IT’S ALL ABOUT SPIRITUALITY

By William G. Borchert

DRY JANUARY: THIRTY-ONE DAYS OF SOBRIETY

By Maxim W. Furek, MA, CADC, ICADC

LIVING RECOVERY OUT LOUD
By Dr. K.J. Foster, LMHC, CAP

12 TIPS FOR PARENTS OF COLLEGE STUDENTS HOME DUE TO COVID-19
By Louise Stanger Ed. D, LCSW, CSAT 1, CDWF, CIP
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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.

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.

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Sincerely,

Patricia
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For Advertising opportunities on our website or to submit articles, please contact Patricia at 561-910-1943 or patricia@thesoberworld.com.
By Dr. K.J. Foster, LMHC, CAP

Living recovery out loud is not something that’s possible for everyone. Anonymity is a personal choice and should always remain up to the individual. I want to make that absolutely clear, since there may be those who will disagree with what I have to say about choosing to live my recovery out loud.

Because, let’s face it, even though it must always remain a personal choice, I do believe the main reason many individuals choose to keep their recovery a secret is due to the potential repercussions caused by shame and stigma. A stigma that persists in our society towards individuals who have or have had a substance use disorder. The shame and stigma that’s associated with all mental illnesses, not just addiction.

By choosing to live my recovery out loud, I hope to make some sort of positive movement toward compassion over shame and stigma. If you understand addiction at all, you know that it’s nothing to be ashamed of and that the individual struggling with this disorder is suffering. And if you don’t, I hope that I can help you come to understand.

Growing up as a little girl in New York, I was raised in what some might consider an ideal environment. I was raised in a small, charming town on Long Island, attended church every Sunday, was taught fundamental morals and values, and was provided with every opportunity a child could want. For me it was gymnastics, ballet, tennis, volleyball, track and field, and horse-back riding. My home life was equally picturesque, with lots of parties with family and friends.

My grandfather was a musician and every time we had a family party, my father, along with his brother and three sisters, would gather around the piano and sing together, as my grandfather played his favorite tunes. My brothers, cousins, and I were also encouraged to perform whatever instrument we happened to be playing at the time. We would put on other entertaining performances for the family, like comedy sketches, dance routines or acrobatics. It wasn’t until I went off to college that I realized just how Norman Rockwell my upbringing truly was.

My parents also raised me to believe that I could do and become anything I put my mind to, anything I chose, and that there was no limit to my ability for success, even as a woman (I hate having to add that last part, but it’s true). Yet, I also learned that my career choice was not exactly my “choice” as much as my choice from my parent’s list of acceptable choices. I once told my Mom, after a visit to the local beauty salon, that I wanted to be a hairdresser. She scoffed and told me that I was meant for greater things. I was baffled. I remember sitting in the car wondering what was wrong with being a hairdresser. Then I decided an airline stewardess sounded like fun. Afterall, they get to travel the world. Nope, that wouldn’t do either. Both my parents were educators and placed a very high value on higher education. A big problem with the career choices that were interesting to me at that time is that they didn’t require a college education. And this was the true crux of the problem because I was going to college and there were no ifs, ands or buts about it. I was going whether I wanted to or not.

It makes me laugh every time I think of it now and just how ironic it is today. It’s ironic because not once during my childhood did I, nor my poor parents for that matter, ever imagine I would become an “alcoholic.” I think there’s still a part of them that refuses to fully believe it’s true. And I can’t blame them. Aside from the fact that no parent wants to face that kind of reality, no child aspires to become an “alcoholic” or “drug addict.” Labels, which I believe add more insult to injury. I also don’t fit the general depiction of what I learned about someone who becomes an alcoholic.

In my parent’s generation, and my generation as well, you’re taught to believe that alcoholics and drug addicts are homeless people who live under a bridge. The kind of people we would pass on our trips into the city. The ones who would beg for money as we walked by on the way to the theater. This was the message being conveyed throughout society. A message that’s unfortunately still perpetuated by way too many people who remain ignorant to the reality that is addiction.

Back then, what I knew about alcoholism and drug addiction was based upon an inaccurate illustration and a false depiction of what I would come to learn is a very complicated mental illness. Part of what I’ve come to know is that the folks who are homeless, some of whom may in fact live under a bridge, are the minority who struggle with addiction. More typically, these folks are struggling with other mental illnesses aside from addiction. The truth is they are not the majority in this country.

The majority are living within our communities in nice homes with nice cars and good jobs. In fact, they could be your doctor, lawyer, hairdresser, friend, sister, brother, husband, wife, or child. Believe it or not, they include people who are showing up for work every day. Addiction does not discriminate, but unfortunately people do. And generally, our discrimination is based upon what we’ve been taught to believe. Beliefs that we never question, and continue to pass on from generation to generation.

