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THE SOBER WORLD™

AN AWARD WINNING NATIONAL MAGAZINE

6 AFFIRMATIONS
That Can Help You Turn Your Life Around

Breaking The Cycle of Addiction with Ibogaine
By Deborah C. Mash, Ph.D.

Your Child is Going to Treatment: Now What? A Guide for Parents
By Jean Campbell, LCSW,TEP and Pamela C. Clark, CADCII, ICADC

In Memory of Steven

A LETTER FROM THE PUBLISHER

Dear Readers,

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

We directly mail our printed magazine each month to whoever has been arrested for drugs or alcohol in Palm Beach County as well as distributing locally to the schools, colleges, drug court, coffee houses, meeting halls, doctor offices and more throughout Palm Beach and Broward County. We also directly mail to treatment centers throughout the country and have a presence at conferences nationally.

Our monthly magazine is available for free on our website at www.thesoberworld.com.

If you would like to receive an E-version monthly of the magazine, please send your e-mail address to patricia@thesoberworld.com

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.

I know that many of you who are reading this now are frantic that their loved one has been arrested. No parent ever wants to see his or her child arrested or put in jail, but 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. You may also visit us on the web at www.thesoberworld.com.

The Sober World wishes everyone a Happy Valentine's Day .

We are on Face Book at
www.facebook.com/pages/The-Sober- World/445857548800036
or www.facebook.com/steven.soberworld,
Twitter at www.twitter.com/thesoberworld, and
LinkedIn at www.linkedin.com/grp/home?gid=6694001

Sincerely,

Patricia

Publisher
Patricia@TheSoberWorld.com

For Advertising opportunities in our magazine, on our website or to submit articles, please contact Patricia at 561-910-1943 or patricia@thesoberworld.com.

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6 AFFIRMATIONS THAT CAN HELP YOU TURN YOUR LIFE AROUND

By Tracey Jackson

Paul Williams and Tracey Jackson will be the Honored Guests at the 8th Annual Gratitude House Gala on Saturday, March 12, 2016 at the Four Seasons Hotel, Palm Beach,FL. For more information call 561-833-6826 or go to www.gratitudehouse.org

Twenty-six years ago I told the truth and it saved my life. I turned to a group of total strangers and shared my deepest darkest secret. I'm sure no one was really surprised when I said, "My name is Paul and I'm an alcoholic."

Those are easily the most powerful words I've ever spoken. They were delivered unvarnished, born of the realization that my addiction was killing me and I desperately needed help.

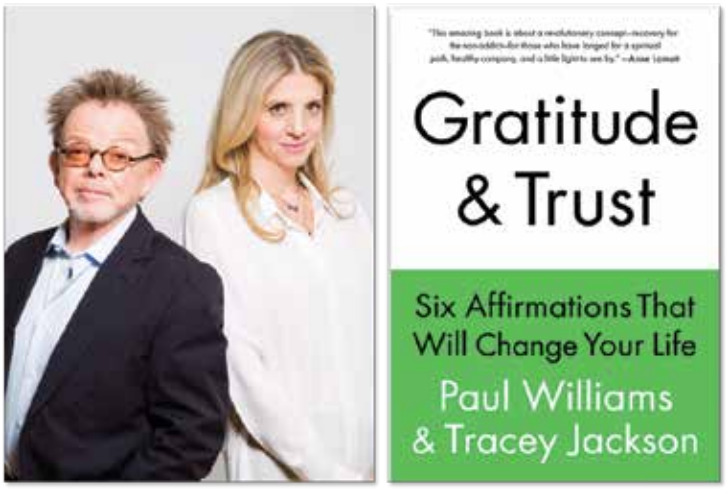
It's been said that we can't save our ass and our face at the same time. My ass needed saving. I admitted I was powerless over alcohol and cocaine, clueless about how to get through a day without both and was willing to do whatever it took to get clean.

It is a holy moment, when our cry for help is met. The always available hand of the recovering community is humanity at its finest. The gift of life delivered with the elegance of kindness.

The principles and process that facilitate this remarkable journey have led me to a life I couldn't have imagined and a connection to the world around me I've never known before.

An advocate for recovery, I've shared the good news that there is "hope for the hopeless" with anyone who would listen. Through the years, again and again, I've been asked, "Why isn't there something like what you have for the rest of us? The non-addict."

One night, speaking after a screening of my documentary, "Paul Williams, Still Alive" I said that "my choo choo runs on the twin rails of gratitude and trust." My closest friend, screenwriter and author Tracey Jackson approached me with a suggestion. "There's a book there. Gratitude and trust. Recovery is not just for Addicts".



I loved her idea. Create a guide to a better life for those suffering from life limiting habits as opposed to the life-threatening disease of alcoholism.

What followed was truly a labor of love. The publication of "Gratitude and Trust, Six Affirmations That Will Change Your Life" has been one of the most meaningful events of my life.

Tracey and I are thrilled by the response to the book, especially excited to find it on the shelves of Caron, Hazelden and Betty Ford and even in the hands of men and women with long-term recovery. It's truly all a gift.

Here's Tracey's description of the six affirmations, a beautiful syllabus of the concept, reasoning and benefits of living by the principles of recovery.

Blessings and thanks, Paul Williams

Bad habits, poor choices, life-limiting behavioral patterns- we all have them, have made them and/or continue to make them.

They range from the life threatening; like drug and alcohol addiction, obesity or even smoking, to the life limiting like the perpetual procrastinator, the hoarder, serial philanderer, the compulsive shopper, gambler and now the number one obsession, smart phone addiction.

Are you a self-sabotager? Are you forever making the wrong choices when you so desperately want to make the right ones? When you get to the fork in the road, do you take the knife?

If you gathered together twenty five random people and made them all be totally honest, everyone would admit to a bad love choice, a sabotaged opportunity, hurt someone while defending their own position, or worried about their weight, their temper, and their lust for the boy or girl next door.

Without question everyone at some point said, "This is the last time I_____"

While all these things may not be life ending, they are often life defining. And we are held hostages by our fear of letting go of long held beliefs, patterns and fears.

So to move forward and live our lives in harmony, peace and productivity, we need to relinquish those worn out maladaptive behaviors and replace them with new healthy ones.

SOMETHING NEEDS TO CHANGE AND IT'S PROBABLY ME.

Nothing's going to change in your world until you take the first step and own that the person that needs changing is you. Standing up and declaring this, is the most potent first step in altering your life and turning it around.

I DON'T KNOW HOW TO DO THIS BUT SOMETHING INSIDE ME DOES

It's handing it over. It can be God. It can be your breath. It can be whatever you want it to be. It's as simple as sitting in silence and listening to the still small voice within. But its power comes from letting go. It allows you to believe that you are not alone, but that something somewhere has your back and all you have to do is trust it.

I WILL LEARN FROM MY MISTAKES AND NOT DEFEND THEM

Our impulse is to run from failure. We pretend it didn't happen. We blame it on an outside force when in fact our mistakes are our best teachers. So don't blame that error away. Look at it. Don't say, "I didn't make it." Say, "What can I learn from it so I don't do it next time?" There is great information in the things we do wrong. Mistakes are the universe's classroom. So, show up for class and don't forget your notebook.

I WILL MAKE RIGHT MY WRONGS WHEREVER POSSIBLE

The power of "I'm sorry"-- the freedom in owning when and how we might have hurt others, caused damage or acted inappropriately. Unless we are sociopaths, we know when we have done wrong. If you don't clean it up in the moment or sweep it out of the corners of your past, you will carry around so much excess baggage, that you will turn yourself into an emotional Sherpa.

I WILL EXAMINE MY LIFE ON A DAILY BASIS

It's the daily dusting off of our souls. It's quietly looking back on the day before sleep and seeing where you have made progress,

Continued on page 44

BRINGING THE ACE STUDY TO LIFE

By Carol Teitelbaum, MFT

A ten-year study created by Kaiser Permanente and the Center for Disease Control was administered to 17,000 people. This was one of the largest investigations conducted to assess associations between childhood maltreatment and later-life health and well-being. The results were astonishing. This study is allowing us to see the results of what is assumed to be true by observation of behaviors. They now have a ten-year participation backup. ACE stands for Adverse Childhood Experiences. This test takes into account not just physical, sexual or verbal abuse but also family dysfunction, substance abusing family members, domestic violence, and absence of a parent due to divorce.

ACE's have been linked to a wide range of adverse health outcomes in adults, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality.

Bringing the results of this test to real life

At age three, John was learning to read, already knew his numbers and colors and was deemed a very intelligent young man destined for greatness. His family tree was full of artists, photographers and college professors. Who knew where this young man's life would take him. At age four the abuse began by a soon to be family member who had complete control of John and his siblings. When John started school he was very excited but unfortunately that feeling did not last very long. He started going to school with the bruises of being beaten. Imagine what happened to his excitement of learning. When a child is using all their energy just to survive, hide their shame and keep their secret, how can they concentrate on learning spelling words and multiplication tables, so instead, he became the class clown. The path for his life, once so bright, took a wild twisted turn and things did not turn out the way everyone thought they would.

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Joan's abuse began at a very early age by her father. She was shy, withdrawn, but loved school. She was very bright and life expected quite a bit from Joan. As she reached puberty she started to use drugs. No one knew about her abuse and her mother did not want to hear her "lies." Joan started her educational life well and wanted to continue on and be successful; however, Joan's abuse took on some bizarre experiences. She was sold to her mom's boyfriend for a night in exchange for drugs. Giving up on school, Joan married a man who was also abused. They thought together that they would know how to be good parents and they did do the best they knew how. Unfortunately, they had no training or role models so they did just the opposite of what they were exposed to. However, one hundred and eighty degrees from sick is still sick. Doing the opposite of what one received still damages the children.

Years ago, I was facilitating an incest survivor group for ten women of varying ages. In that group, there were three women diagnosed by their Psychiatrists as having Dissociative Identity Disorder. It was an interesting group to say the least. Of the women present in the group, six of them were sexually abused by their own fathers. The most disturbing connection of all was that these women all had a heart condition, and all six died of heart failure within 5 years of each other. These women were all different ages and came from different backgrounds yet they all had one thing in common – they were all sexually abused.

I believe after reading the ACE study, that the women's abuse would have been a predictor of their health issues. I also believe they died of broken hearts.

With this evidence, what can be done to help children with a high incidence of Adverse Childhood Experiences? Education is the key. More education about the long lasting effects of Adverse Childhood Experiences is needed. I believe many parents feel their children

are resilient and will get over whatever traumas they endured. Many parents who are using drugs and alcohol lack the ability to predict the outcome of their own behaviors and their children suffer. I would like parents to know help is available through recovery, therapy, 12 step meetings and more.

Studies show that 75% of people who go through traumatic experiences come out of it just fine. These people are resilient, and most likely have/had people to talk to about what they went through. 25% of people going through traumatic experiences are not fine and do not get through the events.

My group, "It Happens to Boys" was presenting our workshop to a group of judges and attorneys. We asked for questions or comments and an attorney shared that she used the ACE study with every client. She wanted to see if her client's bad behavior was caused by a childhood experience. This would mean that the client might be able to be helped with treatment and therapy rather than sentenced to prison. It was very encouraging to hear that, as my group and I often feel that delivering our message is such an uphill battle.

Most people do not want to talk about sexual abuse, especially when it's happening to boys. Many people have said to me, "men should just get over being sexually abused, it happened so long ago," and we would always say "no, the effects of abuse affect a survivor their whole life." Now that we are able to use the ACE study we can actually show results of 17,000 people and that is hard to ignore.

For therapists, attorneys, and recovery center counselors, the ACE test would be a beneficial tool. The test can be found under Kaiser Permanente ACE study, or CDC ACE study. This will give health care providers some insight to the work the client will need to do. My group of survivors and I speak at many recovery centers. We have observed that many men do not talk about their abuse in treatment and when they leave, they get triggered by something in their environment and relapse because they cannot deal with the shame and pain of their untreated trauma. Over 68% of men in treatment are abuse survivors but not many will share that information on intake.

For many, the ACE test will answer questions that have eluded them for years. There is hope and healing available when there is an understanding of the problem and the options available to different healing modalities.

The 8th annual "It Happens to Boys" Conference will be on March 5, 2016 at the Long Beach Hilton.
See website www.creativechangeconferences.com

Carol Teitelbaum is the founder of Creative Change Conferences, It Happens to Boys Program and is a Psychotherapist in private practice in Rancho Mirage, CA

WHAT IS VALUES ILLNESS?

By Brian M. Berman, Psy.D.

Addiction often contributes to a psychological condition which is rarely discussed and yet deeply felt. This condition is called Values Illness. Values Illness is defined as *a life which feels meaningless and without value*. Values Illness occurs when an individual makes life decisions based on escaping painful emotions and thoughts rather than creating meaningful life experiences. Addiction is a major contributor to Values Illness because it "hooks" a person into habitual life patterns of escape rather than striving for a richer and fuller life. For example, if a person values having a close relationship with family, then spending time with their children will provide them a rich and meaningful experience. However, if this person escapes family stressors with alcohol and isolation, then they may miss out on developing the deep relationships they desire. When this process of escape becomes a regular pattern, the individual is likely to experience Values Illness.

There are many symptoms associated with Values Illness that can help one identify if this psychological condition is present. An individual with Values Illness is likely to experience feelings of emptiness, loss of interest, feelings of worthlessness, depressed mood, anxiety, poor quality of life, dissatisfying relationships and feelings of hopelessness. One of the most effective interventions for healing Values Illness is to identify one's values, and begin taking small steps in pursuit of those values. Making life choices which are values-consistent can help generate a path to a much richer and fuller life.

