IN APPRECIATION OF YOUR DONATION

THE LITTLE (e)BOOK OF BLOGS

A COLLECTION OF BLOGS BY DEE- DEE STOUT, MA

AUTHOR OF *COMING TO HARM REDUCTION KICKING & SCREAMING*

DEE-DEE STOUT IS A POPULAR WRITER, AUTHOR, SPEAKER, PROFESSOR, COUNSELOR & COACH ON ALL THINGS HARM REDUCTION/ADDICTION, ESP ON FAMILY MATTERS

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A Note from Dee-dee

First off, I need to give a big shout of THANKS to both Barry Lessin and Carole Katz Beyer, the cofounders of the now defunct Families for Sensible Drug Policy. Without them, I wouldn't be writing this because the blogs themselves would not exist.

Nearly 4 years ago I was going through one of the most difficult times of my life, contemplating what I was going to as I didn't see how I could keep doing the work I do: addiction counseling, coaching, and teaching. I had been fired (again) from a treatment agency for calling them out on their client-damaging policies and standing up for my staff who also refused to participate in these policies. It had been the worst experience on a job I'd had which led to a lawsuit, though not the one I wanted. I sat in a gorgeous little upscale hotel room in Monterey, CA, - right on Cannery Row - that I had splurged on, listening to the waves gently come into shore, trying to figure out what else I could do to make a living (I came up with nothing BTW). I wasn't exactly

depressed; I was worn out, my head was spinning, and my PTSD was flaring like crazy. I really needed something. *What I really needed was someone to have to faith in me, in my work,* I thought. I needed to either believe in me or quit because I couldn't keep on in this suffering. Life has always worked in circles I have found although I'm sure not aware of the connections at the time. This time was no different: the Universe had already begun to shift things but I was completely unaware; I seemed to be disconnected to everything but my pain. I turned on the fireplace, opened the window to hear the waves, and sat on the bed, sinking into it - and further into my sorrow and fear. Sigh. I just couldn't hear my voice for all the other voices/ noises in my head.

The Leafy Sea Dragon

The first shift that happened that surprised me happened while I was in Monterey. Now, I have been going to Monterey to recharge since the late 1980's. Monterey is a beautiful town situated on the Central Coast of CA. With stunning ocean views from nearly everywhere, a quaint small-town feel, and walking trails all around its Bay coastline, there's much that's spectacular there. But the Monterey Bay Aquarium is the real attraction for me. Founded in 1984 by Julie Packard (the daughter of HP developer, Packard) it was the first Aquarium to have a kelp forest exhibit among other firsts (for more, check out their website at https:// www.montereybayaquarium.org/). I usually head to the Aquarium at opening time in morning and spend hours there. There's something soothing to me about the fish and other mammals and exhibits there. But this time I was struggling to work up any enthusiasm for any of the exhibits. My favorite is the leafy sea dragon exhibit so decided to stop there on my way out but couldn't find it. Feeling even more deflated as a result, I decided to just leave and headed for an exit. There was a young woman on staff there stamping folx in case they decided to return. I asked the young woman where the leafy sea dragons were and she said, "I'm sorry they died. But I know you! Oh my gosh, you taught me at here at Cal State (California State University at Monterey Bay known as Cal State Monterey Bay where I taught for a number of years)!

I really liked your class." I asked how in the world she recognized me since I hadn't taught there in a couple of years (and I had some 100 students in total and 3 classes). She said, "Your voice; I recognize your voice and your cadence!" I was stunned. I thanked her and left, smiling at the memory of the class (I loved teaching that class and adored the Seaside campus) and at her comment about my voice. I also felt an old memory quietly coming into focus as her words of "your voice" echoed in my head: *speech class.*

The leafy sea dragon photo courtesy of the Monterey Bay Aquarium. Close kin to seahorses, leafy sea dragons are perfectly camouflaged among seaweeds and seagrass beds.

Speech Class

I had a speech impediment, a lisp, when I was in elementary school. This caused me to be enrolled in special speech classes for which I was taken out of my regular class to attend. It was humiliating as the speech teacher would come in and announce my name in front of all my classmates leaving me to slink out to taunts of kids making fun of my lisp. I hated this. Every week. Ugh. I don't actually remember very much about the speech classes except for a couple of tongue twisters that I learned – and can still recite on demand nearly 60 years later. I was also self-conscious about my low voice and was mocked for sounding like a boy. Kids can be so cruel! So, between my lisp and my "too-low" voice, I really hated the sound I made when I spoke (this also led to my general self-consciousness and my reluctance to talk to classmates; therefore I was light on friends in my early years). Ironically my voice is what would get me to California some years later.

After my first stint at college in Texas, I wound up in Winslow, AZ (looong story). And there wasn't much on the corners there in those days (check out the lyrics to The Eagles song, "Take it Easy" for that reference). I was working nights in one of the local bars when a middle-aged man walked up to the bar, sat down on a stool and waited to order. I was working the bar that night so went over to him and asked, "Hi! What can I get for you tonight?" I don't recall what he said but I made his drink and brought it back, telling him what he owed for it and asking if I could get him anything else. His face suddenly lit up and he said, "I love your voice! Have you ever thought about working in radio?" I laughed and said, "Well that's a line I haven't heard before!" to which he responded, "No I'm serious, really. I work for a local radio station and I think you'd be great! Would you be interested?" I said no as I still didn't believe him but when he didn't give up, I agreed to meet his boss at the station a couple days later. And the next thing I knew I was a disc jockey: spinning records, doing the news, and writing commercials. Crazy! Eventually our boss there was offered a management position at a station in California and he asked if I wanted to join him and his wife. I said "absolutely" (I was in the middle of my first

divorce) and that's how I got to California. It still makes me smile to think that those hated speech classes led to my memorable voice and diction which would eventually lead me to numerous professional speaking jobs – and I would become known for having a distinctive and desirable voice. My "defect" had become an asset.

Losing My Voice

Believe it or not, I've struggled many times over my lifetime with speaking up for myself. I'm good at speaking up for others. I think I was told I wasn't enough too emphatically and too often – not to mention physically abused - by too many who claimed to love me to really believe better about myself. Even now I can still fall into the old "low self-esteem/imposter syndrome" crap that so many of us fall into as a result of multiple traumatic, painful events in our lives. And here I was in one of my absolute favorite places in the world, unable to push past my ever-louder-growing inner critic, literally unable to speak. I was frozen: emotionally, psychically, spiritually – and now physically. I left Monterey unsure of what I would do next, dejected and depressed even more than when I arrived. I was frightened and defeated.

I was supposed to meet a close friend and colleague and his partner for lunch near where I was staying in Monterey. We'd been trying to get the three of us together for literally years so I could finally meet his longtime partner. I really wanted to go - and I knew I couldn't. I made a quick call to him to say I couldn't come and apologized. I just couldn't do it. I knew I just wasn't able to have a conversation with anyone even my good friend, even though I knew it would probably make me feel better. I just had nothing to say. I had lost my voice. I remember feeling nauseous and thinking that I just wanted to get home while I felt I could. I hadn't felt this voiceless in a very long time and I didn't like it but I felt powerless to change anything right then. I was going to have to sit in the discomfort. I drove home, crying much of the way, grateful for the knowledge that my silly cat Izzy was waiting for me. For now, he would have to be enough. But I knew that I'd have to get back to this discomfort and make some decisions, some changes, soon.

The Blogs

And this is where Barry and Carole come in. Within a month of my ill-fated Monterey trip, they had contacted me with an offer. Barry had sent me an email, complimenting me on my book and saying that he had been following me and my work for a while. He's on the East Coast and I couldn't remember at the time where I had met him but sure appreciated his comments and certainly the affirming of my work. "Would you be interested in writing a blog for us at FSDP? This would be a family focused blog and we think you'd be terrific." I had never had someone make me an offer such as this one and while I recall feeling a pit in my stomach in that moment, I also recall thinking, "Well, what the hell do you have to lose? You can always quit." I decided that I would say yes and agree to write the blog for a few months. I suggested we reevaluate my efforts with the 2 of them as well as myself to see whether this seemed a good fit. Frankly I silently wondered whether I was even able to write again – on this topic and with some enthusiasm. And here we are, a few years and a few blogs later.

So here are my musings from the past 3+ years. I have enjoyed and struggled writing them over these years but (usually) felt good afterwards. I've even been downright proud of a few of these. I hope you find these pieces - and the information in them - thought-provoking, humorous, and possibly even useful! I invite you to do with them as you wish. I also want to say a big THANK YOU on behalf of Kathleen Cochran and Ally Abrams and all the Warrior Moms as your generosity will help keep it making all the wonderful offerings they've come to be known for to you moms who need a network and accurate information to get through some of the worst times of your lives. I hope you enjoy this Little eBook of Blogs as your gift for donating and thank you - for reading these pieces, for caring, and especially for learning & listening. And thank you for helping me keep my voice clear and strong.

Blessed be.
Dee-Dee Stout
July 2021

THE BLOGS

Love has no limits - Tough Love Part 1

"Love has no labels."

(Lovehasnolabels.com)

Hello again! Before we get into the meat of this topic, I need to say a couple of things: 1) I apologize for not finding a way to present this in my usual more light-hearted way. This just seemed too serious of a topic for that. I just finished reading Maia Szalavitz' 2006 book, "*Help at Any Cost*" which deeply disturbed me. Although I was certainly aware in a general way about a lot of the material about teen "treatment" programs, I was both obsessive to finish the book (reading until 2AM) and distressed that these programs are still around. Here in the Bay Area, our local newspaper, The San Francisco Chronicle just did an expose on

teen “leadership” schools. As a result of the excellent journalistic work, many supporters and contributors to these programs have now removed their support, both financial and verbal. But there are some who insist these programs are meaningful.

This is also true in Ms. Szalavitz’ book. I’ve seen this in my classrooms over the years of teaching folks to become certified alcohol and other drug counselors. Many of my formerstudents came from Synanon-influenced programs (often ones they attended as clients and then became workers, which I did, too) such as the former Walden House and Delancey Street (which is the only true therapeutic community [TC] left as they do not employ any professionals, the definition of a TC) and some have insisted that they were helped by such “tough love.” I had the opportunity to ask the world-renowned researcher and Professor Emeritus William R. Miller (author/developer of Motivational Interviewing or MI) about this once. “is it possible that these folks were actually helped by these abusive tactics?” He responded, “I believe that these are people that are SO motivated to make a change in their lives that you could have put them anywhere and they would’ve found a way to get better. So, their lives improved not because of the treatment they received but in spite of it.” That response has stuck in my mind and did so while writing this blog installment. Finally, I was allowed to view the new film “Fix My Kid” a documentary on the organization Straight, Inc, a popular behavior modification program for teens from the 1970’s (it was closed in the 1990’s but really just redesigned and opened under new names). I can’t begin to tell you how upset I became watching this. Some of this is certainly due to my own experiences with “tough love” but as a human being, I don’t see how anyone could view this without teetering between anger, outrage, and incredible sadness. I highly recommend a viewing when it becomes available - but be prepared.

Two more things: 1) As this topic is both so important and large, I’m doing 2 installments this time. Today we present Part 1, covering some of the basics of “tough love” and

approximately one month later you can expect to see Part 2, which will go into more detail especially as to how the culture came to embrace this concept. Please let me know what you think about this 2-part format; 2) Since September is National Recovery Month, I'll be doing an installment on the word "recovery" then which I promise will not be your typical take on the word! OK, that's enough preface….and so here we go again!

OK, that's enough preface….and so here we go again!

"Love means never having to say you're sorry." If you remember that phrase, you were around in 1970 when the film, *Love Story*, came out (starring Ali MacGraw and Ryan O'Neal) and this phrase about love was the tagline in the studio's advertising that, using today's language, *went viral*. Even then I wasn't very fond of the phrase. To me, love was quite the opposite: it meant I could make mistakes and saying you're sorry was part of the healing process - and love would always still be there; it was a given; ***it had no limits*** – even if I do. We'll return to setting limits later.

I've been reading a lot of things about love/tough love/etc, preparing for this blog. In a piece from the HuffPost from 2013, writer Sheryl Paul states that if there are conditions on love, then it's not love but approval – either trying to get it or give it. I hadn't thought of it in quite that way but she's absolutely right. And love is NOT the same as approval. In fact, the challenge of love is to *love*. Full stop. Anything else is based on approval and doesn't feel like love to the person on the receiving end - because it's not. *Real love isn't conditional*.

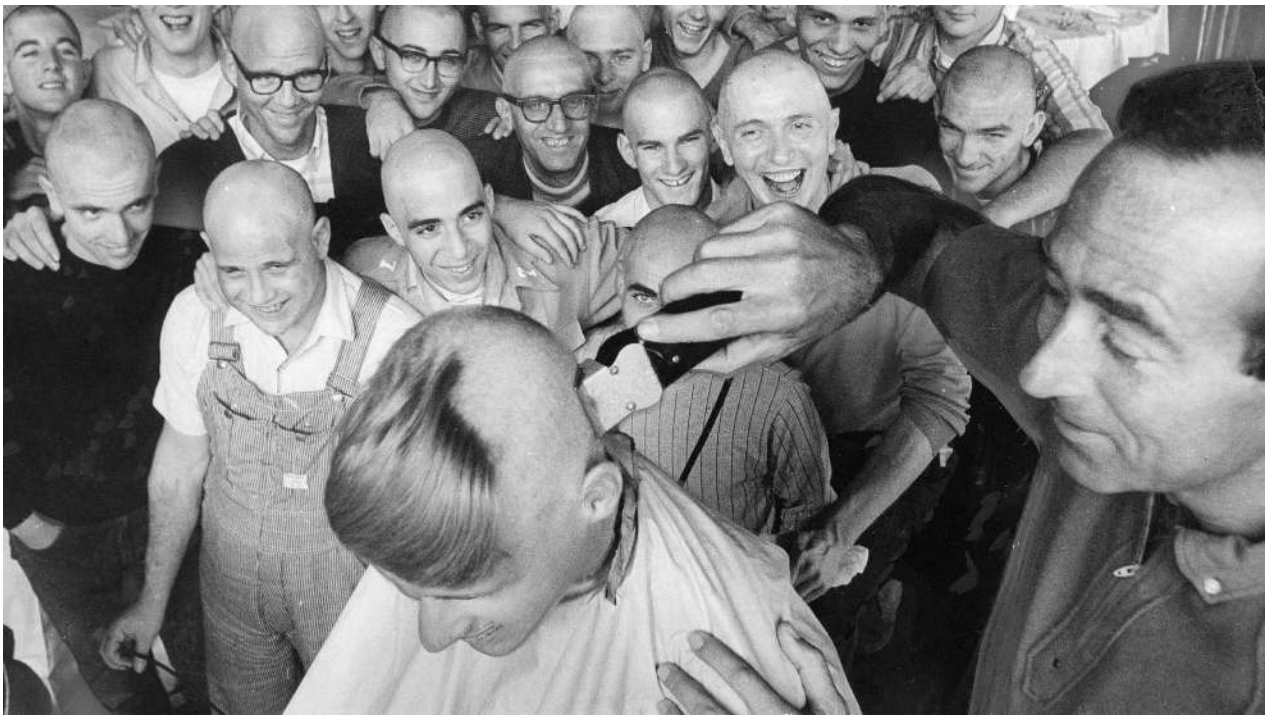
A popular phrase in 12-Step/AlaAnon is "you have to let them hit bottom." We are told as family members that this is "letting go with love." However, what if "their bottom" is death? Or jail/prison? Or something else traumatic? How is that showing love and not simply acceptance (or control?)? And what evidence do we really have that hitting bottom works?

None, save some individual stories of such (side note: I just Googled the phrase "hitting bottom" and found a disturbing number of articles and treatment centers advocating this approach). Back to Dr. William Miller: MI has shown us, as has CRAFT (Community Reinforcement Approach and Family Training; developed by Dr. Robert Meyers), that

standing by and letting a problem drug user get to the absolute worst place they can does little to actually help them seek treatment/change. In fact, it typically makes things worse (the late Dr. G. Alan Marlatt showed this in several studies and discusses this in his seminal books, "Harm Reduction" and "Relapse Prevention"). Anecdotally, when I was in more pain (of all kinds) and things got even worse, that made drug use even more attractive, no matter the negative consequences. And this is typical. This doesn't mean family shouldn't allow for some natural consequences. What those are and how one decides when enough is enough must be decided by each individual family and needs to be discussed with the problem drug user beforehand so there are no surprises. So, where did we get this idea of "tough love" especially if it's harmful? And why is it still such a popular approach?

Although tough love is a concept used on adults as well as teens, according to Maia Szalavitz' 2006 book, "Help at Any Cost," the phrase "tough love" was first coined by Bill Milliken in his book of the same name in 1968 that discussed parenting approaches. There is also another book of nearly the same name, "*ToughLove*" by Phyllis and David York from 1985. Either way, the phrase started out as a term for parents to describe interventions to be used as their teenagers began to act out - perhaps using/misusing alcohol and other drugs - and engage in other less-healthy/desirable behaviors. Unfortunately, typical adolescent separation/developmental behaviors became pathologized (still often are. More on that perhaps at another time). Before the phrase "tough love" caught on in parenting circles, the concept was used here in California by a group long gone but whose long reach can still be felt in drug treatment facilities here and across the country: Synanon.

Synanon was a California institution. It was founded in 1958 in the then sleepy beach town of Santa Monica, by Charles (Chuck) Dederich. According to journalist Matt Novack, Synanon "was one of most dangerous and violent cults America had ever seen…" I have seen the outcomes of Synanon up close and personal through my work in treatment



facilities, many founded by former Synanon members. Several ideas of these persuasive and talented people were sensible. Sadly, though I believe all meant well, many of their ideas were still too infused with the highly confrontational concepts of Synanon. Having worked and been trained in some of these treatment centers, I am saddened to know that while I helped many people in the dozen or so years I worked in this confrontational style, I am aware that I harmed many others. But Synanon was more than highly confrontational. It was far worse and caused far greater harm.

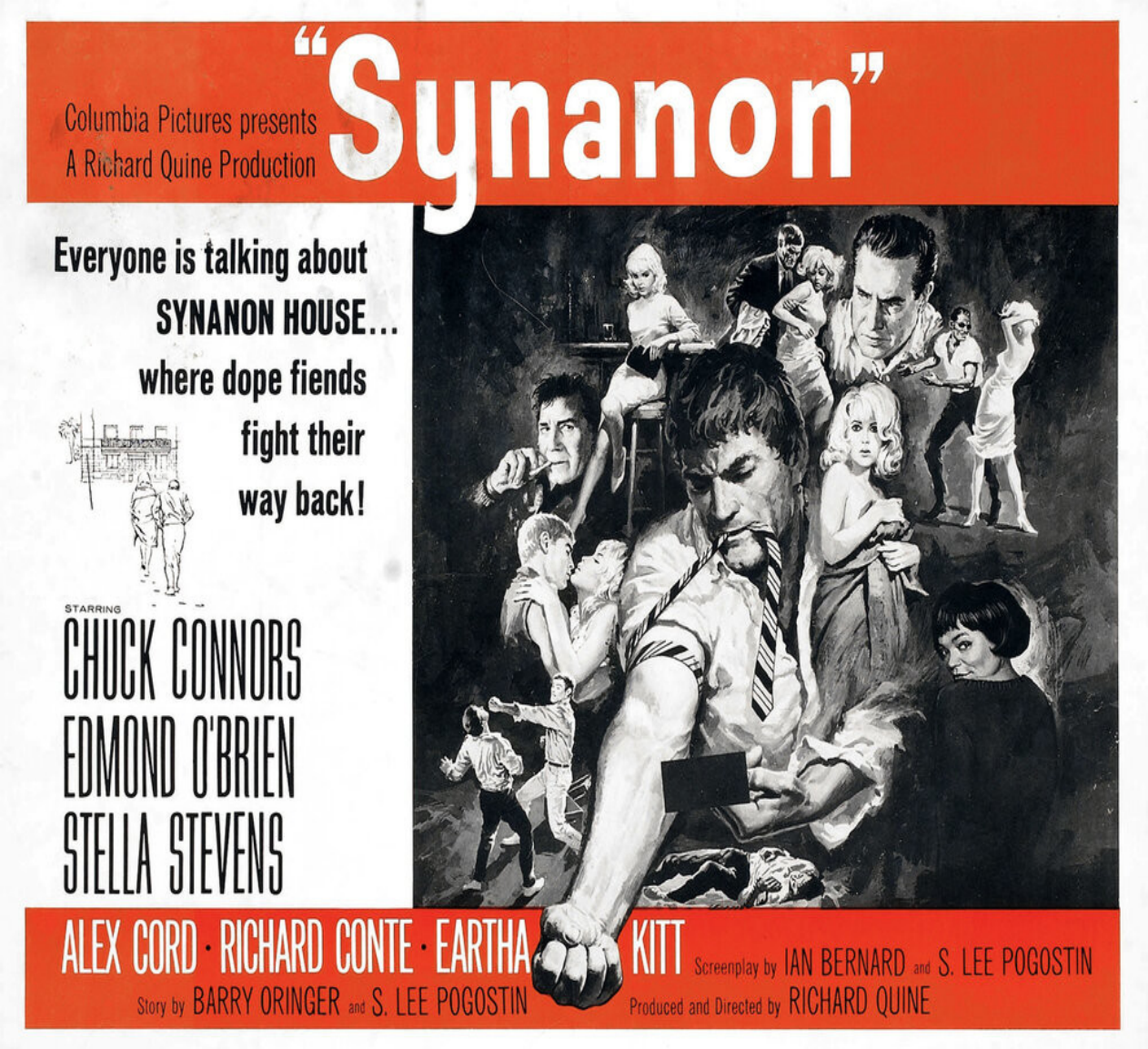
Synanon was the developer of something they called "The Game."

They played the "game" in which anyone was allowed to say anything, true or not, to someone to cause an effect. Only the threat of violence was prohibited. It was a game because one being gamed could turn the game on another. (http://www.paulmorantz.com/cult/the-history-of-synanon-and-charles-dederich/)

Addicts' behaviors and past lives were attacked viciously in games, members were told their lives depended on staying, contacts with family were prohibited, and a system of rewards and punishments was applied. Publicly one was berated ([given a] "haircut") for misdeeds…Dederich and Yablonsky acknowledged that the system was brainwashing…"

And brainwashing was what Synanon leaders believed drug users needed. According to Paul Morantz (an attorney Dederich attempted to murder for suing Synanon) is credited with coining the phrase "Today is the First Day of the Rest of Your Life." He also *"preached "Act as If" which meant do not try to reason as to what Synanon asks they do; as thinking got them there, just trust what they were told and act as if it is right."* Alcoholic Anonymous (AA) uses similar slogans today. In fact, Dederich was a longtime AA member and popular speaker before his transformation to cult leader (Dederich later became mentally unraveled, extremely paranoid, and preached of a new religion he called Synanon III (see more at www.paulmorantz.com). Synanon was heralded as a drug addict-saving program and even had the blessings of Governor Edmund "Pat" Brown, who exempted them from health licensing laws. They also started seeing monetary gains as Hollywood superstars such as Robert Wagner, Leonard Nimoy, and Ben Gazzara came to play "the game." Life magazine did a 14 page in-depth article in which they quoted a Congressman calling Synanon the "Miracle on the Beach." Columbia Pictures even made a film on it. By the mid-1960's, Synanon was known as a alternative community which attracted its members through a focus on living a "self-examined life" using "the Game" to uncover hidden truths

in group sessions. Even non-drug using professionals were invited to join as long as they "gifted" their assets. Like other cults, Synanon worked by controlling its members. In Synanon the main source of control was by use of "the 'Synanon Game.' The "Game" could be considered a therapeutic tool, likened to group therapy; or a social control, in which members humiliated one another and encouraged the exposure of one's innermost weaknesses, or both." This was truly tough love at its "finest."



Today we may not see toilet seats around clients' necks (I heard reputable reports that this was done in some drug treatment facilities up to the late 1990's, to demonstrate that a client had behaved like a 'piece of shit') but we certainly continue to have the ethos of stigma, shaming, and harsh confrontation we inherited from Synanon. The threads of Synanon are woven throughout drug treatment programs everywhere in the US (and further in a few cases) today.

So, you may ask, is tough love the same as harsh confrontation (the answer is yes!)? And I thought we needed to break through an addict's denial in treatment (the answer is no, that's actually more likely to harm clients especially those with other underlying mental illnesses including trauma)? Don't people who use drugs problematically need to be shown what a mess their lives are and how they've hurt others, such as their families (again the answer is no, they're aware already and are typically ashamed of their lives and behaviors even though families may not see it)? These are all reasonable questions. Let me suggest, as many experts in the field have, that we look at how we treat other medical conditions. Let's take diabetes for example, another chronic health condition: when one has diabetes and is reliant on medication, do we complain that they are "addicted" to insulin? Of course not. But with medication-assisted treatments (MAT) we hear these comments (Narcotics Anonymous, or NA, has made their views clear in their official pamphlet on MAT. See https://www.na.org/admin/include/spaw2/uploads/pdf/pr/2306_NA_PRMAT_1021.pd).
Here in California, our Department of Health Care Services has informed treatment providers that they expect us to not ask clients to engage in activities that we wouldn't ask of those with diabetes. So, for instance, would we ask someone with diabetes to list their character defects which may have led to their illness? Of course not. Would we ask them to hold hands in prayer around a circle? No again (of course any individual may find this helpful, we wouldn't consider this treatment). We certainly wouldn't put a toilet seat around their necks and tell loved ones to throw them out of the house for eating less healthy

hold hands in prayer around a circle? No again (of course any individual may find this helpful, we wouldn't consider this treatment). We certainly wouldn't put a toilet seat around their necks and tell loved ones to throw them out of the house for eating less healthy foods! But these are all deemed reasonable activities to many in our profession even today. (This calls for a lengthier discussion on addiction which I'll do in another installment).

As I often do, I got out the dictionary to view some definitions of these 2 words as I prepared to write. Using the online version of Merriam-Webster's (M-W) dictionary, I found "tough" means durable, strong, resilient, sturdy, rugged, solid, stout (I couldn't resist!), long-lasting, heavy-duty, industrial-strength, well built, made to last. And what of love? "Love" is defined by M-W as "unselfish, loyal and benevolent; concern for the good of another." Love is further defined as "an assurance of affection." An assurance of affection. Wow. In my experience with "tough love", there was absolutely none of that. In fact, withholding affection/love is at the crux of "tough love." So if these 2 words are polar opposites, how did they come to occupy the same space in our heads and in our common lexicon? According to Wikipedia, the phrase "tough love" (used by programs such as the former Walden House in San Francisco and DayTop Village or Phoenix House in NYC) was coined by Bill Milliken in his 1968 book of the same title (a version of this phrase was also used for the name of another book, ToughLove by Phyllis and David York in 1982). Using this concept of tough love, parents were encouraged to check their troubled teens into wilderness camps and behavior modification programs to deal with their kids increasingly frustrating and sometimes dangerous behaviors. And parents absolutely mean/t well; they were at a loss as to how to control their "out of control" teens. And they were listening to the so-called experts tell them, "you have to stop coddling your kids; you need to get tough with them – show them who's boss." My own parents tried to do this with me when I was 15 or 16 (it backfired. I filed for legal emancipation and won. However, my relationship with my parents and siblings was forever damaged as was I). It would seem that the concept of tough love is really about control. And when did control become synonymous with loving?

"Tough love" is also often associated with criminal activity or with children. In other words, if you're a person who uses drugs problematically - or a criminal or a child – our society says using tough love is acceptable. The thinking is that in any of these 3 instances the person you're using "tough love" with is incapable of learning any other way; their behavior must be controlled for their own good. In fact, the definition according to an old book we used to use in addiction treatment and studies called "Ad.dic.tion.ary" (by Judy and Jan Wilson, 1992; Hazelden) *"tough love is a phrase that describes behavior to stop enabling addiction. When you refuse to cover up for an addict, to rescue them, or to prevent them from experiencing consequences of their addiction, that is tough love. It is loving of the person but tough on the disease."* But is this true? And is this the most effective treatment modality? Perhaps the best question is whom does the concept of tough love harm? I'd argue that tough love harms everyone involved – and that possibly once used, it damages relationships beyond repair.

But it works sometimes, right? I guess that depends on your definition of "works." Can you get your loved one to behave or not behave in a way that's acceptable to you? Probably, with enough threatening and coercion. But again, that's not love. And it usually isn't helpful for those of us diagnosed with a mental illness or substance use disorder (or chronic pain condition). In fact, Johann Hari, in his book "*Lost Connections*" argues that disconnecting from loved ones (as parents and partners are often told to do) who are "misbehaving" is typically the worst thing a parent or partner can do; losing connections to love – friendships, enjoyable activities such as sports, pets, and more - is often the exact scenario that is ripe for addictive behavior and other mental illnesses to thrive in, to fill the void left by the withholding of love and affectional bonds.

Now let's be clear here: I'm not saying that *limit setting*is unnecessary. Of course, it's necessary. Limit setting is part of being a responsible parent and, sometimes, a loving partner. But the most important piece is that when you set limits with someone, you do so

with unconditional love and appreciation for the other person. You listen to their ideas, negotiate, and you have this conversation (this is crucial) when you're not emotional. Once again, the time for limit setting is BEFORE the undesired behavior occurs, not afterwards (when limit setting is done *after* the behavior occurs, it's called 'punishment'). There are exceptions which again each family must work out for themselves (this is the work of family or couples treatment/therapy). Bottom line, when dealing with the problematic drug-use of a loved one, yelling, screaming, throwing out their alcohol or other drugs, etc, isn't helpful to anyone. And it certainly isn't loving behavior.

