CHRONIC PAIN: IMPLEMENTING A PHYSICAL THERAPY PLAN
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SUBSTANCE USE AND RISK TAKING BEHAVIORS: WHAT PARENTS NEED TO KNOW
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ADDICTION ALONGSIDE OTHER MENTAL HEALTH DISORDERS
By Christopher Peterson
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Dear Readers,

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

Our monthly magazine is available for free on our website at www.thesoberworld.com or you can have it come to your inbox each month by signing up on our website.

Drug addiction has reached epidemic proportions throughout the country and is steadily increasing. It is being described as “the biggest man-made epidemic” in the United States. More people are dying from drug overdoses than from any other cause of injury death, including traffic accidents, falls or guns.

Many petty thefts are drug related, as the addicts need for drugs causes them to take desperate measures in order to have the ability to buy their drugs. The availability of prescription narcotics is overwhelming; as parents our hands are tied.

Purdue Pharma, the company that manufactures Oxycontin generated $3.1 BILLION in revenue in 2010? Scary isn’t it?

Addiction is a disease but there is a terrible stigma attached to it. As family members affected by this disease, we are often too ashamed to speak to anyone about our loved ones addiction, feeling that we will be judged. We try to pass it off as a passing phase in their lives, and some people hide their head in the sand until it becomes very apparent such as through an arrest, getting thrown out of school or even worse an overdose, that we realize the true extent of their addiction.

If you are experiencing any of the above, this may be your opportunity to save your child or loved one’s life. They are more apt to listen to you now than they were before, when whatever you said may have fallen on deaf ears. This is the point where you know your loved one needs help, but you don’t know where to begin.

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

I have compiled this informative magazine to try to take that fear and anxiety away from you and let you know there are many options to choose from.

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help. There are detox centers that provide medical supervision to help them through the withdrawal process.

There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

Many times a Criminal Attorney will try to work out a deal with the court to allow your child or loved one to seek treatment as an alternative to jail. I know how overwhelming this period can be for you and I urge every parent or relative of an addict to get some help for yourself. There are many groups that can help you. There is Al-Anon, Alateen (for teenagers), Families Anonymous, Nar-Anon and more. This is a disease that affects the whole family, not just the parents.

Addiction knows no race or religion; it affects the wealthy as well as the poor, the highly educated, old, young-IT MAKES NO DIFFERENCE.

This magazine is dedicated to my son Steven who graduated with top honors from University of Central Florida. He graduated with a degree in Psychology, and was going for his Masters in Applied Behavioral Therapy. He was a highly intelligent, sensitive young man who helped many people get their lives on the right course. He could have accomplished whatever he set his mind out to do. Unfortunately, after graduating from college he tried a drug that was offered to him not realizing how addictive it was and the power it would have over him.

My son was 7 months clean when he relapsed and died of a drug overdose. I hope this magazine helps you find the right treatment for your loved one. They have a disease and like all diseases, you try to find the best care suited for their needs. They need help.

Deaths from prescription drug overdose have been called the “silent epidemic” for years. There is approximately one American dying every 17 minutes from an accidental prescription drug overdose. Please don’t allow your loved one to become a statistic. I hope you have found this magazine helpful.

We are on Face Book at www.facebook.com/TheSoberWorld/ or Twitter at www.twitter.com/thesoberworld, and LinkedIn at www.linkedin.com/in/patricia-rosen-955210511/ or www.linkedin.com/groups/6694001/.

Sincerely,

Patricia
Publisher
Patricia@TheSoberWorld.com
Addiction to drugs or alcohol often coexists with one or more other mental health conditions. A 2018 study found that nearly 48% of American adults with a substance use disorder had at least one other psychiatric disorder.

Among adults aged 18 or older in 2018:
- 57.8 million adults had a substance use disorder or other type of mental illness
- 19.3 million adults had a substance use disorder
- 9.2 million adults had a substance use disorder and at least one other type of mental illness

Overcoming Traditional Approaches to Care

Not surprisingly, having more than one disorder presents treatment challenges, but challenges that can be overcome. According to R. Kathryn McHugh, PhD, a clinical psychologist and director of the Stress, Anxiety, and Substance Use Laboratory at McLean Hospital, the traditional care model for co-occurring disorders is perhaps the biggest hurdle to effective treatment.

