

Section 2

How to Get Help for an Alcohol
and Other Drugs Problem

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It is not the knowing that is difficult, but the doing.

-Chinese Proverb

Section Topics

Section 2: How to Get Help for An Alcohol and Other Drugs Problem

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The information in this book is provided for the sole purpose of informing the reader. The information provided in this book is not intended to be a substitute for a healthcare provider's consultaion. Please consult your own physician or appropriate healthcare provider about the applicability of any opinions or recommendations with respect to your own symptoms or medical conditions.

1) How Does Alcohol and Other Drugs Use Progress from Social Use to Dependency?

Dear Dr. Steve:

I don't know what's happened to me. One minute I'm sixteen and drinking three beers to fit in with my new fraternity brothers and fifteen years later, my drinking and drugging is out of control. It doesn't seem real. This isn't how it was suppose to be. I was a golden boy. I was going places. But I'm thirty-two now and my life is falling apart. I just lost my driver's license for three years thanks to my third DWI. A few months ago I lost yet another job. I can't fool myself anymore. It was because of my drinking and drugging. I came in late, left early, or didn't come in at all. Most of the time I was either too hung over to focus, or too preoccupied trying to figure out when and how to get to my dealer. You have no idea what it takes juggling the logistics of it all—keeping up with the lies, juggling the money, the meaningless affairs, and living with the fear of being found out. I feel like I'm thirty-two going on sixty. My nose is burned out from coke. My stomach has begun rotting out from booze. My mind is so fried from the binging and running and wheeling and dealing.

As for my home life, we're broke, thanks to me. My wife looks at me with disgust and pity. Her contempt for me grows daily. The

lies and cheating and drugging and money problems have us so buried that it will take years for us to put things back together—that is if she even stays with me. As I said, I don't know how things wound up like this. One day I was a party boy and seemingly the next day I'm an addict. It's all a blur to me now but I know I didn't intend for things to wind up like this.

Nobody starts to drink and drug with the intention of becoming addicted. Unfortunately, for a percentage of people who begin to drink and drug recreationally, a combination of biological, psychological, and social factors affect the progression from recreational use to abuse and/or dependency.

Although considerable effort has been aimed at understanding how one becomes an alcoholic and/or drug addict, no conclusive answer has been found that applies to all persons and circumstances. Chemical dependency is complex and multi-faceted. The most widely embraced model for understanding and treating chemical dependency is what is known as a bio-psycho-social-spiritual model. What this means is that there is no single factor that makes a person an alcoholic or addict. Rather, there are biological, psychological, social, and spiritual factors that contribute to an individual's initiation and continuation of alcohol and other drug use.

Most people initially use alcohol and other drugs with the intention of using only occasionally or for specific purposes—and many are able to maintain that practice. Experimental use usually occurs during the adolescent

years. Typically an adolescent begins experimenting with tobacco, alcohol, and/or marijuana. During this period, the use of drugs is intermittent. While experimenting with alcohol and other drugs, the adolescent may not experience any adverse consequences. As their experimentation continues, they may begin using other drugs as well.

However, some people's use of alcohol and other drugs progresses from experimental to abusing alcohol and other drugs and, for some, dependency on their drug(s) of choice. The transition from experimental use to abuse and dependency varies from individual to individual. Biological, physiological, psychological, or social factors influence the timeline significantly. The pharmacological effect of certain drugs can accelerate physical and/or psychological dependence. For example, tolerance and withdrawal (symptoms of physical dependence) develop more quickly with heroin than many other drugs. Many addicts have expressed surprise at how quickly they became psychologically dependent on crack cocaine. Other factors, such as age and gender, can affect the metabolism of alcohol and other drugs—impacting the progression from abuse to dependency. And certainly the amount and frequency of drug use will have an effect.

The second stage in the process of chemical dependency is problem use or abuse of alcohol and other drugs. In this stage, amount and frequency of use increases. Individuals may find themselves using alone where before they used only in social situations. Intoxication occurs more frequently. In this stage, changes in lifestyle may become more obvious. The individual spends more and more time with using-friends in using activities. They become more distant from non-using friends and family

members. Adverse consequences of using begin to occur. Mood swings may become more predominant. Sleeping patterns change. The individual may experience drastic fluctuations in weight. Problems, whether financial, legal, occupational, or school related, begin to occur. The individual may experience feelings of discomfort, guilt, fear, depression, or shame after the drug's effects wear off.

If use continues, the individual may reach the third stage, dependency. At this stage, one experiences loss of control over their use, increased tolerance for their drug(s) of choice, a greater preoccupation with obtaining and using their drug(s) of choice, and continued use despite experiencing adverse consequences of using.

The stages of use are listed in detail below.

Stage 1: Experimental and Social Use of Alcohol and Other Drugs

Frequency of use: Occasional, perhaps a few times monthly.
Sources of drugs/alcohol: Friends/peers primarily. Youth may use parents' alcohol or licit/illicit drugs

Reasons for use:

To satisfy curiosity	To appear grown up
To acquiesce to peer pressure	To relieve boredom
To obtain social acceptance	To defy parental limits
To take a risk or seek a thrill	
To produce pleasurable feelings	
To diminish inhibition in social situations.	

Effects:

At this stage the person will experience euphoria and return to a normal state after using. A small amount may cause intoxication. Feelings sought include: Fun, excitement, thrill, belonging, control

Behavioral indicators:

Little noticeable change
Some may lie about use or whereabouts
Some may experience moderate hangovers

Occasionally, there is evidence of use, such as a beer can or marijuana joint

Stage 2: Alcohol and other Drug Abuse

Frequency of use: Regular; may use several times per week. May begin using during the day. May use alone rather than with friends.

Sources of drugs/alcohol: Friends; begins buying enough to be prepared. May sell drugs to keep a supply for personal use. May begin stealing money to buy drugs/alcohol.

Reasons for use:

To manipulate emotions

To experience the pleasure the substances produce

To cope with stress and uncomfortable feelings such as pain, guilt, anxiety, and sadness

To overcome feelings of inadequacy

Persons who progress to this stage of drug/alcohol involvement often experience depression or other uncomfortable feelings when not using. Substances are used to stay high or at least maintain normal feelings.

Effects: Euphoria is the desired feeling; may return to a normal state following use or may experience pain, depression and general discomfort. Intoxication begins to occur regularly, however.

Feelings sought include: Pleasure, relief from negative feelings, such as boredom and anxiety, stress reduction

May begin to feel some guilt, fear, and shame.

May have suicidal ideations/attempts. Tries to control use, but is unsuccessful. Feels shame and guilt. More of a substance is needed to produce the same effect.

Behavioral indicators:

School or work performance and attendance may decline

Mood swings

Changes in personality

Lying and conning

Change in friendships - will have drug-using friends

Decrease in extra-curricular activities

Begins adopting drug culture appearance (clothing, grooming, hairstyles, jewelry)

Conflict with family members may be exacerbated

Behavior may be more rebellious

All interest is focused on procuring and using drugs/alcohol

Stage 3: Alcohol and other Drug Dependency/ Addiction

Frequency of use: Daily use, continuous. (May be periodic/episodic)

Sources of drugs/alcohol: Will use any means necessary to obtain and secure needed drugs/alcohol; will take serious risks, including engaging in criminal behavior.