The truth is that under certain conditions, some outside of the person’s own control, developing an addiction to alcohol or other drugs can happen to anyone. The truth is that people struggling with addiction are suffering with a mental illness. A mental illness characterized by denial and destructive behavior. A mental illness that we can contribute to making worse or better. Yes, it’s true. We play a part. As a loved one and as a society!

Thinking back to that conversation with my mother, she was actually right! I was meant for greater things. Only not the “thing” or “things” she may have initially been referring to. The greater thing being a greater “purpose.” A greater purpose that came from overcoming an illness that nearly killed me. That greater purpose being my goal and mission to educate those that don’t know what they don’t know about addiction. That purpose being to help as many people as I possibly can, especially family members, to understand just how destructive condemnation, judgement and shame are to those who are afflicted with these issues.

The way to recovery is through compassion and compassionate confrontation. I have a colleague who shared with me something I’ve never forgotten, “Confrontation without compassion, is abuse!” I believe this is especially true of someone who is experiencing active addiction.

I also believe in, and am passionately committed to, living my recovery out loud. My hope is that one day this will be something that no human being is afraid to do. There are so many people who have successfully recovered from their addiction experience, and the sharing of that experience is what gives others hope and guidance to achieve the same.

If you are choosing to live your recovery out loud and would like to be guided to achieve the same.

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After more than fifty eight years of continuous sobriety, it still bothers me when I’m attending a meeting of Alcoholics Anonymous and I hear someone start talking about “the spiritual part of the program.”

I want to drag them kicking and screaming into the Big Book and rub their faces into the pages written by our co-founder Bill Wilson, and supported by our first one hundred members, that tell us loudly and clearly, that there is no “spiritual part” to the AA program. Alcoholics Anonymous is first and foremost a spiritual program designed to treat first and foremost the spiritual disease called alcoholism.

Certainly, I understand when people mistakenly look at the program as being divided into three parts. That’s because we all learn early on in AA that alcoholism affects us in three ways—physically, mentally and spiritually. However, since time immemorial, the treatment of an alcoholic’s physical and/or mental symptoms rarely resulted in long-time sobriety. And spiritual treatment was left up to the often stern precepts of religion which for many reasons turned off most drunk.

Back in the 1800’s, for example, alcoholics who became a public nuisance were picked up off the streets and sent to foul-smelling hospital wards or filthy drunk tanks to dry out. In the drunk tank they were pummeled with fire hoses to get them clean. They weren’t treated much better at hospitals.

If they were going into the DT’s, they would often be given a mouthful of a delectable tasting chemical substance called paraldehyde which calmed their convulsions and supposedly settled their out-of-control mental state. After a week or so, the dried out drunks were dumped back out into the streets to start the routine all over again.

In the early 1900’s, many state legislatures found other ways to treat the alcoholic’s physical symptoms. Some granted medical supervisors of state insane asylums the power to “asexualize” alcoholics if they believed such actions would improve their physical or mental condition. This included sterilization, particularly for those judged to be degenerates or feeble minded.

In addition to treating the physical symptoms of alcoholism, there were also many therapists and psychiatrists who believed they could get alcoholics sober by treating what they considered treatable mental problems. They tried everything from self-examination to hallucinogenic drugs and from hypnosis to electric shock treatments.

Over the years, most reputable psychiatrists threw up their hands and admitted they were playing in a losing game. This included the psychiatrist I went to see back in March of 1961. Like the good alcoholic I was, I didn’t want to blame my drinking for ruining my life, for making me do things I didn’t want to do and do them over and over again, and that I almost seemed powerless to change my behavior. I decided instead that I was either crazy or going crazy. So, I went to see this good man as a last resort.

I think it took him less than five minutes to diagnose me as an alcoholic. Of course, my heavy whisky breath gave him his first hint. But the point is, he said he couldn’t help me unless I first stopped drinking. He said there’s no way psychiatry can help an alcoholic while he’s still in the throes of his disease. So, he advised me to join Alcoholics Anonymous, and if I still had some problems that concerned me once I got sober, to come back and see him.

Until 1935, most people involved in the treatment of alcoholism focused on the physical and mental aspects of the disease. In fact, most people never considered it a disease. They considered alcoholics to be weak-willed, immoral, untrustworthy, unreliable, sometimes dangerous and often filthy, bad-smelling characters with more than one screw loose.

But then Bill Wilson came along, a man who had lost everything as a result of his alcoholic drinking. After winding up for the fourth time in an addiction clinic called Towns Hospital in New York City, he had an awesome spiritual experience during which, as he said, “I saw the face of God.” That experience removed his compulsion to drink. Then, as the result of a serendipitous event, he met a fellow drunk named Dr. Robert Smith in Akron, Ohio. They discovered they could help each other stay sober with the help of God.