Dr. Berman is a licensed clinical Psychologist at the Retreat at Lancaster County's inpatient facility He provides training lectures, group supervisions to staff, and is Principle Investigator on a research study looking at the impact of Acceptance and Values on addiction. Additionally, Dr. Berman offers outpatient therapy in his private practice in Bryn Mawr, PA, specializing in disorders of emotion regulation, addiction, anxiety, depression, trauma and chronic pain. Dr. Berman earned a Doctorate of Psychology at La Salle University as well as holds Master's Degrees in clinical psychology from La Salle University and West Chester University.

BREAKING THE CYCLE OF ADDICTION WITH IBOGAINE

By Deborah C. Mash, Ph.D.

Ibogaine comes from the root of the West African shrub *Tabernanthe iboga*. The plant has been used for centuries in spiritual celebrations, coming of age rituals, and healings among the Babongo and Mitsogo people of West Central Africa. In Africa, followers of the Bwiti religion use ibogaine. There are estimated to be approximately 2-3 million members of the Bwiti religion scattered in groups throughout the countries of the Gabon, Zaire, and the Cameroun. The rootbark of the *Tabernanthe iboga* plant referred to as 'iboga' or 'eboka' is taken in large doses for the 'Bwiti initiation ritual' - a powerful 'rebirth' ceremony that group members typically undergo before the commencement of their teenage years.

Over the past century, western researchers began investigating the alkaloids in the root of *Tabernanthe iboga*. Ibogaine is largest, but only one of several alkaloids in the root. An underground railroad of addicts helping addicts provided the first anecdotal evidence that ibogaine helped people break their cycle of addiction to heroin, cocaine and alcohol. Ibogaine was thought to have a therapeutic benefit when used as an adjunct to brief intervention to promote the transition to abstinence in drug-dependent patients. In the 1990s, academic researchers provided proof of concept that ibogaine stops drug taking in animal models of addiction. These studies were very promising, but there was much more work on the road ahead towards professional acceptance and regulatory approval.

Until the last 30 years, most of the knowledge of the human experience with Ibogaine came from its use in spiritual and religious practices in Africa. However, starting in the 1980s and continuing today, small Ibogaine treatment centers have emerged in Europe, Canada, Central America and Mexico. Ibogaine has never been approved for use in the USA or elsewhere. In New Zealand, Ibogaine and its active metabolite - Noribogaine were added to the national formulary. Ibogaine was marketed for many years in France in very low dose tablets under the tradename Lamberene. Taken together, there is over 120 years of research, testing and observation on the plant alkaloid Ibogaine.

The most extensive information on the therapeutic effects of Ibogaine came from our study of controlled clinical observations in over 300 patients conducted in St. Kitts, W.I. Our original work from 1996 – 2004 showed that Ibogaine effectively blocks opiate withdrawal, alleviating the cravings and desire to use drugs in some patients for prolonged periods after administration of only a single dose. We also demonstrated that patients report less depression and anxiety after detoxification with Ibogaine. These findings are important because many patients reported that they felt no withdrawals or drug cravings in the early days to weeks after treatment, which gave them an easy transition to sobriety. Some patients also reported that they had gained insight into their destructive behaviors and they understood the need to work a program to ensure long-term abstinence.

Ibogaine never advanced further in the USA, because it is classified as a Schedule 1 controlled substance. Schedule I drugs are difficult to work with because they are highly controlled and require major efforts to secure DEA and FDA permission to test them in human subjects. In 1993, the FDA approved our clinical trial to begin testing the drug in humans. The FDA gave permission to our team at the University of Miami Miller School of Medicine to conduct a limited Phase I clinical trial. We worked very closely with the FDA and researchers across the USA. Unfortunately, these landmark studies did not go forward because of a lack of public or private funds. Human clinical research is very expensive and in the absence of public or private funds, we could not continue our work at the academic medical center.

Undeterred, we opened an offshore clinic in St. Kitts, W.I. in 1996 and provided treatment to alcohol and drug addicted patients with Ibogaine. We collected the first safety, pharmacokinetic and efficacy data, which we provided to the FDA for their review. We provided medical oversight and counselors to work closely with our patients in a highly structured research and clinical setting. We obtained payment for our services to support this research using a sliding scale to cover our direct expenses. The Healing Visions Institute for Addiction Recovery, Ltd. was closed in 2005, when we decided that it was time to bring this work with Ibogaine back to the USA.

Our work with addicts who were desperate to *break free* from their addictions was very rewarding and we had overwhelmingly positive results. We reported that patients treated with Ibogaine demonstrated impressive clinical outcome measures with rates of relapse three times better than patients in current public or private addiction treatment programs operating in the USA or elsewhere. However, these were small studies and much more work was needed to demonstrate the full benefits of Ibogaine therapy. My efforts were shifted to development of the active metabolite - Noribogaine. To this end, we worked with private investors to establish a start up company to test Noribogaine in humans with a hope that this new molecule would be attractive to the pharmaceutical industry. Very few new molecules are developed for the treatment of addiction. We are hopeful that the metabolite - Noribogaine may advance through the various stages of FDA drug trials to enter the market as a new medication. These controlled clinical trial studies are currently ongoing in Canada in opiate dependent patient volunteers.

The discovery that ibogaine eliminates the signs and symptoms of opioid withdrawal and diminishes craving for opioids was first made in the 1960's by a group of self-treating heroin addicts. A single oral dose administration of ibogaine was associated with a disruption of five addicts' use of opiates for up to six months. Ibogaine has since been administered to many thousands of opiate and cocaine addicts, but it has never been proven effective in any FDA or European Union Medicines controlled clinical trial. Despite this lack of moving human anecdote to therapeutic evidence, open-label observations support the conclusion that Ibogaine therapy is safe and efficacious for patients seeking detoxification from opiates and other drugs. However, it is very important that only a competent medical doctor who understands the safety and therapeutic limitations of this experimental treatment administers Ibogaine. Many dishonest and self-styled Ibogaine therapists administer the drug in unsafe settings. Patients seeking Ibogaine treatment must be cautious before traveling abroad to take the drug without careful review of the program and the people behind it.

Addiction is a chronic relapsing disorder that affects physical, psychological and spiritual domains with serious consequences for the individual and our society. William James first suggested, "The greatest revolution of our generation is the discovery that human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives". Ibogaine may help addicts to establish a substance-free recovery because the experience itself has benefit or meaning, while the active metabolite Noribogaine helps to reset the brain to block the cravings and desire to use drugs and alcohol that set in motion the addiction relapse cycle.

Deborah C. Mash PhD is a Professor of Neurology and Molecular and Cellular Pharmacology at the University of Miami Miller School of Medicine

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WHAT WE BELIEVE ABOUT ADDICTION MATTERS

By D. John Dyben, DHSC, CAP, CMHP, ICADC

SUDTALKS

On Thursday Feb. 11 from 6 PM. to 9 PM. at the Delray Beach Center for the Art's Crest Theater, the Delray Beach Task Force will host SUD (Substance Use Disorder) Talks.

This event is modeled after the successful TED Talks and will include several talks from local, regional and national speakers. Among them are Dr. Kevin Wandler, *Associate Chief Medical Officer, Advanced Recovery System;* Dr.D.John Dyben**,** *Director of Older Adult Treatment Services, Hanley Center; Marc Woods, Code Enforcement Officer, City of Delray Beach; and Dr. Elaine Rotenberg, Clinical Director at the Alpert Jewish Family and Children's Services.*

The Visionary Speaker for the event will be Dr. Carl Hammerschlag, a master storyteller and internationally recognized author, physician, speaker and healer. He brings extensive knowledge regarding how communities can survive in rapidly changing cultures, the role community plays in healing and how a changed perspective is needed to gain ground in response to the swell of substance use disorder.

The Presenting Visionary Sponsor for SUD Talks is Weiner Lynne & Thompson, P.A., Attorneys at Law.

In modern society, there are numerous issues that impact individuals, families, and society as a whole. Crime, war, disease, and poverty are a few. What we believe about these and other issues is a major driver of how we address them.

In the 14th century, a plague hit Europe that wiped out millions. Many believed that it was a punishment from God and so they expelled or killed those who were seen as evil doers in an attempt to win God's favor. Later, it was believed that mental illness was the result of demon possession and so the mentally ill were locked up in horrible conditions when attempts at exorcism ultimately failed.

In the United States today, an estimated 40 million persons aged 12 and older are addicted to nicotine, alcohol, and other drugs.[1] The impact this has on society is immense in terms of the toll it takes on individuals, families, communities, and the health care system. Given the enormity of the problem, the question must be asked, "What do we believe about addiction?"

The National Institute on Drug Abuse defines addiction as "a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences." Other medical and scientific organizations have definitions that include further descriptions but all definitions include the clear statement of the known fact that *addiction is a disease.*

How then do we, as a society, treat disease? Consider any major disease such as diabetes or cancer. We put money towards treatment and research. We develop facilities to care for the afflicted and we demand high standards be kept for the provision of that care. We organize walks and fundraisers. We work hard to put a spotlight on the disease to increase public awareness. We wear ribbons and bracelets to support those affected.

Unfortunately, when it comes to the disease of addiction, we seem as a society to have a vastly different reaction. We spend the majority of our national efforts punishing the addicted, spending tens of billions of dollars each year on arrests and incarceration. What does this say about what we believe about addiction? One cannot help but conclude that this reflects a societal belief that, despite what scientists and health professionals tell us, addiction is not a disease but rather a moral failing.

The result of this belief is that we incarcerate rather than treat; we provide punishment rather than care; we invest in arrests rather than research. Consequently, the problem continues to grow generation after generation and addiction continues to ravage the very fabric of our society.

In order to effect real and lasting change in the area of addiction, we as a society must change our beliefs and we must redirect our practices to reflect an understanding of addiction as a disease that should be treated like any other disease. It is, however, easy to see why this is difficult for so many. Addiction causes changes in the brain that decrease the individuals' ability to make healthy choices. So, those who are close to the addicted experience lies, theft, manipulation, unkept promises, abandonment, and other aberrant behaviors. It is understandably difficult to see past the hurt these behaviors cause when one is on the receiving end. Also, as a society, when criminal acts are committed within the course of a person's addiction we still have to deal with those acts. These raise distinct concerns that differentiate addiction from other diseases and are likely reasons why we struggle with the reality of addiction as a disease. To further complicate the issue, not all who use substances are substance abusers and not all substance abusers are addicted.

Ultimately, addiction is a disease that presents a complicated public health concern with no easy solutions. There is no neatly packed, bullet pointed paper that anyone can write to delineate all of what addiction is and how it should be dealt with as a societal issue.

Continued on page 36

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"DO'S" AND "DON'TS" OF CO-DEPENDENCY

By Fran Simone, Ph.D.

Leo Tolstoy wrote, "All happy families resemble one another, each unhappy family is unhappy in its own way." However, families whose loved ones abuse alcohol and drugs share in their unhappiness. They suffer as they watch changes occur through the disease. The person they love becomes enslaved by the addiction—lying, stealing, manipulating, denying, acting irrationally and frustrating the hell out of everybody. Healthy families rally around members in distress. But in families challenged by addiction the line between help and enabling is thin. In our misguided attempts to "help", we mistakenly support the addiction. We step in and rescue our loved ones by paying their bills, making excuses for them, or bailing them out of jail. Even when we recognize that we're partners in this twisted tango, we keep the co-dependency dance going.

So how do we exit the dance floor and get on with our lives?

The National Council of Addiction and Drug Dependency provides information to family and friends of loved ones, including a list of "do's and "don'ts" (http://ncadd.org).

My husband abused alcohol and my adult son abused drugs. My efforts to "help" failed, but that didn't stop me. I was convinced that I could fix both of them. My God suit fit me perfectly. If only they would obey my commands, everything would be just fine. It took a long time for me to come to terms with what I was doing wrong.

Don't nag, preach, or lecture. I did my share of that. "Why can't you stop this?" "Can't you see that you're destroying this family?" "I'm sick of your lying to me." "You need to go back to those AA meetings." "If only you'd just listen to me…."

Don't use the "if you loved me" appeal. Just as loved ones try to manipulate us, I tried to manipulate my husband and son. "If you loved me, you wouldn't steal money from my wallet." "If you cared for me at all, you'd get home on time for dinner. Now it's cold and I went to all of that trouble to prepare it." "I'm heartbroken. How could you lie to your own mother?"

Don't make idle threats. I did this over and over. "If you don't stop this, I won't let you live here anymore." "If you drink and drive, I won't lend you the car." "If you continue to get drunk, I'm divorcing you." More times than not, my husband recognized that I did not mean what I said. And more times than not I'd beat myself up for not following through. Learning how to "say what we mean and mean what we say" has been an ongoing challenge.

Don't hide the liquor or dispose of it. I was never guilty of this. I never snooped around to find bottles or poured liquor down the drain. But when I discovered empty liquor bottles in my husband's golf bag, I blew up and let him have it. Ditto when I found joints in my son's bedroom.

Don't be a martyr (even though you may feel like one.) Sometimes after a drinking episode, I'd give my husband the silent treatment. An Artic chill hung between us for several days. Then we'd thaw out, kiss and make up, until the next time. Depending on my mood, I'd either nag, plead, and preach or shut down and shut up. I also indulged in "pity parties" and compared my family to those happy ones who did not have to deal with all of this melodrama.

Don't do for your loved one what he should do for himself. Of all the "don'ts' I believe this is the most difficult. When we enable, we prevent our loved ones from experiencing the consequences of their destructive behavior. We also deprive them of the opportunity to build their self-confidence when they face and solve their own problems.