Reasons for use:

Drugs/alcohol are needed to avoid pain and depression

Many wish to escape the realities of daily living

Use is out of control

Effects:

Person's normal state is pain or discomfort

Drugs/alcohol help them feel normal; when the effects wear off, they again feel pain

They are unlikely to experience euphoria at this stage

They may experience suicidal thoughts or attempts

They often feel guilt, shame, and remorse

They may experience blackouts

They may experience changing emotions, such as depression, aggression, irritation, and apathy

Behavioral indicators:

Physical deterioration includes weight loss, health problems

Appearance is poor

May experience memory loss, flashbacks, paranoia, volatile mood swings, and other mental problems

Likely to drop out or be expelled from school or lose jobs

Possible overdoses

Lack of concern about being caught—focused only on procuring and using drugs/alcohol

Take advantage of your honesty and get help. Contact a qualified healthcare provider so that you can be properly evaluated. Go to Alcoholics Anonymous or Narcotics Anonymous. See pages 212-213 for contact information.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional

and spiritual development.

- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Contact a qualified healthcare provider.
- 4) Contact your local chapter of Alcoholics Anonymous or Narcotics Anonymous.
- 5) Read as much as you can about the disease of alcoholism and Recovery.
- 6) Meet as many people as you can at Alcoholics Anonymous or Narcotics Anonymous meeting.
- 7) Integrate the Twelve Steps of Alcoholics Anonymous or Narcotics Anonymous into your life.

G.B.U.
Steve

2) The Progression of Chemical Dependency: The Three Stages of Alcoholism and Drug Addiction

Dear Dr. Steve:

My husband has been drinking off and on for 10 years yet doesn't think he has a problem. He tells me he can quit any time, and, to his credit, he often does quit for short periods of time. However, I notice that when he quits drinking, his marijuana use increases. I can't seem to get through to him. Any time I

try to talk to him about it he tells me to get off his back, that this is America and he'll do whatever he wants. He insists he doesn't have a problem—that I'm the one with the problem. Then he starts comparing how little he drinks compared to how much my father drinks, which leaves me speechless. He points out that he's held the same job for the last eleven years, pays all the bills on time, and never lets me forget that he does all the work around the house. Does my husband have a problem with alcohol? Should I be concerned about how much of our lives seem to be consumed by his drinking, our lying to others and ourselves about his drinking, our fighting about his drinking, and our ignoring each other because of his drinking?

Yes, you should be concerned. Your letter raises plenty of red flags about your husband's relationship with alcohol and other drugs. His rationalizations about his use of alcohol and other drugs are a red flag as well. It's very common for somebody who is in denial about their alcohol and other drug use to lament that they can't be an alcoholic because...

- I am functioning in my day-to-day life and alcoholics are hungry, homeless, and desperate.
- I have a job and alcoholics can't hold jobs.
- I have a family and an alcoholic loses his family.
- I'm healthy and alcoholics have cirrhosis of the liver.
- I only drink beer and alcoholics drink hard liquor.

- I never drink before dinner-time and alcoholics drink from sunrise to sunset.
- I only drink on weekends and alcoholics drink 24/7.
- I can quit any time I want. Alcoholics can't quit at all.

And so the refrain goes, a person convinces themselves of what they're not because of the misconceptions they have of who a person is that abuses and becomes dependent on alcohol and other drugs. But the truth is that alcohol and other drug abusers come from all walks of life—the rich and the famous, the down and outers, the very intelligent and the not-so-smart, those who are kind and those who are mean and miserable.

Chemical dependency has nothing to do with what one drinks, how much one drinks, when one drinks, when one doesn't drink, what kind of job one has, how much one's family may or may not love them. Chemical dependency is an equal opportunity disease. One aspect of the diseases of alcoholism and drug addiction is that they are progressive diseases. This means that there is a beginning, middle, and final stage. Anyone can diagnose somebody who is in the final stage of alcoholism and/or drug addiction. The person has been all but ruined emotionally, financially, and spiritually. But there is an early and a middle stage of alcoholism and drug addiction that are not as obvious. Symptoms of each stage are listed below.

Early stages: Social Drinking

Drinking to calm nerves.
 Increase in alcohol tolerance.
 Desire to continue drinking when others stop.
 Uncomfortable in a situation where alcohol is absent.

Relief when drinking commences.
 Occasional memory lapses after heavy drinking.
 Preoccupation with alcohol (thinking about the next drink).
 Secret irritation when their drinking is discussed.

Middle stage: Loss of Control Phase

Rationalization Begins.
 Lying about drinking.
 Increasing frequency of relief drinking.
 Hiding drinking and/or sneaking drinks.
 Increasing dependence on alcohol.
 Drinking bolstered with excuses.
 Feeling guilty about drinking.
 Increased memory blackouts.
 Tremors and early morning drinks.
 Promises and resolutions fail repeatedly.
 Complete dishonesty.
 Grandiose and aggressive behavior.
 Loss of other interests.
 Unable to discuss problems.
 Family, work, and money problems.
 Neglect of food/controlled drinking fails.
 Family and friends avoided.
 Drinking alone and secretly.
 Possible job loss.

Late Stage: The person now thinks that

Responsibilities interfere with their drinking
 Radical deterioration of family relationships.
 Unreasonable resentments.
 Physical and moral deterioration.
 Loss of "will power"
 Onset of lengthy drunks.
 Urgent need for morning drinks.
 Geographical escape attempted.
 Persistent remorse.
 Impaired thinking and memory loss.
 Loss of family.
 Decrease in alcohol tolerance.
 Successive lengthy drunks.
 Medical and/or psychiatric hospitalizations.
 Indefinable fears.
 Unable to initiate action.

Extreme indecisiveness.
 Unable to work.
 Obsession with drinking.
 All alibis exhausted.
 Complete abandonment: "I don't care."

The point of this symptom checklist is that people who suffer from the disease of chemical dependency don't start deteriorating until they reach the final stage of their disease. Until that point in the progression of the disease there are other signs and symptoms that are less obvious and harder to detect. However, one can be chemically dependent based upon the presence of these less obvious symptoms.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Chemical dependency is a disease.
- 4) Denial prevents an individual from acknowledging that they have the disease.
- 5) These are progressive diseases that have a beginning stage, middle stage, and a late stage.
- 6) Each stage has identifiable symptoms.
- 7) An individual can get help before their disease pro-

gressives to the late stages.

G.B.U.
Steve

3) Is Chemical Dependency a Disease or the End Result of a Lack of Willpower, Weak Character, Moral Depravity, or a Personality Trait?

*D*ear Dr. Steve:

I've just returned from my local library where a guest speaker discussed alcoholism. I want to learn more about alcoholism because I believe my father has a drinking problem. But I left the lecture more confused than ever. What I don't understand is that this speaker kept referring to alcoholism as a disease. How is that possible? My father doesn't look sick. I for one believe that anybody can quit drinking if they really put their mind to it. Isn't calling alcoholism a disease really just making an excuse for somebody who should know better but just keeps drinking anyway?

I understand your confusion! Many people believe that the abuse of and/or the dependency on alcohol and other drugs can best be explained by a deficit in one's conscious self-will or self-control rather than being a symptom of a disease. To these people, abuse of and/or dependency on alcohol and other drugs is a function of someone not exerting their will strongly enough or not using enough self-control in order to cut down on the

frequency and/or amount that they drink and drug.

