intervene

THE RECOVERY MAGAZINE

ISSUE 155

SCIENCE OF ADDICTION ◆ HIGH IQ TREATMENT ◆ IDENTIFICATION ◆ CONSCIENCE
ADOLESCENTS ◆ SOUTH EAST ASIA ◆ NARRATIVES IN RECOVERY

NEWS COMPREHENSIVE TREATMENT DIRECTORY
TRENDS COMMENT DIARY BOOK REVIEWS SELF HELP

WELCOME TO INTERVENE 155

At the time of publishing the last edition of Intervene the Conservative Government had just returned for a second term - it'll be interesting to see how things subsequently develop for the sector. In the Queen's speech they made their intentions clear about dealing with the growing problems around New Psychoactive Substances stating that they plan to impose a ban and the proposed Psychoactive Substances Bill is, at the time of writing, in its third reading in the House of Lords. The growing use of these drugs (and the damage they can cause) has created a complex situation and one that needs urgent and careful attention.

Regardless of which political party is creating policy we'll continue to publish a rich menu of editorial content combining innovative clinical features with valuable personal perspectives on addiction in its various manifestations and processes.

In this issue you'll find a range of diverse subject matters from an approach to the treatment of teenagers, the specific challenges of treating addicts with high IQs and a feature from regular contributor, Chula Goonewardene, about the significance of identification as an addict. Musician Jimmy Somerville talks candidly about his 'rock bottom', we look at the therapeutic benefits of working with 'conscience' and hear a powerful account of freediving in early recovery.

We're also running three features from South East Asian specialists (Thailand, Malaysia and Singapore are represented) who offer a fascinating perspective on the benefits of working in the region, an account of the significant development of treatment in Singapore and an engaging perspective on neurology/physiology in the context of the disease model of addiction.

In addition to our editorial activities Intervene is proud to be media partner of **Drugs and Alcohol Today** – the event takes place in London on Thursday September 3rd. You can see more detail on page 55 or by visiting our website www.addictiontoday.org.

This year's **UKESAD** was a resounding success attracting more attendees than ever and we're pleased to be able to let you know that details relating to dates, new venue and the opportunities the conference has to offer in 2016 can be accessed at www.ukesad.com.

Finally, over 2,500 readers have chosen to **subscribe (free of charge)** to the Intervene App since it launched in March – simply go to your App Store and download Intervene to join them!

WHO WE ARE

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INTERVENE'S MISSION IS TO:

- provide advice, support and guidance to anyone suffering from addiction/dependencies and to those involved in their care
- educate, teach and train professionals working with people with drug and alcohol problems in the methods and practices for prevention of and recovery from addiction/ dependency
- conduct and disseminate research into the care and treatment of people with addiction or dependency problems.

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ISSUE 155 2015

LETTER FROM THE INTERVENE TEAM 3

7 NEWS

News round up from around the sector – bite sized updates and web links
ADFAM and University initiatives for those bereaved by drug and alcohol death 7
More news, Prime Minister on gambling, alcohol industry's 'ineffective' measures
Queen's speech makes clear Government's position on new psychoactive drugs 9
Care Quality Commission's new approach to inspection of substance misuse services
Spitalfield Crypt Trust's 50th year of working with homeless people 11
New treatment approach and innovation in drug screening methodology 13
'Who's Who' - pictorial coverage of some of the sector's recent events 17

14 CONTRIBUTORS 14



Intervene's experts are highly qualified to write about recovery from addiction: read summaries of their experience and knowledge

20 FEATURED ARTICLES

Key treatment considerations and strategies for those working with adolescents – Part 2 20
Using Holocaust survivor literature and application of its narratives in counselling 22
People suffering from addiction with a high IQ benefit from specific therapeutic approaches 26
The restorative power of Freediving and its practice in conjunction with the Steps 28
Identification as an addict – an examination of this powerful process from a range of perspectives 33
'Conscience' is a significant component in consideration of addiction, why does it matter? 38
Working with clay – innovative art therapy is able to evidence success on many levels 40
Rock Bottom, musician Jimmy Somerville talks openly about his journey towards recovery 42
Working in South East Asia, moving from the United Kingdom to run a Thai treatment centre 44
Fascinating personal account of the development of addiction treatment in Singapore 47
An examination of the disease model of addiction and a holistic approach to treatment 50

WHERE TO FIND... GUIDANCE

Some of the sector's latest and most forward thinking publications reviewed 52
Events and Training opportunities 54
Self help and mutual aid groups 58
A comprehensive list of treatment centres and facilities 60
Jim Smith and Paddy F, a long time member of Al-Anon, look back at its history 66

CONTENTS

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GUIDANCE FOR THOSE WORKING WITH BEREAVED FAMILIES AFTER DRUG OR ALCOHOL-RELATED DEATH OF FAMILY MEMBER OR CLOSE FRIEND

Adfam, the University of Bath and the University of Stirling have produced guidelines for people working with families affected by a drug and alcohol death. The guidelines are based on 100 interviews with 106 adults (including 6 couples) after the death of a relative or close friend – 66 in England and 34 in Scotland and focus groups with 40 practitioners (some also bereaved) from a wide range of services. http://www.bath.ac.uk/cdas/research/understanding-those-bereaved-through-substance-misuse/

STAFF SHORTAGES, OVERCROWDING AND WIDER POLICY CHANGES IMPACTING ON PRISON SAFETY

Staff shortages, increasing violence and less purposeful activity but more time locked up, we're "still waiting for a rehabilitation revolution", HMPChief Inspector of Prisons Annual Report (2014 – 15) published. Providing a new benchmark on which custody settings are inspected in the future in terms of standards, the report highlights increased levels of violence in custody and an increase in the number of self-inflicted deaths over the past five years (though a reduction in the previous year). Staff shortages, overcrowding and wider policy changes appear to be impacting on prison safety. For a grim read, download a copy at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444785/hmip-2014-15.pdf

FACES AND VOICES OF RECOVERY AWARD

Congratulations to William White on receiving the much deserved first-ever Faces and Voices of Recovery, Distinguished Lifetime Achievement Award – read more about this award at http://www.facesandvoicesofrecovery.org/2015-america-honors-recovery-awards-dinne

NEWS IN BRIEF

NEW TREATMENT APPROACH REQUIRED

Ian Hamilton, Lecturer in Mental Health at the University of York explains why he thinks" addiction treatment is in need of a fix" https://theconversation.com/why-addiction-treatment-is-in-need-of-a-fix-43754

