HBI SPOTLIGHT™
Addiction Treatment and Recovery Program

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TREATMENT AND RECOVERY PROGRAM

PROGRAM DESCRIPTION

- The HBI Addictions Recovery Program is designed to treat people who drink alcohol, use drugs or gamble even though they have been experiencing negative consequences, sometimes serious.

- HBI also includes and treats “Co-Dependents” that is, people who are focused on the addict(s) in their lives. Often their lives deteriorate as the addicts’ conditions worsen.

- HBI’s program addresses adults, who grew up in families affected by drugs, alcohol, or gambling.

PROGRAM GOALS

For those burdened by addiction, HBI started an outpatient program in 1992 in order to help them achieve the following goals:

- Stabilize or Stop the crises that prompted clients to seek counseling
- Halt the abuse of alcohol, drugs or gambling
- Learn how alcohol, drugs or gambling interfere with LIVING
- Understand the factors that cause urges to use or gamble
- Learn the adjustments necessary for “sober living”
- Decide to stop chemical abuse and/or gambling after treatment
- Establish the support in order to maintain and reinforce sober living

For the “co-dependents” affected by others’ additions:

- Stabilize or Stop the crises that prompted them to seek counseling
- Learn about the actions and attitudes that fuel the addicts’ disease
- Develop plans in order to avoid reinforcing the addicts’ behaviors
- Establish personal boundaries
- Understand the thinking and behavior that block their own recovery
- Develop positive coping strategies
- Establish support systems to reinforce continued growth

For the adult raised in a dysfunctional family:

- Stabilize or Stop the crises that prompted clients to seek counseling
- Identify dysfunctional family traits that block a balanced life
- Learn how past experiences influence today’s decisions
- Realize the possibilities for more control and LIVING
- Develop positive strategies to end negative habits and thinking
- Establish support systems to reinforce continued growth

HBI ADDICTIONS RECOVERY PROGRAM

The HBI Recovery Program Director runs the program and is responsible to the HBI Clinical Director, Dr Anis Abi-Karam for the conduct of the program.

Clients participate in the program FOUR nights per week, for FOUR weeks. The nickname “4-by-4” is often used to identify the Intensive phase. Some patients do not require all 16 sessions. Others require more than 16 sessions depending upon their motivation; and, the length and depth of their addiction.
TREATMENT SESSIONS

For planning purposes, patients are scheduled to participate in 22 treatment sessions during the Intensive phase of treatment:

1. The Initial Assessment/Interview
2. An Orientation and Familiarization Session
3. 16 Lecture/group sessions
4. 3 Counseling sessions for the “concerned persons” and client
5. An Exit Interview to map out a post-treatment plan

Treatment focuses on the patient’s learning about addiction and its hold on emotions, thinking, spirituality, physical well-being; and, its effects on family, career, self-esteem, personality, etc. Each session includes a lecture about an aspect of addiction or recovery and a counselor-guided group where patients work through their issues.

SCHEDULE

The program is scheduled each Monday, Tuesday, Thursday and Friday from 6:00 pm - 8:30pm. New patients are assigned to a group depending upon vacancy. When vacancies do not exist, the patient is assigned a starting date one or two weeks after the initial interview. Emergency patients, designated by the Program Director or Clinical Director, are placed immediately into one of the groups.

STAFF QUALIFICATIONS

Nevada Licensed Alcohol and Drug Counselors (LADC) supervise, lecture, counsel, and facilitates group sessions. The minimum requirement for HBI’s Program Director is LADC certification and a Master's Degree in the mental health disciplines. The Supervising Clinical Director may waive the Master's requirement based upon the counselor’s experience in the addictions field. All counselors must have earned a Bachelor’s degree. Some participating therapists hold PhD-level education.

PROGRAM ENTRY

The Program Coordinator or a staff counselor interviews the patient to decide if the program is the best available therapy for the patient’s needs. The interviewer bases the decision on the patient’s problems and the patient’s motivation and capability to complete the treatment program. In some cases the schedule or structure of the program is altered due to the patient’s work or family responsibilities.

ORIENTATION SESSION

The client and a counselor spend an hour, usually during the second session discussing the details of HBI’s Addictions Recovery Program. The counselor gathers information about the client’s drug/alcohol/gambling/dysfunctional family history. Clients receive a binder with this program manual, recovery journal, handouts and a personalized treatment schedule. This package costs $25 and is non-profit.

GROUP LECTURE/COUNSELING SESSIONS

Clients attend group lectures and counseling sessions four nights per week for 4 weeks. The lectures deal with addictions and the various areas of people’s lives affected by addictions, including families, co-workers, and friends. Group counseling happens after the evening lecture. Each evening lasts 2-1/2 hours.
**The Lecture Topics**

- Addiction Defined and Explained: Use despite negative consequences
- The Feeling Chart: How addicts make wrong decisions with feelings in control
- The “Johari Window”: Why we do group counseling
- Pre-Addiction Traits: Common beliefs that exist before the addiction takes hold
- The Jellinek Chart: How addictions progress. What’s needed in recovery?
- Emotional Maturity Stops: Observations that addicts cease to mature when addiction hits
- Loss and Grief Process: Why stopping is underestimated. It’s like losing a close friend
- Steps 1-3: How the first three steps of the 12-step programs give strong starts in recovery
- Steps 4-7: How the middle steps make the difference between “abstinence” and “sobriety.” Book 1 and Book 2.
- Steps 8-9: How addicts “make things right”
- Steps 10-12: How recovering people reinforce their decision to live.
- The Frontal Lobe: Trouble ahead for the addicts who think it’s safe to “just drink”
- Myths about Recovery: Waiting to be “ready” or wanting to get treatment are not requirements for recovery
- Relapse Avoidance: Nobody has to relapse. It’s not a rule
- Family Involvement: Each addict affects 4 people significantly. They get HBI help too

**SPouse/Mate/Concerned Persons**

One specific night of the week is focused on relationships in recovery. Spouses / mates / concerned persons participate with patients for this important therapy. Relationship does not automatically heal and grow just because the addict arrests his/her addiction. Both parties need guidance through the rebuilding process.

**Concerned Persons Saturday**

HBI conducts education sessions for family members and other concerned persons during one Saturday per month. The sessions are 5 hours in length and usually run from 10 a.m. until 3 p.m. The sessions cover definitions of addiction, how the addiction progresses, the effects on the addict and the concerned persons. The lectures include the vital recovery phase and what HBI does to help the client and his/her concerned person through the process of rebuilding. “CP Saturdays” cost $25 per family.

**When “Detox” is Required**

Before treatment some patients require detoxification under medical supervision in a hospital. The interviewer, with the approval of HBI’s Director, Dr. Abi-Karam, refers the patient to a trusted hospital and Detox staff. HBI approves hospital detoxification so that the patient can withdraw from mood-altering chemicals safely. The patient signs a promise to participate in the 4 X 4 group after being released from the hospital by the physician. All medically detoxed patients must complete the 4 X 4 program.

**Aftercare**

Following the Intensive, 4x4 phase, HBI offers “graduates” a two-year Aftercare program. It consists of a support group that meets once per week for 2 years. HBI assesses a very minimal charge for Aftercare. A counselor oversees each Aftercare session.
CODE OF HONOR

1. Participants abstain from alcohol, unprescribed drugs and gambling during the Intensive phase. They are prompt and attend all scheduled treatment sessions.

2. Participants requiring medication must provide a letter from their physician stating that the medication will not interfere their abilities to complete treatment.

3. Participants arrive promptly and participate in each scheduled treatment session.

4. Participants who drink, use drugs or gamble; or, miss a session without a valid excuse are suspended from the program for one week. During this time they make an appointment with the Program Director who determines their motivation for continued therapy.

5. Participants do not repeat anything said in-group, outside of group. “What’s said in the group... stays in the group.” HBI adheres strictly to confidentiality laws. Violation by participants is grounds for immediate dismissal from the program. The HBI Clinical Director decides continued therapy at HBI, in any manner.