OK so what about the idea that "addicts" must be shown what a mess their lives are and take responsibility? Well, I can tell you that I was aware every moment that my life was a mess when I had a substance use disorder as we now term the condition. There was no need to show me how bad things were. In fact, whenever I got a glimpse of the mess that was my life, I wound up using more to cover the pain and the shame. This is a typical response we see in many problem drug users. Lastly, let's look at how tough love confronts personal responsibility. The tough love that my family of origin gave me did two things: 1) made me more ashamed and reluctant to try to change (if it's my fault and I'm such a fuck up, why bother trying to change?) and 2) ruined any chance of a healthy family system because my family couldn't look at what they may have contributed to my life of addiction (no I don't blame them!). Most of the "mess" or "unmanageability" as 12-Step would describe it, are problem behaviors of illicit drug users due to the illegality of most drugs of misuse. When drugs are illegal, drug users must go to places to get drugs where they are likely to be put in danger, risking rape and other physical harms, as well as jeopardizing their freedom by being caught by police with the results often being arrest/jail/prison, especially if you happen to be black or brown. Plus, drug users tend to use more in these circumstances than they would in safer locations, and they overdose more often. More on this in future segments.

So here we are at the end of Part 1 and "tough love". And tough love doesn't look much like love at all to me. It appears to be all "tough". Think of it this way: with positive reinforcement (think BF Skinner and others), I reward you for positive behavior (coming home on time) by giving you something you want (perhaps an extended curfew on one night) and set limits regarding less positive behaviors (think staying out after curfew) but I do this BEFORE you are late. And I do this when I'm not emotionally raw. If I wait and give you "consequences" for your undesired behavior, then I've punished you. That does not lead to positive behavior change. It leads to controlling with fear. Also, too often we fail to couple "punishment" with any kind of reward for the positive behavior. And when that punishment is withholding love and affection, well can you see where this could lead to increased drug use? Not what anyone wants. But now we're "woke" and can see while it isn't what I wanted, ***it is expected.*** This denial of love and affection leads more people to have a (another?) traumatic experience and we know trauma and addiction – and other mental illnesses – tend to feed off each other. I am sure that this is not the outcome that any parent – or partner or loved one – wants for their child/partner/loved one.

I hope I've made my case for the abolishment of the approach/concept/term "tough love" and for us as a society to stop advocating for this way of being with those we love. You cannot be tough and love at the same time: love has no limits though we can and will. So, what are we to do instead? Let me invite you to consider this concept: love has no limits but behaviors do which we're all allowed to set for ourselves….and to change when we need to renegotiate but before - not after - an unwanted behavior. Love, especially when parenting, requires *behavioral* limit setting; it's part of the job description. And yes, that's hard to do when you love someone and want to give them everything! But then it wouldn't be love either. But with tough love, we find a way to step out of our responsibilities and to point the finger at our child/partner/loved one ("If they would just change, everything would be ok!"). But that can't be accurate. We are in this illness together and we need to find a way through it together. When a couple is expecting a child, we now

say “we’re pregnant” when obviously women only conceive (for now?). Why can’t we do the same for addiction? I want to be a parent/partner that never gives up on my loved ones, no matter what – that states loudly (and means it) “we’re in this together!” And after all, isn’t that what family/friendship really is about? **Connectedness**. Again according to Wikipedia: *“Love…can be a virtue representing human kindness, compassion, and affection, as "the unselfish loyal and benevolent concern for the good of another". It may also describe compassionate and affectionate actions towards other humans, one's self or animals.”* And isn’t that who we really want to be?

Love has no limits – Tough Love Part 2

Last month we started our discussion of "tough love" and its origins. This month we'll continue this look at this well-known and used concept to see if it really works and is the most effective strategy for families who love someone who misuses drugs.

We've discussed Synanon and its use of harsh confrontation and "tough love" in treating drug use problems. We've looked at Al-Anon and its concept of "letting go with love" and seen that what that often looks like is anything but love – though setting limits is important, too. Also, we've discussed how this concept of "tough love" isn't just bad for helping drug users make changes but also bad for loving family members. We also talked about the difference between gaining or giving approval versus love. Finally, we looked at what more pain does for drug users: encourages them to use more, not less. So, let's pick up the conversation here, starting with more on harsh confrontation.

You may have questions by now and I'm going to try to guess what some of them are and provide answers here. 1) Is tough love the same as harsh confrontation? The answer is yes! 2) I thought we needed to break through an addict's denial in treatment? The answer is no, that's actually more likely to harm clients especially those with other underlying mental illnesses including trauma. 3) Don't people who use drugs problematically need to be shown what a mess their lives are and how they've hurt others, such as their families? Again, the answer is no, they're fully aware already and are usually extremely ashamed of their lives and behaviors even though families may not see this.

By the way, these are all reasonable questions to ask. Let me suggest, as many experts in the field do, that we look at how we treat other chronic medical conditions. Let's take diabetes for example: when one has diabetes and is reliant on medication, do we complain that they are "addicted" to insulin? Of course not. We're happy that there is a medication that can help them live a more full and healthy life. But with medication-assisted treatments (MAT) we hear negative comments (Narcotics Anonymous, or NA, has made their views clear in their official pamphlet on MAT. See https://www.na.org/admin/include/spaw2/uploads/pdf/pr/2306_NA_PRMAT_1021.pd) such as how folks are just trading one drug for another; that they aren't really "clean". Here in California, our Department of Health Care Services has informed treatment providers that they expect us not to ask clients to engage in activities that we wouldn't ask of those with other chronic health conditions such as diabetes. So, for instance, would we ask someone with diabetes to list their character defects which may have led to their illness? Of course not. Would we ask them to hold hands in prayer around a circle? No again (while any individual may find this helpful, we wouldn't consider this professional treatment). We certainly wouldn't put a toilet seat around their necks and tell loved ones to throw them out of the house for eating less healthy foods! But these are all deemed reasonable treatment approaches to addiction to many in our profession even today. (This calls for a lengthier discussion on addiction which I'll do in another installment)

As I often do, I got out the dictionary to view some definitions of these 2 words as I prepared to write. Using the online version of Merriam-Webster's (M-W) dictionary, I found "tough" means durable, strong, resilient, sturdy, rugged, solid, stout (I couldn't resist!), long-lasting, heavy-duty, industrial-strength, well built, made to last. And what of love? "Love" is defined by M-W as "unselfish, loyal and benevolent; concern for the good of another." Love is further defined as "an assurance of affection." *An assurance of affection*. Wow. In my experience with "tough love", there was absolutely none of that. In fact, withholding affection/love is at the crux of "tough love."

So if these 2 words are polar opposites, how did they come to occupy the same space in our heads and in our common lexicon? As stated previously, the phrase "tough love" was originally used by therapeutic community programs such as the former Walden House in San Francisco and DayTop Village and Phoenix House in NYC and continues to be used frequently today (just Google it to see for yourself). Using this concept of tough love, parents were encouraged to check their troubled teens into wilderness camps and *behavior modification* programs to deal with their kids increasingly frustrating and sometimes dangerous behaviors. And parents absolutely mean/t well; they were at a loss as to how to control their "out of control" teens. Plus they were listening to the so-called experts tell them, "you have to stop coddling your kids; you need to get tough with them – show them who's boss."

My own parents tried to do this with me when I was 15 or 16 (it backfired. I filed for legal emancipation and won. However, my relationship with my parents and siblings was forever damaged as was I). It would seem that the concept of tough love is really about control. And when did *control* become synonymous with loving?

"Tough love" is also often associated with criminal activity or with children. In other words, if you're a person who uses drugs problematically - or a criminal or a child – our society says using tough love is acceptable. The thinking is that in any of these 3 instances the person you're using "tough love" with is incapable of learning any other way; their behavior must be controlled for their own good. In fact, the definition according to an old book we used to use in addiction treatment and studies called "Ad.dic.tion.ary" (by Judy and Jan Wilson, 1992; Hazelden) *"tough love is a phrase that describes behavior to stop enabling addiction. When you refuse to cover up for an addict, to rescue them, or to prevent them from experiencing consequences of their addiction, that is tough love. It is loving of the person but tough on the disease."* But is this true? And is this the most effective treatment modality? Perhaps the best question is whom does the concept of tough love harm? I'd argue that tough love harms everyone involved – and that often once used, it damages relationships beyond repair.

But it works sometimes, right? I guess that depends on your definition of "works." Can you get your loved one to behave or not behave in a way that's acceptable to you? Probably, with enough threatening and coercion. But again, that's not love. And it usually isn't helpful for those of us diagnosed with a mental illness or substance use disorder (or chronic pain condition). In fact, Johann Hari, in his book "*Lost Connections*" argues that disconnecting from loved ones (as parents and partners are often told to do) who are "misbehaving" is typically the worst thing a parent or partner can do; losing connections to love – friendships, enjoyable activities such as sports, pets, and more - is often the exact scenario that is ripe for addictive behavior and other mental illnesses to thrive in, to fill the void left by the withholding of love and affectional bonds. I know I can definitely relate to this.

Now let's be clear here: I'm not saying that *limit setting*is unnecessary. Of course, it's necessary. Limit setting is part of being a responsible parent and, sometimes, a loving partner. But the most important piece is that when you set limits with someone, you do so

with unconditional love and appreciation for the other person. You listen to their ideas, negotiate, and you have this conversation (this is crucial) when you're not emotional. Once again, the time for limit setting is BEFORE the undesired behavior occurs, not afterwards (when limit setting is done *after* the behavior occurs, it's called 'punishment'). There are exceptions which again each family must work out for themselves (this is the work of family or couples treatment/therapy). Bottom line, when dealing with the problematic drug-use of a loved one, yelling, screaming, throwing out their alcohol or other drugs, etc, isn't helpful to anyone. And it certainly isn't loving behavior.

OK so what about the idea that "addicts" must be shown what a mess their lives are and take responsibility? Well, I can tell you that I was aware every moment that my life was a mess when I had a substance use disorder as we now term the condition. There was no need to show me how bad things were. In fact, whenever I got a glimpse of the mess that was my life, I wound up using more to cover the pain and the shame. This is a typical response we see in many problem drug users. Lastly, let's look at how tough love confronts personal responsibility. The tough love that my family of origin gave me did two things: 1) made me more ashamed and reluctant to try to change (if it's my fault and I'm such a fuck up, why bother trying to change?) and 2) ruined any chance of a healthy family system because my family couldn't look at what they may have contributed to my life of addiction (no I don't blame them). Most of the "mess" or "unmanageability" as 12-Step would describe it, are problem behaviors of illicit drug users due to the illegality of most drugs of misuse. When drugs are illegal, drug users must go to places to get drugs where they are likely to be put in danger, risking rape and other physical harms, as well as jeopardizing their freedom by being caught by police with the results often being arrest/jail/prison, especially if you happen to be black or brown. Plus, drug users tend to use more in these circumstances than they would in safer locations, and they overdose more often. More on this in future segments.

So here we are at the end of this discussion on "tough love". And I hope I've shown that tough love doesn't look much like love at all. Instead the concept appears to be all "tough" with "control" at its core. Think of it this way: with positive reinforcement (think BF Skinner and others), I reward you for positive behavior (coming home on time) by giving you something you want (perhaps an extended curfew on one night) and set limits regarding less positive behaviors (think staying out after curfew) but I do this BEFORE you are late. And I do this when I'm not emotionally raw. If I wait and give you "consequences" for your undesired behavior, then I've punished you. That does not lead to positive behavior change. It leads to controlling with fear. Also, too often we fail to couple "consequences" with any kind of reward for the positive behavior. And when that consequence is withholding love and affection, well, can you see where this could lead to increased drug use? Not what anyone wants. But now we're "woke" and can see while it isn't what I wanted, ***it is expected***. This denial of love and affection leads more people to have a (another?) traumatic experience and we know trauma and addiction – and other mental illnesses – tend to feed off each other. I am sure that this is not the outcome that any parent – or partner or loved one – wants for their child/partner/loved one.

So what have I learned – and what do I hope I've shared with you all here on this topic of "tough love?" Here are my Top 4 "Take Aways" from this discussion: 1) perhaps the most important take away is this: I hope I've made the case that we as a culture need to stop treating the concept of "tough love" as something positive and healthy. I'm optimistic that I've shown how inaccurate and horribly damaging to individuals and families tough love actually is, too; 2) that the concept of tough love really means that this concept is tough on all of us: drug users and loved ones/families alike. Like my own unrepaired family of origin, I have seen so many that will never recover from this so called "treatment intervention/sign of love." Nothing could be further from the truth; 3) that what we really need instead is a concept let's call "love AND limits," meaning there is no limit on our love – ever - ***and***

(not "but") we human beings have limits, too: on our time, our resources, our finances, and more. That's called life and should always be negotiable and honest. Finally, take away 4) we can no longer afford to use a tired, inaccurate, corrosive concept such as "tough love" to (hang in here with me ok?) "excuse" us from the task having difficult conversations about hard topics with people that we love, what I'm calling "Compassionate Conversations." What do I mean by this? I mean we must begin the work of having conversations that are about deep, profound, empathetic listening to one another, conversations that seek to really understand. Today it seems that the conversations we typically have with loved ones – especially with drug users – are ones with agendas to get them to stop using. So, what's the worst that could happen if we could truly let go of our old agendas and just *listened*? And just for the record, I'm not suggesting that we should agree with how our loved ones view something or how they behave right now, but rather I'm suggesting that our conversational goals change from getting-them-to-do-something-I/we-want to one of astonishing appreciation: of their views, their perspectives, their reasons for using/behaving in less than healthy ways. Let us decide that **gaining compassion** will be our attending agendas in these conversations.

Our world today is filled with rhetoric (with few real conversations) that is siloed and dishonest, cut off from reality, and full of prejudgments and predetermined agendas. Sadly, when we act from these values, we do so from fear: fear of losing power, fear of not being accepted, fear of losing our place in the world, fear of losing our loved ones to drug use and more. But when we push forward incorporating these fears rather than fighting them and force ourselves to see what is and become "woke" as the modern vernacular states, we have opportunities galore to change our relationships to ourselves, to our loved ones, and to the world. We learn how to say things like, "I love you more than anything AND I'm uncomfortable/unhappy/it's difficult being around you when you're loaded/high/under the influence. But when you've come down/sobered up/are able to moderate, let's have

lunch/dinner/go to that movie we've talked about." Or how about, "I really love spending time with you when you're emotionally available to me/us/the family/yourself." I realize these "compassionate conversations" aren't dramatic so they won't make for good "reality" television, however they do make for good, healthy, strong relationships in real life. Plus research shows us these types of conversations are also more likely to help encourage positive changes toward healthier behaviors for everyone. So, let's tip "tough love" into the collective trash can and from our collective vocabulary. Instead let's work towards an agenda/belief of "love and limits" through "compassionate conversations." Frankly, after all the pain caused to us all from using "tough love", just how much harder can this new way of being really be?

Harm Reduction for Families – Communicating with Love

Communication. This is a HUGE topic which I can only hope to touch on here. But I hope that I can offer some suggestions, look for some possible answers from you all (families) and see what we know in science now. For more than 50 years, we professionals have made (still make??) terrible mistakes in our advice about communicating with loved ones who use drugs: DON'T BOTHER! We said things like, "All addicts are liars" and "They must hit bottom" and "You need to use tough love with addicts". We called you all names: *codependent, enabler, co-addict/alcoholic.* Now don't misread me here: we're discussing a *family* which is a system. To use the favored metaphor from famed American educator and author, John Bradshaw[1], families are like mobiles: *touch one side of a mobile and the entire piece shifts.* This means all family members must participate in changing in order for change(s) to actually happen. Bradshaw[2] (who also coined the terms "dysfunctional family"

and "inner child" and some believe ushered in the self-help movement of the 1980's) used to call the problem a "dis-EASE" with the world. I think that is still one of the best definitions of addiction we have. And it speaks to the trauma that all too often accompanies addiction/drug use. More on that in the future.

So, what does communication in a harm reduction world look like? Here's an example from Patt Denning and Jeannie Little's book, Over the Influence[3]:

"You can love your child and kick her out of the house. You can kick her out of the house and pay her rent somewhere else. In these ways you can continue to love and support her and limit the damage she can do to your marriage, your house, and your other kids. In other words, you can make changes in your relationship with your loved one way before you are completely worn out. In fact you should."

A second example is from the Center for Motivation and Change's (CMC) booklet, "The Parent's 20 Minute Guide"[4] (they use the term "parent" to mean any caregiver). In the section titled "Helping with Understanding", CMC makes the point that the behaviors your child is engaged in (ie, using drugs) make sense and we parents need to appreciate that relationship that our loved ones have with substances even as we struggle to understand it. Wow huh? This can be a tough request but here's why it's crucial to Communicating with Love:

"Feeling relaxed, exhilarated, less anxious, braver, funnier, and part of the group, are all potential benefits of using substances. **If there were no benefits, there would be no use."** (emphasis mine)

This is enormously important for families to understand. Without this acknowledgement, little communication with love can happen. We need to remember that our loved ones' actions have more to do with their personal reasons for using (the reinforcers) than us. This knowledge can help us to not take our loved ones' actions so personally and to start to see the reasons for the substance use: loneliness, boredom, social/fitting in, anxiety, trauma, and more. The CMC 20 Minute Guide goes on to say,

"Understanding what your child gets from using can also lower your fear and anxiety, as it makes the behavior less random and more predictable. If he uses to fit in with other kids, then you know he's more at risk when he's out socializing than home with the family."[5]

With this information in hand, strategies can be launched *with your loved one* and everyone can be invited to brainstorm options when your loved one is faced with potentially triggering social situations.

The Guide also has worksheets, such as the one titled, "Behaviors Make Sense"[6] which is designed for the parents to complete based on their understanding of their loved ones' reasons for using drugs. I would suggest that these worksheets might be even more effective if completed *with* your loved one. That way you're not left guessing about the relationship your loved one has with substances. It also allows for further exploratory conversations to better understand your loved ones substance use (it's also possible that your loved one isn't sure of all the reasons they use drugs; this openness to conversation could allow them time to consider why they use a substance(s)).

Denning and Little also provide some excellent guiding concepts for families to use, calling them *"Harm Reduction Principles for Family and Friends:"*[7]

1. Promises only cause problems
2. There are no rules except the ones you make
3. You cannot enable drug use (unless you are supplying them)
4. Base your actions on your values
5. Base your actions on what you can manage
6. You have triggers too
7. Any limits you set are about you

I would add a couple of others:

8) Everyone's doing the best they can so be kind/gentle with yourselves – and with your loved one (it may seem like your loved one cares more for drugs than for you right now but I doubt that's really true)

9) You probably can't solve this problem, but you can make it better or worse

10) For change to be successful for your loved one, you must also change

So perhaps now you're thinking, "OK Dee-Dee this is all great but is there some research to tell us ***how*** to communicate with love?" Yes there is!

CRAFT. *Community Reinforcement Approach and Family Training*[8], developed by Robert Meyers, PhD (Research Associate Professor Emeritus in Psychology at the University of New Mexico's Center on Alcoholism, Substance Abuse and Addiction) is an answer. Bob Meyers (full disclosure: I have been trained by Dr. Meyers in CRAFT) came to the field of addiction through his own family's problems with substance use. He became convinced that there could be a better way to interact with loved ones using substances and focused his research on finding some answers to this lifelong idea. Taking Dr. Nathan Azrin's

Community Reinforcement Approach (CRA) and combining it with his own brand of Family Training, Dr. Meyers developed CRAFT, now an evidence-based therapy/treatment.

CRAFT is unique in addiction counseling in many ways. One of the most important, in my opinion, is its focus on "catching people who use drugs doing something 'right'". In other words, instead of the main focus being on punishment for misbehavior, CRAFT encourages us to focus on the times when your loved one ***isn't*** engaging in the 'misbehavior.' It also supports the idea that drug use (especially problem drug use) doesn't happen in a vacuum: it happens within a system and all parts of the system must change. Too often the drug user is seen as the Identified Patient (or Problem aka the IP) and taken off to treatment to make changes which we're often led to believe will solve all the family problems. However, if the system she is in doesn't also make changes, how do we expect her changes to be maintained? This is what's called "magical thinking" (which has sadly been perpetuated too often in my profession); it's also a set up for failure. All too often treatment does fail[9] too regardless of how much she wants to make a change(s).

Down Under, Tony Trimingham, founder of Family Drug Support (FDS Australia), shares some similar ideas in his "Letter to Family and Friends."

"When we expect immediate changes and refuse to be with the person during the process we undermine the very goal we seek to accomplish." [10]

I want to stop here for a moment to reflect on things that I'm suggesting families can do differently - I want to emphasize that I am NOT pointing these things out in order to lay blame. Never. Are there things we could've/should've done differently as families with loved ones who love drugs? Absolutely. Does that mean we are to blame/responsible for the drug use? Not likely. But we are part of the overall system - and therefore we must be

willing to look at our part in the creation of that system of dis-***ease*** we are all in squarely in the face. After all, isn't that what we ask people who use drugs to do in treatment? What I'm saying is that when there's a complicated, possibly chronic condition in the family, it affects everyone, therefore, the solution(s) has to involve ***everyone***. Gratefully we now have more options & suggestions for families than the old "let them hit bottom" and "stop enabling/being codependent." We can now say, "don't stop loving your family member!" and "when our loved ones are ill we need to hold them closer." Learning how and when to "hold them closer" so change can be possible is the challenge. One way of helping us may be to learn more about change in general. How does it happen? How can we help or hinder change? Is it ever successful?

We've learned a great deal about how people make change(s) in their lives. The researchers James Prochaska, Carlo DiClemente, and John Norcross discovered how change happens back in the late 1970's which they called the Transtheoretical Model (TTM) or Stages of Change for short.[11] We've learned that instead of looking at abstinence as the best or only way to recover or change, incremental positive change may be the best route: "Any positive change" is the slogan the late harm reductionist, Chicago Recovery Alliance founder Dan Bigg[12] who has used this slogan to describe how to view the small steps typically needed to move toward change. For many people, the best way to make change is to go mindfully and slowly, small step by small step, moving closer and closer – with some setbacks - toward the big change you plan to make. Think of how many people quit smoking (side note: The Stages of Change were discovered when the developers/researchers looked at some 1500 smokers). Usually smokers quit on their own, either with or without the help of aids as nicotine replacement (Nicorette gum, inhalers, lozenges; anti-craving medications). Others just stop, cold turkey. But most professionals now will suggest - for those not wanting that "cold turkey" method - a "warm turkey"[13] approach is a good option especially for those who have a difficult achieving their goals with "cold turkey" methods. The same can be true for abstinence or moderation goals in drug/alcohol use. Families can now Google terms such as "harm reduction for families" and find options that may be more in line with their values/goals and those of our loved ones using drugs. With cannabis legal in more and more states every day, many of us have found that we are looking to this substance to prove helpful in treating addictions (we already know about its usefulness – alone or in conjunction with CBD[14] - in treating anxiety, pain, depression and more for many people). Most families I work with now are more than delighted to have their former problematic drug-using loved one find relief and assistance in some form of cannabis.

Harm Reduction for Families at its core is about providing support to help families make decisions that fit their individuality: *their values, their needs, their loved ones*. It's about helping families to see that abstinence is *one possible outcome* but doesn't need to be the only one – nor is it always the best option for everyone. And by the way, one can definitely not be abstinent (defined as not taking *any* medication/drug) and still be "in recovery.[15]" More and more families are coming to see harm reduction as a better fit for them than the old "hit bottom/throw them out" model as they see the harm that is caused to them and their loved ones by such traditional, zero tolerance policies. Families have also had enough of the old ways of thinking from my profession – the misinformation/scare tactics, the lack of nuance in treating them & their loved ones who use drugs, the one-size-fits-all approach – even the beloved American disease model of addiction has been challenged by many of the families I see![16] Family work in addictions is at a crossroads: in my opinion, it is the outcry from families that will be the reason new HR policies will be adopted. It is your voices that are the loudest, strongest, and which will be best received since frankly,

families are seen as victims of addiction unlike "addicts" (I'm not suggesting this view is accurate or not, simply that it is a reality in our culture). Bottom line: once again it's about LOVE. LOVE which is the center of positive and healthy communication – and something we can all improve on demonstrating within our families this minute. So grab one of these books - or perhaps you know of another one that fits your needs best – and start reading and practicing. It's time for our Family Recovery movement. We must demand better, more from the professionals and other healthcare practitioners. And we must learn to improve our own ***communication with love***.[17]

1. www.johnbradshaw.com. ↑

2. Ibid. Accessed on 9.26.18. ↑

3. Denning, P & Little, J. (2017). Over the Influence, 2nd Edition. Guilford Press. NY:NY. p221. ↑

4. https://the20minuteguide.com/. Accessed on 9.26.18. p11-12. ↑

5. Ibid ↑

6. Ibid. p13-14. ↑

7. Denning, P & Little, J. (2017). Over the Influence, 2nd Edition. Guilford Press. NY:NY. p221. ↑

8. www.robertjmeyersphd.com. Accessed on 9.26.18. ↑

9. Statistics for success re: professional treatment is difficult. 30% is the highest publicized rate yet this number generally reflects only those who completed treatment, not who improved longterm. AA's rates are about 5%. ↑

10. https://www.fds.org.au/newsletters/letter-to-family-and-friends (accessed 10.22.2018) ↑

11. https://en.wikipedia.org/wiki/Transtheoretical_model (accessed 10.22.2018) ↑

12. Chicago Recovery Alliance (CRA): www.anypositivechange.org ↑

13. https://www.ncbi.nlm.nih.gov/pubmed/1787547 ↑

14. https://www.projectcbd.org/about/what-cbd. Accessed on 10.25.2018. ↑

15. https://www.aa.org/assets/en_US/p-11_aamembersMedDrug.pdf ↑

16. See works by Marc Lewis, Maia Szalavitz, Stanton Peele, Jeff Foote, Denning & Little, Andrew Tatarsky, to name a few professionals in the field who do not ascribe to the traditional disease concept of addiction. Dr. Marc Lewis is a neuroscientist, researcher and former drug addict who has authored several books on this subject: http://www.memoirsofanaddictedbrain.com/authors-bio/ ↑

17. Another book I suggest & use with families: William Miller's (*Motivational Interviewing*) 2018 book titled, *"Listening Well: The Art of Empathic Understanding."* It's available at Amazon and beyond. ↑

Family Talk

Fall. Thoughts of crisp autumn nights and drinking apple cider come up for me, of my youth spent in the Midwest. It also reminds me of "back-to-school" time which can cause some concern for many parents, as well as their new students heading off to University. I've been working with a couple of sets of parents with college-aged kids who are all nervous that these young folks aren't prepared for the new challenges, new people, and new temptations both healthy and less so. Perhaps there's been problematic drug use or some other challenging behavior/mental health concern which is also interfering with their child's ability to prepare better for these new experiences. So, what's a family to do? While we might not be able to prepare our kids for every new experience, we can definitely work on listening better to what they say they need/want – and what they don't want/need from us – which I think is at the core of improving all family relationships.

Plus, these same communication skills will be used for the rest of all our lives: with our family members, friends, colleagues, everyone. And yet, these are skills that are rarely taught, which leaves us to learn them through trial and error or with the help of books, coaches, counselors, podcasts, and more. So, how can we learn to listen more and talk less, no matter what's getting in the way?

While there is no magic answer to doing this, it really is the simple answer to better communication. And boy, it's really easier said than done! With my own fractured family, I see just how hard this is to do. But there are ways we can get better. Here are a couple of ways to improve conversations within families and begin to get a bit better at "listen more and talking less," especially with our adult kids using drugs problematically. The first, from the Australian online group "Family Drug Support (FDS)[1]," (Tony Trimingham; *look for FSDP's launch of our own FDS soon!*), are these basic ideas: 1) Choose your moment – e.g. not when someone is under the influence of drink/drugs." This first step to better conversations is also discussed in many other books and trainings on Family Coaching including Robert Meyers' "Get Your Loved One Sober[2]" & "The Parent's 20 Minute Guide"[3]. Another strategy I have adopted from "The Parent's 20 Minute Guide" is think of conversations as if there are traffic lights in a thought bubble above the other person(s) head. For example, a green light means someone is engaged and listening (though perhaps not about the subject you'd like to discuss!); a yellow/caution light means we may be headed into dangerous territory (think "danger, danger Will Robinson", to borrow a phrase): actions such as voices starting to be raised or someone changing subjects defensively; and a red light means the conversation has gone off into unwanted topics, leaving our loved one and/or us threatening, screaming, swearing, or falling silent and retreating. Not a lot of listening going on when we see these behaviors so experts suggest we stop trying to have a conversation then and simply step away. Remember, these "lights"

refer to all family members not just the person(s) using drugs problematically. That's really important. In fact, one of the parents I work with calls these "caution" signs "relapse warning signs for the whole family." Here's an example of how a conversation might look using all the lights:

Beginning statement from you: "I'm really concerned about your grades this semester."

Your child: "OK I know I've slipped a bit but can we discuss this later please?"

Your response: "OK I understand this isn't a good time. When can we talk about this please?" (green)

Your child: "Stop interfering in my life! I'm an adult now and you can't tell me what to do!!"

Your response: "You're right you are an adult. We're just concerned and want to help if we can." (red)

Your child (voice raising): "I know, I know! But I've had a lot of hard classes and it's been a lot more work than I thought! Can't you just get off my back?"

Your response: "You sound pretty stressed out right now. Let's talk about this over the weekend when we're both calmer." (yellow/caution)

Another strategy toward better listening - or what clients sometimes call "not taking the bait" in conversations - comes from "Motivational Interviewing[4]" or MI. In MI, there's a strategy we teach called "key questions" which I think are brilliant. These are statement I make when it either feels like I'm wanting to take charge of a situation or it seems that someone expects me to have answers for them. These are a way to respond that shows my interest in the conversation while not "taking the bait" of thinking I need to come up with answers/take charge. Here's an example:

You: "I'm really concerned about your grades this semester."

