MANAGE MY ADDICTION

WHAT I WISH I'D LEARNED IN SCHOOL
ABOUT SUBSTANCE USE DISORDER AND ADDICTION RECOVERY

KENNETH J. MARTZ. PSY.D.

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What I Wish I'd Learned in School about

Substance Use Disorder and Addiction Recovery

Kenneth J. Martz, Psy.D.

Warning – Disclaimer: The purpose of this book is to educate. This book is not intended to take the place of professional counseling. It is a tool to support anyone in their personal journeys of growth.

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1st Printing Edition, 2021

ISBN: 978-1-7366131-3-9 (hardcover)

ISBN: 978-1-7366131-2-2 (print)

ISBN: 978-1-7366131-1-5 (digital)

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PRAISE FOR MANAGE MY ADDICTION

The author blends theory and practice in direct, useful, and inviting ways. Inspiring quotations and takeaway messages abound. The format engages readers who eagerly anticipate "next steps."

Dr. Sandra Rasmussen, Author of Ready, Set, Go! Addiction Management for People in Recovery

Dr. Martz does an outstanding job of offering solutions to manage our emotions, and prevent them from sabotaging our life goals. His 25 years of experience in the fields of Mental Health and Addiction allows for insight and perspective that few can give.

Joel Elston, Author of The Bench

Dr. Martz has a way of explaining addiction and recovery success in an easy-to-read format. His book will help people understand there are many ways to recover and treat underlying illnesses that often accompany the cycle of addiction.

Suzanne L. Thistle, MA, MLADC, author of the 2020 April/May Amazon New Release Best Seller, Chem-Free Sobriety, and the 2021 New Release, God is in the Addict

This is a really handy book packed with a lot of great information for people in early recovery, for family members seeking to understand basic elements of addiction and the treatment process as well as a resource for clinicians to use with their clients. Well done, Dr. Martz!

Person in Recovery (35 years from polysubstance use)

I wanted to learn more about my loved one, his journey, and how I can help him. I especially appreciated the information on the process of

addiction development and the wide range of tools to help with recovery. I even used many of them myself. Thanks!

Family Member in Recovery

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To the Roses,

as well as the Thorns in my life

Thanks for your support

throughout this journey

toward balance.

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INTRODUCTION

What would you say if I told you there is an easy path out of addiction? Would you immediately react that it is very hard? Notice I didn't say simple. Often the belief that stabilizing addiction is hard is one of the barriers to success. It may be a challenge to run a marathon, but it starts with one step.

This book leads the reader step-by-step. Most steps are quite easy, though they combine into a complex process toward our most desired goals. Part 1 offers some of the essential background and tools needed to understand the process. For some, this will be new material, and for some, it will just be a review. For everyone however, these are core principles necessary to understand the later parts of the book. Part 2 brings specific considerations for certain addiction processes. Part 3 expands our personal growth outward to our connections with our ongoing support system, so the changes we make have the best chances to continue for a lifetime.

Perhaps you are reading this for yourself. Maybe you are reading for a loved one. Take your time to walk these steps. By the time you are done, you may find yourself in a very different place, having traveled far in a short period of time. It is only after walking the path that we realize how easy it is to walk, if only we know the right path.

In deciding to write this book, I needed to consider important questions. Why now? There are so many other books on this topic. Why do we need this one? The answers came swiftly. Addiction and related death rates have accelerated. Sadly, there are very few psychologists with experience in this area writing books.

Substances have been used for recreation for centuries and are misused. In recent decades, this has accelerated, with an increased awareness of individual, familial, and societal harms caused by substance use. It is essential to be aware of these patterns so that we can create effective interventions for the sake of our children.

In this age of climate change, political unrest, and pandemics, we are in a time of significant change. This change also creates an opportunity to reset and arise stronger on the other side. Just as a broken bone heals stronger, collectively we will rise beyond this historical pivot point.

This issue has seen a lot of attention lately. Is there really anything new? Yes. There is a long history of judgment and discrimination against those with substance use issues. This new attention has created a shift where many experts from many disciplines have been asked to give opinions and perspectives. Often, these new experts have specialized perspectives and agendas.

Today's epidemic of addiction has brought together physicians, lawyers, pharmaceutical companies, hospitals, first responders, teachers, politicians, and many more. All of these perspectives are needed as we develop an "all hands-on deck" team approach for an issue that impacts all of society.

Two groups are missing from the list above—persons with lived experience and psychologists.

The addiction field used to be dominated and led by individuals in recovery. There were not degrees in substance use disorder treatment, except through the trials, efforts, failings, and success of those who escaped this nightmare. This deep understanding of what does not work

and what is successful has become lost at the table, often drowned by all the new voices and interests suddenly involved in this issue.

For over 24 million Americans, who are in long-term recovery from this pain, success is a reality and an expectation. Of course, many do not share their stories for fear of stigma, which is a fancy way of saying discrimination. Fear of losing their jobs, fear of what "they" may think of me, and fear of impacts to our families are alive and well.

Some may not be living in fear but having escaped addiction simply no longer live in this world. For others, this deeply lived experience with addiction has led them to help the next person, becoming mentors, sponsors, counselors, and champions.

Even recently, the academic world has scorned this stigmatized population. Among my four degrees, there was not a single course in addiction and barely a mention in a single class. Today that is changing as addiction treatment is becoming a requirement in many sectors.

Psychologists bring a unique perspective. There is an emphasis on understanding mental illness and wellness as well as how each interacts with motivation, cognitive change (beliefs, imagery, emotions), and research.

Among psychologists, there is an emphasis on research and research design, with technical jargon on statistics, Type 1/Type 2 errors, quantitative/qualitative methods, statistical significance, and many other things I thought were boring back in college. Over decades of supervision, work experience, and training to learn these skills, I went on to teach things like "Advanced Research Design," "Forensic Program Development and Evaluation," and "Advanced Addictions Counseling."

Sadly, despite the prevalence of addiction, less than 10 percent of psychologists have gone on to be certified in an addiction specialty. This specialty is a voice that is also important and largely absent in public literature.

This specialty is the voice of experience that you will find throughout this book. It is a compilation of research and science, honed through the lens of hands held, tears wiped, joys celebrated, and funerals attended over decades of practice. This perspective spans experience with the range of addiction, not a single element of that experience seen by lawyers making a case, first responders reviving overdoses, physicians doing medication checks, or coroners counting cause of death. This book is grounded in this experience and research, although you will find few citations so the focus can remain on the personal applications.

Knowing that these are our brothers and sisters, parents and children, together we can find solutions, select the ones that offer the best outcomes, and change the tide.

This book is not an answer, but part of a dialogue to deepen our understanding of the development of addiction(s). As we understand the causes of addiction, we can better understand and select "evidence-based" interventions that lead to long-term change.

This book may benefit many individuals, including those seeking to understand their own substance use, family members, substance use disorder professionals, mental health professionals, medical professionals, first responders, businessmen/women, funders, and political leaders. However, the emphasis is on those exploring their own problematic behaviors.

Do you want to:

- Deepen your understanding of the addiction process
- Begin to understand critical elements of the treatment process
- Learn tools to support your personal recovery journey

Then this is the book for you.

The most well-known addiction process is substance use disorder. While substance use will be an emphasis of this book, process addictions can also be similarly problematic. These include gambling, excessive

shopping, sex/pornography, video gaming/electronics, social media, and other behaviors that can damage relationships and employment.

This book builds on prior discussions in *Manage My Emotions: What I Wish I'd Learned in School about Anger, Fear, and Love*. It is not necessary to have read that book previously, as some basic principles are briefly reviewed here. However, taken together, these two books offer a deeper understanding of the whole person as that book more thoroughly examines the core role of emotion. This book will build on some of those principles with more tools and applications to addiction.

When live becomes unmanageable, we turn to tools outside ourselves to build support, as we take charge and manage our lives, together.

Now begins this understanding of addiction.

PART 1

INTRODUCTION TO ADDICTION

CHAPTER 1

WHY ARE WE HERE?
THE CURRENT IMPACT OF ADDICTION

"Rock bottom became the solid foundation on which I rebuilt my life."

J.K. Rowling

The criminal justice system is not the right place - or it shouldn't be the place of first resort to provide addiction or mental health services. It should happen elsewhere with no police, and no judges, and no juries, and no jails.

Ted Wheeler

Addiction impacts society, our families, and the addicted in many ways. Untreated addiction creates a devastating human and financial impact. As we begin to understand this range of effects, it can help support our motivation to understand the worth of recovery for society for families as well as those who are addicted.

In our society today, substance use disorder costs an estimated $510 billion annually (SAMHSA, 2008) more than $1 trillion (Florence, Luo & Rice, 2021). There has been a recent emphasis on the opioid epidemic due to the associated increase in deaths. Still, alcohol remains the number one with a wide range of deaths due to car accidents, alcohol poisoning, and related deaths. Of course, the use of multiple substances

is now the norm, creating a complex picture. This impact hits families and children left behind all across the world.

Sadly, this focus ignores the thousands who are alive, struggling with this disease, unable to escape, who are still facing many harms to their children, crimes, losses, and physical illnesses as they fill hospitals and emergency departments or die. As long as they're still alive they have a chance to make changes and move into recovery. Research indicates this one disease (perhaps the only) where someone can become "better than well." Often, those who achieve recovery and the lessons they learn on that journey become strong leaders in their families, communities, and the nation.

Addiction Is A Disease Of Isolation

For some, alcohol starts as a way of being social, reducing anxiety to "party" and socialize. As we progress into addiction, we become increasingly isolated. As we develop secrets, we create walls of separation from those who care about us. Throughout an addiction process, lies, betrayals, and manipulations can lead to feelings of anger and betrayal in relationships, further limiting our social connections. As we begin to expect judgment from relationships, we internalize a sense of shame.

Addiction Is A Disease Of Shame

Within myself, addiction can create a wide range of impacts. It affects my emotions in a range of ways. I may be afraid of being found out, fearful of losing control, or afraid of being wrong. I may be angry with myself, my family, and the world for the perceived injustices, but I've faced them for years. I may feel alone, lonely and isolated like no one in the world has ever experienced this pain and as if no one in the world cares. I may feel devalued. I may hate myself. I may feel worthless. When we are alone, there is a sense of guilt and shame over failures, losses, and frustrations. This isolation and self-judgment can lead to a sense of hopelessness that there is no way out.

Addiction Is A Disease Of Hopelessness

These feelings can affect my beliefs. I may believe that there is no other way, and I think that no one cares. I may believe that I am helpless. I may feel that I must take what I want since no one will be able to give it to me. I may believe that no one wants to understand or that no one cares. I may believe that the world is a dangerous place and may think that I have been wounded or otherwise harmed by injustices. Notice how these beliefs are often linked closely to emotions. Hopelessness may be the worst of all since it brings with it the belief that change is impossible.

Takeaways

Sometimes life-changing transformations begin with simple, targeted steps. If addiction is a disease of isolation, shame, and hopelessness, what can I do today to take one small step toward connection, respect, and hope?

For example:

- **Connection**
  - Hug someone close to me
  - Thank someone
  - Tell one person you are thinking about making some changes and ask for help
- **Respect**
  - Commit to being completely honest for the next hour
  - Say a prayer
  - List three things you are good at
- **Hope**
  - Read one more chapter in this book
  - Journal for five minutes on another challenge you have faced and successfully overcome
  - List three goals you would like to achieve today or in the next week

CHAPTER 2

BRAIN SCIENCE

"Quitting smoking is easy. I've done it a hundred times."

Mark Twain

There is often not a user's manual for life. However, it is helpful to have some basic information on how the brain works. This information can help us to use it effectively. This discussion is a simple introduction to gain perspective on our inner world.

Brain Images

There are resources with high-resolution images of the brain that can be searched online. This area of brain images has been a growing area of study. Simply put, there are changes in brain function when using substances or when someone experiences other addictive behaviors. Knowing this helps us understand that the behavior is not about being "bad" or "lazy" or "stupid." It is that our behaviors have had effects on our body and mind.

The good news is that the body heals itself from all kinds of illness and injuries once we stop the behavior causing them. Brain scans show the damage that occurs due to substance use and also that the brain dramatically recovers as we move into treatment and long-term recovery from our addiction.

Brain Chemistry

When we use a substance, over time the body builds a tolerance. Simply put, the body comes to expect that substance and adapts to it. So, we begin to need more of it to get the desired effect. Of course, once we have tolerance, stopping the substance leads to withdrawal which can be extremely uncomfortable in the short term. However, the intensity typically diminishes in just a few days as the body works to detox from the substance. There can be some longer-term effects, for example, from learning, but the body generally adapts quickly.

Learning

As we learn, our experiences are stored in the brain like a giant computer hard drive. The longer we are in our addiction, the more we learn lessons that reinforce the addiction. This is a brain process that creates a filter, making it seem like the story about our lives is true. However, as soon as we step outside of the addiction process, we begin to learn new and alternative approaches. So, we start to grow beyond addiction.

Even if we have attempted treatment and "failed," we have learned new tools and are nearer to learning the skills and perspectives needed to sustain a life free from addiction.

For example, Jack has been in an active addiction process for ten years, since adolescence. His longest time free from addiction has been three days. So, he has never learned many of the tools of life skills used by other adults. This gap makes it difficult to imagine a life outside of addiction that feels normal.

Consider that Jack enters freedom from addiction. Each day and each month and each year, there is time for the brain to heal, time to learn new skills, and time for this new life to become the expected normal.

State-Dependent Memory

There is research that says when we are in a particular emotional state, it is easier for the mind to recall other situations we had in that state and harder to remember situations from when we were in other states. So, our experiences can become filters for the world.

For example, a research study (that perhaps could not be repeated today) examined college students and the effects of alcohol on their exam taking. There were four groups:

1) One who studied sober and took the exam sober
2) One who studied while drunk and took the exam drunk
3) One who studied sober and took the exam drunk
4) One who studied drunk and took the exam sober

Which group did the best on their exams? This curious experiment found that those who studied sober and took their tests sober did the best. Hurrah!

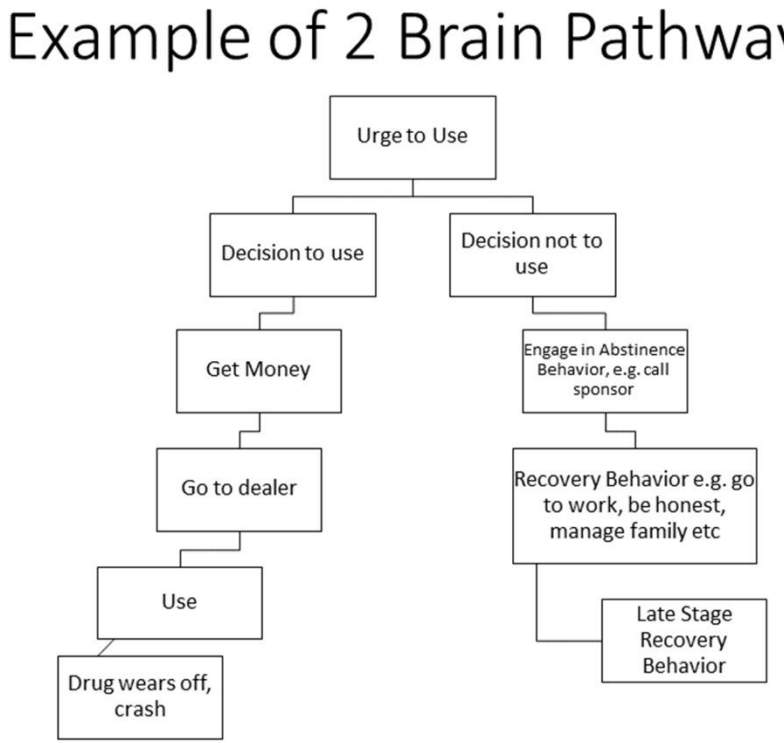
The interesting part is which group did second best. It was those who studied drunk and took the test drunk. The reason is simply state-dependent memory. When I am in one state, I can best recall the other things I learned and did when I was in that particular state.

When this finding is applied to addiction, it is easy to see: When I am using a substance or addictive behavior pattern, I can best recall all the times I was using, reinforcing those memories of hopelessness and isolation. When I stop those substances and behaviors, I can best remember all the times of hope I am now building. I now start to build my day based on this hope. Notice, I am filtering the world by my own perceptions, as if that was the real state of things, rather than what I see and feel because of my filters. It is like wearing sunglasses. We no longer see the real world but

rather the world through our filters. Unfortunately, we forget we are wearing glasses and think that our perception is reality.