6. HBI expects participants to act and behave as healthy, recovering people. Participants are clean, groomed and they project a caring image of themselves. They are attired for therapy and recovery. They are not “going to the beach.”
   a. No hats or sunglasses may be worn during the sessions.
   b. No revealing or suggestive clothing.
   c. Shoes or footwear are required and must be worn.

7. Participants assume financial responsibility for their treatment. At times financial HARDSHIPS (not inconveniences) occur. Participants inform the HBI business office when they anticipate or experience hardship. The treatment staff does not make financial arrangements.

8. When participants require letters on their behalf to the courts, employers or other agencies, they must provide a 7-day notice of request to the Program Director. They must complete the HBI form “Release of Information” for each person or organization to be contacted. These forms may be obtained from the front desk.

Participant’s Signature: ___________________________ Date: ______________

Participant’s Name (Print): ________________________________________________
Addiction
There are many definitions of addiction. The one preferred here defines addiction with three parts:
Urge-Loss of Control-Negative Consequences
1. A person has an addiction if he/she experiences a compulsion, or urge to drink, drug, or gamble.
2. Next, the addict loses control when he/she drinks, drugs or gambles.
3. Finally, despite repeated attempts and different plans or strategies, the addict ends up in the same or worse trouble than before.

Notice there is nothing said about frequency or amount of use. Nor, is there any mention of “shooting up” or being on skid row. An addict does not have to HAVE alcohol. An addict to gambling does not NEED to gamble. The drug addicted person does not have to CRAVE IT ALL THE TIME. Perhaps these statements would be true if we were talking about LATE STAGE ADDICTS! But these statements don’t hold true for the majority of patients I’ve seen since 1975. Most patients are in the early or middle stages of addiction where it has not gotten “that bad yet.”

Urge: Compulsion to drink, use or gamble
Most addicts tell me compulsion means “urge”. Addicts feel the urge to “do their thing” when they have a good day (to celebrate); when they have a bad day (to get a lift); when they get promoted; when they are reprimanded. They even have the urge when the day was neither good nor bad. There is no place on the feeling scale where they are immune to the compulsion!

Loss of Control: LOC
Addicts to alcohol, drugs or gambling set limits, but they go past them. For example:
A man once told me in a session that he passed a certain bar on his way home from work every day. He knew his wife has dinner planned. He knew the kids were at the table. He figured he had time to stop in the bar for 2 drinks. He was firm about his decision to drink only two. He had one and started on the second. But now he had introduced a mood-altering chemical into his brain. After 10-15 minutes it did not seem as important to leave precisely after 2 drinks. Another drink and ten more minutes would be OK. Then comes the third drink and you know the rest of the story. He left the bar a few hours later and his wife was outraged with his late return. The kids had gone to bed without talking to Dad. Oftentimes one or more were eager to share an accomplishment or a setback with their father, but not tonight.

This loss of control (LOC) doesn't happen every time he stops by for 2 drinks. In fact, he is able to control his drinking most of the time. Another patient exclaimed to me, “that only happens to me once a month!” , but then he shared that it takes just about one month to repair the damage caused by that “once-a-month slip!”

Heard in AA meetings: “Every time I drink I don’t get into trouble, but every time I’m in trouble... I’ve been drinking!”

Strategies to control addiction
Addicts may switch from hard liquor to beer or wine; play the poker machines only on weekend, use drugs only when offered to them or prescribed by a doctor. The strategies or plans are too many to count. Sometimes these new plans work for a while but sooner or later whatever we try turns out the same: PROBLEMS!
Sobriety vs. Dry: Why We Have Treatment
People who have problems with alcohol, drug or gambling often quit by themselves in an effort to show that they have control. Some people think that quitting by themselves for a period of time indicates that they're not addicted. After they have successfully abstained for one week or 30 days or 6 months they believe it's safe to retry controlled drinking, drug use or gambling. Others know they must quit forever and they do it by themselves. These attempts are admirable and show that they want to stop the abuse and improve both theirs and the lives of those close to them. But the attempts usually result in relapse and eventually, even greater abuse than the last time they used.

Sobriety vs. Abstinence: There is a difference
Sober people are progressing toward emotional, mental, spiritual and physical balance and growth while not indulging their addiction. Sober people have resumed the emotional growth that stopped the day they became addicted. Abstinent or dry people continue to be stalled in their emotional growth. They may not worry about a DUI’s or failed drug tests at work or losing paychecks to the poker machines... but they always fight the urge. Abstinence is a STRUGGLE and becomes a fight between self and the addict within. That contest is eventually won by the addict within. Sober people are concentrating on all that they can GAIN by being abstinent. Dry people are avoiding losses. The sober person grows while the dry person plods along a boring path always thinking about what he/she is giving up. Sober recovering people feel good about themselves. Dry people usually resent others for insisting they remain abstinent.

Treatment: Getting into the Sober Process
Addictions treatment programs are usually designed to help addicted people understand what they need to change about themselves after they quit their addictions... and how to do it …if they want the quality of their lives to be rich.

Most program newcomers don't think their addictions are causing the roadblock to a richer life. Rather, it's their irritable wives/husbands, unreasonable bosses, government tyrants such as the IRS or judges hard against DUI's, or their unruly and disrespectful kids that are in the way of a better life. But that changes when they learn about addiction the disease in treatment!
THE TWELVE STEPS

The 12 Steps were originated in Alcoholics Anonymous. They have been modified slightly by other support groups like Gamblers Anonymous, All Non-Narcotics Anonymous. Each group has a book which explains its ways to interpret and work the steps but no one commands how they should be done. Here is my slant on the steps. Our patients have found the information to be helpful.

~ Dr. Abi-Karam, HBI Clinical Director

Step One

**We admitted we were powerless over addiction... that our lives had become unmanageable**

Having an addiction is like doing marriage counseling while one partner is in an affair. The partners can do everything the therapist suggests but there is scant chance of success until the affair is over. Likewise, addicts trying to repair their relationship, careers, financial or legal difficulties, parenting problems, self-esteem, etc. are unlikely to find long-term success while they try to control their addictions. Our significant problems remain unmanageable so long as we continue the fantasy that we can control our addictions. It is not until we break through the denial of our addiction that we are able to repair our problems and move ahead. Step One is accepting that we have lost control over that relationship with alcohol, drugs, gambling that we once enjoyed; and, accepting that addiction plays a major role in most of our life problems.

Step Two

**Came to believe that a Power greater than ourselves could restore us to sanity.**

Many of us break through denial but then we ask “now what?” We’ve tried to control our addiction. We may have tried to stop on our own. Maybe we even enjoyed periods of success followed by relapses. We have become discouraged and we’re convinced that we can’t recover. It’s unbeatable. Step two tells us that we can recover, with guidance and support. Coming to the Treatment and Recovery Program may be your Step Two. HBI’s mission is to provide you with the knowledge, understanding and tools that you need to arrest your addiction. Other people believe they can get the help they need in AA, GA, NA, AlAnon, etc. These are all “powers greater than ourselves” when it comes to addiction. Restoration to “sanity” comes with working recovery. It is daily living and decisions that are consistent with what we hope to achieve in life.

Step Three

**Made a decision to turn our will and our lives over to the care of God as we understood Him**

Addiction is an illness that affects us emotionally, spiritually, physically and mentally. Step Three addresses the spiritual “bankruptcy” we file when we enter recovery. For most of us the alcohol, drugs, gambling have replaced the need for a god or force in the universe that may have guided us before the addiction become our temporary source of peace, serenity, hope, faith. In recovery we must rethink our concept of God and establish a workable relationship with him, her or it. We join the human race and start thinking of ourselves as part of a larger plan. The world and our families no longer must be so focused on us. We want to drink. We want to gamble. We want to use. We are not ready to quit. We would rather continue our addiction and still have our lives be manageable. In Step Three, we decide to do what we think are the right things in all our endeavors. We stop trying to manipulate others and the results. When the results turn out other than what we wanted we cope and grow instead of brooding over a drink or at the stool in front of a poker machine. We take advantage of opportunities to grow.