“Historically, mental health treatment and substance use treatment are done in different places, by different people,” explained McHugh. “People are trained in one or the other discipline, and they don’t necessarily cross-train.”

This immediately puts patients at a disadvantage. It can be inefficient and inconvenient. More importantly, the patients get care for addiction and the co-occurring condition(s) at separate times. The gold standard is to take care of them at the same time.

Arranging concurrent treatment—especially if the treatment facilities aren’t near each other—isn’t the only obstacle. Often, mental health providers suggest that patients get sober first and then come back to get their other mental health condition(s) treated.

“That isn’t a good idea. Those people often don’t come back,” said McHugh. “They struggle to achieve any extended sobriety, and/or their overall condition worsens because their mood or anxiety disorder isn’t being treated.”

Addressing Stigma in Care

Stigma can also contribute toward patients not getting care for one or more of their mental health conditions.

“It can happen in both directions,” said McHugh. “Substance misuse can often be stigmatized in other psychiatric treatment settings, and in addiction treatment settings, other mental health concerns can be pushed to the back burner. The ability to get integrated care for one person is a huge challenge.”

McHugh stressed that stigma is a significant concern for someone addicted to drugs or alcohol. This makes it even more important for patients to get treatment where the substance use disorder is treated with the same respect and attention as other mental health disorders.

“There are a lot of data showing that people with substance addictions are treated differently,” she said. “If people expect that they will not be treated well if their provider knows they have a substance-related problem, that’s a major barrier.”

Treating Co-Occurring Conditions Together

Aside from helping to ensure that patients get care for all of their conditions, there is another compelling reason to get concurrent and integrated care—complexity.

“The treatment facilities that do this really well are those that treat all of a patient’s conditions at the same time and in the same place, preferably with the same provider or team of providers,” said McHugh. This is ideal “because it’s impossible for us to pull out one disorder, pull out the other one, and treat them as two distinct entities—because they never are. There is a lot of overlap and a lot of intersection between symptoms.”

Co-occurring disorders can also feed off each other. She explained that when the symptoms of one condition improve, the symptoms of the other(s) often worsen.

“For some people, it can almost feel like whack-a-mole. You get one thing under control, and the other pops back up. If someone’s drinking, that can mask the anxiety. But if you stop drinking, the anxiety comes back up. That’s why it’s so hard to treat one and then the other.”

Roads to Recovery

When addressed together there are highly effective evidence-based treatments for co-occurring disorders. Most are forms of cognitive behavior therapy (CBT) or other behavioral therapies, such as dialectical behavior therapy. Mindfulness-based therapies are also becoming more commonplace.

Integrated group therapy (IGT), developed by McLean’s Roger D. Weiss, MD, is one such treatment model with demonstrated success. IGT simultaneously focuses on treating substance use and bipolar disorder. Several randomized clinical trials have shown that this is a highly effective treatment.

Another successful treatment approach is called concurrent treatment of PTSD and substance use disorders using prolonged exposure (COPE). This CBT technique combines prolonged exposure therapy for PTSD with relapse prevention for addiction.

Medications are also a part of standard care for co-occurring disorders. This may include medications targeting both the addiction and the other psychiatric disorder, such as combining antidepressant medications with alcohol use disorder medications.

While these and other specialized treatments are effective, McHugh said that developing generalized therapies to treat broader combinations of co-occurring disorders is now a major goal for those in her field.

“When you think of the number of condition pairings out there, the list gets very long,” she said. “There’s a lot of interest in developing transdiagnostic treatments to increase access to effective care.”

Transdiagnostic treatments focus on common features of different disorders, such as difficulty managing negative emotions or impulsiveness. This approach can reduce the training burden for treatment providers. It may also be a better fit for people with co-occurring disorders, who often have more than two conditions.

Addiction Is a Mental Health Disorder

So why aren’t more patients with coexisting disorders being diagnosed and treated in the same place? A big reason may be the failure to recognize substance use disorders as mental illness.

Continued on page 14
True You Recovery is a designated safe space for members of the LGBTQ+ community to access residential substance use treatment in a supportive, affirming environment.
You may have seen the cartoon of a person reflecting, “Of all the things I’ve lost, I miss my mind the most.” As a codependent, I know that of all the things I’ve lost during my lifetime, I miss my childhood the most.