How Does Addiction Develop Over Time?

Addiction involves a process of repeated behaviors that cause the need for more (tolerance) and cause discomfort if one continues to abstain (withdrawal). This pattern does not happen with one event, but over time. For this discussion, we will consider addiction, which can include both substance use and process addictions including gambling or other behaviors.



Let's continue discussing how the brain works, with an example as it relates to substance use. In the image above, imagine that each box is a brain cell that connects to the next brain cell. This description is a simplification since each cell actually binds to many more cells. Bob has a thought or urge to use a drug. He decides to use it, so he goes to get money (perhaps through his preferred illegal means), goes to his dealer to obtain the substance, uses it until it is all gone, and finally, the drug wears off, and he crashes. This path, of course, can create a cycle where Bob has the urge to use again, and the process repeats.

He repeats this cycle today, and tonight, then tomorrow, and again the following day. It repeats again and again and again throughout addiction for ten years. It is like the rain cloud that causes water to pool into a creek. Over time, the creek gets carved out deeper into a river bed, then eventually it becomes the Mississippi River, and ultimately, the Grand Canyon.

Disease Model

This model is a simple way of understanding the disease model of addiction. The disease model says that substance use disorder is:

1) Potentially fatal
2) Progressive
3) Chronic
4) Treatable

This model is just like other chronic conditions such as diabetes, heart disease, and obesity, which achieve similar recovery rates.

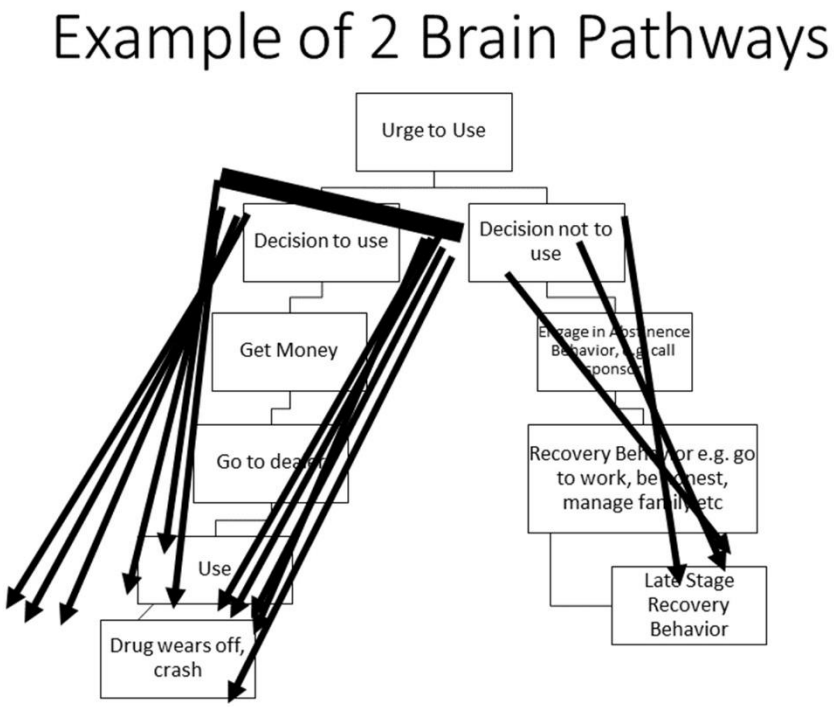
> *Potentially fatal:* We know that each of these behavioral patterns is potentially fatal, through heart attacks, drug

overdoses, and risk to the cardiovascular system when facing an infectious disease.

Progressive: Just like the Grand Canyon example above, substance use disorder is progressive. One begins to drink or use drugs more and more, and the habitual pathway becomes stronger and stronger.

Chronic: Substance use disorder is also chronic. Just like learning our times tables, once a Grand Canyon has developed, there is no substantive approach to removing it. This learning pattern can explain why individuals who relapse start substance use at the same level as previously used at the learned behavior level instead of just craving a smaller dose.

Treatable: Today, an estimated 24 million Americans are in recovery from substance use disorder. With proper treatment, long-term recovery is the expected outcome. Just like with pneumonia, treatment is typically successful when it is long enough and strong enough.



Treatment and Recovery

We have examined the development of an addiction process. Now we turn to recovery. As with this brain image, we have an imaginary Grand Canyon of ten years of practice on the addiction pathway and an imaginary trickle of water on the recovery pathway. So, the helicopter comes in and saves us from the rushing waters.

Now what? I go to a treatment program, and they give me five days of medical stabilization before the funder declares me cured and able to be managed with a less intensive form of treatment. Does the recovery (right-hand) pathway appear to be ready to handle this yet? If it took ten years to build the Grand Canyon on the addiction pathway, how long would it take to make a similar pathway on the

recovery path? (This is not a trick question) The answer would reasonably be about ten years, or at least a lot longer than funders pay for treatment these days. However, each day of those ten years is substance-free, building practice in recovery, making it easier and more fulfilling over time.

Takeaways

While in our addictive process, changes in our brains make it harder to stop on our own.

Our brain can heal. With each passing thought, we are one step closer to our goals.

As we are able to be free from substances and behaviors, the brain quickly adapts to our new life.

Continue to see today's reality rather than the filter of the memories of isolation and despair carried over from the addiction process.

As we are free from our substances and the behaviors that accompanied them, learning continues to support us with the skills and perspective of our life in recovery.

What is one new thing I can learn today to take a step toward a new life?

CHAPTER 3

STAGES OF ADDICTION

"First you take a drink, then the drink takes a drink,

then the drink takes you."

Francis Scott Key Fitzgerald

"Remember, just because you hit bottom doesn't mean you have to stay there."

Robert Downey

Sometimes it is easy to think of addiction as a single idea, but there is a wide range within the process, ranging from no addiction to long-term recovery. By understanding the spectrum, we can identify where we are and where we are headed. Often, there are different steps based on how far we have progressed in the process.

Example Of The Range Of Substance Use

Consider prescription opioid use for those with pain.

No Opioids

For many with pain, many tools are the "go to" tools that are non-opioid. These may include herbal approaches, dietary change, exercise, TENS units, ice packs, and heating pads. Treatment may consist of non-opioid pain relief such as topical medications and other over-the-counter-medications. There are also a range of professional interventions to support pain ranging from cognitive therapy, acupuncture, massage, chiropractic and more.

Opioid Use

For some, pain management involves the use of a prescribed opioid. It is taken as directed, for example, one pill once per day. This use pattern brings the benefit of pain relief, along with the expected result of tolerance and withdrawal (even with mild withdrawal symptoms).

Opioid Mis-use

There are many examples of mis-use, which may be as simple as not following the directions as prescribed which are typically short-term occurrences. For example, I am having a bad pain day, so I take a second pill or take the next pill early. It could mean that I have my daughter's wedding to go to, so I take an extra pill so I can dance. It may be that I am watching the Superbowl and have a few beers, which interact with my medication. It could be that I am driving my car immediately after a medication dose change before I know the effects. This behavior could even lead to a DUI charge if, for example, I add two drinks at a wedding and the synergistic effects impair my drive home.

This use pattern may have some short-term benefits for a short-term situation, with minimal risk of harm. However, the mental belief of acceptability of using the medication not as prescribed becomes a slippery slope to a third or fourth pill or an increasing frequency of what was supposed to be a rare event.

Substance (Opioid) Use Disorder

Previously, substance use disorder was broken into two categories, "abuse" and "dependence." Abuse is considered stigmatizing, so terms were replaced with Substance use disorder Mild, Moderate, and Severe. This labeling creates an unusual issue in that it broadens the clinical diagnosis to include substance misuse, which is often not seen for treatment, since they do not believe they have a problem.

Opioid Use Disorder Moderate (Formerly called drug abuse)

At this stage, individuals begin to use the medication at higher doses or more often. This usage leads to associated harms such as DUI, problems like feeling uncomfortable, or showing symptoms, maybe affecting work productivity, or being late to work, or missing a day. These harms may cause distress to the individual or his or her loved ones. This distress can lead to a desire to cut back or control these behaviors, which may or may not be successful. These individuals often do not seek treatment since they do not see it as a problem. This perception is one of the most common reasons why individuals do not seek treatment, because they do not believe they have a problem or think that they can cut down on their own.

Opioid Use Disorder Severe (Formerly dependence or addiction)

At this stage, impacts become more severe such as emotional distress, relationship conflicts, disciplinary actions at work, injuries, or other such impacts. At this stage, the tolerance and withdrawal that began at the opioid use stage become driving factors. Instead of opioid use to reduce pain, it becomes opioid use to feel normal. Perhaps worse, excessive opioid use can cause the pain to worsen. The technical term is opioid-induced hyperalgesia, which means that we begin to experience the same painful experience as more intense and painful, like nails on a chalkboard. At this stage, the attempts to cut back are lessened, as this becomes the norm rather than the exception. These individuals often do not go to treatment because the drug has become the solution. They may not believe change is possible or may not believe they are worthy of change.

Stages Of Interventions Across The Continuum

There is a range of interventions that change across different populations. These vary based on the risk levels of each population.

Prevention

For the general population, there is not pain, opioid use, or other substance use.

For these individuals, professionals seek to use primary prevention, health-promoting tools to help prevent challenging behavior from starting. Some examples of this may include grade school education on how to "say no" to drugs, role-playing, how to stand up to negative peer pressure, or creating a positive and protective community culture.

Targeted Prevention

For some, prevention becomes explicitly focused on individuals who are at risk in some way. Examples could be:

- Having a depression screening at a primary care visit
- Referrals to a guidance counselor due to a drop in grades
- Informational fliers on a support group for those who recently had surgery as part of discharge paperwork
- Higher rates of cancer screening for individuals with a family history of cancer

This range of tools is not because someone has an identified problem but because they are at risk.

Intervention

For those who have developed a risky behavior, this involves an interaction that is designed to stop the progression. This intervention could be as simple as a physician saying, "Did you know your drinking pattern puts you in the 95th percentile, meaning you drink more than 95 percent of people?" Or "While you are not drinking a lot, I am concerned about the effect that the alcohol may have on your diabetes." A more extreme example is a drug intervention where an individual has a meeting with family and friends, who have the intent of convincing the

person to make a change in course, like beginning a drug treatment program. This approach can be particularly effective in the early stages of a substance use disorder, while the symptoms are still mild. For those with severe substance use, this may not be adequate, but it helps communicate that help is available.

Treatment

Treatment is the active intervention with professional staff for those with a substance use disorder. Treatment can take several forms and has progressive intensity based on the severity of the disorder. If caught early, treatment may begin with outpatient sessions. If more severe, there are options for intensive outpatient or partial hospitalization, that provide more structure while an individual is learning and unable to maintain stability without a structure. In more severe cases, there are residential treatments where the individual lives at the treatment program for a time. In the most severe cases, hospital-based treatment includes intensive medical stabilization, although this is often for shorter durations. Note that at whatever intensity treatment begins, it progressively steps down to lower intensities until it is no longer needed.

Recovery

Recovery is an active process of regaining and maintaining a healthy lifestyle.

Early recovery may be marked by a higher risk of relapse and recurrence of substance use. Notice that this looks very different if the individual only progressed to substance misuse, as compared to severe substance use disorder. Tasks may be focused on value setting, motivation, and stabilization activities such as finding stable housing, employment, and finding positive mentors. During this phase, there may be an acute withdrawal from substances, which can create uncomfortable symptoms to be managed. Some of these symptoms can be quite severe such as the risk of seizures for individuals discontinuing alcohol use.

Middle recovery is marked by stabilization. The acute withdrawal from substances may have passed, but post-acute withdrawal symptoms can linger for several months. Due to the increased stabilization, relapse and recurrence become more uncommon. However, it is still a significant risk since these behaviors and situations are new, with no ingrained response to draw upon.

Late-stage recovery is marked by consistent and active engagement in health-promoting behaviors. Just like cancer, individuals who make it to five years of recovery are about 85 percent likely to remain stabilized in this new life. Often this is marked by active behaviors to promote and sustain this lifestyle. These individuals have been described as "better than well" since they have developed the strength to move beyond the earlier stages that many other individuals face.

Clinical Example

Let's consider the example of James and the types of interventions that may be involved in his journey. This case is an example, not an exact model of the progression through treatment.

History of James	**Approaches that are Appropriate at Each Stage**
At age 8, James is in school. He is getting good grades and lives in a single-family home with both parents and two older siblings.	Prevention- targets the general school population without any existing risks.
At age 11, James' parents are divorced. He becomes sullen and anxious.	Intervention- targets individuals who have risk factors such as stressful life events
At age 12, James has his first drink with his older brother.	Alcohol use commonly begins at age 12.
At age 16, James is binge drinking five drinks one night twice a month. He is increasingly depressed, and his grades have fallen.	Substance use disorder mild Outpatient treatment
At age 17, James is drinking daily and drops out of school.	Substance use disorder moderate Intensive outpatient treatment
At age 27, James continues to drink daily, has been unable to hold employment, has been evicted, and is now homeless for two years.	Substance use disorder severe Residential treatment
At age 28, James is admitted to the hospital with severe liver damage and other medical complications, including seizures upon stopping the use of alcohol.	Substance use disorder severe Inpatient treatment
Upon successful treatment of a continuum of care, at age 30, James continues to use peer supports and has found a job and stable housing for the past six months.	Ongoing recovery supports

Takeaways

Addiction is a progressive illness.

How far has it progressed with me?

Can I be severe with one drug/behavior and mild with another?

How many more days or years do I want to continue like this?

Is it possible that I could "progress" to death?

Whatever stage I am at, is it possible for me to move toward recovery?

What do I commit to today to change and progress toward recovery?

CHAPTER 4

COPING AND CHEMICAL COPING

"Addiction is an adaptation. It's not you–it's the cage you live in."

– Johann Hari

There are many coping skills and strategies. Often something that starts as a good coping strategy can become damaging when used to excess. Substances and addictive behaviors can initially offer a temporary escape from pain but soon become a cage instead.

It is helpful to be aware of which one we are using and why we are using it. It is best to have a range of coping strategies so that we can choose the best one possible. In this chapter, we will consider some key coping strategies along with specific applications to addictions.

Traditional Psychological Defense Mechanisms

There are many traditional coping strategies. A brief review will provide some context. Each of these can be studied further for its strengths, weaknesses, and best applications.

- Denial: Refusing to believe something despite evidence
- Repression: Refusing to believe something or allow awareness on the subject, but can be brought to awareness with effort

- Projection: Denying that I have a feeling while imagining that someone else is experiencing the forbidden feeling
- Displacement: A feeling that is unacceptable with one person (often a person in power such as a boss, parent, spouse) is acted out with someone else (usually a person of less power, such as an animal or child)
- Distraction: Temporarily escaping or ignoring an issue by focusing on something else

Coping Strategies

More broadly, coping strategies can include a wide range of approaches that change my physical state, thinking pattern, emotional state, mental imagery, meaning/priority, or social interaction. Since these elements are all connected, many of the same interventions can affect each of these issues. Some will be more targeted as well. One of the things they all have in common is they create a shift in attention and mood state. Notice that many things can achieve short-term mood state changes. Some examples include:

- Physical
  - Exercise
  - Medication
  - Progressive muscle relaxation
  - Smiling
  - Going for a walk
- Thinking patterns
  - Cognitive therapy
  - Identifying and changing irrational beliefs
  - Meditation

- Emotional State
  - Journal about my emotions
  - Exploration of feeling states in the present and past
  - Humor

        - Breathing
    - Mental Imagery
        - Changing our mental images about the situation
        - Visualization
        - Hypnosis
    - Meaning/Priority
        - Goal setting
        - Reprioritizing activities
    - Social Interactions
        - Spending time with friends
        - Dancing
        - Hugging a loved one

Chemical Coping

For some, substances have become a primary and perhaps only coping mechanism. For some individuals, a beer can relax anxiety in a social situation. It can free inhibitions to have fun or simply help forget a stressful day. For others, this becomes an addiction as it moves toward the continued use of this one approach. Consider the following:

- I drink because it was stressful at work
- I drink because I am angry at my spouse
- I drink because I am scared
- I drink because I am happy
- I drink because it is a habit
- I drink because it helps me to feel "normal" and avoid withdrawal

You may be reading this book because you have decided that your substance use is problematic and want to stop. You may be reading because of the same concern for a loved one. However, it is important first to understand the benefits of chemical coping, to manage better the support that is being lost.