Step Four

**Made a searching and fearless inventory of ourselves**

Sober people arrest their addiction and change the way they handle their relationships, their jobs, their lives. They have decided to be the people they were meant to be. Abstinent or “dry” persons simply stop using and abusing but they continue to handle their lives as they did before they stopped. Because nothing changes they usually continue to experience problems in their careers, homes, relationship. An angry gambler often becomes an even angrier dry gamble. Sober, recovering people take extensive time out and examine their
negative behaviors and attitudes so that they can identify positive counter-measures which they use in their new lives. The Fourth Step gives us a clear picture of those attitudes and behaviors which did not work for us during the course of our addiction. If we are to recover we will make a conscientious effort to change and to adopt new behaviors and attitudes which will work for us.

**Step Five**

*Admitted to God, to ourselves, and to another human being the exact nature of our wrongs*

Recovery is keeping commitments. After we took our “inventory” we shared the negative behaviors and attitudes that we had to change in our new lives. Recovering persons disclose this information to another person, usually a “sponsor” in our 12-step program or a counselor, or a clergy person. The person we share with is knowledgeable of addiction, objective yet caring; and, he or she someone we trust. We also talk about problems, guilt and resentments which could sidetrack our recovery if we do not resolve them. Finally, we share our plan for recovery and the strategy we’ll use to avoid falling back into the old behaviors and attitudes. A “5th” usually takes 2-4 hours because it is a thorough mental, emotional and spiritual “housecleaning.”

**Step Six**

*Were entirely ready to have God remove our shortcomings*

We become embedded in our attitudes and behaviors during the course of addiction. For example, many addicts use anger as a means to cope with self-pity, loneliness, fear and other negative emotions. We develop the tools of minimizing, rationalizing and blaming in order to avoid personal responsibility. Recovering people come to Step 6 with knowledge of those behaviors and attitudes which have not worked for them. Releasing them means making up their minds to behave and think in new ways which may be initially uncomfortable. For example, instead of blaming others or situations for our wrongdoing or mistakes, we try the new practice of accepting responsibility. For most of us that means being willing to let go of old ways and letting go of our defenses. But, the steps tell us that we must do so if we are to recover and grow emotionally and mentally.

**Step Seven**

*Humbly asked Him to remove our shortcomings*

Letting go of our non-working attitudes and behaviors can be very difficult. When we verbally ask our higher power to remove the “defects” which continue to keep us stalled in recovery we are committing to change. If we have truly determined our personal relationship with “god” we become confident that we can change with his help.

**Step Eight**

*Made a list of all persons we had harmed and became willing to make amends to them all*

There is an adage among AA and NA circles that addiction cannot exist without guilt. For addicts to recover and grow they must “clear the wreckage of their past” and live in such a way that they need not feel guilty in the future. It is probably much easier to live without “new guilt” than it is to deal with guilt from the past. One way addicts resolve their guilt is to recognize that their actions and omissions did hurt others. They list those people who they harmed, what they did and become willing to make amends.

**Step Nine**

*Made direct amends to such people wherever possible except when to do so would injure them or others*

Recovering people should not be surprised if the person “harmed” does not accept apology or amends. Nevertheless, we have done our important step in the recovery process. Sometimes making amends would cause us to expose someone else. In that and other cases we could cause great harm. We must exercise newfound tact when we do this step. Note that making amends is not a part of Step 2 or 3! People should be on firm ground in recovery and reasonably balanced emotionally, mentally and spiritually before doing this.
The longer we are sober the more we see the “big picture.” Often things that seem OK when we are in the early, emotional part of recovery do not seem OK when we have achieved balance.

Step Ten

Continue to take personal inventory and when we were wrong promptly admit it

Keeping in mind that progress through the steps helps us to GET sober. When we get to Step 10 we are working to STAY sober. We cannot stay sober if we move back into the Center of the Universe where we feel the need to be supernatural again. We have to stay in the human race and be a human being. To be human means to accept ourselves and our shortcomings. We do make mistakes in judgment, performance, and our relationships. We don’t know it all. Recovering people are not afraid to identify their shortcomings because that’s the first step in correcting them and continuing to grow. If we are wrong or have made mistakes we promptly go to the people affected and set the record straight. Don’t be surprised if you get a payoff by doing this. Most people are relieved that they don’t have to guess about who made an error and they admire the person willing to stand up and take responsibility.

Step Eleven

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

We set aside a specific time each day to review and listen to the spiritual voice within us. Too often in our addiction we are giving God or the universe orders. It’s always “OUR will be done.” In recovery, we realize we are part of something bigger than “just ourselves.” Again, we listen. Most recovering people have a special time and place where they allow themselves to have a “quiet time.” They don’t just have quiet time when there’s a crisis. They make it part of their routine even if everything is going well! Here is where we focus on “THY will be done.”

Step Twelve

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 all our affairs

Anyone who works his/her way through these marvelous steps will be a better person - period. What we tried to fill inside with alcohol, drugs or gambling will be replaced by genuine self-esteem, better feelings about ourselves and others, hope, acceptance of life on life’s terms, and sense of purpose. As they say in AA “You can’t keep it without giving it away.” Making ourselves available to others still struggling with their disease reinforces our way of life and all of those genuine feeling inside. If we take what we’ve found and horde it we move back into the Center of the Universe where we soon find ourselves isolated. We need to share what we have found! Sometimes other addicts will turn a deaf ear to us. That’s OK. But they are watching. It’s like an adage about parenting: Don’t be so concerned that your kids aren’t listening to you... Be more concerned that they are WATCHING you! Others are not so impressed by what you say. They are more interested in watching to see if you’re walking like you’re talking!
RELATIONSHIPS

When we arrive in treatment our relationships are usually a mess. We have pushed our mates to the limit and then pushed them even further. And then, pushed some more. We have destroyed the trust we once had. We have forgotten that relationships are sharing. Instead, we've become the centers of our universe, always judging our mates and “taking their inventories.” We feel sorry for ourselves because our mates aren't making us happy or doing what we want them to do. Of course we rarely tell them exactly what it is we do want. We don't know that ourselves! No wonder they have one foot out the door by the time we come to treatment! So how do we build relationships in recovery?

During the mid-80’s I had the experience of listening to a Minnesota therapist named Ernie Larsen who specializes in “dysfunctional families” and relationships. He's written a few good books about addicts and relationships. He shared that his research showed there are 4 key ingredients to a long term, fulfilling relationship: Straight Talk; Peaceful Conflict Resolution; Nurturing our partners and, Creating an environment for our partners that say “I care about you!”

When we are in our addictions we are incapable of doing any of the components that Ernie mentions. This is because we are at the CENTER OF THE UNIVERSE. Everyone is supposed to be focused on us and our needs. Recovery means joining our families, friends, co-workers and becoming part of the human race. It means that we start asking ourselves what our mates need from us instead of focusing on how they don’t meet our needs!

**Straight Talk**

How does a person who lies (boldface lies, white lies, fibs, etc.) suddenly tell the truth and straight talk in his or her relationship? Lying, minimizing, rationalizing, justifying and defending are a few of the traits we inherit with our disease. And, when we are in our disease we are incapable of straight-talking with our mates. In recovery we immediately start straight talking with our mates even if, they are not quite ready and are unwilling to be totally honest with us.

**Peaceful Conflict Resolution**

If we are incapable of straight talk it is impossible to resolve our differences or conflicts. Addicts MUST have conflict in their lives. We’re at the center of the universe. Why would we want peaceful conflict resolution? How else to justify the “Getting Even” strategy that we often use to stay in our addiction? When we recover we must stop sulking, pouting, throwing fits or giving the silent treatment. These behaviors only postpone solving problems. In recovery we learn to solve problems and to work out differences. We come up with a strategy on how we will resolve differences BEFORE they occur. We start genuine communication and we learn how to “fight fair.” We no longer try to mentally and emotionally (sometimes physically!) beat our mates into submission.