Your child: "Well what am I supposed to do? It's really stressful….and these classes are much harder than in high school!"

Your response: "Things are definitely harder than you expected (this is called a reflection). What do you think would be helpful to make things easier right now (key question)?"

See how this parent has let go and not taken the bait? Instead of saying something like, "well you know what you need to do is…." and trying to solve this problem for them (in MI we call this "the expert trap," which means we're assuming we HAVE the right answers for someone else, like we're experts in other people's lives which of course we're not) this parent gives the solution back to their child. This also helps the child learn to figure out what's best for them and not to rely on us parents. By the way, this doesn't mean we can't ever offer advice or have an idea. But (again, borrowing from MI) when we do so, the third tip for better conversations is to ask for permission before offering any ideas. Yes, you heard me: ASK FOR PERMISSION. It's simple thing to do and it shows respect to the other person.[5]

Along these same lines, something I learned to use with my now adult son while he was in college was to ask at the beginning of a call, "do you want me to listen with the goal of giving advice or with the goal of just listening?" That simple phrase helped me a lot. It was important for me to set that goal upfront and it also seemed to help my son communicate to me more fully and honestly. Of course, the REAL trick is to keep quiet when you hear things that make you want to scream, "NOOOO!!!" But I learned that my son – like most of our kids - was pretty darned good at making generally healthy decisions for himself - and the couple of times that he wanted advice, he was able to ask for that since I'd respected his desire and not given unwanted advice the other times he called. Come to think of it, he might've even called home a bit more than he would have.

The more we understand that much (most?) of someone's drug use is a direct result of medicating trauma, anxiety, depression and more, the more we also see that improving conversations with our loved ones is crucial to keeping our families listening and attached rather than talking at each other and detached. And that's always the goal, huh?

Navigating conversations in families is always challenging let alone when someone is using drugs problematically! I get it. And I can definitely say that this way of deeply listening to each other takes work, commitment, and practice. And a willingness to make a lot of mistakes. To help reduce mistakes, one of the parents I work with likes to make "flashcards" of bytes of responses they could make when their adult child begins to unravel or becomes demanding (and old pattern of push/pull that they've all become expert on). I am immensely impressed with these families and their collective loved ones for their efforts to change these imbedded patterns!

Being a part of a family takes real effort, like all relationships, with more listening than talking at the core. Dr. William Miller (who co-wrote the book "Motivational Interviewing") has a new book out called "Listening Well: The Art of Empathetic Understanding" (2017)

that I often use with families if they're interested. It's an easy read, less than 100 pages, with exercises at the end of most chapters (some of which are 3 pages long) that can be done in session with a professional as well as at home for practice. In it, Dr. Miller discusses the idea that one of the main ingredients to "listening well" is to have compassion and empathy toward one another: this means all family members, drug users and non-drug users alike. To me this concept is also at the core of an idea that I first learned from an early mentor of mine, Jane Peller, LCSW[6]: think of this as "Appreciation." Jane taught me that if I were to be successful with a client, I needed to find something to appreciate in each of them (and if I can't then I need to refer them on to someone else who might be able to help). Well, I say if we're going to be successful in conversation with someone using substances, we need to appreciate what those substances are doing for that loved one that nothing else seems to help. I also need to find something in my loved one to appreciate about them ***as they are today***, not as I remember them or wish they were (again this applies to all members of the family). I even go so far as to explain to everyone I work with that someone's drug use (or other problematic behaviors) ***makes perfect sense*** if we understand that drug use is a symptom of something and not a pathology. After all, all behaviors provide us with some reward - or we'd stop engaging in them (even if the reward is negative by the way). This is where listening deeply comes into play. We need to be able to hear – and possibly without words - the reasons that our loved ones are using drugs or are engaged in other less healthy behaviors. To those using drugs problematically I will often say that they too need to find a way to appreciate the drugs they've been using (I realize that may sound strange but hang with me). Why? Because it's likely that those drugs kept them alive to get to this place – of considering change. And then I typically follow up that remark with, "And isn't it interesting that the very behavior that helped you cope/stay alive is now killing you/putting the things and people you love at risk?" Finally, I'll ask something like this (here comes the key question): "So, what do you think you'd like to do now?" This is what I like to call an *INVITATION* to make a change – or to think about making a change or consider what would need to happen to be ready to consider a change, or anything that speaks to talking about any positive change.

"The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function." F. Scott Fitzgerald, writer

Please don't hear that I'm suggesting for one minute that you must agree with or like your loved one's drug use or any other behaviors (nor do they need to like yours). Not at all. In fact, that's the "trick": "how do I appreciate/try to understand this thing you're doing/using that may be helpful & deadly to you and that I really hate because it may kill you?" Well, I'd argue that this is our job as family, as loved ones, and definitely as parents: ***we recognize that your behavior shows just how much pain our family & our beloved family member is in.*** [7]

Gabor Mate and others in the trauma world have spoken about the rates of trauma in folks with problematic drug use/other coping behaviors; for women, it's up to 99% of those seeking treatment for substances (Najavits, 2002)! Trauma is a main factor in drug use because of the fact that so many drugs work well to alleviate the anxiety, fear, and uncomfortable, overwhelming feelings that often arise with trauma (as someone with a diagnosis of non-combat PTSD, I can attest to how well various illicit and licit drugs can work – and how they can become problematic without treatment to address the trauma): *"Up to 59% of young people with PTSD subsequently develop substance abuse problems. This seems to be an especially strong relationship in girls,"*according to recent information from our National Institute of Health or NIH. But let me be clear here: not all trauma rises to the level of PTSD. Nor does all problematic drug use stem from trauma. However, the rates of trauma symptoms are increasing along with the rates of anxiety in teens of today

causing some to see anxiety and trauma as the next health crisis in the making.

At the end of the day, only you and your family can decide what's important to you all, what values you hold as a family, and how you're going to respond to a loved one's substance use, problematic or otherwise. Whatever you decide, I invite you to consider that as your child moves into adulthood and leaves home, it may be time to reevaluate your relationship with them and make a goal to HAVE a long-lasting relationship with your child no matter what they do/decisions they make. To lose your family support is about the most damaging thing we know of when looking at any number of health-related problems. We also know that family support is a major reason for successful treatment for substance use disorders, and that being connected is the best way to support mental illness as well (Hari, 2018). While we may not be pleased with all the decisions our children make – nor they of all of ours - perhaps we could all do a bit better to act with compassion, empathy, and most of all, with unconditional LOVE toward each other. I know that I would never have made the Herculean effort to change my own drug-related behaviors/improved my mental health if it weren't for the love of my son and my former husband. I certainly had no self-compassion and therefore no reason to stop – and my family of origin had mostly written me off. It's been a lot of hard work – the same hard work I am honored to witness in the families and individuals I work with today. And while drugs hold little interest for me anymore, it doesn't mean I have a life of ease or that my relationship with my adult son perfect. But I don't look for perfection anymore - not in me and never in my clients. After all we're human and therefore we will screw up. *Doing better* is good enough for me now. I hope it can be for you, too.

1. https://www.fds.org.au/dealing-with-conflict/dealing-with-conflict ↑

2. Published by Hazelden, 2003. ↑

3. By the Center for Motivation & Change 2nd edition, 2016. ↑

4. Motivational Interviewing by William Miller & Steve Rollnick, 3rd edition (2012). Guilford Publishing. ↑

5. These are all conversational suggestions. There are a LOT of ways to have better conversations and plenty of materials out there to help us. I have listed only a few here. ↑

6. Co-author of "Recreating Brief Therapy"(2000); retired professor of Social Work, Northeastern University. ↑

7. Paraphrased from Gabor Mate's conversation with the author Chris Grosso in "Dead Set on Living" (2018). Gallery Books. ↑

Tough Love Redux

*"No one has ever hated themselves into being a better f***ing person."*

--- Vinny Ferraro, Co-Founder of DharmaPunx

Tough love. It isn't a new phrase; it's also one that we've discussed here before. But it felt like it was time to return to this still too often-used phrase as we celebrate ***International Family Support Day on February 24th*** and honor those who have died – and those who have survived as well as those who struggle still - and brought us here. And I hope you'll bear with me if I repeat myself in this piece though I'm hoping to discuss some new points too since it's been nearly two years since I wrote the original blog on tough love (that 2-part blog can be found here from Summer 2018). Thanks in advance as always!

I recently came across the quote I used at the top of this blog. And I fell in love with it! After all, isn't this the point? I mean, we professionals have been saying that "tough love" is necessary because it's necessary to hold people responsible for their actions, to make them a better - more mature - person. In reality, first of all, tough love has nothing to do with love. We can certainly say that sometimes loving someone is tough, or that we need to have alternatives or options (some call these "boundaries" which is OK though I'd argue that this word has been co-opted by us professionals, like "enabling", and now is just another over-used phrase designed to shame people who use drugs or other less socially-acceptable behaviors) to have relationships with many of our loved ones, whether they're using drugs or not. That's simply a way to have healthier relationships in general. And there's no absolute right or wrong here either which is tough. Simple binaries are so much easier! I also fully appreciate that saying to ourselves, "I need to have boundaries!" seems to be the right thing to do or say especially when we're talking about people we love who have also left us feeling exhausted and worse when trying to find a way to have a relationship with them that doesn't also kill us. I'll only say one more thing about why I find this concept of boundaries a mistake: when I say "I need to have boundaries" I'm usually focusing on the negative, what I won't do for you versus looking at options, or what I ***am*** willing to do (I'll give some specific examples of how to provide options later in this piece). I also need to say upfront that my suggestions may not be right for you and your family; only you can make that decision. That doesn't make my ideas right or wrong, just simply not a good fit for you. That's OK. In fact, it's good that you know what's best for your situation - what's doable - for your family. This leads us to what drug treatment (or any professional help) needs to be for individuals and the rest of their family members***: individualized***. And that means just that - no manuals designed to fit anyone; no experts on what works; no rights-or-wrongs for everyone. Just deep listening to people to help them determine a

what's-best-for-them-right-now, one possible course of action. And I do mean "one possible course" as we all also need to be flexible because the only constant in life is that all things change, right? [1]

When dealing with someone who is using drugs in a less than healthy way (yes there are healthy ways to use any drug), here are a few ideas we harm reduction professionals suggest to improve conversations with members of our families who use drugs in a less healthy, problematic way.

1. **Breathe!** I know this sounds silly but I'm not kidding. When humans get stressed out, one of the first things that happens physiologically is that we start to do more shallow breathing. It's part of our instinctive and protective stress response system (think, "there's a Saber-toothed Tiger out there waiting to eat me!"). But we can learn to override that instinctiveness by practicing some simple breathing techniques when things are going well or are calm (doesn't help to practice when things are stressed if you haven't already figured that out). Here's a simple one that I try to teach all my clients:

Breathe in deeply through your nose, hold for a moment,

then exhale through your mouth. Repeat this at least 5 times

and each time practice lowering your shoulders

and relaxing your facial muscles, arms, and legs.

Note: If you're still stressed, try adding this: rub your hands together briskly until they get warm (when our hands are warm it fools our body for a moment into thinking it's more relaxed. That's why folks are more relaxed at the beach, for example, in the sunshine than in the cold and rain). Then repeat the above again until you've relaxed. Please remember we're not going for complete relaxation as that wouldn't honor the reason you're stressed in the first place (maybe you really do need to be afraid even if it's not of a tiger). Rather, try to go for *stress-less*.

2. Don't freak out. When we discuss our loved ones using drugs - especially kids/young people - (and please remember I mean ALL drugs including alcohol and tobacco), we tend to lose it. And that's understandable because we're scared for our loved ones. Sometimes literally scared for their lives. So, here's another to look at their drug use. First of all, it can be helpful to remind ourselves that most people, some 80-90%, "mature out" of using drugs problematically as other things in life become more important (such as a job, or other responsibilities of life). This typically happens by age 25-30 for most people. Secondly, ask yourself, "Would I be this upset/scared/angry, etc if they were snowboarding, or hang gliding, or driving race cars?" In other words, try putting their drug use into the same mental category as any number of other risky behaviors that society usually tolerates or even praises. Got it? Good! Now I'm not suggesting that there's absolutely nothing to worry about. No one has a crystal ball to see the future so we're all guessing on this one. I just want to be sure that our emotional state is in proportion to the actual risk of the behavior, not our belief around whether drugs are good or bad (they're neither as they are inanimatethings which aren't capable of such thoughts), or that any drug use is a risk for addiction (it's not).

Perhaps it would surprise you to know that in the midst of an opiate crisis in many parts of our country, more parents call drug/addiction help lines scared for their child's use of cannabis than any other drug, even though it's now legal in many states . While I certainly appreciate the concern, I'm more concerned generally about young peoples' use of alcohol than any other drug including opiates (though again this all depends on the individual and even the area/State they live in). As of 2019, 88,000 people died from alcohol-related illnesses. This makes alcohol misuse the 3rd leading cause of preventable death in the US. However, when it comes to adolescents, I realize that their deaths from alcohol and/or tobacco will likely come later in life so we tend to dismiss it (for now) and focus more heavily on opiate misuse (and with some good reasons of late). However, binge drinking is common amongst youth – especially on college campuses – and may lead to not only alcohol poisoning (which can be fatal) but also to impaired thinking regarding driving safely, sexual encounters, suicide risk, and more. It's not that opiates aren't a problem; we just need to not forget about alcohol's misuse – and other drugs - when we discuss problematic opiate use.

3. **Talk first.** So many people I work with come to me with all sorts of reasonable concerns about a loved one's behavior. When I ask, "And how has your loved one responded to your concerns?" all too often I hear, "Well I haven't brought it up; I'm afraid they'll get upset with me." Many parents will even ask me questions about a session I had with their child even when the child is in the room with us all. I'm not judging these parents at all. I'm simply saying that instead of practicing tough love, where we need to "toughen up" is on ourselves, to be willing to have these difficult conversations with those we love. And with groups like Family Drug Support, CRAFT, and SMART Recovery for Families, we have better ways to learn to communicate with each other and especially with loved ones whose behaviors are scaring the bejesus

out of us. To provide an example from my own life, I recently had occasion to have such a difficult conversation with my son Jesse and daughter-in-law Cristina. Bless her for her willingness to be the facilitator as it's always more challenging to do so with your own family! We spent several hours all total (which I normally don't suggest, BTW) and here's a few ideas on how we did our "challenging conversation" (and please, this isn't shared to compare or to suggest you should things this way but rather to simply demonstrate how ours went as an example. And my points are on reflection too, not what we'd purposefully laid out first though I'll certainly hope this deconstruction may be of help to others as well as ourselves for our next conversation):

A) **Warm up:** We'd already talked by phone and decided that we'd have a first conversation when I came to Los Angeles (LA). But Jesse also asked that we do something relaxing and interesting to us all beforehand. For us that was a trip to Pasadena to the Huntington Gardens . Jesse and I had been there when we lived in LA when he was a teen but that was a long time ago. As they're preparing to landscape their (mostly) reno'd LA home, this was something that we could do together, in public, that had a secondary purpose (relaxation) and was in a neutral place. So, I guess you could describe this as a "safer environment" to 'warm up' for the later conversation we'd agreed to have (I'm now thinking of this as similar to warming up one's muscles prior to a challenging work out).

B) **Ask for help.** Second, we had someone outside the family of origin facilitating. Again, I'm in debt to my daughter in law for her taking on this role. While she's certainly part of the family (and has been for 5 years now) and has been witness to some of the tensions between Jesse and I, she has not been

around since the start of those tensions nor been a part of them. This is also where professionals can be helpful as long as they don't have an agenda beyond enabling your conversation in as safe an environment as possible. We had discussed (and contacted) a couple of professionals to possibly help us with this conversation but found for our schedules, it just wasn't feasible (we had to reschedule my visit 3 times as it was due to all our schedule changes and this was my own last opportunity to go down to LA for several months).

C) **Be realistic.** Realize that everything is not going to be fixed nor all discussion concluded after this talk. We left the conversation acknowledging that more work needed to be done, with each of us having items to individually work on. While we didn't set a specific date to return to this (again, schedules!), we did say it would generally be within the next 6 months. That was more realistic for us than setting an actual date right then. Being realistic AND committing to getting back to the conversation is better than trying to force everyone into something. We also all needed some time to decompress and think about the conversation we'd just had. It was very emotional and a real challenge to have - and we did it anyway. We are all capable of doing hard things, especially when we know we're not alone and we're loved by the people we're talking to!

And what could we have done better? One place we will improve for next time is on limiting the time for the conversation. I believe we went too long. We were all exhausted afterwards, had difficulty listening deeply by the end, and were a little more apt to take things personally as a result. I usually advise families when having family conversations to limit it to no more than an hour at a time, and sometimes even shorter. I also suggest limiting the topic to one or 2 at the most. It's better to discuss one thing well in 15 minutes than to try to fit everything in that you've been wanting to discuss (sometimes

for years by this point) in an hour or more. While the sentiment is appreciated, in reality it often becomes overwhelming to everyone. And this feeling can be dangerous for those of us who use drugs problematically since if the conversations becomes too great of a stressor, we will be tempted to turn to drugs to alleviate some of those uncomfortable feelings. Folks have even been known to overdose at times like this (this is also a usual occurrence in 12-Step fellowships after members do their "4th Step"[5] for instance. More on that another time) due to using more than usual as their heart rate and breathing are increased along with other events.[6]

4. **The Bouquet of Options**. In the book Motivational Interviewing , Drs. William Miller & Stephen Rollnick describe offering clients a "bouquet of options" regarding behavior change. Think of this as a buffet not a prix fixe dinner. So in families, the challenge is to come up with alternatives to tough love. I love to say to clients, "OK so I know what you're NOT willing to talk about/change, which leaves me curious about what you ARE willing to discuss/change at this point." It's the same in families. Maybe you can't let your loved one live in your home anymore. I get it. So what CAN you do? The statement to your loved one might be something like this: "Your mother/father/whomever and I love you very much and we really want you to know that. And we know that you're doing the best you can right now & that you're much more than a drug user! We are going to need you to find another place to live

right now because we're just not OK with illegal drugs being in the house. But, we'd be happy/delighted/willing to help you find somewhere else to live because we want you – all of us - to be as safe as possible. Would that be helpful? Or perhaps there's something else you can think of that would be helpful that we can discuss?" The idea is to state your love first (possibly including that you do see your loved one as more than their behavior, no matter what that behavior is), that you appreciate their use of drugs is complicated and with reason(s), and that some specific behavior is making you or others feel less safe and so can't continue. Then you offer an idea of what you ARE willing to do and suggest that you're willing to negotiate other options as well. This does NOT mean that you are obliged to do whatever they ask; your obligation is simply to listen. And sometimes this approach doesn't work. However, in my experience, family members generally feel better with this approach both about how they interacted with their loved one and that they had more to offer them than simply to say "no" or threaten. This approach also leaves the door open for everyone to bring new ideas back to the table.

5. **Love smarter.** This is probably the biggest takeaway from all our conversations on Facebook and in general at FSDP and Family Drug Support . I've often advised my training attendees and students to "work smarter not harder" (thank you to the cartoon character Uncle Scrooge McDuck, who was the first one I ever heard say this phrase). And this will mean different things in different environments, absolutely.

For me, in part, it means speaking up about things that others do that hurt me or that I don't like. But it also means stopping for a moment to consider that, if they're an adult, I don't need to like everything my loved one decides to do, whether that's drug use or not going to college. So then the conversation with myself is "how do I love this person and show that AND disagree with some of their life choices?" Frankly, it's easier to just cut people off. Any alternative to tough love takes hard work, conversation, and may still turn out badly. There simply are no guarantees in life (except death),

"It is possible to make no mistakes and still lose. That's called life."

---Sir Patrick Steward as Capt. Jean-Luc Picard, Star Trek TNG

And so, on this International Family Support Day 2020, I hope you're finding some options for you and your loved ones whatever behaviors/changes you all are trying to make! And if I may, I'd like to remind us all that **trying is doing** - something. It's also in the trying that all long-term change begins so let's all try more! We'll pick up more on that idea in the Spring Edition. Cheers!

1. Paraphrased from Heraclitus, Greek philosopher. https://plato.stanford.edu/entries/heraclitus/ ↑

2. In part this is due to the false claim we as a country made many years ago that marijuana is a "gateway" drug. This research was found to be flawed and we have since retracted this claim though many people are not aware of that. Here's one source but there are many: https://www.drugpolicy.org/sites/default/files/DebunkingGatewayMyth_NY_0.pdf ↑

3. Accessed 2.12.20: https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics ↑

4. https://www.huntington.org// ↑

5. Step Four in AA is "Made a searching and fearless moral inventory of ourselves." This is often followed immediately with Step Five, "Admitted to God, ourselves, and to another human being the exact nature of our wrongs." Twelve Steps and Twelve Traditions (1987ed), AA World Services. NYC. ↑

6. "Drug, Set, Setting" (1986) by Dr. Norman Zinberg, MD discusses this concept and more. ↑

7. For more on this evidence-based conversational method, go to https://motivationalinterviewing.org/ ↑

8. https://www.fds.org.au/about-us ↑

Talking About Change

I have been a Star Trek geek for as long as I can remember. This infatuation even rubbed off on my son who designed the current World Tour stage for the multi-award- winning mega-band Muse to be shaped like a Klingon Bird of Prey[1]. I never quite understood my fascination with all things alien, watching the new Star Trek Discovery series week after week in tears. Really?? Crying over a TV show, and a sci-fi show no less?? Well, after some 50 years of dedication and fanaticism, I think I figured it out:

To borrow a phrase: it's the future, stupid. The past is finished, complete, even if I do mine it reasonably often, still attempting to understand things as they unfolded oh so long ago. There is wisdom that has come from that exercise as well as some futility. But it's the future that really does it for me, makes me weak-in-the-knees excited & emotional all at once, like the old roller coaster The Big Dipper in Santa Cruz does every time I ride her. And the relationships, the dedication, the incredible sacrifice and love emanating through every

episode brings my heart into my throat with regularity. That all makes me desire to keep going – which some days is a monumental feat I will admit briefly – as I see real possibility for us all, the Human Race. And besides, if a Vulcan can ask for forgiveness (Sarek, in Part 1 of the second season's finale) who am I to not give such a gift to myself and my families: both the one of chance and the one of choice? It appears this is the work of my future, the work of 'Change to Come'.

And so we're onto Change for this month's blog. And here's where I'll begin…

Change is about leaving what we know behind, jumping into the abyss of the unknown just as a starship jumps into warp drive. Never knowing what's on the other side should be exhilarating for me (Remember? Rollercoaster lover?) and yet it's always filled me with fear & uneasiness. I'm still here though, alive - as are many others who shouldn't be - and that's all due to this thing called Change and those who have ridden this wave with us all.

"Most people never get a chance to learn what's in their own hearts. If we figure it out it's often not what we expected, or even what we would have chosen for ourselves."

---Capt. Christopher Pike, 2019; Star Trek Discovery, episode 13

What's in my heart? I wondered when hearing this line of dialogue. As so many others have too, I have studied several religions at various points in my life. My first exposure was as a child when I was baptized in the Congregational church of my maternal grandparents, and then as a grade school-age youngster in my family's home (in Midland, MI) at the United Church of Christ (UCC) which they helped to build. I am proud of the heritage of the UCC as a church of social justice and inclusivity. Even at the height of my drug use, my minister refused my mother's request that I not be allowed to attend nor teach at the church. He believed in me and the idea that Change could only happen in a place of love & inclusion. He also preached that God was not something outside of ourselves but rather inside of each and every living thing. Finally, he told us that our church was about 'accepting the unacceptable' of society (that belief is partly what drew me early on to helping problem drug users ironically). I also recall as a teen wishing to become Catholic as I saw many of my drug using friends able to attend confession each week which they believed absolved them of their "bad behavior" as well as allowed them to repeat it the following week. To me, it simply appeared that Change for them was easy[2] - and I was jealous.

In the pagan Wiccan traditions, every season brings Change of a new variety. As we leave April and head into May, the Wiccan calendar moves to celebrate the festival of Beltane. This date is also known more commonly as May Day. It is a time for birth and renewal:

pastel colored eggs to signify fertility; a Maypole around which songs are sung while long ribbons twirl while celebrants dance around the phallic symbol of the pole, and rituals around fertility, crop blessings, and romance abound. After a long hard Winter, Spring brought promise to our ancient people's here; a promise from someone, somewhere, that they had not been abandoned nor forgotten.

I see Change as a promise to us too: a promise that no matter what, nothing will ever remain the same; all will be well; don't worry, be happy! Within addiction, this is ultimately the challenge as there often seems little to be happy about when things turn bad. When I was using drugs problematically, I see now that a good part of my reasoning was to keep things the same, status quo. That provided me with ritual, some strange stability, and again ironically, a sense that I always knew what to expect. As a person with a history of trauma, I yearned for something to keep me centered, something *expected*. It's also what kept me in violent/abusive relationships. I recall saying out loud finally that I understood that "to know something – even something violent – was better than leaping into the unknown." Some people believe that those of us who remain in these violent relationships do so because they're comfortable, that we become comfortable with the abuse. I disagree. I say we become *familiar* with it and that's the point: it is better to stay with what we know v be so terrified that Change could be worse. That's how frightened we often are of Change. IT is the enemy. It is the same with addiction: fear of Change can keep us from trying something new.

And this leads me to the topic of families and the people they love who problematically use drugs. We all resist change to some degree. To some degree we would rather stay in the status quo, in the familiar, than take a risk into the unknown – "to go where no one has gone before" – or perhaps we'd simply prefer that someone else makes the Change and not us. But this isn't how Change works!

Recently a post from my dear friend and colleague Andrew Tatarsky[3] (Board member at FSDP) came through my Facebook feed, which Andy had reposted from a colleague apparently having a conversation with Dr. Gabor Mate, the renowned trauma & addiction expert and author. Much like my beloved Star Trek it, too, has left me in tears each time I read it. I hesitate to repost this dialogue here for fear of offending people reading this blog. But I am going to take that chance and hope you will hear the hope and joy and see the "Way Out" - as our Brit neighbors wittily call an exit - as I unexpectedly did after reading it. Bring the hankies. Here goes:

"We weren't quite finished yet. I wanted to know about family members who are dealing with addiction. What can they do for a loved one who's caught in the grips of active addiction? Because when people are that deep in addiction, they've lost themselves—they're gone in a way. I know I was. I know there was nothing my family could have done no matter how much they wanted to."

Gabor didn't agree with me. "You don't know that. What you do know is what they tried didn't work, but you don't know that there's nothing they could have done. In one sense, you are 100 percent right: There's nothing they can directly do to change your mind. There's nothing they can directly do to change your mental status. There's no way that they can talk to you, advise you, control you, beg you, accuse you. That does not mean there's nothing they could have done. Imagine if your family had come and said, 'Chris, here's how

it is. We recognize that your addiction is not your primary problem. Your primary problem is that you're in a lot of pain. And that pain is not yours alone. That pain has been carried in our family for generations. And we're as much a part of that pain as you are. You're just the one who's soothing it with that behavior. In fact, you're the one whose behavior shows us how much pain there is in our family. Thank you for showing that to us. So we're going to start working on you, because we realize that we're as much a part of it as you are. We're going to take on the task of healing ourselves. We invite you to be there if you feel like it. And if you're not ready, sweetheart, then just do what you need to do right now."

"Families also have to decide, can I have this person in my life, or can I not? If I want them in my life, there must be certain rules, like they can't steal from me and so on, but if I can have them in my life, I must accept them exactly as they are, exactly where they're at, and 100 percent accept that right now they're using because they feel they need to. I'm not going to nag them, cajole them, advise them. I'm not going to say a thing that they didn't ask me about. I'm just going to accept that this is who they are and I'm just going to love them. That's a rational decision to make. It's equally rational to say, 'You know what? It's too painful for me. I can't handle it. I can't stand to see you do this to yourself. It's too stressful. I can't be with that, so I'm sorry, I love you very much, but I can't be with you.' That's legitimate, too."

"What is completely nonsensical—and unfortunately the pitfall for most families—is to try to be in the addict's life and try to change them all the time. That's the one thing you cannot do. So either accept or lovingly distance yourself, but don't try to stay in there with the intent of altering the other person. To the addict, that signals only one thing: 'They don't love me the way I am.' That's my advice to families. I do believe that addiction in a person can be a healthy wake-up call for them and for everyone in their lives." — Dr. Gabor Maté, Dead Set On Living

Change, especially when we look at addiction(s), sure isn't linear; not even close. In fact, even the theorists behind the Stages of Change[4] now use a spiral model[5] rather than their traditional wheel. Me? I've always seen Change more like a pinball machine, and I'm no wizard: you know, one minute you're over here, the next down there, and a moment later, ding, ding, ding! It's unknowable, it's exciting, and it's scary as hell. That's the Change I know…and I am finally just beginning to like Change rather than fear and respect it like an overbearing & abusive parent. Bottom line: it always happens whether I like it or not!

If I may, this seems like a good point to insert briefly the 7 Stages of Change[6] (SOC) as they apply to any Change you might want to make, and of course I will provide you with references for more on them if you wish (apologies to anyone in the know here. Feel free to skip this next part): precontemplation, contemplation, preparation or determination, action, maintenance, termination & relapse/recycle. In a nutshell, here's the definition and task of each stage (please keep in mind that these stages aren't linear; remember - pinball!!)

Precontemplation: When my behavior is in this stage it means I can't see it as a problem so I'm unlikely to see a need for change (think the old idea of denial). Perhaps my family, friends, or employer is seeing a problem in my behavior. So here the main task is to increase my awareness of the need to change – to help me/someone recognize that the cons of not changing are greater than the pros of change.