The Benefits Of Chemical Coping

Substance use is an effective way to achieve a mood state change. It brings a consistent and relatively reliable change. I know when I take an aspirin, there is a specific effect. I know when I take Oxycontin, there is another effect. I know when I take a benzodiazepine, there is yet another effect. Except for issues of purity and impurities, the same type of drug provides a similar effect. I also know that there is a dosage effect, so the results change based on the amount of the substance used.

The Downside Of Chemical Coping

As individuals progress toward more severe substance use disorder, tolerance develops, so more of the substance is needed to gain an effect. So, for example, I need more and more opioids, not just to feel euphoria but to feel "normal."

Of course, there are side effects of chemical coping. Since my alcohol or heroin use may cause sexual side effects, I may continue my chemical coping by adding some stimulants. Now, I can't sleep, so I need a benzodiazepine at night. Chemical coping can quickly turn to polysubstance use.

This coping can be misunderstood by the professional community when I seek help. For example, I go to my physician who tells me I am depressed, and I should take this antidepressant. But my friend tells me he gets a great buzz when he snorts it, so now, I get another new state of feeling that my brain recognizes as good because my immediate reaction at first is that I feel better.

All of the substances for my chemical coping cost money, so I now have two options: illegal activities or getting my chemicals from my physician(s).

What if my addiction is not to the heroin but to my ability to be in control of my feeling state through my chemical coping? If multiple

illicit drugs and pharmaceutical use are my presenting problem, what is the role of addiction treatment medication in my recovery journey?

Chemical Coping and Process Addictions

Chemical coping occurs in process addiction as well. The difference is that the chemicals are internal rather than external. Whenever I think about my addictive behavior, there are positive and negative thoughts about each, for example, gambling (winning, losing), eating (chocolate cake, brussels sprouts), shopping (purchases, bills), and sex (connection, rejection).

Each thought releases a cascade of beliefs, emotions, and related neurochemicals (such as dopamine, serotonin, epinephrine, etc.). What happens when I get a repeated hit of dopamine from a specific behavior? I begin to crave more and feel worse if I don't get it.

From this perspective, chemical coping works in a similar manner with internal mood states. I feel lonely, so I eat a big bowl of ice cream. I feel frustrated, so I gamble. These behaviors make rapid chemical changes to the uncomfortable inner moods. With process addictions, we quickly learn the behaviors that trigger the internal chemical changes we desire.

Although this sounds bad, it is a natural extension of how the body works in other areas. I have too much carbon dioxide in my bloodstream, so my body triggers exhalation. I have too little oxygen, so my body triggers inhalation. I am deficient in vitamin X, so my body craves foods that contain it. This process is happening regularly, and in most cases, to our benefit.

This process is similar for process addictions, despite the negative consequences that develop.

Takeaways

We can turn to substances as consistent coping tools.

Those substances will always be available to us.

Those substances bring tremendous risks and pain.

For today, I can choose other ways to cope.

Just for today, I commit to practice one of the following:

- Journal for five minutes
- Five minutes of pushups/sit-ups or other exercise
- Search the internet for jokes until I find one that makes me laugh
- Share a cup of tea or a glass of lemonade with a friend.
- Identify one challenge, and hand it over to a "higher power"
- Choose something else:_____.

Life starts now. Start small and build.

CHAPTER 5

DEVELOPMENT OF ADDICTION

"One of the hardest things was learning that I was worth recovery."

Demi Lovato

"Every worthy act is difficult. Ascent is always difficult. Descent is easy and often slippery."

Mahatma Gandhi

We have explored the societal health perspective and our coping strategies. As babies, we are born full of possibilities. We are said to be blank slates learning about the world around us. Our coping strategies protect us from harm while we learn about life. Our life lessons grew in our bodies, minds, and images, becoming filters for all that occurs in life.

Our Learning Speed

Our bodies and minds learn lessons in two ways: Fast and Slow. Fast learning is associated with intense sensations, of either pleasure or pain. For example, when I touch a hot stove, the pain is quickly burned into our memories. We learn quickly so that we never need to touch the hot stove again. Similarly, when our first experience with a substance or gambling is intensely pleasurable, our body quickly learns that lesson. We seek that pleasure again, even if the thrill is never the same.

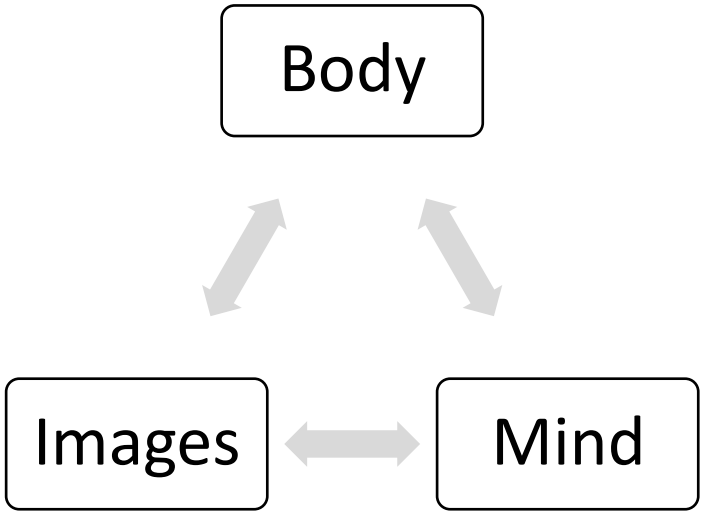
In contrast, most things are learned more slowly. Most routine activities of our daily lives do not need to be precisely recorded. For example, most of us cannot recall what we ate for lunch last Wednesday. However, things we do often become more engrained in our memories. This repetition helps to reduce the mental effort needed to engage in

these habits, such as bathing, chewing our food, and other things we gradually put on autopilot. While these habits are learned slowly, once developed, they can be difficult to forget, similar to fast-learned lessons.

In the context of addiction, I may have a rush from my first experience with a substance, or I can develop years of habitual practice drinking or with other addictive behaviors.

Our Learning Triad

What do we actually learn? It is possible to think of our body/mind as a recording app. It records what it sees, hears, and feels. My phone can take photos of all the sights I come in contact with, beautiful or ugly. It can record everything I say or that is said to me. My phone is also able to sense movement, tracking my steps, stairs, heart rate, and more.



Whether we learn the addictive patterns in a fast or slow method, our body/mind is recording:

- Body: Sensations and emotions in the body include withdrawal, physical cravings, euphoria, and anxiety
- Mind: Beliefs that we think such as "I need a drink," "I tried to stop, but I can't do it," or "Getting high makes life tolerable"
- Images: The people, places and things that we see externally, or in our mental images

Development of Addiction

Addiction develops as we learn patterns of behaviors. Over time these become habits, then cravings, and we become driven to continue.

As these patterns develop, this learning is further reinforced. For example, we become isolated and withdrawn from those who care about us. Then we become connected to other people, places, and things associated with our substance use. This pattern reinforces the behaviors we have learned.

What begins as a motivation for pleasure becomes a motivation to escape. Over time, this becomes motivation to feel normal/free of withdrawal, and for some, a motivation to escape hopelessness by dying.

Takeaways

Looking back on my life, can I begin to see how my addiction has developed and progressed through stages of learning?

Has my motivation for the addictive behavior changed over time?

What sensations or emotions lead to my addictive behavior?

What thoughts or beliefs have I learned about my addictive behavior?

What images do I hold of myself, those around me, and the future?

If this behavior has been learned, is it possible for me to learn something new?

CHAPTER 6

INTRODUCTION TO THE CHANGE PROCESS

"I have learned over the years that when one's mind is made up,

this diminishes fear."

Rosa Parks

How do we change? Consider where you are right now. Perhaps you are in your living room in a comfortable chair. If you wanted to change, for example, to a comfy chair at a friend's house, how would you do so? It may begin by:

1) Realizing where you are

2) Deciding to make a specific change

3) Making that change

4) Taking steps to maintain that change

Isn't this much the same for all areas of our lives

Let's explore each of these areas step by step

Realizing Where You Are

We have already begun to consider where we are. My learning of a specific starting point can be very difficult. Sometimes I do not want to know where I am at because it feels uncomfortable. I may or may not

experience guilt or fear about where I am, or believe that change is not possible. These limiting beliefs keep us frozen in the situation we are in. There is a saying, "ignorance is bliss," however this is really not true. Ignorance keeps us frozen in these old patterns. The first step of any change is awareness. Often, we live our lives on autopilot, j repeating what we did yesterday, again and again.

Deciding To Make A Specific Change

Once I become aware that my life is uncomfortable, or unmanageable, or simply not the way I want it, that alone can motivate my desire to change. However, this motivation can lead me to quickly and abruptly change something rather than identify the most effective solution. We need to consider out of all the possibilities, which is the one that will be the most effective choice.

Making That Change

Once the decision-making process is achieved, I can make the change. As I change, these steps of the process might move very quickly, even though the long-term goal may take some time to achieve. However, notice how making any minor changes affects the entire system, so it leverages the change. For example, I am where I am today because of many small decisions. However, if I made a couple of small decisions that were different, I could end up in a very different place.

Consider, for example, dropping a pebble at the top of a snowy mountain. It rolls down the hill, slowly collecting snow as it travels down the hill. Near the end, it will become almost unstoppable as gravity pulls it in the direction it is headed, growing larger and larger. Imagine for a moment that same pebble was dropped a few feet on the snow on the other side of the mountain. This small change in action puts a new course of events into play, creating a completely different outcome in a new area. Every small choice we make today has the potential to change our future dramatically.

Taking Steps To Maintain That Change

Once changes have been made, it is essential to continue those new behaviors. It will take some time for those new behaviors to become a habit and ingrained. The more we practice these new areas, the better we will get. We will be more, and the more we will be successful. Of course, what is beneficial may change over time. So, we may need to periodically revise our path along the way to change and continue to grow. It's like driving. We set a destination but sometimes hit detours along the way that we must adjust to manage.

Creating our goals and making adjustments is particularly valuable in our early steps. As we adjust to find the most effective course of action, we can minimize the time that is wasted on detours.

Takeaways

Take a moment to consider where I am today.

Consider if the path I have been following is the one where I want to be.

Once I see there is another option, I decide to make that change.

Just for today, be the change I want to see.

Repeat, repeat, repeat, until it becomes a habit and a new life.

What is one small change I can make, just for today?

CHAPTER 7

WHY, WHY, WHY, ARE WE HERE?

"I understood, through rehab, things about creating characters. I understood that creating whole people means knowing where we come from, how we can make a mistake, and how we overcome things to make ourselves stronger."

Samuel L. Jackson

"At first, addiction is maintained by pleasure, but the intensity of the pleasure gradually diminishes, and the addiction is then maintained by the avoidance of pain."

Frank Tallis

Within motivation, there are three whys: the why of my past, the why of my present, and the why of my future.

Similar to awareness, understanding "why" is valuable in each of these three areas. It helps to understand our motivation. It helps to know an understanding of the process. It helps to maintain the passion and drive to continue when times get difficult. It helps me to learn to use myself as part of the tools for change.

The Why of My Past

One of the whys of my past relates to how I got here. What are some of the influences and causes of the path I chose? Who were important people who shaped those decisions by their presence, or by their absence, or by their choices? How does my peer group, family, or culture, affect the decisions and beliefs about who I can be? How do my

internal views about myself, the environment, and the future, shape the possible choices through this time frame? What opportunities were presented to me? What were some of the small decisions I made that had more significant impacts down the road even if I did not see them immediately?

Let's consider the "Why" of my past a little further.

Notice whatever political preference you hold today. Is it strong Republican, moderate Republican, moderate Democratic, strong Democratic, Libertarian, Non-political, or something else? Consider for a moment if these beliefs have changed over the years, and if so, why? How did you decide to be of this mindset? Was it a decision at all?

Going back further, what was your political preference when you were born? Generally, people would say that we didn't have such opinions then. So, when and how did I become a [Republican, Democrat, or Other]?

Some things present at birth are genetically based, such as our biology, gender, hormones, or race. However, our beliefs and attitudes were likely developed over time. As an infant, did we learn that our needs such as hunger would be met immediately, quickly, or neglected? As a child, were we smiled at or yelled at? Which one did we get more often? In my school-age years, what did I see in my peer group or on television? We learned lessons about money, power, relationships, and governance through the years, which add up to our world view today.

This pattern of belief development is true not only of our political preference, but our beliefs about ourselves as a success or failure, worthy or unworthy, social or shy, and so on. This identity is a framework of how I see myself and the world along with any labels such as "addict," "role model," or just plain "Joe." So much of our identity was shaped externally, and largely unconsciously. Today we live by these labels without much attention or awareness of them.

Some of these roots of our beliefs and attitudes may be important further along in the change process. For now, simply begin to raise awareness of how our thoughts and choices today are not our own but have been shaped by years of other influences. At some point, we may want to know what those influences were so that we can disconnect the feelings and thoughts about ourselves we obtained from them and be free.

The Why Of My Present

The second why relates to my present. What is going on in my life now that caused me to pick up this book at this time? What is it that I'm seeking to learn? Understanding my motivation today can help me to learn how to apply the tools within this book best, whether I'm seeking to understand myself or a loved one. This information is valuable. As I understand why I can get clear on my motivation so that I am strong enough to withstand any challenges that arise as I work through this process.

Where Am I At Now?

To get a sense of where you are and how to approach this material, take a moment to consider your starting point. Be sure to take a moment to write down your responses now since you will want them later. It will only take a moment

What are some things that motivate me today?

- Am I avoiding pain?
    - Avoiding withdrawal
    - Avoiding legal problems
    - Avoiding people who are angry at me
    - Avoiding getting hurt in relationships
    - Avoiding self-doubt
    - Avoiding grief
    - Avoiding fear

    - Avoiding something else: _____
- Am I seeking pleasure?
    - Finding ease
    - Finding relief
    - Resolving legal problems
    - Finding a supportive relationship
    - Establishing self-respect
    - Finding happiness
    - Seeking courage
    - Seeking something else: _____
- Am I finding fulfillment?
    - Seeking passion
    - Giving to others
    - Feeling safe to be vulnerable in trusting relationships
    - Personal growth
    - Intellectual growth
    - Finding joy
    - Finding something else: _____

There are no right or wrong answers. However, notice how some of these motivators may feel familiar to you today while others seem very foreign, or even crazy.

The Why of My Future

The third "why" relates to my future. It is not enough to simply be aware of my goal but to understand the *why* of it. What is it that I am passionate about enough to give me the fuel for long-term perseverance? This persistence will typically be closely aligned with my skills since I will feel more pleasure doing things that I am good at however, whatever I practice, I will get better at and become more skilled at, so it is possible to learn new skills that may be needed along the way even if I do not have that ability today.

Notice how motivation in the future may be for very different things than my past or present. As I get better and better every day, I will want to continue this new success.

Takeaways

Remember that your motivation changes over time.

Notice how where I am today may already be different than the motivations of my past.

What is one motivator I would like to use next week to help me take the next right step?

PART 2
RECOVERY TOOLS

CHAPTER 8

THE FIVE TREATMENT APPROACHES

"Even in the midst of devastation, something within us always points the way to freedom."

Sharon Salzberg

In traditional Chinese medicine, five elements flow through the life cycle from creation through productivity and decline just like the cycles of seasons. There are applications to health, mental health, and other areas of life. This topic is covered more in-depth elsewhere, but those who have studied these principles will find familiar processes in the coming chapters.

Often what is needed for one issue is different than another. What is needed for one individual is different than another. For this reason, there are a range of approaches here to help find what is best for you and your loved ones.

Some textbooks describe the theory and practice behind some of the tools we are about to explore in other areas. However, it is not necessary to understand all the details of how tools work to begin to use them.

For these reasons, the process and principles being described in the coming chapters are all grounded in evidence-based science (translated

into English). The individual exercises personalize exploration to our unique stage in the process and needs.

As we continue our exploration in the coming chapters, we will see, and collect the benefits from, the lens of five key treatment strategies. These strategies are presented in a specific order to build one upon another.

CHAPTER 9

CAUSES AND WANTS

"Obstacles are those frightening things that become visible when we take our eyes off our goals."

Henry Ford

Before we work into this process, we realize how far we have already traveled. How are you doing with the small step that began in Chapter 1? Are you still progressing on that one, or have you added another? Any first step is important, and in this chapter, we will expand our attention broader to find more possibilities.