Still others believe the abuse of and/or dependency on alcohol and other drugs is caused by moral depravity. To these people, one's moral fiber is the determinant cause for the abuse of and/or dependency on drugs and alcohol. Therefore, people abuse and/or are dependent on alcohol and other drugs because they are fundamentally a morally depraved or bad person.

Others believe that abuse of and/or dependency on alcohol and other drugs is caused by the diminished quality of and/or the deficiencies in one's character. To these people, abuse of and/or dependency on alcohol and other drugs occurs because the person is weak. Because one's character is fundamentally weak, they lack the backbone or intestinal fortitude to just say no to one more drink.

Finally, there's the idea that people abuse and/or are dependent on alcohol and other drugs because they have addictive personalities. This theory is just what it sounds like—a type of personality exists that is the root cause as to why a person with that type of personality abuses and/or is dependent on drugs and alcohol.

None of these adequately explains nor describes what chemical dependency is. So let me explain to you what is meant by the fact that chemical dependency is a disease. For the purposes of this discussion I will use the phrase chemical dependency to refer to both alcoholism and drug addiction.

People abuse and/or are dependent on alcohol and other drugs because they have a disease. There are identifiable symptoms of this disease. At least four of the symptoms of the disease of chemical dependency explain

why an individual abuses and/or becomes dependent on drugs and alcohol:

- 1) Craving—A strong need or compulsion to ingest a mood altering substance.
- 2) Impaired control—The inability to limit one's ingestion of a mood altering substance on any given occasion.
- 3) Physical dependence—Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, when their drug(s) of choice are stopped after a period of heavy using.
- 4) Tolerance—The need for increasing amounts of one's drug of choice in order to feel its effects.

When I say that chemical dependency is a disease, I mean that chemical dependency is a *primary, progressive, chronic, relapsing, and potentially fatal* disease of the mind, body, and soul.

When I say that chemical dependency is a primary disease I mean that it is not caused by any other disease or condition, physical or psychological condition, deficiency of character, lack of willpower or self-control, type of personality, or moral depravity. Chemical dependency is simply a disease in and of itself.

When I say that chemical dependency is a progressive disease, I mean that it gets worse over time if left untreated and unmanaged. Even if an individual maintains long-term abstinence from their drug of choice, because chemical dependency is a progressive disease, if an individual were to relapse, they would quickly start consuming alcohol and other drugs in the same amount and frequency as if they had been drinking and drugging all along.

When I say that chemical dependency is a chronic dis-

ease, I mean that it is long-term by nature. Once an individual is chemically dependent, that individual will always be chemically dependent.

When I say that chemical dependency is a relapsing disease, I mean that this disease is characterized by a vulnerability to relapse. Because it is chronic in nature, no matter the period of time that the disease of chemical dependency is treated and managed, the chemically dependent individual will always be vulnerable to relapse—returning to drinking and drugging in an out of control manner.

When I say that chemical dependency is a fatal disease, I mean that chemical dependency can be and is often times deadly. Chemical dependency can cause death by damaging one's vital organs such as heart, kidneys, and liver. Chemical dependency can also be fatal when it is associated with overdose, suicide, and accidental deaths.

To say that an individual who is chemically dependent has a disease is NOT making excuses for them. An individual who is chemically dependent is no more to blame or to be held responsible for having their disease than is an individual who has diabetes or asthma.

Having said that no one should be blamed or held responsible for having developed the disease of chemical dependency, let me be perfectly clear, every person who has the disease of chemical dependency, should be held accountable for the treatment and long-term management of their disease!

You know the old saying, *Knowledge is power*. Don't let your confusion discourage you from learning as much as you can about chemical dependency. The more information you have, the more able you will be to take care

of yourself. Don't be intimidated by what you don't understand. Do your best to have your questions clarified as you have done here. Finally, don't feel compelled to believe everything you're told. Your independent thinking is the most important quality you have going for you!

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Chemical dependency is a disease.
- 4) The disease is primary, chronic, progressive, prone to relapse, and potentially fatal.
- 5) No one should be blamed, judged, or held responsible for the fact that they have the disease.
- 6) Because the disease is treatable and manageable, every person should be held accountable for the treatment and management of their disease.
- 7) There are professionals in your community trained to evaluate the seriousness of one's alcohol and other drugs problem.
- 8) There are professionals in your community trained to evaluate the impact of alcohol and other drugs use on the family members of the user.
- 9) There are support groups in your area for people

who use and abuse alcohol and other drugs as well as support groups for people who are impacted by those who use and abuse alcohol and other drugs.

G.B.U.
Steve

4) What to Do Once You Admit That You Have a Problem With Alcohol and Other Drugs

Dear Dr. Steve:

I need your help. I've never spoken to anybody about this before. I've reached the bottom of a very deep hole. I'm beginning to think that I was not made for alcohol, or drugs, for that matter. I have plenty of hard evidence—five tiresome years of pain, resentment, self-pity, missed opportunities, failed loves, barroom fights, and self-hatred.

It's like alcohol and drugs and me are complete enemies. I've lost so many fights trying to quit using I can't remember them all. Looking back, I think I always knew I had a problem with alcohol, but you couldn't have convinced me that reefer and coke were more than a passing fancy. But every time I tried to quit drinking, I would do more blow and reefer. Then I'd promise myself that I would quit and, boom, the drinking would get out of control. I want to give it all up—alcohol, reefer, marijuana, pills, all of it. I cannot take it anymore. I surrender.

I'm tired of crying, tired of promising myself things that won't work, tired of shedding tears and losing new opportunities in the process. How can I stick to my resolve? I've tried quitting by myself. It never lasts long. I tell myself that it's in my best interests to quit. But then a week later I'm right back to drinking and drugging and brawling. I'm tired of lying to myself. I'm tired of this life. For the past five years it's weighed me down. I want to get on with my life. But after so many failed attempts at quitting, what reason is there for me to believe that this time will be any different? Where do I start?

Chemical dependency is a primary, chronic, progressive, and potentially fatal disease that is prone to relapse. The sooner you seek help, the greater your chances for a long-term recovery.

Believe it or not, you're already over the most difficult hurdle—admitting to yourself and others that you need help. Having taken this step, know that there's a community of qualified healthcare providers who can assess the extent of your problems with alcohol and other drugs, evaluate your psychological and physical condition, medically supervise your early days of abstinence, teach you how to remain abstinent from all mood altering substances, support you in your efforts to create a sober lifestyle, and help you repair and rebuild the many burned bridges with the people in your life.

Make an appointment with a qualified healthcare provider. Up to this point you've been reluctant to talk to

anyone about your problem with alcohol and other drugs. This reluctance likely stems from feeling ashamed or embarrassed about needing help in general and more specifically, admitting to another person that you have a problem with alcohol and other drugs. Perhaps some of your judgments about alcoholism and alcoholics have prevented you from admitting to yourself and others the extent of your problem with alcohol. Consequently, you may believe that admitting you have a problem with alcohol and other drugs is admitting that you have a shameful character defect or are morally flawed. However, the truth is that alcoholism and drug addiction are diseases that are no more a sign of character weakness or moral depravity than are asthma or diabetes.