And that was the key…with God’s help. Not religion, but with the help of a Higher Power that every alcoholic could choose for himself or herself. ...a God of our own understanding. It’s a decision of the spirit…to choose something or someone greater than ourselves to rely on should the compulsion to drink arise one more time.

But, just how do we start down that path toward true spirituality after many of us leading lives bordering on debauchery? The very first word in the Eleventh Step of our program suggests that I become a seeker on a journey to discover the awesome power of a God that can reconstruct my life. I am urged to begin my journey by asking that Higher Power to direct my thinking, so that it can be free from self-pity and dishonest and self-seeking motives. I am to ask not only for the strength to pursue this journey, but also for the inspiration and desire to become an instrument of God’s will.

Looking back for a moment at my initial struggles to find sobriety, when I finally admitted I was powerless over alcohol and willing to go to any length to stop drinking, I was offered a postulate I found difficult to accept at first. The postulate was that I could regain power by admitting defeat and then turning my will and my life over to God as I understood God.

Having failed at almost every other course of action to get sober and stay sober, I grudgingly assented. And as I did, I heard the Twelve Step Program of Alcoholics Anonymous telling me: “Lack of power, that was our dilemma. We had to find a power by which we could live, and it had to be a power greater than ourselves. If a mere code of morals or a better philosophy of life were sufficient to overcome alcoholism, many of us would have recovered long ago.”

Still, turning my will and my life over to the care of a God who I and many drunk like me felt was stern, rigid and unloving, a God I believed had abandoned me because of my wretched way of life, a God from whom I almost felt totally removed, was not an easy task. So I was directed to pray—to pray daily on my knees to seek a Higher Power of my own understanding into whose care I could place my will and my life.

“Soon, I came to realize that the God I was coming to understand, was the very same God I had grown up with, and had been with me all of my life. Only now, I had come to see he was a loving God, not a punishing one, and had given me this precious gift of sobriety.” Then came another more marvelous realization—that this Higher Power was actually my very best friend. That he had always been there for me, and always would be, provided I continued to seek a conscious contact with him on a daily basis.

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WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

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DRY JANUARY: THIRTY-ONE DAYS OF SOBRIETY
By Maxim W. Furek, MA, CADC, ICADC

Dry January is a thought-provoking experiment that challenged individuals to abstain from drinking for a month-long period. It began in 2013, when Alcohol Concern UK, a British charity, asked people to “reset their relationship with alcohol” and to “ditch the hangover, reduce the waistline and save some serious money by giving up alcohol for 31 days.” The next year, it became a government-backed public health campaign. The program was an immediate success. Over two million people in the UK participated in Dry January and an estimated one in five Americans participated as well.

New start
January, and the beginning of a New Year, is the ideal time to begin such an experiment. The first month of the year is symbolic of a new start. Millions of people will attempt to initiate new, positive behaviors and eliminate maladaptive ones. They will try to reset their lives with gym memberships, diets, self-help books, and rediscovered self-control. The Dry January movement has led to an interesting discussion. It has encouraged participants to evaluate their relationship with alcohol and to better understand if alcohol controls their behaviors, or if they are in control.

Not drinking for an entire month offers a well-defined, time-measured goal. It gives us something to aim for and an opportunity to experiment with abstinence, on a temporary, experimental basis. It is not meant to last forever but only for a set period of time. The question is: can we do it?

The joys of sobriety
Those in recovery often talk about the joys of sobriety. Improved health is one benefit of abstaining for a month-long period. People report sleeping better, and having more positive moods, without anxiety or irritability. Others report less heartburn and reflux, and fewer headaches. People have a sense of achievement, more energy, and feel better and mentally sharper. Those positive benefits prompt many to continue their sobriety for another period of time, a week or two, or a month. Success follows success.

Sobriety may be the ultimate form of self-care and wellness. A 2016 study published in *Health Psychology* found that six months after the end of Dry January, people who had participated in the movement (even those who didn’t abstain for the entire month) reported having fewer drinks per day, drinking fewer days a week, and getting drunk less often.

Alcohol is basically toxic, yet marketed to be an alluring solution to every life situation, both trauma and celebration. Alcohol has become society’s panacea, a wonder drug that magically bonds individuals together. It can be difficult to give this up as we are incessantly bombarded with advertisements and entertainment, all touting the pleasures of drinking.

New research
The evidence is clear. Technological advances in neuroimaging allow scientists to observe alcohol’s effect on the brain and body with greater accuracy. A series of recent studies show that alcohol abuse does more damage than was previously known.