It’s true. Those of us who come from homes where alcohol or drug use was considered normal learned early in life that we had to be alert for whatever disaster would develop. And there was always a crisis looming up ahead.

I was only five when my alcoholic dad left home. Mom never asked me, but I decided it was my job to help protect my baby sister and calm my defiant older brother. Never mind that I was only a child myself. But that was then. With the support of friends, family, and 12-Step Programs, I am discovering truths that have re-shaped my thinking. This breakthrough has motivated me to share with others how we can reclaim our losses step by step.

As a youngster trying to find my part in our splintered family, I lost myself to the Good Child Role. My individual needs vanished whenever I assumed my mom needed me to defend her over any and every little thing, real or imagined. In high school, I was someone you could count on to make you feel good about yourself. Whenever a friend wanted to know: “Do these jeans make me look fat?” I was the person they turn to. Ignoring the loss of my own self-esteem, I’d answer with a little white lie: “Not at all. You look great!”

When it came time to marry, I searched the available guys until I found one I could take care of. I looked and looked until I found a man who needed me. Turns out, I wasn’t the only one searching. The man of my dreams was on the hunt for someone just like me. Someone to enable him as his mother had done. Long before the term designated driver was in vogue, I was the woman who would drive him home after a night of drinking. With naïve enthusiasm, I was convinced this would satisfy the deep emptiness we both harbored.

As comfy as snug-fitting gloves, my need to fix and his search for a fixer went hand in hand. During our long marriage, however, our troubled relationship began to constrict my emotional well-being. As time went on, I evolved from pretending everything was okay. Whenever a friend wanted to know: “How’s your marriage?” I would answer with, “I like your sweater!” What I didn’t tell the man was that there was a hole in the back of his cardigan. That would have been the honest thing to do, but then again, honesty wasn’t my intention. It was more important for this stranger to like me. I didn’t realize lying to myself was the ultimate in self-abasement.

Eventually, denial was no longer possible and my husband left our home. Addictioncampuses.com lists addiction as the third most frequently cited reason for divorce.

After my divorce, I attended a workshop. In one of the sessions, we were encouraged to role-play with the other attendees. How childish, I thought. When it’s my turn, I’m going to pass.

They wouldn’t let me pass. I had to play along.

The role-play scene began with a male participant and me at a divorce seminar where we were to engage in a conversation without mentioning our reason for being there. Not surprisingly, I opened with, “I like your sweater!” What I didn’t tell the man was that there was a hole in the back of his cardigan. That would have been the honest thing to do, but then again, honesty wasn’t my intention. It was more important for this stranger to like me. I didn’t realize lying to myself was the ultimate in self-abasement.

As time went on, I evolved from pretending everything was okay. I attended group therapy, joined a singles group, and I went dancing. My current playtime includes caring for my friends’ pets. The unconditional love from my canine and feline companions lifts my spirit. Think about it: pet sitting is the perfect profession for a codependent. All I have to do is speak a one-word command to them: “Sit.” “Stay.” “Come.” “Drop it.” Not like trying to control an out-of-control addict!

What about you? Are you ready to play? To dance? If a dysfunctional lifestyle stripped away your carefree childhood, now is the time to reclaim your lost youth. You can start by getting a sheet of paper or a clean page in your journal to write down the answers to the following question. Elaborate on your answers, and don’t be afraid to have fun. Draw pictures, use colored pencils.

What have you lost that you miss the most?

1. Your childhood.
2. Your self-worth.
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CHRONIC PAIN: IMPLEMENTING A PHYSICAL THERAPY PLAN

By Dr. Laura Stewart

Chronic pain is one of the leading reasons many people become addicted to opioids. According to the National Institute on Drug Abuse, 21 to 29 percent of people who were prescribed opioids for chronic pain abused those drugs. The prevalence of patients with chronic pain who were abusing opioids, means that, a key way to address this crisis is to find other ways to help patients deal with chronic pain.

One of the ways to address this type of substance abuse is to implement a physical therapy component to a patient’s treatment plan. Treating opioid addiction with the mind and body approach can help the patient recover from both a psychological and a physical perspective – both of which contribute to the underlying physical pain that leads to opioid addiction. It is important to note that understanding the role of the brain and body connection does not imply chronic pain is not real, or is “all in the head”. This pain is indeed very real, and what we now know about chronic pain, is that it is also very complicated. This type of complicated pain is best treated with a biopsychosocial model which should include exercise and physical therapy.