A healthcare provider will evaluate the extent of your problem. Your healthcare provider will ask you a number of questions about your alcohol and other drug use. The purpose is to help you evaluate whether:

- 1) Any occupational, interpersonal, familial, financial, legal, emotional, physical, and behavioral problems exist as a result of your drinking and other drug use
- 2) You've been able to stop your use of alcohol and other drugs when adverse consequences occur as a result of using alcohol and other drugs
- 3) You're able to control your use of alcohol and other drugs
- 4) You've developed an increased tolerance to alcohol and other drugs
- 5) You develop withdrawal symptoms when you stop drinking and drugging for any length of time
- 6) You've developed any medical conditions as a

result of your alcohol and other drug use

- 7) There are any co-existing medical conditions unrelated to your drinking and drugging that need to be treated as well.

You need to answer these questions as fully and honestly as you can.

If your healthcare provider concludes that you are dependent on alcohol and other drugs, they will likely encourage you to see a specialist in treating alcoholism and other drug addiction.

Based on your healthcare provider's assessment of the severity of your problem, your treatment could involve several phases. If you're diagnosed with the disease of alcoholism and/or drug addiction, treatment may start with medically supervised detoxification. This entails taking doctor-prescribed medications to ensure a safe withdrawal from alcohol and other drugs.

The goal of a medically supervised detoxification is to make it as medically safe as possible for you to stop taking alcohol and other drugs. Medical detoxification may involve gradually reducing the dose of alcohol and other drugs that you consume or temporarily substituting other substances that have less severe side effects. For some people, it may be safe to undergo medically supervised detoxification on an outpatient basis. Other people may require placement in a hospital or residential treatment center.

Because withdrawal from different categories of drugs produces different symptoms, different approaches are required to treating the presenting withdrawal symptoms. Withdrawing from central nervous depressants may cause symptoms such as restlessness, anxiety, sleep problems,

rapid heartbeat, high blood pressure, low-grade fever, and sweating. More serious symptoms also could include hallucinations, whole-body tremors, seizures, profuse sweating, greatly increased pulse and blood pressure, and vomiting. The most serious stage of withdrawal may include delirium and is potentially life threatening.

Withdrawal from central nervous system stimulants may cause symptoms such as depression, excessive sleepiness, fatigue, headache, irritability, and inability to concentrate. In some cases, symptoms may include suicide attempts, paranoia, and impaired contact with reality (acute psychosis). Treatment during withdrawal may be limited to emotional support from family, friends, and doctors. In some cases, your doctor may recommend medications to treat paranoid psychosis or depression.

Withdrawal from opiates such as heroin, morphine, or codeine may cause relatively minor to severe side effects. Less severe symptoms may include anxiety and strong cravings for the drug. More severe symptoms may include sleeplessness, acute psychosis, rapid pulse, rapid breathing, high blood pressure, abdominal cramps, vomiting, diarrhea and weakness. Doctors sometimes substitute methadone to reduce the craving for heroin and to gently ease people away from heroin.

Once you've completed your medically supervised detoxification you may begin an integrated program of individual and/or group therapy along with attending Twelve Step support groups such as Alcoholics Anonymous (A.A.) or Narcotics Anonymous (NA). These treatments are usually available in a hospital or residential treatment facility or on an outpatient basis.

Individual or family therapy with a psychologist, psy-

chiatrist, or addiction counselor can help you begin to put the pieces of your life back together. Behavioral therapies can help you develop ways to cope with your alcohol and other drug cravings, strategies to avoid alcohol and other drugs, and prevent relapse. Therapy also can involve you talking about your job, legal problems, and relationships with family and friends.

Long-term, once you've finished treatment, you will continue to attend Twelve Step meetings, work with a sponsor, work the Twelve Steps, and perhaps continue working with a qualified psychotherapist.

You've taken a big first step in reaching out to me. Don't stop here. Find a qualified healthcare provider in your community that can serve as your guide to answer your questions, support you through the difficult times, and help you maintain your abstinence from alcohol and other drugs. I wish you the best of good fortune.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Make an appointment with a qualified healthcare provider.

- 4) Make a plan for how to achieve and maintain abstinence from all mood-altering substances with a qualified healthcare provider.
- 5) Undergo a medically supervised detoxification from your drug(s) of choice.
- 6) Find out when and where Alcoholics Anonymous and/or Narcotics Anonymous meetings take place in your community.
- 7) Learn as much as you can about chemical dependency and the process of Recovery.

G.B.U.

Steve

5) What is Medically Supervised Detoxification?

Dear Dr. Steve:

Would you please explain what supervised medical detoxification is?

Medically supervised detoxification is the first step in the treatment process. Its purpose is to alleviate the short-term physical and psychological symptoms associated with withdrawal.

Medical detoxification is necessary because most, but not all, mood-altering substances have characteristic withdrawal syndromes. These withdrawal syndromes may become present when an individual discontinues their chronic consumption of large quantities of alcohol and other drugs. Because of potential medical complications caused by discontinuing use of alcohol and other drugs, a chronic heavy consumer of alcohol and other drugs

should seek the assistance of a qualified doctor to medically manage their withdrawal from their drug(s) of choice. Supervised detoxification is the process of monitoring and managing the onset of alcohol and other drug withdrawal symptoms. Through the use of medications a doctor is able to moderate and eventually eliminate withdrawal symptoms.

Symptoms of withdrawal can range from flu like symptoms such as getting hot, sweaty and flushed, and developing nausea with or without vomiting, to experiencing tremulousness, seizures, and hallucinations. There are many variables that impact how severe an individual's symptoms might become. For this reason, it is best to first consult a doctor to be evaluated and monitored over the course of the first 4-6 days that an individual is attempting abstinence.

The goals of supervised detoxification are: (1) elimination of medically dangerous withdrawal symptoms, (2) reduction of the physical discomfort associated with withdrawal, 3) medically managing any co-existing medical disorders, 4) developing a long-term plan to remain abstinent from all mood-altering substances.

The goals of treatment are to treat the immediate withdrawal symptoms, to prevent complications, and to begin long-term preventive treatment. Immediate treatment involves symptom relief, constant observation, and frequent monitoring of physical functions and condition. Hospitalization is often required. Heart function, respiratory function, and general physical condition are monitored by frequent measurements of vital signs (temperature, pulse, rate of breathing, blood pressure) and fluids and electrolytes (chemicals in the body such as sodium

and potassium).

Symptoms may progress rapidly and become an emergency condition. Central nervous system depressants and sedatives may be required, often in moderately large doses, to reduce symptoms. Treatment may require maintenance of a moderately sedated state for a week or more until withdrawal is complete. Benzodiazepine medications such as diazepam are often useful to reduce symptoms. Clonidine may reduce cardiovascular symptoms and helps reduce anxiety (this medication is commonly used for symptoms of narcotic drug withdrawal).

After successfully undergoing a medically supervised detoxification, there are different choices to consider as how to continue long-term treatment. Those choices are:

- 1) Do nothing more at all and white knuckle it
- 2) Attend Alcoholics Anonymous or Narcotics Anonymous
- 3) Attend Alcoholics Anonymous or Narcotics Anonymous and work with a qualified psychotherapist
- 4) Attend an intensive outpatient treatment program
- 5) Attend an intensive day hospital program
- 6) Attend an intensive inpatient or residential treatment program

For a more detailed explanation of treatment options available to somebody who wants to quit drinking and drugging, read the following column (column 6).