New research published in *Alcoholism: Clinical & Experimental Research* proves that chronic alcohol abuse leads to thinning of the cerebral cortex. Alcohol affects all areas of the brain, but most significantly the frontal and temporal lobes of the brain. They regulate higher-order thinking skills and control of impulses, and are responsible for learning new information.

Excessive drinking causes lasting damage to your brain. According to the National Institute of Alcohol Abuse and Alcoholism (NIAAA), brain scans of heavy drinkers reveal reduced white matter.

Numerous other studies show chronic heavy drinking causes shrinking of the brain’s frontal cortex. The Promises website concludes, “This means that heavy drinking damages the parts of the brain that would help them overcome alcoholism. It’s like drowning in the ocean and tearing up your life jacket.” There are many reasons to be concerned. Excessive alcohol consumption in the form of binge drinking is dangerous. Acute intoxication from ingesting large amounts of alcohol is a leading cause of death in the U.S. For decades, and despite immeasurable warnings, it has remained a common practice across American college campuses.

There are other things that need consideration. Wine, called “the nectar of the gods,” can make you fat. Alcohol has “empty calories” and few essential nutrients. Additionally, alcohol impairs inhibitory control, which leads people to eat more, while the sugar in alcohol can stimulate appetite. So, as we binge on alcohol, we then binge on late night snacks, or a full-course meal at midnight.

Recommendations
For those who are uncertain if they can complete the 30-day program, consider the following recommendations:

**Substitute:** Some may call it a “half measure,” but substituting a non-alcohol beverage has merit. Fill your favorite wine glass with water, sparkling mineral water, or grape juice. Or use tomato juice or seltzer water. It doesn’t matter. It’s your choice. *Fake it till you make it.*

**Network:** Build a strong support network of friends and loved ones to encourage you, keep you accountable, and perhaps do the Dry January challenge with you. There is consolation in numbers. We all need people to help us get through difficult periods in our lives.

**Journaling:** During the 30-day period of sobriety, use journal writing to identify unique patterns of use. When do you drink the most? What triggers your cravings? What works to quell them?

**Develop coping mechanisms:** Find ways to co-exist in an alcohol-friendly world and resist peer pressure. You can keep your friends and you do not have to drink. Make a plan. Drink non-alcoholic drinks. Identify ways to abstain in sometimes high-pressured social settings. Walk away. Breath deep. Visualize. *Just say no!*

** Falling forward:** If you vow to make it through the month boozefree and still end up having a drink with friends or with dinner, don’t feel like you’re a failure. Don’t get too down on yourself. But if you’ve noticed you’re drinking more frequently, and the amount is increasing over time, think about exploring that. Perhaps try another “dry” month. *Dry February anyone?*

**Not Pass-Fail**
Although more research is needed, those who took the Dry January challenge experienced reduced drinking in the following months. A 2018 study by the University of Sussex found that the program, not only improved health for the month, but also contributed to healthier drinking patterns later. Participants not only drank less later in the year, they also felt more confident turning down drinks.

Before considering this program, individuals should realize that stopping alcohol “cold turkey” can be dangerous for some. Alcohol withdrawal can cause severe health issues, and even death, if not treated.

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Over the past several weeks, I have been thinking a lot about what it is like for parents who suddenly find themselves living with their bright eyed, I know everything, independent college student home due to COVID-19 again. With college campuses closed, Covid 19 has sent hundreds of thousands of college aged students’ home, and back to their high school bedrooms, family drama, chores, fights with their siblings and curfews.

Recently, I got a call from a college student home due to COVID-19 who suddenly found herself back home with a 9:00 pm curfew, and playing parent to her mom and dad arguing. She pleaded, “can’t I please go back to school”. Likewise, I have had anguished, overly anxious moms and dads call, saying their son or daughter just won’t listen.

College students home due to COVID-19 feel like they are being treated as if they were in high school again, and parents feel as if no one is listening. Truth is, everyone has had to adapt to staying in place and sheltering at home. All of a sudden, college life has been transformed from dorm life to home life, to online classes, social isolation, fear of infection and loss of part time jobs or internships. The use of mind-altering substances by both parties has the potential to increase.

Suddenly, the world is smaller, and the financial independence one may have had from a part time job is gone. They can no longer study in coffee houses, and find themselves learning in bedrooms decorated with old stuffed animals and high school photos. One mother explained in the NY Times, “it’s like a horrific extended Thanksgiving… no one likes the food and I am just cranky”. Parents may be experiencing changes in their incomes or they may be on furlough from their jobs, their portfolio sank or suddenly, they discover they are working from home. Everyone is at risk for increased self-medication: alcohol and other drug abuse, plus anxiety and depression.