Here are a few benefits to implementing physical therapy into a recovery treatment plan:

Breaking a Mental Hurdle

One of the hardest parts of dealing with chronic pain is teaching a patient that they can move again without the use of opioids. Implementing a physical therapy program during recovery seeks to counter that protective thinking by training the brain that it can move, and it is safe to move without painkillers.

Physical therapy can give the patient a powerful tool from a neurochemical perspective because it creates structured activity to create dopamine in the brain. A program that creates natural dopamine is important because a recovering patient’s neurochemical baseline has been altered, and is vulnerable to relapse.

A physical therapy program shows the patient if they keep moving, the brain grabs on to the good feeling of natural exercise. By showing the patient they can create dopamine through physical fitness, it creates a purpose and structure that the patient didn’t know they could have. This structure makes it less likely the patient will relapse, because they will not have the crutch of a synthetic opioid.

A Plan to Bridge the Gap

Anyone in recovery for opioids due to chronic pain, knows it is important to get moving. They understand that they should walk or stretch, but the hurdle is getting the patient from knowing they should do something, to actively doing it.

A physical therapy program can bridge that gap by slowly integrating activity into a recovering patient’s day.

A physical therapist knows where the patient’s chronic pain level is at, and can work with the patient’s doctor to craft a plan that takes into account their medical history and their ability to move. This could mean that a recovering patient’s plan might only consist of light stretching or rigorous cardio.

Having a physical therapist, along with the behavioral health specialists at your disposal, can help patients even more, because together, they can create a treatment plan that balances a safe level of physical activity with the medical help they need.

The point of physical therapy, when it comes to chronic pain and opioid addiction, is to get the patient moving; and letting the patient know that moving will not hurt them. The benefits of exercise and physical therapy don’t need to require vigorous movement, in fact, even your basic yoga exercises can help alleviate some chronic pain.

A study published in the Annals of Internal Medicine found that 313 people with chronic low back pain reported more mobility after a weekly yoga class. This increased mobility was in comparison to standard medical care for chronic back pain.

Another study by the American Pain Society showed that yoga and chronic pain have the opposite effects on the brain’s gray matter. This means that while chronic pain causes deterioration of gray matter in the brain, forms of physical therapy such as yoga, can hinder gray matter deterioration.

These two studies show that even simple exercises can benefit recovering patients by helping them alleviate chronic pain without the use of pain-numbing drugs.

Creating Opioid Free Pain Management

Addressing how to treat the opioid epidemic is one of the most important health challenges of our time. Despite positive steps in legislation, we are still figuring out the best way to move away from many medication-based treatments to treatment alternatives that treat chronic pain, but do not use opioids.

Physical therapy is becoming one of the safest and most effective alternatives to pain management.

The Center for Disease Control has even stated that non-opioid therapy such as physical therapy was the preferred method of treatment. More and more health professionals are promoting physical therapy. Patients also agree that any new form of pain management treatment should also be opioid free.

According to a Gallup poll, 78 percent of respondents preferred to try other ways to treat pain management before being put on opioid treatment. This means that patients are more than willing to try alternative drug free treatments, and treatment centers should make programs like physical therapy readily available.

This patient demand, along with other clinical professionals, means physical therapy is a good alternative treatment, and could be one of our most helpful tools to reducing opioids vast place in treating pain management.

Eliminating opioid addiction is a battle we have to fight in creative ways. Acute pain treatments, such as physical therapy, will play a key role in winning that battle. Physical therapy creates a way to show patients that they can move without opioids, and their chronic pain can be managed long term. Physical therapy breaks one of the biggest hurdles to beating addiction for chronic pain users, and that hurdle is getting patients to move long term.

Physical therapy can not be the only aspect of a treatment plan, but implementing a physical therapy program can have a lot of long-term benefits for patients. Physical therapy should be available in more treatment centers nationwide.

Dr. Laura Stewart is the Executive Director of Recovia a functional chronic pain opioid detox program in Arizona. Dr. Stewart has a Doctorate in Clinical Psychology. Her training was focused on the Neurobiology of PTSD and addiction.
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"It could be the ugliest person in the world; someone we wouldn’t think twice about if we were sober, but we’d go to bed with if we were high or intoxicated." These are the words of Veronica, a young woman with HIV, from our video In Our Own Words: Teens and AIDS.