**Nurturing our Partners**

Usually when I interview addicts and I ask them about their marriages or relationships, they will usually describe what their spouse isn't doing right! In recovery we have to take the opposite tact and ask ourselves what our mates need from us. This is very difficult for COU’s. Figure it out yet? (Center of the Universe) You may find when you become truly honest that your mate has been nurturing you on a one-way street for many years. In recovery we start doing what we would have been doing if the addiction had not hit.
Creating an Environment for our partners that says “I care about you.”

During our addiction we are not interested in creating an environment for our mates that shows we care, but we expect them to do it for us! Again, the one-way street. In recovery we start looking for ways to show our partners that we care. What we do does not have to be monumental. Sometimes it’s as simple as setting aside 15 minutes a night in order to let our spouses express what they’re feeling...without interruption! If you know your spouse hates to pump gas take his/her care to the corner store and fill it up! For so long our mates have been covering for us, nursing us through our rough periods. Maybe they have been enabling us to continue our addiction. But they cared and most of the time their hearts were in the right place.

Successful relationships in recovery result from us showing a caring and grateful attitude. Recovery is coming out of the center of the universe and joining our mates, families and the human race. When we do, we are capable of building strong, loving, caring relationships!

Don’t be surprised if your mate is slow to start straight-talking, nurturing, and “creating environments.” He/she has been trying for so long to keep the relationship together. Usually the effort was unappreciated and he/she felt beaten. Now, a few days or weeks into recovery you’re saying “I’m Different.” Have you said the before? It will take a while for your mate to build trust. In the meantime stop feeling sorry for yourself and do the “4 Things” anyway!

Relationship group nights are designed to help patients and their mates rekindle their relationships. The groups were put into our program based upon my firsthand knowledge that sobriety is no guarantee of relationship success. The wife who directed me to treatment and I were divorced three years into my recovery. I got sober. She went to Al-Anon. We improved our individual lives but we did not have the insight or feedback into the destructive behaviors and attitudes we had toward each other. We did not get the coaching needed to change how we handled our marriage. And, as Ernie Larsen said, “If nothing changes, then nothing changes.” We continued interacting with each other as we had during my years of addiction. You and your mate are likely to do the same unless you learn new, successful ways of interacting with each other!
**GOALS AND OBJECTIVES**

The process of grieving over a loss can be defined by five (5) categories or stages (Kubler-Ross). These losses are experienced by both the patient and family members. The patient deals with grief in relation to significant life losses as well as the loss of his/her chemicals. The family experiences loss of control over the patient as well as life losses.

**First Stage -- Denial/Shock**
- Acts to protect and defend us against pain of reality which can be overwhelming.
- Associated with numbness, detachment, sense of unreality.
- "It isn't really happening."

**Second Stage -- Anger**
- Reality of the loss begins to set in.
- Anger often acted out in behaviors which are displaced from the original source of anger or loss.
- Acted out by hostility, aggression against others, overeating, overworking, spending excessive amounts of money, drinking excessive amounts of alcohol, promiscuity, etc.

If experiencing anger directly at a loved one or significant other for dying or leaving, etc. -- may feel guilty or threatened or otherwise uncomfortable. Therefore, anger is displaced.

**Third Stage -- Bargaining/Guilt**
- The "if only" remorse
- "Should haves" -- feeling in some way that if changes could be made, perhaps the situation would resolve itself.
- Feeling in some ways directly responsible which leads to the guilt.
- Trying to control, un-do the damage, etc.

**Fourth Stage -- Depression/Helplessness**
- Finally realize that there is nothing you can do to bring back the lost person, object, feeling, etc. You are totally helpless to change it.
- Become angry with oneself at one's helplessness and this leads to depression.
- Bodily symptoms
  - Fatigue
  - Isolation
  - Withdrawal
  - Sleeplessness
  - Loss of appetite
  - Voracious (marked increase in) appetite.

This is the most painful stage but necessary in order to move to resolution.

**Fifth Stage -- Acceptance/Reconstruction**
- Must go on
  - Develop positive feelings to replace negative ones.
  - Re-adjusting to new reality.
People come to our program in DENIAL about the seriousness of their condition. They just don't want to see, or can't see how much damage has been directly or indirectly caused by their practice. This is called DENIAL.

When patients have DENIAL they can't complete their recovery. Alcoholics Anonymous (AA) observed this over 60 years ago. The First of AA's Twelve Steps was written to show people they had to break through DENIAL in order to repair their lives.

Other helping groups like Gamblers Anonymous (GA), Overeaters Anonymous (OA), AlAnon (for those close to problem drinkers), and Adult Children of Alcoholics (ACOA) changed AA's First Step slightly, to fit their members' needs.

This is the First Step from AA:

“We admitted we were powerless over alcohol and that our lives had become unmanageable.”

Other First Steps:

“We admitted we were powerless over gambling and that our lives had become unmanageable.”

“We admitted we were powerless over drugs and that our lives had become unmanageable.”

“We admitted we were powerless over our eating disorder and that our lives had become unmanageable.”

“We admitted we were powerless over the addict and that our lives had become unmanageable.”

“We admitted we were powerless over our dysfunctional family and that our lives had become unmanageable.” (See Handout on Co-dependence)
Here is a guide to help you examine your addiction, problem or practice. Please follow it in preparing for your First Step. You will give your First Step in group after three weeks in the program.

**Addict’s First Step Preparation**

First, give a brief summary of your life. (5 minutes)
- Your birth, your parents, your family
- The surroundings in which you grew
- Significant events of your youth and teen years which shaped your life
- Major events since you left home (jobs, relationships, etc.)

Second, give a history of your relationship with alcohol, drugs, gambling or other addiction-like practice. (5-10 minutes)
- When you first tried it...why? What happened? Good? Bad?
- How did your drinking/using/gambling grow? What were the Pay-offs?
- The first negative consequence of your practice...legal trouble, hurt relationship, what?
- Did you promise to quit, cut back, and stop for a while? Why? What happened?
- When others noticed your drinking/using/gambling...what did they see? Say to you?
- How did you try to conceal your problem from others?
- When did you know you were in real trouble?
- How did you blame, minimize and justify your practice?
- What was the final crisis that brought you for help?
- Anything else you feel is important....

Third, summarize how your drinking/using/gambling has affected: (1-5 minutes)
- Your feeling about yourself
- Your career goals, job, motivation
- Your relationship with those people closest to you
- Your spirituality
- Your body
- Your common sense
- Your treatment of other people
- Your goodness

Fourth, reveal your plans after you finish the intensive phase of the program: (1-5 minutes)
- Your drinking/using/gambling... Will you try to control it again?
- Your job
- Your relationships
- Your growth

If you’ve worked hard you will be able to do the First Step without problems. The only ones who have problems are those who do not want to risk being honest or they have not broken through their denial.

Questions? Just ask me. - Program Director
FIRST STEP FOR ADULTS FROM DYSFUNCTIONAL FAMILIES

“We admitted we were powerless over our dysfunctional family and that our lives had become unmanageable.”

We did not choose our parents, families or early life situations. We learned that our lives were not ours to control. We thought we’d damage ourselves and others if we took control. Others knew better than us. We concluded they and their needs were more important than ours. We learned to live in second, third, fourth, last place. Some of us found that mood-altering chemicals helped us feel better about ourselves. Others found gambling or dangerous relationships with food. Many of us discovered other people and we learned that we could shelve the feelings of loneliness, of alienation, of inferiority by pleasing another person...as long as they paid attention to us. And, for others there was simply no relief.

One day we heard: “you can be active participants in your own lives.” We entered treatment where we learned we could arrest our addictions to people or negative behaviors. We COULD become the people we were meant to be...whoever that was! We no longer had to settle for feelings of ‘less than.” We did not have to feel powerless and incapable of managing our own lives anymore.

We had two tasks:

1. Identify our negative ways of living
2. Develop more positive ways of living.

The “First Step” helps us to identify the significant, negative ways of thinking and behaving we’ve always held onto. We recognize how they started. Then we see how they became stronger in our teens. Finally, we acknowledge how they have played a major role in our chaotic lives just before treatment. We see that our lives will continue to be “unmanageable” so long as we do not change the defeating ways we think of ourselves and how we interact with others.

