptions constantly influence our thought. Traumatic events do not always have to be horrific to be considered life-changing events, although they certainly can be.

Examples of traumatic events are mostly mentally impactful but may include physical, sexual, emotional abuse, loss of loved one, automobile accident, etc. However, mental traumas may also be small, seemingly insignificant events that cause altered perception and thought. As the person matures, these events can manifest into unwanted or at least misunderstood behavior years later.

The family probably has the greatest potential for building confidence, creating positive self-esteem, feelings of self-worth and self-love within an individual. Conversely, they also have the greatest potential to produce traumatized, self-defeating individuals who later may develop drug, alcohol or psycho-emotional disorders, unable to cope with a trauma inflicted on them by a family member. Such dysfunctions may not necessarily be caused by family, rather, in certain cases, they’re traumatic events of self-created concepts embedded from their childhood or adolescent mind, conjured from statements made by friends, television, magazines, religion, misguided teachers, etc.

Some traumas are caused by catastrophic events. People deal with such traumatic events in various ways, both positive and negative. Unfortunately, many individuals do not have knowledge of therapeutic interventions that can help, neither do they have appropriate family support to seek out the correct therapeutic intervention. Without help, the result may be the use of easily accessible drugs, alcohol or psychiatric medications to cope with the emotional pain.

In the case of family-induced trauma, the same catastrophic results are reproduced. They may occur as a singular event or as a repeated trauma over an extended period of time. A one-time traumatic event might be, for instance, a sexual abuse episode, a physical beating, abandonment, divorce of parents, or even an illness. Insidious types of trauma may occur over and over again for years. Examples may even include repeated simple “harmless” abuse episodes or beatings and even being told, “you are not as smart as your brother”, “you are bad”, “your sister got all the talent”, and more, by parents, siblings, grandparents, etc. While thought to be harmless by family members, these forms of verbal abuse can result in “life-altering” trauma that may result in lasting damage.

At Inspire Palm Beach, we see guests that present with problems of alcohol, drug abuse or emotional problems, but also suffer from feelings of low self-esteem and low sense of self-worth. Certain guests may relate how they as children, were told that they were “no good”, “worthless”, “dumb”, “not wanted”, “a pain”, etc. This led them to consciously try to “find an identity” through choices of friends, style of dress, hair, speech patterns (many times dysfunctional), or subconsciously view him/herself in negative terms that were directed at them. The result is an undesired lifestyle including; addiction, depression, anxiety, anti-social behavior, anger, dysfunctional relationships, and other emotional disorders; all confirming the negative perceptions and thinking patterns. These in turn, may contribute to addiction and/or other emotional dysfunction. Individual and group therapy treatment at Inspire Palm Beach Wellness Program, specifically address these cases of covert trauma, propelling the individual into a new state of mindfulness and reality recognition with ultimate mental healing.

Dr. Chaim B. Colen is a Neurosurgeon, Author, Educator, Eclectic Artist, Entrepreneur and Medical IT Guru. He is past national chair of the Young Physicians Representative Section of the Council of State Neurosurgical Societies (CSNS). He has very diverse talents; strong interest in entrepreneurship, medical device innovation, HIPAA compliance, medical advocacy and legislation, substance abuse detoxification, real estate investments and new business enterprise. He is an international speaker, has authored many books, journal articles, and held many TV interviews including the Today Show and Discovery Channel.

Dr. Alan Meyers is the Psychologist at Inspire Palm Beach and has been assisting those with substance and alcohol addictions for over 30 years. He is a Nationally Board Certified Fellow in Clinical Hypnotherapy, Psycho-therapist, researcher, published author and developer of psycho-therapeutic techniques to add success to sobriety and recovery. He utilizes techniques to resolve trauma and spirituality and spiritual healing to fortify recovery efforts

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Alcohol can certainly be more challenging to treat than other substances for several reasons. One is that it there is a longer continuum that is affected by genetic and environmental factors; many young people start out drinking socially - responsibly and moderately - and the consumption increases so gradually over time it can be extremely hard to detect, until it is too late. Many times this disease has a much slower progression than other chronic disorders, which can be insidious. A second major factor is that alcohol is omnipresent in our culture. Not only is it visible in nearly every restaurant, home, concert arena, and stadium, but approximately one-third of TV and print commercials advertise alcohol. This mass hypnotic suggestion encourages a positive association with alcohol, particularly when the beverage is paired with an attractive female, a muscle car, or other markers of success. There are no commercials for heroin, crack cocaine, or crystal meth. Indeed, these are not glamorized in movies or advertisements.