Psychology has its roots in the medical field. It broke away due to limitations of the medical approach to understanding the uniqueness of individual minds. Today, there is a return to focus on the medical without remembering why we left that model.

A key concept rooted in psychodynamic theories had to do with defense mechanisms. Just like in physics, we know that energy cannot be created or destroyed, only changed. Defense mechanisms reflect that change. If I block a defense, it will appear in a different form. For example, I drink as a coping mechanism for my anger. If we stop the alcohol with medication, what happens to the anger? It comes out in another form, such as crossover to a gambling addiction or fighting with my children.

From this understanding, it is essential to manage symptoms but not lose sight of the key importance of understanding the underlying causes.

The substances maintain the addiction but are not the only cause of the addiction process.

What If The Presenting Problem Is Not The Real Problem?

Often the presenting problem is the issue that got you to go to treatment or pick up a book like this. In reality, often, our presenting problem is like the tip of an iceberg. The issue is supported by many underlying issues within ourselves, our relationships, and our past.

It is like putting together a puzzle. There are many pieces. You don't need to collect them all, but the more you can identify, the better you can see the whole picture.

Collecting Puzzle Pieces

To broaden our understanding of what lies beneath our surface problem, we may begin with the following exercise.

To get the most out of this exercise, commit to spending time on it. Block a period of time where you will not be interrupted, and you can work for about an hour. The first thing in the morning is an excellent time, or immediately following a time of meditation or physical exercise, so that your mind can be clear and focused.

This is a brainstorming exercise, so the purpose is to write down as many things as possible without judgment. They can be big or small, very important or minimally important. You can edit them later. For now, the purpose is to find as many of your puzzle pieces as possible to get started.

Part 1: Brainstorming Causes

What are four causes of my addiction?

What are four causes for each of these?

What are four things that contributed to each of these?

By the time you complete these, you will have 64 causes. While it is OK to repeat some, make an effort to find as many as possible. If you think of extras, feel free to add them as well. If you can't immediately think of 4 in one area, move on to another and come back. Working on another area may trigger new ideas and memories. Don't fill in repeats just to fill out your list. The goal is to learn the connections, not to make a large list.

There are three ways I suggest doing this. The simplest way is to take four sheets of paper, which become the first four causes, space out the four secondary causes across the paper, then add in the last four contributing causes. Another easy way is to use an outline feature in your word processor. This process allows you to very easily add items at each of these three levels/groups of causes.

My favorite way is called mind mapping. There are free programs on the internet that can assist, or you can draw on a large paper or poster board. Begin with a circle: Causes. Next, draw four lines away from that circle, and create four circles at the end of each. Write in your first four causes here. Continue. This process allows you to see the connections and quickly fill in ideas in any area. You can download Mind mapping format and list format examples from my website on the resources tab at www.DrKenMartz.com. These are intended as a visual tool, not to simply copy. You want your list to be as personal as possible.

Brainstorm many options of what is possible.

If you get stuck, some areas to consider are:

- Biology
    - Sleep
    - Exercise
    - Diet
    - Genes
    - Brain biology
    - Engrained memories

- Relationships with others
    - Fear of relationships
    - History of wounds in relationships
    - History of trauma
    - Lying to others
    - Lack of trust
    - Anger at others
- Relationship with myself
    - Hating myself
    - Doubting myself
    - Punishing myself
    - Thinking I am not worth it
- Relationship with values/spirituality
    - Anger at "God"
    - Short term values such as quick fix, instant gratification, reducing withdrawal
    - Lack of structure in life
    - Not valuing myself

Hint: If you get very stuck, you can use this list as a list format of your first four causes and specific causes and personalize with more contributing causes.

Part 2: Brainstorming Wants

After looking at our past to determine as many of the contributing causes as possible, let's also look to the future. Consider what my values in life are? These may be similar to your goals, but for now, call them values.

Create another mind map for values. First, create two branches: Things I Don't Want/Like/Value and Things I Want/Like/Value.

As you do this, notice which branch is easier for you to write. Is it easy for you to identify all the things you hate about your life to be cleaned up or is it easier to have a clear vision of the things you want?

If you are following this exercise rather than reading, you may notice a relationship between the "don't want" list and the "want" list. For now, look at the "don't want" list and create a positive "want" list element for each one that is missing. For example:

Don't Want	Want
I hate my job.	I want a job I love.
My girlfriend is always complaining.	I want my girlfriend to respect me.
I feel sick.	I want to feel good.
I never have enough money.	I want to have enough money for the things I need.
I have a terrible toothache.	I want to be pain-free.

Often when we start, we are driven by a list of "don't wants," such as wanting to stop using drugs, smoking, gambling, etc. Expanding our awareness of our wants and desires can improve our motivation and consistency to any effort that needs to be done.

There will be days when we are tired or frustrated and want to say forget it, to our plans. Deepening our awareness of values can help protect against those risky days.

Avoidance Versus Vision Goals

Goals that start as "don't wants" can be easily changed to "wants," but why bother? There are multiple reasons. Most simply, do we want our

lives to be focused on our problems or not? When we spend all our focus fighting our problems, it builds a life of stress.

Instead, simply keep progressing toward our goals, our wants. Notice how this creates more ease, even though the steps may look similar from the outside.

The Elephant In The Room

Let's explore this with an experiment.

Find a comfortable position and close your eyes for a moment. Imagine a two-ton purple elephant walks into your room. On top of the elephant is a monkey clashing a pair of cymbals and singing happy birthday.

Now, take a moment to stop trying to stop thinking about the elephant. (Really, stop thinking about the elephant) Whatever you need to do to stop thinking about the elephant, do that now.

Notice whatever thoughts are happening in your mind right now.

Now take a moment to check in with your breathing. Notice if your posture is straight or slouched and how that affects your breathing. Is your breath fast or slow? Does the breath change when you asked that question? Is the breath shallow or deep? How does the breath feel as it passes through your nose or mouth? Does the breath change at all over the next three breaths? Now ask yourself, when was the last time you thought about the elephant?

As you practice this exercise, you will likely find two things:

1) You can't stop thinking about the elephant. The more you *try* to stop, the more you *try* to push it away, the more you stay engaged with that resistance.
2) As soon as you put your attention on a preferred point of focus, a positive goal, your mind becomes engaged, and the elephant goes away automatically.

In precisely the same way, our goal is not to stop our addictive behavior. Our goal is to find a life worth living. As we become engaged in a meaningful value and goal system, the old behaviors and thoughts will begin to fall away.

One other example is that of saltwater. If I take a spoonful of salt and stir it into a glass of water, it will taste horrible. I can take the effort to distill the water to get the salt out, or I can simply add more pure water. Once I expand to a gallon of pure water, that same bit of salt becomes less intense.

I do not need to fight all the problems in my life. Instead, if I focus on my goals, the salty moments of life will start to fade.

Ask Some Key Questions

- Do I believe that change is possible?
    - If the answer is no, I might as well quit.
- Am I willing to make a change?
    - If the answer is no, then you can continue to enjoy the life you have created for as long as you like.
- Do I know how to make the change?
    - If the answer is no, you now have the motivation and the option to search for the solution. Once you know that change is possible and are willing to do so, the only question that remains is "how."

There are many things I don't know how to do. Once I admit that, it is easy to find ways to learn something new. There is an amazing tool called the Internet, where you can find Amazon, that has millions of books, videos, and many other things you can buy to help you. Also, on the Internet you can find discussion forums and information applicable to every problem imaginable. While continuing through the process in this book will help you, there may be things you need to continue to research on your own, such as specific skills in your profession. This book is part of your guide for this part of the growth process.

Tools

Breathing

The simplest place to start to relax is with our breath. We are doing it anyway, so why not use it? Simply put our awareness on our breath and notice each inhalation and exhalation. Continue for several breaths or for a couple of minutes.

Start with something that's easy.

Once you start, you can allow the exhalation to be a little bit longer than the inhalation if you like. This practice helps to create a calming effect to relax us. The reverse is also true. If we are sleepy, focusing on our inhalation being a bit longer can help to energize us, just like a yawn brings lots of fresh oxygen.

Meditation

Meditation is one of my favorite tools. On the Internet, you can find many audiobooks claiming to practice meditation. Many of these may better be described as a guided meditation or visualization. These can be valuable, especially for beginners, as we learn to quiet our minds.

Traditional meditation simply involves putting my mental awareness on one thing and maintaining it there. In this way, with practice, we can increase our ability to concentrate, reduce distracting thoughts, and move closer towards a state of contentment and happiness. While these instructions are quite simple, the practice itself includes a range of nuances. It is a way of learning about how the mind works.

To begin, sit in meditation for just a minute or two, every single day. Over time, you expand and progress up to 20 or 30 minutes, twice a day. While doing so, the mind may initially become quite distracted. This distraction is normal. The mind will quiet down over the course of the meditation, just like a snow globe settles down when you hold it still for a few moments.

Regarding the amount of time, just like brushing my teeth, it is essential that I do it. Next, it is important to do it regularly, even if it is brief. If you start with too long a time, it is easy to become frustrated and discontinue. When you eventually build your amount of time, there are extra physical benefits that begin at about 20 minutes of mediation.

In the meantime, meditation is a practice of being aware of our thoughts and a practice of steering them, rather than being controlled by them. At first, it may seem difficult to pay attention to my breath when I have an itch. I may be tempted to be distracted by the itch or to scratch the itch. Fighting against this urge can make the itch even more intense. However, if I do not scratch the itch, it will go away on its own.

While within my meditation, I can choose to return my attention to my breath rather than watching the itch. While this is difficult to describe, once you do so, it is quite easy. It is just like changing the channel on a television. This is just like learning to manage addictive urges. We practice awareness of those thoughts and impulses, then practice "changing the channel" to disrupt the impulse.

As you understand these principles of meditation, you can quickly see how they apply to life. Some days, I decide to watch a scary television show, and some days, I watch one that makes me laugh. I am in control of this choice. Meditation helps me realize when I am choosing a specific emotion, just like choosing a certain TV channel.

Once I have this awareness, I may choose to keep it. I may find that I still enjoy going on roller coasters from time to time. However, once I understand this, I can also use it to turn my attention to the channel of the best emotion for me at a given moment.

For your convenience, see my resources page where you will find a free handout on how to meditate, as well as a free done-for-you guided meditation for beginners at https://DrKenMartz.com/meditation-resources to get you started easily.

Sleep

During an addiction process, sleep disturbance is common. Perhaps I am agitated from a substance, in withdrawal, in post-acute withdrawal, or simply racing through thoughts about the lies and struggles of the day.

Restful sleep is essential for the body to recover and restore itself. Consider ways to improve sleep. Some simple starting tips include:

- Before bedtime
- Be regular and set a bedtime and stick to it, even on weekends
- Turn off electronics at least 1 hour before that time
- Take a shower/bath before bed to help relax
- Reduce caffeine intake, with no caffeine after 1 pm
- Make sure your bedroom is for sleep (not work or other stressful activities)
- Clean your room to reduce allergens and mental clutter
- Consider if a magnesium supplement is right for you, which can help to relax the body
- During Sleep
- Monitor temperature since heat or cold can disrupt sleep
- Limit noise and light. Even small lights from electronics can disrupt sleep
- Identify blanket preferences (Do I prefer to have heavy blankets or light sheets?)

Troubleshooting: If you can't fall asleep for 20 minutes, get out of bed, do another activity such as reading for another 20 minutes before returning to bed. So, lying in bed is associated with falling asleep rather than associated with restlessness. Similarly, if you awaken in the middle of the night, turn over to go back to sleep. However, if you are restless for more than 20 minutes, get out of bed for 20 minutes, etc.

Exercise: This can be complicated. See how it works for you. Some find exercise energizing, so they have difficulty falling asleep. For others,

it can burn off some excess energy, leading to ease in settling down. Trying different exercise approaches and timing can help you find what is right for you.

Length of sleep: There is some debate on the best amount of sleep, although there is a general consensus of around 7 to 8 hours. The exact time that is best for you may be different.

Attitudes/Beliefs: What you believe about sleep affects your sleep. If I believe I need a certain number of hours, then I may feel groggy and frustrated getting less. This effect is true even if I did not need that full amount on that day. Practice being receptive to when the body awakens.

Long blocks of sleep are helpful since it allows deeper sleep.

Takeaways

What are some of the most important causes of my current behaviors?

Are there causes today that are different than the causes when I started this behavior?

What do I want to be free from, and what do I want?

What are some steps I can take to help the body rest after the stress of the addiction cycle, such as proper sleep or meditation?

What is one small step I can take today?

CHAPTER 10

CREATING THE VISION

"Recovery is an acceptance that your life is in shambles, and you have to change it."

James Lee Curtis

"People often say that motivation doesn't last. Neither does bathing. That's why we recommend doing it daily."

Zig Ziglar

As we have been brainstorming and collecting important pieces, information can become overwhelming since there is so much to do. This chapter will focus on a vision of our goal so that it becomes more manageable and more *real*.

Vision Board

There are many ways to determine our goals. In the last chapter, we used a verbal exercise to begin to examine the possibilities. Now we will add a visual tool to help refine and define that vision. There are several benefits to using a visual tool. For example:

- Many of us are visual learners
- Using multiple modalities, such as verbal and visual, helps to access different brain parts to strengthen the process
- A picture is worth a thousand words, so each image will capture much more than what you would otherwise write as you create this vision

What is a Vision Board?

A vision board is a visual tool to help create clarity of priorities. The creation of it helps to focus attention. Once completed, it becomes an easy visual reminder to motivate and steer us toward our goals.

To begin, review your mind map or lists of possible values/goals from the last chapter. Find a display, which could be a large poster board, wall, or bulletin board. For each area in your lists of possibilities, find or create a visual representation of it. You may start with only a few things. I recommend building it so that it has more detail. You can find some samples in the resource section of my website at www.DrKenMartz.com. You might organize these goals around significant life areas. For example:

Health	Relationships
Myself	Work/Vocation

Remember that this is a long-term vision (although it is possible to do something similar for short-term goals). My favorite way to do this is to see the major topic area, then use the Internet to search for pictures. Using search terms, you can get many images on a given topic and choose the one that connects with you.

Once complete, you can post it somewhere where you can be reminded of these goals regularly.

For example, in one vision board I created, I wanted to become more physically fit, so I found an image that looked like me, fit and strong. I wanted to buy a new house and had images to represent things I wanted in that house. I wanted to grow my income to $X, so I chose a picture of a tree with money on its leaves with that number. I wanted to write a book, so there was a picture of a book and a dozen other pictures representing key areas of my life, such as myself, relationships, and work.

Fast forward, after we moved, the vision board got put away for a while. I forgot about it for a little bit, then opened it back up again. I knew I had progressed on many of the things I had put on it, but when I took it out, I realized I had achieved virtually every image over a couple of years!

Take the time to build this now. Sharpening our vision helps deepen motivation and gives us the strength to maintain our course through to goal achievement. It also helps to clarify what is unimportant. For example, endless hours of television, video games, emails, or Facebook did not make it onto the board. Designated time for relationships with my family and friends did make it onto the board.

Planning and Action Steps

Once you have a big picture, of what you truly want in life, it gets much easier to create a road map. If I only know that I want to get out of town, I can do so, but may choose an even worse direction than I am already in. With our vision board we decide that, "I want to get out of town and move to Hawaii." Now that we know the destination and know it is possible, we can list steps to make it a reality.

For example, if I want to feel physically healthy, the steps become clear: couch sitting does not help, diet and exercise will help. So just for today, what am I going to eat?

It is helpful to have key pieces in creating planning, including a major goal, a pathway, and pictures of, or a list of "to dos."

Once you have your primary goals, consider the path to get there. Multiple pathways can achieve a goal. Choose one. For example, if I want to lose weight, I could have surgery, take dietary supplements, stop eating chocolate cake, start eating salads, start exercising more, and many other options. Choose a pathway or combination.

Once you have a path, choose your "to do's." For this exercise, the steps should be very small and achievable. For each major area, you want to identify some key things that can be achieved relatively easily today. For example, just for today, I will read ten pages of this book. Just for today, I will eat one green vegetable.

Having simple "to do's" has many benefits:

1) Allows us to feel accomplishment along the way, so we want more.
2) Removes excuses, so we do it.
3) Makes the path easy so to continue so we can get farther.

Characteristics of You

Imagine for a moment that you are successful. You become free of your addiction, so there are no more actions to take for your successful recovery. What are the emotions and attitudes you hold in this best version of yourself? Make a list. The more things on the list, the better. If you get stuck, check out the list below to add to your personal list of attitudes. You may find that some can be achieved quickly, so why wait?