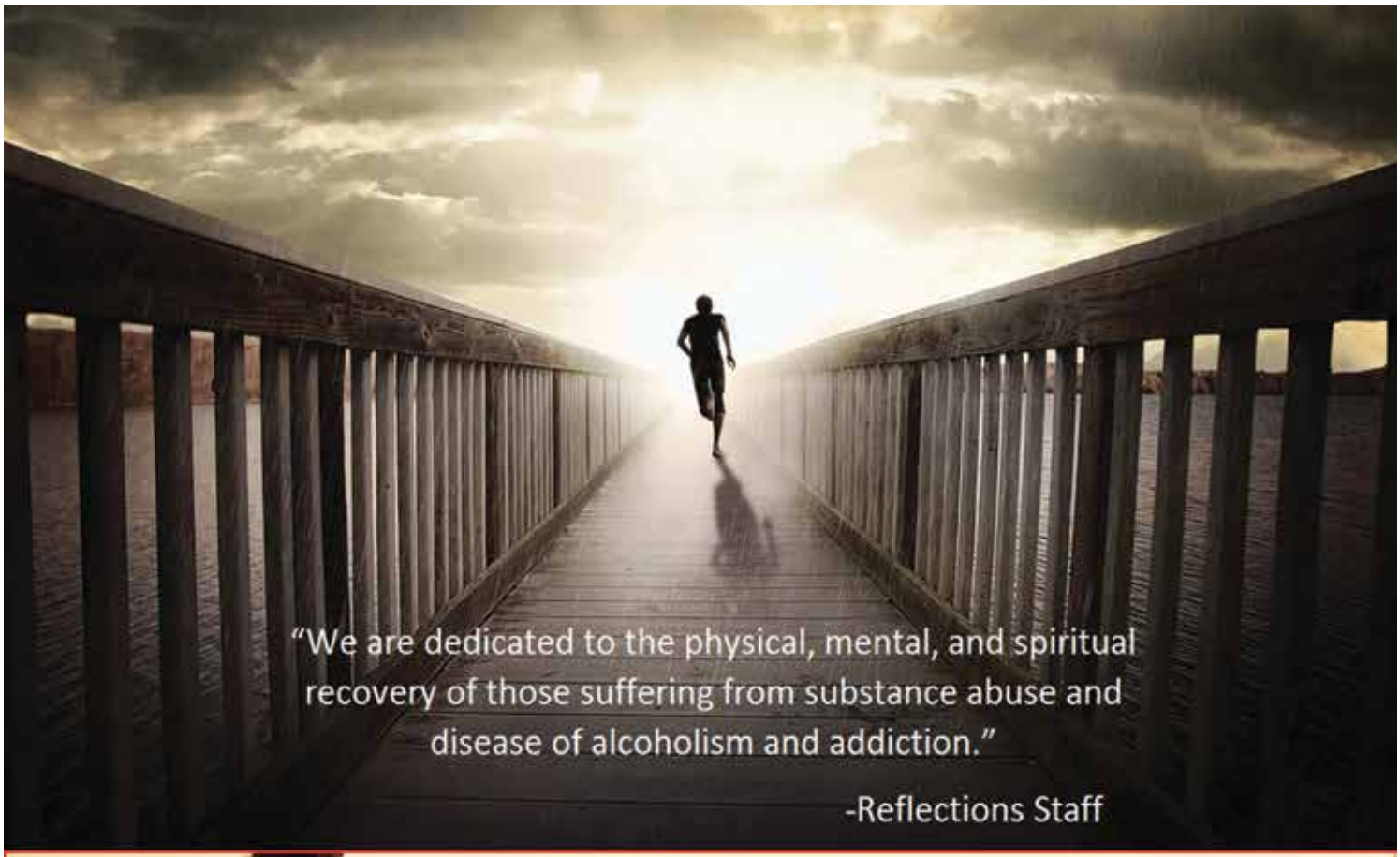
Don't expect an immediate 100% recovery. Relapse is part of the disease. After successfully completing a treatment program, my husband relapsed quickly. He managed to control his drinking and functioned for many years—never lost his job or the love and

support of his family and friends. He wasn't a nasty or abusive drunk. Rather he retreated into an alcoholic fog. Silent and unresponsive. Eventually, the alcohol took over completely. My husband lost hope and committed suicide. My son has had an up and down recovery journey. In and out of rehab, in and out of psychiatric treatment, in and out of a desire to change and a fear of withdrawal. Thankfully, he's been drug free for the past three years. Still, it's one day at a time for both of us.

Loved ones can do much to support recovery. They can learn about alcoholism and drug dependence, speak up and offer help, express love and concern, recognize that someone cannot stop without help, and support recovery as ongoing. And even if your loved one isn't ready to quit, let him know that you believe he has the capability to recover.

Finally, loved ones may decide to detach. There's no shame in this. If your health is suffering, if your boundaries are continually broken, or if your safety is threatened, you may decide let go. A very difficult decision. Whether you decide to hang in or let go, it's essential that you get help and take care of yourself. Leave a space in your heart for compassion and never lose hope.

Dr. Fran Simone is Professor Emeritus at Marshall University, Huntington, West Virginia. Her memoir, Dark Wine Waters: a Husband of a Thousand Joys and Sorrows was published by Central Recovery Press. She blogs on issues affecting family members and friends of individuals with substance abuse disorders for Psychology Today (see "A Family Affair). She can be reached at www.darkwinewaters.com.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THE STUFF OF HAPPINESS

By Maxim W. Furek, MA, CADC, ICADC

Like a white rabbit plucked slyly from a top hat, the concept of happiness is illusive, sleight-of-hand trickery. It is something we talk about, actively seek and obsess over.

Happiness is different for each of us. Both the definition and realization of happiness is based upon personal philosophies and ideations, upon individual preference and perception. We define ourselves in terms of how much or how little we possess.

Although there are familiar elements that we all share, happiness assumes sundry shapes, sizes and pathways. There are countless roads that lead to the same destination. “People take different roads seeking fulfillment and happiness. Just because they’re not on your road, doesn’t mean they’ve gotten lost” observed the Dalai Lama.

It is easy to get lost on the journey. A quick Internet check revealed 41,200,000 references about the subject. Happiness is an intangible, much-sought-after, notion. But what exactly is it, and where can it be found?

We often make the mistake of looking outside ourselves for true happiness. We wrongly believe that happiness can be found in another’s approving words, or in the attainment of large amounts of lavish clothes, entertainment devices and other materialistic things. In other words, and in the parlance of comedian George Carlin, we need more stuff to find happiness.

In 1986 Carlin first performed his “stuff routine” for Comic Relief. Performing as the Hippy Dippy Weather Man, Carlin said, “Actually this is just a place for my stuff, ya know? That’s all, a little place for my stuff. That’s all I want, that’s all you need in life, is a little place for your stuff, ya know? I can see it on your table; everybody’s got a little place for their stuff. This is my stuff, that’s your stuff, that’ll be his stuff over there. That’s all you need in life, a little place for your stuff. That’s all your house is: a place to keep your stuff. If you didn’t have so much stuff, you wouldn’t need a house. You could just walk around all the time” (Carlin 2008).

Carlin’s “stuff routine” defined a cultural moment as it provided a much-needed definition of terms. Carlin joked that as we amass stuff we create a need for more garages, sheds, basements and storage areas. For these individuals, happiness is wrapped around incessant layers of materialism. For some, their journey is a quest to gather, acquire and accrue more of the stuff – the clothing, cars, accouterments --- that provide immediate comfort and expected gratification.

But, is that enough?

Materialism is a way to fill emptiness and provide comfort where there is a gaping hole. It is a brief, rapidly extinguished quick fix. It lasts only until the next materialistic purchase of more stuff. People who have things tend to want even more things, much like the heroin addict who develops tolerance and craves more of the drug.

Taylor describes Modern Materialism as not something driven by hardship but by “our own inner discontent. We’re convinced that we can buy our way to happiness, that wealth is the path to permanent fulfillment and well-being. We still measure ‘success’ in terms of the quality and price of the material goods we can buy, or in the size of our salaries”.

That materialistic attitude and lifestyle can be detrimental, as it takes us into places far removed from our inner core. As observed by therapists John and Linda Friel, “It is the external search for our unmet needs that leads us into addictive lifestyles”.

Hoarding can become one of those addictive lifestyles. The International Obsessive Compulsive Disorder Foundation estimates that one of every 50 people deal with issues of severe hording and one in four people with OCD are also compulsive hoarders.

Hoarding is a psychological illness that forces us to save and collect and scavenge even more of the treasured stuff. Those who hoard feel that these scraps of junk (or treasure), whether they are stacks of magazines and newspapers or a house filled with cats, provide value to our perceived valueless lives. It begets a continuous cycle of anxiety, fear, hoarding, and isolation. “The more hoarders accumulate, the more insulated they feel from the world and its dangers. Of course, the more they accumulate, the more isolated they become from the world, including family and friends. Even the thought of discarding or cleaning out hoarded items produces extreme feelings of panic and discomfort”.

Some would argue that love is the only thing that truly fills the emptiness. According to Margaret Paul, “There is only one cause of inner emptiness: a lack of love. But it is not a lack of someone else’s love that causes your emptiness. Inner emptiness is caused by self-abandonment -- by not loving yourself. Inner emptiness comes from a lack of connection with your spiritual source of love -- from not opening to the love-that-is-God and bringing that love to yourself through true thought and loving action in your own behalf.

“When you abandon yourself by judging yourself, ignoring your feelings by staying in your head, numbing your feelings through substance and process addictions and making others responsible for your feelings and for loving you, you will feel empty. You are causing your own emptiness by your self-abandonment”.

Researchers have concluded that happiness is not the byproduct of materialistic wealth but comes from a collage of factors including healthy relationships, satisfying occupations and hobbies and the discovery of our Higher Power, that “something” that we feel connected to and is larger than us.

The answer is not inside the vast commercial marketplace, but deep within our precious selves. To discover that truth is to truly realize the stuff of happiness.

References Provided Upon Request

Maxim W. Furek, MA, CADC, ICADC, like many of us, continues on a personal search for happiness. His rich background includes aspects of psychology, mental health, addictions and music journalism. He can be reached for comment at jungle@epix.net

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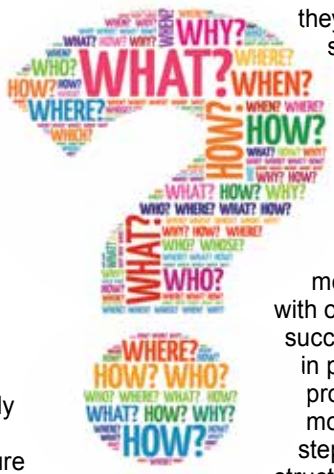
YOUR CHILD IS GOING TO TREATMENT: NOW WHAT? A GUIDE FOR PARENTS

By Jean Campbell, LCSW, TEP and Pamela C. Clark, CADCII, ICADC

Your son or daughter has agreed to go to treatment. As a parent you now face one of the biggest decisions you will ever make – choosing the best program. In the course of our work, parents often ask us how they will know if they're making the right choice. This is a time of heightened emotion, and there are many factors for parents to consider. First and foremost, emotion must be taken out of the equation in order to assess potential providers with the objectivity required to make an informed decision.



Here are some questions parents might not know to ask:

Will medically supervised detoxification (detox) services be required prior to admittance to the program? Alcohol and certain drugs require medically supervised detoxification before the individual can be admitted into residential or outpatient treatment. Be sure to ask how to have your child appropriately screened to see if detox is needed.

If the program does not offer detox services and detox is required before admittance, can they provide a referral to detox treatment? This is important because many detox services require a written referral from a program before they will admit someone. If detox services are offered through a different provider, be sure to coordinate a transfer directly from the detox center to the treatment program after detox has been completed. Post-detox is when the person is at greatest risk for relapse and overdose due to lowered drug tolerance. Other times of heightened overdose risk include after program completion, after a prolonged illness, and after being released from jail.

Drug testing, frequency and cost – who pays? Insurance or you? This is important because this varies among programs and insurance providers. You should clarify what drug testing expenses you will be required to pay out of pocket. The truth is that some programs are "milking the system," so it's important to ask specific questions. If the program charges over $150 per UA (urinalysis), except in *extreme* circumstances, we'd suggest you seek out alternative treatment.

What are the qualifications of the treatment team? Is there a physician on staff and are they Board Certified in addiction medicine? Is the staff comprised of therapists and counselors who are licensed and/or certified in drug treatment? Do they have staff licensed to conduct mental health assessments? Do they assess and treat trauma?

Are medications prescribed during the course of treatment? If your child is also struggling with mental health issues, it will be important to know how medication will be monitored by the clinical staff, if she or he will have access to a psychiatrist on a regular basis, and what the program does if the medication isn't working effectively. Moreover, many treatment centers charge an additional amount for the patient to see a psychiatrist, so ask up front what their policy is.

What does a typical day look like? The treatment provider should be able to tell you what each day of the week looks like, and show you a weekly calendar of program activities: individual and group counseling sessions, 12-step or other recovery meetings, group activities, meal times, visiting hours and the information on the next dates for their family treatment program.

How does the program involve the family in the treatment process? It is important to involve the whole family in the treatment process because the family will need to unlearn old ways of interacting and learn new healthy ways to interact and communicate with each other. Ask about the family programs they offer, and how they involve your family and your son or daughter in these programs. Also, ask about how often you should expect the treatment program to update you on the progress of your son or daughter. You can also ask about how often families are able to visit while your son or daughter is in treatment.