Alcoholics quite often is viewed as an acute disease vs. the chronic one that it is. A recent paper from The American College of Physicians recommends treating addictions with a lifelong protocol vs. a short-term one. While the relapse rate for other chronic diseases, such as cancer, diabetes, or heart disease are comparable to alcoholism, few people shame, judge or discriminate against those patients. Alcoholics continue to suffer the social stigma of being “weak” or having a “character defect.” In reality, nearly all chronic diseases have a confluence of genetics and environment.

Since alcohol is legal and so socially accepted, relapse for an alcoholic is much easier to rationalize. As with any addiction, relapse is part and parcel of the recovery process. Many alcoholics, and those affected by them, view relapse as failure and “proof” of their weakness and character flaws. However, recovery is a dynamic process; failure is built into the path to ultimate success, just as it is in learning to master any new task. Whether learning to walk, ride a bicycle or learn a musical instrument, “failure” allows us to learn. Indeed, relapses can be reframed as “stepping stones” or a “dress rehearsal” to success. Learning from any relapse increases awareness, underscores where one is vulnerable, and trains an alcoholic to manage his/her lifestyle and choices more mindfully.

Standard treatment has traditionally included detox, an inpatient rehabilitation program, outpatient treatment, self-help (12-step) support groups, private psychotherapy with an addiction’s specialist, behavioral modification training, medication (e.g. Naltrexone), and lifelong monitoring and management for maintenance of sobriety. As well, a healthy awareness, coping skills and respect for the potential relapse is crucial to halt the progression and stay in remission with this disease. In addition to standard treatment for alcoholism, neurobiology of addiction education can inform alcoholics, as well as their loved ones, of the neuroplasticity of the brain. The brain is malleable and uploading new “software” for healthy thoughts and behaviors, essentially resetting the impulse control, memory, and reward centers in the brain.

How does this help the alcoholic more than another substance abuser? Very simple: molding the brain with new neural connections for self-awareness to respond vs. react to meet the barrage of triggers than many alcoholics face day to day. This can be done through mindfulness-based relapse prevention, or meditation.

Adapting a positive, growth-oriented mindset as opposed to a negative, fixed one is crucial in managing self-doubt, increasing trust in one’s ability to stay sober and to manage any overwhelm in social settings, family interactions and public places. Adding just thirty minutes a day to one’s “mental hygiene” can retrain the brain for success in sobriety.

Dr. Irwin is a doctor of clinical psychology on staff at Seasons Recovery Center in Malibu (www.seasonsmalibu.com) as a primary therapist and hypnotherapist, and is also in private practice as a certified clinical hypnotist in West Los Angeles (www.drnancyirwin.com). She is the author of YOU-TURN: CHANGING DIRECTION IN MIDLIFE (2008) and co-author of BREAKING THROUGH: Stories of Hope & Recovery with Seasons’ clinical director, Dr. Mark Stahlhuth.
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New Year’s is the time when many of us make resolutions to replace questionable habits with better ones. We decide to lose weight, eat healthier, drink less, or change countless other nagging and maladaptive behaviors. The New Year’s is symbolic of a fresh start. It provides us with renewed optimism to follow our dreams and live the life that we have always wanted.

But, how do we do this?

Ralph Waldo Emerson knew the answer, saying, “You are what you think all day long.” He reasoned that we are what we think. So did Deb Peterson, who wrote:

Your mind is a very powerful thing, and most of us take it for granted. We believe we aren’t in control of what we think because our thoughts seem to fly in and out all day long. But you are in control of your thoughts, and you become what you think about. And that little kernel of truth is the secret power of the mind.

That “secret power” has been known to counselors and therapists for eons. It is the awesome knowledge that we have the ability to control our behaviors, but only if we can control our thoughts.

Thoughts can be good or not so good. They define who we think we are, far removed from the almost-perfect façade we offer to the public. They can make the difference between a life of joy or one of tortured mental punishment. Innumerable everyday thoughts, like toxic propaganda, can elicit a life-long negative impact. Thoughts control our emotions and feelings of self-worth, and define who we think we are.