Likewise, another college student home due to COVID-19 that I spoke to did not appreciate a 9:00 pm curfew before sheltering in place, and longed for a lock on her door to prevent her anxious yet well-meaning mom from coming in 7 plus times a day, just to see if she is all right. Other college students report they have put notes on the outside of their door, “In class right now, text me if you need me” or “I am a Vegan now and won’t eat your pot roast. Others look in disdain as they are now back to being told what to do.

This is an obviously stressful time for all concerned, and if someone in the family experiences an addiction, it can be doubly difficult. Here are 12 tips for parents of college students home due to COVID-19.

1. Discuss reasonable expectations. Expecting them to be at a family dinner every night seems a bit unreasonable. However, having a family dinner once a week is not. College students need not treat their new living situation as if they are in a hotel, but do not need to be treated as a child either.

2. Don’t treat your college student as a guest in a luxury hotel. Your job is not to make their bed, clean their room or clean up the living room. Maid service does not come with home life, and he/she can use the washing machine. They did at college and can do it at home.

3. Expect noise and mess. Some college students love to have papers and books strewn all over their room. They multitask with music etc. Their learning style may be quite different than yours. Step away, and allow them to be responsible young adults

4. Anxiety, stress and depression and other strong emotions may manifest themselves. Be sensitive. The American College health Association found in 2017, “39% of college students reported feeling so depressed that they were having trouble functioning and 12 percent said they were overwhelmed.


5. Stop being intrusive or manipulative. Asking your child about what they are doing or what they plan to do can be seen as manipulative, nagging and overly intrusive. Give them some space. No adult likes to be told what to do or how to do it, your child is no exception.

6. Your order and obey days are over. Even though you know you are absolutely positively correct, your ordering days are over. In fact, just to be obstinate and remind you of their independence, your suggestions might be rejected and not heard just because it comes from you. I suggest you say “I am confident that you are bright enough, and resourceful enough to sort things out. If you want suggestions, I am always happy to oblige”

7. Old habits die hard and they may annoy you. We all have habits that loved ones find annoying. Try to focus on the positive, and not the wild color of hair, face piercings or your sons’ habit of wearing the same thing over and over again.

8. Recognize that your child is no longer a high school student. They are an independent young adult. The rule’s and decorations you had when they were in high school are different now. If they want to redo their room and update it, let them. Their room does not have to be frozen in time.

9. Let them participate in the home. They can be the one with the mask who goes grocery shopping for the family, helps take out the trash or waters the plants etc. If you don’t talk about chores, and who will do what, don’t expect your student to be a mind reader.

10. Create spaces if possible where everyone in the family can have their privacy and a semblance of a routine for yourself.

11. Know that this is new for everyone so adjustment to sheltering in place is not easy for anyone. Try to enjoy this time together with your college student who is home due to COVID-19 and don’t confuse temporary for permanent. Having structure and flow to the day helps.

12. Enjoy the moments they still need you. It is almost guaranteed that your young adult will sometimes need you, and act like, or want to be treated like a child again. They might snuggle up on the couch with you, ask for your advice, or kick a soccer ball outside with you. Seize that opportunity! Try for a weekly family dinner. Have open discussions about addiction and other health concerns, and most of all- take care of your dear selves.

Feel free to share your stories with me, or, write me with your

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Pregnancy is one of the most meaningful chapters of any mom’s life.

For moms-to-be struggling with substance abuse or mental health disorders, it can also be one of the most difficult. Research shows that if mom is battling addiction, her newborn will come into the world battling it, too. Without proper treatment, both mom and baby’s lives can be at risk.

Retreat offers comprehensive prenatal care that focuses on mom and baby simultaneously. Our on-site OBGYN works with closely with our patients, on behalf of their families’ futures.
THE PANDEMIC’S EFFECT ON THE FAMILY

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

The Pandemic’s effect on the family has called upon the parents to perform many new tasks. They are no longer merely their child’s primary caregiver, but they are now serving as their child’s principal, teacher, coach, music teacher, librarian, and a host other positions that they never imagined that they would be called upon to perform. For many families, the challenges are not only with the day-to-day changes and academic requirements, but there are many families facing financial hardships.

It’s an unprecedented time in our history. The Pandemic’s effect on the family has forced us to be shut-ins, to slow down, and to spend time in our homes. We are no longer thinking as a localized community or a singular country, rather our focus has become global unlike ever before. Given all of these obstacles, challenges and hardships; there is an unprecedented amount of tension and stress being placed upon the family and on the individual.