Contemplation: This is the stage of thinking (insert Rodin's The Thinker). I see my behavior as being a possible problem but I'm not ready to commit to making a change. Ambivalence lives here. Think of this stage as "well, maybe I should make this change but…"

Preparation or Determination: When my behavior is in preparation, you'll know because I'm planning out the needed resources, discussing how and maybe even why I want to make this change. I might even begin to take baby steps toward my healthier self.

Action: In action, I've moved forward and state my intentions to keep on that path toward healthier living. ***Any positive change***[7] is the key here.

Maintenance: Since I plan to maintain my change in this stage, I will need to work on recognizing obstacles and other speed bumps to my continued Change path.

Termination: For the researchers, this stage was noted by the problem behavior being eliminated for at least 6 months. This stage is often left out of behavioral health programs (including rehabs) however as many don't believe this stage is reachable. I believe this concept deserves review, and that *"termination"* should be viewed personally and individually. For myself, I **do** believe my former addictive behaviors with alcohol and other drugs is done, finis, over with, hasta la bye bye. I have all sorts of other problem behaviors to continue to work on but not those. Others will likely feel more comfortable with termination being left out of the Spiral of Change.

Recycle/Relapse: The researchers decided that the term *relapse* wasn't good enough as it isn't accurate for most people making Change. This is because to relapse means to go back to the beginning, in this case to precontemplation. And while some people will indeed return to precontemplation, most will instead ***recycle*** back into one of the other pre-action stages.

Spring appears to have finally come to the Bay area. While we are all grateful to not have to endure yet another year of horrendous drought, we are equally grateful to get a respite from the torrents of rain that have devastated communities throughout our Golden State recently. Even as I write this, we are being warned of a touch more showers coming tomorrow, hopefully the last spurts for the wettest April I recall in my 40 years here. Spring is a natural time to think of change: flowers blossom; mice mate and dogs give birth; the seasons shift as our little Blue Marble of a planet tilts on its axis once again. Like the seasons, Change is both predictable and unpredictable at the same time: the only thing we can be sure of is that nothing will remain the same and that Change happens, constantly

and without permission. I can accept that or not but like the moonrise, it will happen everyday in spite of my feelings about it. So will my Change. I will continue to change and grow because to do otherwise will be more painful. This I now know for sure. So, I will make room for the Change in the same way as the philosophical cat Garfield says so brilliantly: "Everything I've ever let go of has claw marks all over it!" No one said I have to Change gracefully. And I will wait to cry one more time at Part 2 of the final episode of this Star Trek series season to begin my long winter of wait for the next season to begin. And the next season, and the next Change, will come gratefully – both for my beloved Star Trek and for all of us, if we can just hang on to each other a bit longer. Let the adventure continue…

1. The 2019 Simulation Theory World Tour (www.muse.mu). The simulation hypothesis or simulation theory proposes that all of reality, including the Earth and the universe, is in fact an artificial simulation, most likely a computer simulation, leading to the 1990s-influenced stage and costume designs. (Wikipedia, accessed 4.14.19; 2019 personal communication with Muse Creative Designer Jesse Lee Stout). ↑

2. Please do not interpret my comments here as a negative stance on the Catholic church. This is merely how I saw things as a teen, quite simplistically. ↑

3. Andrew Tatarsky, PhD is the author of "Harm Reduction Psychotherapy" (Guilford Press) and the founding Director of The Center for Optimal Living in NYC. He can be reached at http://centerforoptimalliving.com/. ↑

4. The Transtheoretical Model (TTM) of Change was developed by the Drs. James Prochaska, Carlo DiClemente and John Norcross. For more, please see their academic websites: https://web.uri.edu/psychology/meet/james-prochaska/; https://psychology.umbc.edu/people/corefaculty/diclemente/; https://www.scranton.edu/faculty/norcross/ ↑

5. See "Changing for Good" by Prochaska, DiClemente & Norcross. ↑

6. There are a lot of good sources for SOC materials. Here are a few standouts: https://www.lifehack.org/676832/stages-of-change-model; "Changeology" by John Norcross; "Changing for Good" by Prochaska, DiClemente & Norcross; "Changing to Thrive" by Drs. Prochaska. ↑

7. Thanks to my friend, the late Dan Bigg, founder of the Chicago Recovery Alliance (CRA) for this simple phrase. For more on CRA, go to https://anypositivechange.org/ ↑

Back Stories

Backstories. To me, it's what makes us humans interesting and individual – and what I love the most about my jobs: hearing people's backstories. It's also the most important piece of information on which we base our opinions of others. As it's been nearly a year since FSDP asked me to write a blog for them, I thought perhaps I would share a bit of my backstory with you all. And since I'm unlikely to meet many of you (unfortunately) I can be brutally honest. Learning more about people is also a big part of my job as a coach, counselor, and educator as it helps show their motivations for change and for not making changes. First let's define what a backstory is exactly.

According to dictionary.com[1], a backstory is "a history or background, especially one created for a fictional character in a motion picture or television program." That's how I first became familiar with the word (while my son studied acting years ago). It came up again when studying Motivational Interviewing (MI)[2]with Dr. William Miller and his colleagues at University of New Mexico Albuquerque in 2000. This occurred during a conversation on the

Spirit of MI which then was defined as "collaboration, evocation, and supporting autonomy." One of the biggest discussions both in and out of the classroom was on this idea. One of the ideas we discussed was how knowing more about a person's motivation for their actions helps us understand them better. And that understanding is crucial to my work (and I'd argue to us all) in order to be accurately empathetic[3] and compassionate which are both necessary qualities in order to be helpful to others.

I attended a conference this week in San Francisco that was put on by the Drug Policy Alliance (DPA). FSDP was one of the co-sponsors so it made sense that I would go as our local representative. I had no warning internally of how this conference would affect me, both personally and professionally but it has. The conference was on "Coerced Treatment: For Your Own Good" and was co-sponsored by some terrific organizations from around the country (more on that later). There were several panels with amazing discussions on various kinds of coercion: addiction treatment, mental health treatment, suicide prevention, and more. Panelists included experts in harm reduction, policy, and especially many with lived experience. In fact, one of the biggest take-aways from this conference for me is the importance for those of us with lived experiences to share our stories to help make policy more effective and less harmful, to increase empathy and compassion by knowing a bit more of our backstories, and to be brave enough to speak your truth especially when so many are talking against your idea(s). So, with that in mind and with the upcoming anniversary of these blogs, here goes a bit of my backstory. First, in no particular order, let me name a few of the labels I've worn (all of which have been placed on me by others):

Genius, Schizophrenic-nymphomaniac, Incorrigible, Hopeless, Drug Addict, Alcoholic, Bad mother, Slut, Bitch, Favorite teacher, Lesbian, Insubordinate, Passionate, Mother-killer, Spoiled, Teacher's pet, Smart ass, Talented, "Smarted person I've ever worked with who does some of the dumbest things" (a former boss' assessment). Funny.

When I was about 9 or 10, I made a decision to have friends at any cost. I was tired of being the "smart one" without many friends. This happened to be about the same time my siblings were born. At 12, I discovered marijuana and alcohol (well I knew something about alcohol before then as members of my extended family drank but I had not tried it myself yet). It was also around this time that my first sexual assault occurred (it wouldn't be my last). I don't recall how it was that I started to see psychiatrists, but it was also around this time. There was a psychologist I saw, Dr. Don Crowder.[4] After meeting with me for some months, he informed my family that I was acting like a pretty normal teenager (it was the early 70's) and suggested we do some family therapy. I recall my never seeing him again after that conversation with him (he remains the one professional I trusted for many many years afterwards).

After seeing a succession of other mental health professionals, I was taken down to Detroit to see a psychiatrist with Children's Hospital, a Dr. Fishoff. It was here, after one meeting, that I was given the label of schizophrenic-nymphomaniac. My family was told that I was hopeless and should be committed to an institutional school for the mentally ill. I discovered all this by complete accident, stumbling on a file with my name on it in my father's file cabinet (it was also where the phonebook downstairs was kept plus I often helped my dad by doing some filing for him so the cabinet wasn't locked or hidden). Imagine my surprise when I discovered this file. After reading it alone in my room, I was baffled at first and then terrified to read the letter from Dr. Fishoff. Also in the file was information on a residential school for the mentally ill in Ohio which my parents had decided I was to be sent. I recall calling my boyfriend at the time, pretty freaked out, and then I have no further recollection until I was in court, suing my parents for legal emancipation. I won. I can't tell you even how I knew about such a legal "divorce" nor who represented me. I recall being given a legal document which I needed to show that I was now responsible for myself and essentially an adult. I do remember finding an apartment to rent and having to show the document to the landlord to prove that I could enter into a contract. I also recall being told I was now an adult "with all the responsibilities and none of the privileges" such as voting!

What I do remember all too well are my feelings of rejection, betrayal, hurt and disappointment. I recall feeling that I couldn't trust anyone except my friends and certainly not any of my family members. I also remember being in so much pain that I would curl up into a fetal position, my legs pulled as close to my body as possible. I wanted to become as small as I could so I could disappear. My favorite fairy tale became "The Little Mermaid" as it was both Danish (my maternal grandfather's parents emigrated from Denmark) and she dissolved into seafoam at the end. That's what I wanted too. Seafoam sounded so elegant and gorgeous – and peaceful. And so to get there, and to help with the endless pain I was

in, I began to use more and more drugs. I needed to be loved, held closer not pushed further away. I wanted to shout "Can't you see how much pain I'm in?" and "Why am I not enough for you to love me?"

This is the event that has most shaped my life – for better or worse - and it appears to be the reason my family has never healed. It's only been spoken of once that I recall, too. My folks (technically my dad and step mother. My birth mother had died of pancreatic and other cancers in 1984 at the age of 44 when I was 28. My dad remarried to a woman who was an executive VP with Dow Chemical which is why they were in SF at this time) came to stay with my ex-husband and our family as they had to leave the Fairmont Hotel in San Francisco where they were staying for business reasons due to the 1989 Loma Prieta earthquake[5]. While they were there, I asked my dad why, if I had schizophrenia, treatment with medication was never tried. Since I had been studying psychology, I became aware that even in the 1970's, medication was a pretty typical course of treatment – certainly before institutionalization. I recall his saying that that time period was a particularly traumatic time for him and so he didn't remember much so he couldn't answer the question and didn't want to talk more about it. I remember thinking to myself at the time that, while I certainly understood it was traumatic, why didn't he seem to think it was ALSO traumatic on me? And that was it. Case closed. My drug use apparently was all anyone needed to explain why I was vilified and abandoned. My mother told me often during those years that she wished I had never been born, that I'd ruined her life, and that she hated me for it. We never got a real chance to speak again before she died though she did come to see my son and I in California on her way to Australia. It was the first time she acknowledged my toddler son and spent time with us[6]. I'm grateful to that time.

After leaving Michigan for good at 17, I took the scenic route to CA. A job in radio brought me from AZ to CA and out of a marriage to an abusive man (who only seemed to do so when he drank too much so I thought the abuse was my fault for many many years. Plus

my father had been physically abuse at times when I was a teen so I was accustomed to it and the concept of all bad things being my fault). After numerous sexual assaults in college (including an affair with my married psychology professor) and discovering cocaine (yes!!!), I was ready to head to CA: even my medical specialist encouraged me to move to CA and get pregnant to solve gynecological problems I had suffered since about age 9 (the trauma I had endured at the hands of male MDs over the years is also another story). Long story short, after 20 years of multiple drug use/misuse/addiction, I agreed to enter residential treatment at a local hospital and have been drug-free since. My life is far from perfect and being drug-free doesn't mean everything else is hunky-dory. It's merely one way to measure my success in one area of my life - abstinence. I now think that it's also the easiest, least accurate way to measure recovery, too.

"Why do we use the worst-case scenarios as the basis for policy?"

This question was raised in one of the workshops. It slapped me in the face hard when I realized the reality of those words. We seem to ask for laws/edicts/regulations etc, mainly after worst-case scenarios occur as if they are the sign posts we needed to make big

changes. While this can be understandable, it can also lead to unintentional harm to others (the severe changes to how we now prescribe opiates for chronic pain patients is a good example of harmful policies implemented after thousands of deaths but not due to mainly prescription opiate use but rather due to tainted street opiates). So what the heck do we do? How do we make better policies and advocate for more sensible changes?

FSDP wants to influence policymakers to make better policies – after all, it's in our name! And we want our policy makers to use sensible, harm reduction strategies to shape those policies (think Portugal). Although this is a staggering task, we appear to be making some headway. *Included in the policies we'd like to see changed are things like offering numerous options for treatment and recovery for those using drugs problematically and their families; including family support as part of every treatment option; having all education/prevention/treatment be honest conversations about drug use – the good, the bad, the ugly – while demanding that scare tactics NEVER be used again…ever! Another big portion of this conference, and of the work of FSDP, includes stopping our national & ever-increasing use of incarceration as a means to "treat" drug problems. In many urban areas, jails are the largest providers of treatment to those with addictions and mental illness[7]. Drug and mental health courts may not be much better, depending on their concepts of both drug use/drug users and of the mentally ill, treatment, and especially medications for addiction treatment. Treatment facilities must have better oversight by the State/County/City and Federal governments. And ***all*** providers of that often high-cost treatment services must be held to the same high standards that we now demand of hospitals and clinics treating other medical conditions [8]. We must demand that our policies be based in more than just "evidence-based treatments" and question the proof that agencies are properly using these methods as they often claim. We must demand the use of objective outcome measures such as Scott Miller's FIT and Barry Duncan's

PCOMS/Better Outcomes Now[9], both of which are based on measuring the ***client's*** views of their lives and not the clinician's view which is typical. And we must demand that family members of problem drug users and drug users themselves be involved in policy setting *at every level*. One new motto of this concept was said often at the conference: "If you don't have a seat at the table, you're probably on the menu." Yes!

At FSDP, we don't claim to have all the answers because no one does. In fact, I often advise people I speak to about treatment for mental illness and/or addiction that if a professional ever claims to have "the answer", run! While it feels good to talk about a single answer, we must remain both optimistic and realistic - meaning we know that there really isn't any single answer to cancer, or tooth decay, or anything. What we desperately need is to ***change the conversation*** to ***change the outcomes*** in treatment in our country. And while we acknowledge that this means there must be a (small) place for coerced treatments, we want this option to be thoughtfully considered, on a case-by-case basis, and only used after every other option has been exhausted. So what works? It depends on the individual! But one basic ingredient is needed for treatment to have any chance: love and appreciation. Jane Peller, a former mentor of mine, used to say, "You must find something to appreciate in every client you work with if you're going to be successful working with them." And love? When I asked my son why he didn't become a 'drug addict' as genetically and environmentally the odds were stacked against him, he said, "because I always knew I was loved mom." That response still brings tears to my eyes (and to Stanton Peele to whom I shared this with years ago).

Too often here in the US (and other places too) we jump to fixing problems using these worst-case scenarios as dramatic examples (see how HORRIBLE things are EVERYWHERE because of ….insert single item) because it feels good and looks like we're doing something (anything!) to solve some very serious problems. However, we must resist that urge to implement more Band-Aid fixes. Instead, we need leaders who are willing to be

uncomfortable with not knowing the answers to all problems, leaders who are willing to admit there are no easy answers to be found, and leaders who are willing to try bold strategies such as the harm reduction concepts we advocate at FSDP along with our many incredible partners. While love isn't all we need to solve addictions, love is absolutely at the core of what we need. As the developer of MI has said (when describing what MI is), "[MI is] love with a goal. Love isn't all MI is but without it, you're not using MI!" And without love at its core, treatment can't work either. I believe this awareness is the first step (pun intended) forward to address our collective addiction issues in this country - which are many - and that means really seeing people just as they are, not as we'd like them to be; understanding & listening to the backstories of our loved ones and their families to see WHY we are a nation of problem drug users – and being willing to look right into the eyes of the wounded (that's both the folks using drugs problematically & their families) about what they ***all*** need from US to make meaningful and desired changes. And then? We need to just listen, intently, and with love.

1. Accessed 5.18.19. ↑

2. According to the website, www.motivationalinterviewing.org, Motivational Interviewing (MI) is defined as "a collaborative conversation style for strengthening a person's own motivation and commitment for change." ↑

3. https://positivepsychologyprogram.com/empathy/ ↑

4. I was living in Midland, MI at the time. Dr. Don Crowder was a young psychologist who also attended our church with his family. Now retired, I found him recently through LinkedIn (I've searched from time to time over the years) and was able to thank him for his kindnesses

   all those years ago. He was lovely and responded to my note though I doubt he remembered me. ↑

5. The 6.9 Loma Prieta earthquake shook us for about 12 seconds, hitting the Bay Area at approximately 5pm on 10/17/1989, causing the collapse of part of the Bay Bridge, most of the Marina District, and even a section of the double-decker style Nimitz freeway in Oakland. The quake occurred during the World Series which was being played in Candlestick Park and televised. 63 people are known to have been killed, thousands were injured, and it resulted in $5.6-6 billion dollars in property damage (equivalent to about $11.3-12.1 billion dollars today). ↑

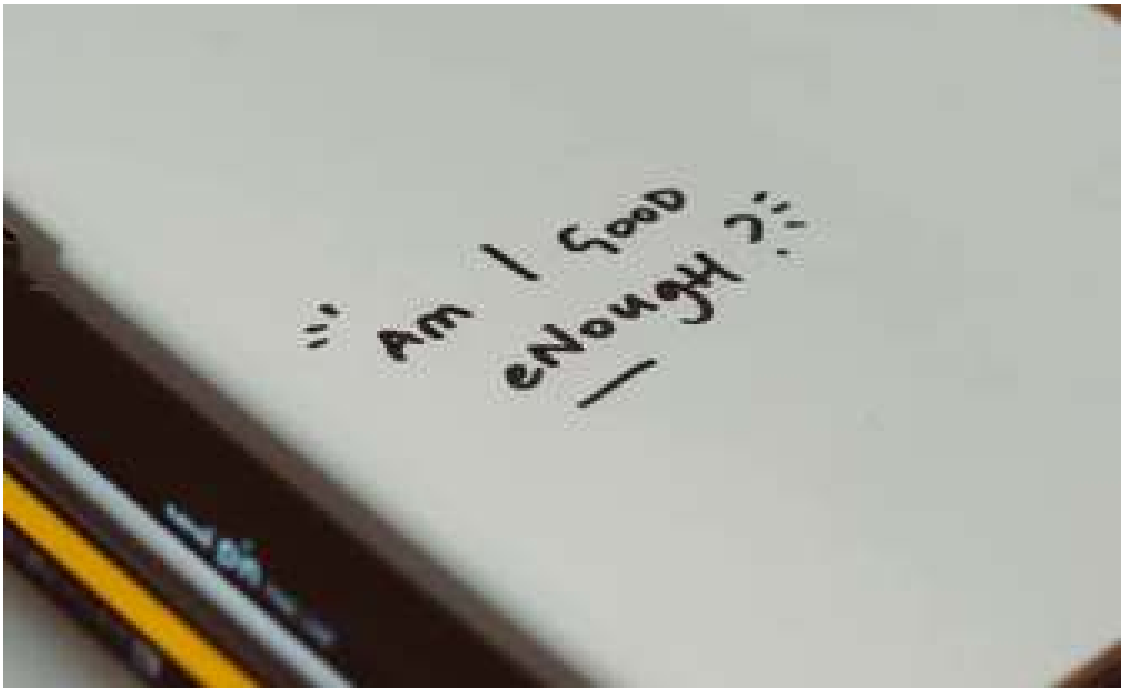
6. My mother's literal last words were to my son. I've always seen her herculean effort to sit up and speak 2 words as her apology and acknowledgement of her love for him and for me. ↑

7. "In a recent television documentary, the Los Angeles County jail was identified as the largest provider of mental health care in the United States." http://shq.lasdnews.net/pages/PageDetail.aspx?id=508. Accessed 5/28/19. ↑

8. While written in 2016, this article is one of many that discuss the problems caused by the lack of oversight in rehabs around the country: https://www.thedailybeast.com/why-drug-rehab-is-outdated-expensive-and-deadly ↑

9. More on these measurements can be found at www.scottdmiller.com & https://betteroutcomesnow.com respectively. ↑

Good Enough



Good enough. I don't know about all of you, but I stopped making New Year's resolutions years ago. For me at least, they seemed just another way that I was saying to myself, "you're not good enough". And of course, we know how poor the outcomes are for those resolutions: according to one survey, only 8% of us follow through and successfully complete out resolutions[1]. Ouch! However, this doesn't mean I don't have goals, or as I'm calling them now "a direction I'm headed right now." Yes, it's more cumbersome but it lands better on me. So what direction am I headed in 2020? The Land of Good Enough. And I'm not talking only in actions but mostly about getting OK with being "good enough" in all areas of my life. This may not sound very challenging but it sure is to me – and apparently also to several others with whom I've mentioned this topic. And why is that? Well, that's part of what we're going to explore in this New Decade's *Family Matters/Families Matter* blog.

2020 is perched on a precipice of many important as well as disastrous moments in our lives: climate crises (now occurring horribly in Australia as I write this); elections including

the Presidential this fall; racial & faith killings; further drug use crises & legalizations of (more) psychedelics; the coronavirus outbreak, and more. So how does this concept of "good enough" help us through these and other challenges? Let's find out together.

I can't recall when or where I first heard the phrase "good enough" but I'm pretty certain it was in something I was reading related to parenting. The general idea was that we are all unable to be perfect parents so perhaps embracing the concept of simply being "good enough" would be a positive move. Think of this as "harm reduction parenting"! Somehow, the author seemed to be saying, we need to let go of the need to be perfect parents as this is utterly unattainable anyhow. So what if we looked at that in relation to other areas of or lives too? Perhaps it's due to my age now but I'm exhausted from trying to please everyone else: parents, children, students, even clients sometimes. And I don't mean to suggest that embracing "good enough" means I am giving up on gaining new skills or learning. Not at all. To me, accepting I am "good enough" is the only way to make change. It was the brilliant psychotherapist and theorist Carl Rogers who said, *"The curious paradox is that when I accept myself just as I am, then I can change."*[2]

This is true of us in recovery especially. If I can only see what needs to change, I will get overwhelmed at the huge task in front of me. That will likely lead me to feel more stressed out which will likely lead me to increase my use of those old habits/behaviors that are causing me & others pain. It's a vicious cycle. Where I think we get terribly confused is in the word "acceptance". We seem to think that if we accept where we or someone else is, it means I agree with the behavior, that somehow I'm saying, "sure keep on doing what you're doing; it's ok with me!" Nothing could be further from the truth. The truth is we humans aren't terribly adept at holding two competing ideas at the same time, what some consider to be the definition of "critical thinking."

The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function. - F. Scott Fitzgerald

I'm working with a family right now (the parents and the son) who's oldest son has struggled with chaotic drug use for some time. After hundreds of thousands of dollars spent, numerous types of treatment (some truly terrible, they now understand) and countless hours with me, things seemed to be in a pretty good place. Then the bottom fell out: he overdosed. Thanks to Narcan, he is alive. Things went well again for a brief period and then again, his drug use got out of control.

In another family, the son did well this semester only to suddenly drop out this semester. The had tried a new therapy and was really hopeful even after more trials of medications than either of us can count in the past 5 years. But now, with yet another "failed" attempt, his depression has returned.

These are familiar stories to most of the families I work with and hear from, but also from their loved ones chaotically using substances. It's tempting to get angry and frustrated, or to even want to quit trying (me too as I'm also human!). But what we really all need to focus more deeply on in scenarios such as these is that we're all doing the best we can in some pretty awful circumstances. And we definitely need to have more compassion for each other, along with some 'radical acceptance' of the reality of all our unique circumstances.

"Believing that something is wrong with us is a deep and tenacious suffering," according to the book jacket of Tara Brach's remarkable book, "Radical Acceptance." She goes on to discuss the trap of our habits that often occurs, calling it "the trance of unworthiness." I love that idea: I'm in a trance and that's why I'm having such a hard time making a change! And after all, if I'm not worthy of change, why should I bother? I know that's how I felt during my 2 decades of troubled drug use. And I had lots of people around me in their own trance unable to see me as anything but a damn drug addict. It wasn't until I had people who deeply believed in me and my ability to make change - and managed to get my own tiny amount of acceptance of where I was – that I was able to begin to recover from a lifetime of pain. It wasn't quick nor without pain but I wasn't alone and I had purpose in my life again. So how do we start this practice of self-acceptance? There are several ways of course and I encourage you to seek one or more that feels good to you. One that I've just become aware of and use myself as well as with clients is something fairly new called "Mindful Self-Compassion.[3]"

"Mindful Self-Compassion" is a way to "[learn] to embrace yourself and your imperfections [and] gives you the resilience needed to thrive."[4] Why do so many of us have such a difficult time loving ourselves? I suspect much of this comes from our false belief that loving oneself means thinking we're perfect or better than others. Or perhaps it comes from the seemingly nearly universal idea that if we're loving ourselves, we're self-centered or selfish. Nothing could be further from the truth! Self-compassion, according to Neff & Germer, has none of these traits. And in fact, they argue that if we can't learn to love ourselves compassionately, we also can't do so for others. It's also just good for us: "Individuals who are more self-compassionate tend to have greater happiness, life satisfaction, and motivation, better relationships and physical health, and less anxiety and depression. They also have the resilience needed to cope with stressful life events such as divorce, health crises, academic failure, even combat trauma."[5] We don't have the research yet but I'd say it's safe to assume that cultivating mindful self-compassion would also lead to better parenting and possibly even reduce the need for medicating ourselves so much (for me the term "medication" includes prescription drugs as well as illegal substances used problematically).

So how does this translate in relationships to others? Neff & Germer believe that there are "2 types of relational pain: connection, when…people we love are suffering, and disconnection, when we experience loss of rejection and feel hurt, angry or alone."[6] They believe that we are each responsible in part for each other's emotional states, which they call "emotional contagion." This of course flies right in the face of those of us taught that we are ONLY responsible for our own emotions and NEVER for others (they are responsible for their own feelings). Perhaps we got that one wrong? In the meantime, let me share with you my favorite brief meditation that I've used for more than 20 years. It is in the lovingkindness tradition so fits with our discussion of Mindful Self-Compassion and can be used as way to take a "Self-Compassion Break"[7] the next time you find yourself upset with someone, including yourself:

With your eyes open or closed, in any position you are in though sitting is generally thought best (but I use this walking & even while driving). Repeat the phrase below 3 times and between those repetitions, breathe deeply in through your nose (holding briefly) and exhale through your mouth.

[8]*May I be filled with lovingkindness*

May I be well

May I be peaceful and at ease

*May I be happy**

(*A suggested substitution here if you find "happy" to be too uncomfortable or challenging right now, use the word "kind to myself.")

Now I'm not going to suggest that these ideas of radical acceptance and mindful self-compassion are easy for most of us to attain. I'm constantly practicing these concepts. But I do best when I'm able to accept where I am and appreciate that I'm doing the best I can right now: sometimes that's great and other times, I struggle frankly. What I've learned in my 6-decades plus of life is that I'm not alone and if I keep actively working on these notions of mindfulness and self-acceptance/compassion, I am able to feel like I really am "good enough" some days. And that's definitely a positive change. That also seems like a "good enough" place to begin for this New Decade. Join me.

1. . Accessed 1.23.2020. https://finance.yahoo.com/news/many-people-actually-stick-resolutions-214812821.html?

2. From “Radical Acceptance” by Tara Brach. Bantam Dell, 2003. P24. ↑

3. “The Mindful Self-Compassion Workbook”. Kristin Neff, PhD & Christopher Germer, PhD. The Guilford Press, NY. 2018. ↑

4. Ibid. p1. ↑

5. Ibid. ↑

6. Ibid. p130. ↑

7. Ibid. p34. ↑

8. From “A Path with Heart” by Jack Kornfield. Bantam Books, 1993. Jack Kornfield is the co-founder of Spirit Rock in Marin County, CA. www.spiritrock.org. ↑

Relapse for Individuals

For the Problematic Drug User

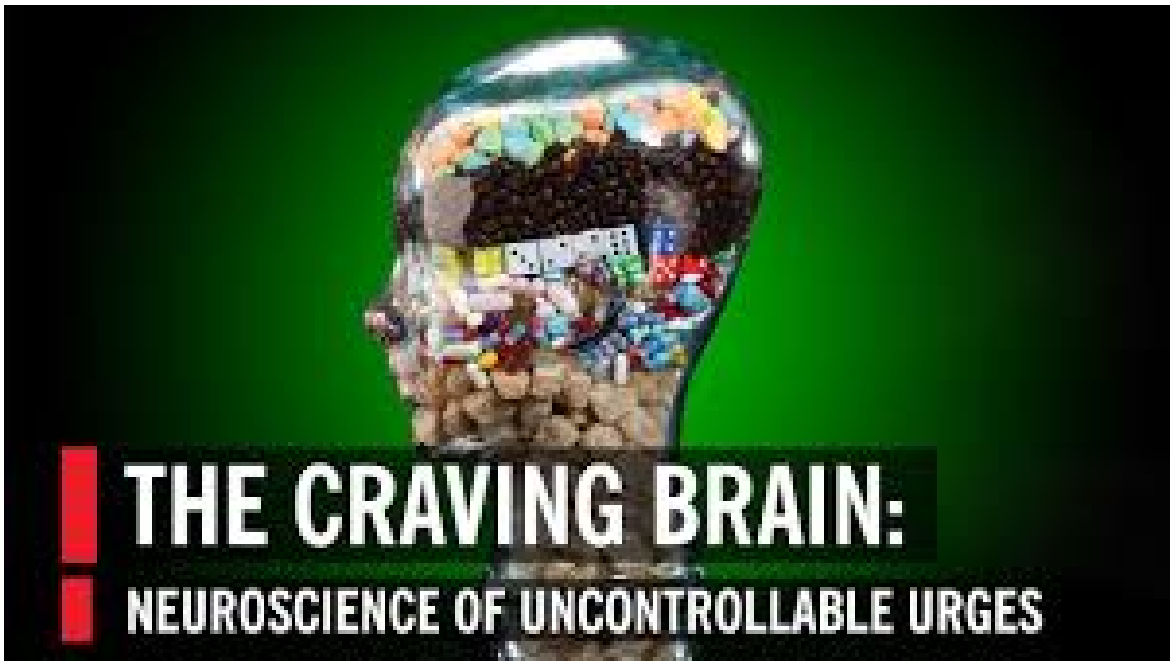
Relapse. It's THE most scary word in addiction treatment, one that we all get nauseous when we hear it, because we all worry about the return of problematic drug use (recurrences/relapse) especially during times of stress for our loved ones with a history of substance use disorders[1]. And right now, we're in the most stressful time we've ever seen. The other word we talk about a lot now when discussing problem drug use and recovery is "connectedness. [2]" We know it's one of (if not THE) most important ingredients to successful recovery of any kind and mental wellness for humans. So how the heck do we "connect" and otherwise avoid "relapse" during the worse pandemic our modern world has seen? And "herein lies the rub"[3], as Shakespeare (sort of) famously said!