But actions, the product of our thoughts, speak louder than words, and “By their fruits, ye shall know them.” People tell you who they are by what they do. If you don’t like yourself, that dislike will be cast upon others. Anger begets anger. Inner turmoil evokes disorder and confusion, while love and peace communicates in a special language of warmth and empathy.

There are age old techniques that can help us control our thoughts. Let’s take a look at some of these that, along with determination and perseverance, may lead to positive behavioral changes.

1. Assume responsibility. You are responsible for your thoughts and behaviors. When you blame others, you give away your power and authority.

2. Practice self-control. Self-control is like a muscle that needs to be exercised. Start with small manageable steps and gradually move on to more difficult challenges like chewing small bites of food or prolonging the time between cigarette breaks. With practice, you can gain amazing control of your behaviors.

   Give yourself a positive affirmation every day and then pay it forward and give someone else a positive affirmation.

   Use self-talk to gain control of your bad thoughts. Don’t spend precious energy trying to keep them away. Allow them to manifest and then purposely drift away. They do not matter. Replace them with positive thoughts. “Little progress can be made by merely attempting to repress what is evil. Our great hope lies in developing what is good,” wrote President Calvin Coolidge (1872-1933). Let your mind be positive and inspired, rather than dark and ugly. Practice thinking positive and healthy thoughts. You can turn out-of-control into self-control.

3. Avoid “triggers.” If certain people or places tempt you to engage in drinking, smoking or overeating, try to avoid them. If engaging in these behaviors at home is a problem, participate in activities outside of the home. Alcoholics Anonymous advises us to avoid certain “people, places, and things.”

4. Learn to relax. There are countless ways to embrace relaxation and certain ones may be better suited for you. Practice meditation through prayer or walking. Embrace the tranquility of nature. Try some type of martial arts, like tai chi or yoga.

5. Nurture your body. “A sound mind in a sound body” is an ageless maxim by the pre-Socratic Greek philosopher Thales (Miletus, 624 – 546 BC). Increase your health. Decrease your level of stress. Eat the proper foods to promote good health. Diet. Fast. For many, exercise provides the key to a healthier and more fulfilling life of reduced stress.

6. Track your progress in a daily journal. This process provides accountability to ourselves as it notes our progress and celebrates our accomplishments. It is an excellent document to read over during our dark days. “All you have to do is write one true sentence. Write the truest sentence that you know,” suggested writer Ernest Hemingway (1899-1961).

7. Stop being self-centered, rather be centered in the self. When you love yourself and others unconditionally, you won’t need to control yourself, because then all unpleasant things will be of no interest to you. It is the egoic monkey mind that makes you crazy and separates you from others and the divine source.

   Listen to others and learn from them. Practice patience and tolerance. Focus on your breathing. Think, read, learn, and listen. Focus on what others are saying and not on how you will respond to them. Remember the words of motivational speaker Stephen R. Covey who suggested that we “Seek first to understand, then to be understood.” Practice the art of active listening, asking questions to clearly understand what is being communicated.

8. Embrace prayer. Prayer is the language that speaks to the soul. Prayer brings us hope and optimism. It casts away our sufferings, offering us a view of miracles and awesome possibilities. And it allows us to look at things in a different way, ringing our situation within a positive oasis of light. “Don’t worry about darkness, for that is when the stars shine brightest,” said Napoleon Hill (1883-1970), American motivational author. He advised that we have the ability to transform a negative element into a positive one. Prayer is like that. It allows us to relax and to breathe deeply and gently. Prayer heals us in a spiritual glow and gives us the clarity to follow the pathway that will bring us the joy and the bliss we all deserve.

9. Make mistakes. It’s OK to go out and fail and make mistakes. Everyone does. “The master has failed more times than the beginner has even tried,” is an ancient proverb that breathes validity into this premise. Failure plays a large part in the yin-yang of life. “Dare to err and to dream. Deep meaning often lies in childish plays,” said Friedrich Von Schiller, German author (1759-1805). Failure, that not-so-pleasant experience, leads some through a pathway of frustration, determination, and finally, success.