TRAGIC LOSS OF GIFTED MP

Charles Kennedy, former leader of the Liberal Democrat Party died as the result of alcoholism earlier this year. Read more at http://www.castlecraig.co.uk/blog/07/2015/charles-kennedy-remembered

DANGERS OF UNHOLY TRINITY

Chemsex – the Report –"Crystal Meth, GHB/GBL and Mephedrone form what some health workers call an 'un-holy trinity' of drugs that together can heighten arousal and strip away inhibitions". Listen at http://www.bbc.co.uk/programmes/b060blkz

80TH BIRTHDAY FOR ALCOHOLICS ANONYMOUS

AA celebrated 80 years of helping people regain their lives in June. The International Convention, "80 years – Happy, Joyous and Free" held in Atlanta was the place to be http://wabe.org/post/aa-celebrates-80-years-helping-alcoholics-stop-drinking

DANGERS OF ANTI-DEPRESSANTS

Luke Montague, Viscount Hinchingbrooke, son of the Earl of Sandwich talks openly about how anti-depressants ruined his life. – http://www.thetimes.co.uk/tto/magazine/article4497489.ece?fb_ref=Default

ALCOHOL'S DAMAGE TO OTHERS

Majority of people in Britain are damaged by other people's drinking says a new report by the University of Sheffield. Read more at http://www.sheffield.ac.uk/news/nr/report-reveals-harm-caused-by-drinking-1.478410

ALCOHOL'S DAMAGE TO OTHERS

Alcohol Concern publishes new factsheet about alcohol and dementia. Download a copy at http://www.alcoholconcern.org.uk/wp-content/uploads/2015/07/Alcohol-and-Dementia_Factsheet.pdf

AUSTRALIANS GO TO ASIA

Australian addicts are choosing Asia and Bali for cheaper treatment http://www.smh.com.au/national/iceaddicted-australians-choosing-bali-and-thailand-for-cheaper-treatment-20150717-giek7o.html#ixzz3gPUewWfs

JIM GILLEN PASSES AWAY

Leading recovery advocate, Jim Gillen, passed away in July after battling cancer. To learn more about his work go to http://www.anchorrecovery.org/

NEWS

RIVERVIEW MANOR

SOUTH AFRICA'S PREMIER SPECIALIST CLINIC

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- Trauma
- Stress
- Bipolar Mood Disorder

and many other debilitating problems

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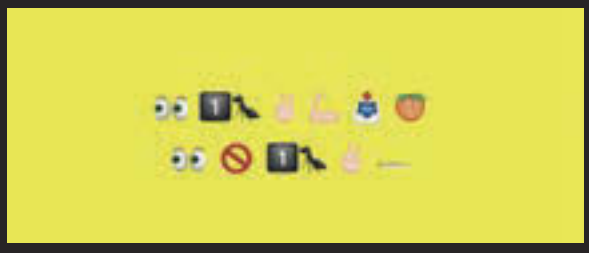
QUEEN'S SPEECH INCLUDES GOVERNMENT'S POSITION ON NEW PSYCHOACTIVE DRUGS

n the Queens Speech, the new Conservative government stated their intention to ban psychoactive drugs. The proposed Psychoactive Substances Bill, (for a copy go to http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7215) at time of press, is in its third reading in the House of Lords http://www.theyworkforyou.com/lords/?id=2015-07-20a.903.2#g903.3 - differences of opinion on drugs policy are making for an interesting political debate in the House of Lords but it appears that generally the aim of the Bill is gathering agreement with a focus on reducing harm from these drugs. The debate will continue on return from summer recess.

DIGITAL IMAGERY USED IN INNOVATIVE MESSAGING TO YOUNGER PEOPLE

Anti-drugs campaign uses Emoji to appeal to a younger audience - http://www.adweek.com/news/advertising-branding/you-need-speak-emoji-understand-anti-drug-campaign-165805



NEWS IN BRIEF

NO TO GAMBLING RESTRICTIONS

David Cameron opposes law to curb gambling http://www.mirror.co.uk/news/uk-news/david-cameron-poses-threat-proposed-6050646

ALCOHOL INDUSTRY MUST TRY HARDER

Alcohol industry pledges "ineffective"...and perhaps worse. Read analysis at http://findings.org.uk/PHP/dl.php?file=Knai_C_1.txt

PHARMA BILLONAIRES

OxyContin Clan – The family fortune of $14 billion sees this pharma family added to the Forbes Rich List – read more about them at http://www.forbes.com/sites/alexmorrell/2015/07/01/the-oxycontin-clan-the-14-billion-newcomer-to-forbes-2015-list-of-richest-u-s-families/

BENSODIAZIPINES AND PTSD

Benzos could hinder PTSD treatment http://journals.lww.com/practicalpsychiatry/Fulltext/2015/07000/Benzodiazepines_for_PTSD__A_Systematic_Review_and.6.aspx

MULTIPLE NEEDS FOCUS

New Research Network to focus on multiple needs – learn more at http://www.revolving-doors.org.uk/news--blog/news/new-research-network/

NEW MANCHESTER DETOX

New NHS Alcohol Detox Unit opens in Manchester http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)61228-4/fulltext

USA HEROIN USE RISES

Report finds heroin use has increased significantly across USA – see the report at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w

PERSONAL DATA ACCESS

New Subject Access Request form issued to access your personal data from the Ministry of Justice – download a copy at https://www.gov.uk/government/publications/request-your-personal-data-from-moj

PUBLIC HEALTH ENGLAND

Public Health England annual report and accounts for 2014 -15 were laid before Parliament in July – to view, go to https://www.gov.uk/government/publications/public-health-england-annual-report-and-accounts-2014-to-2015

LONDON DRUG LAUNDERING

"London is now the global money-laundering centre for the drug trade", read more at http://www.independent.co.uk/news/uk/crime/london-is-now-the-global-moneylaundering-centre-for-the-drug-trade-says-crime-expert-10366262.html

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For more information and to book your place:

www.lsbu.ac.uk/intervene

NEW APPROACH TO INSPECTIONS OF SUBSTANCE MISUSE SERVICES TO BE ROLLED OUT FOLLOWING PUBLIC CONSULTATION - CQC NEW APPROACH HANDBOOK.