First off, let's start with a definition of "relapse". Many professionals have suggested that we top using this word as it's pretty meaningless and very confusing but let's look at what it typically means. Relapse has been used as a term within addiction treatment for a long time. Ironically, for a country who claims to see addiction as a disease, we don't discuss "relapse" in any other medical care: we usually use the term "recurrence." Think diabetes care or cancer, 2 conditions that are often used for comparison for the disease model of addiction. We don't say someone relapsed in/on cancer or diabetes, right? We might say the condition has reappeared, or there's a recurrence of the condition or symptoms. So how did this word get used for this other "disease?" That's actually up for some debate as it doesn't appear to have been first used by the medical community which was originally thought. Rather, it seems to have come from the moral community during the Temperance Movement. My background is in Relapse Prevention. I studied with Terence Gorski[4] and ran many groups on this topic (for Kaiser as well as other hospitals and treatment providers) over the years and my private practice was first called "Relapse Prevention Systems". In the mid-1990's, I even did my Master's project on Relapse Prevention which is how I became acquainted with the foremost authority on relapse prevention and the author of the first book on the subject, *Relapse Prevention*[5], the late Dr. G. Alan Marlatt. Another famous American researcher on addictions, Dr. William Miller (developer and co-author of *Motivational Interviewing*[6]) also spent a great deal of his career looking at this phenomena[7]. What these men found is truly fascinating and likely shocking to some. Two predictors appear to highly influence whether a client returns to old behaviors:

1. A lack of coping skills
2. ***A belief in the disease concept of alcoholism*** (emphasis mine)

Wow. Surprised by that last one? Many of us were - and still are frankly (and I'll write more on relapse prevention in research specifically another time). Now today we might add "a lack of connectedness" as one of those coping skills a client (that includes all family

members remember) might be lacking. Professionally, we've done a pretty good job of helping clients to learn coping skills. Every rehab or treatment agency I know of has some group or class in coping skills training. But perhaps we're missing something here. During a private conversation I had years ago with Dr. Marlatt, we discussed what might still be missing in relapse prevention as people in treatment typically have at least one recurrence of their old habit/behavior in their long-term recovery/change if not more. He said he believed it was likely this (paraphrasing due to my memory of the exact quote): "We've done a great job of teaching coping skills to folks. What we haven't done such a great job of is helping folks learn how to *pick up* those skills when they need them." In fact, at the time I recall we hypothesized that Motivational Interviewing might be a helpful bridge to this skill of picking up one's coping skills v picking up the drug!



How about the physical side of relapse? Let's look at cravings for drugs for a moment. In some ways, you can think of cravings for drugs as a symptom of distress and certainly of withdrawal from drugs (I'll assume we can all relate to the feelings of sudden distress

especially right now). Gorski calls these symptoms "Post-Acute Withdrawal Syndrome"[8] or PAWS. I came to recognize this "constellation of symptoms," as we call any group of symptoms, as basic symptoms of nearly all generalized distress/anxiety symptoms - and even as symptoms of trauma*:

1. *inability to think clearly*
2. *memory problems*
3. *emotional overreactions or numbness*
4. *sleep disturbances*
5. *physical coordination problems*
6. *stress sensitivity*

This makes sense since you could certainly think of detoxifying from any drug as a state of distress, and not just of the body but also of the mind and one's world (bio-psycho-social). Hmm…

**To the other family members: you too have PAWS! We'll talk more about your symptoms and recurring behaviors/habits as well as what you can do to 'HHALLT'[9] your own less healthy behaviors and turn your reactions into responses.*

So much of recovering one's life – or building a new one – is about new behaviors, which is definitely where a lot of the distress comes from. The conversations we hear in our heads often goes like this: Can I make these changes? Will I ever have a life I can be proud of? Will I find work again? Will people find me boring/will I be bored? What will people think of me if they discover I'm a former drug addict (whatever term you'd like to use here)? Who will I be without drugs like alcohol? How will I ever have fun again? I remember saying all these things and more many, many times.

Right now we're practicing social distancing which is completely necessary to protect us all. And at some point we'll be back to our more usual social events though perhaps we'll never be quite so nonchalant about things such as hugging strangers and even shaking hands will folks without quickly handwashing or using sanitizer. The world is likely to be different from here on which means the world for those of us recovering from problematic drug use is going to be too.

How exactly will this affect those of us in recovery? That remains to be seen. I had a brief call with a young client today who's currently in rehab. He complained that they can't attend 12 Step meetings right now which is what he knows he needs to stay away from using drugs: not necessarily the Steps but definitely being connected to others. And he's not even a little bit interested in using video platforms. So, what will folks like him do? Hopefully not get a good case of the "fuckits" (we'll discuss this more in later in the series). Gratefully many of us in the professional world have been providing telephonic sessions or using video platforms to provide services and many of our clients are comfortable with the

technology. But it is a change for many on 'both sides of the couch'. Plus I've found more clients willing to use these platforms at least for now. But for those professionals and our clients who can't see a steady diet of using technology instead of live meetings of all kinds, we need to ***stay at home***, go out only to get groceries or necessary products, and vow to make this as short and safe a "sheltering" as possible.

And if you, like my client, are already in treatment or a family member is, you all may be the lucky ones right now: there's no cooking/food concerns; no wondering where you'll sleep; no need to work right now; and you have people around you to connect with at any time. For others who are wondering how to keep their behavior change *changed*? We're just going to have to adjust for now. *For some folks that may mean not trying to stop or reduce their drug use right now.* In those cases, I would suggest using "best practices" for whatever drug (including alcohol of course) you may be using (some online resources can be found in this footnote[10]). There's a lot of information to be found online and many of us professionals are offering free brief support services to provide a bit of information or listen/talk as needed to support someone in need. Some other ways to chill the distress? How about learning or practicing more regular meditation (which has been found to be beneficial with just 15 minutes of daily practice!)[11]? Or how about taking a free course online? Try www.Coursera.org, www.thegreatcoursesplus.com, www.openculture.com for free University courses online. Or an exercise class? My daughter-in-law did an online dance class in LA recently and said several thousand people were online!! AA has always offered telephonic support (I did the overnight shift for several years once a month) and all support groups now have something available online (see the footnotes for some information to get you started). And finally, nutritional health is extremely important right now! (here's a link to a recent study on nutrition and anxiety to get you started[12]) And think of it this way? In an online class of any kind, you can be anyone you want and never have to say a word! There are benefits to being online - real anonymity!

Finally, if you can, reach out to others. There are still some ways to do this safely for many of us and helping others helps us feel connected and improves self-esteem[13]. So if you're healthy and able, consider working or volunteering to pick up meals or groceries for folks (check with your local food banks, shelters, Uber/Lyft, and more). Most of us can still go outside and walk which I'm encouraging all my clients who are able to do so. Walking around the block may not be quite as interesting as being at the seashore, or in the mountain trails or deserts but maybe you'll find a new appreciation for your 'hood: smell the flowers (yes, Spring has come in spite of COVID19), wave at neighbors (keep that 6' distance of course) and check out your local businesses to support in some way, both now and later. Beauty is truly everywhere if we look for it.

So, stay safe and sane during this time and find novel ways to connect. Stay informed though take breaks from whatever news you watch/listen/read. Find an old friend to say hello to – or make some new ones online. Or just binge your favorite shows! My family and I are going to have a meal together this week via FaceTime: we're going to cook in our separate kitchens and then sit down together to chat about what's happening in our lives that isn't virus connected. We've even considered picking a topic to help us stay on track of something interesting or fun and not just complaining! Whatever you do, do it with a splash of humor and lightness. We CAN do hard things and - this too will pass.

1. https://www.drugabuse.gov/about-nida/noras-blog/2020/03/covid-19-potential-implications-individuals-substance-use-disorders ↑

2. There are many sources for this but here's one terrific one re: well being in general: http://ccare.stanford.edu/uncategorized/connectedness-health-the-science-of-social-connection-infographic/ ↑

3. https://butwhosaidthat.com/2014/09/24/therein-lies-the-rub/ ↑

4. https://www.cenaps.com/ ↑

5. Relapse Prevention, Second Edition: Maintenance Strategies in the Treatment of Addictive Behaviors 2nd Edition. Marlatt, GA & Donovan, DM. (2007). The Guilford Press. ↑

6. Motivational Interviewing, Third Edition: Helping People Change (2013). Miller & Rollnick. The Guilford Press. ↑

7. This is just one link to an article on RP by Dr. Miller. https://onlinelibrary.wiley.com/doi/pdf/10.1046/j.1360-0443.91.12s1.6.x ↑

8. https://www.facebook.com/GorskiRecovery/posts/post-acute-withdrawal-syndrome-what-you-need-to-knowby-terence-t-gorskipost-acut/2028226031655O3/ ↑

9. Borrowing from a 1980's addiction treatment mnemonic, HALT, one of my RP groups & I lengthened HALT into **HHALLT**: Pay attention to these intense feelings: Hunger, Hurt, Anger, Loneliness, Lust, or being too Tired. ↑

10. These are just a few FREE online services: https://hams.cc/support/ support for abstinence, moderation, drugs including alcohol; https://erowid.org/ for info on psychedelics; www.moderation.org ; https://www.smartrecovery.org/; http://aa-intergroup.org/; https://anypositivechange.org/resources/ for resources on safer drug use. Also for anxiety/depression, check out my former TA/colleague Jeremy Prillwitz' group at therapy@leoralerba.com . ↑

11. Here's 2 studies but there are others: https://www.psypost.org/2019/06/study-15-minutes-of-meditation-associated-with-similar-effects-as-a-day-of-vacation-53798; https://www.psypost.org/2020/03/daily-meditation-decreases-anxiety-and-improves-cognitive-functioning-in-new-meditators-after-8-weeks-56198 ↑

12. https://www.psypost.org/2015/01/diet-nutrition-essential-mental-health-31312 ↑

13. Here's one resource for this information but there are many: https://umatter.princeton.edu/respect/tools/self-esteem ↑

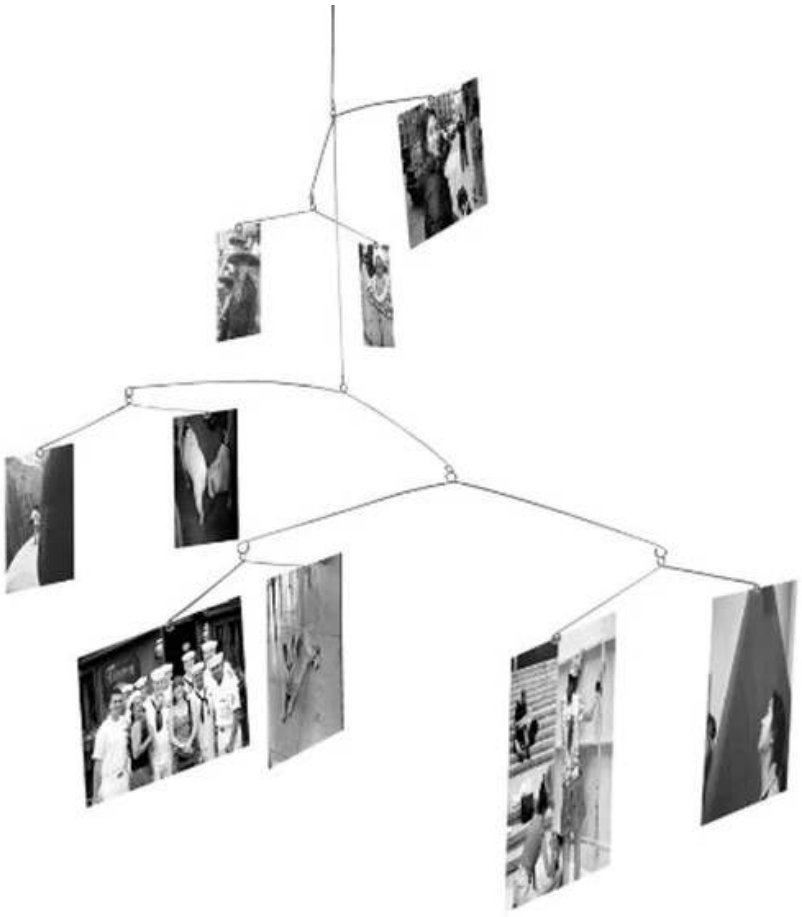
Relapse and Family

"Expectations are resentments under construction."

(From a sign on the door of a colleague at Kaiser SF-CDRP, circa 1995)

Relapse and families. Google this combination and you'll get some 42 million hits. 42 million!! But I could find only one reference to an actual Family Plan for THEIR relapses/lapses into old behaviors and sadly it's a list that in my opinion is too long and too loaded with traditional thinking (we'll look at it in a bit). I don't even like the language I'm using here: "relapse" meaning someone has used a drug again? Or perhaps something else? (we don't speak of "relapse" in cancer or diabetes care, do we?) And I realized recently that when I use the term "family" I'm too often meaning 'the folks that don't have a drug problem'. But isn't the "addict" part of the family? And more importantly, isn't our usual

language leaving them out of the family literally – the sense of connectedness, a being unit, that they likely already don't feel a part of? Or is that the point? Sigh. But we'll focus on language another time. Here I want to ask us to see relapse/lapsing in a bigger context: that family members who don't have drug problems can fall back into their old behavior patterns too and therefore "relapse" or "lapse". And it's this that I want to focus on in Part 2 of our blog on Relapse Prevention: if the system I live in/am part of doesn't change, how can I or anyone change within that system? And if we all don't begin to understand *why* someone is using drugs, how would our loved ones with a drug problem begin to make changes? The short answer, I'd argue, is they can't.



(photo from SteepDiscountMart.com)

In the 1980's, John Bradshaw was the darling of PBS with his specials, one titled "On The Family"[1]. I took one of his courses when he came to the Bay Area in the early 90's and one thing I remember (and still use) is this: the family system is like a mobile - touch one part of it and everything shifts. The other main take away for me is how he said the word *disease,* which Bradshaw would pronounce *dis-EASE.* As we've all learned more about trauma and traumatic events, this pronunciation has come back to me. As I write this series on relapse prevention and change, I find it a timely reminder as well. I used drugs for more than 2 decades not ONLY because of my dis-*EASE* but often because of it.

I recall the Family Program that we had at the hospital-based treatment facility I entered and, later, at which I worked. Every Thursday evening for a year, the former patient (me!) could return for a Continuing Care Group (not called "aftercare" on purpose as we believed that the treatment stay was just the beginning of treatment not the end of it), family and other significant others could attend the Family Meeting, and kids (under 12, I believe, and for an extra fee) could attend Kids Connection. So, every Thursday evening for a year, my ex and I and my son Jesse attended their respective support group meeting and afterwards, we went for dinner. It was incredibly helpful for all of us as it made clear that the whole family is involved in treatment (or needs to be); the patient wasn't the only one needing to make change. All of this was included in the cost of my treatment stay. Additionally, significant others could attend our annual Family Intensive (for an added fee). This was a week-long program to focus on healthy communication, how to care for yourself, how to support your loved one in crisis/relapse, bringing sex back into your relationship, and much more. The program was designed and run by one of my longtime sponsors and mentors,

Dr. Mickey Apter-Marsh (Mickey had a PhD in Human Sexuality as well as having trained as a therapist). She also like to say she had a "black belt in Al-Anon." In those days, we spoke of *co-dependency* and *enabling*- words I find lacking in nuance today – but nevertheless,

these were ground-breaking concepts in the late 1980's-early 1990's. While I would change some of the specifics in a program in 2020, we (and most inpatient treatment providers) had an incredible and mostly free support program for family members. We recognized that most patients would be returning home after treatment, to the same place that they problematically used alcohol and other drugs, and those other family members would need support to make their own changes too if treatment was to be successful. What happened?

Earlier I mentioned the one entry I found on Google on this topic. It is from Debra Jay (2014) and is titled, "It Takes a Family: A Cooperative Approach to Lasting Sobriety.[2]" Ms. Jay states she uses Terry Gorski's "Relapse Warning Signs[3]" and developed what she calls "Family Relapse Warning Signs." Here are a couple of entries from her 34-item list:

1. *I allow my daily activities to interrupt my recovery schedule including my Al-Anon meeting, daily reading, time with my sponsor, service work, or working the Twelve Steps.*
2. *Temporary issues, such as an illness, keep me away from recovery activities, but I do not return once I am well or otherwise unburdened.*
3. *I'm not eating enough or too much.*

First of all, if Al-Anon and other 12-Step support helps you, who am I to disagree? I would suggest that the first entry could be read another way which concerns me: "Nothing is more important than my recovery – defined as abstinence - and my life activities are unrelated to it." I'm sorry but to me that just doesn't make sense. Also, if this is an approach to 'sobriety' as Ms. Jay states, that would be only for the family member problematically using drugs, right? Or is she referring to 'sobriety' as something different than abstinence?

Some do make that argument, which I'm not going to address here, but Ms. Jay doesn't explain her terminology (please note: I have not read her book though). Finally, the way the title of this piece is worded to me also sounds like the family is doing these things ONLY to help the "addict" stay sober. We've talked before about recovery being more than abstinence; in fact, our government believes that to be true as well as is suggested in SAMHSA's definition[4]. And my definition of recovery? Simply this: mindfulness+connectedness+inner growth™.[5]

I decided to see if FSDP member and my old friend, Dr. Stanton Peele, JD, PhD, had some thoughts on this topic. Stanton shared with me some of what he and collaborator Zach Rhodes[6] discuss with their clients participating with their online treatment for problem drug use, *The Life Process Program*:

"We wouldn't suggest divorcing someone if they're still smoking even if you're quitting but you may need to have some reasonable limits around each other's behavior. Bottom line: your whole intimate group/family is going to have to change — like reciprocity marital counseling. The main topic of conversation becomes "how can we go forward without setting one another off?" [7]

Family relapse prevention is something that we don't often discuss in this culture when talking about addiction. However, in Australia, Family Drug Support, or FDS[8], has been talking about family system change for many years. Let's return to our mobile for a moment. I think we can all agree that being in a relationship with someone(s) who are <u>regardless of whether our loved one problematically involved in some less than healthy behavior - the "addict" or "identified patient" to use the common term - makes a change or not.</u> Tony Trimingham, engaged in less healthy or potentially problematic behaviors affects

us all – and maybe it affects us regardless of whether its problematic or not (that's also another convo!). Anyway, it's going to be necessary for us all to look at how we need to think about and adjust our own actions and words to support change in The Family System, own actions and words to support change in The Family System, . Tony Trimingham, CEO of FDS, (and someone with his own personal story of inconceivable change after his son died from a drug-related event) discusses several concepts involved in Family Relapse Planning in his helpful booklet, *"A Guide to Coping: Support for Families Faces with Problematic Drug Use."*[g] Here are a couple of suggestions from this booklet:

- **Look at the outcome or goal you're expecting from treatment.** Are you defining "success" as your loved one being drug free for a year? Five years? 6 months? What if they cut down or change to a less harmful drug? What if they leave formal treatment but maintain the change they've made? Unfortunately, our expectations (and this applies to all family members) usually have a way of setting us up for disappointment. So, let go of those expectations (easier said than done)!
- **Have access to support for yourselves.** Groups (all kinds), professionals, education, books, and more can all be helpful. Just skip the TV and Dr. Phil or Dr. Drew please.
- **Accept the reality of the situation.** Acceptance doesn't mean agreement! However, it does mean that we must learn to separate our feelings of hurt, disappointment, and fear from the fact that people we love – even those who use drugs problematically - are entitled to determine their own lives and decisions about it. And who knows? Maybe those decisions will include getting some help? (It did for me)
- **Support isn't rescuing.** "*Parental and family support have been shown to be one of the strongest factors in "successful" treatment"* of alcohol and other drug problems. One of the main things I work on with families is helping them determine how they can support their loved one in a way(s) that works for everyone. That means, like good negotiating, no one is going to be completely happy with the results. There's always a way to give support.

- **No one knows what's best for your family except your family.** And by "family" I mean including the person problematically using drugs. With limited exceptions, if you can continue communicating with your loved one including family conversations about their drug use, your efforts will pay off greatly. This may not be easy, but it can be one of the most important things you do. Please remember, no professional – including me – can tell you what's best for your family. A good professional is there to help you have these critical, complicated conversations and help you sort what each member of the family desires, needs, expects, is willing to do, etc. But we do NOT have your answers; we can only help you uncover yours.
- **Make a plan.** Here in California, we encourage all residents to have an earthquake or other disaster plan. I've been calling relapse prevention plans "earthquake plans" for years as I see them in the same sphere: we hope we won't have an earthquake but let's be prepared for it, as best we can. For families, I want you to know what your "bottom lines" are; what you'd like to see your loved one do if they return to using a drug problematically; what your loved one wants to happen if there's a lapse; how you'll show your loved one that you need to make changes too. I'd also like you all to know how each of you – including the one problematically using drugs – can say something to you about your own lapse. In my family, we used a code word. We all agreed that when someone said the code word (say, "penguin"), it meant we stopped the conversation, agreed to return to the conversation later, and let it go for then.

Having a *Relapse Prevention Plan for Families and other Concerned Loved Ones* also says to our loved one problematically using drugs that we understand this is a system, a family, and we're in it together; we're willing to do our own work to help make some positive changes in our family while they make their own, or not. Dr. Gabor Mate has a story about this that always brings me to tears, which he related to Chris Grasso in his book *Dead Set on Living*[10]. Here's an excerpt:

"…you're the one whose behavior shows us how much pain there is in our family. Thank you for showing that to us…because we realize that's we're as much a part of it as you are. We're going to take on the task of healing ourselves…"

In the work I do with families, one consistency is that there is no consistency. As Mickey's husband, Dr. Earle Marsh, MD, used to say to me often, "Baby, life's a crap shoot. You just do your best and let it roll![11]" Each family I work with has their own ideas as to what's important to them, what their own values and goals are. Those are the ingredients that I need to gently guide them towards what's best for them. I may certainly, with their permission, *suggest* they view or consider something in a slightly or radically different way but ultimately, they are the arbiters of their own family actions.

So, are there some things in general that families or other loved ones of someone with a behavior problem can do for themselves? Yes. In fact, the very first one is to see that you need to make changes too, regardless of whether your loved one (with the problematic behavior) ever changes. This doesn't mean to leave your loved one behind. Instead of focusing on what you're NOT willing to do, I suggest families focus on what they CAN do for their loved ones using drugs problematically. ***We want to reward the behavior we'd like to see more of instead of punishing the behavior we want to see less of.*** This lets our loved ones know that we're not closing the door on them *and* (no "buts!") we have limits regarding some behaviors.

A relapse prevention plan should be a helpful road map for *everyone*on this journey that we typically call "recovery". After all we're all affected by each other's behavior, so we all need to make our own road map. A good relapse prevention plan should also allow for spontaneity in life and not be written as if it's a legal contract but rather as a general guide to where we all want to be. It should be fluid and flexible, responsive to new events

and circumstances. *We take more time to talk about the colors we put on our walls than we do on what we want to happen when life throws us a curve ball.* So, by yourselves or with professional assistance, be sure to write your own relapse plan – or wellness plan - now so you know where you're headed. And whatever you do, don't leave home without yours!

1. Though John died in 2016, his family continues his legacy. Information on him and his work can be found at https://www.johnbradshaw.com/ ↑

2. It Takes A Family: A Cooperative Approach to Lasting Sobriety (2014). Debra Jay. Hazelden. ↑

3. Terence T. Gorksi's work can be found on his website at https://www.cenaps.com/ ↑

4. https://www.samhsa.gov/sites/default/files/samhsa-recovery-5-6-14.pdf ↑

5. www.deedeestoutconsulting.com ↑

6. While Dr. Peele has written numerous books over the years, I am only including his latest here, written with our own Zach Rhodes: Outgrowing Addiction with Common Sense instead of "Disease Therapy." (2019). Upper Access, Inc. ↑

7. Personal communication, 5.11.2020. See www.lifeprocessprogram.com for more on his online treatment. ↑

8. https://www.fds.org.au/ ↑

9. *"A Guide to Coping: Support for Families Faces with Problematic Drug Use."* Family Drug Support (2007). ↑

10. *"Dead Set on Living"* by Chris Grosso. (2018) Gallery Books. p25. ↑

11. Dr. Earle Marsh was the Ob/Gyn Dept. Chair at UCSF for many years. He taught the first course on addiction for medical students there as well. “Doc Earle”, as he was known, was also a longtime active member of Bay Area 12-Step, whose first sponsor was the co-founder of AA, Bill Wilson. Doc and Mickey were my lifelong friends, co-sponsors, and even part of my Master’s committee. You can read Earle’s story in the AA Big Book or in his autobiography of the same name, *Physician Heal Thyself.* They are both gone now and long ago broke their own anonymity. ↑

Relapse and Change

"It is possible to make no mistakes and still lose. That's called life."

---Patrick Stewart as Capt. Jean-Luc Picard, *Star Trek: The Next Generation*

Change. Relapse. Much has been written about these phenomena and we certainly understand these processes better than we ever have. However, as much as we know, one thing keeps me up at night – both regarding my own desired changes and those of my clients – and that's this phrase: "We don't budget enough for change." This was the first thing Dr. Alan Marlatt – researcher, psychologist, and mentor to many of us professionals in harm reduction and relapse prevention - taught me about relapse prevention and change. So what did he mean by this? He meant that we humans don't expect change to be so darned difficult, so elusive; we expect change to be an **event** not a **process** and so we don't plan on the spending the resources it will take to be successful in making a change, or to maintain that change. ***And it's this thinking that gets us into A LOT of trouble.***

A second, related phrase from Dr. Marlatt is one that he called "Seemingly Irrelevant Decisions," or SIDs. Here's an example of this concept:

I decided to change my eating habits to see if I could improve the inflammation I'm having from areas of severe arthritis. I found a good nutritionist that I connected well with and we began our journey by looking at my current eating habits. One of the suggestions she made is that I reduce or eliminate added sugar in my diet and to help with this goal, she suggested I eliminate sugary products from the house to help me avoid temptation. Makes sense, I think, so I easily agree to do this. While at the store later that day, I spy a new gluten-free dessert (gluten-free is another part of my new eating plan). I say to myself, "Oh this could be really good and after all, it's gluten-free. I really deserve something after all the changes I'm making. I'm sure this will be fine!" And I buy it, ignoring the sugar content and instead focus on the gluten-free aspect.

See the SID? *"It'll be OK…I really deserve this…after all it's gluten free…".*Now I don't want to suggest that having a bit of sugar on occasion is wrong or bad. That's up to me to decide and a bit of sugar is actually OK for me to have (though it might not be for some). However, since I'm just beginning this new plan, it might be a good idea to stick as closely to my plan as possible until I get my "sea legs" under me, until this new way of eating becomes more of a regular habit. This incident reminds me of the challenge with abstinence or any "perfect change': If I say that I'm never going to eat sugar again then I'm more likely to have a harder time challenging my "one time won't hurt" statement in a couple of ways. If I were to change that perspective just a bit and instead start out by saying, "I'm going to cut down on sugar and eat it for special occasions only" then I have more flexibility. So I could then say I'm going to try this new dessert but save it for a special occasion. Or I could eat part of that sugary thing and stop myself by saying, "Oh jeez, I really didn't want to do that. I can put it away and save it for another time like I said I would. I'll just stop right now. No problem." What does this accomplish? For one, I'm not catastrophizing that I ate some of the dessert. After all, It's not like a little bit of sugar is absolutely going to lead to my eating a ton of sugar later. I know I can restart my less/sugar-free plan immediately. Also, I

don't feel like I've broken my vow of abstinence, something Dr. Marlatt called the "A*bstinence Violation Effect, or AVE*." But if I don't commit to abstinence, doesn't that mean I'm allowing or choosing to make room for relapse? That's what we've been taught definitely. Let's keep going and see.

The AVE concept is crucial to understanding relapse, something I've come to call the "fuckits". You know, when you're on a diet and someone offers you your favorite chocolate so you eat a piece or 2 and then say, "F**k it. I already blew my diet so I might as well just keep going." Dr. Marlatt liked to say, "Instead of continuing your drinking or other behavior, how about simply recommitting to your goal and stopping the behavior right there?" I remember thinking, "Really? What a concept! You can always begin again?" Well perhaps not if you've been taught that 'once you have a drink or other drug, your addiction - that sleeping tiger - is awakened, and all hell will follow.' This is the problem with that "sleeping tiger/disease model" of addiction when it comes to relapse.