What is the plan for aftercare? Aftercare may involve outpatient treatment, attending recovery meetings, and forming new healthy relationships with others in recovery. Before your son or daughter successfully completes treatment, there should be a plan in place to maintain their sobriety once they leave the program. In addition, some programs will recommend more treatment, such as extended care, which is a step-down from primary treatment, but is still highly structured, or possibly sober living in conjunction with an outpatient program.

What consent forms do I need to complete so I can have access to information about my son or daughter's progress? If your child is a minor you can ask to review their records at any time. If your son or daughter is 18 years or older, he or she will have to sign a "consent to release information" form in order for you to have access to his or her progress and records. Be sure to discuss this with your child and if he or she consents, have the release signed during the intake process. It would also be a good idea to ask the treatment center what happens if your child revokes the release allowing the treatment center to share information about him/her.

What if my son or daughter wants to leave treatment? Sometimes a program just isn't the right fit. Ask what their reimbursement policy is, and if your child is 18 years or older, if they will contact you if they decide to leave treatment. Ask if you can expect the treatment provider to make recommendations for alternative treatment.

What if my son or daughter is asked to leave treatment? What are the grounds for asking someone to leave? What is their process, and how is this communicated to you? Ask if you can expect the treatment provider to make recommendations for alternative treatment.

Do they have a list of parent references you can contact? It's always a good idea to speak to other parents about their experience, and many programs offer references for this purpose.

Next Steps

Once you have contacted some programs, are satisfied with the program's components and costs, the next step would be to schedule a tour of the facility with your son or daughter. It's also a good idea to offer a choice and allow your son or daughter to choose the program he or she likes best, based on those you have pre-screened and are satisfied will offer the right treatment. This will empower your child to take responsibility for treatment and can boost his/her self-esteem.

There are also questions we wish parents would ask:

As a parent what can I do to take care of myself during this time? This is so important and often overlooked. Attending Al-Anon Family Group meetings (al-anon.org) and other family support groups is just as important for the parent as it is for the patient. You will find a supportive, non-judgmental environment where you can learn how to set healthy boundaries and learn new ways to interact with your loved one.

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By Rabbi Jenny Skylark Kuvin, JD, RMT

"You are amazing! You are divine source energy. You have inside of you the same life force that is inside of all other living things on planet earth. You matter. You can change the world."

News to me.

In 1995, I was a 24 year old fall down drunk. I had eight college majors, 3 fiancés, and billions of destroyed personal relationships. Most importantly I had no ability to own my power and take responsibility for my life. My alcoholism perpetuated a victim mindset and created an inability to take ownership for anything that happened in my life. In fact, it stole my power and prevented the healthy development of my self-worth. By explaining to me over and over again how much life had hurt me, it left me no space to develop a sense of connection to life.

My recovery began the moment a woman looked at me and told me how amazing I was. She explained that I was a piece of the divine and that I was creative, and worthy, and capable of building a life for myself with the support of this divine energy. She called it a higher power. All great growth happens the moment we choose to set semantics aside and listen with our heart to the truth. She told me I was lovable. She gave me hope. My heart responded because she spoke the truth. She and many other men and women, heard my flaws, embraced them and in turn assisted me in transforming them by merging them with the gifts I had been given.

Over the next twenty years, I completed law school, raised a beautiful son, wrote two books, and eventually followed my calling to become a Rabbi.

This is the secret of recovery: Empowerment and Love.

Empowering and loving those with addiction, by giving them the

tools to rebuild their lives and connecting them to a higher power is my passion.

Traditional treatment seeks a reason for addiction; I seek a reason for recovery. The most compelling reason emerges from Jewish Mysticism in that we are all part of the same light. We are essentially all stars in the same sky, and when one star gets dim….so does the whole night sky. We all must seek to help each other shine. Over the past 20 years I have worked in various populations identifying this simple fact: When one is given the support and tools to realize one's gifts and abilities, one thrives. When one is empowered and loved, one recovers.

It is time to own your power. It is time to let go of the need to focus on your mistakes and instead realize your gifts. There is only one you! You are amazing!

Rabbi Jenny Skylark Kuvin is the host of The Rabbi Jenny Show on 1470am and iheart radio.
She is the author and creator of AHAVATAR: Awakening the Divine Within,The Heroic, Visionary and Healer Therapeutic Model.
Rabbi Jenny is the Executive Director at Epiphany Resources Treatment Center.
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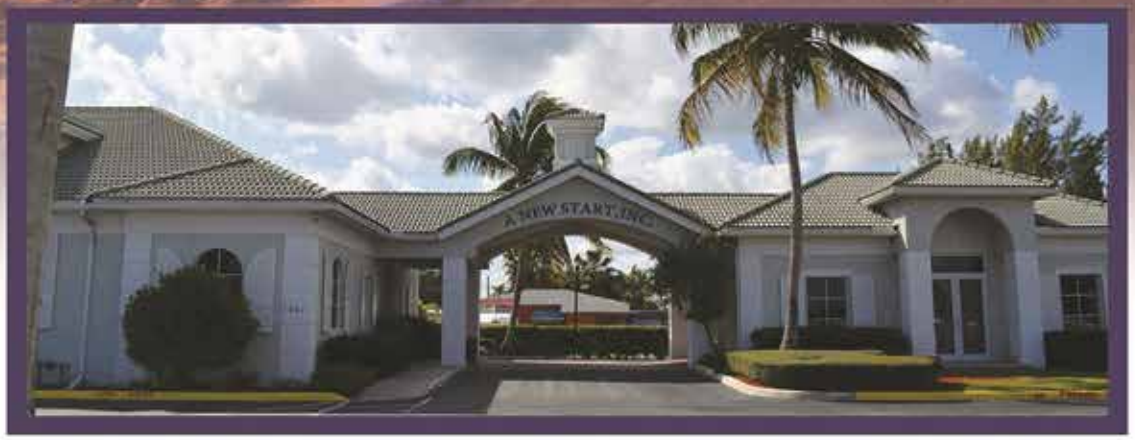

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RESPECTFULLY PRESIDENT OBAMA, YOU CAN SHUT DOWN AMERICA'S OPIATE/OPIOID EPIDEMIC TOMORROW – LITERALLY!

By John Giordano, Doctor of Human Letters, CCJS, MAC, CAP

Last night I could not have been more excited than I was watching President Obama's State Of The Union Address. In the second paragraph of his opening remarks the president said: "Because it's an election season, expectations for what we will achieve this year are low." He also added, ***"I hope we can work together this year on some bipartisan priorities like criminal justice reform, and helping people who are battling prescription drug abuse and heroin abuse.*** So who knows? We might surprise the cynics again."

Regardless of your political views, you have to agree the president nailed it. He correctly separated 'prescription drug abuse' and 'heroin abuse' giving each their deserved distinction. But mixed in with my excitement was confusion on the scale of cognitive dissonance. What I found perplexing was that this proclamation was coming from the President of the United States of America, one of many men and women in government with the power to end America's Second Opiate/Opioid Epidemic tomorrow – literally.

The mechanisms necessary to shut down this deadly epidemic are already in place. The apparatus and laws were brought into existence by President Nixon over forty-years ago. They were used to great effect curbing drug abuse in the last part of the twentieth-century; but then something out-of-view happened. Everyone seems to have a theory, but personally, I don't think we'll ever know what really went on behind closed doors. What I do know is that right now we find ourselves being ravaged by an avoidable opiate/opioid epidemic.

This is not the first time opiate and opioid merchants have invaded our lands and attempted to manipulate our free and open society. In the mid to late1800's morphine had its way with wounded civil war soldiers and veterans. Latter on, heroin was being marketed by Bayer Pharmaceuticals as – among other things – a cure for morphine and opium addiction. You can imagine how well that turned out. By the early 1900s, Americans consumed more opium per capita than the Chinese. Opiates and opioids were so pervasive at the time that our 26th president, Theodore Roosevelt, enlisted the help of Dr. Hamilton Wright – our first drug czar – to rein in America's First Opiate/Opioid Epidemic. Their efforts lead to the 1914 Harrison Narcotics Tax Act that effectively ended the crisis by gaining control on the importation, manufacturing and distribution of opiates and opioids.

This is historical. It was our first effort – and a very effective one at that – to combat the dangers to American's health and safety posed by opiates and opioids; but time would prove it would not be our last effort. The 60s saw an increase in heroin abuse leading President Nixon to initiate legislation allowing for methadone clinics and the creation of the DEA through consolidation of related government agencies. The newly formed DEA is a division of the U.S. Department of Justice and subject to Congressional oversight.

Although controversy seems to have surrounded the DEA from its inception, the agency has proven its ability to curb the divergence of pharmaceutical drugs to the streets of America. Mr. Gene Haislip was the last successful head of the Office of Diversion, a position he held for 17 years. One of his primary duties was to keep pharmaceutical narcotics off the streets. Haislip was a smart go-getter who took pride in his job and wasn't afraid to take a creative approach. He often wrote his own bills that quickly gained support from both the White House and congress. The media also held Haislip in high-regard, constantly seeking him out for comments. Haislip's efforts lead to the significant reduction in Quaalude abuse in the 80s and Methamphetamine in the 90's.

But since Mr. Haislip's retirement in 1997, the position he once held looks more like a slow rendition of musical chairs than the esteemed office it once was back in Haislip's era. Several have sat in his seat, yet no one has filled his shoes.

It was also around the time of Haislip's retirement that a privately

held company, Perdue Pharma, gained FDA approval (1995) for their new oxycodone pain killer, Oxycontin. It was rolled-out in 1996. Many experts consider this era – the late nineties – to be the genesis of America's Second Opiate/Opioid Epidemic.

It was also a unique time for the FDA. AIDS was killing Americans by the thousands every year. The FDA did not have the budget to hire the needed staff to catch up on the back-log of potentially lifesaving drugs awaiting approval. There was a 'drug lag' in the US. The public blamed the Government and the FDA. Politicians used it as a wedge issue on the campaign trail.

But it was the pharmaceutical industry who seized on the hidden opportunity. With the full support of Big Pharma – who has more lobbyist working for them than there are law makers on the hill – Congress enacted the Prescription Drug User Fee Act 1992 (PDUFA) giving the FDA authority to charge and accept fees up-front from pharmaceutical companies seeking faster drug approval. What could possibly go wrong?!

Big Pharma's cash contributions to the FDA made for great PR, but an even better strategic move with far more reaching consequences. As I'm sure you already surmised, the FDA has become increasingly dependent on user fees over the years. Estimates vary, but about $2 billion of the FDA's entire 2015 annual budget – roughly 45% – was generated by Big Pharma's new drug application and user fees.

To further complicate the FDA's charter to protect Americans' health and safety, the agency – and the DEA for that matter – is allowed to be lobbied by the pharmaceutical industry. However, Big Pharma has taken this liberty to new heights – paying $30,000 per representative for a weekend retreat with FDA department heads. This is just the tip of the lobbying iceberg. Over $382,000,000.00 million dollars were spent by the health industry in 2015 to influence our government officials who were elected to protect us. Four of the top ten biggest spenders on lobbying last year were in the health field. I don't have enough space in this article to go into the health industry's PR budget – which is far greater than their lobbying budget – and campaign contributions intended to influence members of congress' votes.

And you wonder why the cost of prescription medication has gone up so much? All of these expenses – and a lot of others that have nothing to do with researching and developing a new drug – are passed down to you, the consumer.

If I were the CEO of one of these mammoth pharmaceutical

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A NEW ATTITUDE FOR A CLEAN AND SOBER NEW YEAR

Rev. Martin Jackson Sr., MA, M.Ed., LADC

"The altitude of your attitude is based upon the fullness of your gratitude."

Martin Jackson

Whenever an individual, family member, friend or loved one is struggling with, or on a journey with someone recovering from an addiction disorder, life can seem overwhelming, draped with a sense of situational hopelessness. When attempting to capture a clean/sober way of life, a multitude of heartbreaks, setbacks and disappointments can be experienced due to what practitioners who ascribe to the "disease model," identify as a part of the illness, known as "relapse."

With this being a new year and our calendar turning over a new leaf, those in the recovery process of getting clean and sober can do the same—turn over a new leaf of sobriety. As the famous entertainer Patti Labelle reveals in the lyrics of her song, "*New Attitude*," she begins the song by illustrating feelings of, "*Running hot*", and then "*Running cold.*" How many times when one is making attempts of getting clean and sober they witness those opposing extremes? Whether it is due to the process of withdrawal or the rollercoaster ride of emotions, family members, who are not even using, began to feel the ride. Ms. Labelle also spoke of those extreme feelings in the very same verse as that of running hot and cold, singing, "*I was running into overload, that was extreme."*

In an effort to succeed in acquiring a new attitude for a clean and sober new year, a look at this song's next stanza can be of great assistance. It says, "*Somehow that wires uncrossed*, *The table were turned, Never knew I had such a lesson to learn"* Yes, this new year must begin with an attitude that is committed to uncrossing those wires in one's brain that's steeped in self-doubt and disbelief. The recovery text of Narcotics Anonymous simply puts it this way, *"We came to believe that a Power greater than ourselves could restore us to sanity."* Enhancing one's faith and believing that no matter what past experiences there have been, with a new day, and the New Year, we can and will turn our darkest hour into our brightest. Acquiring this attitude will afford us the opportunity to illuminate, that somewhat insane practice of, "repeating the same things and expecting different results." With the acquisition of this type of faithful attitude, Matthew 21:21-22 says, *"And Jesus answered them, 'Truly I say to you, if you have faith and do not doubt, you will not only do what has been done to the fig tree, but even if you say to this mountain, 'Be taken up and thrown into the sea,' it will happen. And whatever you ask in prayer, you will receive, if you have faith."*

Once the actions of uncrossing those disbelieving wires within the brain that says nothing is going to change, when enhancing our attitude of faith; then turning our will and our lives over to a positive, loving and caring Power, when realizing that the Power is of our own choosing- we can then learn the ultimate lesson in attaining, "A New Attitude for a Clean and Sober New Year." That lesson can be achieved by sincerely embracing the lyrics written by the late great Michael Jackson, which are as follows:

I'm gonna make a change - For once in my life - It's gonna feel real good - Gonna make a difference - Gonna make it right - As I, turn up the collar on - My favorite winter coat - This wind is blowing my mind - I see the kids in the streets - With not enough to eat - Who am I to be blind? - Pretending not to see their needs - A summer disregard, a broken bottle top - And a one man soul - They follow each other on the wind ya'know - 'Cause they got nowhere to go - That's why I want you to know - I'm starting with the man in the mirror - I'm asking him to change his ways - And no message could have been any clearer - If you want to make the world a better

place - Take a look at yourself, and then make a change.