In July, the CQC published a provider handbook on their intended new approach to how they inspect and regulate services for substance misuse services. The handbook was consulted on earlier this year and the new approach will begin in October 2015. Early inspections will not be rated, but there is an expectation that future inspections will be, using consistent Key Lines of Enquiry. These will measure whether the services are safe, effective, caring, responsive and well-led, with eventual ratings of Outstanding, Good, Requires Improvement and Inadequate. To download the handbook and for details of the consultation, go to http://www.cqc.org.uk/content/new-approach-inspections-substance-misuse-services-be-rolled-out-following-public

SCT CELEBRATES 50 YEARS OF WORKING WITH PEOPLE IN RECOVERY AND THE HOMELESS IN EAST LONDON.

Hundreds of people gathered to celebrate Spitalfield Crypt Trust's (SCT) summer garden party, at Bard's Yard, in June. The event was part of the East London charity's 50th birthday celebrations.

The event helped launch the new Shakespeare-themed garden in Shoreditch which has been planted by gardening students who attend the charity's New Hanbury Project - a personal development and training centre for people in recovery.

Renowned Shakespeare actor, Timothy West cut the ribbon accompanied by his partner Prunella Scales. The fabulous Pearly Kings and Queens from Bow, Highgate, Newham and Mile End also joined in alongside the Baroness of Spitalfields, Molly Meacher and a Sheriff from the City of London, Fiona Adler.

Current and former volunteers, residents, students, trainees, and residents also attended.

SCT is trying to raise and extra £50,000 in it's 50th birthday year. Please donate kindly at: www.sct.org.uk/donate

IBIZA CALM

Treatment Services

New Fully Medically Accredited Treatment Centre

Ibiza Calm are pleased to announce the opening of our new fully medically accredited treatment centre on Ibiza. We have a wide range of inpatient and outpatient treatments for alcohol, substance use disorders and other compulsive behaviours. These services include detoxification, group psychotherapy, counselling, mindfulness and complementary therapies such as yoga and meditation. Our job at Ibiza Calm is to help our clients start the process of physical, emotional and mental recovery in beautiful surroundings. Our mission is to provide our clients with excellent care, dignity and treatment based on empathy and understanding.

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- Family work
- Meditation, yoga, exercise
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We treat:

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- Gambling
- Food
- Secondary Addictions
- Co-occurring Disorders
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- Bipolar Disorder

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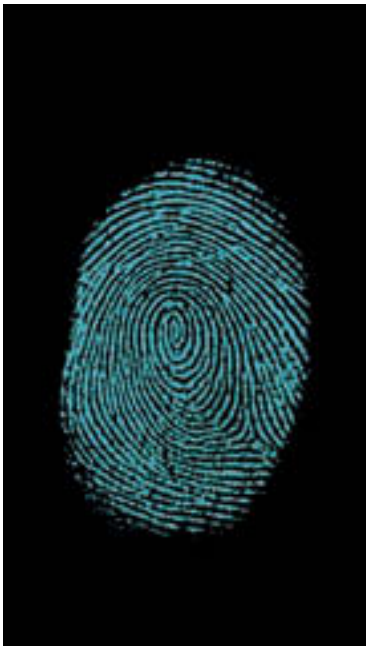
TREATMENT INNOVATION AT NEW ONE40 CLINIC

The opening of ONE40's new clinic in Kensington launches an innovative treatment approach for the group. Its model A.C.T (Addiction, Cross-addiction/Co-dependence, Trauma) uses the 12 Step abstinence-based ethos as its foundation but also focuses specifically on core disorders, rather than the methodology of exclusively addressing the symptoms of alcoholism and substance addiction.

Current research at ONE40 evidences that more than 95% of clients presenting for treatment are suffering from co-occurring disorders including process addiction or attachment disorders (using relationships with others as a 'compulsion drug') and whilst long term abstinence is achievable using traditional methods, ONE40 believes that it is not until underlying core issues are directly addressed that long term freedom and recovery can be achieved.

Christophe Sauerwein, the group's Clinical Co-ordinator and Senior Therapist states:

"We have spent a number of years developing our A.C.T. programme and are confident that it will mark a shift in the way that treatment is delivered. Our own research confirms that addiction is a bio-psycho-social disorder leading to a complex multiple addiction mechanism involving substances together with process and relationship addictions - initiated most of the time by adverse childhood experience. Only addressing substances is likely to enable other addictions to expand and eventually the substances to return more severely. If the global addiction system is not addressed as a whole, including negative consequences in adulthood or child-hood traumatic experiences, it is unlikely the patient will regain a sustainable happy sense of self, leading on to a significant, sustainable better life."



21ST CENTURY DRUG SCREENING

Scientists at British company, Intelligent Fingerprinting, have developed a mobile drug screening device which they hope will revolutionise the way in which testing is carried out. The technology, which detects the same drugs as conventional body fluid screening tests at equivalent levels of accuracy, works by capturing and analysing the sweat found in a fingerprint.

The client presses a fingertip onto a disposable collection cartridge which is inserted into the reader for analysis, with results in under 10 minutes. Intelligent Fingerprinting states that the test is non-invasive, easy to administer and difficult to cheat. Minimal staff training is needed and no pre-prepared collection areas are required, enabling random screening anywhere, any time. Fingerprints sample cartridges are safe to handle and can be disposed of with normal refuse.

Currently, the fingerprint itself is destroyed during analysis but the company plans to develop a future version of the technology in which a fingerprint image can be captured before testing and used (if appropriate with the terms of the rehabilitation programme) as a biometric identifier to unequivocally link the client to the results of the drug screen, thereby protecting all parties against false positives associated with sample mix-ups.

The new fingerprint drug screening technology will be available from late 2015.

Contributors...