Ironically, those who believe in the disease concept of addiction are at higher risk of giving in to the "fuckits". Dr. William Miller (co-author/developer of "*Motivational Interviewing*"[1]) discusses this in an article titled, "*What predicts relapse? Prospective testing of antecedent models*".[2] In this study, Dr. Miller found two things were most predictive of relapse: 1) not having the ability to cope (i.e. lack of coping skills which I think makes sense) and 2) one's belief in the disease model. Wow. That's right: *one's belief in the disease model of addiction makes one more susceptible to relapse.*Now I want to be clear here: just because many, like Drs. Marlatt and Miller and numerous others, don't believe addiction is a disease (or at least it's not for everyone) that doesn't mean for a moment that they don't see addiction as a serious medical condition. We can also all agree that drug use changes one's brain chemistry. I mean that's the point: I drank and used a ton of drugs for 20 years (from 12 to 31 years old) because for most of those years, drugs worked to positively change my brain

chemistry! And this leads to the challenge for many folks with the argument against a disease concept of addiction: when they hear us say we don't believe addiction is a disease, they hear that we must therefore believe it isn't a medical problem or that drugs don't change our brains**. Nothing is further from the truth.** We simply mean that addiction is not a disease, not a medical condition ***only***. But ***it's definitely a chronic illness*** **– and one that needs to viewed holistically** (we'll return to the concepts of 'disease v learning states or other possibilities' and what good rehab should provide in a future blog as there's much to say here. What's important for this blog is that thinking of addiction as a lifelong, never-ending, permanent diseased brain state predicts relapse). At this point, I'd like to add a disease to our discussion that is purely medical: COVID19 or the novel coronavirus. This is an important part of our conversation on relapse since we've seen a spike in overdoses and drug use in general, especially alcohol. And even if you're not drinking or using other drugs during this time of sheltering, financial crisis, and protests/renewed awareness around racial inequalities, you're being affected by our collective drug use and distress. I know I am.

I've been having a rough time recently with feeling incompetent as an addiction/health counselor, a bit burned out, just like I think we all are in some way these days. When this happens (which it does occasionally even when there isn't COVID19 etc. to concern me) I usually reach out to friends and/or colleagues to talk about what I'm feeling. So that's what I did: I called a friend earlier today who's a therapist as well as a longtime friend and we wound up talking about the concept of 'deprivation' or giving something up, like alcohol or other drugs. We discussed how humans don't respond well to "deprivation" like we're currently going through – and being worried that we will be even more deprived soon is making this time even more stressful. What we respond better to is a "warm turkey" approach to change in our lives. Another way of looking at this is we respond better to

adding something to our lives rather than looking at what we're giving up. That's why harm reduction strategies can be so helpful in so many different areas of our lives. Instead of "giving up", one thing harm reduction suggests is that we NOT look at what we have to give up. Instead we suggest that folks change perspective and use strategies that help see change as something we're moving towards (such as our values or goals in life) rather than what we're walking away from (drug use, etc). This is generally a more helpful point of view.

This leads to another set of important questions to ask yourself when you or a loved one goes to make a change in life that may also help you avoid a return to that behavior: "How do you typically make changes successfully in your life?" Looking at our successes helps build motivation to try again as well as giving us a possible starting point for a new change. One of my favorite sayings is this: "Success breeds success and failure breeds failure." That means that we need to focus more on when someone does ***not*** use a drug, eat less nutritious food, ***does*** exercise, whatever. We should be asking, "What/how did you manage to do ***that?"***

Clients are always shocked when I ask them that. And they usually struggle to answer by the way by saying, "I don't know" or "Why?" It seems that this is due to our culture's preoccupation on highlighting when things go wrong, when we make less healthy decisions – "tough self-love" if you will. I'm not suggesting we should *never* look at these issues, but I am saying that if what we're trying to do is help motivate someone we love including ourselves, we need to first look at successes. So, what can we friends/other family members/concerned others trying to help do? "Catch" our loved ones doing well.

This concept is straight from Solution Focused Brief Therapy or SFBT.[3]Having been trained in this therapy in the early 2000's really helped me change my focus with clients who had recently "relapsed". Prior to this time I was taught to focus on the negative actions

and particularly on the "problem" thought processes that led to a client returning to the old behavior[4]. Again, while there's a time for reviewing when things started to go wrong, doing this before someone is emotional stable is typically retraumatizing and distressing – and too often leads to more drug use (or other behaviors) and not less. CRAFT[5] also utilizes this idea of our focus being "catch your loved one doing what you want them to do" instead of the old, less positive behavior. Here's an example:

Back to my example of changing my eating habits. So, my family is trying to support me in these changes that I'm struggling with. Which seems more supportive & motivating? 1) my son saying, "Mom what are you eating? Don't you remember how sick that makes you feel? Does the doctor say it's OK to eat that?" or 2) my son saying, "You know mom it's so great that you're making these changes and I know it's hard. I'd love to cook a meal for you that includes things you've seen are better for you to eat. What could I make for you that's healthy for you?" or even 3) my son says, "Mom, I've noticed how much more fun it is to be around you since you started eating on this new food plan! You seem in less pain and you have more energy to do things." Hear the difference? Or how about my son saying, "You look like you're not feeling well tonight Mom. We could just watch a movie here instead of trying to go out this time if you prefer."

Let me give you an example using drug use:

Your daughter has been using opiates for a while and you're really scared that she's developed an unhealthy attachment to them. You're also frustrated that too often when you see her lately, she appears 'out of it' and unable to participate in whatever plans you all have made. Instead of confronting her when she's under the influence, CRAFT suggests you wait until she's less or not intoxicated to have a reasonable conversation with her (no drama please!). If that's not possible, then saying something like, "You know

sweetheart we all love it when you're able to play cards with us on Friday nights. And we all agreed that when we play cards, we'd all be abstinent. I can see that tonight you've not been able to abstain and I understand. We're sorry that you're not able to play tonight but let's try another night over the weekend ok?" You've confronted the behavior you don't want and highlighted the behavior you do want. Another possible response would be to say, "I see you've been using today and you're not feeling like yourself/well. What if we just watch a movie together tonight and save cards for another time when we can all abstain? Would you like to spend some time with us or is that too much right now?" Can you see yourself saying something like this to your loved one using drugs problematically rather than suggesting you can't be around them when they're under the influence? Is it possible?

"There is no try, only do." Yoda

Yoda, played by Frank Oz, in the film ***Star Wars Episode V: The Empire Strikes Back*** *(1980)*

Bottom line is change is hard. And boy, is that an understatement! We are seeing that played out everywhere in our world right now. And there's no short cuts, no "express elevator" to change. Only hard work and small baby steps of the "2 forward, 3 back, 4 forward, one back" kind for most of us. And that's ok. As long as we stay on the spirally road of change[6] we have the possibility of something actually changing. I can absolutely guarantee that no change will happen if you quit trying. In other words, Yoda was wrong! Trying is what we MUST do, constantly, no matter what. The average times someone tries

to quit smoking – called the most addictive substance in the world by some – is 30!!![7] Can you imagine after the 25th round of drug rehab someone says, "It's OK, it takes what it takes. Just keep trying!" Ha.

Sadly, our culture implies that we should only need one, perhaps 2, treatment episodes to be abstinent, the only "allowed" goal of nearly all our drug treatment in the US. And yet, we also say "this is a chronic relapsing disease". Well, guess what? You can't have it both ways. So what'll it be?

Of course, this also implies that we need affordable as well as effective drug treatment. But perhaps what we need even more is an early form of help, a way to support people making change(s) that they want to make, in a way that makes sense to them, and that might even feel positive. Dr. Marlatt also used to say that (paraphrasing here) "We need to make recovery as enticing and helpful as drug use – and if we can't, we need to admit that. At least be honest." I wonder what would've been different for so many of the thousands of folks I've worked with over the years if we simply managed to do that and stop pretending that drugs are all bad. After all, if they're *that* bad, why did I (or anyone else) continue to use them for 2 decades – or more? We're not stupid and I wasn't *physically* dependent on them for many years so it can't be just that. We must look at change and especially addiction and change much differently – and we CERTAINLY have to look at drugs differently.

Well, that's it for me for now. I'll be with you again next month sometime in September for the annual Recovery Month to discuss more about the words recovery, relapse, and others. In fact, I'll be giving you a **list of words** to be wary of when you hear them coming out of the mouths of professionals especially rehabs. In the meantime, let me leave you with this: what if we decided that the word ***recovery*** meant simply change and not abstinence (such as my own phrase, Harm Reduction Recovery™)? What might drug treatment look like if we did just that?

1. "*Motivational Interviewing: Helping People Change.* 3rd edition". Miller, WR & Rollnick, S. The Guilford Press, 2013. ↑

2. WILLIAM R. MILLER, VERNER S. WESTERBERG, RICHARD J. HARRIS & J. SCOTT TONIGAN. https://onlinelibrary.wiley.com/doi/pdf/10.1046/j.1360-0443.91.12s1.7.x ↑

3. For more on SFBT, here's good overview: https://www.psychologytoday.com/us/therapy-types/solution-focused-brief-therapy ↑

4. Terence Gorksi's method of relapse prevention is highly based in CBT. His method/curriculum is also the primary theory used in traditional rehab. I studied with Mr. Gorski in the mid-90's but it was Dr. Alan Marlatt that ultimately helped me shift my work & thinking in this area along with Chicago's Dr. Scott D Miller who had studied with the developers of SFBT. ↑

5. I was trained in CRAFT by the developer, Dr. Robert Meyers in the late 2000's. This is his website: https://www.robertjmeyersphd.com/craft.html ↑

6. For more specific information, here's one reliable source with criticisms: https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html

   https://www1.health.gov.au/internet/publications/publishing.nsf/

7. https://bmjopen.bmj.com/content/6/6/e011045 ↑

Reinventing Recovery

Recovery. It's a truly loaded word (pun intended). Let's go on a bit of a journey to see how and from where our concept(s) of recovery stems as it's a word that comes with a lot of baggage, both positive and less than positive.

According to etymonline.com, the origin/first use of the word "recovery" comes in the mid-14th century and meant "return to health." "Recovery" originates from the Anglo-French word "*recoverie*" meaning "remedy or cure." The additional meaning of an "act of righting oneself after a blunder, mishap, etc." is from the 1520's. Could this also be at the root of the word having such moral implications?

In his July 2014 article for Psychology Today, well-known addiction expert, author and former Harvard Medical School professor, psychiatrist Dr. Lance Dodes discusses some of the problems we have with the word "recovery."[1]In part, he sees the word as acceptable in the context of "recovering from a medical illness", meaning that 1) relapse/lapse is normal, and that 2) one is headed toward a cure or an ending of the condition/illness. Quoting from the article, Dr. Dodes says, "In most of life, 'being in recovery' means a person is making progress even though s/he isn't 'cured.'" This is far different than how we too often hear the word used in addiction treatment circles or our greater culture. In both places, "recovery" typically means that one is abstinent and attending a 12-Step group – "working the program" to use the language of AA for example. This is meant to establish an "us v them" quality: you're either attending meetings, working the Steps, and have a sponsor so you're "in recovery" or you're not and therefore you're not in recovery. Black or white; right or wrong. Plus, the implication is that anything short of a 12-Step traditional recovery means you're not doing recovery "right." A lot of people – including many professionals - believe this is what the word means and ONLY what it means. I, too, believed this for a long time.

I went to residential treatment here in Oakland, CA, in the late 1980's. These were the "salad days" for residential treatment, coming on the heels of First Lady Betty Ford openly discussing her addiction to alcohol and pain medications.[2] No one of her stature had ever talked about their alcohol and other drug problems in the US and her "coming out" can't be understated; it was also a huge step in reducing the stigma/shame for others to seek help for their substance misuse/problems. Finally, this event was also partly responsible for opening the doors of treatment to become the Big Business it is today (more on that in another piece).

In treatment, we were taught that addiction is a 3-fold disease: bio-psycho-social (some also added "spiritual"). It was like a, quote, *sleeping tiger*, always waiting to pounce on you unless you were constantly vigilante in your recovery (meaning abstinence, attending meetings regularly, and "working a good program."). We were taught phrases such as, "Your mind is like a dangerous neighborhood: don't go in it alone" and "Avoid old people, places and things to stay sober." In other words, 1) don't trust your own thinking because you're an addict/alcoholic and "your best thinking got you here", 2) you're never fully recovered, and 3) you must cut off all your old friends as they were only using friends and therefore not interested in your well-being; your relationships were only based on drug use. I remember someone saying that everything I had done up to the point of my entering treatment/recovery didn't count - but now my life could really begin: "Today is the first day of the rest of your life"[3] was up on a wall somewhere. Scary stuff. And I was scared straight.

In what's known in 12-Step circles as the Big Book (Alcoholics Anonymous 3rd edition), there are several references to the word "recovery" and "recovering" (somewhere around 15) but also references (about 10) to the word "recovered" which is akin to blasphemy today in most 12-Step circles.[4] This is another point of contention for many of us. Can we ever say we're "recovered" or even "cured?" I say, "yes we can," to borrow a phrase. And that we should. Why? Because to those outside of traditional treatment/recovery, I hear folks constantly say, "Apparently treatment doesn't work because you people are never recovered!" I had never thought of the phrase "recovering" as potentially responsible for this perception. I personally say that after over 30 years of continuous abstinence, I am completely comfortable declaring that I'm "recovered;" the problems I have today have nothing to do with illicit drug and/or alcohol use (sometimes that would be simpler frankly). The first paragraph in Chapter 2 of the 3rd edition of the Big Book titled, "There is a Solution," also appears to see an end state to addiction. It states: "We, of *Alcoholics Anonymous*, (italics theirs) know thousands of men and women who were once just as hopeless as Bill. Nearly all have *recovered* (emphasis mine). They have solved the drink problem."[5] This passage certainly seems to imply that one can indeed *recover.* But then what exactly does it mean to recover? And how do we achieve this state of being?

Mindfulness+Connectedness+Inner Growth

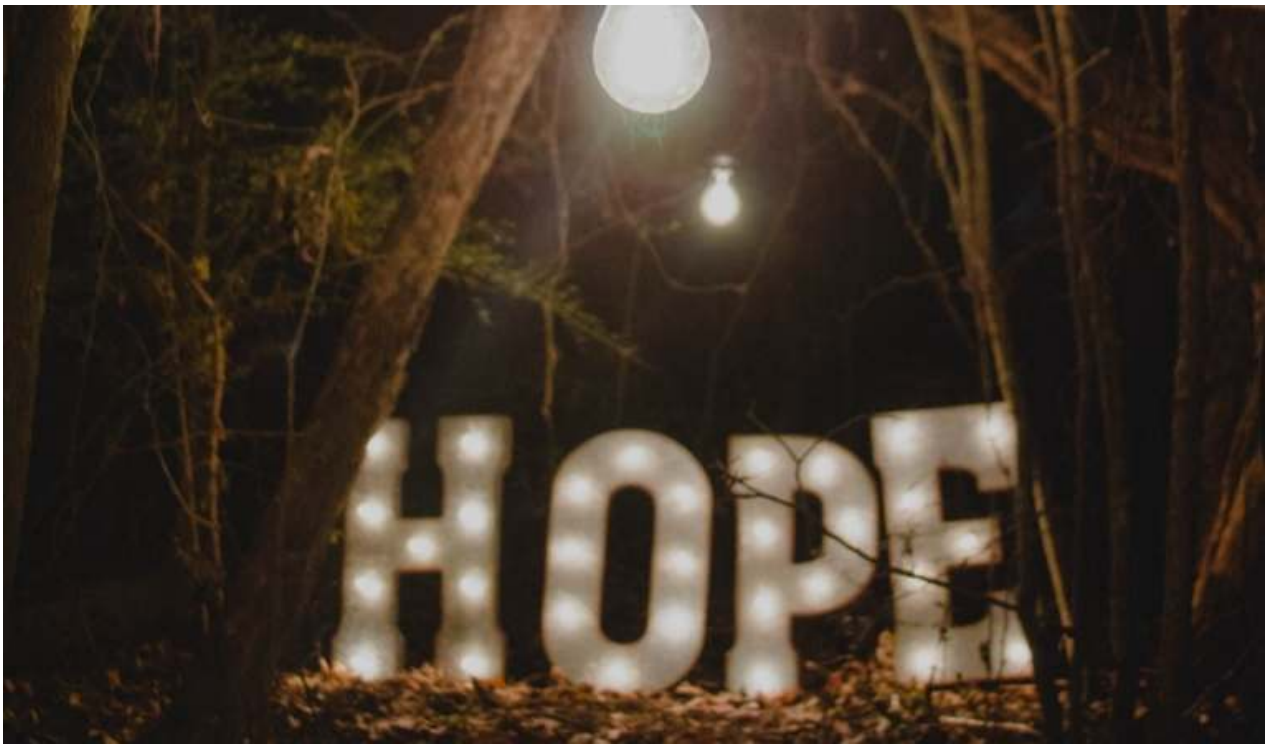
A Phrase is Born. While working for the large American HMO Kaiser in the 1990's, I was charged with developing and leading a relapse prevention track for patients in our Chemical Dependency Recovery Program (CDRP). These were folks for whom the course of treatment we offered (intensive outpatient program or IOP) didn't work – or, as we phrased things back then, patients who didn't try hard enough, were in denial of their "disease," or simply relapsed back into drug/alcohol use due to inattention to "people,

place, and things." During one of our evening groups we were working on a definition for "recovery" and decided to see what we could come up ourselves. After all, we surmised, how can one relapse if you don't have a clear idea of recovery? ***Mindfulness, connectedness, and inner growth*** was the phrase we all agreed described the basic ingredients for recovery. It wasn't until later that someone noticed we neglected to include anything about abstinence/sobriety, 12-Step attendance, or the other usual things we associate(d) with recovery. I remember that night well because a gigantic light bulb didn't just light up, it ***blew*** up in my head! This was the moment I began to wrap my head around the idea that perhaps alcohol and other drug use itself – and abstinence specifically – really had nothing to do with one's healing or recovery; recovery wasn't in fact begun with stopping drug use first (which is what we always told folks). What was at the core of the concept of true **recovery of one's life** we decided were these 3 elements defined here – which may or may not include an end to one's drug use:

Mindfulness: paying attention - to what you're doing, who you're with, what you're putting in your mouth/arm/throat/etc., really everything that's happening as well as you humanly can, plain and simple.

Connectedness: this means getting reacquainted with yourself, a *vertical connection*, we called it – your body, your mind, your spirit - and fully trusting them. This also spoke to the idea that your mind is connected to your body (yes, no matter what Descartes[6] said, they're attached; it's called a neck!). This vertical connection could also be to a higher power or great spirit of some kind. *Connectedness* includes a *horizontal connection*, too, or connection with others.[7]

Inner growth: this was a bit more difficult to flesh out at the time but we settled on it meaning whatever an individual does that leads to their seeking out new information and new ideas, being a part of the world at large. This could be going to school, walking in the park, dating, making new friends, a yoga practice, meditation, attending synagogue/mosque/church/temple/circle, or even reading. Or anything else that "feeds" a human's curiosity and need for knowledge. And that was it. Drug use, abstinence, continued using or something in between, wasn't mentioned. Why? Because we realized that in any other bio-psycho-social illness (which nearly all are), one did not have to recover perfectly. In fact, my definition humans cannot do this – at least not all the time. And we realized that it wasn't the alcohol or other drugs that were at the core of the problems we had: ***they were but a symptom***[8]. Therefore, one could indeed be in recovery and use drugs. Not problematically because then you're not connected or mindful or growing. But we agreed (again to our collective surprise) that yes, one *could* be using alcohol or other drugs – having a *healthy* relationship with them – and be mindful, connected, and growing internally: in recovery. And we also agreed that for some folks, to have these 3 elements in their lives could require abstinence: total, partial, forever or for a while, we made no comment on those notions. That would remain up to the individual (which also fits within AA/12-Step guidelines of no one being able to tell another that they are an "alcoholic or addict."). In fact, we realized that having healthy relationships ***of all kinds*** could be achieved through these 3 elements. What a jolt to the brain this was to us all!



"You gotta give them hope." Harvey Milk[9]

These days, I have come to realize that it appears these elements or ingredients of recovery also build on one another: for example, you first need to improve or have some mindfulness about what you're doing before you can truly connect with others and yourself, and that action can lead to growing internally. And again, we made the argument then which I'll repeat here, drugs and drug use (including alcohol of course) don't *necessarily* impede one's ability to *recover* or *regain health* from having problems with them - or being "addicted." The problem is in one's relationship with substances or behaviors that have become problematic or compulsive, and that we continue to engage in despite negative consequences - what we call "addiction." So here's the Big Question: what if we as a collective culture decided to work on these 3 ingredients and the issues that get in one's way of achieving them? What if we decided to help those in need to uncover why they – or collectively, why so many of us in the wealthiest nation in the galaxy – need to use substances in order to cope? Hmmm…

One of the ways to address these issues of the lack of mindfulness, connectedness, and inner growth is with what the Canadian author, physician, and addiction expert Dr. Gabor Mate calls "compassionate inquiry."[10] Dr. Mate makes the case for needing people in our lives who can/will listen deeply, compassionately to those of us involved in using substances/behaviors that are causing pain in our lives. Another advocate of doing things differently in treatment is Stanton Peele, PhD, JD. In his newest book on addiction, *Recover! Stop Thinking Like an Addict and Reclaim Your Life with* ***The Perfect Program***,[11] Dr. Peele discusses these issues at length, as he has for over 50 years. As an early adopter of harm reduction principles, he has tried to get us all – but especially we Americans – to see that the way we have come to view addiction is all wrong: 1) it's not a disease, 2) most people quit on their own (do how can it be a disease), and 3) not all people are susceptible to becoming addicted. In fact, by viewing addiction as a disease, our society has actually increased the possibility of relapse[12]. It reminds me a bit of Charlton Heston's famous line at the end of the film, *The Planet of the Apes*, when he realizes where he really is – back on Earth: "You finally really did it. You maniacs! …God damn you. God damn you all!" In looking for the reasons for addiction, we have to consider that perhaps, unintentionally, we have done much of the damage ourselves with our racist policies, unscientific treatments/interventions, and blaming of the people who use drugs (and often their families as well). It sure is easier to blame a drug(s). It's much harder to look within, compassionately and deeply, for the reasons so many of us are in pain (of all kinds) and need relief to cope with living.

I see September's Recovery Month as a great time to take a look at what we've done with addiction treatment and recovery. And to take a hard look in the Mirror of Truth about our society and its complicity in addiction(s). It's time to stop the unscientifically-tested

treatment of this "medical-and-more" complicated condition. It's time to demand professionals who are highly trained and compassionate – always. It's time to radically change how we view people with substance problems – and their loved ones - regardless of whether you believe this is a condition of their making or not. It's time to reinvent the word *recovery* to mean this: "I have recovered my life and my health. with or without abstinence. I am mindful, connected, and growing." Now that's real recovery!

1. https://www.psychologytoday.com/us/blog/the-heart-addiction/201407/what-does-it-mean-be-in-recovery ↑

2. A Johnson Institute-style intervention was held in 1978 for Mrs. Ford leading her to seek treatment for her substance use. In 1982, she founded The Betty Ford Center which is now part of the Hazelden family of programs. ↑

3. As discussed in our last piece on "tough love," the originator of this phrase is the founder of Synanon, Chuck Dederich. ↑

4. "A Reference Guide to the Big Book of Alcoholics Anonymous" by Stewart C.; (1986). Recovery Press, Seattle, WA. ↑

5. p17. Note: The "Bill" that is referenced here refers to the co-founder of AA, Bill Wilson. ↑

6. Rene Descartes was a 16th c. French philosopher, mathematician, and scientist; dubbed the father of modern Western philosophy who famously argued that the human body and mind were separate. Wikipedia.com ↑

7. Remember that church I mentioned in my first blog, the United Church of Christ or UCC? There we were taught that God was within each person and living thing on Earth and that we were all connected. Very Deepak Chopra. Hmmm… ↑

8. Interestingly enough, a similar idea can be found in AA's Big Book on p85, in this line: "What we really have is a daily reprieve contingent on the maintenance of our spiritual condition." And I was taught that "spiritual" merely meant connected. ↑

9. Quote from slain San Francisco Supervisor Harvey Milk, one of the country's first openly gay politicians. This is from a tape recording (1977-11-18) to be played in the event of his assassination, quoted in Randy Shilts book, *The Mayor of Castro Street: The Life and Times of Harvey Milk.* (1982), p. 277. Wikipedia.com; personal communications. ↑

10. From Dr. Mate's website, drgabormate.com: "Through *Compassionate Inquiry*, the client can recognize the unconscious dynamics that run their lives and how to liberate themselves from them." ↑

11. For more information, view the results of the NESARC study and more, discussed in Dr. Peele's book, p36-42. (2014), Da Capo Press. ↑

12. Miller et al; "What predicts relapse? Prospective testing of antecedent models." https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1360-0443.91.12s1.7.x ↑

Holy Holidays!

Hello all! Here we are at the end of 2018 – and of my blogs for this year! Thank you all for your support and your readership! I have truly appreciated all the comments and shares over these past few months. And I've discovered just how much I love to do research on these topics! In the past 5 months we've talked about the dangers and origins of Tough Love; recovering the word "recovery;" and Harm Reduction strategies for families. I know I promised 12 "Ways to Get Through the Holidays" but you know, I found myself doing only 10, perfect for counting on both hands! I hope you won't be too disappointed. Most importantly, remember our 2018 take away for all families and their loved ones through this sometimes treacherous time:

It really is all about the love – and love is never tough!

Holy Holidays, Batman!

Holidays. I love them and hate them. And regardless of which camp you fall into – or perhaps you're in the "in between" camp – the winter holidays can be a challenge to navigate, especially when there's added drug use (yes, I mean that tasty eggnog or rum

punch too) by many involved. As I sit here with all my research and ideas in front of me, it occurs to me that I can't think of anything to add to an incredible list of "do's and don'ts" already available all over the internet and social media. But that said, perhaps it's worth revisiting some ideas with a "reduction-of-harm-to-all" bent – and so here goes (OK to sing your fave holiday tune along to these 10 tips, too. Ho ho ho!).

1. EAT LIGHT

One of the best tips we can use is to save those heavy conversations for another time. Sure, there will be exceptions to this, but the holidays are already such a heavy meal in so many ways that experts suggest benching the Big Convos until after things have settled down, including our stomachs. So what's one thing we can do to lighten the mood? Perhaps we can simply focus on the positives this season and save the less positives for later. That's a tip for all seasons according to CMC's 20 Minute Guides for Parents & Partners. What do we mean by this? Think of finding positive things – called "reinforcers" - to say to your loved ones - family, friends, and those using drugs problematically. And here's why: "The value in reinforcing positive behavior…is that it can start to compete with the reinforcing effects of drugs and alcohol. In essence, your [loved one] can learn to "feel good" in other ways rather than using drugs/alcohol."[1]

John Gottman, the famous couples therapist, has stated that we need a "magic ratio" of 5 positive statements for every 1 that we make to someone. Dr. Gottman and his team successfully predicted divorce with 94% accuracy in 700 couples 10 years after scoring their negative-to-positive responses in one 15-minute conversation.[2] That's pretty darned "magic" indeed. We see similar results in workplace conversations as well. So lighten up on the negatives and accentuate the positive statements this holiday season. You might see a greater gift than you ever expected.

2. HANG OUT IN THE BATHROOM

This is something I suggest to those trying to reduce or eliminate their drug use as a place to be alone and use a quick meditation. (side note: I realize that for some this can also be a triggering place for both families and their loved ones using drugs so like all good suggestions, please use your discretion as to whether any of these are right for you). But

this is also a terrific exercise for anyone to use for a quick fix. This exercise is known as "The Ball and Triangle."[3] I learned it from the developer, Terry Gorski, back in the 90's. And it can be done anywhere, with your eyes open or closed. Here it is:

To start, take a deep breath in through your nose and out through your mouth, like a big sigh. Now imagine there's an equal-sided triangle floating in space in front of you. In one corner of the triangle there's a small ball, just sitting. On your next inhale, move the ball up the side of the triangle. On your exhale, allow the ball to fall back into its original place. Do this until you feel as relaxed as you desire.

There are many ways to get creative with this brief meditation too so feel free to experiment; make it your own.

3. JUST LIKE REAL ESTATE: IT'S ALL ABOUT LOCATION, LOCATION, LOCATION

One thing that I hear from families and their loved ones is that the location of the festivities is important. Some places encourage nostalgia though may also bring up tension. It may be helpful to discuss the location of events with the whole family. See how everyone feels. I have found with my own family that eating out at a local restaurant can be wonderful: a) everyone's food intolerances can be honored; b) most folks will be on their best behavior when in public and finally c) no one has to do the dishes! Perhaps grandma's or dad's special chocolate pecan pie at Aunt Cristina's house can be an alternative.

4. BYOB: BRING YOUR OWN BOTTLES

Even if you're not the one with the drinking/other drug problem, it might be a good idea to limit your intake. The very best way to do this is to first, bring your own fave beverage. I'm a big fan of Pellegrino so typically carry a couple of bottles with me (I even bring a baggie of

lime slices). That way I know what will be served. If you're moderating your drinking especially, it's really important not to get dehydrated which is easy to do in a heated room with booze. So experts suggest drinking water between alcoholic beverages. Again, an easy way to reduce your intake – and possible help stave off a nasty hangover too. Be sure to eat something as drinking on an empty stomach is never advised. Also food will help to absorb some of the alcohol which will keep your overall blood alcohol levels down. Finally since alcohol is known as a "social lubricant" for good reason, you might consider who you'd like to be in charge of your emotional state during this event (see # on Lizard Brain). But if you want to indulge more than usual, remember the previous tips and to call Lyft this holiday season. It's so easy not to drive while intoxicated now – and expensive to get caught.