This lesson of genuinely taking a new and improved look at self, as again suggested within the recovery text of Narcotics Anonymous, by way of, "… [making] *a searching and fearless moral inventory of ourselves;"* along with securing a newfound faith that this new and improved self can and will change for the better will ensure the recovering individual, family member, friend or loved one of having a greater ability to attain, maintain and sustain, "A New Attitude for a Clean and Sober New Year."

Rev. Martin Jackson Sr. is the owner and founder of The Institute of Health & Healing Sciences, LLC, a private therapeutic counseling practice, providing individual, family and group counseling, for those experiencing issues with Mental Health, Addictive Disorders and Wellness Recovery. Rev. Jackson has been a practitioner in the field of substance abuse since 1988.

In the year of 2014, Martin became an Ordained Minister within the African Methodist Episcopal Zion Church Denomination and is a member of the Ministerial Staff at Metropolitan A.M.E. Zion Church in Hartford, CT.

INTERVIEW WITH JACOB LEVENSON AND DR. THOMAS G.KIMBALL

By Patricia Rosen

With all the talk today on the recidivism rate of patients going in and out of treatment and the lack of willingness on the insurance companies behalf to pay for extended periods of time in treatment as well as their views on what is medically necessary, I was very intrigued when I read what MAP Health Management, LLC is doing. They provide comprehensive addiction outcomes data and post- treatment programs to addiction treatment providers across the country in an effort to help addicts with long-term recovery. I thought an interview with Jacob Levenson who is the CEO of MAP would be interesting to share with my readers as well as treatment providers. The following is an interview with Jacob and his Clinical Director, Dr. Thomas G.Kimball.

Patricia: Jacob, tell the readers a little about yourself.

Jacob: My background was in the financial world. I was a private options and derivative trader, basically trading my own portfolio. This got me very involved with data. Data gives you the power to make decisions. I also had a long career in real estate and construction but there was a void in my life. What I found fulfilling in my 20's didn't cut it anymore in my 30's. I wanted to make a difference, contribute something to the world. I decided to go into the Healthcare business because I felt I could contribute greatly in this area. My family has been touched like thousands of others by addiction. It surrounded me my whole life. I feel like it's a Greek tragedy. The more I run from it, I run into it. I lost a brother in 2001 with whom I was very close with and I have a mother who is in long term recovery. I felt this was an area I could make a difference in.

Patricia:- So how did MAP come to fruition?

Jacob: My phone was always ringing from family members saying that data, such as outcomes in treatment and recovery support was missing. My brother Ben who had started Origins 3 years prior to MAP kept calling and saying people were dying and that important data was missing from treatment. I knew if I did this, I needed to do it for the world, not just my family- and that's what I did although they were our first client.

Patricia: I should hope so! Dr. Kimball, please tell us a little about yourself and how you became involved with Map.

Dr. Kimbal: I am the Director of The Center for Collegiate Recovery Communities overseeing 125 students. I am also a Professor at Texas Tech University. I met Jacob a few years ago and he asked me to work as a consultant with MAP. He wanted my help and expertise in showing how to provide support for those in recovery, honing in on data and different questions that needed to be asked for outcomes. I found Jacob extremely likeable and his enthusiasm and mission was totally infectious. I became very excited to be a part of what he was hoping to accomplish. I had worked with emerging adults, addicts and alcoholics, as well as their families and my research was on how people maintained their sobriety in the long run, so this seemed like a match made in heaven! I have now been with MAP for a few years working in different capacities. I am their Clinical Director and also gather data using algorithm-based software. I am truly excited with what we are learning about recovery.

Patricia: Jacob, tell us a little what MAP does.

Jacob: Map is data driven. Data is really interesting and not all data is equal. Map strives for the best scientific data. There are two reasons:

1. To drive clinical efficacy

2. To drive reimbursements

I think we are all seeing a change in insurance reimbursements and that 2016 is going to be somewhat of a day of reckoning. Insurance companies want to see results. Our data will help them get that while also helping treatment centers improve outcomes, demonstrate and extend the value of their programs and differentiate themselves to payers and consumers.

Patricia: It's getting worse each year. Insurance rates are going up; they are paying for less, and allowing less time in treatment. It's really a bad situation. How do you track someone in and after treatment?

Jacob: The client in treatment will work with a MAP recovery advocate building a profile. We want to see a system baseline. A domain across a person's life- happiness, health etc.… This is done through video conferencing. We have case management software and we hone in on the questions while we build a profile where we can understand the person. The questions will be very different for each person once the system gets to know that particular individual. We start this in the second half of treatment when the person is more clear headed. By the time it comes to discharging a client, we can let that treatment center know who is doing well, who's not, who has a propensity for wellness or relapse, what was the treatment centers strong point, what wasn't and more. Once they get out, we speak to them weekly but are available whenever they need us. Most of our communication however is with the parents.

Patricia: What do you see as the biggest obstacle in treatment today?

Jacob: That's a great question. We need to approach it from different areas. We don't understand what treatment pathways work for which patient. We have a very cookie cutter approach to treatment today and I think there's a big difference between a 20 year old female opiate addict and a 50 year old male alcoholic. Recovery is NOT cookie cutter. We need more individualized treatment today.

Patricia: Dr. Kimball, What do you see as the biggest obstacle in treatment today?

Dr. Kimball: I think Jacob is right on. The cookie cutter approach does not work for more than maybe a handful of people. We need individualized treatment. Look at cancer. They have not only honed into which treatment works for which cancer, but have even honed into which treatments work better for the severity of that particular cancer. We need to get better at understanding what a person needs when they present for treatment, the disease severity and how we can tailor it to their needs and we need to provide them ongoing support once they leave. Addiction is a chronic disease and needs long term support.

Patricia: Jacob, are you working with the insurance companies on this?

Jacob: Yes. We are collaborating with some of the top insurance companies in the nation and they want their network providers to adopt our model and technology over the course of 2016. It will also be a big reimbursement piece. Insurance companies are skeptics at best over the current state of the treatment industry. The treatment state cannot demonstrate the value of services they are rendering. Insurance companies today are interested in outcomes. They are used to dealing with doctors such as Cardiologists, Oncologists and Gastroenterologists. They know if they remove the appendix of someone having an appendix attack or if they treat someone who has cancer with chemo or place a stent in an artery, they have some outcome data- results. Payers crave predictability.

In the treatment industry they have none. What MAP is doing will be providing them with some empirical data. With empirical

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COPING WITH AN ALCOHOLIC PARENT

By Mendi Baron, LCSW

"The teenage years are a time to restructure your relationship with your child, but it's not time to let go and disengage, they still need their mom and dad."

Teen years are not the time to disengage with your child.

As a teen you are beginning to become more independent, to disengage more from your parents, and your life is filled with emotional ups and downs. But if a parent is an alcoholic, it magnifies the ups and downs and makes life harder. An alcoholic parent's behavior is often unreliable, unpredictable, irrational, and aggressive.

There Are Many Reasons Why You Feel Lonely, Ashamed, Unloved, Sad, and Afraid

- You may find yourself spending energy trying to figure out how your parent will behave, and trying different things to change his/her behavior.
- You may be so worried about how your parents will behave that you find yourself avoiding social situations. You avoid friends, stop making plans and isolate. The last thing you would want to endure is the embarrassment over your parent being drunk in front of your friends.
- You have conflicting emotions about the alcoholic parent, from love to rage, fear and worry. These are normal feelings for a child coping with an alcoholic at home. All this worry about your parent's behavior and drinking drains your emotional energy.

The Effects of Alcohol on an Alcoholic Can Cause Them to Be Unpredictable, Irrational, Angry, Aggressive and Abusive

As blood alcohol levels increase, users may experience heightened emotional responses including anger and aggression, lack of coordination, poor balance, slurred speech, dizziness, disturbed sleep, nausea, and vomiting.

Extreme alcohol consumption can cause memory loss, blackouts, complete loss of coordination, and alcohol poisoning. In some cases, overdoses can be fatal.

Growing up with an alcoholic parent is confusing, frightening, and traumatic. When kids are very young they may not understand the cause of change in their parents personality after they have consumed alcohol.

Kids of alcoholic parents can feel any or all of the following:

• Shame • Anger • Depression • Stress

This may cause them to perform badly in school. Living with an alcoholic can mean a lot of stress. An alcoholic can be highly unpredictable and may act irrationally and abusive. This can lead to physical and mental abuse of the child. All this stress can be very damaging to children.

The child of an alcoholic can find it hard to form relationships with other people. It is difficult to trust others when parents have not been good caregivers.

What Is Alcoholism?

Alcoholism and addiction are illnesses of the body, mind, and spirit. The effect produced by these substances is a manifestation of an allergy; this allergy is evidenced by the fact that once the alcoholic or addict begins drinking or using drugs, they are unable to stop. These types can never safely use alcohol at all.

Why Does My Parent Drink Too Much?

There are many reasons why your parent may have a problem with alcohol. People often begin drinking because they like the effects produced by it. It makes them feel better or more relaxed and makes it seem like it helps them cope with problems. Over time, as they drink more, they become physically and psychologically addicted. So, the parent may drink because he or she is unable to quit on his or her own, but is not yet ready or willing to seek help.

Why Can't My Parent Stop Drinking?

The sensation produced by alcohol is seductive. While your parent can (and may) admit that excessive alcohol consumption is harmful, often those who abuse alcohol are either in denial that a problem exists or they rationalize the drinking. Once a parent is under the influence, his/her actions and behavior are dictated by alcoholism, and the parent is powerless to change unless he/she seeks to become sober. This illness affects others in a way unlike any other sickness. If an individual has cancer, you may feel sorry for him, but you wouldn't be angry or take it personally. Alcoholism negatively impacts everyone whose life is touched by the alcoholic's, especially the child who is under the care of the deficient parent.

Why Doesn't My Parent See The Problem?

Alcoholism is a chronic and often progressive disease which includes problems controlling one's drinking. If you have alcoholism, you are unable to consistently predict how much you will drink, how long you will drink, or what consequences will occur from the drinking. If your parent has alcoholism, he/she may not be able to cut back or quit without help. Denying the problem is part of alcoholism.

If My Parent Loved Me, Wouldn't They Stop Drinking?

The most important thing to know is that your parent's drinking is *not* your fault. Alcoholism is an illness of denial and rationalizations. Your parent may be so sick that he/she believes that he is a better parent when they drink. A parent may even tell them self that he/she is more relaxed, more attentive, happier and better able to deal with the stress of raising children even as he/she spins out of control.

When a parent is not under the influence of alcohol, most likely he is unable to control his anxiety and craving for alcohol. A parent may feel like he is jumping out of his skin. He may have moments when he hates himself for drinking and feels like the worst parent in the world. Alcoholism is an illness. Alcoholism only leads to the alcoholic becoming drunk, isolated, and alone. Being an alcoholic does not make a parent bad, though he or she may say or do terrible things. Being an alcoholic makes the alcoholic sick. The alcoholic is in the grip of a serious and progressive illness that poisons the body and disables the mind's capacity to make rational choices.

What Can I Do To Help?

First remember that while it is not the parent's fault that he or she is an alcoholic, he or she is responsible for his or her actions. If a parent wants to rebuild the relationship and earn the child's respect, he must be willing to seek help for treatment of alcoholism. If he does get sober, he will need to face the mistakes he made as a parent and change the behavior. Until and unless this happens, the child must find a way to take care of him or herself. Every child deserves more than the alcoholic parent is able to offer. Here is what you can do to take care of yourself when the parent is out of control:

- **Seek support**. Share your feelings with someone you trust, such as a friend, teacher, coach, minister, or rabbi. Keeping feelings to yourself only isolates and alienates you and makes you feel worse. Several confidential organizations offer help. Some, such as Alateen, offer support groups for teenagers living with alcoholic parents. Go online to www.al-anon.alateen.org to find a meeting in your area.
- **Find a safe environment**. If your parent is violent and you are afraid for your safety, seek help. Call 911 if you are in danger. If you are not in immediate danger, but you want to speak to someone, or you are thinking of running away from home, call

Continued on page 38

WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

LIABILITY TRENDS IN THE DELIVERY OF ADDICTION TREATMENT

By Tom Murphy

Behavioral healthcare, and specifically addiction treatment, is rapidly growing and changing as the United States tries to move away from the failed "war on drugs" to the "demand reduction" model. Additionally, the Affordable Care Act has not only increased the number of insured patients seeking care, it has managed to bring behavioral healthcare front and center in the debate on the demand for behavioral health and recovery treatment.