We are applauding our first responders, medical and health communities, teachers and faculty, but we have a forgotten hero in all of this, the everyday parent. Parents have had to pick up the broken pieces and reframe their child’s present sense of normal. They are having to battle the coronavirus, as well as the emotional and psychological tensions that their child is facing. There are many families who are at odds with their neighbors, families and friends with respect to the social distancing mandates. For my own children, they do not understand our hardline stance on this matter. My children do not understand why we will not allow them to play with the neighborhood kid or a classmate from school.

The Pandemic’s effect on the family has placed higher than normal levels of stress, anxiety and emotional turmoil on parents. They are trying to perform so many tasks while maintaining some sense of normalcy within the home that it has begun taking a toll on many families. There are many school districts across the country that are requiring that children continue to be involved academically and to adhere to their guidelines, but too few school districts are offering real support.

There are still many parents working in and outside the home. In my own life, there have been many who have assumed that my work has come to a screeching halt, but the reality is, I am now juggling my day job and my children’s own academic pursuits. As a parent of three, I am learning firsthand that it is to be a homeschool parent. I have always admired parents who have taken the initiative to homeschool, but I admittedly have been a bit intimidated by such a venture. Why? I have not always felt that I could provide my children with a sufficient academic environment. Moreover, as a clinical psychologist, I have always been extremely conscientious about my children’s needs to socialize which is a critical part of a child’s developmental process.

The pandemic parent is not only overwhelmed with learning the common core math, but they are assumed to be equipped to teach a variety of subjects. What are we doing to equip parents to be surrogate teachers? During this pandemic, I have received countless calls, emails, and texts from parents who have maxed out their stress card. Furthermore, I have been informed by a number of parents that they are not going to even bother. My greatest academic concern is for the children who will fall behind during this pandemic.

As a suggestion, I recommend that you contact family members or friends with various academic and employment endeavors. Ask them to consider teaching on something that they hold near-and-dear to their hearts. Perhaps, you can ask them to schedule a regular zoom meeting with your children. It is not only an opportunity for your children, but it can be an opportunity for those individuals to feel essential during this time.

There are other factors that are concerning me. I have heard from several individuals who have reported struggling with their addictive impulses. For a number of individuals, this relentless pandemic has caused such intense anxieties and stress that they would rather revert back to using than to face another day sober. The levels of stress and anxiety are at an unprecedented high.

While I have admittedly had to struggle to figure out my own routine, I feel fortunate and blessed. I have had the support of my loving wife and my children. I am consciously aware that there are many who do not have such support, married or otherwise. I am also aware that there are many parents who have no earthly idea how they will pay their mortgage or utility bills. The pandemic’s effect on the family is a frightening time for so many. My heart is genuinely broken for those who are suffering.

While I have had to figure out a new routine, I am grateful that I have one. I sometimes feel that we get so caught up in our own voyage, that we forget that others are sailing a similar course.

We are living in an unprecedented time. We are collectively living through an experience that rivals all others. The pandemic has not placed everyone on an equal playing field. There are those who are less fortunate; there are those who have means; and there are those who fall somewhere in between. There is the individual who must continue working in an environment that could prove hazardous to their own health.

The victims of this pandemic are not only those who are battling this unbelievable virus, but the victims are all of us. Whether you recognize it or not, we are all suffering from the vicarious effects of this pandemic. The Pandemic’s effect on the family has left mass casualties in its wake. Thankfully, there is hope and there is a new horizon. I am absolutely certain that we will move beyond this pandemic.

For many, this pandemic has caused a personal pause. For me, this time has caused me to reflect upon what it is to live life. What really are my priorities? Why are they my priorities? As I have been restricted to my home, I have been thinking about the real essence of life. For me, the pandemic has not necessarily been a counterintuitive experience.

During this time, I beseech you to think upon what you have to be grateful for. Do you have children underfoot? Are they begging for your attention? Why allow the hustle and bustle of this life to consume you? It’s an unbelievable opportunity to really get to know your children beyond what you may have otherwise had. It’s an opportunity to learn more about their desires, angsts, and aspirations. While the journey may be arduous at times, I beg you to find your meaning through this opportunity.

Dr. Asa Don Brown is one of the most sought-after speakers in the world today. He has an array of speech topics that can cater to your organization or company’s needs. asadonbrown.com
The National Survey on Drug Use and Health is the nation’s most comprehensive annual survey on key indicators of substance abuse and mental health in the United States. In September of 2018, they released the results from the latest survey, comprised of data collected over the course of 2017.

This data tells us not only about the scope of substance abuse issues in the United States, but also how many people are seeking treatment, how many are receiving treatment, and how many people are still in need of treatment.

According to the survey, as many as 20.7 million people are in need of treatment for substance abuse in the United States and yet, only 2.5 million will receive treatment.

Below, we’ve broken down the results of the survey to find out exactly how many people need treatment, and what barriers stand in the way of them getting it.