10. Start over. We always get a second chance to get it right. You can create your masterpiece, your symphony, your literary Nobel Peace Prize. Make every day a new day of possibility, or, as imparted by British author Ellis Peters (Edith Pargeter) (1913-1995)
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There are many things that you can do on your own to improve your mental health. Getting sufficient sleep, exercising, eating well, and meditating are just a few of the many self-care practices that have been found to promote mental wellness.

Sometimes, however, these self-care practices aren’t enough, especially if you’re in recovery from substance use and dealing with coexisting mental health conditions. You may also find that group therapy helps, but, again, not enough.

If you have come to the realization that you could benefit from one-on-one care from a mental health professional, you have made an important step toward healing. The next important step is finding the therapist that’s right for you.

Narrow Your Search

Before you start looking in earnest, think about what you’re looking for. Addressing a few initial questions might help to narrow the scope of your search.

Are you in the midst of an acute crisis that you’re hoping to resolve quickly?

You may be looking for a short-term interaction with a therapist. Or do you have mental health concerns that you have been dealing with for a long time? You probably want a longer-term engagement.

Do you have a gender preference?

Do you want to meet with someone who is younger or someone who is older?

Answering questions like these may help you streamline your search quite a bit.

Do you have a specific treatment in mind that you think you would benefit from?

It’s okay if you don’t, but if you do, that will probably narrow down your prospective provider pool quite a bit.

Does the provider accept your insurance plan?

Most patients will choose a provider who accepts their insurance. This can be especially helpful if you plan to see the provider more than one or two times—as seeing someone without the benefit of insurance coverage can be cost-prohibitive.

If you find someone who isn’t on your insurance plan, but you’re convinced that this provider can help you, talk to that provider about finances. Many providers are willing to work with patients to develop a plan to reduce the patient’s out-of-pocket costs.

What Type of Therapy Do You Need?

The provider’s discipline is another important matter to consider early in the decision-making process.

Only psychiatrists and nurse practitioners can prescribe medications, so if you’ve been told that you need to be on medication, or you think that you might benefit from medication, start by finding a provider who can prescribe for you. In many cases, however, your primary care physician (PCP) can handle the prescriptive part. This approach may be helpful in parts of the country where there aren’t a lot of psychiatrists or nurse practitioners.

For talk therapy, also known as psychotherapy, look for a licensed clinician (a psychologist, a social worker, or a licensed mental health counselor). Ask them to explain their specialization(s) and ways of delivering care. Ask them to describe the evidence base for the treatment model they practice. There are a lot of different behavioral treatments available now, which can be a little dizzying for a novice. If the provider can’t easily describe what the beginning, middle, and end of treatment would look like, you might question whether this is the right therapist for you.

Keep in mind that there are not many psychiatrists who do both medication management and psychotherapy. It may, therefore, be difficult to combine medication and talk therapy in one professional—but not impossible.

Seek Advice

Consider the advice of others to help guide your search. You might start by asking your PCP—assuming you have a good relationship with your PCP. It’s likely that your physician routinely refers patients to mental health providers, so that’s often a great place to start.

However, if you’re comfortable with discussing finding a therapist with friends or family members, it can be valuable to include them as part of your search. Whether it’s a therapist or a tailor, asking someone you trust for their opinion is a tried-and-true method for finding a good service. Your PCP may have a good fix on a provider’s specialization and reputation, but that doesn’t equate to personal experience.

If your employer has an employee assistance program (EAP), check to see whether the program offers some form of mental health support. It probably does. EAPs commonly refer employees to therapists, support groups, and hotlines. Some EAPs even offer free short-term counseling, with sessions generally provided in person and over the phone.

Are You Comfortable With Your Choice?

Once you’ve found a clinician, it’s important to meet with the provider a couple of times to see if there is a connection. And it’s okay to interview two or more prospective practitioners.

Mental health treatment is a very intimate process. You’re going to be asked a lot of personal, difficult questions, so feeling like you have a connection with a person is very crucial. You can do it over the phone, but an in-person meeting is probably more useful.

There are a lot of things that may come into play during these interviews. You may initially think that the therapist’s gender is not very important, but then decide otherwise after a consultation. You may also end up placing more weight on someone’s age or years of experience.

Online Tools

There are plenty of online resources available to help you find a
Pregnancy is one of the most meaningful chapters of any mom’s life.