People who are working on their dysfunctional family of origin issues present a “First Step” at the conclusion of the Intensive, or 4x4 phase of recovery. They follow the guide on the other side in order to address 5 major “defects” they have brought into adulthood.
Dysfunctional Family First Step Preparation:

First, give a brief summary of your life (5 minutes)
- Your birth, your parents, your family, your surroundings
- Significant events of your youth which shaped your life
- Major events since you left home (jobs, relationships, etc.)
- The "crisis" that brought you to the HBI program

Next, tell about your dysfunctional family “issues.” (10 minutes)

Feelings of “less than” (Outside Looking In, Alienation)
- The first memory of the feelings / thoughts
- As a teen, an event that reinforced the feelings
- The most recent event, just before treatment
- During treatment, what did you do when they happened?

Fear of Abandonment (Good Relationships Don’t Last)
- The first memory of the feelings/thoughts
- An event that reinforced the fear as a teen
- The most recent event, just before treatment
- During treatment, what did you do with the anger?

Anger (also, destructive behavior toward self or others)
- The first memory of your anger
- An event that reinforced angry behavior as a teen
- The most recent event, just before treatment
- During treatment, what did you do with the anger?

Guilt and/or Shame
- The first memory of feeling guilty or shameful
- An event that reinforced guilt as a teen
- The most recent event, just before treatment
- During treatment, what did you do with your guilt?

Inability to “Play”
- The first memory that play was not OK
- An event that reinforced the concept as a teen
- The most recent event, just before treatment
- During treatment, what did you learn about play?

Third, summarize how your treatment program has affected:
- Your feelings about yourself and your spirituality
- Your career goals, job, motivation
- Your relationship with those people closest to you
CONCERNED PERSON FIRST STEP

For those in current or past relationships with those in trouble with alcohol or other chemicals, Gambling or other potentially harmful pastimes or practices.

People come to our program in DENIAL about the seriousness of their condition. They just don’t want to see, or can’t see, how much damage has been directly or indirectly caused by their focusing so much, on the addict(s) in their lives.

When patients have DENIAL they can’t complete their recovery. Alcoholics Anonymous (AA) observed this over 50 years ago.

The First of AA’s Twelve Steps was written to show people they had to break through DENIAL in order to repair their lives.

Other helping groups like Gamblers Anonymous (GA), Overeaters Anonymous (OA), AlAnon (for those close to problem drinkers), and Adult Children of Alcoholics (ACOA) changed AA’s First Step slightly, to fit their members’ needs.

This is the First Step from AA:

“We admitted we were powerless over alcohol and that our lives had become unmanageable.”

Other First Steps:

- “We admitted we were powerless over gambling and that our lives had become unmanageable.”
- “We admitted we were powerless over our eating disorder and that our lives had become unmanageable.”
- “We admitted we were powerless over any combination of alcohol, drugs, gambling or eating and that our lives had become unmanageable.”
- “We admitted we were powerless over THE ADDICT and that our lives had become unmanageable.” (Co-Dependency Handout)
- “We admitted we were powerless over our DYSFUNCTIONAL FAMILY and that our lives had become unmanageable.” (Dysfunctional Family Handout)

On the next page, I have prepared a guide to help you examine your addiction, problem or practice. Please follow it as preparing for your First Step. You will give your First Step in group after three weeks in the program.
Concerned Person First Step Preparation:

First, give a brief summary of your life. (5 minutes)
- Your birth, your parents, your family
- The surroundings in which you grew
- Significant events of your youth which shaped your life
- Major events since you left home (jobs, relationships, etc.)

Second, give a history of your relationship with people who engaged in addictions or abuse-like practices. (5-10 minutes)
- Your first addict...why? What happened? Good? Bad?
- How did you practice? (Saving, enabling) work? Pay-offs?
- The first negative consequence of your practice...guilt?
- Did you promise to quit, cut back? Why? What happened?
- When others noticed your practice...what did they see? Say?
- How did you try to conceal your problem from others?
- When did you know you were in real trouble?
- How did you blame, minimize and justify your practice?
- What was the final crisis that brought you for help?
- Anything else you feel is important....

Third, summarize how your practice has affected: (1-5 minutes)
- Your feeling about yourself
- Your career goals, job, motivation
- Your relationship with those people closest to you
- Your spirituality
- Your body
- Your common sense
- Your treatment of other people
- Your goodness

Fourth, reveal your plans after you finish the intensive phase of the program: (1-5 minutes)
- Your practice. Will you try to control it again?
- Your job
- Your relationships
- Your growth

If you’ve worked hard and listened carefully you will be able to do the First Step without problems.

The only ones who have problems are those who do not want to risk being honest or they have not broken through their denial...which goes back to honesty. Questions? Just ask me. – Program Director
Remember from the Intensive Phase lectures that our life until treatment is "BOOK I." Our addiction to chemicals, gambling, others, destruction created pain, chaos and crisis for us and those around us. Book I is filled with addiction-fed behaviors and attitudes that simply did not work. Book I is ugly. We sickened at the thought of it being the only book of our lives. One of the few good things about Book I was the final chapter which brought us to treatment where we could learn how to change the theme of our book.

We took a "time out" in treatment and learned that we CAN write "BOOK II" so long as our addictions are arrested. Instead of being chapter after chapter about destruction we can write a new book filled with chapters about growth, health, maturity.

But we need to do more so that Book II does not resemble Book I. We have to identify the habits, attitudes and behaviors which caused or fed our deterioration. We must acknowledge what hasn’t worked for us and change it.

The "dry" person does not take this "inventory." The recovering, growing person does. AA, Al-Anon, NA, OA and the other support groups call it "The Fourth Step. - Made a Searching and Fearless Moral Inventory of Ourselves"

Examine those events in your past which cause you guilt or shame. Guilt and shame are inconsistent with your growth and becoming the person you are meant to be. Each character "defect" listed on the other side of this page could eventually cause relapse into the crisis or problems (more Book I) that brought you to HBI...unless you honestly think about, discuss and let go of it.

There are many ways to accomplish the Fourth Step Inventory. Many patients before you followed this guide and found it simple and effective (but not easy). Simply look at each character defect and recall two times when you experienced the defect that did not work for you. When and where did it occur? What did you do? Why? Who was involved? How were you affected? How were they hurt?

Remember as much as you can about each specific episode. Then, write a few words in your journal or notebook. You will share your inventory when you do the 5th Step.

Don’t be afraid. You’ll discover a many CHANGEABLE things that you can do in Book II. Just look at the opposite column from each defect. Recall one time since treatment started, when you did something that worked for you. Jot it down and share that in your 5th Step. You’re already writing Book II!