### How Many People Need Treatment?

When we break it down by age demographics, statistics show:

1. The group most at risk and with the highest rate of substance abuse issues is the 18 - 25-year-old demographic. Roughly 1 in 7 individuals in this age demographic have substance abuse issues.

2. For adolescents (aged 12 to 17) that rate falls to 4.1% of the age demographic, or roughly 1 in 24 adolescents. For adults (aged 26 or older) the rate is 6% of that demographic, or roughly 1 in 15 adults.

### How Many People Who Need Treatment Get It?

The NSDUH also polled respondents in need of treatment as to whether or not they had ever received clinical treatment in the past year. Below are the number/rate of people who received treatment in the past year among people in need of substance use treatment, by age group: 2017

1. Roughly 1 in 8 people in the United States in need of treatment actually received clinical treatment for their addiction, equating to roughly 2.5 million people.

2. Of the total percentage of people in need of treatment who received clinical care for their addiction, the greatest percentage came from the 26 and older demographic, a difference that could be attributable to any number of factors such as economic prospects, different generational stigmas, or lack of understanding about addiction.

3. The demographic with the highest rate of substance abuse issues, the 18 to 25-year-old demographic, was also the demographic with the lowest rate for receiving clinical treatment, an alarming disparity.

### Why Don’t People Who Need Treatment Receive It?

The NSDUH also polled respondents on the reasons they had not received treatment.

The biggest reason? Most people don’t think they need help. Of the 18.2 million people in the U.S. who needed but did not receive treatment, the vast majority (94.3%) of respondents claimed that they did not think they needed treatment. This is a huge number, representing over 17.1 million people in need of treatment but in denial about it.

Of the remaining 5.7% who responded that they did need treatment, the NSDUH asked for the reasons that these individuals had not sought treatment.

### Why Only 1 in 8 Substance Abusers Get Treatment

In other words, here is what we know about why so few people suffering from substance abuse issues ever receive treatment.

Statistically, the primary reason that the vast majority of people (94%) do not seek treatment for substance abuse issues is that most people don’t think they need treatment. This could stem from a number of reasons.

1. They are in denial about their addiction
2. They do not believe that treatment will help their addiction
3. They believe they can stop using without professional help

Second, is that many people who acknowledge they have a problem are simply not ready to stop using. This could be due to the fear of withdrawal symptoms, the belief that they are right around the corner of quitting, or that they simply never want to stop using.

Third, is that many people cannot access quality programs. Whether due to inadequate health insurance coverage, expensive co-pays, or the inability to find and access the types of program they need, as many as 500,000 people who know they need help are unable to access quality and affordable programs.

Fourth, is that stigma prevents many people from enrolling in the treatment they need.

So, now that we know why people are not getting the treatment they need, how do we work to increase the number of people in treatment?

### Addressing the Treatment Gap

Why would someone struggling with substance abuse issues not feel the need to get help? For one, it could be a lack of awareness about how severe their issues are. It could also be a lack of faith in the efficacy of clinical treatment. They may also feel like getting sober isn’t worth the effort and they would prefer to be high the rest of their lives.

### Inadequate Screening

There is a lack of adequate screening measures in place to monitor behavioral health, allowing many cases of addiction to go unnoticed and untreated. By incorporating vital screening measures for substance abuse, suicidal ideation, and other mental health indicators into more organizations, people can get the help they need sooner rather than later.

Screening for substance abuse, suicidal ideation, and other mental health indicators is a critical step that healthcare systems and businesses can implement to begin saving lives. The Substance Abuse and Mental Health Services Administration has a specific outline known as the SBIRT method (Screening, Brief Intervention, and Referral to Treatment) that has been linked to lower healthcare costs, lower rates of drug and alcohol misuse, and reduced risk of trauma. School, businesses, and healthcare organizations can use this tool to help identify individuals at risk for suicide or developing a substance abuse disorder. The process is as follows:

### SBIRT Method

- **Screening:** Involves screening patients on a regular basis using age-appropriate questionnaire
LIVING RECOVERY OUT LOUD
By Dr. K.J. Foster, LMHC, CAP

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To register for the next Family Recovery Workshop, a 6-week live, online, family recovery program, with personal guidance and support, please go to https://frprogram.com/family-training-workshop-order

For Free Daily Recovery Support Meetings, please CLICK HERE. (Link: https://drkfoster.org/online-recovery-meetings)

Dr. KJ Foster is Founder of Fostering Resilience, LLC, Co-Founder of the Center for Sobriety, Spirituality & Healing and Family Program Director at the Beachcomber Family Center for Addiction Recovery. She is a Resilience Expert, Educator, Entrepreneur, Public Speaker, YouTube Creator, and Author of The Warrior’s Guide to Successful Sobriety, available at www.drfoster.org

IT’S ALL ABOUT SPIRITUALITY
By William G. Borchert

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I learned that the journey I’m on has much to do with helping others which strengthens my spirituality and enables me to deal with life’s ups and downs. For now, I not only have God’s power when I ask for it, but he continues to direct my life through the comments I hear at AA meetings, when carrying the message of recovery to others, when being of service to my group and elsewhere and when practicing the Twelve Steps in my life.