For moms-to-be struggling with substance abuse or mental health disorders, it can also be one of the most difficult. Research shows that if mom is battling addiction, her newborn will come into the world battling it, too. Without proper treatment, both mom and baby’s lives can be at risk.

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What is love? There are a variety of ideas, philosophies and beliefs around the concept of love. Love is romanticized in the movies, novels, and on Broadway. Love has a flowery and poetic way about it. We are all aware of the February’s contribution to love, but what really does it mean to love?

When you think about love, you may think about your own children, family, friends, and partners. As soon as you think about love, there is a rush of intense emotions and feelings that flood your being. Love is not exclusive to our human counterparts. Love may be expressed for our pets, our religious affiliation, our earthly presence and for principles that we hold near and dear to our own hearts.

Unfortunately, we are never explicitly taught how to love. In fact, while we may all express love, it does not mean that our perception and concept of love are equal.

In the early stages of a relationship, there is an overwhelming expression of love, infatuation, and admiration for those that we connected with. Often, it may be challenging to distinguish between love and lust. Lust is driven by our sex hormones and primitive neural network. When we are falling into love, there are chemicals that are released, causing a physical and emotional response. This may be associated with an individual feeling; blushed, having an increased heart rate, sweaty palms, feelings of euphoria, intense excitement and happiness. We know that the brain is a complex structure, but the primitive aspects of the brain are often triggered by behaviors and interactions that are related to the brain’s reward circuit. The brain reward circuit is reinforced when we have intense and intimate relationships; sexual intercourse; food consumption and alcohol or drug use. While the science behind love may provide us a biological and neurological impression of love; it cannot teach us how to love.

Love is…

While love is one of the most studied displays of affection, it remains one of the least understood emotions of the human condition. When we are falling in love, there is a change in our physical makeup. There have been countless studies that have demonstrated the unique benefits of romantic and other forms of love.

As children, we are not taught how to love, or what love is. It is presumed that love is being shared and nurtured in the home. Moreover, there are many teachers, who they themselves, do not fully comprehend the concept of love. Yet given love’s central importance in our lives we neglect to teach how to love.

The Signs of an Unhealthy Relationship and Love

We are all programmed to love. Whether we are loving an individual, a puppy, or something less tangible; we are inherently designed to love. When the romance turns into less infatuation and more burden, we may be entering the early stages of an unhealthy relationship.

Believe it or not, everyone will, or has had, an unhealthy relationship. Unhealthy relationships do not have to be an intimately driven relationship; nor do they have to be a relationship forged by family or friends; but unhealthy relationships are often a burden upon the individual. Unhealthy relationships are paralleled to healthy relationships in that they often begin by an intense emotional connection. The relationship’s newness overshadows any indicators that this may not be a good connection.

The Signs of an Unhealthy Relationship are:

- There may be signs or expressions of extreme jealousy.
- There may be indicators that this individual is overly possessive and has mistrust.
- They may refuse to listen to you when you express your love for them.
- An unhealthy individual may be demanding of your time and your person.
- An unhealthy individual may use belittling words as weapons.
- An unhealthy individual may tell jokes and stories at your expense.
- An unhealthy individual may be impatient and intolerant of your needs.
- When someone is unhealthy, they have poor and toxic communications skills.

When we are in an unhealthy relationship, we are met with an individual who is frequently volatile. The volatility may be expressed through threats of suicide; expressions of self-doubt or self-defeating language; or the language may cause you to feel belittled or to have self-doubt. Unhealthy relationships are often masked by the semblance of love, but in reality, they are an entirely different creature. An unhealthy partner may make you feel unworthy, undeserving, lack confidence, and to bring your own loyalty into question. Unhealthy partners make you feel dependent upon them and that life is centered around that individual.

It is important to understand that an unhealthy relationship may have originated on the right track, but somewhere along the way the relationship derailed. Even the unhealthy partner may have the best of intentions, but their own insecurities and personal dysfunction may have taken over, consuming that individual. Likewise, it is not uncommon for both partners in an unhealthy relationship to have mental health issues. Thus, the relationship’s dysfunction may be more volatile due to the partners’ mental health issues.

Recognizing an unhealthy relationship must begin with the individual. If you are feeling as though “love shouldn’t feel like this,” then you may be in an unhealthy relationship. Recognizing the signs of unhealthy love is the first step towards pursuing your health. We must be aware of the emotional language and communications used in our relationship. The truth is, we often harm and disrespect the ones we love.