Inside information on the people who shared their knowledge, wisdom and talents to make this issue of Intervene possible

LAURA GRAHAM

is an independent consultant/ researcher working internationally in the addiction, mental health, and offender management fields. She worked as a Caseworker for life sentenced prisoners for three years, before moving into the development of suicide prevention and self-harm management policy in prisons. This was followed by a period of working on offender drug treatment strategy and the design of drug-free wings in prisons. She was also the Programme Manager for the pilot of Integrated Offender Management. Laura has written hundreds of articles about addiction and mental health. She had a regular column, "Laura Loves, Laura Loves", in Addiction Today for three years. She is the author of "The State of Residential Treatment in England", published in 2011 and is the founder of Cure the NHS – Lambeth. (laurasmail@tiscali.co.uk)

ELISABETH ESCOBAR

Elisabeth Escobar has been working in the field of Substance Abuse for the past 30 years. Elisabeth has served as The Director of Admissions in both Adolescent and Adult Substance Abuse In-Patient Treatment Programs in Oakland, California. She also worked with teens and adults in an Out-Patient Treatment Program in the Washington DC area. She was the School Counsellor at three International Schools in Rome, and currently offers, "Social Skills Coaching for Kids, Teens & Adults" via Skype as she divides her time between Lisbon, Portugal and NYC, NY. Elisabeth completed her Masters Degree in Counselling Psychology in NYC and recently completed a Clinical Intervention Training with Love First Intervention Services. You may reach her at: jojoinoak@gmail.com.

YORDAN K. ZHEKOV

Yordan K. Zhekov holds two Masters and a Doctorate in Theology, as well as a Masters in Addiction Psychology and Counselling. He continues his research on conscience in addiction treatment at Middlesex University. Dr. Zhekov is an accredited counsellor working in the fields of homelessness and addiction. He is the author of Conscience in recovery from alcohol addiction (2013) – www.consciencetherapy.co.uk.

REBECCA ILLING

Rebecca Illing doesn't know who she is, but she knows what she needs. Peace of mind, acceptance, and a little sugar. She finds balance in the silences between breaths, through what some call freediving, she calls breathless meditation. A nomad with four nationalities, she has found structure within chaotic worlds. She finds harmony in other people's chaos. Rebecca's experimental performance training has taken her from London's underground theatres to miming and clown school to touring on the back of a van with accordions and brass gypsy bands throughout Europe. She's currently exploring physical alternatives to emotional therapies, both on ground and in the sea. Aware of her past, her tribulation with self destruction, she now focuses her energy in supportive communities nurturing self love. To her, spirituality is the manner in which people cope with and ultimately embrace their passion in life.

SEB LINDSTRÖM

Seb Lindstrom is a Filmmaker and also a Photographer. A Whirlwind connector of dots, agitator and motivator. He Shakes things forward!

FANNY LINDSTRÖM

Fanny is everyone's favourite mood manager. Stunning & strong photographer. Legend.

Contributors...

Inside information on the people who shared their knowledge, wisdom and talents to make this issue of Intervene possible

LEWIS HALES

Lewis Hales is a retired therapist who specialised in chemical dependency and adult psychiatric disorders in Georgia for 25 years. He was treatment coordinator and case manager over five state and private institutions and is noted for developing treatment educational programs for patients used throughout Georgia. Lewis has been the CEO of a 501 (C) (3) non-profit educational program for 14 years and is credited for writing over 120 articles and research projects.

KATHRYN STARON

Kathryn Staron has a Masters degree in Clinical Psychology and is recognized by the State of Michigan as a Certified Advanced Alcohol and Drug Counsellor. She has worked in both inpatient and outpatient facilities specialising in dual diagnosis. Kathryn is the former Coordinator of the Addiction Studies Program at Madonna University and an Adjunct Assistant Professor in the Psychology Department. She is currently in private practice and can be reached at kathrynstaron@gmail.com

VIRGINIA GRAHAM MA, MSC

spent the last 22 years working for inpatient facilities in the US and UK – an experience she thoroughly enjoyed. Virginia has now turned her attention to private practice, groupwork and clinical consultancy in London. She continues to work on her doctorate, and the relationship between Spirituality and mental health has always been of interest.

MARTIN PETERS BA (HONS), DIP HE, RN

Martin Peters has been a vital part of DARA Thailand's senior management team since 2011, overseeing the development of both clinical services and operations. With more than two decades in the healthcare field, Martin brings a forward-thinking, person-centred approach to treatment, utilising both cutting-edge and traditional methods to assist people in empowering themselves to live a life free from the grip of addiction and illness.

DR PREM KUMAR SHANMUGAM

Dr Prem Kumar Shanmugam is CEO and Clinical Director of Solace Sabah. Solace is the first private, addiction treatment retreat located in Malaysia. He is one of the founding members and the Regional Director of the Asia Pacific Certification Board (APCB). APCB is actively involved in certifying addiction counsellors/therapists around the Asia Pacific Region. Prem also acts as the President of the Psychotherapy and Counselling Association of Singapore, while being one of the founding members as well.

CHULA GOONEWARDENE

Chula Goonewardene MBACP has worked with over 500 clients in community-based treatment and moved into Treatment Management and Training in 2010. Alongside his private practice, he currently manages a team of twelve to deliver a group-based Recovery Programme in North Westminster and still finds time to play the drums in two bands.

DR MUNIDASA WINSLOW

Dr Munidasa Winslow has been a pioneer in addiction and impulse control disorders in the Asia-Pacific region. He is an addiction psychiatrist who enjoys working with teams to provide solutions for addiction recovery. He is an academic, and also director of a team of recovery professionals at Promises Healthcare, Singapore.

CM Therapy

We believe that you have the inner resources to find healing and our aim is to provide a safe space in which we can support you to explore your issues, examine your internal world and arrive at personal resolution.

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PRINSTED 10TH - ANNIVERSARY CELEBRATION IN LONDON

Left to right: Gavin Beard - Therapist, Ali Hawkins - Financial Administrator, Caitilin Prinsep - Director, Brian Ballantyne - Director, Elaine Cox - Operations Manager, Clare Griffin - Therapist, Linda Kerr - Therapist

Prinsted opened for business in February 2005 and recently held two celebrations to mark this significant milestone. In the hope of capturing better weather, the first was held at Prinsted at the end of May. It proved to be a fantastic party for ex-residents, family members, staff and friends and included shares from people in recovery, entertainment, music and food all afternoon and evening.

The second was held in central London on June 24th in the elegant surroundings of the Oriental Club, and was designed to show appreciation for all the support from sector professionals over the years. The event was attended by many well-known faces in the field of addiction treatment along with a few ex-residents and many members of the Prinsted team, past and present. There were powerful shares, especially about the impact of addiction on family members and experiences of secondary treatment. Addictions Psychotherapist, Paul Sunderland gave an illuminating talk on Process Addictions - an area in which Prinsted has significance expertise.

Caitilin and Brian expressed their gratitude to everyone who had helped Prinsted develop over the years – staff, clients and sector colleagues.