~ Dr. Abi-Karam
FOURTH-STEP GUIDE

<table>
<thead>
<tr>
<th>DEFECTS (Did NOT Work)</th>
<th>ASSESS (Do Work)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When I ______________</strong></td>
<td><strong>Since treatment I ______________</strong></td>
</tr>
<tr>
<td>Felt sorry for myself…</td>
<td>Cared, was considerate of someone else…</td>
</tr>
<tr>
<td>Evaded responsibility, blamed, lied minimized</td>
<td>Took responsibility for my actions or mistakes</td>
</tr>
<tr>
<td>Was arrogant, self-centered</td>
<td>Was modest, humble, genuine, real</td>
</tr>
<tr>
<td>Condemned myself and indulged in guilt</td>
<td>Did not beat myself up</td>
</tr>
<tr>
<td>Was dishonest</td>
<td>Was honest, straight-talked</td>
</tr>
<tr>
<td>Was impatient</td>
<td>Was patient</td>
</tr>
<tr>
<td>Was righteous, intolerant</td>
<td>Was compassionate and tried to understand</td>
</tr>
<tr>
<td>Was filled with anger, hate, resentment</td>
<td>Was calm, balanced, and forgiving</td>
</tr>
<tr>
<td>Was jealous and envious</td>
<td>Was grateful for what I have</td>
</tr>
<tr>
<td>Procrastinated or was lazy</td>
<td>Was prompt, took action</td>
</tr>
<tr>
<td>Was insincere</td>
<td>Was sincere</td>
</tr>
<tr>
<td><strong>FOURTH-STEP GUIDE (cont.)</strong></td>
<td><strong>Thought on a spiritual, high-minded level</strong></td>
</tr>
<tr>
<td><strong>Was Vulgar or allowed immoral thoughts</strong></td>
<td><strong>Thought positively</strong></td>
</tr>
<tr>
<td><strong>Thought negatively</strong></td>
<td><strong>Looked for the good in others</strong></td>
</tr>
<tr>
<td><strong>Was critical of others (Inventory Taking)</strong></td>
<td><strong>Was OK with myself and not comparing</strong></td>
</tr>
<tr>
<td><strong>Allowed feelings of being “less than”</strong></td>
<td><strong>Trusted</strong></td>
</tr>
<tr>
<td><strong>Doubted and distrusted</strong></td>
<td><strong>Was generous</strong></td>
</tr>
<tr>
<td><strong>Was stingy, selfish</strong></td>
<td><strong>Worked with someone for resolution</strong></td>
</tr>
<tr>
<td><strong>Manipulated or tried to control someone else</strong></td>
<td><strong>Made a decision, took a risk</strong></td>
</tr>
<tr>
<td><strong>Was indecisive, fearful</strong></td>
<td><strong>“I am writing and living in Book II”</strong></td>
</tr>
</tbody>
</table>

“**What are you doing with the life you saved in treatment?”**

“**I am writing and living in Book II”**
Anger Management

There are 5 main ways to handle anger:
1. Suppress (or Stuff it)
2. Open Aggression
3. Passive Aggression
4. Assertive Anger
5. Dropping Anger

Think About It..........................

- How did your mother behave?
  - How did you know she was angry?

- How did your father behave?
  - How did you know he was angry?

- How did your brother(s) or sister(s) behave when they got angry?
  - Sibling Number 1
  - Sibling Number 2
  - Sibling Number 3
  - Sibling Number 4

- How do you behave when you get angry?

- What messages did you get from your parents regarding your expression of anger?

- Was it OK or NOT OK to express anger?

- How did you know it was OK/NOT OK?
To “let go” does not mean to stop caring; it means I can’t do it for someone else

To “let go” is not to cut myself off; it’s the realization that I can’t control another

To “let go” is not to enable, but to allow learning from natural consequences

To “let go” is to admit powerlessness - which means the outcome is not in my hands

To “let go” is not to try to change or blame another it’s to make the most of myself

To “let go” is not to “care for,” but to “care about”

To “let go” is not to judge, but to allow another to be a human being

To “let go” is not to be in the middle, arranging all the outcomes, but to allow others to affect their own destinies

To “let go” is not to be protective; it’s to permit another to face reality

To “let go” is not to nag, scold or argue, but instead to search out my own shortcomings and correct them

To “let go” is not to adjust everything to my desires, but to take each day as it comes, and cherish myself in it

To “let go” is not to criticize and regulate anybody, but to try to become what I dream I can be

To “let go” is not to regret the past, but to grow and live for the future

To “let go” is to fear less and love more
Rules for Fighting Fair

1. No physical violence.
2. Keep your voice down while being assertive.
3. Say what you feel when you feel it and be honest.
4. Don't say it if you don't mean it.
5. Don't hit below the belt and no name calling.
6. Don't blame, attack or criticize your partner. Avoid judgment and use "I" statements.
7. Don't lecture or argue about details. Just be specific. Don't use statements like "you never" or "you always."
8. Give each other equal time.
9. Fight about one thing at a time and stay in the here and now.
10. Don't interrupt when your partner is speaking.
11. Use active listening.
12. Listen without becoming defensive.
13. Make a commitment to end fight peacefully.
The Twelve Steps*

1. We admitted we were powerless over our addictions and that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. 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. Admitted to God and another human being the exact nature of our wrongs.
6. Were entirely willing to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. 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 others and to practice these principles in all our affairs.

The Serenity Prayer

God grant me the **SERENITY** to accept the things I cannot change;

**COURAGE** to change the things I can; and **WISDOM** to know the difference.

* Some steps slightly modified to fit all addictions
Traits in the Adult from a Dysfunctional Family

Sense of Alienation
Don’t measure up
Feelings of “less than”
Outside Looking In
Fear of Abandonment
Good Relationships don’t last
Willing to “Settle”
Don’t Deserve any Better
Rebound Relationships
Guilt / Shame
Anger
Non-Peaceful Conflict
Violence
Don’t know how to “Play”
Only know how to “Party”
Take Dangerous Risks
<table>
<thead>
<tr>
<th>Type</th>
<th>Visible Qualities</th>
<th>Inner Feelings</th>
<th>Represents to Family</th>
<th>Characteristics</th>
<th>Possible Future Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Hero</td>
<td>Visible Success</td>
<td>Inadequate</td>
<td>Self-worth (Family can be proud)</td>
<td>High achiever</td>
<td>Without Help: Workaholic, never wrong, responsible for everything. Marry dependent</td>
</tr>
<tr>
<td></td>
<td>Does what’s right</td>
<td></td>
<td></td>
<td></td>
<td>With Help Accept failure. Responsible for self, not all. Good executives</td>
</tr>
<tr>
<td>Scapegoat</td>
<td>Hostility, Defiance, Anger</td>
<td>Hurt, Guilt</td>
<td>Takes focus off the Alcoholic</td>
<td>Negative attention: Won’t compete with “family hero”</td>
<td>Unplanned pregnancy, Trouble maker in school &amp; later in office, Prison</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accept responsibility, Good counselors, Courage, Ability to see reality</td>
</tr>
<tr>
<td>Lost Child</td>
<td>Withdrawn, Loner</td>
<td>Loneliness, Unimportant</td>
<td>Relief (One child not to worry about)</td>
<td>‘Invisible”: Quiet, No friends, Follower, Trouble-making decisions</td>
<td>Little zest for life, Sexual identity problems, Promiscuous or stays alone, Often dies at early age</td>
</tr>
<tr>
<td>Mascot</td>
<td>Fragile, Immature, Needs protection</td>
<td>Fear</td>
<td>Fun &amp; humor (Comic relief)</td>
<td>Hyperactive, Learning disabilities, Short attention span</td>
<td>Ulcer, can’t handle stress, Compulsive clown, Marry “hero” for care Remains immature</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Take care of self, No longer clown, Fun to be with, Good sense of humor</td>
</tr>
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Information taken from: “The Family Trap” by Sharon Wegcheider, Johnson Institute, 1976
RELAPSE

If you’re recovering from alcoholism and you have a glass of champagne for your birthday, you have relapsed. If you go to a business luncheon and toast your new boss with a glass of wine, you have relapsed. If your spouse gives you a hard time and you need to mellow out and smoke a joint, you have relapsed. If you’re recovering from cocaine addiction and you drink a cocktail with dinner, you have relapsed. These are only a few examples of relapse.

We have seen that half of the people who complete treatment eventually relapse. But, half of the people who complete treatment don’t relapse.

**Relapse is not part of the HBI Recovery Program!**

Relapse isn’t something that hits like a tornado. There are signs and signals that a relapse is brewing. Just like you can watch storms brewing near the mountains west of Las Vegas, you can see and feel a relapse brewing...if you want to. Many of us hope that we will be overcome by our addiction and forced to drink or use or gamble. Then we can say that the addiction was simply too strong for us...that we had no choice but to use again. That way we can avoid taking personal responsibility.