Be-Attitudes

Delay Gratification
Courage
Perseverance
Have Fun
Respect
Accountability
Hard Working
Honesty
Considerate
Team Player
Forthrightness
Positive Attitude
Can Do Attitude
Futuristic
Solution Focused
Visionary
Compassionate
Responsible Love and Concern
Supportive
Trusting
Light-Heartedness
Loyalty

Takeaways

Create a clear vision of where you are headed.

Once there is a clear choice of destination, it becomes easier to find the path to travel to get there.

Create a clear vision of the characteristics I want to be.

Choose one of these "Be-Attitudes" and practice it today.

CHAPTER 11

EMOTIONS

"No other road, no other way, no day but today."

Jonathan Larson

Emotions are an often-overlooked element in the change process. However, they are central to motivation and guidance toward what is useful. Emotions guide us to where the pain that needs healing is located and guide us toward successful growth we can be proud of. Emotions also become risk areas, as emotional memories become frozen, locked in storage that changes our lives' filters. For a more in-depth discussion, see my book, *Manage My Emotions: What I Wish I'd Learned in School about Anger, Fear, and Love.*

Managing Challenging Emotions

When our emotions are in balance, they are like gas in our engine, helping to motivate us effectively. The challenge is to move them into balance, so there is no lack or excess of one or another. For example, if I lack fear, my impulsive behaviors will rule the day (much like the addiction process), while an excess of fear leads to pain and immobilization. The same is true for a range of emotions to manage, such as anger, worry, and grief. As mentioned earlier, addiction is a disease of isolation, shame, and hopelessness. In this chapter, we will focus on the role of joy.

Joy

When we are caught in the cycle of addiction, there can be a rush of sensation from substance use, but happiness and joy can be lacking. As part of our recovery journey, it is essential to identify healthy pleasures and begin to build them into our new lives. After all, if we are no longer spending time on our addictive behavior, we will have more time for fresh, healthy activities. Often this joy comes directly from our partnerships, feeling proud and savoring the present moment.

Peer Supports

Within the addiction cycle, we may have developed broken relationships with people we have hurt. Humans are social animals. Connection is a basic human need. The treatment alliance we build with our counselor plays a vital role in establishing this positive connection. Eventually, these professional relationships end. So, it is essential to develop other positive relationships as well. The treatment process will often help to support the communication and growth of some of your existing relationships.

Based on a study by *Faces and Voices of Recovery* of more than 3,200 people with an average of 10 years in recovery, 97 percent reported the use of 12-Step support groups. While there are other support groups available, 12-Step is by far the most widely known. Among other things, this type of support is excellent for finding:

- A safe space to share stories that will be familiar in the community
- Others with similar recovery-oriented values
- A community of friends to support you in this journey, and
- Friends who will care enough to see through your risk areas and offer you help in those hidden wounds, which they may have experienced themselves

Feeling Proud

After experiencing guilt and shame for a long time, it is essential to build a feeling of pride. This is not about asking for praise. This is about recognizing our personal strength and accomplishments. In the last chapter, we discussed a vision for our goals. Consider a practice of daily journaling to write down goal accomplishments. As I build a daily list of achievements, I am rebuilding a sense of my self-worth. Our value as a person was never lost, but we can forget it, making it seem like it was in doubt for a while.

The "20 Things I Like To Do" Exercise

Leisure activity is an essential component of recovery. Learning healthy pleasure and fun are valuable skills as we establish and develop life changes. To learn more about our likes and enjoyments, begin the following exercise.

Take a moment to brainstorm 20 things you like to do. Make a list continue until you have at least 20 things. These may be significant activities or small. They may give only small amounts of pleasure or be things that you love. At this stage, do not censor the list as you identify things that you enjoy.

Once you have this list, you can begin to examine the list for themes. Perhaps rate each item from zero to 10 regarding how much you enjoy that activity. Perhaps rate each item on the frequency that you engage in this activity. You can also identify whether each item is done alone with others or could be done either way. Consider each item to determine how expensive it is. Consider any other themes that you can identify about these activities.

Once you do this, you can begin to explore what you find. You may realize that you enjoy things that you have forgotten how to do or forgotten to do for quite some time. As we establish a new lifestyle, the amount of time and money we have and our priorities may change. This is an excellent opportunity to determine what new activities we might like to begin, what old activities we might want to make more common, and what old activities no longer serve us.

We may find that most of the things we enjoy are low cost. Or we may find that they are often costly. We may find that we want things more commonly alone or that we much prefer social activities. These are essential pieces of information as we identify and build pleasure in our lives.

The more we can begin to build healthy pleasure, the more fulfilling our life can be, the happier we can be, and the more we can balance success. While we will always have difficult things that must be done, taking a moment to plan for pleasure and fun is critical to success.

Awareness of Emotions

Much like getting out of denial, the first step is awareness. Awareness itself is healing. We often think we know it all, but often our symptom is much more complex than we realized. Take some time to explore the feeling. Consider, for example:

- Where do I feel this feeling in my body? In my head? In my chest? In my belly?
- Is it a lightness or heaviness?
- Is it a tension or relaxation?
- How intense is it?
- How frequent is it?
- Is it only in certain situations?
- Does it NOT occur in certain situations?
- Does it change when I am tired or hungry?
- When did it start?
- What else was going on in my life when it started?
- Is there any context outside of myself that impacts this feeling (for example, the economy or the neighborhood is peaceful or distressed)?

- Is it really as I think it is, or am I misperceiving it in some way?
- How do I know it is this way?
- Are there other feelings associated with this one?
- How does this feeling relate to those other emotions?

As we work to better identify and understand emotion, we might consider using an emotions wheel. Emotions circles list a range of emotions, arranged in certain themes, so you can review them and identify which emotion you are experiencing at the moment. Often you can identify four-to-six emotions associated with any given situation. This type of tool helps to raise awareness about the complexity of the emotional landscape. There are many examples of varying detail. This style of a circle will be familiar to those with experience in Chinese Medicine. Using the circle below, see if you can identify several emotions you are feeling now.

Takeaways

Emotional balance is an essential part of our recovery journey.

Connection with supportive relationships and peers are important steps to remember.

Remember our personal worth with regular recognition of our accomplishments.

Identify lists of personal pleasures, and make plans to do them. You deserve it.

CHAPTER 12

BELIEFS

"Whether you think you can or you think you can't, you're right."

Henry Ford

"Before you can break out of prison, you must realize you are locked up."

Anonymous

"*The most common way people give up their power is by thinking they don't have any."*

Alice Walker

Beliefs are important in many ways. They become our unspoken scripts of how and why things happen. Sometimes they are wrong, but my belief becomes a cage that prevents me from changing.

Beliefs and Baby Elephants

In India, elephants are often used as powerful supports to peoples' work. They are very strong, so how would you build a cage to stop an elephant from wandering off?

Just like us, training begins early. Owners take a baby elephant and tie a rope around its neck. The other end is linked to a stake in the ground.

The baby is small, and not yet strong. It quickly learns that it can walk freely in a circle but cannot move beyond where the rope tugs at its neck.

Over time, the baby elephant grows up. It continues to walk in the same small circle or follow the owner where it is led with the rope. As an adult, the elephant is strong enough to break free. However, it doesn't believe it can. It has learned that it must stay within the circle, and must go to where the rope pulls.

Just like the elephant, we have learned beliefs about what we can or cannot do. Addiction keeps us in a cage, even though we are free to escape and walk out the door… If only we realize that the belief, we can't do so is a big lie.

Cognitive Therapy

Cognitive therapy is an approach used to examine how our beliefs lead to our reactions in our daily lives. Different events happen over the course of our day. Our beliefs have been collected over the course of our lifetime, just like the baby elephant in the example above. These beliefs are the ways in which we evaluate those events. Notice how our evaluation of the event has little to do with reality and everything to do with our experience with related issues.

Whatever our internal scripts indicate about the meaning of those events leads to our emotional and behavioral reactions to those events. Understanding this, if we can change the belief patterns, we can begin to change our responses. There are many ways to do this.

Begin with awareness by briefly writing down the event. Note for yourself when else you have had this experience. When else have you had an emotional reaction similar to this? What other times in your life does this situation remind you of?

Ask yourself the following questions regarding your belief:

1) Is it true?

2) Am I absolutely certain that it's true?

3) What evidence do I have that it is true?

Another approach is to identify the ways that this belief is inaccurate. Typically, the answer will be, "No, I am not absolutely sure that this is true."

For example, if I state, "I am angry because my wife yelled at me. She always yells at me. It is just like the time she yelled at me before." In considering this situation, you can begin to see how my emotional reaction is based on all the prior experiences, not simply this occurrence. When asking yourself if it is absolutely true, it is easy to see she does not "always" yell at me. You can also see that it is likely that this is not exactly like it was before. As you think about it, you may realize, but she often does not yell and is often supportive. By taking a few moments to identify how the thoughts you are having are incorrect, you can determine a healthy response. What would be an alternate thought that would be accurate? These other thoughts will typically be more neutral and less emotionally charged.

Shortcut To Address Cognitive Beliefs

1) Identify the thought.
2) Ask myself, "Is it true?"
3) Determine how it is incorrect.
4) Convert to a positive/accurate question or statement.

Takeaways

Our beliefs become rules that control our lives.

Our beliefs can be cages that prevent our growth.

As we identify our limiting beliefs, we can begin to change them.

What are some of your beliefs about life?

What are some of the false beliefs you have about a current upsetting event?

Are there other events in your past that helped teach you this belief?

As soon as I label my beliefs, I can be free from them. Starting now.

CHAPTER 13

VALUES

"Nobody stays recovered unless the life they have created is more rewarding and satisfying than the one they left behind."

Anne Fletcher

"The ultimate measure of a man is not where he stands in moments of comfort and convenience but where he stands at times of challenge and controversy."

Dr. Martin Luther King Jr.

My core values are guiding principles to all that I do. They are extensions of my beliefs that we were working on in the last chapter. Everyone has values, and everyone is motivated by these values. However, we may not be fully aware that these hidden beliefs are controlling us. As we bring them into awareness, we can use them to our advantage. In the past, we may have valued our addictive behaviors. Today other values are growing.

Values Choices

Sometimes it can be helpful to consider a range of values. Below are some areas that many people value. Next to each one, rate it from 1 to 10, with 1 being a low value and ten being extremely important to you.

Value	Rating (1 to 10)
Happiness	
Money	
Being "Right"	
Quick fixes/immediate results	

Being "smarter"/better than someone else	
Learning new things	
Being successful	
Making someone proud	
Being driven	
Having fun	
Being compassionate	
Helping someone	
Spirituality	
Community	
Family	
Friends	
Personal honor	
Health	
Recovery	
Other (specify):	

Once you complete this exercise, consider which three rank the highest in importance. Perhaps mark them.

Now review the list again. Based on how much time you have spent on these items in the past month, what has been your top three priorities? What happens when our values do not match with how we spend our time?

If they are the most important to you, do your decisions and time spent reflect these values? Is there anything you would like to do differently to reflect these values better? If your life does not reflect these values, are there other hidden values that have taken precedence?

Where does recovery fit among your values? If your recovery ranking was lower, how would it affect your other scores?

Consider:

- What things would I like to raise in priority?
- What things would I like to let go of, or reduce in priority?

Values Detective

Our values can be expressed daily in subtle ways. In an attempt to learn more about some of our values, we can use the following exercise.

Walk into your home and look around. What do you see? Imagine that this home is not yours and that this is the first time you see the space. Look at it like you were a police detective. Based on the things you see, what can you learn about the person who lives here? What priorities are evident based on the environment? For example, is the house filled with children's materials? Is the house neat and organized or sloppy and disorganized? Is the house filled with materials that point to a certain leisure activity? What is the house's size? Are there certain kinds of books on the shelves? Are there any topics that are most common in the books? Is there a certain type of artwork present? What things are more common than others? What can you learn from the color scheme of the walls, carpets, and style of furniture? What channels are in the favorites on the television set? What websites are in the favorites of the computer? Based on what you see in the home, where do you see that this individual spends a substantial portion of their time? Take your time to explore and consider other questions or clues just as though you were a police detective trying to learn about the motives of the person living there. Regardless of what the intent of the person who lives in this home, we can begin to make inferences based on the environment this individual has created. Values are reflected in how we have chosen to spend our time and life.

Once you have identified a range of current values, consider also what might a home look like with a value that you would like to have. What would you see on the walls, in the environment, on the television, and on the computer? How would this individual spend their time? What values are expressed in the home of someone I would like to be? Take

your time to determine this and then also ask yourself which of these changes you could begin now.

Forgiveness

Perhaps in the past, we have been hurt by someone or something. When this happens, we can become angry and practice angry thoughts toward that person. Notice how these wounds continue today, even after the offender may be long gone from our lives.

When we experience hurt, anger, or fear, sometimes we hold grudges. We may believe that in some ways, it helps us to be angry. We have learned from it so that we do not need to repeat that same situation again. However, we simply need the memory to gain the benefits of learning. We do not need to maintain and continue to hold the emotional response to past hurts. You may know people (or be one) who have been hurt in the past, and you continue to hurt even years later. Often these are simply minor wounds. Over time, because of these wounds, we develop scars and carry additional hurt and anger.

I may be angry at a friend regarding a loss, or a prior date for rejecting me, or at a parent for having scolded me, or many other wounds that I have collected over a lifetime.

Although this may feel normal, it is like walking around with an unnecessary excess weight. It slows us down. It is like going to the grocery store, and in aisle one, when you were two years old, you picked up some bread and put it in your backpack. In aisle two when you were 12 years old, you picked up a bottle of soda and put it in your backpack. By aisle three, at 17, you added several cans of green beans. In aisle four, at age 22, you added a box of cereal. By aisle seven, you added a frozen TV dinner. As you continue about your day over the years, we've collected these wounds like an extra weight in our backpacks.

After a while, we continue to be weighed down with them without even remembering where they began. It is simply our experience. Like the

baby elephant, we can't remember a time without all the emotional baggage we carry.

Another example is physical weight. As we have aged, many of us have added an extra pound or two or more. These were from an extra meal or an extra piece of chocolate cake on a given day long since forgotten. How much more energy would we have if we lost a pound or five pounds of that unnecessary past weight? What could we do with this new found energy?

Awareness

The first step is awareness. It is by identifying some of the wounds that I've carried for so long. Next is the process of forgiveness. How do I begin to release some of these past wounds so they no longer control me? Sometimes it means forgiving myself, and sometimes this means forgiving others. Begin to explore some of these by listing them. Perhaps list many people in your life, including yourself. Begin to think of the ways that they frightened you, made you angry, or rejected you. Perhaps you felt abandoned, judged, embarrassed, or in some other way hurt.

Once you develop this list of hurts, there are several things you can do to change. It could include identifying irrational thoughts and changing those specific thoughts associated with that belief, as discussed in the last chapter. It could consist of writing a letter to that person. It could include several other techniques to forgive each item.

Remember that forgiveness is about our healing, not about the other person's forgiveness. It does not absolve the other person from responsibility for whatever was done. Forgiveness is about releasing our attachment to that wound.

It is said that no one dies from a snakebite. We typically die from the venom that is left behind. Similarly, when someone hurts us, the more dangerous results are the guilt, shame, anger, and vengeance we carry with us long after the event. Forgiveness is about us, not them.

Letter Writing

One way to practice this forgiveness is to write a letter. This letter is intended NOT to be sent. In this way, you may be free to write anything at all. First, as you write to this individual, describe the situation itself. Describe the effect it had on you at that time. Describe the effects that continued long after that event. I like to include a label for the thoughts and feelings experienced. Include a mental request for what you would like to happen. For example, how would you want such a situation to be resolved? What do you need to feel relief from this issue?

Often what you need to feel relief is your own release of this memory. The other person may apologize or not, or they may apologize in some unnecessary way. But we may release our anger with or without their apology. For example, if the offending individual has died, we will never get an apology. Forgiveness happens in us, independent of what happens with them.

First, complete this letter. Then when you are ready to release it, you may rip it to pieces, or you may burn it or otherwise dispose of it. As you do, you may experience the relief of no longer carrying that memory.