Left to right: Dr Neil Brenner Consultant Psychiatrist, Start2Stop's Cosmo Duff Gordon, International Addiction Consultant Johan Sorensen

Left to right: Action on Addiction's Kirby Gregory, Independent Social Care Consultant David Finney

Caroline Curtis Dolby and Louise Orpin

Paul Sunderland

Who's who... *at recent events*

UKESAD 2015 – INTERVENE MEDIA PARTNERSHIP

Intervene was once again proud to be the media partner of UKESAD International and to support the UK and Europe's best known gathering of every kind of addiction treatment specialist. Bringing together presenters, sponsors, exhibitors and delegates from every corner of the world, this year's event facilitated an unparalleled networking hub, attracted globally renowned speakers and forged new commercial partnerships and also worked closely with some of the sector's most significant governing bodies including the BACP.

The conference saw more delegates than ever and UKESAD 2016 is currently launching with the news of a new venue and enhanced opportunities for attendees. Visit www.ukesad.com for more information.

UKESAD also hosted DrugsoverDinner the creation of social entrepreneur and activist, Michael Hebb who believes strongly that 'the dinner table could be a tool for social change'.
200 people met at the Marriott Grosvenor Square on the second day of UKESAD to talk openly about drugs and addiction before being entertained by Mitch Winehouse and his band.

The event generated pockets of animated debate and Michael's aim is that drugsoverdinner.org will generate positive change '.... People need to be inspired, emotionally compelled, and heard. Our grand hope is that Drugsoverdinner.org will create a million compassionate conversations between family and friends....If one family is transformed by our platform, our reward will have been achieved'.

▲ **BRIAN BURGESS THE UK MANAGER OF SEASONS BALI**

▲ **NEUROPSYCHIATRIST JUDITH LANDAU**

▲ **'ON THE COUCH' PSYCHOTHERAPIST MARTIN POLLECOFF AND SINGER SONGWRITER JIMMY SOMERVILLE**

◀ **REBECCA ILLING AND MICHEAL HEBB**

▲ **GIUSEPPE TOMMASI AND ELISABETTA AUGIMERI OF SAN NICOLA IN ITALY**

◀ **DAVID SMALLWOOD**

◀ **THERAPIST SARAH GRAHAM AND RAWFEST FOUNDER KO KAWASHIMA**

Photo Credits: Tom Jones and Fanny & Sebastian Lindstrom for What Took You So Long?

Who's who... *at recent events*

DR YALOM AND TIM LEIGHTON FROM ACTION ON ADDICTION ▶

◀ ARK INTERVENTIONS JOHN MCCANN

◀ SAM QUINLAN

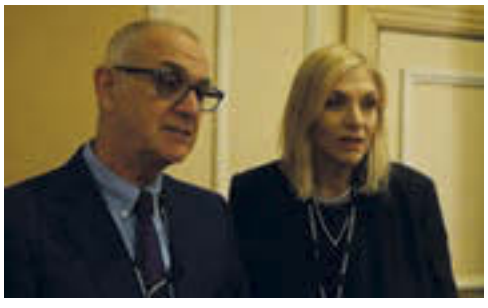
▲CLAIRE CLARKE FROM ACTION ON ADDICTION

DRUGS OVER DINNER EVENT ▶

◀TRAUMA EXPERTS CHRIS JOHN AND BARBRA PAWSON

▼ MARY PARKINSON

▲ ANDREW BURKI CEO LIFE OF PURPOSE



▲ACTION ON ADDICTION'S KIRBY GREGORY AND SUSANNE HAKIMI

▼ NOREEN OLIVER

▲DAVID BERNSTEIN

◀ MILES ADCOX

Assessing Teenagers

Elisabeth Escobar and ***Kathryn Staron*** Highlight Key Treatment Considerations for Those Working with Adolescent Clients.

Part two…

Assessing teens for an appropriate level of care, as well as addressing treatment issues once admitted, is both a science and an art. In this article we will look at the science behind diagnosis and level of care assessment as well as interaction between clinician and patient. This therapeutic relationship, when undertaken correctly, is a work of art.

When assessing teens for a Substance Use Disorder (SUD), we find it important to use the DSM 5 criteria. It is a surprise to many that the criterion for a SUD diagnosis does NOT assess how much and how often a substance is being used. The diagnosis focuses on the effect the substance has on the individual's life. Once this diagnosis has been made using the DSM V criteria a level of care assessment needs to be completed. Which substance(s), how often they are being used, how much is being used and date of last use will play a large role in determining which level of care is most appropriate for the teen.

The American Society of Addiction Medicine has created a multi-dimensional assessment that helps guide clinicians to make the appropriate treatment program recommendation. The dimensions are as follows and can be found at asam.org:

Dimension 1 - Acute Intoxication and/or Withdrawal Potential. This allows the therapist and client to explore both past and current experiences with substance use and withdrawal symptoms.

Dimension 2 - Bio-medical Conditions and Complications. It is imperative that a client's health history and physical condition be discussed for purposes of differential diagnosis as well as a safe/medically managed detox.

Dimension 3 - Emotional, Behavioural, or Cognitive Conditions and Complications. Large portions of substance users also meet criteria for a co-occurring disorder, (i.e. anxiety and mood disorders). Dual Diagnosis is common within this population. Assessing the individual's thoughts, emotions and mental health issues is critical when determining the appropriateness of treatment.

Dimension 4 - Readiness to Change. Exploring a client's willingness and interest in change can be assessed using DiClemente and Prochaska's Stage of Change model. In our experience, it is important to note that individuals who begin treatment in the pre-contemplation stage (denial) CAN successfully complete a program; intrinsic motivation is not a necessary component upon admission to treatment.

Dimension 5 - Relapse, Continued Use, or Continued Problem Potential. Assessing the individual's relationship with substances and previous relapse is vital. This can be assessed by discussing prior treatment admissions, lengths of sobriety and triggers that have precipitated relapse.

Dimension 6 - Recovery/Living Environment. It is essential to explore the individual's current living situation (i.e. location, individuals present in the home, availability of substances). Evaluating whether the environment is conducive to recovery may impact the level of care the individual is referred to.