Along with the increase in the patient base and various methods of available treatment, there is an upward trend in the frequency and indemnity payments for professional liability claims in behavioral healthcare and addiction treatment. Typical allegations involve mismanagement or misapplication of suicide-risk information, improper prescribing or management of medications, as well as other errors and omissions involving care. Sexual misconduct is another area of concern that can lead to large settlements by either the provider or the professional liability carrier. Carriers are also starting to see an increase in general liability claims related to facility amenities such as swimming pools. General agents who are not familiar or experienced with recovery clients are not properly insuring many of these exposures. You should always review your professional and general liability coverage with an experienced behavioral healthcare and recovery insurance specialist.

One of the most prevalent liability concerns involves "level of care" decisions, in which the provider recommends a certain level of care that is denied by the insurer. This can often leave the provider in a bad position, with limited options that will usually cause them to take a financial loss if the patient cannot pay for the recommended treatment. It can also lead to a "can't win" situation if the provider takes the loss and the insurer starts to take advantage of the provider's good-faith effort to do what is best for the patient by expecting the additional care without having to pay the bill. With the ever-changing regulations and available treatment in the behavioral health and recovery segment, it is imperative to navigate these challenges with legal and insurance specialists who can help to reduce these liability trends and anticipate others that can have an impact on your revenue and growth.

Tom Murphy is a medical malpractice insurance and workers' compensation specialist with Danna-Gracey. He can be reached at or (800) 966-2120 or Murphy@dannagracey.com.

WHAT WE BELIEVE ABOUT ADDICTION MATTERS

By D. John Dyben, DHSC, CAP, CMHP, ICADC

Continued from page 14

However, if we change our belief to reflect a proper understanding that addiction is a disease, we can begin to form a more efficient and effective plan to move towards eradicating this plague from our culture a little bit at a time.

Today, we treat the plague with powerful antibiotics and the disease is nearly wiped out in comparison to the 14th century. What would happen to the disease of addiction if we began diverting resources from arrest and incarceration to prevention, treatment, and research? Might future generations find themselves in a much better world where people dying from addiction become the exception and not the norm? Might our grandchildren not be writing about a disease that used to cause death and destruction to nearly all families but now was rare?

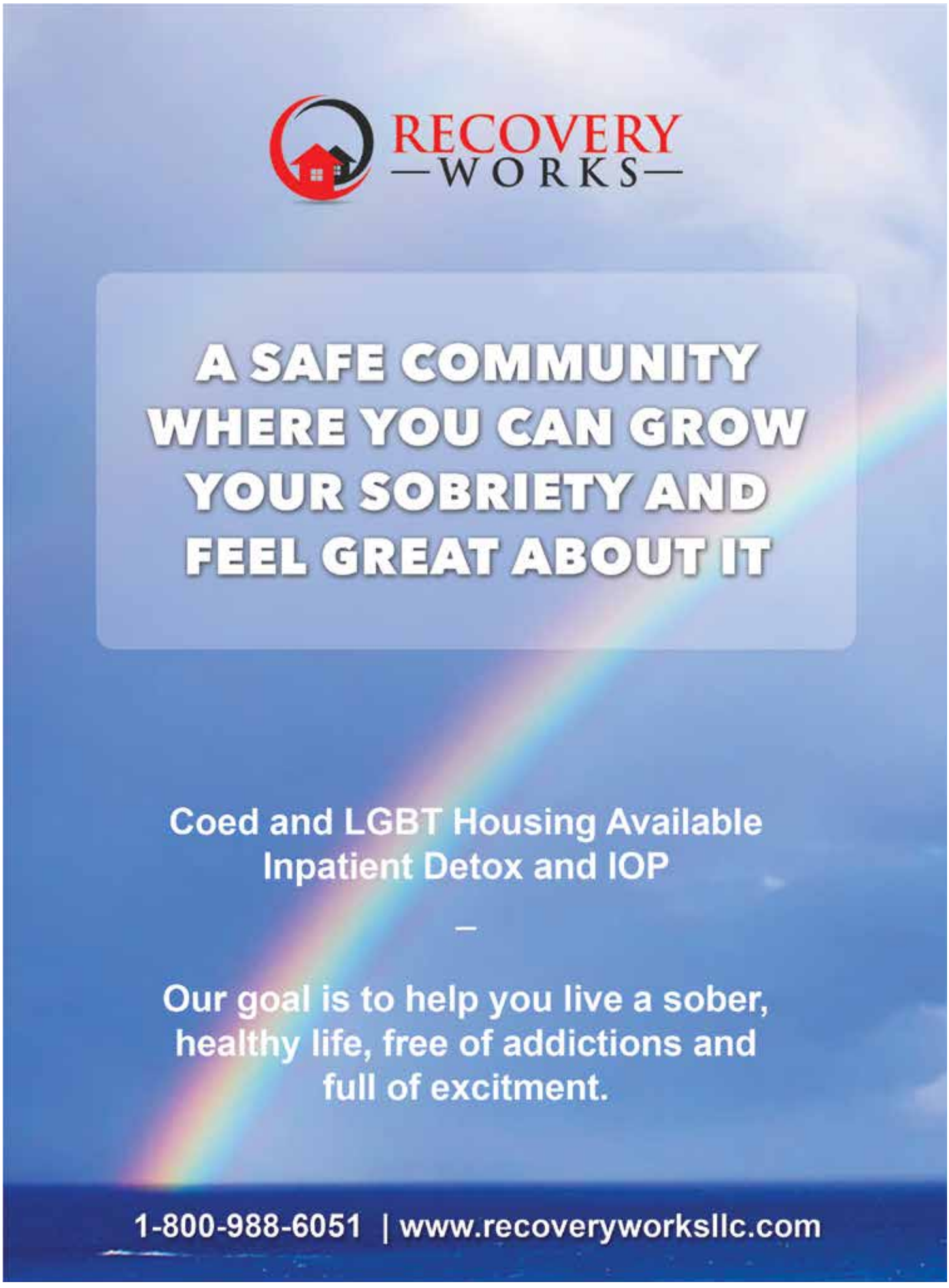
It is a big vision, but bigger visions have become realities in our history.

So I ask, whoever you are, whatever you do, "What do you believe about addiction?"

It matters.

[1] Columbia, C. A. S. A. (2013). Addiction medicine: Closing the gap between science and practice.

D. John Dyben serves as the Director of Older Adult Treatment Services at Hanley Center. John's academic background includes degrees in psychology (BS), Conflict (MA), Management (MS), and a Doctor of Health Science, with his doctoral practicum having focused on the dynamics, epidemiology, and treatment of substance abuse and addiction in older adults. John is an ordained pastor, clinically trained chaplain, and board certified as both an Addictions Professional and a Mental Health Professional in the State of Florida.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LIVING BEYOND

A Monthly Column By Dr. Asa Don Brown

AUTHENTIC LOVE

Each year, we are injected with the commercialization of Valentine's Day. It is a time of chocolates, red roses, diamond rings, balloons, and Victoria's Secret. It is also a day that celebrates an authentic kind of *romantic love*, **Eros**, but this form of love is often overshadowed by the commercialization of Valentine's Day.

Moreover, the eros type of love is often conveyed as being the only form of authentic love or the only way to receive love. While eros is one of the five authentic forms of love (**Phileo** ~ brotherly love; **Storge** ~ the love of community and family; **Agape** ~ is a mature, a spiritual, and sacrificial form of love; while **Philautia** ~ is a healthy form of self-love) it is not the only form of love.

Everyone has heard that *self-love* is the key to living a *successful and fulfilled life*, but sadly, self-love is not a universally accepted concept. While self-love is an elementary aspect of the human condition, it is not always promoted through the actions of others. Love is often abandoned by the individual in order to feel an altered sense of acceptance and love. Such love is not love, rather a skewed view of reality and is often mired in the negative muck of another.

Real love, unconditional love should never compromise your integrity or the authentic you.

WHAT LOVE IS NOT!

"Never be bullied into silence. Never allow yourself to be made a victim. Accept no one's definition of your life, but define yourself."

~ Harvey Fierstein

Authentic love never accepts the harm or abuse of another. Genuine love rejects hate; it does not discriminate, and is never filled with selfish ambitions or desires. Authentic love is a mutual agreement of self-to-self, self-to-another, and another-to-self. We should never receive anything from another but that with which will help us positively flourish. Moreover, we should never offer anything other than a healthy dose of authentic love.

TRANSFORMING LOVE

"Love yourself first and everything else falls into line. You really have to love yourself to get anything done in this world."

~ Lucille Ball

As a person, I have frequently encountered myself feeling discouraged, disgusted, and disenchanted with my person. I have felt the emptiness of abandonment and isolation. I have felt the rejection of another and the subjection of my past mistakes, but when I apply an application of **unconditional love**; I begin to recognize that I am more than my mistakes, greater than my discouragement; and capable of achieving any aspiration in life.

KEY STEPS TO ACHIEVING SELF-LOVE

1. Always strive to forgive, accept, trust and find hope in yourself and in others.
2. Always invite others who will love without conditions (I will love you as long as you...)
3. Avoid unhealthy relationship (e.g. deny all forms of abuse, hate, and self-serving personalities)
4. Always remember, you are more than your mistakes, your failures, your successes or life's achievements. You are deserving of love and love is life's liberator.

Authentic love always strives to uplift, forgive, encourage, and develop a person.

May you begin living beyond.

Author: Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.
Website: www.asadonbrown.com

COPING WITH AN ALCOHOLIC PARENT

By Mendi Baron, LCSW

Continued from page 32

the National Domestic Violence Hotline at (800) 799-SAFE.

- **Stop the cycle**. Alcoholism is a family illness. Children of alcoholics are more likely than the general population to develop a problem with alcohol. Scientists are still studying why this happens, and most experts believe it is a combination of genetics and the environment in which you grow up. As the child of an alcoholic, know that you are in a position of strength and power to stop the cycle of drinking in your family. You know first-hand how horrible it is to grow up with an alcoholic parent. You possess the power of free choice to decide whether you will inflict this illness on those you love or not. If you have started drinking (or using drugs) to cope with an alcoholic parent, think about this information and seek help before your life spins and spirals out of control.

Mendi Baron, LCSW, a passionate advocate for teens in the field of mental health and addiction and the go-to expert to start the conversation on critical issues that impact teens and their families, is the founder and CEO of Evolve Treatment Centers based in Southern California. For more information, please go to www.evolvetreatmentcenters.com

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REWRITING YOUR STORY

By Andrea Vallely

"I don't want to be alone. I can't seem to find anybody to love. What is wrong with me?" A direct quote from Facebook.

I saw this and replied, "Once you quit the search, what you are looking for will find you".And ahh...how true it is. Whatever we are seeking is already seeking us! Our job is to stop trying so hard and let the universe deliver the goods. All that we desire awaits us in our own spiritual bank account. It is attached to a vibration, and as we assimilate with that vibration, what we desire comes easily and effortlessly. It's about letting go, not such an easy thing to do when the unconscious mind believes a different story.

Working amongst those in recovery, most of them have sad tales of their past, and they find these stories and beliefs hard to shake off. And that is understandable. There is no order of difficulty in miracles, yet, because we are conditioned to believe that miracles are hard to come by, we feel as though they are few and far between.

The woman that married my husband and I have a wonderful way of perceiving miracles. She would say, "That's normal" when a miracle would occur, convincing her subconscious mind that miracles are easy to come by.I loved it! We told her we were going to borrow her material, as her outlook is so inspiring! So imagine if we applied the theory that miracles are normal to every moment. Imagine if we started expecting miracles!

The first step is to re-record your beliefs and update them. These old beliefs are so powerful they can become debilitating and I see it all the time. Amazing people in chains because of a negative upbringing or an unsupportive family; a story of unworthiness.

How do we attempt to change our beliefs? First, I ask the question "am I willing to change my beliefs". It's crucial that the answer is yes. Then, I ask the question "is it true?Is it really, really true?" Most of the time the answer is no. The story of unworthiness is an implanted seed that is completely false.Recognizing what we believe to be a farce is the first step in erasing the tape.The next step is recognizing that we are already whole. There is nothing more that we need to feel better. It's just a choice. I imagine filling myself up with this wholeness and experience, knowing that everything is really okay. In fact, it's perfect.I am a creator. Whatever I conceive, I can achieve.It's all up to me.
Then, I re-write the story. How do I want to see my life? How do I want to feel? And if there is anything in the way, I ask what the belief is, and again, is it true?And what problems is this belief causing me? That's usually enough to want to ditch the belief. And as I re-write the true story, I feel empowered. And I repeat, repeat, and repeat.Repetition is the mother of skill my husband once told me about a thousand times, and he is right!Every morning I claim to the universe in writing (so it's official) what it is that I want, how I intend to show up, and my promise to myself. It may seem tedious, yet if we don't make a claim on our life; we will be floating in a sea of conditioned mess, and living the lives others want us to live, instead of the life of our dreams.

I invite you to join me in changing any story about yourself that is less than fabulous The world is awaiting our gifts!All we have to do is believe in ourselves and the universe will do the rest!

Andrea L. Vallely, CHt. is a certified happiness and success coach and the founder of Spreadhappy.net. She is an internationally recognized and award-winning self-help blogger, writer and speaker. She has been heard on numerous radio outlets including Blog Talk Radio, Transformational Talk Radio, and the "Happiness Expert" on The Happy Hour. Currently she can be heard on News/Talk WNJO in South Florida on the "Live Your Happiest Life" feature and the host of Spiritual Growth Radio. Andrea is on faculty at the world renowned Hippocrates Health Institute sharing her Live Your Best Life course as part of the curriculum for their Health Educator Program. She is the director for Spiritual Growth Therapy and a personal coach and group leader at Lifescape Solutions and Evolve Mental Health.