Visualization 1: The Movie Theater

Find a comfortable position and close your eyes. Begin to visualize an image of this time when you were hurt. See the scenery where you were. Notice the sensations in your body. Notice if you were warm or cool, which muscles were tense or relaxed, where were you standing or sitting, and where was this located. Be specific as you can. Begin to walk back from this image. As you walk away, the image may become smaller. Move further away so that you can see the scene as if in a comfortable chair in a movie theater. See the screen become smaller, to the size of a small television, before that image moves further away, flying far up into the air, becoming smaller and smaller as it fades out of sight in the distance. Notice the feelings in your body as this situation passes. Notice the feelings of relief. Savor this feeling a while before returning to your new day.

Visualization 2: The Cleaner

Find a comfortable position and close your eyes. Begin to visualize an image of a time when you were hurt. See the scenery where you were. Notice the sensations in your body. For example, notice if you were warm or cool, your muscles were tense or relaxed, and where you were standing or sitting on this occasion. Begin to walk away from this image. As the image becomes slightly smaller and moves further away, imagine a strong container that is large enough and strong enough to contain this memory. See the memory become smokey and move into the safety container. Once it is moved into the container, the container activates, like a washing machine cleaning the scenario washing away the pain, hurt, or anger, until those aspects no longer exist. Notice the moments of relief of being apart from those memories. Notice the sensations of relief as those feelings softened. Savor this feeling for a while. Carry this feeling with you back into the room when you are ready to return to your new life of freedom.

Visualization 3: Cut the Cord

Find a comfortable position and close your eyes. To begin, visualize an image of the time when you were hurt. See the scenery. Where do you notice the sensations in the body? For example, are you warm or cool? Are your muscles tense or relaxed? Where are you standing or sitting at that time? Begin to walk away from the image. As the big image becomes smaller, you can become aware of subtle strings connecting you to the prior image. Notice how these small chains keep you tangled. Near you are a pair of wire cutters and as you cut the chain in this image, you may begin to immediately feel free as the image floats away. Notice how as this image floats further away, the sense of freedom and lightness continues to deepen. The further it goes, the lighter you feel, as we become more and more free from this image, from this memory, from this moment in time from our past. Enjoy this feeling for a while. Carry this feeling with you back into the room, slowly returning when you are ready to bring this freedom into a new day.

These visualizations, or other similar exercises, can be repeated again and again with multiple memories. Each time we can cut cords releasing difficult events. Slowly, over time we empty our backpack of heavy memories that we have accumulated over a lifetime

Forgiving Ourselves

Sometimes it can be difficult to forgive ourselves. We've been angry with ourselves and judged ourselves for so long that it has become normal. Often this is not conscious or on purpose but has been practiced over days and years. As we blame others, we may find self-doubt or judgment surfaces. We can practice forgiving ourselves with some of the same tools.

Grieving Losses

As we change, we will develop new relationships and habits, change some relationships and move away from some situations that no longer serve us. Over time, we graduate from one stage of life to another. Along with the celebration of growth, there is grief over what was left behind.

Consider how to honor the teachers of our past, the experiences that we do not wish to repeat, but have learned from, that have made us stronger today.

Just as a child matures and leaves behind old toys, there is a certain nostalgia for some recent or distant past moments. When we visit our hometown, or look through old photos/videos, it can trigger specific memories that are both affectionate and proud of the changes we have accomplished.

Sometimes it is not how far we fell, but how far we have grown.

Gratitude

Gratitude is a crucial value. It is an excellent antidote for old wounds and a way to celebrate our growth. The more we practice gratitude, the more we become familiar with this feeling of pride. The more we practice gratitude, the more we can use this positive value and motivation to guide us to a better tomorrow. One way to practice it is to start a "gratitude journal." Each day, take five minutes to write down things we are grateful for. After some days and weeks, we will have a

lengthy list. Day by day, we are documenting the value of this life worth living.

Takeaways

Identify our personal values that can help to maintain our motivation.

Notice any old values, in the form of judgments, that may be holding us back.

Begin the process of forgiveness to free ourselves from these chains.

What are three things that I am grateful for today?

CHAPTER 14

INTEGRATION

"A flower does not think of competing with the flower next to it. It just blooms."

Zen Shin

This internal process has examined inner awareness and motivation. While we have walked through in a linear, step-by-step manner, it does not end there. Life activities occur in a circle, so begin this section again, and repeat it often. The values we just examined may shed new light on the causes we discussed at the beginning of this section.

You may find that your goals and memories change as you move from the perspectives you had in active addiction through stabilization, early and middle recovery. As you learn more, you can add these to your insights, vision, activities, beliefs, and values.

The review process may be faster than the initial exercises. This is your journey. The more you put into it, the more you get out of it.

Blossoming

A flower moves from seed to sprout, to bud, to flower. It always has its full potential within. It is still the same flower, although it grows and evolves.

Just the same, consider what makes the difference between day one of recovery and five years of stable recovery. It is the same growth of an individual in the way the flower blossoms. It is not that one is smarter than the other, but rather how each has personally evolved.

Consider what really happens when I gain experience. I am moving from a seed with limited knowledge to a sprout with new knowledge that reaches in different directions. I am creating options for problem-solving that I did not have before.

Consider what happens when I have more time in my career (aside from becoming older). My experience teaches me what works or does not work. I am learning efficiency in both the job and relationships. I am learning where there are pitfalls to avoid so that I can be more effective and productive.

Instead of being stagnant, I can grow each day. Take one smaller step on the lists from my brainstorming and vision board. I can focus on diverse skill development. I can focus on honing a single skill. I can focus on learning a new tool to put in my toolbox. Each of these things makes us more valuable over time.

Take a moment to consider what skills and experience are needed for the next steps you may desire. Then focus on your action plan to build and practice those skills over time.

The tools and exercises we have practiced here can help move you from entry-level to senior employee to manager and beyond, evolving with you.

Just the same, these tools can help you evolve and progress through addiction, stabilization, early and long-term recovery.

The Whole Person

This process is designed to think broadly about your strength, skills, and growth. You can focus on various parts of yourself to grow in a balanced way or in a targeted advance for a specific skill. As we take on the practice of giving just a little bit more, we will continue our growth for a lifetime.

Some targeted growth could focus on motivation, stabilizing our physical health, our relationships, employment, our self-respect, our

beliefs, our emotional baggage, our emotional wellness, and many other ways to progress in personal and professional development.

Substances And The Whole Person

Consider for a moment how the addiction process became a large part of your life (perhaps alcohol, drugs, gambling, or hating yourself). You perhaps woke in the morning thinking about it. You have worked throughout the day to feed that process and thought about it drifting off to sleep. For all the years of your addiction process, the drug, or other behavior, became part of your identity and whole person.

If my whole self is centered on addiction, who am I when that piece is removed? What fills that hole? What happens when I plug that hole with something else, such as a cross-addiction? If I keep trying to fill up that hole, I do not have space to grow as a whole person.

We recently got a takeout dessert from a well-known establishment for a birthday celebration. These desserts used to be so huge that I could barely finish one. Today, the box comes with a bit of indentation so that the dessert appears to fill the box, but it is only half the size (no, the price was not reduced by half…maybe for them, but not for me). This is disguised with whipped cream and cherries on top to hide the gaping hole.

This dessert used to be whole. In the same way, addiction fills in the empty space, with lots of glamour and drama to distract from the hole. However, there is no longer room for it to be complete because of the addiction filling the space of the gaping hole inside. When I remove my addiction, there will be a feeling of loss and an opportunity to refill into my full, delicious, and abundant potential.

Sometimes people think that you must be medicated to treat the "whole person." For some, using one of the various medications is an essential tool for the short- or long-term establishment of sobriety and long-term recovery. For others, substance use has been a central part of their chemical coping process. The use of medication is a personal decision

between you and your doctor. As part of this decision, consider your perceptions of a given medication based on your personal history. Notice the beliefs and values you hold or wish to develop as you consider the wide range of tools available to support your whole-person recovery plan.

Trauma And The Whole Person

It is common with traumatic events to cause me to lose part of myself. Sometimes with veterans, for example, there will be the language of "leaving" part of myself on the battlefield, creating an image of gaping holes in the self, even if the body is physically intact.

Can I ever really lose myself? Am I here even if parts of me were wounded or left behind? Are those parts really left behind, or am I still connected to them, like invisible chains holding me back?

One way to think about trauma is as though life is flowing strongly like a river. When there is a trauma, there is a large rock placed in the river, blocking our smooth flow, perhaps changing the direction of the stream. Over time, there can be multiple rocks. Over time, the changes can feel normal and familiar. Later on, these can have subtle impacts. At times, these are fine as they are, but other times may require going back to specifically address the trauma. This will be addressed further in the next chapter.

Connections

While this section has focused on personal explorations, remember that we exist in larger circles of relationships. These include family, friends, acquaintances, work relationships, cultural connections, religious/spiritual perspectives, and many other relational circles. Our connections can be colored by our experiences, judgments, and fears.

Understand that my personal growth occurs in a direct relationship with these other connections. If we make a change that leads to approval or

disapproval from those in our social circles, we will receive either support or discouragement.

Notice when we experience these relationship supports and challenges, whether they are real or imagined. I may fear that others will react a certain way based on the past, even before they know about my changing goals.

Given the importance of these connections, consider how to develop a network of core supporters. Perhaps start with one, like a counselor or sponsor, then expand the circle over time. Expanding these relationships can be another cycle through the process in this section by brainstorming, planning, and developing relationship changes.

For these reasons, as we change, our people, places, and things will change. Either because we develop new relationships or what was acceptable in the past will no longer work in our evolving relationships.

Takeaways

I respect myself as I am today. While I may continue to grow and blossom, I don't have to wait to feel grateful for all that I am today.

Remember to think of ourselves as "whole" people. While we may focus on growth in one area, it is best to make wide-ranging changes in our health, relationships, beliefs, emotions, and values. Such pervasive changes are likely to be stronger and more lasting.

Remember that our circles of positive relationships are essential parts of a whole-person approach to recovery.

PART 3

SPECIAL TOPICS

CHAPTER 15

TRAUMA

"Strength does not come from physical capacity. It comes from an indomitable will."

Mahatma Gandhi

"Never underestimate a recovering addict. We fight for our lives every day in ways most people will never understand."

Unknown

Trauma is generally considered any real or imagined threat, typically to our safety. It can include things like neglect, chronic stress such as military duty, and short events such as a car crash or violent assault.

Ongoing trauma can become ingrained due to the repetition of beliefs, emotions, and behaviors. Short-term intense trauma can become quickly ingrained as a survival mechanism.

Adverse Childhood Experiences

There has been growing research on the role of adverse childhood experiences (ACES) in relationship to addiction development. It has been found that the more we have experienced these childhood events, the more likely we are to develop adverse reactions years later in adolescence and adulthood.

It is important to remember that this association is not a sentence to a life of misery. Most individuals with adverse experiences do not go on to develop an addiction.

For those with an addiction, these experiences can lead to addiction in several ways. For example, there may be an attempt to avoid or numb certain memories. There may be some beliefs or values that are established at these times (e.g., the world is not a safe place, or I am not worthy) that can lead a path to later addictive behaviors.

Addressing Trauma

Timing is an important consideration in the addressing of trauma. If we explore the trauma too early, the intense emotions can be overwhelming and cause a relapse of addictive thoughts and behaviors. If we do not explore the trauma until too late, it can cause a relapse due to the ways unresolved emotions continue to put us at risk. This is a delicate balance to be explored in the context of a professional treatment setting.

Addressing trauma can be seen from the perspective of the environment, initial identification, skill-building, and trauma treatment.

Trauma-Informed Care/Environment

Without addressing trauma itself, it is essential to consider how to develop a trauma-informed environment. If you understand that trauma is a sensitivity to past wounds, it is easy to see how to develop an environment that supports safety.

Consider how to limit unnecessary noise, extreme temperatures, and similar triggers of feelings of fear. These distractions can increase the stress response.

Consider how interactions can trigger a stress response, including time pressure, shouting, judging, and/or situations creating feelings of helplessness, shame, or grief.

Consider how to develop a safe environment. Encourage the ability to share challenges and mistakes. Allow ourselves to ask for help and support.

Identification

Although trauma may not be addressed until later, initial identification of key areas is important. When I am aware of my trigger points, I can anticipate and manage situations that may exacerbate those feelings.

This does not need to be an in-depth examination, but simply an inventory, an awareness of certain types of experiences. Something like an ACES assessment or journaling can allow me to list some of the major hurts in my life.

Most of these memories will be immediately identifiable, which allows me to consider what type of situation may be similar. This simple practice of identification and awareness can be empowering, even if I am not yet at the point of addressing it directly.

Skill-Building

With a general identification of traumatic experiences, and a trauma-sensitive external environment, we can begin to build skills to create internal safety. This stage may continue for several months as we learn safety, experience safety, and establish trust in the ongoing safety in my life.

These skills are not directly related to the trauma but instead give us the confidence and skills to manage the traumatic experience.

Trauma Treatment

By definition, traumatic events are often emotionally intense situations. While these specific memories may not be addressed directly until a bit later, we should know the basics of how it is affecting us in the meantime. At later stages, trauma treatment may address the memory more directly. Specifics of this work are beyond the scope of this book. However, a range of tools and approaches specifically address the traumatic event, the memory, the emotional experience, the associated beliefs, and other related issues. This would typically be addressed with a professional who has a specialty in this area.

Takeaways

Begin by creating a safe space with supportive relationships to help minimize the activation of our stress response.

Identify a basic list of areas of serious wounds in our past.

Over the course of months, there is a range of skills to develop, which will help us feel confident that we can handle the trauma.

Trauma may not be addressed immediately, since the anxiety it causes can trigger a relapse into addiction. When recovery begins to stabilize, and skills have been developed, it is best to work with a trained professional to help guide specific work on these traumatic memories.

CHAPTER 16

GOAL SETTING: SMART VS. BHAG

"The only person you are destined to become is the person you decide to be."

Ralph Waldo Emerson

How do I go about creating goals that will work for me? It is clear that creating clear goals is a great support for motivation and success. There are some ways to make goal setting most successful as we continue to grow through this process.

Be SMART

In the business world, there is a long tradition of using SMART goals. This means that goals should be

- Specific
- Measurable
- Achievable
- Relevant
- Time-based

Having specific goals helps us to be concrete and make a clear vision of the step we're taking. Being measurable lets us know when and if we achieve it. For example, spend five minutes doing X (instead of saying something general like "try harder"). Achievable is important so that we can feel successful. The goal is small enough that I can do it, rather than be a set up for failure. Relevance ensures the value of the goal for this specific issue. Time specifies the importance of a specific completion date.

Example of a SMART Goal:

To improve my health, I will complete three 20-minute exercise routines weekly for the next two months.

Example of an Un-SMART Goal:

I want to do more exercise.

Together these elements add a degree of specificity and focus. This is particularly important in a business world so that the project manager or employee can be accountable for the plan.

In this context, motivation comes from the external monitoring of the project, and associated risks of negative consequences at a job. This can indeed be very effective for a business setting where smooth functioning is a priority. It can also be used to give bonuses or corrective action to motivate achievement when these deadlines are not met.

With personal goals, the SMART approach has the benefit of helping to develop a clear vision of your goal and the steps to get there. However, the external accountability of the business world is not there. A more personal motivation is often necessary in these situations.

BHAG

In contrast, it is possible to create Big Hairy Audacious Goals. These are often found to be more internally motivating since they deeply connect with our personal desires, as well as the promise of success. The purpose of these goals are to go big, to stir hope, and to help break out of simple rule following.

Example of BHAG Goals:

- I want our company to develop a cure for cancer
- I want to send a person to walk on the moon

- I want to have a solid recovery where I can get an award from our school as Mother/Father of the Year.

These are very different from SMART goals because they invite long-term thinking, use emotion as a powerful motivator, and allow pathways to the goal that may be outside of the prescribed roadmap to achieve that goal.

These may be frowned upon in the business world since this type of goal is not measurable and does not promote robotic rule-following. (It is however important for senior managers who are intended to be visionaries.)

Consider whether you are more motivated to do a physical workout, or to get your loved one to forgive you and share a big hug?

Small steps are achievable and can build confidence and break out of feeling "stuck." Big goals tell you that you are moving in the right direction, and can help motivate even when having a short-term bad day.

BHAG And SMART

What if we did a little bit of both?

Your major goals should be what is known as BHAGs, Big Hairy Audacious Goals." Create your vision for greatness. We did this in our vision board exercise.

Do not set major goals too small. Doing so communicates to yourself that you are unable or unworthy of your BHAG.