**Relapse Is Preventable**

If you ignore maintenance requirements, oil changes, tune-ups, etc. your car will tell you that a major malfunction is going to occur. Engine knocking is one sign that a breakdown is near. Very few of us ignore engine warnings and then say it was God’s will or a bad car when the engine blows a few valves. Yet we do that with relapse and our addiction. The answer to the relapse epidemic is to stay on top of your mental, emotional, physical and spiritual health and keep yourself tuned. You’ll know you’re not tuned when the following situations occur:

**You live your life the same way you did before treatment.**

If you minimize your problems, rationalize that everyone does some of the same things you do that are wrong, justify your actions and decisions, blame others for your shortcomings then you’re setting the table for relapse. These are the same tools you used to keep drinking, drugging or gambling

**You get into a relationship, feel better and decide you do not need treatment to feel good.**

Nearly everyone who gets into treatment is looking to find or repair a meaningful relationship. Entering into a relationship before recovery is established can be a “fix.” In other words, we’re using the relationship instead of a drug to feel good about ourselves. Recovering people return to tell us they’re in relationships because they want to be instead of needing to be in a relationship.

**You let yourself get too Hungry, Angry, Lonely or Lazy, or Tired (HALT).**

Eat right and regularly.

Deal with feelings in group, counseling or meetings before they turn inside out to anger. Go to group or meetings when you’re feeling lonely. Build yourself a daily and weekly schedule that includes time for rest, thinking and reading, recreation and sleeping. Stop “winging it.”

**You forget how bad the addiction was and you start slacking off in recovery.**

Most people tell me they’re willing to do almost anything to get well when they first come to HBI. But after just a few weeks in treatment they start debating whether they need to continue groups or go to meetings. There is nothing permanent about recovery. It needs to be nurtured, tended.
And anytime you feel you are relapsing or about to...remember to stumble forward; not backward into relapse.

BAD SIGNS IN RECOVERY PROCESS

I start doubting my ability.
I deny my fears.
I try to force my program on others
I become over-confident
I avoid talking about my problems and recovery.
I behave compulsively (overwork/underwork, talk too much/withdraw, etc.)
I over-react to stressful situations
I start isolating myself
I become preoccupied with one area of my life
I start having minor depressions
I start unrealistic or haphazard planning
I live in the “there and then” instead of the “here and now.”
I find my life plans beginning to fail.
I start idle daydreaming and wishful thinking
I view my problems as overwhelming, or unsolvable.
I long for happiness but I don’t know what it is.
I become irritated with friends/family
I experience periods of confusion.
I avoid having fun.
I over-analyze myself
I am easily angered.
I blame people, places, and things for my problems.
I begin doubting my sickness.
I eat irregularly (over/under eating, snacking, etc.).
I have listless periods.
I sleep irregularly (over/under sleeping).
I experience periods of deep depression.
I stop going to meetings.
I develop and “I don’t care” attitude.
I hoard money, sex, or power.
I develop aches and pains.
I feel powerless and helpless
I feel sorry for myself
I begin to lie consciously.
I completely lose confidence in myself
I develop unreasonable resentments.
I am overwhelmed with loneliness, frustration, anger, tension.
I make or experience a major life change
I lose control.
Relapse

Relapse does not begin with the first drink, use or bet. It begins long before. Relapse starts with old behaviors which eventually lead to the bar, the dealer or the poker machine.

Relapse Warning Signs

Apprehension about Well Being

Alcoholics reported an initial sense of fear and uncertainty. There was a lack of confidence in the ability to stay sober.

Denial

Patients reactivated denial systems in order to cope with apprehension, resultant anxiety, and stress. The denial systems reactivated in this stage of relapse dynamic tend to correspond with the denial systems utilized to deny the presence of alcoholism during the initial phase of treatment. Most patients were aware of this denial with hindsight but reported they were unaware of it while experiencing it.

Adamant Commitment to Sobriety

The patients convinced themselves they would “never drink again”. This self-persuasion was sometimes overt and blatant but most often constituted a very private decision. Many patients reported fear of apprehension of sharing that conviction with their therapists or with members of AA. Once patients convinced themselves they “would never drink again”, the urgency of pursuing a daily program of recovery diminished.

Compulsive Attempts to Impose Sobriety on Others

This attempt to impose sobriety or individual standard for recovery was seldom overt. It was generally private judgments about the drinking of friends and spouse and the quality of the sobriety programs of fellow recovering alcoholics. When dealing with the issues of sobriety, the patients began to focus more on what others were doing than what they were doing.

Defensiveness

The patients reported a noticeable increase in their defensiveness when talking about their problems of recovery programs.

Compulsive Behavior

Behavior patterns became rigid and repetitive. The alcoholic tended to control conversational involvement either through monopoly or silence. The tendency towards overwork and compulsive involvement in activities began to appear. Non-structured involvement with people was avoided.

Impulsive Behavior

Patterns of compulsive behaviors began to be interrupted by impulsive reactions. In many cases the impulse was overreaction to acute episodes of stress. There were also reports of impulsive activities being the culminations of a chronic stress situation. Many times the overreaction to stress formed the basis of decisions which affected major life areas and commitments to ongoing treatment.
Tendencies toward Loneliness

Patterns of isolation and avoidance increased. There were generally valid reasons and excuses for this isolation. Patients reported short episodes of intense loneliness at increasing intervals. These episodes were generally dealt with by pursuing responsible involvement with other persons.

Tunnel Vision

Patients tended to view their lives in isolated fragments. They would focus exclusively on one area, preoccupy themselves with it, and avoid looking at other areas. Sometimes preoccupation was with the positive aspects, thus creating a delusion of security and well-being. Others preoccupied themselves with the negative aspect, thus assuming victim positions which confirmed the belief that they were helpless and being treated unfairly.

Minor Depression

Symptoms of depression began to appear and persist. Listlessness, flat affect, and oversleeping became common.

Loss of Constructive Planning

Patients’ skill at life planning began to diminish. Attention to detail subsided. Wishful thinking began to replace realistic planning.

Plans Begin To Fail

Due to lack of planning, failure to follow through, lack of attention to detail, or the pursuit of unrealistic objectives, plans began to fail.

Idle Daydreaming and Wishful Thinking

Ability to concentrate diminished and concentration was replaced with fantasy. The “If Only” syndrome became more common in conversation. The fantasies were generally of escape or of being rescued from it all by some unlikely set of circumstances.

Feeling That Nothing Can Be Solved

A failure pattern in sobriety was developed. In some cases the failure was real in terms of objective realities; in other cases it was imagined and based upon intangibles. The generalized perception of “I’ve tried my best and it isn’t working out,” began to develop.

Immature With “To Be Happy”:

Conversational content and thought patterns became vague and generalized. The desire to “be happy” or “have things worked out” became more common without ever defining what was necessary to be happy or have things work out.

Periods of Confusion

The episodes of confusion increased in terms of frequency, duration, and severity of behavioral impairment.

Irritation with Friends

Social involvement including friends and intimate relationships, as well as treatment relationships, formed with therapists and AA members, became strained and conflicting. The conflicting nature increased as confrontation of alcoholic’s progressively degenerating behavior increased.
Easily Angered

Episodes of anger, frustration, resentment, and irritability increased. Overreaction, became more frequent. Often the fear of extreme overreaction, the point of violence, seriously increased the level of stress and anxiety.

Irregular Eating Habits

Patients began overeating or under eating. The regular structure of meals was disrupted. Well-balanced meals were often replaced by less nourishing "junk foods."

Listlessness

Extended periods of inability to initiate action developed. These were marked by inability to concentrate, anxiety, and severe feelings of apprehension. Patients often reported this as a feeling of being trapped or having no way out.

Irregular Sleeping Habits

Episodes of insomnia were reported. Nights of restlessness and fitful sleep were reported. Episodes of sleeping marathons of 12-20 hours were reported at intervals varying between 6 to 15 days. These sleeping marathons apparently resulted from exhaustion.

Progressive Loss of Daily Structure

Daily routines became haphazard. Regular hours of retiring and rising disappeared. Inability to sleep resulted in oversleeping. Meal structure disappeared. Complaints of inability to keep appointments became more common, and social planning decreased. Patients reported feeling rushed and overburdened at times and then of facing large blocks of idle time in which they didn't know what to do. An inability to follow through on plans and decisions was also reported. The patients reported they know what they should do, but were unable to overcome strong feelings of tension, frustration, fear, anxiety that prevented them from following through.