Take advantage of your honesty and get help. Contact a qualified healthcare provider so that you can be properly evaluated. Go to Alcoholics Anonymous or Narcotics Anonymous. See pages 212-213 for contact information.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Contact a qualified healthcare provider.
- 4) Contact your local chapter of Alcoholics Anonymous or Narcotics Anonymous.
- 5) Read as much as you can about the disease of chemical dependency.
- 6) Read as much as you can about Recovery.
- 7) Meet as many people as you can at Alcoholics Anonymous or Narcotics Anonymous meeting.
- 8) Integrate the Twelve Steps of Alcoholics Anonymous or Narcotics Anonymous into your life.

G.B.U.
Steve

6) What Treatment Options are Available to Somebody Who Wants to Stop Consuming Alcohol and Other Drugs?

Dear Steve:

My husband has finally agreed to address what I believe is his drinking problem. Though we disagree on the severity of his problem, we both agree that the time has come to address it. Since it has taken us years to get to this point, I want to make sure that what we do next will be the best decision we can make. I'm not sure what his options are as far as how to best treat his drinking problem. Does he need treatment? If so, what's the best kind of treatment for him? How can we figure out all the variables that go into making such a decision?

You and your husband are to be congratulated! Making the ultimate decision to address whatever issues your husband may have in regards to drinking alcohol is something that occurs over time. I imagine you both have experienced much pain, hurt, anger, betrayal, helplessness, and despair as you ultimately arrived at this decision. Congratulations for sticking it out to the point where the two of you are still working together to address this problem. Let me explain the continuum of care that exists for the standard treatment of alcohol abuse and alcohol dependence. This is to inform you. You should by no means make a decision without first consulting a qualified healthcare provider.

Determining the best match for one's treatment needs should be based on a comprehensive assessment and evaluation. The extent and duration of alcohol and other drugs abuse/dependency will have a bearing on what treatment approach or modality is best suited to provide for your husband's needs. It is not an undertaking that you or your husband should do alone.

Treatment may include any one single option, or a combination of the different treatment options listed below. Let me repeat, to best decide which treatment option(s) are best for your husband, consult a qualified healthcare provider.

Inpatient or Residential Treatment

Who Inpatient or Residential Treatment is For

Inpatient or residential treatment is usually recommended for people who require: 1) intensive support for emotional, psychological, and/or physical stabilization, 2) intensive supervision for medical detoxification, 3) intensive treatment for co-existing medical disorders, 4) a structured environment to insulate the program participant from environmental and circumstantial stressors, 5) intensive psychological interventions to both stabilize the program participant and support the program participant's efforts to fully participate in the treatment program's educational, psychological, and Twelve Step interventions, 6) intensive educational, psychological, and Twelve Step interventions over a long period of time for those people whose earlier attempts to achieve and maintain abstinence have concluded in repeated relapse.

Services Provided by Inpatient or Residential Treatment

Inpatient or residential treatment programs provide a safe, structured, supportive environment in which treatment is provided twenty-four hours a day. Typical services provided by residential treatment programs are: 1) medical supervision of detoxification, 2) medical treatment and oversight of any co-existing medical problems, 3) intensive involvement in the Twelve Step community, 4) individual and group therapy, 5) educational seminars on such topics as stress management, proper nutrition, relapse prevention awareness, grief, anger management, and conflict-resolution, 6) family and couples counseling, 7) recreational therapy, 8) discharge planning, and 9) case-management to ensure that any health, legal, or other social service needs are addressed.

Benefits of a Residential or Inpatient Treatment Program

1) The program participant is taken out of their environment and insulated from the day-to-day stress associated with their environment.

2) The program participant is insulated from any and all distractions so that they can remain focused on their sobriety.

3) Being removed from their environment and surrounded by staff members and other program participants makes it more difficult for the participant to act impulsively and use drugs or drink.

4) The program participant has access to supportive people 24 hours a day, something which could be critical in the early, most vulnerable days of sobriety.

5) The program participant may have access to post-treatment resources of the treatment program.

*Outpatient Treatment**Who Outpatient Treatment is For*

Outpatient treatment is usually recommended for:

- 1) Individuals who do not require intensive emotional, psychological, and/or medical stabilization.
- 2) Individuals who do not require intensive medical oversight.
- 3) Individuals who do not require being removed from their environment to be insulated from environmental and circumstantial stressors.
- 4) Individuals who have not chronically relapsed after previous treatments and/or attempts at sobriety through other programs.
- 5) Individuals who do not require intensive round the clock emotional and psychological support.
- 6) Individuals who are employed or are able to work.
- 7) Individuals who cannot afford to have their life interrupted by long-term hospitalization.
- 8) Individuals who have an intact support system that they have access to during the early vulnerable days of early sobriety.
- 9) Individuals who have limited financial resources or limitations on their insurance coverage.

Outpatient treatment can be used as a:

- 1) Transition from inpatient or residential treatment back into the program participant's community.
- 2) Starting point for treatment after medical detoxification either on an inpatient or outpatient basis.
- 3) Starting point for treatment.

There are three basic types of outpatient, drug-free programs. Traditional outpatient is typically 9 –14 hours

of services per week lasting from 3–6 weeks. Intensive outpatient typically provides services from 9 to 20 hours a week for 2-4 weeks. Partial hospitalization typically provides more than 20 hours per week for 2 weeks.

Services Provided by Outpatient Treatment Programs

The services provided by outpatient programs are similar to those provided by inpatient and residential treatment programs. The main difference would be less focus paid to medical detoxification and treatment for co-existing medical conditions as well as no round the clock availability of emotional support by staff and peers. Otherwise outpatient program services include: 1) individual and group therapy, 2) intensive involvement in the Twelve Step community, 3) educational seminars on such topics as stress management, proper nutrition, relapse prevention awareness, grief, anger management, and conflict-resolution, 4) family and couples counseling, 5) recreational therapy, 6) discharge planning, and 7) case-management to ensure that any health, legal, or other social service needs are addressed.

Benefits of Outpatient Treatment

- 1) The program participant is able to remain in their community and therefore minimize the disruption to their daily life.
- 2) The program participant is able to start their Twelve Step work in the community in which they will be returning once treatment ends.
- 3) The program participant can receive the support of other program participants.

- 4) The program participant has access to professional help to supplement their ongoing sobriety work in their community.
- 5) The program participant has access to post-treatment resources of the treatment program.
- 6) The expense of outpatient treatment is less than the expense of inpatient.

Halfway Houses

Halfway houses vary in terms of their structure, services provided, and rules to be followed. Halfway houses are environments that are free of all mood-altering substances. They are often used as a transitional place to live after completing an inpatient or residential treatment program. Some individuals live in a halfway house while enrolled in an outpatient program. Some individuals live in a halfway house while solely attending self-help meetings. Still others require long term living arrangements in an environment such as a halfway house whose total focus is sobriety and sober living.

Methadone Maintenance and other Drug Replacement Strategies

Some treatment programs rely on drug-replacement interventions to treat opiate dependence rather than abstinence-focused interventions. In these programs, hoped for treatment outcomes may be: 1) reduced drug and alcohol use rather than strict abstinence, 2) reduced criminal behavior, 3) reduced drug-using related health problems, and 4) improved interpersonal and psychological functioning. Medications such as methadone, LAAM,

naltrexone, or buprenorphine are used by these programs. Services such as individual counseling, vocational counseling, housing assistance, and case management are available as a means to improve the individual's quality of life.

Some programs provide pharmacological treatment to augment other treatment protocols that use abstinence as the goal of treatment. Other times, medications are used as an intervention to either develop an aversion to the abused drug (antabuse, for example is used to create an aversion to alcohol) or to diminish drug cravings.