When young people hear this line, they laugh. They know it to be so true.

Parents on the other hand, hear the quote and gasp. Veronica’s bluntness crosses their line of comfort. It penetrates their denial about teen’s risk-taking behaviors and use of alcohol and other drugs.

While conducting interviews for our video, Alcohol: True Stories Hosted by Matt Damon, and the companion booklet, Words Can Work: When Talking About Alcohol, I was astounded by parents’ capacity for denial.

Kathy told me of learning that her 16-year-old daughter Megan had been drinking at a party. Kathy ignored it. After all, it was just one night. But then the mother of a friend saw Megan drunk, and called Kathy. “I’m so grateful,” Kathy says. “I’m not sure how long I would have had my head in the sand.”

When Megan’s parents confronted her, she told them the truth about her alcohol abuse and asked for help. “It was the first time I’d seen my dad cry,” Megan says. “The next day I was sent to a counselor. Basically, I was an alcoholic is what she said.”

Megan didn’t think she could be an alcoholic. “First of all, I’m 16 years old,” she said. “Second, my parents don’t drink. My sisters don’t drink.” But Megan agreed to go to a treatment recovery center.

Kathy and Wayne realized they’d been in denial. Kathy didn’t think anyone so young could be an alcoholic. Now she regrets ignoring the early warning. “I should have pursued it,” she says. “But you want to believe your kids.”

Other parents deliberately look the other way, considering drinking by teens a harmless rite of passage. “Kids will be kids,” they say. “Everybody drinks.” But I have met mothers and fathers whose children were seriously harmed because they chose to drink. Dreams were shattered. Opportunities were lost. They wish now, they’d done more to stop early alcohol use.

Dr. Brian Johnson, Director of Addiction Medicine at SUNY Upstate Medical University, says many parents avoid the issue for a variety of reasons. “Sometimes they fear pushing their child away,” he says. “Other times it’s denial. When something is frightening, you can decide you won’t think about it. But kids’ drinking is Russian roulette. Most people who play Russian roulette don’t get hurt. But would you do it?”

The following facts underscore Dr. Johnson’s point.

• Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.

• 16% of high school students report they drank alcohol for the first time before age 13.

Many parents – who say they will do anything for their kids – turn a blind eye to destructive behavior. By ignoring the use of alcohol, and often supplying it, parents send a message that alcohol is harmless.

To do so leaves a child vulnerable. Dr. Paula Rauch, a consultation child psychiatrist at Massachusetts General Hospital says many parents recall their own drinking as teens and remain silent on the issue. “They ask themselves, ‘How can I judge my child’s behavior? I wasn’t perfect.’ But that robs their children of a mature guide, one who confronts the distortion that bad things can only happen to other people.”

In our Words Can Work® trainings, conducted in communities nationally, educators and prevention specialists confirm that parents’ denial is an obstacle to keeping kids safe. Research shows that young people who learn at home about the risks of drugs, including alcohol, are less likely than peers to experiment with or use substances.

Janna, featured in our booklet Words Can Work: When Talking About Drugs explains how her parents Heang and Tew left Cambodia and arrived in the United States barely speaking English. Soon after, Janna was born.

“I didn’t expect to see so much drug abuse in this great country,” Heang says. “So, I warned Janna to avoid drugs, or she could throw opportunity away.”

Janna heard the message so many times it stuck. She says, “My parents helped us understand that if you do bad things without thinking, it will hurt you. Talk with your kids about drugs. Not in a demanding or uptight way. That shuts kids down. Say, ‘Here’s what I hope you’ll do, and why.’ It’s better than trying to force an idea. Kids like to feel they have a choice.”

Talking about drug use gives kids a chance to think through what could happen. Then, if they hear, “Oh, you should try this drug,” they have more confidence in refusing.

Dr. Johnson suggests asking open-ended questions to get the conversation going. “Parents can ask their kids, ‘Do you know any kids using drugs?’ ‘Why do you think they use them?’ ‘How do you think using drugs would affect your ability to do well in school?’ Then listen to their answers and follow up, as Janna’s parents did, with your own opinions and the reasons you hope they’ll stay drug-free.”