Without any doubt, the greatest discovery I have made on this spiritual pilgrimage, is that the kingdom of God is deep within me. Recognizing that fact gives me the power to remain free from the desire to drink, and to build the kind of spiritual faith upon which my sobriety and my life itself can depend. And for that, I will be forever grateful.

William G. Borchert is an author and screenwriter who was nominated for an Emmy Award for writing a movie called “My Name Is Bill W.” based on the founding of Alcoholics Anonymous. It stars James Garner, James Woods, JoBeth Williams and Gary Sinese and has become the most watched television movie ever made. He has also written a number of books including “When Love Is Not Enough,” the biography of Lois Wilson, the co-founder of Al-Anon Family Groups. He also wrote a movie based on that book starring Winona Ryder and Barry Pepper. www.williamborchert.com

DRY JANUARY: THIRTY-ONE DAYS OF SOBRIETY
By Maxim W. Furek, MA, CADC, ICADC

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appropriately under the supervision of healthcare professionals. Dry January is not a treatment for an alcohol use disorder.

What happens after 30 days? The goal is to consciously drink less even if you don’t give up alcohol altogether. Start small. A month off is the perfect way to reset your relationship with alcohol. It only takes three weeks to break a habit. This could be the pathway to healthier drinking patterns. Many are able to do this successfully, while others have a more difficult time. It doesn’t matter, because Dry January is only an experiment, not a test. It is not “pass-fail.” And, best of all, you get to grade yourself!

Maxim W. Furek has a rich background that includes aspects of psychology, addictions, mental health, and music journalism. His book The Death Proclamation of Generation X: A Self-Fulfilling Prophesy of Goth, Grunge and Heroin explores the dark marriage between grunge music and the beginning of the opioid crisis. You may contact him at jungle@epix.net

12 TIPS FOR PARENTS OF COLLEGE STUDENTS HOME DUE TO COVID-19
By Louise Stanger Ed. D, LCSW, CSAT 1, CDWF, CIP

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questions on how to parent your college aged student.

Some helpful resources:
https://growingflown.com/college-student-distance-learning-covid-19/

Dr. Louise Stanger is a speaker, educator, clinician, and interventionist. In 2018, Louise became the recipient of the Peggy Albrecht Friendly House Excellence in Service Award. She is the author of two books, The Definitive Guide to Addiction Intervention-A Collective Strategy, 2018 NY. Ruthledge and Falling Up A Memoir of Renewal 2016. Both are available Amazon www.allaboutinterventions.com

WHY ONLY 1 IN 8 PEOPLE GET TREATMENT FOR ADDICTION
By Michelle McGinnis, LCSW

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• Brief Intervention: Involves an intervention with patients that show at-risk behaviors by introducing feedback on their unhealthy behaviors while educating them about available tools and resources involved with substance abuse and suicidal ideation.

• Referring for Treatment: If a patient is considered at high risk, they are referred for further professional assessment and services.

Lack of Understanding About Addiction

Along with these impediments, many people may be unaware of their substance abuse problems and can even have little understanding about addiction in general. Addiction is a serious and life-threatening issue that leads to the death of tens of thousands of Americans each year. And then you have treatment centers that are ill equipped, not properly trained to deal with co-occurring disorders, and do not have licensed clinicians or medical personnel. People get a bad experience through this and do not want to try others.

Lack of Access to Care

One of the many reasons that people don’t seek out or get the care that they need is because not everyone has access to proper health care coverage. Some treatment centers have to turn patients away because they are unable to take certain insurance or they lack insurance altogether.

Moreover, some people may be unable to afford quality programs even with the help of insurance. Quality, affordable addiction healthcare is something that can be hard to come by, and it may require some searching in order to find the right facility for you. Additionally, the lack of financial means to maintain sobriety through sober living, IOP, ongoing therapy, and access to transportation can hinder an individual’s ability to achieve and maintain sobriety.

Michelle McGinnis is the Chief Clinical Officer at Landmark Recovery, a drug and alcohol rehab organization. McGinnis is a Licensed Clinical Social Worker and has been working in the healthcare space since 2007. If you’re searching for help for you or your loved one, Landmark Recovery may be able to help you.
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