HOW TO CHOOSE A RECOVERY RESIDENCE

By Jay Corrigan

2015 was filled with newspaper articles and TV news segments covering law enforcement investigations squarely aimed at patient brokering and insurance fraud. Allegations paint a picture of an industry rife with corruption and greed. While these practices certainly exist, and must be rooted out and eradicated, operators complicit in this conspiracy are not in compliance with FARR Certification requirements. When FARR receives credible allegations of patient brokering or insurance fraud against any sober home operator, including those who have achieved prior certification, it is our practice to forward the grievant and any documentation supporting the allegation, to the proper authority. We have adhered to this policy religiously throughout 2015 and will continue to do so.

Effective April 1, 2016, both FARR and the Florida Certification Board (FCB) will introduce certain certification criteria established by Florida Statutes 397.487 and 397.4871. On this date; FARR Compliance Audits will officially commence. Any and all certified recovery residences determined to be noncompliant with NARR Quality Standards, Code of Ethics and other criteria mandated by statute, and who do not successfully resolve event(s) of noncompliance, will experience suspension or revocation. Our mission is to enhance the quality of recovery support. Protecting the integrity of FARR Certification is paramount to fulfillment of that mission.

While we have witnessed a plethora of negative reporting, there is good news: for every unethical operator, there are many more who remain focused on delivery of quality services. These operators don't enjoy the spotlight. They proceed quietly in the background, helping those who seek recovery from the disease of addiction. This article provides guidance on to how to find them and select one most suited to your needs.

The Importance of Selection

As persons diagnosed with a substance use disorder, once we make a decision to alter our life's trajectory, our usual course of action is to first detoxify, then admit ourselves to an acute care in-patient facility or partial hospitalization program. Once this stage is complete, many of us seek referral to a transitional setting. In some instances, this may include referral to intensive out-patient clinical services while residing in a nearby recovery residence. This last step provides us the opportunity to live with peers and begin to model behaviors reflected in the daily activities of more experienced members of the recovery community. The value in residing, as a family member, with peers who are intently focused on developing recovery management skills cannot be overstated. Recovery is contagious. Magic happens every day in these recovery communities.

What to ask?

When shopping for a recovery residence, families and future residents consider only programs that have successfully evidenced compliance with national quality standards and ethics that demonstrate their eligibility to receive referral for licensed behavioral healthcare providers under Florida Statute 397.487. These programs are recognized by our state as vital to the continuum of care.

1. What Recovery Residence Support Level (I-IV) is most appropriate for me at this stage in my recovery? FARR certifies locations by Support Level. To learn more about support levels, please visit http://farronline.org/selection-guide/.
2. What are my recovery goals? What resources and barriers exist to achieving these goals? Does the recovery residence offer support to assist me?
3. What recovery path is supported by this program? Is the support adequate to meet my needs? Programs that claim to support "all pathways to recovery" often fail to offer specific support for any. While there are exceptions to the rule, the majority of those who make this claim are more interested in filling a bed than assisting residents to build solid recovery foundations.
4. Does my personal profile mesh with the priority population served? Gender specific recovery residences produce better outcomes, particularly for emerging and young adults (18-30) early in their recovery. Co-ed programs encourage distractions at a time when intent focus on recovery activities is vital.
5. Is the residence accessible to external recovery support infrastructure, including mutual aid, recovery cafes, community and faith centers. Is public transportation easily attained? How far will I need to travel to grocery stores, hospitals and employment?
6. What are the House Rules and Consequences to which residents are held accountable? Are senior peers empowered by the recovery residence administrator to participate in leadership and accountability? Programs relying entirely on staff to enforce rules rarely develop recovery communities. They may offer a safe environment, but an essential quality of bonding is conspicuously absent. The magic alluded to earlier emerges directly from a well-structured culture of peer support within the recovery community.

Tough Choice

When selecting a recovery residence, know that offers of free or deeply discounted rent in exchange for enrollment in an intensive outpatient program (IOP) is illegal and punishable under Florida Statute 817.505 as a third degree felony. This exchange is considered an inducement by the behavior healthcare provider to engage the resident in services that might not otherwise be sought. Regrettably, Florida experiences more than our fair share of this activity. Inducements now often extend to include free gym memberships and grocery store gift cards. These "bennies" are certainly enticing; don't get sucked in. Providers who invest heavily in attempts to circumvent state and federal laws to defraud insurers are not interested in promoting a resident's well-being. Their interest is in residents adhering to an excessive urinalysis testing schedule while attending the associated IOP. These programs are warehouses, not recovery residences. You will not find a recovery community comprised of peers actively engaged in recovery activities in residence here. These operators are solely driven by profit and are willing to assume the risk of prison in order to line their pockets. ***Caveat Emptor***: ***beware the gift of a free horse.***

This means that families often need to make a tough choice. Forego an opportunity to secure free housing for their loved one and absorb the cost of rent in a certified recovery residence until the resident achieves financial self-sufficiency. This may take the resident as long as sixty days and cost between $1,500 and $3,000 out-of-pocket, depending on the certified program. As difficult as this choice is, consider this: FARR frequently receives complaints from a grievant concerning their recent statement of insurance benefits. The resident was billed tens of thousands of dollars by an independent laboratory for excessive urinalysis tests that the insurance company did not cover. This balance is termed "patient responsibility". When authorities unravel the complex system of fraud, it always involves a sober home offering free rent while the resident remains enrolled in a third-party IOP. In turn, the IOP sends the urine samples to an independent laboratory for confirmation testing. Dig down just a bit deeper, as the Federal Bureau of Investigation is now, and a financial relationship between these three parties emerges. It's the Golden Triangle. Avoid it any all cost.

Jay Corrigan is the Community Services and Training Coordinator at the Florida Association of Recovery Residences. As a person in long-term recovery, Jay has left the corporate sector and dedicated his life to a newfound career built around helping those who seek assistance in their battles with substance abuse issues.

FARR CERTIFIED RESIDENCES

GOLF AND ADDICTION RECOVERY?

South Florida is known globally for golf courses and addiction treatment resources. You would be amazed to know that the same strategies used in your golf game can help in addiction recovery, whether you are a scratch golfer or a beginner.

Emotional mastery and composure, identifying things that you can manage, what you cannot control and being present in the moment are prime examples of techniques that can improve your game and life. Defining oneself not by performance, setting goals that are possible and believing in self can be learned.

If the substance abuser is motivated internally to enter treatment instead of at the urging of loved ones, friends and colleagues, their chance of recovery is so much better. For that reason, addiction programs are dual purpose now. They are designed to engage potential people looking for recovery. Holistic amenities may attract woman, wilderness adventures for young adults or golf swing instruction and play for sports minded boomers and seniors. These added activities make addiction treatment more relevant. For instance, if one was able to improve their golf swing as well as learn to enjoy life sober, one may consider participating.

Of course, solid medical and physiological services are still the basis of treatment. But to some, the addition of golf makes the process feel more like a positive experience than a punishment.

Golf alone is not enough for successful long term recovery, but lessons learned during play can make a big difference in the course of life.

Addiction Reach manages the practices of treatment providers that offer customized concierge addiction recovery services for individuals, couples, and families in all stages of recovery, including GOLF THERAPY. For a complimentary consultation call 561-427-1900 or visit www.addictionreach.com

6 AFFIRMATIONS THAT CAN HELP YOU TURN YOUR LIFE AROUND

By Tracey Jackson

Continued from page 6

and were you the best you could be. It's being totally honest with yourself and acknowledging where you might have slipped. It's not beating yourself up, but taking note and reminding yourself that life is lived in the moment, a day at a time. And tomorrow you wake up and get to start all over again.

I WILL LIVE IN LOVE, SERVICE, GRATITUDE AND TRUST

Fear cannot live alongside love. So go with love. Understand that it is better to love than to be right. Give back. Nothing shines the heart like doing for others.Be grateful instead of keeping score of what isn't, and start taking daily and hourly inventory of what is. It works. It just does. And trust. Trust yourself. Trust the universe. Trust that even if you can't see it or define it, something out there has your back.

Singer, songwriter, actor, recovery advocate, and presently President and Chairman of the Board of ASCAP, Paul Williams has been a fixture on the American cultural scene since the seventies. He is in the Songwriters Hall of Fame, has been nominated for six Oscars with one win for EVERGREEN. Paul has been nominated for eight Grammys and won three, six Golden Globe nominations and two wins, and two Emmy nominations. He has released twenty-four albums, and scored endless films. His most famous song is perhaps Rainbow Connection, though his hits are too many to list. He was the star of a brave and heartwarming documentary Paul Williams Still Alive, which followed his rise, fall and ultimately newfound celebrity as a recovery advocate and legendary songwriter.

Tracey Jackson is a prolific playwright, screenwriter, and author. She wrote such films as The Guru, The Other End of the Line, and adapted the best-selling Confessions of a Shopaholic for film, as well as multiple films for which she did not take credit. She has written over twelve TV pilots, including the series BABES for Fox TV. She has the distinction of writing and selling what SCRIPT Magazine sites as "One of the top unproduced screenplays of the nineties". Tracey also wrote, directed, produced, and starred in the controversial documentary Lucky Ducks. Her first book Between a Rock and a Hot Place ~ Why Fifty is Not the New Thirty took the lid off the concept that we are actually getting younger.

Together these two best friends have written The New York Times Bestselling book Gratitude and Trust – Six Affirmations That Will Change Your Life. They've appeared on Super Soul Sunday with Oprah who called them "spiritual leaders and cultural icons." They've been on The Today Show and Tavis Smiley, amongst many other national TV and radio shows.

They presently do a weekly podcast together called The Paul Williams and Tracey Jackson Podcast on Podcast one, where they continue their mission of spreading Gratitude and Trust and having some fun along the way.

BRUXISM AND XEROSTOMIA

Oral health problems are very prevalent amongst those in active addiction as well as those with years of recovery. Often, the "wreckage of the past" that recovering addicts face every day in the form of physical pain or poor esthetics is related to chronic dental issues. Contrary to popular belief, many harmful drugs such as methamphetamine, heroin and cocaine do not themselves damage the teeth directly. It is true some of these drugs contain corrosive ingredients such as battery acid, lye, and other agents that destroy teeth, however, it is typically the bodies' physiological response from the use of these drugs that does most of the damage.

Most commonly, conditions such as bruxism (grinding and clenching teeth) and xerostomia (dry mouth) create a hostile oral environment that will deteriorate the teeth over time. Bruxism causes excessive wear and breakdown of teeth along with chipping/cracking of existing dental restorations (fillings/porcelain crowns). Xerostomia (dry mouth) is the reduction of salivary flow, which is one of the mouth's best line of defense to dental disease. Saliva is responsible for balancing the mouth's level of acidity, strengthening teeth with ions in the saliva (i.e. Calcium) and preventing tooth and gum disease with antibacterial properties. Furthermore, when you add an individual's poor dietary choices (energy drinks, candy) and neglect of oral hygiene-you have a recipe for serious dental issues. The best thing is to make the necessary lifestyle changes and see your dentist who can prescribe prescription fluoride toothpastes and oral appliances (nightgaurd) to protect the teeth and prevent further damage.

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Dr.Socher graduated with honors from Rutgers School of Dental Medicine and completed his residency at Jackson Memorial Hospital in Miami.

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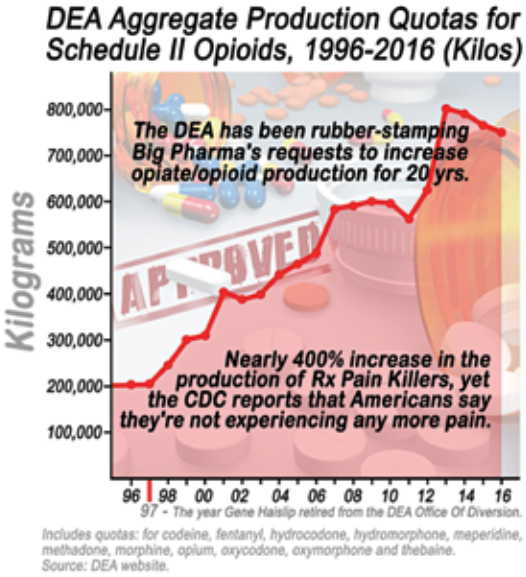
RESPECTFULLY PRESIDENT OBAMA, YOU CAN SHUT DOWN AMERICA'S OPIATE/OPIOID EPIDEMIC TOMORROW – LITERALLY!

By John Giordano, Doctor of Human Letters, CCJS, MAC, CAP

Continued from page 28

companies I'd say that it was money well spent. Production of opiate and opioid pain killers are up nearly 400% from the time of Mr. Haislip's retirement in 1997. The Pharmaceutical Industry raked in an estimated $1.07 trillion dollars in 2015.



This is quite an incredible achievement – especially when you take into consideration the CDC reports that Americans say they are not experiencing any more pain over the same time period. The pharmaceutical industry couldn't have achieved such feats solely on their own.

The DEA and FDA determine what opiates and opioids can and cannot be produced and distributed in the U.S. All makers of the pain killers must provide the DEA with an application requesting their next year's production quota. During the course of this process, the FDA consults with the DEA Office of Diversion **–** making their recommendation as to what drugs and quantities will be needed in the coming year.