Therapy/Counseling

Therapy provided by a qualified addiction counselor is a treatment option. People who use individual therapy as a treatment modality may have first tried quitting by themselves and not succeeded.

People who use individual therapy as a treatment modality may have first tried quitting on their own and/or tried and been unsuccessful with self-help meetings such as A.A.

People who use individual therapy as a treatment modality may have first completed one of the treatment(s) listed above and are using individual therapy as an after-care treatment.

Many addicts have found therapy following the help they received in a formal treatment program beneficial. Relapse prevention, continued education about the Twelve Steps, learning how to live life clean and sober, exploring feelings, and examining circumstances and behaviors that are set-ups for relapse are the focus of the early phases of individual therapy.

Twelve Step Self-Help Programs

For some individuals, solely attending self-help groups is an effective way to manage the disease of alcoholism and drug addiction. At the same time, traditional treatment programs use self-help groups as part of their treatment protocols. The Twelve Step programs are the most utilized self-help programs, with meetings available around the world daily.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) There is a continuum of care by which an individual can be treated for alcoholism and drug addiction.
- 4) Consult a qualified healthcare provider to help you assess and evaluate the appropriate treatment for you or your family member.
- 5) Learn more about alcoholism and drug addiction.
- 6) Learn more about Recovery and the resources available to you in your community.

G.B.U.

Steve

7) What is the Support Group, Alcoholics Anonymous?

*D*ear Dr. Steve:

I need some advice. I am twenty-seven and live with my sister and her husband. They think I'm an alcoholic. They say that when I drink, I act strange. I stumble around, slur my words, and often embarrass them in front of family and friends. They've given me an ultimatum—either sober up or get out. I've tried to quit in the past without success. I can't afford to move out because I've never been able to hold a job for very long. I don't know whether or not I'm an alcoholic but I know I have to do something about my drinking or else I'll be out on the street. I'm convinced I can't quit drinking by myself so maybe there's my answer. Where do I get help?

Asking for help is the first step towards abstinence and sanity. Although the path ahead of you is long and arduous, you don't have to travel this journey alone. There are self-help support groups in your community that can provide you with what you need most—support, love, wisdom, and tools to help you achieve and maintain long-term abstinence from alcohol and other drugs.

Alcoholics Anonymous (A.A.) is a fellowship of men and women who meet to solve their common problems and help others to recover from alcoholism. The sole focus of A.A. is personal recovery and continued sobriety. A.A.'s aim is to assist alcoholics in becoming and remain-

ing abstinent. The only requirement for membership is a desire to stop drinking.

In its simplest form, the program works by recovering alcoholics sharing their stories of alcohol and other drug abuse, describing their personal journey with getting sober and remaining sober, and inviting newcomers to join A.A.

At meetings people talk about their experiences with alcohol and other drugs, learn from the experiences of others who have struggled with maintaining and sustaining long-term sobriety, develop coping mechanisms to deal with the potential triggers for relapse, and heal from the love and support of those who struggle with many of the same problems.

The foundation of A.A.'s program of recovery is the Twelve Steps and the Twelve Traditions. Integrating the Twelve Steps and Twelve Traditions into every area of one's life is essential for maintaining and sustaining abstinence from all mood-altering substances.

The heart and soul of A.A. are the Twelve Steps:

- 1) We admitted we were powerless over alcohol - that our lives had become unmanageable.
- 2) We came to believe that a Power greater than ourselves could restore us to sanity.
- 3) We made a decision to turn our will and our lives over to the care of God as we understood Him.
- 4) Made a searching and fearless moral inventory of ourselves.
- 5) We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6) We were entirely ready to have God remove all these defects of character.

- 7) We humbly asked Him to remove our shortcomings.
- 8) We made a list of all persons we had harmed, and became willing to make amends to them all.
- 9) We made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10) We continued to take personal inventory and when we were wrong promptly admitted it.
- 11) We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

See pages 212-213 for A.A. contact information.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Contact a qualified healthcare provider.

- 4) Contact your local chapter of Alcoholics Anonymous.
- 5) Read as much as you can about the disease of alcoholism.
- 6) Read as much as you can about what Recovery is.
- 7) Meet as many people as you can at Alcoholics Anonymous meetings.
- 8) Integrate the Twelve Steps of Alcoholics Anonymous into your life.

G.B.U.

Steve

8) What is the Support Group, Narcotics Anonymous?

*D*ear Dr. Steve:

I've used heroin for about six years. Though I wouldn't admit it at the time, I know I was hooked the first time I shot up. Since then my life has steadily spiraled out of control. I've put our family into bankruptcy, maxed out eleven credit cards, stolen things from my parent's house and my wife's parent's house. I've hocked family heirlooms. I put so much time and effort into getting enough money to get more drugs that I haven't held a job for longer than eleven months in the last five years. I've put my wife and daughter through hell. We recently had to sell our house to pay the judgments that are against us from bankruptcy court. But I can't stop. I keep going

out for more. What can I do?

Admitting that you have a problem and asking for help is the first step towards abstinence and sanity for you. Although the path ahead of you is long and arduous, you don't have to travel this journey alone. There are self-help groups in your community that can provide you with what you need most—support, love, wisdom, and the tools necessary for you to achieve and maintain long-term abstinence from all drugs.

The name of these support groups is Narcotics Anonymous (NA). NA is a support group made up of men and women for whom drugs had become a major problem. Recovering addicts meet regularly to help each other maintain and sustain abstinence from all mood-altering substances. Anybody, regardless of the particular drug or combination of drugs they abuse or are dependent on may attend an NA meeting. NA encourages its members to observe complete abstinence from all drugs, including alcohol, even substances other than the individual's drug of choice.

NA was founded on the belief that there is therapeutic value in addicts talking to other addicts about their struggles with drugs. In meetings, members share their personal experiences with abusing and becoming dependent on drugs and the path they have followed to remain abstinent.

The core of the Narcotics Anonymous recovery program is a series of personal activities known as the Twelve Steps, adapted from Alcoholics Anonymous.

- 1) We admitted we were powerless over our addiction, that our lives had become unmanageable.

- 2) We came to believe that a Power greater than ourselves could restore us to sanity.
- 3) We made a decision to turn our will and our lives over to the care of God as we understood Him.
- 4) We made a searching and fearless moral inventory of ourselves.
- 5) We admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.
- 6) We were entirely ready to have God remove all these defects of character.
- 7) We humbly asked Him to remove our shortcomings.
- 8) We made a list of all persons we had harmed, and became willing to make amends to them all.
- 9) We made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10) We continued to take personal inventory and when we were wrong promptly admitted it.
- 11) We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12) Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in our all affairs.

See pages 212-213 for information on how to contact Narcotics Anonymous.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Contact a qualified healthcare provider.
- 4) Contact your local chapter of Narcotics Anonymous.
- 5) Read as much as you can about the disease of chemical dependency.
- 6) Read as much as you can about what Recovery is.
- 7) Meet as many people as you can at Narcotics Anonymous meeting.
- 8) Integrate the Twelve Steps of Narcotic Anonymous into your life.

G.B.U.

Steve

9) What is the Process of Change That Someone Goes Through in Order to Stop Consuming Alcohol and Other Drugs?