One parent told me she starts conversations by acknowledging the pressures her kids face. She says, “It must be so hard to be constantly exposed to drugs and alcohol and have to deal with that.” Her children appreciate that she understands how hard it is growing up. You can help protect your children by consistently including clear and truthful messages about substance use in ongoing family dialogue.

References Provided Upon Request


Trainings held onsite in your community feature Alcohol: True Stories Hosted by Matt Damon and Drugs: True Stories. You’ll learn how to engage youth in substance abuse prevention, raise resilient youth and engage young people and parents in vital conversations about alcohol, opioids and other drugs.

To purchase or stream Words Can Work videos, purchase Words Can Work booklets (available as e-booklets or hard copy), or to schedule a training, email info@wordscanwork.com or call 978.282.1663.

Jeanne Blake is president of Blake Works, creator of Words Can Work and an affiliated faculty member at Harvard Medical School’s Division on Addiction.
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Channeling writers William S. Burroughs, Charles Bukowski, and Philip K. Dick, Josh Brolin, in a brutally honest Instagram rant, described his passage into alcoholic hell:

_Drunk: when you think you’re having a rip roaring time and the next morning you wake up and your brain has broken into a frenzied beehive and your body is shattered shards of sharp glass desperately searching for what fits where and your spirit is being eaten by worms with great white bloodied teeth and your heart has shriveled into a black prune churning your intestines to the point where dysentery feels attractive._

Actor Brolin’s nightmare is the domain of countless individuals, seduced, poisoned and imprisoned by the demon, rum. Often referred to as alcoholics, the current, accepted term is now Alcohol Use Disorder. AUD is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–V), published by the American Psychiatric Association, integrated the previous DSM–IV disorders (alcohol abuse and alcohol dependence) into a single disorder called Alcohol Use Disorder. Although AUD can range from mild to severe, it is important to realize that recovery is possible regardless of severity.

Federal health statistics show that alcohol consumption has been rising for two decades, and is now greater than before the government-imposed Prohibition (1920-1933). Americans are drinking more than they have in 100 years. In late 1910, just before Congress banned the sale and manufacturing of alcoholic beverages, each American teen and adult was downing just under 2 gallons of alcohol a year on average. These days, it’s about 2.3 gallons. That works out to nearly 500 drinks, or about nine per week. In 2015, 20.8 million persons aged 12 or older were classified with an alcohol use disorder, representing 7.8 percent of the population.

For Baby Boomers (1946-1964) Martin, drinking was a mindless compulsive behavior. He drank, drink after drink, sometimes fast and sometimes a bit slower. It didn’t matter how he did it because he was always thinking about his next drink. He usually drank while watching TV. Martin reflects a common trend in America. We are drinking too much. 1 in 12 adults, or 17.6 million people, have alcohol abuse or dependence issues, according to the National Council on Alcoholism and Drug Dependence.

Many retired Baby Boomers like Martin feel they have “arrived.” After decades of job-related stress, many feel entitled to the sweet nectar of the Good Life, eating and drinking excessively. For those individuals, alcohol is representative of something used to celebrate accomplishment, rites of passage, and personal relationships. Medicinally, it helps relieve stress and anxiety, and induces sleep.

Still, over time, drinking can lead to increased tolerance, dependence and abuse. The data is troubling, and according to the Centers for Disease Control, excessive alcohol use is responsible for 88,000 deaths in the United States each year. It also accounts for 1 of 10 deaths among working-age adults and shortens the lives of those who die by an average of 30 years. Excessive drinking includes binge drinking, heavy drinking, and any alcohol use by pregnant women or anyone younger than 21. In 2010, excessive alcohol use cost the US economy $249 billion, or $2.05 a drink, and $2 of every $5 of these costs were paid by the public.

**Total abstinence**

Research shows that alcohol in moderation may be beneficial to those who are not alcoholic or heavy drinkers. Moderate drinking is associated with a lower risk of nonfatal heart attacks, possibly because alcohol can boost high-density lipoprotein cholesterol, the “good” cholesterol, which can be protective against arterial blockages. But there is clearly more to the discussion and it is imperative to consider the dangers of this sedating substance that can quickly conquer and slowly kill.