The Signs of a Healthy Relationship

- A healthy relationship is an ever growing and maturing relationship.
- Healthy individuals recognize that they are not perfect, but are always seeking to improve their individual person.
FIND A THERAPIST: HOW TO CHOOSE THE RIGHT MENTAL HEALTH PROFESSIONAL FOR YOU

By Mark Robart, LICSW

Continued from page 16

mental health provider and low-cost mental health services.

- **Behavioral Health Treatment Services Locator**: This search tool from the Substance Abuse and Mental Health Services Administration (SAMHSA) helps you locate mental health treatment services in your area.

- **American Academy of Addiction Psychiatry (AAAP) Patient Referral Program**: The AAAP database provides quick access to information on addiction psychiatrists and related health professionals.

- **Health Resources and Services Administration (HRSA)**: This site provides information on how to find affordable mental health care.

- **Centers for Medicare & Medicaid Services (CMS)**: CMS provides information about who’s eligible for certain mental health programs and how to enroll.

- **Mental Health and Addiction Insurance Help**: This tool from the US Department of Health and Human Services site provides resources about insurance coverage for mental health care.

- **Mental Health America** and **National Alliance on Mental Illness**: These national organizations offer resources to help you or your loved one find information and support.

- **Psychology Today Directory**: This tool provides detailed listings for mental health professionals.

Your local (state or county) government website may also have information about health services in your area. The **Massachusetts Department of Mental Health** (DMH), for instance, has information about how to apply for DMH services or how to expedite a psychiatric inpatient admission.

**Road to Recovery**

After you have addressed the matters above and pick a therapist to go back to, please keep in mind that you’re not obligated to stay with that provider. Although there are merits to being patient, consider a change in course if your condition is not improving. Just as you wouldn’t continue going back to a restaurant that consistently serves you unappealing food, you shouldn’t go back to a provider who isn’t helping you.

Feel empowered as a mental health consumer. Do whatever you can to find the right professional partner in your journey toward recovery.

**Mark Robart** is the **director of Residential Services at McLean Hospital**. He oversees an array of short- and long-term treatment programs that serve adults with mood and psychotic disorders, complex personality disorders, eating disorders, and substance use disorders. Robart also maintains a hospital-based private practice in which he treats individuals, couples, and families.
Primary Addiction Treatment involves techniques for teaching addicted people how to:

- Break the self-reinforcing addiction cycle; stabilize physically, psychologically, and socially;
- Complete a comprehensive assessment of their presenting problems, a life and addiction history, a treatment history;
- Educate people about the progressive addiction process;
- Show them the evidence from their own assessment that presents overwhelming and undeniable evidence that they are addicted and could benefit from recovery;
- Developing an individualized treatment plan involving teaching people how to manage addictive thoughts, feelings, urges, actions, and relationships; and
- Involving significant others in the process of building sober and responsible relationships.

Relapse prevention showed us three primary things that needed to be integrated into this process:

1. **Stress Management**: Since high stress caused cognitive impairments to get worse, it was critical to teach recovering people relapse prevention skills.

2. **Early Relapse Warning Signs**: The early relapse warning signs are subtle. Many of these warning signs are felt internally and can only be reported and observed. The warning signs are activated by an environmental cue or trigger, and in the presence of high stress, they are acted out automatically and unconsciously. Once activated, the warning signs increase stress, impair judgment, and create a spiral of life problems that may appear to have nothing to do with the addiction. The warning signs cause such severe pain and problems that people need relief. They remember how good they used to feel in old addiction-related situations and mistakenly believe they can still feel better in these situations.

3. **High-Risk Situations**: High-risk situations put recovering people around the old people, places, and things related to addiction. When recovering people put themselves into high-risk situations, three things happen very quickly: they lose the support and feedback from people in their recovery program; they feel strong social pressure to start addictive use; and they are exposed to environmental cues or trigger events that activate craving; and they are in a situation that makes addictive social use acceptable and easy to get involved in.