Another reason for BHAGS is that we tend to only reach as far as our goal. If we set our major goals too short, we will limit ourselves. It is said, "Shoot for the stars so you can reach the moon." If you only shoot for reaching the end of the couch, you will reach neither the stars nor the moon.

In addition to major goals, throughout this book, you have been led through a series of small, achievable tasks, and invited to complete others in your daily life.

Remember the exercises of mind-mapping, and vision-boarding? These types of tools help to balance the larger perspective with some small actionable steps, some of which are so small they can be completed in a minute, in the next hour, or repeated often.

James' Story

Consider the story of "James." A therapist was working with a person in early recovery from a severe addiction with the primary drug of use being cocaine. They examined together elements of his life that had been impacted by cocaine and to find ways to support meaning, moving forward. He acknowledged that a major attraction to the use of cocaine was the stimulation, excitement, and energy that came with thinking about and using it. James recognized that it was unsafe for his health and had created significant legal and other severe problems across all areas of his life. In processing the desire to experience exciting things that were less dangerous than cocaine without the consequences, the James identified a desire to try skydiving. As treatment progressed, he tried it and recognized that it was fulfilling (and that jumping out of airplanes was a whole lot safer than using cocaine). He did it several additional times before the therapeutic process came to a successful end. Two years went by, and James walked back into the treatment center to say hello and report how well his life was unfolding and that they were in continuous recovery. With a grin on his face, the he indicated that he had made a career change and was now a professional skydiving instructor and that he had found his calling in life. Established in recovery, he maintained his desired moments of exhilaration. While the results of this story may be unique, it represents the value of considering out-of-the-box goal setting.

Takeaways

Create specific and measurable goals to help create a structure for success, with lots of tasks to checkoff along the path to feel accomplishment.

Create big dreams that offer room to grow into, since perhaps we can grow more than we believe, yet…

Consider a balance of large and small goals. You may review and revise these over time to maintain motivation.

What is one big goal for your life purpose?

What is one tiny step you can take today, in less than five minutes to move toward that big goal?

CHAPTER 17

CROSS ADDICTION: GAMBLING, SEX, EATING, SOCIAL MEDIA

"Addiction begins with the hope that something "out there" can instantly fill up the emptiness inside."

Jean Kilbourne

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

Martin Luther King, Jr.

Addiction is most commonly considered in relationship to substance use. However, there are a range of process addictions. The most well-known is gambling disorder. However, addictive behavior patterns can be seen across a range of process behaviors such as sex, compulsive eating, social media/Internet, and shopping. Many of the tools we have explored in this book will support each of these forms of addiction.

There was a time when individuals came into treatment with the use of a single substance, their "primary drug". Today, polysubstance use is the norm with 80% of individuals using multiple substances. In addition to substance use disorder(s), there are often co-occurring issues with other behavioral "process addictions" such as gambling. About 10-15% of those with SUD also have a gambling disorder. As many as 50% of those with a gambling disorder also experience SUD. So, it is common to experience

the addictive process with multiple issues at the same time or intensify another when one is controlled.

Cross-Addiction

Often people develop behaviors across a number of different areas. This can happen at the same time, for example, drinking alcohol while playing cards. This can also happen at different times. For example, one may go to treatment for alcohol use disorder, and upon beginning recovery from alcohol, may develop a gambling disorder that replaces the time and patterns of the alcohol use.

One reason this occurs is that once we have an entrenched learning pattern such as alcohol use disorder, that same brain pathway can become used by the new addictive behavior pattern. Sort of like building a superhighway. Once it is there, it is easy to add another on-ramp.

Abstinence Versus Moderation

For millions of Americans, and people around the world, abstinence is the standard for long-term recovery. Once my control of my alcohol use is lost to a severe disorder, it is very difficult to return to low levels of controlled use. Similarly, there are no safe levels of opioids such as heroin or fentanyl. Given the risk of overdose, these are particularly problematic to use in a controlled or inconsistent manner.

When I abstain from a substance, it allows the brain chemistry time to regulate and normalize. This can be seen as tolerance quickly reduces as the body no longer needs the substance and acute withdrawal ceases.

For some process addictions such as Internet/social media, eating, shopping and sex, complete abstinence may not be possible. For these, recovery can be more difficult since moderation is difficult once one has a disease of impaired impulse control. However, with these issues there are not some of the same risks of seizures from withdrawal, or related risk of death as associated with substance use.

The good news is that treatment works, so work with a specialty treatment provider and a focus on a whole-person-approach as described in this book can help.

As we understand this risk of cross-addictive behavior, it becomes even more important to have a comprehensive approach rather than thinking of addiction as a specific entity, such as a methamphetamine use disorder, or a marijuana use disorder. Medications work by targeting very precise issues such as opioid use disorder, but 80 percent of those with substance use disorder are using multiple substances. So cross-addiction commonly occurs among substance use, as well as process addictions.

Similarities Among Addictions

Broadly speaking, there are similar patterns across substance use and process addictions. A behavior is repeated. This behavior becomes so frequent that it interferes with social and occupational functioning (and can lead to severe issues such as legal charges, child welfare concerns etc.). The behavior pattern becomes self-sustaining with a pattern of withdrawal (while there is no external chemical, there is a withdrawal pattern of irritability when gamblers stop gambling). There are EBP that have been successfully tested across addictions (such as cognitive therapy and motivational enhancement therapy) offering a stable approach to treatment with cross-addictions.

Differences Among Addictions

There are substantive differences among these addictions as well. Entire books have been written on the unique aspects of these behavior patterns. As an example, there are often different specific beliefs associated with gambling disorder, than substance use disorder. For example, a belief that, "I can't handle the withdrawal from heroin," is a very different cage than, "I don't have a gambling problem. I have a money problem. Winning at gambling is the solution." Notice also why it is important to identify the causes, beliefs, and values which may be different among individuals. If I address the gambling beliefs but do not

address the alcohol-related-causes beliefs and values, I am more likely to cross over or relapse in the one that was not fully addressed.

Takeaways

As I establish recovery from my addiction, beware of cross-over addictions.

As part of my whole-person-approach, consider whether I am at risk of any cross-over addictions.

Use a whole-person-approach to change with an emphasis on abstinence when possible and clinically appropriate.

When full abstinence is not possible, consider what additional psychosocial approaches can be implemented to improve safety.

CHAPTER 18

EVIDENCE-BASED PRACTICE

"All the suffering, stress and addiction comes from not realizing you already are what you are looking for."

Jon Kabat-Zinn

Evidence based practices (EBP) are approaches that have been tested with research and found to be effective. It is important to feel confident that our efforts have a reasonable expectation of positive outcomes. Because of this, there has been an increasing value in the use of EBP. In order to study an EBP, one must use a manual so there can be consistency in the delivery of the approach. Most studies are not done in this manner, so it is exceedingly difficult to determine if the use of a theory is or is not following the same principles. Change happens with individuals rather than in large group studies. Change happens in the context of the very personal relationship with the counselor, the therapy group, peer support group and other significant relationships. For these reasons, the use of EBP is not as simple as it sounds.

Value of Evidence-Based Practice

Practices that have been subject to research have a number of benefits. With research, there can be more confidence that something will work. With this evidence, it can be more persuasive to engage individuals in treatment, as well as funders. When something lacks evidence, there is

an implication that it either does not work or did not have financial backing for the extensive research.

For example, medications are often studied as compared to placebos. This is because changes are common due to our hope for success. This research helps us feel confident that it is better than "nothing." It also helps us to know what side effects are at risk when using this specific tool.

Myths of Evidence-Based Practice

In order to study evidence-based practices one must have large numbers of clients. In doing so, one is studying the approach but does not indicate whether the approach is appropriate or not for the individual they're working with, or for the counselor.

In order to study an EBP, one must examine a specific population. In doing so, one may or may not know whether it is appropriate for other populations. For example, an approach that works for a 25-year-old homeless inner-city man may not work for a 57-year-old affluent suburban woman.

There are very few approaches that have been studied extensively to meet all these considerations. Several of them have been used throughout this book, most notably, cognitive-behavioral therapy.

Within the SUD treatment field, there has been a push for EBP. This in turn has led to an explosion of acronyms including CBT, MET, MAT, TREM, DBT, MBRP and many others as each works to build a research base to achieve EBP recognition.

There are four challenges of the EBP trend:

- Research is often based on short-term follow-up of days or weeks, rather than long-term success, which may have different outcomes

- Research is based on a small percentage increase across a lot of people, so it may have limited real-world impact for an individual
- Research is based on an improvement across many people, so it often fails to clarify which one will work best for me, personally
- Research is costly, so financial interests can cloud the process

Reviewing decades of research, it is easy to understand that new approaches often start as miracle cures, and are helpful for everyone. Then as the research progresses, risks are identified, and an approach is found to be effective for about two thirds of the population. This pattern of initial excitement fading to average follows a similar pattern for both psychosocial and medication approaches.

This leads to several important implications:

- A range of approaches are effective
- Certain approaches work better for specific issues
- More work is needed to understand treatment matching (which tools work best for which people and when) rather than blanket standards
- Find the one or combination that works for you
- My needs may change based on my personal history, my time in treatment, and which specific issue I am working on
- Modern approaches and experienced clinicians rely less on a specific EBP acronym. Instead, there is a focus on understanding an integrative approach treatment using tools in a toolbox, selecting the right tool for specific situation at hand

Of course, it is important to know that an approach is effective, but there are many different methods and measures of effectiveness. There are also many things that cannot be studied by EBP standards. For example,

I can't randomly assign you a treatment group that is assaulted or not assaulted to study a treatment for trauma.

In contrast, effective treatment for behavioral and mental health concerns is typically individualized. Throughout this book, while there are general examples and exercises, your responses individualize them to you.

As any good clinician knows, finding the right tool in the toolbox is more an art than a science, a skill that develops over years.

Takeaways

There is value in finding a counselor trained in a specific mode of treatment technique.

Be sure that specific technique is right for you. A counselor should be able to guide you through an informed consent process of the strengths or weaknesses of an approach.

CHAPTER 19

CHOOSING A COUNSELOR

"The way to get started is to quit talking and begin doing."

Walt Disney

"People spend a lifetime searching for happiness; looking for peace. They chase idle dreams, addictions, religions, even other people, hoping to fill the emptiness that plagues them. The irony is the only place they ever needed to search was within."

Ramona L. Anderson

Addiction and the journey into recovery occur in the context of relationships. As stated in the beginning, this book is not intended to take the place of counseling, but rather to support work you are doing with a counselor. If you have not yet done so, or are considering changing counselors, this chapter may help guide you. Please note that there are variations based on national and local law, so there may be some variations where you live.

Licensing and Certification

Many professions are licensed. This means they are regulated by the state as having met certain requirements for education, experience, and have often completed a knowledge-based test. Licensed professionals include physicians, psychologists, social workers, and counselors.

Some practice is certified. These individuals are monitored by an independent certifying body as having met requirements for education and experience in a specialty area. Certified professionals include Certified Recovery Specialists, Certified Counselors, Certified Criminal Justice Professionals, and many other specialized experience areas.

Both typically have requirements for ethical standards and ongoing continuing education.

In some local jurisdictions, one may practice with only one or the other of these credentials based on the regulatory oversight in place there.

Some individuals may have more than one certification. For example, a licensed psychologist may also be certified in the use of hypnosis, substance use disorder counseling, and gambling disorder counseling. For these individuals, certification represents a public acknowledgement of specialty training.

What's In A Name?

The most common professional titles working in the substance use disorder arena are counselor, psychologist, social worker and physician, although there may be many others.

Counselor is the most common title for those working with addictions. They may have a primary educational experience with a range of educational degrees from associates to doctorate. Often counselors have lived experience in recovery from addiction, based on years of experience, training, and professional mentoring. This pathway may include individuals with a high school diploma, a professional mental health degree, or degrees in other fields (having changed professions to become a counselor). Individuals with this title are most likely to have specialty experience in addiction and recovery.

Psychologists are typically doctoral level professionals in mental health. While many treat addictions, most do not have specialty certification and experience in addiction. This profession has heavy experience in

assessment techniques, diagnosis, research, and other mental health conditions.

Social workers are typically masters-level-professionals in behavioral health. While many treat addictions, most do not have specialty certification and experience in addiction. This profession has a heavy experience in case management, coordination with community services including medical, mental health, and social services.

Physicians are doctoral level professionals in medicine. While some may treat addiction, most do not have specialty certification and experience in addiction, although this is beginning to change. This profession has heavy experience on the physical body, physical illness, and the use of medication.

There are a number of other professionals whose work supports addiction treatment and recovery. These include, nurses, physician's assistants, massage therapists, acupuncturists, chiropractors, yoga teachers, and vocational rehabilitation specialists, etc. These can play valuable roles in the recovery journey.

Funding

There are various funding sources which can affect the choice of professional.

Private pay options are where an individual directly and fully pays the professional for their services. To seek services in this method, one often contacts the program directly.

Private insurance is where my insurance provider pays the professional, although I may be responsible for a co-payment portion of the costs. These arrangements may require you to attend treatment with someone in their network of providers. For this reason, to seek services, one often contacts the member services department to determine who is a covered provider in their area.

Public funding is where programs are paid through grant and national funds. A common example of this is Medicaid. These typically provide services at no cost, but are limited to those providers receiving that funding stream. Access to these services will vary based on your local requirements and availability of providers.

Other Considerations

As you consider the selection of licensed substance use disorder or addictions treatment, keep in mind the importance of the following:

- Where you are in the addiction/recovery process
- What intensity of treatment setting may be best for you
- Your long-term goals
- Your short-term goals and specific needs.
- The professional's experience with your specific needs. For example, is the counselor experienced with stabilization after substance use? Is the counselor experienced with recovery management? Is the counselor experienced with trauma?

There are numerous skills. While treatment programs will generally be skilled at stabilization, not all will be experienced with establishment of long-term recovery. Some will also have certain specialties such as veteran's populations, women/women with children, adolescents, etc.

Stages of Treatment

Treatment programs begin with an assessment. This may be more-or-less-intensive depending on the setting. It involves sharing of a wide range of information with the professional to determine what service is specifically needed. For example, withdrawal management to prevent seizures, medications, level of care, setting, and of course, counseling.

The person who does the initial assessment may or may not be the person you will be working with. Once you meet your counselor, it is

important to consider the expected duration of the treatment and the stage of relationship with the counselor. Initially, the counseling journey may begin with orientation, where we meet the counselor and discuss goals, treatment planning, and expectations. Once the relationship is established, there is time to work on the specific issues identified. In the final stage, we may plan for the termination of that relationship, as we transition to another program or community support.

The Therapy Relationship

Often medical treatment happens in short-term interventions with an individual you do not know, such as at a hospital or urgent care setting. With other medical specialties, there is often a limited relationship such as a single specialist consultation, an annual checkup, or a visit with an individual you do not know at your primary care office when your physician is unavailable.

In contrast, the Supreme Court has likened the counseling relationship to a priest/penitent relationship. While personal information may be shared with medical professionals, this is a primary focus of mental health and addiction professionals. Consequently, except for acute withdrawal management and similar inpatient services, therapy is a personal relationship.

In residential and other intensive settings, you may have a limited choice in the service provider. For this reason, it is the role of the patient to adapt to the professional. In this case, it is important to develop trust and a treatment relationship quickly. This allows us to share important information.

In outpatient settings, there may be more opportunity to choose the individual you want to work with. The relationship here becomes critically important since you may be working with this person for a months or years.

Again, with publicly-funded settings, sometimes counselor choice is more limited. So having honest discussions and collaborations on

treatment goals is important to help establish and maintain a positive working relationship.

In private payment and insurance settings, there is some consideration of choosing an individual with whom you feel comfortable. This means being able to form a trusting relationship. Consider also that comfortable does not mean boring (not talking about substantive issues) or rude (like screaming at you to complete a goal). A good professional will balance the evenness of a trusting professional relationship with caring support to guide you into and through issues that may be uncomfortable. Often these vulnerable topics such as fear, shame, and grief are exactly where we need to go.

Our Role In The Treatment Relationship

Whatever the setting, once we are engaged, it is our role to:

- Allow the counselor permission to help us
- Share openly and honestly about ourselves
- Take risks to discuss more vulnerable issues
- Be an active participant in the relationship
- Remain open to information, feedback, and guidance
- Be an active participant in the planning of treatment goals

Takeaways

Determine the funding structure for your treatment.

Use that funding's method of treatment initiation.

Consider what you specifically need to work on so that you can participate in finding a good match.