Periods of Deep Depression

Depressions became more severe, more frequent, more disruptive, and longer in duration. These periods generally occurred during non-structured time periods and were amplified by fatigue and hunger. During these periods the patient tended toward isolation and reacted to human contact with irritability and anger while at the same time complaining that nobody cared.

Irregular Attendance at Treatment Meetings

Attendance at AA became sporadic. Therapy appointments were scheduled and then missed. Attendance at treatment groups and home AA meetings became sporadic. Rationalization patterns developed to justify this. The effectiveness of AA and treatment was discounted. Treatment lost a priority ranking in the patient value system.

Development of an “I Don’t Care” Attitude

Patients generally reported this "I can’t care” stance masked a feeling of helplessness and extremely poor self-image.
Open Rejection of Help

Patients cut themselves off from viable sources of help. This was sometimes accomplished dramatically through fits of anger or open discounts. Other times it was done through quiet withdrawal.

Dissatisfaction with Life

Patients began to think “things are so bad now I might as well get drunk because they can’t get worse”. Rationalizations, tunnel vision, and wishful thinking began to give way to the harsh reality to how totally unmanageable life had become in the course of this period of abstinence.

Feelings of Powerlessness and Helplessness

This was marked by an inability to initiate action. Thought processes were scattered, judgment was distorted, and concentration and abstract thinking abilities were impaired.

Self-Pity

Patients became indulgent in self-pity. This often called the PLOM (Poor Little Old Me) syndrome. This self-pity often was used as an attention-getting device at AA and with family members.

Thoughts of Social Drinking

The patients realized that drinking could normalize many of the feelings and emotions they were experiencing. The hope that perhaps they could again drink in a controlled fashion, began to emerge. Sometimes the thought was challenged and put out of conscious thought. Other times it was entertained. Again, with hindsight, the patients realized they were facing a choice between insanity, suicide, or a return to drinking.

Conscious Lying

Denial and rationalization became such extreme processes that even the alcoholics began to recognize the lies and deceptions. In spite of this recognition, they felt unable to interrupt the pattern.

Complete Loss of Self-Confidence

The patients felt they could not get out of this trap no matter how hard they tried. They became overwhelmed by the inability to think clearly or initiate action.

Discontinues All Treatment

The patients felt severe anger with the world in general and the inability to function. This anger was sometimes generalized at other times focused at particular scapegoats.

Attendance at AA stops completely. Patients who were taking Anabuse report episodes of forgetting to take it or manipulation to avoid taking it regularly. When a helping person relationship was part of the treatment, strain and eventual termination of that relationship resulted. Patients dropped out of professional treatment in spite of a realization that they were acting irrationally and needed help.

Overwhelming Loneliness, Frustration, Anger, and Tension

The patient reported feeling totally overwhelmed and feeling there were no available options except returning to drinking, suicide, or insanity. The fear of insanity was intense. There were also intense feelings of helplessness and desperation. Often drinking was an impulsive behavior with little or no conscious preplanning.
Dr. Ohlms’s description of the disease is one of the most concise and easily understood accounts. I have read. He wrote this 20 years ago. What he says about alcoholism applies to drug addiction as well.

~ Dr. Abi-Karam

Alcoholism is a primary disease. It is its own disease and causes its own symptoms. It is not a symptom of other diseases or problems. The definition of a disease is “anything that interferes with the ability of the human being to function normally.” Alcoholism is a chronic, progressive, INCURABLE disease characterized by the loss of control over alcohol and other sedatives. Are there unique signs and symptoms for the mysterious disease we call “alcoholism”? Absolutely!

EARLY STAGE

In the early stages we have what is known as relief drinking. An individual uses alcohol to get relief from something: Physical pain, emotional pain, money worries, sleeplessness, overeating or under eating - it could be anything. Drunk driving commonly occurs in the early stages as do memory blackouts. These occur when the drinker continues to function, walking, talking and driving; but, the next day (or days) he/she has no recollection of what happened or what he/she did. Some people even get married while in a blackout! If a person has had blackouts odds are that person is alcoholic.

MIDDLE OR CRUCIAL STAGE

The middle stage of the disease is often called the crucial stage. Observable symptoms include absenteeism for work/family, poor job performance, financial problems, moral or ethical changes in behavior. This crucial stage is the time to get the alcoholic into treatment. It is also the period when, if the alcoholic doesn’t get into treatment, chances for recovery go way down.

FINAL STAGE

The final stage is the chronic stage of the disease. The symptoms become physical in nature. To name a few; the liver goes, impotence occurs, the brain becomes permanently damaged, high blood pressure and heart damage occur. Most alcoholics aren’t fortunate enough to reach this stage. It takes many years (for adult alcoholism) to reach chronic alcoholism and most will die before they get there. (A person drinking heavily in his/her teens can become alcoholic in less than a year’s time.)

THE DISEASE... OFTEN MIS-DIAGNOSED

But once treatment begins, the chances for recovery are highly probable. Thank God there are signs and symptoms of alcoholism. But, sad to say, far too few med students and doctors are taught to recognize the signs and symptoms of alcoholism. Far too few, even today, are taught to recognize alcoholism as a disease. This I honestly feel, is a national and worldwide disgrace.

In the US today, roughly 34.5 out of 36 people who have alcoholism die from it. And, they will have never been treated for it. They will have been treated in hospitals for all the physical problems that go with alcoholism. They may have been frequently hospitalized in psychiatric units where all kinds of psychiatric labels are routinely attached to them. They will be “manic-depressive” because they have episodes of depression regularly. I’d be depressed too, if I had lost my family, job and health! Alcoholics get all kinds of labels, and a lot of treatment. But they get the wrong type, frequently with sedatives which drive the addiction even deeper.
DISEASE???

Because we are not sure of the cause of disease does not mean it isn’t a disease. We are not sure what causes cancer or diabetes either, but there is no question they are diseases. What does cause alcoholism? Here are some known facts: Alcoholism runs in families. Family histories taken from patients indicate that 95% of the time, someone, and somewhere were alcoholic. People are predisposed to alcoholism because of their heredity.

THIQ

Research has shown that the alcoholic has an abnormality in body chemistry when it comes to metabolizing alcohol. When the normal drinker takes in alcohol, it is very rapidly eliminated at the rate of about one drink per hour. The body first converts the alcohol into something called acetaldehyde. “Acet-al-de-hyde” is very toxic stuff; and, if it were to build up, we would get violently sick. And, we could die! Mother Nature helps us to get rid of this toxin quickly by changing it into acetic acid (otherwise known as vinegar), then changes it a few more times into carbon dioxide and water. CO2 and water is happily eliminated through the lungs and kidneys. That’s what happens to alcoholics too but they get what might be called “PS”. It has been extensively confirmed that something additional happens to the alcoholic. In them, a very small portion of the acetaldehyde is NOT eliminated. It goes to the brain and with a biochemical process ends up as THIQ (tetra-hydro-iseo-quinoline).

THIQ is manufactured in the brain and only occurs in the brain of the alcoholic drinker. THIQ has been found to be highly addictive and stronger than morphine! If the alcoholic ever drinks again he/she will show the same symptoms displayed years before. The human alcoholic will ALWAYS carry THIQ.

RECOVERY

Alcoholism is a disease...that’s the good news. Alcoholism is not the alcoholic’s fault. That’s good news too. Alcoholics can today get proper treatment for the disease. Treatment begins when we tell them these facts. The alcoholics I see are usually highly relieved to hear that it’s not their fault. They have been carrying tons of guilt along with the alcoholism and that guilt was often worse than useless. Now instead of guilt, the alcoholic person can take on some responsibility. Now that the alcoholic knows the facts he/she can, with treatment, take the responsibility of stopping drinking. Alcoholics can refuse to put more THIQ into their brains and they can refuse to reactivate the THIQ that’s already there. Alcoholics cannot get rid of this THIQ but they can, with treatment, be taught how to control it. This means “don’t drink...Ever!” For the alcoholic: Alcoholics can learn to live like normal, healthy grownups again. That’s great news for all of us. That’s the best news any human being can ever expect.