*D*ear Dr. Steve:

My husband and I have been at odds for the

last two years over his drug and alcohol use. He recently got his second DUI. This occurred shortly after he was fired from his job for stealing money. We just took out a second mortgage on our house, one we can't afford I might add, to pay off his legal bills for the DUI and the trouble he had with his last job. Whereas my kids once idolized their father, they dread the moment he walks through the front door every night and starts in on them and me. His mood swings are so severe, it seems there's never a moment of peace and quiet when he's around. He steadfastly denies he has a problem, although the evidence to the contrary is unavoidable. If I try to talk to him about his alcohol use, he becomes defensive, changes the subject, and in the end switches the focus to me and my shortcomings. I don't get it, I come from the old school where you pull yourself up by your bootstraps—there's a problem, you see there's a problem, you dig in, roll your sleeves up and start working to fix it. He should just stop drinking. But he's not. What will it take for him to see the light and start changing his ways?

To best answer your question, let me first describe the underlying process people move through to change behaviors. This underlying six-stage process of change was empirically demonstrated by three very gifted researchers, James Prochaska, John Norcross, and Carlo DiClemente, who developed a paradigm to explain how

people change their behaviors. The six stages are: 1) pre-contemplation, 2) contemplation, 3) preparation, 4) action, 5) maintenance, and 6) termination. For purposes of our discussion, I will focus on the first five stages.

Precontemplation Stage of Change

People in this stage of change are best described by a quote by G.K. Chesterton: *It isn't that they can't see the solution. It's that they can't see the problem.* Five things can be said about people in this stage of change: 1) they are resistant to it, 2) they don't see that a problem exists, 3) they have no intention of changing their behavior, 4) they are more intent on changing the behavior of people around them than their own behavior, 5) any help they seek is because of external pressure applied by their family, friends, boss, spiritual leader, and/or legal system.

Precontemplators are adept at denying a problem exists. If you talk to them about a problem, they're skilled at shifting the focus of attention, devaluing your opinion and/or the opinion of others, and assigning blame to others rather than taking ownership of their behaviors.

Contemplation Stage of Change

In the contemplation stage, people acknowledge that they have a problem and want to do something about it. People in this stage often say, "I want to stop feeling so stuck!" The reason a contemplator feels stuck is that they are struggling to understand their problem—the cause(s), the solution(s), and the technique(s) to execute the solution(s). Although they may acknowledge there is a problem and that they are stuck, this doesn't mean they're

ready to do anything. Contemplators can spend years stuck in this stage, not because they don't want to change but because they are afraid to try and perhaps fail. Many contemplators stay stuck by intellectualizing the problem and the solution. They continue to shop for the best treatment or the best self-help approach without ever taking action. Once a contemplator shifts the focus of their thinking from the problem to the solution and from the past to the future, then and only then will they be ready to move on to the next stage of change.

Preparation Stage of Change

Most people in the preparation stage of change are within a month of taking the necessary actions to change their behavior. In this stage of change final adjustments are made prior to actually changing their behavior. As the preparation stage unfolds two things must take place before the individual moves on to the next step. First, the individual must make a public pronouncement of their intent to change—"I will stop smoking next Monday." Second, the individual must resolve any final residue of ambivalence towards change by convincing themselves that changing their behavior is ultimately what is necessary to solve whatever problem they're trying to solve.

Action Stage of Change

This is the stage where the individual most overtly modifies their behavior and their environment. It is during this time that the individual joins a health club, throws their beer down the drain, stops buying cigarettes, or confronts whatever fears that they've been avoiding.

During the action stage of change, the individual brings together all the preparation and contemplation that they have expended in the earlier stages of change. Although the action stage is the most obvious stage of change to the outside observer, it is not the first stage of change nor the last stage of change. The individual could not have gotten to the action stage of change without first working through the issues associated with the earlier stages of change and will not be able to effect permanent change without going through the following stage of change.

Maintenance Stage of Change

The maintenance stage of change is the stage where the individual consolidates the gains from the precontemplation, contemplation, preparation, and action stages of change. Although from the outside looking in, it may appear as if not much is happening, this is a critical aspect of change without which no change can become internalized in order that the individual is less vulnerable to relapse. It is during this stage that the individual integrates cognitively, emotionally, and behaviorally the changes that they have undergone. During this stage of change the individual shifts the focus of control for the solution to their problems from external sources such as an unreasonable wife just getting off my back, an overbearing therapist finally cutting me some slack, a threatening husband taking anger management classes, a backstabbing boss being fired, a controlling sponsor working his own program, and/or an overzealous legal system finally stops persecuting me to the internal resources of the individual being the sole agent of change. Examples of an individual's internal resources might be the individ-

ual's own motivation, their ability to manage impulses, and an individual taking ownership of their role in whatever their problem might be as well as their role in what the solution is. Depending on the type of behavior(s) that one is attempting to change, the maintenance stage may last from six months to a lifetime.

From your letter it seems clear that your husband is still stuck in the precontemplation stage of change, yet you are clearly ready for him to change yesterday. But there is still hope for you and your family. You are likely in the preparation stage of change. Apply your old school boot-strap philosophy to yourself and your children. Take action. Attend Al-Anon meetings. See a therapist. Have your children evaluated to best determine what impact your husband's drinking has had on them. Learn as much as you can about Recovery for family members. Learn how to detach with love. Learn how to stop enabling. Teach your children positive responses to inappropriate behavior. Model for your children what effective self-care is. Just remember, keep the focus on you and your children and off of the behaviors associated with alcoholism.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family mem-

bers. This information is available at www.AliveAndWellNews.com.

- 3) There is an underlying process to changing behaviors that has six stages.
- 4) People move at their own pace through these six stages.
- 5) People change their behaviors when they're ready to change, not when someone else wants them to.
- 6) Don't wait for somebody else to change their behavior, focus on moving through the six stages of change and change your own behaviors.

G.B.U.
Steve

10) What is Recovery?

*D*ear Dr. Steve:

I'm so confused I don't know what to do. I know I need help but I'm paralyzed with fear. I'm afraid of who I am. I'm afraid of who I've been. I'm afraid of who I would turn in to if I actually stopped all that I need to stop doing. But most of all, I'm afraid of trying and discovering that nothing I try works. Then what would I do? I know I have to stop doing cocaine or it will eventually kill me or I'll eventually kill myself. I've lost all that a man can lose but I keep going out there for more—more dope, more booze, more women, more abuse, more, more, more. I kinda know about A.A. I know that people who go to A.A. become

reformed alcoholics or whatever they call it. I guess I'd like to know more about what I have to do to become a reformed alcoholic.

I know things are bad for you now, but perhaps these hard times can serve as a catalyst for turning your life around. Many people join the fellowship of A.A. and other Twelve Step programs to do just that—turn their lives around. They turn their lives around by embracing and working a process of change referred to as Recovery.

Recovery is a way of thinking, acting, behaving, and relating to others that promotes and reinforces the physical, behavioral, emotional, psychological, and spiritual sobriety of an individual. The foundation of Recovery is: 1) total and absolute abstinence from those substances, behaviors, and/or people to which an individual is addicted, 2) active involvement in a Twelve Step fellowship that focuses on how to maintain total and absolute abstinence, 3) a [re]connection with one's spiritual creator.