Alcohol is a dangerous, addictive substance that has destroyed countless lives. Even moderate alcohol consumption is associated with a list of cardiovascular problems, including stroke, aortic aneurysm, fatal hypertensive disease and heart failure, plus a lowered life expectancy. Alcohol consumption is also linked to higher risks of several types of cancer, including breast cancer and cancers of the digestive system. A paper published in the Lancet suggests that every glass of wine or pint of beer over the daily recommended limit will cut half an hour from the expected lifespan of a 40-year-old. The report says the risks are comparable to smoking.

This interpretation of moderate drinking is not likely to be welcomed by the $1,400 billion global alcohol industry, which has embraced the idea, backed by the medical establishment, that moderate drinking may be good for you by lowering the risk of a heart attack.

Despite popular misconceptions, cherry-picked medical data, and wishful thinking, there is scant evidence that light drinking might help people stay healthy. Some individuals cannot drink in moderation and immediately crave more of the drug. For those individuals, a behavioral change is in order. There should be no silver lining. For individuals like Josh Brolin, giving up alcohol is the only choice.

**Dry January**

For some, total abstention makes the most sense. According to 2018 research by the Royal Free Hospital published in the *British Medical Journal*, there are a lot of benefits when you quit drinking for a month, including: lower blood pressure, reduced risk of developing diabetes, lower cholesterol, and reduction in levels of certain blood proteins associated with cancer. About 77% of participants reported better sleep and 58% reported weight loss. The Dry January movement began in 2012 as an initiative by Alcohol Change UK, a British charity, to “ditch the hangover, reduce the waistline and save some serious money by giving up alcohol for 31 days.” The program met immediate success as millions of people, including American drinkers, took up the challenge, and a recent YouGov poll found that 14% of U.S. adults had planned to participate in Dry January.
ESCAPING THE PRISON OF NEGATIVE THINKING
By Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.

Negative thinking is capable of penetrating the healthiest of minds. It knows no allies or friends. While it may be fostered in the mind of an individual; it can become a pandemic. It is like a virus that can spread without warning or probable cause. Negative people are often broken and desperate people. They tend to lose sight of their personal aspirations, goals, ambitions and personal drive. They may blame others for their way of thinking. Negative people are not negative all the time, nor are all positive people positive all the time. For all of us have experienced bouts of negativity, hopelessness and despair.

EVOLUTIONARY PERSPECTIVE
“Our brains are hard-wired to focus on the negative.” From an evolutionary standpoint, our brains were designed to give more attention to the negative than to the positive. We developed this way of thinking to safeguard our families, homes, and communities. Not unlike other animals, the development of this highly perceptive and adaptive mindset was designed to protect us from danger and to bring awareness to our environment.

While we have developed an inherent “gut feeling” or instinct; we are not nearly as aware of our environment as other species. Unlike other animals, humans have either lost touch with this sixth sense, or we never fully developed it in the first place. Now you may be asking yourself, “how does this sixth sense correlate to negative thinking”? Negative thinking begins as a source of protection. It may be a cautionary warning or an alert of danger. As an example, if I burn my hand while reaching into an oven for a pan; the next time I may be more apprehensive and cautious when trying to retrieve a pan. Negative thinking is often disguised as constructive thinking. “I am not pessimistic; I am a realist.” Constructive thinking is a way of brainstorming for something to improve my life. Negative thinking does the opposite, by telling you that you will never successfully climb that hill.

It is difficult to distinguish between negative and constructive thinking. They are both related to our biopsychosocial. It can be a learned behavior and influenced by those closest to us.

NEGATIVE THINKING
At the heart of negative thinking is a protective element. While negative thinking often begins as constructive or apprehensive thoughts; it develops into a super critical and angry form. It transitions from a protective way of thinking into a hostile, vile, and cynical take on life. The negative thoughts are almost assuredly self-defeating and pessimistic in nature.

Not all thinking is an evolutionary protector. As humans, we have a twisted gift of gossip; bitterness; envy; pride; and a knack at name-calling, discouraging thoughts, and other self-limiting statements. Negative thinkers do not all project their thoughts. Negative thinking is capable of penetrating the healthiest of minds. It feels that the loss of independence and dependence upon others is a reflection of your own person. Many who are struggling develop anxiety, depression and other related mental health conditions. Chronic health issues can consume a person. Often, clouding the judgements and perceptions of individuals.