Give your trust to the treatment relationship, so that you can get the most out of it.

CHAPTER 20

LOVED ONES/FAMILY MEMBERS

"I guess the worst day I have had was when I had to stand up in rehab in front of my wife and daughter and say, 'Hi, my name is Sam, and I am an addict."

Samuel L. Jackson

Often the addiction process is not our own, but a shared roller coaster with our loved ones. Over the course of the addiction process, relationships with our loved ones are often damaged as lies, theft, isolation, anger, fear and hope occur in the addiction cycle. Because of this, it can take time and persistent effort to rebuild trust in these relationships.

Ways To Support Our Loved Ones

First do no harm. It is said that when you are in a ditch, the first thing to do is stop digging. Begin to be neutral or positive in all interactions. Whatever has happened in the past, begin now to show respect in relationships.

Learn about addiction process. The more we learn about our place in the addiction and recovery process, the better we can have hope for ourselves and share that vision with our loved ones. It also becomes a way to build these relationships. For example, as we recognize our own triggers and risk factors, we can communicate them to ask for specific help.

Consider where we are in the cycle. Just as we are in a recovery process, our loved ones are also in a process where they begin to build trust with us. Maintain patience as they build this trust.

Seek your own support/counseling. Sometimes we begin to learn or make changes on our own. Formal supports are very helpful in this process. If you have not yet done so, the next chapter discusses more about how to do it. The more we engage in our own growth and recovery, the more our loved ones will learn to have trust in us.

Healing wounds. While we must first find stability in ourselves, as part of the process, we take responsibility for ourselves, our past actions, and actions moving forward. Your counselor is a great support to help plan and facilitate conversations with loved ones when it is time to help heal the relationship wounds of the past.

Ways For Our Loved Ones To Support Our Recovery

First do no harm. It is said that when you are in a ditch, the first thing to do is stop digging. Begin to be neutral or positive in all interactions. Whatever has happened in the past, begin now to show respect in relationships. As our loved ones move into a recovery process, we can begin to listen and communicate support for their continued efforts. We may or may not choose to support them in certain ways (for example financially), but our anger and judgment can be a barrier to the eventual improvement of these relationships.

Learn about addiction process. The more we learn about our loved one's addiction and recovery process, the better we can have hope for them. As we understand the process, it helps our own healing as well as helping us to identify how best to help them.

Consider where your loved one is in the cycle. At different stages of the addiction and recovery process, there are different things we can do to support them. This can range from support to enter a treatment program through later stages where we talk with them about their triggers and risk areas as they work to maintain their recovery.

Seek your own support/counseling. We have been through our own roller coaster along with our loved one. We have cycled through fear and anger and a host of emotions many times. Seeking counseling for ourselves can help us heal our own wounds, regardless of their place in the addiction/recovery journey.

Healing wounds. As we address our own wounds, we will be in a stronger place to help effectively when our loved ones need it. We may choose to have similar relationship boundaries, but do so with respect rather than being driven by fear and anger.

Advocacy for funding. Funding is a common barrier for treatment and recovery. When our loved ones are ready to seek treatment, it is very important that it be available, and funded adequately to provide the best services possible. Where possible, we can assist with appeals to insurance funders, and by letting legislators know the importance of funding for those in need.

Takeaways

Learn about addiction process.

Consider where your loved one is in the cycle.

Help to advocate for proper funding for treatment.

Seek your own support/counseling.

There are some parallel needs between the one who is addicted and his or her loved ones.

CHAPTER 21

RECOVERY CAPITAL

If ever there is tomorrow when we're not together – there is something you must always remember.

You are braver than you believe, stronger than you seem, and smarter than you think. But the most important thing is, even if we're apart – I'll always be with you.
Winnie the Pooh

Recovery capital is the term that is commonly used to describe the supports that are available to us as we establish and grow our recovery journey. There are four main types of recovery capital: personal, family/social, community and cultural.

Personal Recovery Capital

In the area of personal recovery capital, there are physical supports such as the need for safe housing, food, health, and healthcare. These and other basic human needs that are fundamental to our ability to feel safe and secure. While it is possible to develop recovery without these stable physical supports, they create serious risks due to their importance.

In this book we have journeyed through a wide range of personal characteristics examining our thoughts, emotions, goals, and values. This is important since these are very personal and subject to change by ourselves. Others can judge us or force compliance with behavior, but it is up to us to recognize and change our internal thoughts, emotions, and values.

Understand that while personal recovery capital is fundamental, it is one building block.

Social Recovery Capital

Social recovery capital is reflected in our ability to have supportive relationships. Although people vary in their preference for relationships, they are still a basic social need. Often during the addiction process relationships are damaged due to our isolation, lies, and related damage to our prior relationships. As we develop recovery, we may begin with one relationship with a counselor or with a sponsor.

As we continue, we may expand our social circle in a group therapy process with others on the same journey. This may include formal group therapy as well as peer support groups. The most common peer support group are in the 12-step tradition. These together with other support groups often offer some specialized groups for students, women, veterans or other specific populations.

As we continue to expand our social circle it is important to heal wounds from certain past relationships such as family and friends, while developing new relationships. As we grow our circle of friends who support our new commitment to recovery, this helps stabilize our growth. Similarly, new relationships in the workplace can help to anchor these new beliefs, emotions, and values we have developed in our personal recovery capital.

Community Recovery Capital

As we continue our growth, there is value in connection with a broader sense of community. In active addiction, we are often focused on ourselves. In recovery, connection to something larger than ourselves is valuable. Research has found that the more involved people are with a peer support group, such as 12-Step, the more likely they are to remain in stable recovery. Identity with peer support groups, and participation in these activities help to reinforce our personal change. Other examples include participation in Recovery Community Organizations (e.g., recovery centers, alumni associations, recovery high schools), and recovery activism aimed at reducing stigma or funding for treatment and recovery services for others.

Cultural Recovery Capital

For many, a connection with our cultural heritage can also leverage support. There are a range of cultural identifications that can help to expand our awareness outside our personal experience. Mens'/womens' groups and activities can help stabilize our identity with these defined roles. Similarly, there are groups and activities that celebrate a range of racial heritage, sexual orientation, spiritual traditions and other cultural identities can help us to anchor our connection with a larger support tradition. In the Native American tradition, there is a value placed on acting in a way that respects our father's father's father, and our children's children's children. In this way we remember how our behaviors are deeply connected through generations and around the world. Our daily choices have a larger meaning.

Takeaways

This book has focused primarily on our personal recovery capital, healing our thoughts, emotions, and values.

As we become stable, expanding our social circle and positive, supportive relationships is important to our continued success.

Our return to our community helps to stabilize our connections to something larger.

For many, developing a strong connection to our cultural heritage can further help to anchor the value of recovery as we continue our life journey.

What is one thing I can do today to improve my connection in one relationship?

CHAPTER 22

REFLECTIONS

"Our greatest glory is not in never failing, but in rising up every time we fail."

Ralph Waldo Emerson

We have journeyed far together.

We have examined the development of addiction, severity of addiction as it is learned through images, thoughts, and emotions. We have explored a range of personal interventions such as looking backward for causes, forward to goals, and delving deep into our feelings, thoughts and values.

We have considered some special issues such as trauma and cross-addiction, as well as connecting with help with our families and professionals.

Change happens in the context of relationships. As we near the end of this book, our relationship will change. It has been a pleasure to join you in this journey.

If this is the end of our time together, thank you.

Thank you for reading.

Thank you for having the courage to face these issues with me.

Thank you for the trust you've shown in allowing me to partner with you for this time.

If you choose to continue on with me, please see my other books, sign up for my mailing list, or our Facebook group.

As always, my next book is often based on what issues are requested by my readers, so if there is an issue you would like to hear more about, please drop me a note. I always want to hear what will be most helpful for my readers.

Again, thank you for this journey.

If you enjoyed this book, please tell a friend. As we help one another, we get closer to the world we want to live in.

RESOURCES

There are numerous resources to continue your journey.

These are just a few:

- Faces and Voices of Recovery
  - https://facesandvoicesofrecovery.org/
- Substance Abuse and Mental Health Services Administration (SAMHSA):
  - https://www.samhsa.gov/
- National Alliance on the Mental Illness (NAMI)
  - https://www.nami.org/Home
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  - https://www.niaaa.nih.gov/
- American Psychological Association (APA)
  - https://www.apa.org/
- National Association of Alcohol and Drug Counselors (NAADAC)
  - https://www.naadac.org/
- National Center for Complementary and Integrative Health (Division of National Institute of Health)
  - https://www.nccih.nih.gov/health/atoz
- National Suicide Prevention Lifeline:
  - 1-800-273-TALK (8255)

ABOUT THE AUTHOR

Kenneth J. Martz, Psy.D. is a licensed psychologist working in the treatment and management of mental health and addiction for the past twenty-five years. He has worked in three states, at multiple levels of care providing a range of substance use disorder prevention, intervention, and treatment services. He has specialty training in Chinese medicine, yoga, meditation, and hypnosis, as well as supervision and management.

Dr. Martz has authored more than a dozen publications, including serving on eight doctoral dissertation committees. He has offered more than one hundred local, national, and international presentations in the mental health and addiction treatment fields. You can find his earlier works on Amazon in *The Downside: Problem and Pathological Gambling*, and in *A Public Health Guide to Ending the Opioid Epidemic.*

AUTHOR'S NOTE

First of all, thank you for purchasing this book, *Manage My Addiction*. I know you could have picked any number of books to read, but you picked this book, and for that, I am extremely grateful.

This is a book that started decades ago. With all the stress and isolation of COVID-19, I felt compelled to finish the work so it can be available to more people as we work together to pass through these difficult times.

I hope you were able to pause to use many of the exercises in this book, and they have helped to bring you more insight and ease in balancing your emotions. If you enjoyed this book, please take a moment to help someone else, sharing with friends by posting to social media on Facebook and Twitter.

If you enjoyed this process, I'd love to hear from you, so please take a moment to leave a review on Amazon or your preferred bookseller. Your feedback and support are needed to help improve future books and are deeply appreciated.

Feel free to continue your journey with me on my website, www.DrKenMartz.com, where you will find new resources, tools, and advance notice of new books.

Meanwhile, I wish you all the best!

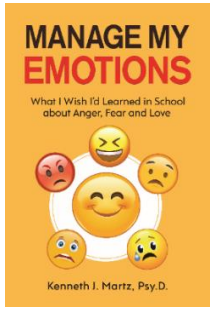
Free Gifts!

Be sure to check out my website at www.DrKenMartz.com for updates on free material, seminars, forthcoming books, and more.

Click here to download a range of free tools to support your journey, such as

- Emotion Circle
- How to Meditate
- Relaxation Techniques
- Manage My Emotions Checklist

Click here to join our Facebook support group with others who are beginning meditation or other life practices. You can ask questions and share success!



See also *Manage My Emotions*

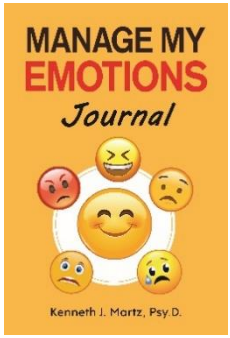
In this valuable self-improvement guide for managing emotions, you will learn:

- What emotions really are, how they become ingrained into your daily life
- Amazingly effective self-assessment exercises
- 8 powerful ways to conquer fear
- 14 thoughtful tools to manage anger
- 12 easy exercises to quiet our worry
- To find the motivation to succeed, passion for life, and learn to cherish positive relationships with spouses, your children, and your friends

What Are They Saying About Manage My Emotions?

- "A highly recommended read"
  5 Star Rating *Tammy Wong*
- "Take back control and live our lives to the fullest." **5 Star Rating** *Rabia Tanveer*
- "Exactly the book I needed...and I believe it will resonate with many other readers."
  5 Star Rating *Jamie Michele*
- "Manage your emotions and learn to live well!"
  Dr. Sandra Rasmussen
- "An outstanding job of offering solutions"
  Joel Elston

Continue your journey. Get your copy today.



Manage My Emotions Journal

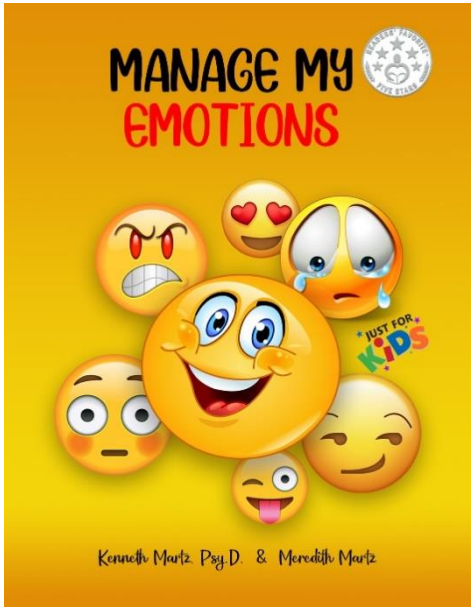
One of my most asked questions has been for support in personalizing the Manage My Emotions journey.

You can now get a copy of the Manage My Emotions Journal. The journal is aligned with the exercises in this text. It will help you to:

- Personalize your experience
- Take notes
- Track progress
- Capture insights
- Manage your mood
- Articulate your thoughts and emotions

Journaling is one of the evidence-based tools discussed in this text.

The MME Journal is available in multiple formats to fit your needs. While I prefer paper copies for my journals, you can also get your copy in eBook format. You can make notes on the page in your eBook reader, or if you prefer, the eBook version comes with a link to download and print a PDF edition.

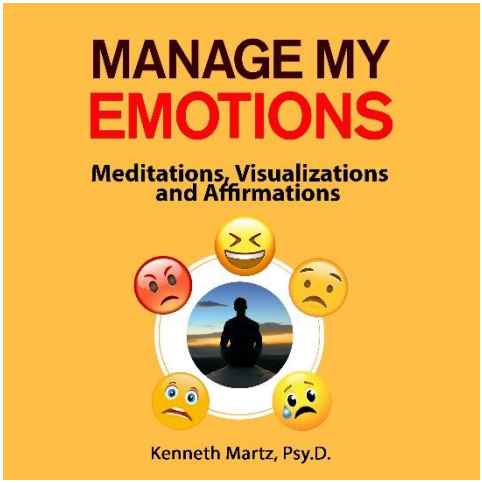


Manage My Emotions for Kids

The Manage My Emotions journey is based on the idea that I wish I had learned these things sooner. Many readers have also echoed this concern. If you have enjoyed this material, you can share this with your children.

Manage My Emotions for Kids is aligned with the exercises in the Manage My Emotions. It will help you to:

- Reinforce your learning of these concepts
- Teach your children these lessons early
- Set your children on the right track
- Open meaningful conversations and communication.
- Includes a downloadable Parent/Educator's Guide



Manage My Emotions:

Meditations, Visualizations, and Affirmations

The Manage My Emotions journey includes a range of meditations and visualizations. Many readers have asked to these in audio version. If you have enjoyed this material you can listen to these meditations at home.

Manage My Emotions: Meditations, Visualizations and Affirmations is aligned with the exercises in this text. It will help you to:

- Regularly practice these tools
- Easily skip to the meditation that is right for you
- Set the tone with relaxing meditative music

Purchase from Amazon or your favorite retailer. You can purchase an audio of many of these exercises from my training website **HERE**

For a limited time, you can access these two resources at half price by using the code **SPRINGBREAKBOOK50**

Beginner's Meditation Blueprint

The Manage My Emotions journey includes a range of meditations and visualizations. Meditation is one of my favorite tools for success, stress reduction, and happiness.

The Beginner's Meditation Blueprint will help you to:

- Identify goals for meditation and success
- Learn the evidence base for a range of benefits for meditation
- Learn step-by-step how to begin to meditate
- Develop a plan for a regular meditation practice
- Use tools to help troubleshoot and grow your practice

If you would like to enroll in our Beginner's Meditation Blueprint training, you may do so by clicking HERE

For a limited time, you can access these two resources at half price by using the code **SPRINGBREAKBOOK50**

COMING SOON

Manage My Emotions for Teens

The Manage My Emotions journey is based on the idea that I wish I had learned these things sooner. Many readers have also echoed this concern. If you have enjoyed this material, you can soon share this with your children.

Manage My Emotions for Teens is aligned with the exercises in the Manage My Emotions text. It will help you to:

- Reinforce your learning of these concepts
- Teach your children these lessons early
- Include examples and solutions designed for this age
- Set your children on the right track
- Open meaningful conversations and communication