Upon treatment admission, it is crucial to help both teens and parents understand that confidentiality is of utmost importance. When working with teens, keep in mind that they have a tendency to not fully trust adults. While we explain the "breaking confidentially" rules, (in the event of suicide or homicide ideations as well as suspected abuse and neglect) we help teens AND their parents/guardians understand the importance of how we manage this issue. Most adults understand their child's need for confidentiality in order to move

forward. On the occasion that the therapist feels it necessary to communicate specific information to the parents, we often ask teens what they prefer: for the teen to tell their parents or for us to explain it and then they can decide if they want to be present. Teens are often affected by their intense emotions and treatment allows them to process these feelings in a safe environment, often for the first time in their lives. Issues such as deep feelings that may not have been safe to share previously, memories that may be keeping the child "stuck", or "coming clean" with risky behaviors are important to discuss because breaking secrets is often the key to healthier communication in the family.

It is important for the clinician to remember that a teen does not need to be "motivated" for treatment. Often teens that come in angry, withdrawn or sullen, will do well once in treatment. And, contrary to popular belief, it has been our experience that some client's who come in "highly motivated" are more likely to leave treatment early or relapse the day they discharge! It is important to remember that when working with teens, the ability to connect early on is crucial. Active listening and validating a teen's feelings is the best way to build rapport. This can be a delicate balance for the clinician as we do not want to collude with clients' distorted thinking, however, letting clients know that you understand how they are feeling will often result in a healthy therapeutic alliance. The concept of "meet them where they are at and take them where they need to be" is a safe clinical approach.

Beyond the therapist/client relationship, it has been our experience as clinicians that the peer group takes on a more significant function earlier in the admissions process in adolescent facilities. For example, on adult units patients are often more defended or guarded and are experiencing more severe physical symptoms, therefore having the tendency to isolate for a longer period of time. Teens, on the other hand, have a natural desire to want to be accepted by their peers and in turn, connect to other patients earlier in treatment. Adolescents often respond well to their peers and a therapist should not hesitate to utilize this valuable connection. Teens who are doing well in treatment are often chosen to be "peer buddies" for the newly admitted patients.

Some teens will present with a dose of bravado and can be more emotionally volatile than adults. Using foul language, refusing to engage in treatment, acting out (side talking in group, unwillingness to talk at all, being sexually provocative) are all tactics teens may use. It is important for a clinician to develop a thick skin and to fight the desire to control behavior but rather interpret it. Suggestions to deal with acting out behavior are to co-opt the Peer Buddy or other peers in treatment, tell the adolescent client that they can take a walk with you or another staff in order to calm themselves, or giving them reminders such as, "I will be back in 10 minutes-play this tape all the way through and then we can come up with solutions."

When working with teens it is important to bear in mind that they are not "little adults". Teens simply do not have the capacity to make decisions in the same way adults do. Helping teens develop this important skill by role playing and using the Socratic Method of thinking will allow the client to learn to "play the tape all the way through". We, in essence, lead them to the inevitable conclusion to not use. Encouraging clients to approach recovery "one day at a time" is a concept that teens can appreciate, as futuristic thinking is often difficult for them at this stage of cognitive development.

The most important aspect of working with teens is including the family in treatment. Our general approach is that anyone who lives in the home who is 12 years and older should be included in the family education and family therapy. Adults may have a spouse/partner or occasionally, their parents, involved in their treatment, but with teens, it is non-negotiable. In the next issue we will discuss the role the teen's family plays in their treatment and how each member who lives in the house and/or has a great influence in the teen's life will also need to consider a Recovery Program. Addiction is a Family Disease and helping the family come to terms with this fact will help lessen the chance for relapse.

In conclusion, working with teen clients presents its own challenges and requires creativity that is different from working with adults. With a skilled clinician, the utilisation of "peer buddies", role-plays and drama therapy, learning how to make healthy decisions and fully encompassing the family, adolescent clients will increase their chances of growing and maturing in a healthy way.

Working with Narrative in Recovery

Virginia Graham outlines how the narratives of Holocaust Literature offer Spiritual and Therapeutic Perspectives within the context of her Counselling Practice.

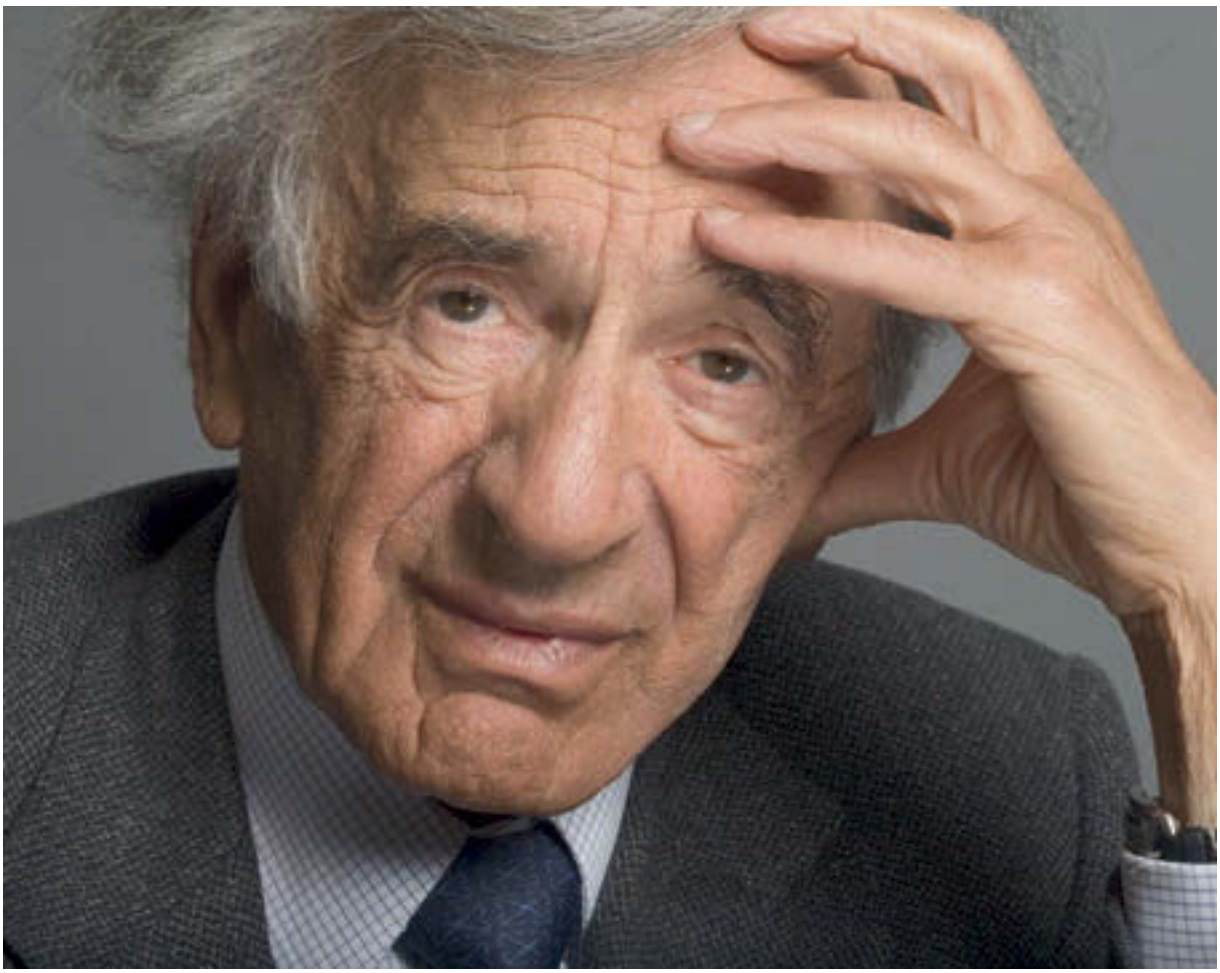
My work as a counsellor involves listening to many stories. Clients narrate their circumstances, and through counselling come to a better understanding of their inner world in relation to those stories. Listening to the stories of others can also be particularly significant in the development of identity. This is well documented in Twelve Step (TS) groups that strongly rely on the examples of other successful, now-sober, fellow-addicts. What I have increasingly found in my own work, however, is the significance of stories that touch on something beyond the concrete experiences of addiction. A good example is the fiction of the Jewish writer Elie Wiesel. His stories of suffering and oppression resonate with the otherwise radically diverse lives of clients. For Wiesel there is a profoundly spiritual horizon to the fiction he writes – it is tied up with his experience of God. Here too we find an echo within a specific strand of addiction therapy emerging from TS; God, or some underlying principle that moves the world, is a crucial part of making sense of oneself as a recovering addict. The significance of spirituality for therapeutic healing is something that psychotherapy has taken increasingly seriously in recent years.