5. FIND SUPPORT WHERE YOU CAN

Hug your pet. See old friends. Go to a meeting at a support group, or a service at your local synagogue, church, temple, or mosque. Volunteer and make new friends. Lots of ways today to stay in touch with others even if only through social media. Visit someone in a nursing home or senior housing. Take a plate of cookies to a neighbor you've never met because you're working all the time (no, they don't have to be homemade).

6. LIKE A GOOD PHOTOGRAPHER, MIND YOUR EXPOSURE

If you're spending time with those that irritate you, do so gently. It's OK to limit the time you're with those you love. This is your holiday, too.

7. REST WHEN YOU CAN

For many of us, the holidays are an expenditure of more energy. Sometimes more than we can muster! So resting and sleeping well are crucial to having the outcomes we want. You can think of rest as our body's need to regenerate its resources to allow us to think before we eat, act, or wind up somewhere we didn't want to go. I've learned that I can't engage my mind when it's running on empty, which leaves me with Lizard Brain[4] in control. Now I'm OK with old LB having some fun once in a while but not all the time and especially not when I'm going to be in an emotionally challenging situation.

8. CRAVINGS AREN'T JUST FOR DRUG USERS

Yes you heard me right! I like to think of cravings as the body's way to say "Holy crap, Batman, I need something - help!" The difference for families is that there aren't any medications for your cravings (and yes I know there aren't meds for all chemical cravings

too but let's ignore that for now). You may have physical or emotional cravings for all sorts of things from food to the latest mystery to taking a ski weekend in Banff. Whatever it is, it's just possible that your body/mind is trying to tell you something. We want to learn from our emotions and not be afraid of them or ignore them. We all know the holidays are overfilled with stress so perhaps we can take a page from relapse prevention for drug users and learn to "urge surf". Here's how to do it[5]. And you can keep your eyes open or closed them as you find most comfortable:

First, think of something in your real life that's challenging for you, something that actually triggers some strong emotions (be gentle with yourself here though. Nothing too tender please!). As you think about this challenging behavior or event, imagine that you're NOT reacting in the moment with that usual strong emotion (you'll be responding to the situation soon). As you're thinking about this event, be mindful of where you're sitting: how does it feel? Are you comfortable? Plant your feet gently and firmly on the floor if you're sitting. Let your breath gently come in and out of your nose and notice the rising and falling of your chest/lungs. Now once again, think about the triggering circumstance. Really see yourself there at the moment and bring yourself right up to the moment that you'd typically lose your temper, or be overcome with sadness, or even use a drug/take a drink. Here we might think it's a good idea to push away these strong emotions or swing the opposite way and give in to the emotion/behavior. Instead, I'm going to ask you to just be curious about this emotion and event without reaction. Ask yourself these questions: 1) what does the feeling really "feel" like? Where is it located in your body? 2) what about this situation/feeling feels intolerable? Can you stay with it and relax into it rather than get overwhelmed by the situation/feeling? 3) what is it you really need right now?

Finally, imagine that the feeling your experiencing is a wave on an ocean. You're riding this wave like a surfer, using your breath as your surfboard. All you need to do right now is focus on your breath going in and out of your lungs and imagine that surfboard riding the waves like Bethany Hamilton! You're able to keep your balance in spite of feeling a little frightened. Up and down, in and out, you're riding your board; you're not allowing the wave to push you off. This is "urge surfing".

When you begin to feel relaxed and able to respond instead of reacting to a situation or feeling, you can let the board bring you home. Notice how you were able to ride the wave and not succumb to its power but rather allow it to be what it is: just a wave…and it will end. When you're ready, come on back to the room while you let go of the triggering situation you were thinking of. Take a few deep cleansing breaths and know that you've got this! Bethany would be proud!

9. HO, HO, HO

I always encourage humor and lots of laughter during the winter holidays (actually I encourage it all the time!). Laugh till your face hurts. Be silly as often as possible. I read a piece recently on a family holding an "Ugly Christmas Sweater" contest with the winner getting a gift card to a favorite store. Wonderful idea! We humans are a pretty funny lot all in all and this is the perfect time of year to embrace that.

Movies are another great way to bring laughter into a room and there are some terrific old and newer holiday films that will make you pee your pants (in my family, it's "A Christmas Story" hands down!). Anything from "The Grinch" and "Charlie Brown Christmas" to "Bad Santa" and "Die Hard" are considered holiday fair game. Or perhaps you're the sentimental

type and look forward to watching your favorite heart-wrenching, tear-jerker each holiday. No problem! Those films are available as well (anyone for "It's a Wonderful Life" or "White Christmas?"). Just be sure to temper those tears with some belly laughs.

10. THE HOLIDAYS ARE A TRIP

And they are literally for many of us! Traveling these days can be a trial-by-fire experience. Some quick tips: 1) Only use a carry-on bag 2) Bring something to read/watch/play and 3) slow down on imbibing early (planes really suck the moisture out of every part of us and alcohol makes it worse). For more excellent tips on everything "travel" this holiday season, check out *Cheap Flights Survival Guide*: www.cheapflights.com/news/holiday-season-travel-survival-guide

Bottom line for the season: Do your best, let go of the guilt/shame, and have as much fun as possible. That sounds like a pretty good recipe for 2019 to me, too. In fact, I think I've just found my 2019 New Year's resolution. How about you?

1. The Parent's 20 Minute Guide by CMC: Center for Motivation & Change. (2016) Center for Motivation & Change. NY, NY. p93. ↑

2. https://www.ocde.us/PBIS/Documents/Articles/Positive+$!26+Negative+Ratio.pdf. Accessed 12.18.2018. ↑

3. https://terrygorski.com/2014/05/08/magic-triangle-relaxation-method/. Note: the Ball and Triangle exercise is now called the Magic Triangle Relaxation Method. Accessed 12.18.2018. ↑

4. The limbic system aka Lizard Brain is the seat of our emotions and the oldest known part of our brains. ↑

5. Bowen, S, Chawla, N. & Marlatt, G. (2011) Mindfulness-Based Relapse Prevention for Addictive Behaviors: A Clinician's Guide. Guilford Press. NY, NY. ↑

Navigating the Holidays

The Holidays. The holidays are difficult to navigate even for the bravest and happiest of us. People we may only see once or twice a year, foods we may eat rarely, and discussions that can be fraught with emotion are all on the list of possible "menu" items. In my family, we toggled between two sets of grandparents (gratefully in the same small town) with a carefully navigated schedule crafted to not upset anyone, to be equitable with time spent at each locale, and to provide consistency for us youngsters. Thanksgiving at one site one year, at the other the next. Christmas Day with one set of grandparents, Christmas Eve with the other. And New Year's Eve was spent at various locations with the next morning mostly spent at either uncles' as they or their wives were in charge of making the traditional New Year's Day abelskivers as part of our collective Danish heritage. Whew! But it worked as I recall. Of course, I also wasn't the one schlepping kids and gifts and food back and forth all week!

This year my family (son, his girlfriend, and me) has decided to "postpone" Thanksgiving due to flight costs and frankly, all of us are pretty worn down from loads of travel for work - grateful and tired! So, we'll do something next month as all our schedules settle down for December. I've known some families who leave the States completely both for warmer climes and as an excuse to not engage in the mandatory family get-togethers which (for some) too often devolve into rambunctious excesses of alcohol, explosive conversations, and food they can no longer tolerate in their healthier lifestyles. But what if you want/need/must attend some gatherings for the holidays? Can we navigate these potential landmines better if we plan in advance? Yes! We can! And so with that positive statement in mind, here's some ideas for building a new Roadmap for a Happier Holiday.

FSDP's Top 5 Suggestions for Smoother Sailing during the Holidays

1. **Limit the alcohol served.** Now I'm not suggesting you can't have any yummy holiday punches and outrageous cocktails, but I do suggest that everyone drink mindfully – even if that is to excess. Being smarter and safer with alcohol is just that: smart and safer! Have non-alcoholic beverages available for folks even if everyone is drinking alcohol. One of the less good things about alcohol is the dehydration that occurs. So having some fun sparkling waters can be an aid – and maybe reduce that morning headache a bit. Plus there are so many incredible alternatives to alcoholic drinks today as more people are moderating their alcohol intake or not indulging at all: www.seedlipdrinks.com, curiouselixirs.com, rockgrace.com and www.tostbeverages.com all have incredible non-alcoholic beverages that can look like the real deal. Also, having a glass of something without alcohol between alcoholic drinks can be a smart move – and make the night (and your money) last longer.
2. **Have a breathalyzer at the door.** Really! Available at most drug stores and Amazon (ranging in price from $20-$130; check out this buying guide for more: https://bestreviews.com/best-breathalyzers), these home breathalyzers aren't perfect but they'll give the "blower" an idea of how intoxicated they might be (sometimes just seeing a number will convince Aunt/Uncle Pat to consider giving up their keys). Partner this with a cheery holiday basket for the car keys of anyone who doesn't plan to monitor their alcohol (or other drugs) use. Put a colored tag on each with name, car type or license number, as well as cell numbers in case you need to move their car (street cleaning!) or so they can easily collect them the following day after taking a Lyft/Uber/cab/ride share home.

3. **Eat before you indulge.** We know that food can absorb alcohol so be sure to eat some carbs and fat before you drink (yum: avocado toast!!). This can help you feel like you're participating in the holidays while also drinking smart. If you're hosting this year, be sure to have some snacks available with your delicious cocktails! You'll appreciate folks eating a bit beforehand when they're a bit less uninhibited at the dinner table!
4. **Watch the conversations.** Instead of letting conversations just organically occur, what about trying another way to shape those potentially treacherous talks at the holidays? Recently I bought a few "topic card sets" to use in trainings and with clients. Here are a handful of examples from each and the companies they came from (though you can check Amazon for a ton of suggestions which you can then purchase wherever you like):

For provocative conversations: (from Q&E Provocations for Applied Empathy by SubRosa at wearesubrosa.com)

What makes an experience meaningful?

Who has challenged you to be better than you once were?

What motivates you to progress?

For generally deeper conversations: (from Big Talk at www.makebigtalk.com)

What is a new habit you want to form?

What are you thankful for this very moment?

What advice would you ask for from your greatest hero?

For more fun/funny conversations: from We! Connect Cards at www.weand.me)

What is a fun experience that you have recently had?

What are you passionate about right now?

What are people usually surprised to find out about you?

Or for more family of origin-oriented fare: (from TableTopics Family Gathering at www.tabletopics.com)

What's the best story you heard about your grandparents/parents/aunt/uncle?

What do you remember about the homes your family has lived in?

What's your favorite family story?

Or make up your own set of cards. That way you can have even more confidence that your conversations will avoid any "hot topics" that you know of. Or as folks come arrive, have a bunch of blank cards with colorful pens at a table and ask everyone to write a question or statement topic on a card. Put those in a festive box and pass it around at dinner or afterwards. Go through the cards before you use them to hand select out any statements

that you think might be too provocative or triggering. Even some that I've listed here might be too much for some folks to answer. Allow anyone to take a "new card" if they don't like the one they drew, or they may ask for a new one to be drawn if one person is drawing - and don't make them give a reason for passing on the chosen card. You get the idea.

5. **Get naloxone!** While Narcan can't reverse all overdosing (such as methamphetamine or alcohol) many illicit drugs these days contain a bit or a lot of fentanyl or one of its analogues. Therefore, even if the person you love says they've used meth or cocaine only, if wouldn't hurt to give them Narcan™/naloxone if you notice the signs of overdose[1]. One of my fave new sayings is "Naloxone only enables breathing!"

The holidays are not the time for heavy conversations in my opinion. Those are best left either before or after such events, and with some practice and feedback from a professional, a friend, or anyone you trust to tell you the truth. However, some conversations may need to happen before the holidays. If you have a family member or friend who recently had treatment of some kind for a substance use disorder, I say be direct: ask them what you can do to make the holidays more inviting and safer for them. That doesn't mean you'll be able to do what's asked, but that person will feel better just for you having asked! All too often people simply assume what moderaters/abstainers need and want to help support their recoveries. People are different so individuals should be considered.

For the rest of the family, try not to walk on eggshells around your loved one who may still have a problem with alcohol or other drugs. And you all may decide that the holidays just isn't the right time to all get together. It may be too "loaded" for everyone (pun intended). If that's the case, make a new tradition: plan a separate small holiday just for a small group of supportive people. For those in new recovery or who are struggling with drug use, being confronted with lots of people can be overwhelming and lead to more drug use for comfort. Hopefully there will be other holidays that you all can have together down the road.

1. For a terrific article on opiate/opioid overdose, see https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose/ ↑

Premiere

Treat people as if they are who they can be and you help them become who they're capable of being.

— Goethe

Hello! And welcome to the premiere of FSDP's blog ***Families Matter/Family Matters***! I'm going to be talking with you about everything & anything having to do with alcohol and other drug use: family concerns including treatment, policy, advocacy, and whatever else you all might want to know/talk more about. I hope you will send me questions, topic ideas, comments, thoughts and more anytime. Please send them to deedeestoutconsulting@gmail.com. And now to the blog….

Many of you have read the bio information that Barry and Carol put out regarding my background. It was suggested that I might use this premier "episode" to talk more about who I am in relation to addictions/mental health, harm reduction, and advocacy. For this episode I decided to focus on "advocacy": what it is and how I got started. (I'll save how I've changed as a result of learning to be a better advocate for later – especially regarding how I now work with folks including families). So, as the line goes:

"Fasten your seat belts; it's going to be a bumpy night!"

Worms. Yes, those creepy crawly things some of you might use to improve the soil in your gardens or perhaps on a fish hook. Worms were my first lesson in advocacy and it come from my wonderfully crazy father. What do worms have to do with advocacy, you ask? Well, let me start at the beginning…

When I was about 3, I decided for some reason that I hated worms. I don't mean kinda-didn't-like-them, or say "eeuuwww – worms!" whenever I would see them. I mean all-out-I'm-declaring-a-war-on-them HATE. I would go around our neighborhood squishing them all spring whenever I saw one - and that was pretty often in the Midwest in springtime. At this point, my folks and I were living in Ann Arbor, Michigan, where my folks were in school at the University of Michigan and my dad was studying science. He saw me stepping on worms one day and didn't think that was a 'positive behavior' (he knew worms were helpful).

So, he got the brilliant idea that if he taught me about how special worms were - their scientific value if you will - I wouldn't want to kill them anymore. Sounds logical, right? So, he set up all kinds of fascinating scientific experiments on worms: he put them in darkness to show me how they didn't need light to move around well; he put vinegar on them and watched them recoil from that ingredient; he cut them in half to show how they could still survive. Finally, he tried putting salt on them which they didn't seem to like. These experiments went on for a week! At the end of the week, I distinctly remember my father asking me, "so Adelia, don't you feel bad for killing these wonderful creatures now?" To which I naturally replied, as any 3-year-old would, "well I still don't like them but I guess I won't kill them anymore." Vindication was his – and I had learned my first lesson in advocacy – or how to stand up for a being without a voice!

Now if you knew my dad you'd know that this lesson in "advocacy/knowledge is important" idea isn't at all strange for him. For instance, my dad always had binoculars, a copy of Peterson's Guide to Birds, and trash bags in the car. These items were as important and as ubiquitous as the gum he always kept in the ashtrays. Whenever we were driving with him, we would practice "spotting" birds, stopping to view them through those binoculars to then find their photo in the Peterson's guide. We would also stop periodically to pick up trash: not ours as we had a small trashcan in the car, but just litter: on the side of the road, caught in trees, at roadside picnic areas - everywhere (side note: at 81 he's still picking up trash now in downtown Chicago!).

Now you might be asking, what in the world do these stories have to do with advocacy? Well, I believe they're all connected if we look at the origin of the word. According to *dictionary.com*, advocacy stems from the Latin "advocare" which means "to add a voice." Another site, *vocabulary.com*states the origin is the word "advocatus" which means

"one called to aid another." So, advocacy of the Earth, of our planet's creatures – great and small – and our responsibility as stewards of them - such as keeping their home free of trash - is advocacy: we are giving voice to and aiding those who need us to do so. I don't think I ever realized just how long I've been an advocate of one sort or another until recently. And that the early lessons I got especially from my dad has led me down this path of demanding we hear the voices of those that struggle to speak – and just how these experiences have shaped my life, especially now.

My most powerful and personal lesson of advocacy – namely championing a cause - came when a bit later, when I was about 8 or 9 years old. I have always had an extremely close and empathetic bond with animals of all kinds: for one, they don't judge and they love us unconditionally. As a kid, I grew up with cats (two Siamese, to be exact) though later I added a dog or 2 to the mix that always included a couple of cats at least. But I also felt a closeness to all animals and enjoyed studying about them. After my folks graduated University, my dad took a job as a traveling salesman for a hospital and clinic supply company (he would remain there for 25 years and not leave until after my mother died). His territory was the entire state of Michigan which included both the Upper (or the "UP") and Lower Peninsulas. Sometimes I had the opportunity to travel with him which I loved. On one of these trips, I became aware of something called "roadside zoos" which most gas stations seemed to have then. These so-called "zoos" were actually cages (usually quite small) holding all sorts of animals indigenous to Michigan: bears, beavers, otters, racoons, and more. Often the gas station would have a large stuffed black bear out front signaling that they had one of these "roadside zoos." The animals locked in these cages paced a lot – when they could move – and always seemed sad and scared. I cried every single time I saw one of these zoos. On one of these trips, I became so upset that I couldn't be consoled. My dad told me I should write to my Congressmen and other politicians to complain about these zoos and inform them of the conditions these animals were in (my first lesson in

Civics!) and so I did. I wrote to our State Senators, the Governor, and even the President of the United States. And I received letters back (one was even handwritten!). I was very impressed! Later that year, the State's Congressional body moved to outlaw these "roadside zoos" and of course my dad said my letters must have had an influence on this decision. I'm not so sure about that but it sure pleased me as a youngster to think it might have, and caused me to pass along this Civics lesson to my own son and others. It also added to my lessons in the importance of standing behind something you believe in: ***advocacy***.

The final piece of my younger "lessons in advocacy" came from being raised in a rather unique church: The United Church of Christ in Midland, MI. The UCC as it's known, is a church of social justice. We were taught by our beloved minister, Reverend Glenn Baumann, that God lives within each of us and that the only sin was alienating oneself from god (and therefore from others including oneself). We were taught to recycle early on (Michigan was the first state in the US to implement recycling. Anyone remember the Seinfeld episode on such?) as part of caring for the land and resources that were loaned to us while we lived here. This concept of caring included animals. It also included other animals, people, especially those who were marginalized such as drug users, including me.

In 1973, a psychologist by the name of Dr. Don Crowder moved to Midland and advocated for opening an overdose clinic. Of course, Midland's City Council said we had no drug problem in *our*city (Midland, MI was then, and is today, the international home of the Dow Chemical Company: you know, Ziploc bags, Saran Wrap and Napalm bomb manufacturers). Dr. Crowder went ahead and opened his clinic which was also staffed by another young psychologist in practice with him - and the two of them trained many of us

drug users to help those overdosing, generally in the form of "bad trips" from psychedelics in those days. As I left Midland in 1975, I'm not aware of what happened to the clinic. But again, it fit into my idea of civic duty, church life, and generally caring for others who needed us to go to bat for them, to "sustain the weight of" their burdens – in other words, to be advocates.

I don't know what led any of you to advocate for sensible drug policies and drug users in general but I hope to hear some of your stories, now that you've heard mine. I am a firm believer in the power of stories (hence my book is full of them!) to shape and to influence culture - and of course people. And I see the beauty, as you all do, in what Carol and Barry have created here at FSDP: loving those that may be (just now) unlovable, and moving away from the one-size-fits-all of treatment for problematic drug users and their families/communities. It is these stories – sprinkled with science and humor - that I'll be bringing to you all over the coming months. Thanks for hanging in with me for this premier episode!

Self Care

Photo of The Alisal Guest Ranch& Resort by Dee-Dee Stout

I'm still in Solvang having finished my talk on harm reduction for Kathleen Cochran & Allyson Aabram's *Heart of a Warrior Woman 4th Winter Retreat*at the incredible The Alisal Guest Ranch and Resort. I'm in awe of this group of moms and most grateful for their wisdom and their affection. What a powerhouse!! We discussed everything from MAT to different kinds of abstinence to Family Drug Support groups to letting go of the outcome to how to figure out what's the right approach for your family (which includes your loved one problematically using drugs) when it comes to keeping our kids alive (we covered a lot of ground – whew!). And after all, that's what harm reduction really is: keeping folks alive until they can make a baby-stepping change in any positive direction: one that THEY want to make, in a way that makes sense for them, at a time/place that fits for them – and the rest

of their family! Finally it also must be one that has NO STRINGS ATTACHED! And in the meantime, while we wait for some change, we keep loving them and letting go of the outcomes that ***we*** want to see. But what if we've done everything we can and we still lose our loved ones? Sadly, we must let go of that outcome too, knowing we've done our best in whatever way(s) we could (I'm not suggesting this is easy!!). We get up, look in the mirror (most days) and say, he/she left this world knowing we loved her/him and we always left the door open for their return to us, without strings like abstinence only (though no violence is, of course, reasonable in which case you do things like meeting them in neutral & public locations). We never stop loving them or telling/showing them we love them.

So after 2 days of feasting and meditating and chatting, what have I come away with? A few things: 1) a mother's love is the most powerful thing in the world; 2) these moms are mad as hell and tired of the double speak from politicians/professionals/police (The 3 P's) and want realistic, scientific treatment & support options for their loved ones & themselves; and 3) everything seems unbearable when you try to face it alone. I just read a quote from one of my fave actors, Bobby Canavale, who was talking about a conversation he once had with his former father in law, the famed director Sidney Lumet:

"Pop, your movies are always about people fighting against something, the system or corruption,' and he said, 'That's what life is about.' I loved that. I'm fighting complacency…" (IMDB.com, accessed 12.7.19)

I read this and thought, "That's it! This is what we're fighting against: ***complacency*** in drug treatment & policies." We've gotten too used to doing things pretty much as we've always done (since 1935 at least) -and trusting that professionals are doing what they say they're doing, which we know they often are not. These moms will tell you they're not going to take it anymore…and I'm behind them 150%! I'm certain you are as well. And so now let's get back to the subject of this *Holiday 2019 Extra* blog: ***Self care.***

Self-care. Well, there it is. A phrase that's all too often used when speaking to workers in healthcare, caregivers of all sorts, and anyone under stress (which is all of us, right, especially this time of year?). It's also a phrase that I used to use frequently too. But now it's one of my least favorite phrases. It wasn't always like this. Like most of us, I fully embraced the idea that if I'm working with others who are often in complex or altered states of mind, I need to take care of myself: read lots of self-help books, get to the gym regularly, see a clinical professional, go on regular vacations/retreats/trainings, take up yoga, have hobbies, get regular medical check-ups, take vitamins, all so that I avoid the dreaded condition known as "burn out." Now I'm not saying that these notions are inherently bad or aren't healthy but what I didn't appreciate nor fully understand until recently was that there's another side of the concept of self-care: a downside. Before then, and especially as

a woman of a certain age (ie, an old Baby Boomer), I wasn't really taught how to care for myself as well as I may care for others. It was in that vein that self-care became a rallying cry for Boomer women as we began to enter the largely heterosexual, white male-centered working world and found a lot of passive-aggressive behaviors as well as some blatant misogynistic and racist/sexist behaviors. We had ads like Calgon's "take me away" that blossomed in the 60's and beyond as a way to show women that taking a bit of respite from our busy homemaker days was OK, even encouraged, and these were the roots of self-care. But do those same branches of our 1960s idea of selfcare work in our conversations today? Might we need to take a long clear look at this idea and how it lands on others? I will now argue YES!!

So what's wrong with the concept of long baths, massages, nail décor and more as part of self-care? Well nothing on the surface. However scratch a bit below that (pun intended) and let's see what else these images may conjure for other segments/groups of people. Here's the thing: first off, not everyone can afford to do their nails weekly, or massages, or yoga classes or gym memberships (now Pelotons) and other types of typical self-caring behaviors. Personally, I've never been able to afford a retreat longer than 1 day - and I can hardly manage a real vacation (that's one that's not attached to work) once every 5 years or so! So how do the rest of us find ways to care for ourselves? And what about those folks who aren't interested in doing retreats or other ways of "relaxing"?

In this vein, I've been listening to several fascinating convos lately: online, in the classroom, and various reading materials speaking to other, more complex and troubling aspects of our greater cultural version of self-care: are we putting social responsibilities onto individuals who are the least able to cope? Wow. Ok that's a lot to unpack and I'm going to try to do so within a limited space here and without getting too abstract (cuz I like straightforward myself as you know - at least initially).

When we look at those who are unhoused, we can look at all sorts of supports we might give them: food, shelter beds, psychological, medical & dental care, and more. But more and more we're learning as a society that we need to provide the stable housing piece before we look at substance use, other mental health issues, and longer-term medical care. How did we learn this? By seeing that it didn't make sense to ask someone who's unhoused and say HIV/AIDS positive to regularly take their medications that need to be refrigerated if they don't have a place to keep those meds cold. That makes sense, right? OK here's another example: we ask someone who is depressed to take medications for that depression stating it will improve their mental health. And perhaps it will provide some relief. But how much is that going to help if that person lacks funds for their housing so is in the process of losing their home; unable to work consistently due to some mental condition or because their job has been outsourced; is using illicit substances because they work better than the medications the doctor prescribes but has now gotten caught in the criminal "justice" system due to the use of these substances and so now has a record? Yet we as a society are saying to them, "well you just need to try some cognitive behavioral therapy. That will help you be less depressed. It's the best treatment we have!" Hmmm. See the challenge here?

So for my aunt, who has now been through the loss of two of her three adult children (her only daughter to a fairly rare disease when she was a young adult and one of her sons recently due to alcohol-related disease) and is told, "just take these medications" or "go to a yoga class" or worse "at least you have one son left!" She's lucky that with my uncle having been career Navy, they have good healthcare benefits so she can find a therapist, pay for the medications, etc. But she doesn't get any socially-supported grief counseling for the next year, or paid bereavement leave from work (one death occurred before she retired), or other such social supports which demonstrate that we acknowledge her loss and tremendous pain she's in. We expect individuals to support *themselves*because that's what

we do here in America. We don't consider that someone like my aunt is so worn out that just calling her insurance company to seek practitioners on her "insurance panel" or medications within their formulary is impossible when you've just buried your (one or more) child(ren). And why *don't* we consider this? Why don't we have ombudsmen or such positions in agencies/insurance companies who can help someone who's ill – physically or mentally or spiritually etc – navigate our chaotic and sick healthcare system(s)? Because culturally we don't believe in it. And by the way, don't take too long to recover from whatever illness/grief/trauma you've endured (remember the 3 days of bereavement leave most companies had?). Your family will get accused of enabling your illness/depression/substance use, etc. What would it be like if we said, "Take the time you need as we help support you with services while you heal?"

I did a google search under the phrase self-care as I began to write this, just curious what would come up. Well, here you go: 2,750,000,000 results!!! Wow. I'm overwhelmed just seeing that number. How would I begin to search through all this to find useful suggestions especially when I'm overwhelmed due to pain/grief/trauma? And what do many of these sites seem to have in common? (not to begin to suggest I had the time or energy to go through more than just a handful of these searches though) That it is up to ME and me alone, to take care of my mental, spiritual, psychological health. No matter what. And if I'm stressed, it must be my perspective, my way of viewing my world, and my stressors that need adjusting. It couldn't possibly be that I'm sad because I've lost family members (including companion animals) or jobs, or homes, or friends, or opportunities to be a productive part of society, and on and on. And many of those stressors I can't easily change if at all.

It seems to me that this notion – a feeling that my world is much beyond my control – is at the heart of much stress, especially some of the stressors today. According to many sources, this is at the core of GenZ's enormous anxiety[1](where will I be able to afford to

live? Where can I work that will pay me enough? How will I pay my college loans?). It's not rocket science to see how this might apply to say Appalachian America - one of the hardest hit areas of our country regarding job losses - is at the epicenter of an opiate crisis/epidemic. I would want to numb that pain too: no job equals no participation in our American culture. We learned in the last century that there are 3 basic things that humans need to feel secure/that leads to resiliency: 1) supportive relationships, 2) high (not perfect nor impossible) expectations of themselves and 3) opportunities for meaningful participation and contributions in life (and in school for younger folks)[2]. Hmm again.

This led me to see if there were articles/search results for the phrase "burden of self-care" and voila, there are some 175,000,000 search results in Google. Now that's not nearly as many as we saw in the standard definition of self-care but still that's an awful lot of results. One of them in particular caught my eye: on the website "daughterhood.org", I found an article titled "*The Burden of Self-Care*" by Anne Tumlinson.[3] Here's an excerpt from the beginning of the article (mind you, Ms. Tumlinson is talking about aging parents and primarily the daughters who care for them but just insert your caretaking job and I think you'll find the text fits):

"…I don't think it's particularly helpful for a celebrity doctor to remind us to take care of ourselves. It's like telling someone wandering in the desert to be sure to drink plenty of water. It just becomes another impossible standard against which we're bound to fail.

There's a self-care cottage industry off of which lots of folks are selling books, magazines, politics, religion, and whatever else by perpetrating the "Do-It-Yourself" myth that we are each of us, alone, in charge of and responsible for ourselves and only ourselves."