The aim of Recovery is to stop acting out one's addiction(s). Recovery is a process that empowers an individual to stop acting out one's addiction by developing: 1) a sober identity that acknowledges one's inability to exert their control over substances, behaviors, and/or people, 2) a flexible set of skills that enables the individual to achieve and maintain abstinence, 3) a lifestyle that minimizes exposure to personal, interpersonal, spiritual, circumstantial, and environmental cues that are stressors and therefore set-ups for relapse, 4) a flexible set of skills with which to solve the challenges of maintaining abstinence in particular and life in general, 5) a flexible set of skills that will empower the individual to effectively relate to others.

Abstinence is a desirable outcome for every individual but abstinence is not Recovery. Recovery is a process of personal and spiritual growth in which an individual examines the relationship they have with themselves, the people in their lives, and their Higher Power. This examination takes place within the context of active participation in a Twelve Step program that focuses on addiction to a specific substance, behavior, or person. Active participation means: 1) an individual regularly attends support group meetings, 2) establishes a relationship with a mentor, called a sponsor, and 3) learns how to use the Twelve Step program to maintain a clean and sober way of thinking, acting, and relating to others.

Terrence Gorski describes Recovery as a developmental process with six different stages. In each stage there are tasks to be mastered and skills to be developed. If a recovering person is unaware of this progression, unable to accomplish the task and gain the skills, and/or lacks adequate treatment, that individual is vulnerable to relapse. The following is a description of Terrence Gorski's Developmental Model of Recovery (DMR).

Transition Stage

The transition stage begins at the point that an individual experiences an alcohol or drug related problem. Once the process of addiction progresses, the individual will design a series of strategies to attempt to control their use of their drugs and/or alcohol. The transition period ends once the individual recognizes that no matter how many strategies one devises to control their use of drugs and alcohol, these strategies are unsuccessful and make the safe, controlled use of drugs and alcohol impossible.

In this stage, the central symptom is loss of control. The greatest obstacle to abstinence at this stage of Recovery is the belief that an individual can control how often and how much they may drink and drug. The individual is locked in a losing battle to prove to themselves and others that they can use in a controlled manner. They may be able to prove that they can control their drug and alcohol use but not for very long.

In this stage, the individual fights accepting that they are not normal drinkers and users of drugs. As the progression of addiction causes more severe loss of control, an individual must eventually acknowledge to themselves that they're addictive users who are not capable of controlled use. This admission does not come easily but it is a truth that must be faced and owned before an individual can move on to the next developmental stage.

Stabilization Stage

During the stabilization period the individual encounters the physical, emotional, and psychological effects of being abstinent from all mood-altering substances. Physically, the individual in this stage contends with the medical complications of withdrawal and the medical complications of any other co-existing medical problems. Emotionally, the individual encounters the awakening emotions that were repressed as their drug and alcohol use medicated their emotions. Psychologically, the individual contends with the habituated behaviors that enabled their use of drugs and alcohol to progress, the entrenched attitudes that the individual relied on to deny and/or justify their alcohol and drug use, and the belief system that was constructed to insulate themselves

from the truth about their drug and alcohol use. In addition, the individual learns to identify and manage symptoms of brain dysfunction. Finally, the individual requires help in stabilizing the circumstances of their life.

The stressors that I just listed, singularly or in combination, is what sabotages an individual's best attempts at maintaining abstinence at this stage of Recovery. Individuals in this stage relapse because they're unable to cope with the stress of the symptoms of brain dysfunction and physical cravings that follow detoxification. It takes between 6 weeks and 6 months for a patient to master these symptoms with the correct therapy. The correct therapy is a must for people at this stage of Recovery because the lack of stabilization management skills is the major cause of inability to abstain during this time.

Early Recovery Stage

As an individual masters the stabilization management skills and transitions to the next stage, early Recovery, the focus expands from stabilization management skills to include the establishment of a life-style that is free of all mood-altering substances. An individual, must be able to critically examine their life-style: 1) the environment in which they live, 2) the people that they associate with, 3) the way they structure their life activity-wise and time-wise. Hard decisions must be made about where to live, with whom to live, what friendships to maintain, what friendships to terminate, and how much time to devote to Twelve Step meetings. This is the stage of development where the recovering individual stops intellectualizing what Recovery is and begins to internalize the thoughts, behaviors, values, and choices of

Recovery. This internalization process takes place as an individual stops talking about what to do and begins to more and more consistently do what they are supposed to do. This stage may last from one to two years.

A person may relapse in this stage because they have not fully internalized the values and skills of Recovery in order to form a lifestyle conducive to abstinence.

Middle Recovery Stage

Once the values and choices of Recovery have been fully internalized and so reflected by the individual's life-style which firmly rooted in Recovery, the individual then transitions into the Middle Recovery Stage. At this point the focus of Recovery expands even more to now include examining and healing the emotional wounds from the individual's past.

Not only does the individual continue to focus on abstinence, internalizing the values and skills of Recovery, creating the necessary life-style to support abstinence, and healing the emotional wounds of the past, the individual's Recovery program now begins to incorporate the reestablishment of broken relationships with family members, new occupational goals, and expanded social and recreational participation. At this point of Recovery, the individual begins to venture out from the protected cocoon of the Recovery community and begins to reintegrate into community at large. Although this is a time of joy as the individual experiences more freedom than ever before since getting into Recovery, this is also a time of great stress as the individual must begin to navigate an ever expanding body of life problems in which the individual must apply their basic recovery skills.

How well the individual navigates their life problems and handles the resulting stress is the determinant of abstinence or relapse in this stage of Recovery.

Late Recovery Stage

In late Recovery, once more the focus of Recovery expands to include the working through of those personal issues that continue to be an obstacle to the overall emotional and spiritual well-being of the individual. These issues tend to focus on 1) healing issues in regards to one's shame-based identity, 2) taking ownership of and transforming the individual's character defects, 3) resolving areas of conflict between the individual and significant people in their life, 4) working through issues that pertain to the individual's fear of trust and emotional intimacy, 5) examine issues relevant to spiritually transformation.

The major cause of relapse during the late recovery period is either the inability to cope with the stress of unresolved personal issues or an inability or unwillingness to develop a style of personality functioning that is age appropriate.

Maintenance Stage

The maintenance stage is the ongoing, lifelong process of continued emotional and spiritual growth and evolution. Continued growth and development insures the individual that they will successfully negotiate future adult life transitions, manage an ever-widening and varying series of life problems, and continue to guard against relapse. The physiology of addiction lasts the rest of a person's life. Any use of alcohol or drugs will reactivate physiological, psy-

chological, and social progression of the disease.

Pathfinder's Checklist

- 1) Visit www.AliveAndWellNews.com for more information about chemical dependency and emotional and spiritual development.
- 2) Read Dr. Steve Frisch's, Psy.D. series of Recovery books. These books focus on chemical dependency, how to raise alcohol and other drugs free children, and Recovery for both the chemically dependent individual and their friends and family members. This information is available at www.AliveAndWellNews.com.
- 3) Chemical dependency is a disease that is primary, progressive, chronic, prone to relapse, and potentially fatal.
- 4) There is a process of change, called Recovery, whose aim is to empower an individual to stop acting out their addiction(s).
- 5) Recovery is a way of thinking, acting, behaving, and relating to others that promotes and reinforces the physical, behavioral, emotional, psychological, and spiritual sobriety of an individual.
- 6) In Recovery, there are six developmental stages to work through. In each developmental stage there are tasks to be mastered and skills to be developed.
- 7) Recovery is a life long process that can empower any person who is so inclined to turn their life around.

G.B.U.
Steve