Traumatic Experiences
Negative thinking may be a result of repetitive, abusive and traumatic events. It may be a safeguard to protecting an individual from harm. Being traumatized can affect a person in a variety of ways. Organically, traumatic experiences can change the overall structure of the brain, thus the way we think may be altered through such experiences.

PREVENTING NEGATIVE THINKING
The encouraging news is that there are methods with which an individual can learn to become less negative and prevent such thinking.

1. Be Purposeful
Do not empower your thoughts by giving them leverage in your life. Be aware of your current state. Are you coping or managing a chronic health condition? Are you struggling with issues of your past? Are you feeling tired, hungry, or is there something else going on? It is important to understand that fighting your thoughts rarely works. It’s important to shift your thoughts onto a different message.

Refrain from fighting the thoughts and refocus your mind. Let your internal message become. “I am well aware of my negative thoughts; they are simply stories that I am telling myself and they are not true; and I deserve better than this internal dialogue.”

2. Surround yourself with Positive People
Would you like to become positive? If so, you must surround yourself with positive people and limit the time you spend with negative people.

3. Positive Conversations
Why do you entertain negative conversations? Avoid conversations that are not uplifting, motivating, and capable of inspiring you. When we engage negative communications; we are internally transposing those negative communications into our own language. Deny room for negative attitudes, perceptions, and thoughts. What is at the heart of your language?

4. Be Aware of Your Triggers
For many, the triggers are often masked. Negative thinking is often...
Per the Substance Abuse and Mental Health Services Administration (SAMHSA) website: “The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders.” And SAMHSA is far from being the only health care organization to separate mental illness from addiction to drugs or alcohol.

Substance use disorders, however, are considered a mental illness by organizations such as the National Institute on Drug Abuse and the American Psychiatric Association. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, also recognizes substance use disorders as a mental illness.

As long as we hold on to outdated perceptions of substance addictions, such as the notion that they are the result of choices and a lack of willpower, patients will continue to be left behind. “The more that we can get people to consider substance use disorder to be a mental health disorder,” said McHugh, “the better off we’ll all be.”

Christopher Peterson is a senior health care writer for the Public Affairs and Communications department at McLean Hospital.

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**CODEPENDENT? RECLAIMING OUR LOSSES STEP BY STEP**

**By Diane Jellen**

Continued from page 6

6. Confidence.
7. Honest communication.
8. Your ability for sound decision-making.
10. Your Spiritual compass.
11. All of the above and/or something else.

In Ecclesiastes 3:4 NLT, our Higher Power reminds us there will be a time of relapse, a time of recovery, but with Him we can learn to balance loss with play. “There is a time to cry and a time to laugh. A time to grieve and a time to dance.”

Let the dancing begin.


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**ESCAPING THE PRISON OF NEGATIVE THINKING**

**By Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.**

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the catalyst of something that has developed or occurred in our own lives. Being aware of your triggers is extremely important in combating negative thinking.

5. Develop a Daily Routine

Like any athlete, you must develop a daily routine of fitness. It’s about your daily intake. What messages are you entertaining? What fitness routine have you implemented to combat negative thinking?

6. Create a List of Affirmations

Believe it or not, we have all created a stockpile of affirmations. My affirmations may tell me that I am an incredible dancer, or they may tell me that I have two left feet. Affirmations may be positive or negative. The good news is that we can change the message. If I desire to become an incredible dancer, then I must believe that I am capable of learning how to dance. I must develop a message that reflects my desire and ability to dance. “I am capable and I have it within me to become an incredible dancer.”

7. Develop a Mindful Attitude

Mindfulness should include breathing exercises that focus on your mind, body, and emotional state. I cannot emphasize enough the need to employ a daily routine of breathing and meditation. If done correctly, a daily routine of breathing and meditation can help you clear your mind of negativity. If practiced daily, the process will become an inherent part of your being.

References Provided Upon Request

Dr. Asa Don Brown is one of the most sought-after speakers in the world today. Whether it’s learning how to recover from the effects of trauma or learning to live an effective life, Dr. Brown has an array of speech topics that can cater to your organization or company’s needs.

As a clinician, Dr. Brown found that if you want to genuinely reach people, you must reach them through positive communication, interaction, energy and leadership.

Website: www.asadonbrown.com
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