Ouch! And a little further into the article and she states this blasphemy:

"…But let's consider an alternative. ***What would it be like if we could take care of each other in an interdependent web?*** *Communities that provide support through meeting places and groups where we can connect with other daughters (and sons). Financial support for adult day care and home care. Employers who understand and see themselves as part of the solution rather than being part of the problem.*

So, the next time you feel like a failure, just remember: you're doing a job that a strong social and community-based fabric is supposed to support. And instead of feeling like a failure, maybe just get a little mad that you're doing it all alone.

….Rather than putting pressure on ourselves to take a break we can't take, how about if we all just get really good at practicing ***extreme imperfection****. Could this be the ultimate act of self-care?" (emphases mine)*[4]

What a concept! Ms. Tumlinson says that this idea of 'extreme imperfection' is simply "slogging through life". I say it this way: Life is messy and you don't get extra points for doing things gracefully, only for doing them - as best you can, as often as you can, any way you can. Period.

The other phrase she uses is "white-knuckling" which I'd only heard used by those of us with alcohol use problems (or sometimes from other problematic drug users) when describing going through cravings for a drug so severe that you wind up clenching your fist so hard your knuckles get white(ish) from a lack of blood. Here's Ms. Tumlinson talking about a different type of "white knuckling":

"When a girlfriend and I were marveling at the challenges of parenting with post-partum depression (we both had it), we had a term for the feeling we had much of the time: "white-knuckling it." But she said something that really buoyed me: A "white-knuckle" mom is still a really damn good mom." (emphasis mine again)

The basic concept here is this: we don't need more yoga classes, and celebrities and others telling us we should take time out for ourselves everyday to breathe, or week-long retreats to pamper ourselves. What we need is job security, job flexibility, wage equality, social supports to help us care for whomever it is we're caring for, including ourselves. So, in our worlds of caring for those we love with substance use disorders and other health challenges, perhaps what we need more of is community centers whose doors are open to

everyone; free child care; public transit systems that function 24/7 and go where people actually need to get to; a healthcare system that is within our means and open to all - and not tied to our jobs; affordable housing in safe neighborhoods; a criminal justice system that is truly focused on justice for all not just those that look like me (white); drug laws that follow science and not the whims and texts of politicians or fake experts; treatments that are based in facts, that work for most of the people, not just a select few; medical care provided by experts who know how to listen, be compassionate, and work in partnership with their clients & the rest of their family; communities that are vibrant, affordable, diverse, and able to provide whatever that community's residents need.

Bottom line, we all need a new perspective on self-care and parenting: one that doesn't suggest you're not enough, or that you're responsible to get better/get your loved ones better even in the face of insurmountable odds and with little to no social supports. We need to support each other, particularly we moms/women. We need to lift each other up so that each generation can make theirs just a little bit better for themselves than we could. We need to ALL get into the proverbial pool – 'cause there's plenty of room in here (for men/fathers, too; we need you as well!)! And yes, if you can, a bit of pampering from time to time – or all the time - can also be self-loving and caring.


self care,
self love

Working in community doesn't mean the work isn't tough though, it simply means you're not alone in that pool. And isn't that the first rule of pools? *Don't go in alone!* Add to this the idea that you are enough *just the way you are* – whether you're slogging through, ungracefully coping, or gorgeously unable to deal with all the stress in your life. When is it OK to be "good enough"? I say it's now! We are enough AND we can become even better. With compassionate support, high expectations of ourselves and each other, and opportunities to participate in society and life to bring meaning to our lives, all things are truly possible. There now, don't you feel better already? And this "self-help" moment came free. Ahhh, now *that's* gotta feel good!

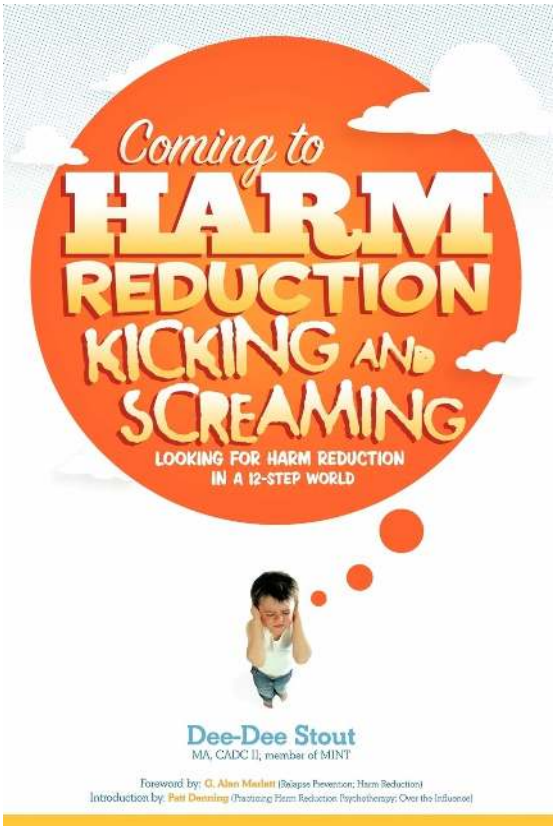
1. https://www.wgu.edu/blog/stress-mental-health-generation-z1906.html, accessed 12.11.19. ↑

2. Resilience Education by Joel Brown, PhD, et al., (2000). Corwin Publishers. ↑

3. https://www.daughterhood.org/the-burden-of-self-care/. Accessed 11.12.2019. ↑

4. Ibid. ↑

BONUS – What is this thing called Harm Reduction?



I think that defining terms is a good way to begin my discussion of harm reduction. It seems that what often gets us into hot water is not having agreed-upon working definitions of terms before launching a serious conversation. Without that prior consensus, we can wind up talking *at* each other rather than *to* each other. So, to avoid this scenario here, I went looking for definitions to get things off on the right footing. Since both 12-Steppers and harm reductionists state that they work to support people towards recovery and since "recovery" has been used in AA circles in a manner that seemingly excludes "harm reduction," I think that going back in history to seek out a definition of recovery and re-examining some misinterpretations of harm reduction are important first steps in this discussion.

Since "recovery" is a word used so often these days (see any supermarket tabloid or read almost any autobiography!), you would think that finding a definition in the standard AA or other addiction texts would be easy. It proved to be a task, however, that was definitely more complicated than I had imagined, and even more interesting for what I did *not* find than for what I did. Here are my (few) discoveries in the search for definitions of recovery and, by the way, nearly all the books I looked through on the subject of addiction and treatment – numbering more than 20 – had no definition at all!

In one source, *Ad-dic-tion-ary* (Wilson & Wilson, Hazelden, 1992), a once-popular book still used by some addiction certification schools and many others in the field, the term "recovery" is described as "a *journey*, not a *destination* (italics theirs)." The authors, however, fail to provide a more specific definition. What is the journey? What is the destination? It seems this is all left up to the reader. The authors do *not* state, though, that attending 12-Step meetings, working the 12-Steps, or even being abstinent defines recovery. They only say that recovery "is a threat to your addiction…[and] reading this manual is evidence that [your] recovery has already begun…."(p. 283)

I did not find the word "recovery" used at all in the book, *Alcoholics Anonymous*[1]. The closest it comes is using the term "recovering" twice, and then only in the 3rd Edition. The first instance is found in the footnote on page 104: "…whether she is still drinking or is *recovering* in AA (italics mine)." The second time it's used is found in "Chapter 9: The Family Afterward," which begins by saying: "Our women folk have suggested certain attitudes a wife may take with the husband who is *recovering* (again, italics mine)." Neither of these uses of the term really helps us pin down a clear definition of the word, however, and several uses of the term "recovered" also offer no assistance in this regard.

[Aside: I wonder if this seemingly surprising lack of use of the term "recovery" or "recovered" in addiction literature might have a lot to do with the fact that addiction professionals, theorists, and much of the current 12-Step thinking all believe addiction to be a chronic, relapsing disorder and, when awakened like a sleeping tiger, is something to be feared, leading inevitably to "jails, institutions, or death."[2] We must be vigilant in not allowing this tiger to awaken; therefore, this is one disease from which we never fully "recover" (read *become cured)*. However, in not using the term "recovered," we also imply that treatment does not work, that addicts are never able to get beyond being only former addicts, i.e. "once a pickle, never again a cucumber," as the old saying goes.]

Turning to the dictionary (or its postmodern equivalent: www.dictionary.com), we find our only detailed definition [Author's note: a look at other dictionaries uncovered similar definitions]. Recovery is defined here as:

- 1. *An act of recovering*
  2. *The regaining of or possibility of regaining something lost or taken away.*
  3. *Restoration or return to health from sickness.*
  4. *Restoration or return to any former and better state or condition.*

Note that nowhere in this definition is recovery necessarily and inextricably linked to the words "12-Step" or even "abstinence." What the dictionary does indicate is that the most consistent aspect of recovery is this: *a restoration or return to health*.

Patt Denning, in her book *Practicing Harm Reduction Psychotherapy* (The Guilford Press, 2002), discusses the use of the term "recovery," and what she says is relevant in terms of our dictionary definition. She writes that Alcoholics Anonymous appropriated the word to apply only to people who are attending 12-Step meetings for help with an addiction and

who are seeking abstinence[3]. I would add that most treatment agencies use the term in this way as well. Think about it: when someone says they are "in recovery" culturally we certainly think of 12-Step and abstinence, right? Just watch any television show with a "recovering" character. Have you ever seen someone *not* talk about the 12-Steps and being abstinent if they described themselves as "recovering?" No. Again, I think this appropriation of the term plays into the false dichotomy between 12-Steppers and harm reductionists and facilitates the mistaken belief that abstinence (via 12-Step) is the only way to recover. But is 12-Step really the only way to recover? Was it ever intended to be? We'll look at that point later in the chapter on the history and development of Alcoholics Anonymous.

At this point, what we can see is that the dictionary definition of "recovery," in emphasizing turning away from sickness and moving towards health, would most certainly allow us to place a whole spectrum of strategies and actions within the concept of recovery. In fact, the very definition implies dynamism: "the act of recovering", "regaining", "returning to" -- a focus on process that is much broader than merely defining recovery as a preoccupation with abstinence (as Dr. Denning alludes to). We'll see that the theory and practice of harm reduction fits right into this notion of movement and process towards a healthier state.

"Harm Reduction"

Over the years, there has been a lot of misunderstanding about harm reduction, along with many distracting and wrong-headed myths concerning its principles and practice, which have led directly to much of the controversy surrounding it. Sometimes people have simply misinterpreted or inaccurately stated the goals or ethics of the agencies, municipalities, or people implementing some aspects of harm reduction policy. Often, however, these misunderstandings have led to core challenges of harm reduction policies by those who

advocate for abstinence-only treatment for addictions. Since transparency is a major point of harm reduction policy, let me shed a little sunshine on some of these controversies and misinterpretations while developing a working definition of harm reduction as I go along.

Myth #1: Harm reduction is the opposite of abstinence.

Abstinence is and always has been one of the possible outcomes of harm reduction treatment. Abstinence is found on the continuum of drug use used in harm reduction theory and practice[4], although one could accurately say it's on *one* end of a continuum and is one possibility in a menu of outcome options a client might choose. In fact, it could be argued that harm reduction puts abstinence in perspective and sees how it may not be the right fit for everyone. You might look at it this way: *abstinence from anything equals perfection*. As we are human and, therefore, by definition imperfect, the much-observed inability to be perfectly abstinent (the tendency to relapse or slip) often leads us to feeling shameful when we inevitably behave as a human being does: i.e., we *make a mistake*. And, ironically, the shame we feel as a result of not being able to maintain anything like "perfect adherence" [5] to this desired outcome of abstinence often leads us right back to the behavior we're trying to avoid or stop (see Alan Marlatt's discussion of the *AVE*: the abstinence violation effect in his seminal book *Relapse Prevention*[6]).

Back in early AA, this idea of perfection was a topic that was often discussed. In fact, this concern led the early groups to embrace those who slipped - i.e., drank - in order to help reduce the shame lapsed members often felt, as everyone recognized no one among them was perfect. Coming to the aid of a lapsed member was also thought to help other members avoid the pitfalls that had led to that member's slip; it was seen as a learning opportunity for all members. This was when the AA slogan "progress not perfection" started to be heard.

Our definition of harm reduction, therefore, begins with the premise that there is a menu of options, including abstinence, available to those seeking help or in treatment, and only they alone can ultimately make the choice to abstain or to moderate – or to continue their behavior, whatever that may be. Harm reduction, along with AA as described above, clearly recognizes in its notion of choice that no one is perfect and attempts to build in a process towards health (recovery) that is personal, appropriate, and seeks to avoid having someone feel shamed by the inability to be perfect. Harm reduction also believes that people make their own choices best after getting accurate and impartial information on all the possible options available to them, including the pros and cons of each, and various supports available. With this, people will have all they need to make better, more informed decisions.

Myth #2: Clinicians should be in charge of treatment, not clients.

Typically, we think of treatment as a group of professionals or an agency making decisions for clients based on the beliefs that 1) clients can't make healthy decisions for themselves ("your best thinking got you here") and 2) we're the experts, so we logically know how best to treat this condition(s). But are these beliefs true? We harm reductionists would say "not necessarily." We would certainly agree that there are occasions when folks might need additional help in their decision-making processes, and we'd even agree that occasionally someone might be so ill (perhaps a methamphetamine psychosis) that a single decision

might need to be made for them in the moment. We would, however, strongly disagree with those who say we must make *all* decisions for all drug users as long as they're using. Why do we disagree? Well, because we *do* believe that their best thinking got them "here" - to us! People often come to treatment under the influence of drugs, and we'd all say that was a healthy decision, right?

Also, we know that different drugs interact with each individual user differently [Author's note: see the 1984 book *Drug, Set, Setting* by Norman Zinberg, Yale University Press, for more]. Therefore, we must form professional opinions and policies based on the individual in front of us, on his or her behavior and on his or her goals – not on the particular drug of choice (for example, a bad policy based on inaccurate information might be one that states "all heroin users are incapable of rational decision making so they need extended structured residential treatment dictated by treatment professionals."). Good policy looks at the whole relationship of the individual to drug(s) use: the individual's history, physiology, the context of use, the particular drug and how it's being used plus the desired outcome or goals of the individual. In other words, all decisions regarding treatment options must be individualized and personalized. So good policy might say, "Since you have a family who cares, a desire to stop using heroin and work you enjoy, what do *you* think would be useful to help you stay stopped?" And if I felt that as a professional I wanted to share my thoughts with this client, I would merely ask to do so: "I wonder if I could share some of my ideas for treatment possibilities that I think could help you make this decision?" Most people are more than happy to hear our opinions; they simply want to be respected for having their own as well. Therefore, to extend our developing definition of harm reduction and to counter Myth #2, we harm reductionists would all say that respecting the opinions and choices (including the choice to be abstinent) of the individual seeking help is always the most important aspect of harm reduction theory and practice.

Myth #3: Harm reduction is just giving people permission to use.

OK, this is the Big One. And the smart-aleck response from me is this: personally, never *ever* in 20 years of using various drugs did I ask *anybody* for permission to use *anything*, so this statement is completely meaningless. And that's the truth. Whenever I've asked other former or current users – or just a regular Joe or Jane - if they've ever asked

permission from someone before they've used a drug of any kind, I've never received an affirmative response. But let me not be a smart aleck and, instead, let's discuss this issue a bit further, as I do think it's an important point.

This idea of "giving permission" implies that I somehow *can* give permission to another person. But as a human being, I can neither give nor take permission from another human being. First of all, it's simply not literally possible: how would I do such a thing? I might believe that I have such power in some way but, in reality, that is a sham. Now what I might have is *leverage*, which is different. The difference is this: *power* implies that I, through my own desires, can make you do something. *Leverage* means that I can threaten or cajole you into something, such as making a change. Very different. For instance, to use an example in the context of the criminal justice system, I can send people to jail, or back to jail, or away from their families, but how can I be sure that they will show up at jail as opposed to running off or, on another note, how could I really make sure they never used drugs again? I can't be with them all the time, and drug tests only tell me what someone *might* have done (past tense) not what they're doing right now, so that's not really a helpful measurement in this case. Leverage goes only so far even in a coercive system such as criminal justice.

What that means is that there must be some buy-in from the users, some agreement on their part in order for them to go to get help, right? Harm reduction approaches have actually been shown to increase the motivation toward change (including towards abstinence) for users, often even more than traditional treatment approaches, in part through the addition of that personal buy-in [Editor's note: see the book Motivational Interviewing, 2nd Edition (Miller and Rollnick, The Guilford Press) for more on this phenomena]. Isn't that remarkable? And you know, when left with the choice to be

abstinent or moderate in their drinking, most people eventually seem to decide to be abstinent – on their own. Colleagues and I have compared notes, and we find that clients often say that abstinence is just easier than trying to moderate and keep track of your drinks, or that it isn't nearly as much fun if you can't get drunk (yes, responsible drinking means not getting drunk – ever!). In general, we see that people naturally want to be healthier; it's just that we're so darned hard-wired not to like change that we try to avoid it sometimes even when we really know it's what's best. And by the way, that's not denying the need for change – or being in denial - that's just being human!

So, in shattering Myth #3, we include in our growing definition of harm reduction the fact that, far from giving people permission to use, harm reductionists help uncover the internal motivations in people and support their natural instinct towards healthier, and even abstinent, behavior. This includes exploring the motivations of people's behavior through posing some challenging questions and using artful reflections to help people come to terms with the discrepancies in the realities of their lives – not in a harsh way but in an honest way: how is their current behavior(s) helping or hindering them from getting the goals they want in life?

Myth#4: You can't mix harm reduction and abstinence goals in treatment/harm reduction means that anything goes.

I thought I would combine these last two as I think they are related. First of all, I've often heard that we can't mix goals in treatment: clients who want to abstain will be triggered by those who do not or who are under-the-influence in the meeting. I've also heard consistently that there are liability issues for agencies, which is why they don't allow anyone who is under the influence of drugs to be on the premises, client or not.

Realistically, if you walk into almost any 12-Step meeting at anytime, you're likely to sit next to someone who is under the influence of some drug, including alcohol. And, amazingly, no one tells them to leave, and no one gets upset that they're being "triggered," in spite of the abstinence-only message many receive in 12-Step meetings. In fact, members are often the kindest to those who come to meetings under the influence (perhaps we're reminded of where we came from - and where we could be again?). Sometimes the secretary of the meeting will suggest – *not insist* – that this person might just want to listen at that day's meeting instead of speaking but, mostly, that person would simply be invited to "Keep Coming Back!"

As for the oft-repeated statement that harm reduction means "anything goes," that there is no structure to harm reduction-based treatment, I offer the following thoughts. Harm reduction psychotherapy is a complicated combination of accurate education, different therapeutic models, medications, skill building, nutrition, support from family and concerned others, and more. It is as comprehensive a treatment as any I know. Again, it is a long-held myth than harm reduction simply means the client does whatever they want, with no consequence. No harm reductionist would want someone to drive a car under the influence of a drug that could impair the ability to safely navigate a road. But we might advocate for treatment over jail time. We always hold people responsible for their actions. In fact, that is the very point: we harm reductionists don't care as much about what or how someone uses a drug as we care about how you behave under its influence. So, far from being an "anything goes" policy or treatment approach, harm reduction is the gold-standard for holding people accountable. So, what does this look like in an agency setting?

Good question. As harm reduction is all about *reducing* harm not increasing it, we agree that facilities, agencies, workers and policy makers need guidelines - just not as many as we all may think we need. Guidelines - safety tenets, rules, whatever you may call them – aren't reasons for unilateral prohibitions such as discharging clients who use drugs or engage in other behaviors that led them to treatment. Let's say that again: we should not discharge clients *for exhibiting the very behavior(s) for which they are in treatment*! Substance abuse and/or dependence is a mental health condition; it's found in the DSM-IV-TR, the guidebook for mental health conditions and substance use disorders. So how has it happened that substance use disorders get viewed differently from other disorders or medical conditions? How is it that treatment for this set of illnesses – substance use disorders - does not allow people to show any visible *signs* of their illness (using drugs, resisting treatment options, ambivalence about making changes, yelling at staff, etc.) if they want to get treatment? Think about it: if you were having heart problems and you came to the emergency room in the midst of a heart attack, would someone suggest that you needed to just stop and "come back when you're really ready to stop having heart attacks and take this seriously," which might include giving up your job, your home, your family, and more in order to just *get help* , because we're not even talking about solving the problem here yet. Furthermore, once individuals do decide to enter treatment of some kind and change their relationship to drugs, if their symptoms return, why is it that, instead of looking at the treatment as possibly being ineffective, we instead so often first blame and punish the 'patients/clients' by discharging them, withholding treatments, punishing them, or labeling them as "resistant," "antisocial/borderline," "in denial" or worse? And more importantly, how is this *not* completely unethical behavior on our part?

So, to integrate these concepts into our definition, we can see that, far from a philosophy of "anything goes," harm reduction is dedicated to treating an individual regardless of where on the spectrum of use (or change) that person is and does not withhold treatment based on some fixed and predetermined judgment having nothing to do with the unique circumstances of that individual. The final piece of our harm reduction definition, then, involves an ethical and compassionate acceptance of the whole person combined with a collaborative approach whose goal is to help individuals improve their lives, however they would define that, one step at a time.

Ultimately, our discussion of definitions and myths comes down to beliefs. Terence Gorski, in his booklet *Mistaken Beliefs*[7], defines mistaken beliefs as things that people believe to be true and therefore act as if they are when in fact, the beliefs are false. He says that acting as if these beliefs are true is likely to cause problems to an individual user and, therefore, is to be guarded against, especially in early recovery. I believe that we, as members of our profession, have been acting as if these mistaken beliefs about harm reduction - the myths we've been discussing - are true rather than challenging them by seeking out accurate information. In 12-Step language, I could say we have been "looking at the differences rather than the similarities," which any 12-Stepper knows is not what 12-Step advocates. And, bottom line, the health of people with addictions is far too important to continue acting out these differences amongst ourselves or on our clients. So I'm going to stop here with a saying that I find bridges these worlds of 12-Step and harm reduction – again, mistakenly seen as opposite ideas all too often - and one on which I believe we can all agree: "Recovery is any positive change," and we all want to help people make positive changes in their lives. What I think I love most about this phrase is that it was first spoken, not by my harm reductionist friend and colleague Dan Bigg (Chicago Recovery Alliance) as I had once thought, but rather by a 12-Step loving, regular meeting-

attending, heroin-using gentle man named John Szyler, aka "Division Street." John died of an overdose in May 1996 but not before giving us these few extraordinary words: "Recovery is any positive change." I hope his legacy will be to not be known only as a drug user, but rather as a visionary who happened to use drugs sometimes, who helped us come together as professionals and concerned others who care deeply about our fellow humans who may also be drug users; and also as someone who aided us in our desire to stop letting these "outside issues," as AA might call this feud, interfere with what our hearts all know is true: *that all lives are indeed worth saving*, and that *any positive change* is the way to do it. Lastly, perhaps this conversation, rather than controversy and debate, could continue if we were to take to heart this quote from Johann Wolfgang von Goethe, the German writer and philosopher: *"Treat people as if they are what they can be, and you help them to become who they're capable of being."* And that is my definition of harm reduction.

Update: I am writing this in late September 2020, a new of unbelievable and sometimes frightening events: through the Black Lives Matter (BLM) movement and others, our country is struggling to come to better understand the lasting effects of slavery and its subsequent racial injustice through the police killings of too many Black men and women; with the COVID-19 pandemic came an economic crisis that has crippled many countries including numerous business here in the US, particularly small businesses. At the same time some business have soared: Amazon, Zoom, various video game makers, and more have reported skyrocketing profits and growth while such longstanding companies such as Neiman Marcus, JCPenney, and Lucky's filed for bankruptcy – and far too many restaurants struggle or close. Additionally, we continue to reckon with #MeToo and an opiate overdose rate which has killed tens of thousands and left many chronic pain patients without access to life-saving medicines. Finally, here out West we have been living through apocalyptic forest fires which made the air quality in 3 major cities – Seattle, Portland, and San Francisco - the worst in the world. The only devastating major event we seem to

be missing here in California is an earthquake, and many of us wonder when that will come. It has been quite a year and we have yet to get through a contentious presidential election soon. Sigh.

One thing I left out of my book was my longstanding definition of recovery so I am adding it here: mindfulness+connectedness+inner growth. This was developed by a group of Kaiser patients in the mid-1990's when I ran their Relapse Treatment Track program. We came to this definition through a group that evening trying to come up with a good definition so we could better define relapse. What happened was pretty remarkable: we discovered that the best definition we had on the board that night had absolutely nothing to do with drug use. Wow. What's more fascinating to me is that our own government agency, SAMHSA, came up with that same discovery a decade or so later. Here's their definition as of 2012: *"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."*[8]There are also "10 Guiding Principles" in SAMHSA's pamphlet on recovery. For us that night, we boiled those down essentially to our 3 goalposts: mindfulness meaning pay attention to what you're doing: who are you with, what are you doing, what's guiding your decisions right now? Connectedness was both vertical and horizontal. Vertical connection refers to our bodies and minds being connected (it's called a neck). It could also mean being connecting to something outside of ourselves – God, Yahweh, Allah, Buddha, the Great Spirit and more - or further into ourselves as some believe that's where the divine lives. Horizontal connection meant being connected to others: people, nature, animals, the World. Finally, inner growth was our way of expressing the idea that humans need to be changing constantly: learning, growing, in some way; not necessarily formal education but challenging ourselves to find purpose in our lives and seek to be more that we are right now. Mindfulness+Connectedness+Inner Growth = Recovery. And there you have it.

1. *Alcoholics Anonymous*, 3rd Edition (1976). AAWS. ↑

2. Narcotics Anonymous, 6th Edition (2008), NAWS, Chatsworth, CA. p3. ↑

3. Denning, P. *Practicing Harm Reduction Psychotherapy*. (2002) The Guilford Press. ↑

4. See "The Continuum of Alcohol and other Drug Use" chart by Jeannie Little, Director, Harm Reduction Therapy Center, in the Appendix. ↑

5. From Alcoholics Anonymous, 4th Edition, (2008) AAWS. Online version. p. 60. ↑

6. Marlatt, G.A. & Gordon, J.M. *Relapse Prevention*. (1985). The Guilford Press. ↑

7. Gorski, T. & Miller, M. *Mistaken Beliefs*. (1988) Herald House Publishing. ↑

8. https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf. Accessed 9.18.2020. ↑

About the Blogger

Dee-Dee Stout holds a Master's degree in Health Counseling from San Francisco State University, a program that she designed herself to meet her educational needs. She also holds a Bachelor's degree in Psychology with a minor in Human Sexuality from the same University.

Dee-Dee is a California Certified Alcohol and Drug Counselor, Level II (CADC-II) and holds international reciprocity as well (ICADC). She is also part of the international Motivational Interviewing Network of Trainers (MINT; for more, see www.motivationalinterview.org). Dee-Dee has done extensive training in the field of substance use disorders/problems and behavior change with such experts as Drs. William Miller & Steve Rollnick (Motivational Interviewing), Drs. Scott D. Miller & Barry Duncan (The Heroic Client: Becoming Client-Centered and Outcome-Oriented; The Heart and Soul of Change), Jane Peller, LCSW & John Walter, LCSW (Recreating Brief Therapy), Dr. Patt Denning (Practicing Harm Reduction Psychotherapy), and the late Dr. G. Alan Marlatt (Harm Reduction; Mindfulness-Based Relapse Prevention) among many others.

Dee-Dee is Adjunct Faculty at Holy Names University in Oakland, CA, and was a longtime member of the faculty at City College of San Francisco, San Francisco State University, and California State University, Monterey Bay where she developed hybrid classes in "Drugs, Society and Public Policy" as well as "Substance Use Disorders." She has developed curriculum for the Northern California Training Academy at UC Davis as well as for both UC Berkeley and CSU East Bay Extensions in their respective CCAPP certificate programs.

Dee-Dee has worked in numerous treatment settings: therapeutic community (TC), social model, and medical-model settings in a variety of treatment levels for those with substance use disorders/other mental health challenges – both for individual clients and for their family/concerned significant others. Her past accomplishments in treatment include developing exercise programs; forming a relapse prevention treatment program for a large HMO; starting a family program for a residential social-model treatment program in the East Bay, and bringing trauma-informed treatment to female prisoners and other moms.

Dee-Dee has conducted some 800 presentations and trainings to date – most particularly on Motivational Interviewing - including such subjects as: Anger Management, Families of Substance Users and Abusers, the Stages of Change, Human Sexuality, Nutrition, and more. She is a frequent Bay Area speaker and trainer and has presented at numerous conferences including the International EAP Conference in Vancouver, several Harm Reduction Conferences, the annual Federal Bureau of Prisons Conference, and State of California Department of HealthCare Services Conferences. She has spoken to groups as diverse as EAGALA (equine-assisted therapy) to Cornell University (MI) to the Annual Voice Conference (through UCSF Department of Otolaryngology) in San Francisco. She was even filmed by the Emmy-award winning Showtime series "Penn & Teller's Bullshit!" and is often interviewed for comments for radio and in press on treatment. She can be seen in the recent film "The Business of Recovery." (available at amazon.com)

Dee-Dee has spent time volunteering with the Department of Public Health/Community Behavioral Health Services (CBHS) and the Volunteer Legal Services Program (VLSP) here in San Francisco as well as with various organizations promoting human rights, including queer rights and drug user's rights. Previously, she worked in such areas as marketing & advertising, radio, and taught Suzuki piano for a decade. Most recently she writes a blog for Families for Sensible Drug Policy (FSDP) called "Family Matters/Families Matter" which covers a wide range of issues regarding families, substance use, and drug policy. Her current clinical focus is working with families and individuals who love those who use drugs and to abolish the "tough love" treatment of drug users.

Reach Dee-dee at deedeestoutconsulting@gmail.com or www.deedeestoutconsulting.com

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