The DEA Office of Diversion has the final say over what opiate and opioid production quotas will be. They have the power to reduce the production quotas for any dangerous drug sold in America. This is the very same mechanism Mr. Haislip used to put an end to Quaalude and Methamphetamine abuse. He pulled the exact same lever that sits in the DEA Office of Diversion today to reduce the production of these dangerous and often deadly drugs, thus stemming off the supply and averting any further crisis. It's just common sense and it works!

President Roosevelt and Dr. Wright did exactly the same over 100 years ago to end America's First Opiate/Opioid Epidemic. They cut back the supply of deadly drugs and limited their distribution. It worked!

Prior to and during a debate on the house floor, Representative Francis Burton Harrison of New York – author of the 1914 Harrison Narcotics Tax Act that bares his name – stated that "The purpose of this bill can hardly be said to raise revenue, because it prohibits the importation of something upon which we have hitherto collected revenue." Later Harrison commented, **"We are not attempting to collect revenue, but regulate commerce."** House representative Thomas Sisson, Mississippi, added, "The purpose of this bill—and we are all in sympathy with it – is **to prevent the use of opium in the United States, destructive as it is to human happiness and human life**."

Apparently the 63rd United States Congress's noble and humanitarian sentiment, their genuine concern for Americans' health and safety, has been lost on the more recent Congresses that seem adamant to circumvent the protections put in place to avoid another opiate/opioid epidemic on our soil. Since the mid 90s, narcotic pain killer merchants have been professing the safety and efficacy of their wares much like the Bayer Pharmaceutical Company promoted heroin as a safe and effective cure for morphine and opium addiction, over 100 years ago. Have we learned nothing? Congress appears to have bought into what has now been proven to be balderdash and started chipping away at the very laws that provide a barrier between these deadly poisons and the public.

Americans started dying from prescription drug overdoses almost immediately. Coroners and medical examiners didn't know what to make of it at the time. Alarms were going off in the halls of government – and there were plenty of them. All the loud and flashing signs were there.

In spite of the warning, Congress passed The Drug Addiction Treatment Act 2000 allowing qualified doctors to – as crazy as this may sound – prescribe opioids to a limited number of addicts addicted to opioids. This is in direct contrast to one of the main tenets of the 1914 Harrison Narcotics Tax Act that banned the practice of extending addicts' addiction by physicians prescribing opiates/opioids from their office. In the same year, nearly 2,000 people lost their lives to prescription pain killers, more than any of the up-trending years before. The bold hand writing was on the wall - where was Congressional oversight?

It would have been better if Congress continued to take its usual position and do nothing – but they didn't. Congress continued to pass laws that paved the way for greater production and wider distribution of opiate and opioid pain killers – a completely opposite approach to that of President Roosevelt and Dr. Wright's which lead to the 1914 Harrison Narcotics Tax Act, effectively ending America's First Opiate/Opioid Epidemic.

Now we find ourselves in the current medical paradigm designed to profit from your disease. Our government's answer for America's Second Opiate/Opioid Epidemic is to throw what we've learned from ending the first epidemic – and subsequent dust-ups with deadly drugs – into the wind and make even more prescription opiates and opioids available to an already over-served market. It is our elected officials who have made the determination that the best option to end this epidemic is to make Suboxone – a semi-synthetic opioid whose research was funded by the U.S. and laws changed to advance its approval – available to every addict. And our government has the audacity to call this new program, addiction treatment.

Yes it's true. Your government wants you to believe they are looking out for your best interests – the American public's health and safety – when they give an addict hooked on opiates and/or opioids a semi-synthetic opioid. This is akin to telling a backwater alcoholic to switch from moonshine to vodka. Someone else will have to cue the applause sound track because I find myself sickened by this twisted logic.

The program does have short-term merit in that Suboxone has a consistent dosage while street heroin does not – but the benefits end there. The program has no credible long-term plan to get addicts off of the semi-synthetic opioid that is just as dangerous as heroin – and comes with the same toxic effects that destroys vital organs in the human body.

All that is being accomplished with this program is addict's addictions are being extended into perpetuity while pharmaceutical companies make more money in the short and long term. People are going to continue to die avoidable deaths, emergency rooms are going to continue to be flooded with overdoses victims, more babies will be

Continued on page 50

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INTERVIEW WITH JACOB LEVENSON AND DR. THOMAS G.KIMBALL

By Patricia Rosen

Continued from page 32

outcomes it will help drive how insurance companies pay providers. Right now you have treatment centers treating a chronic disease with an acute model. There will be more emphasis on maintenance and prevention. I think in 2016 you will see MAP open dozen of payer relationships.

Patricia: How do you relay all your information to the insurance companies?

Jacob: Its real time. They will actually have a dashboard and they will log into the software and look at the outcomes in real time. It remains to be seen exactly how payers will pay providers in a performance based reimbursement world. What is clear is that 2016 is the year that payers will begin adopting these models. Different payers will have different mechanisms for paying providers, so while it may be standardized across a single payer's network, I don't envision it being totally standardized across all payers at this point in time.

Patricia: Do you think that once they have evidence based information that they will begin paying for longer treatment?

Jacob- I hope so. I think for that to even be a conversation, providers need to demonstrate that longer treatment relates to better outcomes. We need to demonstrate the value. Our goal is to empower providers in front of payers. And demonstrating the value of more care and days is part of that.

Patricia: and they would save money in the long run as well with longer inpatient care.

Dr. Kimball: And let me say, It may not necessarily mean longer inpatient treatment. It may mean longer outpatient, or telehealth. It may mean being followed for 12 months after treatment. Not all support is the same.

Patricia: That's true and no two patients are the same. I received results from a survey that MAP had done in November. There were 7 key points. We won't discuss all of them but I wanted to touch on a couple of them. One key point was that a large majority sees substance abuse as a disease to be treated as a health issue, not with punishment. Can you elaborate on this?

Jacob: I think that is a really refreshing statistic. I think it shows transformation in how society is viewing addiction as a whole. We have had a punitive approach as a society to addiction for a long time, and had that worked you would see a clean and sober society today. I will certainly go on record saying the war on drugs has been a failure in virtually every metric that you can use to measure its effectiveness. I have no problem saying that and that these people have a brain disease and a healthcare issue and albeit, it's ugly, but that doesn't change that were dealing with a population health issue and I think society is starting to see it that way. I think we are really going to see change over the course of the next generation, especially from people who are brought up in this paradigm of seeing it as a health issue. We will see them getting more policy making roles as well as influencing policy from the justice system, all the way down to the family system.

Patricia: Do you feel the same way Dr. Kimball?

Dr. Kimball: Absolutely. I think people are beginning to see – which is hopeful, how we have to treat people and help people. It's changing but not fast enough for me. I think the war on drugs has been a huge waste of time and energy and we have incarcerated a generation of people.

Patricia: I think people are tired of it. I think there are people like myself who have lost a loved one to this horrible disease and we want to make a difference. We want to change the way people view addiction and those struggling with the disease. We want families to know it's okay to ask for help and it's hard to do it on their own. I think we have brought addiction into the light and made it okay to speak about. I know that's why I started this magazine. I wanted to educate people on all aspects of addiction and treatment.

Dr. Kimball: And if you talk to anyone on the street, I don't think there is one person whose life hasn't been touched in some way by addiction.

Patricia: Everyone seems to know someone. Another key point in your survey was- Top priorities for selecting facilities are doctor recommendations and a tract record of recovery- How would I get a list of providers with a track record of recovery?

Jacob: We don't believe self-reported data from a facility without a lot of checks and balances to insure the data is accurate and of high integrity. We see a lot of that now. I can tell you I am a nice guy and maybe you would believe it or not but if you talk to a lot of people I am associated with, you will get a better opinion and you can make your own decision. I think how we access treatment today is subpar. The # 1 medium people use to select treatment is google. That's not okay because there is no science behind it. How big the swimming pool is or how close to the beach the facility is, is really not important. This shouldn't dictate a health care decision for a chronic disease that is terminal if left untreated. So, getting to the data feed, here is the big issue. We lack any sort of standardization in this industry, all the way from what the steps and relapse means, all the way to how you would standardize outcomes for facilities. Data can say anything you want but you have to be careful how data is rendered and how it's structured so a true picture is painted. The MAP Recovery network is an alliance of facilities that we formed and are going to form over 2016. We believe people should be able to use the MAP recovery network and have an assessment done and be able, based on outcomes, to bring the right provider to the right patient.

Patricia: I think this will be very exciting for many families. I know when parents first find out their loved one is using drugs they are blindsided and they really don't even know what questions to ask. They are scared, ashamed and sometimes don't even like giving their name. They feel pressured to make a decision fast because their loved one has finally agreed to get help and are afraid they will change their mind. Unfortunately, if they choose a facility that's not appropriate for their particular needs, they won't get the help they need and they will be out, in some cases, thousands of dollars. It sounds like MAP will help minimize those mistakes. I want to thank you both for sitting down with me and I look forward to doing a follow-up and tracking the progression of Map. It will be interesting to see once there is proven outcomes what the insurance companies will do.

I also would like to tell my readers that if your child is ready and willing to go into treatment and you need time to research the best place possible for their treatment- don't rush the process. Get them into detox immediately (this is always the first step anyway), they will be safe and this will give you time to research some facilities, ask the right questions and make an educated decision. DO NOT BE AFRAID TO ASK QUESTIONS!

RESPECTFULLY PRESIDENT OBAMA, YOU CAN SHUT DOWN AMERICA'S OPIATE/OPIOID EPIDEMIC TOMORROW – LITERALLY!

By John Giordano, Doctor of Human Letters, CCJS, MAC, CAP

Continued from page 46

born addicted to Methadone or Suboxone, children will be orphaned and families are going to continue to be crushed by this epidemic. Let's just call this program what it really is – an extension of our opiate/opioid epidemic that provides a watershed for the makers of Suboxone and its variants while boosting the economy.

Respectfully Mr. President and distinguished Members of Congress, if we are to have an open and honest conversation about ending America's Second Opiate/Opioid Epidemic then we must first agree to put American's health and safety ahead of commerce. Without this commitment there is no conversation. But if we can agree on this point, I'd suggest the following itinerary.

– First and foremost, adopt President Roosevelt and Dr. Wright's blue print and reduce opiate and opioid production by 90%. As I'm sure you are aware, Americans consume 80% of the global production of opioid pain killers and 99% of the hydrocodone. A 90% reduction would still keep us above, but more aligned with, the rest of the modern world.
– Rescind the laws that removed the barriers between these deadly pain killers and Americans. They served and protected us well for decades – we want them back and enforced.
– Change the culture at the FDA – it's the only way we're going to be able to effect any meaningful change. Here is a few recommendations:
  - Fund the FDA – take money out of the equation so the FDA is not beholding to the pharmaceutical industry.
  - End the FDA's secret weekend getaways and luncheons with lobbyists and instead hold open forums accessible to the public.
  - More transparency - make all emails and transcripts of meetings between lobbyists and the FDA available online.
  - Board up the revolving door between the FDA and DEA and the private sector.
– Help us develop a standard of treatment. Addiction treatment is the only field in medicine that does not have a standard of treatment. A quick Google search will show you that the vast majority of treatment available is solely based in the 12 step program. Science has given us so much more yet these modalities have not been utilized.
– Not everyone responds to treatment the same way – there is no 'one size fits all' modality. The holistic approach has shown great promise but has gained little traction because insurance companies are cutting back on modalities they'll pay for. This needs to change. Research has borne out that the most effective treatment lasts 60 to 90 days – not 30.
– Fund the DEA so that they can be effective at stopping the illegal importation of these deadly narcotics.

With all due respect Mr. President and distinguished Members of Congress, you have the power to end America's Second Opiate/Opioid Epidemic tomorrow, but you must be prepared to regulate commerce as President Roosevelt and the 63rd United States Congress did in 1914 and the DEA's Haislip did in the 80s and 90s. You cannot prescribe us out of this epidemic. It's long past time to put American's health and safety ahead of commerce.

John Giordano DHL, MAC is a counselor, Founder and former owner of G & G Holistic Addiction Treatment Center, President and Founder of the National Institute for Holistic Addiction Studies, Laser Therapy Spa in Hallandale Beach and Chaplain of the North Miami Police Department. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com

YOUR CHILD IS GOING TO TREATMENT: NOW WHAT? A GUIDE FOR PARENTS

By Jean Campbell, LCSW, TEP and Pamela C. Clark CADCII, ICADC

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What can I be doing to help the other members of my family during this time? Siblings are often overlooked and they need help too. Al-Anon, Alateen and Alatot, and other programs can be invaluable to help siblings process their experiences in a safe, supportive environment. We strongly recommend that parents get help for the siblings as well.

As a parent what can we do after treatment to prevent a return to active addiction? Recovery is unique to every individual and it may take many years of vigilance and ongoing support to reinforce the new behaviors required to maintain continued sobriety.

Recovery can be successful if the individual and the family understand the triggers that can cause a relapse and learn effective coping strategies to deal with these triggers when they arise. The truth is that because so few family members get help to change their behavior, they go back to unconsciously enabling the recovering person. The more you as parents can do to change your behavior and set - and keep - clear boundaries, the greater your chances that the family can move forward in recovery together.

My child left school to go to treatment. Are there schools that offer recovery support? Yes. If your child is in college, there are over 140 colleges in the U.S. that have recovery support on campus where they can make new like-minded friends and engage in fun sober activities. To find a college near you go to collegiaterecovery.capacitype.com.

If your child is in high school you can find information on recovery high schools on the Association of Recovery Schools (ARS) website, recoveryschools.org.

Another national organization committed to helping young people sustain their recovery is Young People in Recovery (YPR). For more information visit youngpeopleinrecovery.org.

We wish you and your loved ones success in treatment and recovery.

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