Elie Wiesel is a Jewish Romanian Holocaust survivor now a writer based in the US. Wiesel has written about his camp experiences at length in his early work and its impact is still discernible in his later fiction. I believe his work is of therapeutic value, including his biography Memoirs: All Rivers Run to the Sea (1995), The Night Trilogy [1] (1987), and Conversations with Elie Wiesel (Harry J. Cargas, 1992). In terms of transformation, Wiesel's narrative is clear that he chooses not to let his suffering make him a victim of circumstances, but allows his experience to transform him into a spokesperson for the Jewish people. Wiesel tells US writer Harry James Cargas that his writing 'means to give testimony, to bear witness'. In the Jewish tradition the witness is a kind of messenger. The witness says that is how things are…my function is to transmit what I have received and then to try to understand it; to communicate visions that other people cannot have or cannot express, either because they have not had them or because they were too afraid to acknowledge, understand or receive them' (1992).

Pain is transformed into a vehicle whereby critical life lessons can be learned. Wiesel believes 'that suffering is not the answer, suffering is only the question. What do we do with it?' (1992). He emphasizes pain is inevitable 'I want you to get the meaning of the pain not the pain' (1992). For Wiesel, pain pushes his choice to write so the camps are never forgotten. 'I knew the story had to be told. Not to transmit an experience is to betray it' (1978). For several clients these words help them remember that they too have a choice (whether to choose abstinence or not, often being the first). Years of addiction may have destroyed their belief in choice, as the latter stages of addiction involve feeling that using drink or drugs is not a choice but rather a necessity. In addition, this narrative helps them to think about the meaning of their pain and learn that pain is a part of life rather than life treating them unfairly (an excuse which has fuelled relapses for some clients).

In terms of spiritual development Wiesel is inspirational to some clients because of his brutal honesty about the pressures placed on his relationship with God by his life experiences. In Night (1981) he is clear that 'never shall I forget that nocturnal silence which destroyed me for all eternity, of the desire to live. Never shall I forget those moments which murdered my God and my soul and turned my dreams to dust'

> *"Wiesel demonstrates a willingness to learn from pain, and he freely shares this with us so creating a powerful example for the recovering addict attempting emotional fluency"*



(1981). Many clients feel so defeated by their experience of addiction that they believe God has abandoned them or is a myth altogether. Thus Wiesel's words are a relief for them; they know they are not alone. Wiesel is clear that his process of transformation was marked by feelings of angry rebellion, 'for the first time I felt revolt rise up in me. Why should I bless his name? The Eternal, the Lord of the universe…what had I to thank him for'.

Wiesel discovers as do many of my clients that religious tradition does not work for him. I encourage clients to openly express their rage and disappointment in God; these powerful rebellious emotions require expression before we can start exploring possible solutions. Wiesel's rebellion against traditional Jewish Theology led some commentators to conclude that he did not believe in God, yet Wiesel writes 'I have never renounced my faith in God….sometimes we must accept the pain of faith so as not to lose it. And if that makes the tragedy of the believer more devastating than that of the nonbeliever so be it' (1995). Angry rebellion in this case does not mean destruction which is what many clients fear, but the potential start of a new and changed world view which is what many clients need.

I will now consider what I believe to be of therapeutic value in Wiesel's work. As discussed Wiesel demonstrates a willingness to learn from pain, and he freely shares this with us so creating a powerful example for the recovering addict attempting emotional fluency. Night (1981), Dawn (1987) and The Accident (1987), all describe what historian John K. Roth describes as Wiesel's dark 'night of the soul' (1978, p.59). Wiesel 'chooses to describe rather than explain' this choice notes historian Michael Berenbaum (1979), he does not demand or order but simply tells his story. This is inspirational for clients who have usually suffered at the hands of others telling them what to do; a story allows them to make their own choices. This may be a slower process than force or coercion, but my work reveals it to be an effective one. The positive change holds because it has been chosen not forced. As Berenbaum explains, Wiesel's work proves 'experience speaks louder than explanations and cannot be silenced by answers' (1979).