Starting Recovery With Relapse Prevention

The workbook, Starting Recovery With Relapse Prevention was designed to present an effective way of integrating primary recovery and relapse prevention methods with the specialty methods of teaching people how to recognize and manage early relapse warning signs, the triggers that activate these warning signs, and the high risk situations that remove support for recovery and encourage a return to addictive use, and activate the craving to use. Using this integrated method of relapse prevention, people are taught to recognize when the primary recovery methods themselves activate a high stress state that causes a return of denial and addictive thinking, and causes the patient to begin acting out automatically and unconsciously.

Here is the general sequence of combined primary and relapse prevention exercises that have been proven to be most effective:

**Exercise #1: The Morning Plan and Evening Review**: Self-monitoring increases self-awareness. Higher levels of self-awareness allow people to recognize when they are getting into trouble with their recovery. To encourage continuous and growing awareness, people are taught to develop a morning plan that includes both recovery activities and their normal life activities, how to anticipate any high risk situations they may encounter during the day, and to review their progress and problems every evening.

**Exercise #2: Understanding & Recognizing Addiction**: Before a person can relapse, they must know that they are addicted. The second exercise quides people through a brief but complete list of the common symptoms of addiction and how those symptoms have affected their lives.

**Exercise #3: Making the Recovery Decision**: In order to make a commitment to a process of recovery and relapse prevention, people need to make a decision to stop their addictive use and to start a recovery process. This exercise takes them through the process of making that decision.

**Exercise #4: Making A Commitment to Abstinence**: Recovery involves making a formal commitment to stop the addictive cycle, stabilize, and start an addiction recovery program. It also involves having people recognize the logical consequences they will experience if they stop the recovery process.

**Exercise #5: Managing Stress**: People are taught to manage stress by learning self-monitoring using a Stress Thermometer and then using relaxed breathing and other simple relaxation methods. The stress thermometer divides stress into three levels of severity:

- **Level 1: Mild Stress**: the stress is a nuisance, but, with extra effort, one can manage the stress without any interference with the normal acts of life.
- **Level 2: Moderate Stress**: the stress is a nuisance, and at times even with extra effort, the stress interferes with the normal acts of life.
- **Level 3: Severe Stress**: The stress is a serious problem that frequently or continuously interferes with normal acts of life.

**Exercise #6: Managing Denial**: Denial management is an important part of relapse prevention. How can someone return to addictive use if they believe that they don’t have it. Unlike other illnesses, addiction requires an accurate self-awareness of the problem for recovery to start. The exercise on denial introduces the idea that denying pain and problems is a normal and natural part of the human condition. Denial, however, can be a serious problem when it is so rigid and engrained in the person that seeing the truth even when it is undeniable to others, becomes impossible.

People are taught to monitor their thoughts and feelings, recognize the people, places, and things that drive them into denial, and learn to detach and stop using denial through specialized cognitive therapy methods.

**Exercise #7: Managing Craving**: Craving, the irrational feeling or need for the addictive release, is a serious problem for many recovering people. To manage craving, it is helpful for people to identify and manage their triggers which creates the initial urge or craving to use additively, and the craving cycle, which becomes a self-reinforcing cycle of addiction-seeking behavior. Breaking the addiction cycle is best done if the patient has developed a plan that involves other people during periods of stable recovery.

**Exercise #8: Managing High Risk Situations**: Craving activates automatic and habitual drug seeking behavior. The drug seeking behavior takes people into high risk situations that remove support for recovery, provides pressure for addictive use, and activates a powerful internal feeling of craving, or need for the addictive release.

**Exercise #9: Managing Thoughts**: Addictive thoughts can lead to relapse. Sober and responsible thoughts strengthen recovery. This exercise presents a model for identifying and challenging addictive thoughts.
thoughts and developing and reinforcing sober and responsible ways of thinking.

Exercise #10: Managing Feelings: Emotional overreaction and emotional numbness are both serious problems that can lead to relapse. This exercise explains the difference between thoughts and feelings, suggests a simple yet comprehensive feelings checklist to help people recognize and manage their feelings, and gives general guidelines for effective emotional management.

Exercise #11: Managing Behavior: Stopping addictive and other self-defeating habitual behaviors is critical to successful long-term recovery and relapse prevention. This exercise describes the common addictive and self-defeating behaviors that can lead to relapse and suggests several simple systems for stopping the old behavior, starting new and more effective behaviors, and reinforcing those behaviors in recovery.

Exercise #12: Evaluating Your Progress (Self-Monitoring): In any change process, self-monitoring of progress and problems is important to long-term success. This exercise provides a checklist of the critical recovery skills needed to build a stable recovery program and relapse prevention plan in the first several months of recovery. Using this checklist on a regular basis helps recovering people stay connected with the basic recovery skills and consciously evaluates if they are regularly and effectively using these skills. This gives them a critical checklist that can keep them coming back to the basics in order to promote recovery while preventing relapse.

Terence T. Gorski has spent many years developing resources, publications and relapse prevention models and mechanisms to change behavior patterns of those who suffer from mental illness and substance abuse disorders. He has helped people abstain from drugs and alcohol, and assists with their mental health conditions.


NEW YEAR’S RESOLUTIONS AND SELF-CONTROL

By Maxim W. Furek, MA, CADC, ICADC

“Every spring is the only spring, a perpetual astonishment.” Astonish yourself with your unique, one-of-a-kind awesomeness. Every day is another opportunity to start over again, to begin anew, to become the complete, actualized individual you are destined to be.

Keep on trying and keep on pushing on. Like a marathoner, keep on running those miles until you can say, “I’ve crossed the finish line.” Wherever and whatever that place is, is entirely up to you. It doesn’t matter. It is your call. As noted by author Samuel Smiles (1812-1904), “We learn wisdom from failure much more than from success. We often discover what will do, by finding out what will not do; and probably he who never made a mistake never made a discovery.”

Now is the perfect time to make that discovery, to take control and try something different. You can design your life to be what you want it to be. Life is about breathing in the moment, about living and not just surviving. A mind filled with possibility, built, not on fear and doubt, but on courage, and hope can provide us with a new energy and a new beginning.

Maxim W. Furek has a rich background that includes aspects of psychology, addictions, mental health and music journalism. His book The Death Proclamation of Generation X: A Self-Fulfilling Prophesy of Goth, Grunge and Heroin explores the dark marriage between grunge music and the beginning of the opioid crisis. www.sheptonmyth.com

By Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.

Continued from page 14

• A healthy individual is supportive and encouraging.
• A healthy individual encourages an individual to have personal independence.
• The communications of your partner should seek to build you up, never to break you down.
• A healthy partner should be your greatest ally, advocate and support system.
• A healthy partner should be reliable.
• Healthy partners should keep your secrets and be loyal.
• Healthy partners should make you feel more confident.
• Healthy partners should make you feel worthy, deserving, appreciated and approved.
• Open and healthy communication is key to a healthy relationship.
• Healthy relationships should be recognized by their mutual respect, patience and kindness.

The key to a healthy relationship is to recognize your role and personal responsibility in that relationship. There is no such thing as a perfect relationship, but healthy relationships are continuously striving to improve. While practice may make you better, it will not make you perfect. We are all going to make mistakes. Even for the healthiest of relationships there will be bouts of anger, frustration, and volatility. However, in a healthy relationship, you will recognize when you have erred in your ways.

The Benefits of Love

The benefits of a healthy relationship are numerous. An individual in a healthy relationship, whether intimate or not, will feel positive benefits from that relationship. Healthy relationships are mutually respective and uplifting. A great number of studies have demonstrated the undeniable benefits of love. In simple, unconditional love has no parameters. Unconditional love occurs through the selfless act of loving an individual. Research has indicated that love’s role on mental health is extensive. A few of the benefits of love are:

• A healthy individual is supportive and bonding unto others.
• Individuals who receive love frequently report having happier lives.
• Love can have a positive effect upon our physical and mental health. In fact, there are indications that love can increase our immune system.
• Love not only has a positive contribution, but it is also capable of interrupting the neural connections for negative emotions, such as intense fear, anxiety, insecurities, and social judgement.

Fostering a healthy relationship occurs when everyone involved has the same ambition. Healthy relationships are not perfect relationships, but they will continuously strive for improvement. Healthy relationships encourage authenticity and genuineness. Whether we are in a new relationship, or we have spent many years with an individual, it is never too late to improve our relationship. It will take desire, dedication, persistence, and attention to becoming healthier.

References Provided Upon Request

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McLean’s Signature Recovery Programs specialize in teaching the skills necessary for sustained recovery from drugs and alcohol while also treating common co-existing conditions such as depression and anxiety.

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