The therapeutic value of Wiesel is also discernible at the end of Night (1981). Wiesel hardly recognises himself, 'from the depths of the mirror a corpse gazed out at me' (Night, 1981). The corpse does not succumb to the grave, but takes responsibility and rises from the

ashes to tell a story that he feels he has to tell. 'If we envisage literature and human destiny as an endeavour by man to redeem himself, then we must admit…the overall domination theme of responsibility, that we are responsible for one another' (Wiesel 1992). Wiesel's suffering does not break him, quite the reverse 'from this particular story (Wiesel's life) that I try to dram a story with universal lessons' (Wiesel, 1992). Wiesel's suffering has created a commitment to witness his own truth which contains a message whose themes of justice, self-responsibility, and integrity are of immeasurable value to my practice. When these qualities are incorporated into an individual's program of recovery I see how they facilitate the creation of strength, and self-esteem which are terrific antidotes to the self-loathing that feeds active addiction.

Wiesel's congruence is a powerful role model to clients, because as he concludes it is only through his being true to himself 'that we teach others how to be what they are, and find some universal message of hope for us all' (1992). There is no doubt in my mind that when clients break free of the shackles created by addiction, and start practicing being their real selves that within the challenges of daily life there is a potential for freedom and joy.

Wiesel's work was created by his need to speak of his experience and find answers is of value for clients searching for answers through counselling. Wiesel's adherence to writing about his real self means he is unencumbered by the heavy burden created by the weight of other's expectations, and as clients have discovered neglect of this self makes them more vulnerable to the demands of these others. Wiesel's narrative reveals how through rage, questioning, and writing he finds some answers. Wiesel does not force his views on the reader, but his narrative encourages the reader to find their own solution. It is exactly this process that I endeavour to mirror in my practice, whilst simultaneously creating a safe space for clients to explore their own emotional and spiritual narratives.

Our work will potentially dilute previous emotional toxicity (fuelled by addiction) and allow the possibility of a new sense of self and spirituality to be realised. Thus the relationship between narrative and counselling is a close one. My practice has been unequivocally assisted by narrative and its revelation through example (rather than demand) of how a patient can enrich their own therapeutic and spiritual perspectives.

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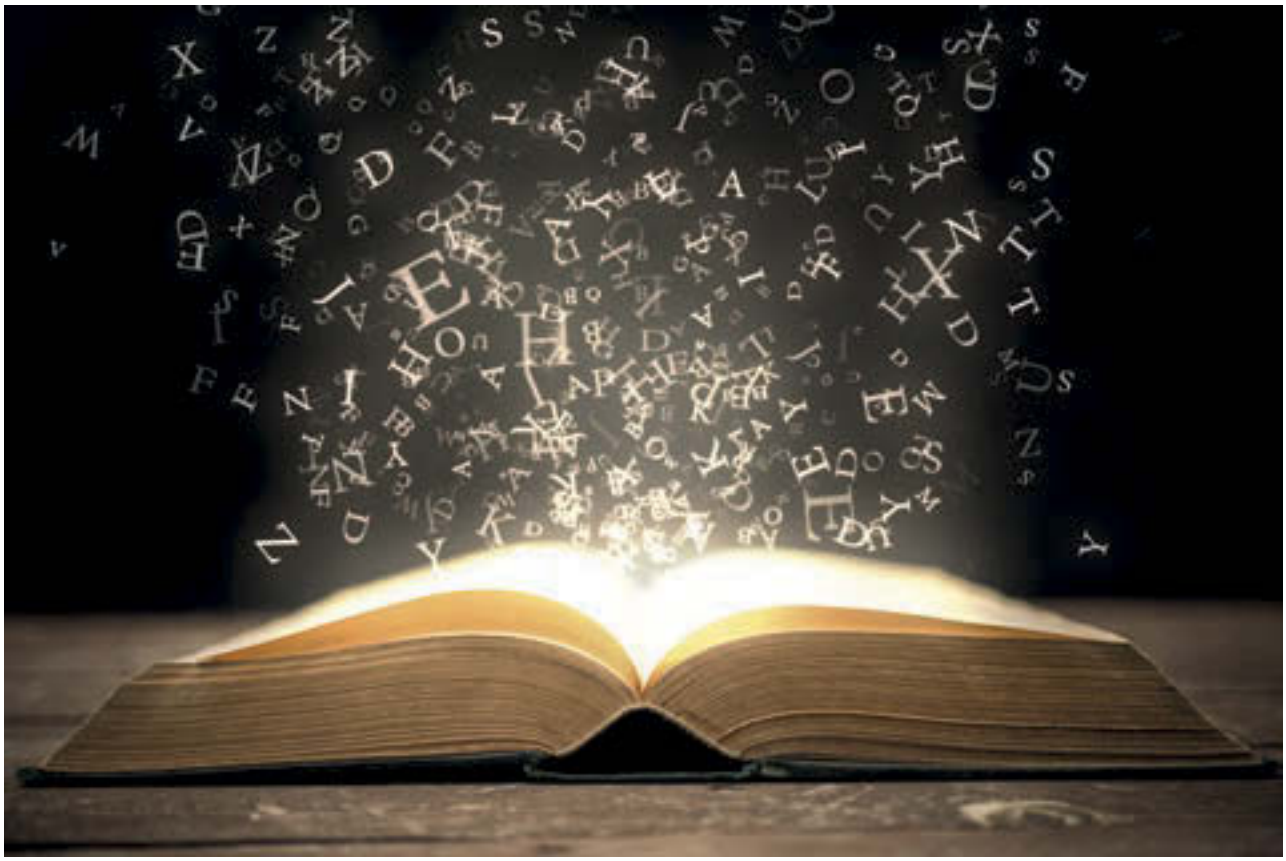

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IQ Treatment Challenge

Lewis Hales Considers the Treatment Challenges of Chemically Dependent Patients with Gifted Intelligence.

I worked as a counselor specializing in addiction and adult psychiatric disorders at medically based US treatment programs for 25 years and have conducted individual, group and marriage and family therapy with hundreds of chemically dependent patients and their families during my career as both a treatment coordinator and case manager.

Especially in working with alcohol and other drug dependency patients, I observed an ongoing treatment issue, about which I have not been able to find much information or research. It has been my experience that patients who have gifted intelligence combined with an addictive disorder display more difficulty dealing with recovery issues than individuals who do not have exceptionally high IQ ranges.

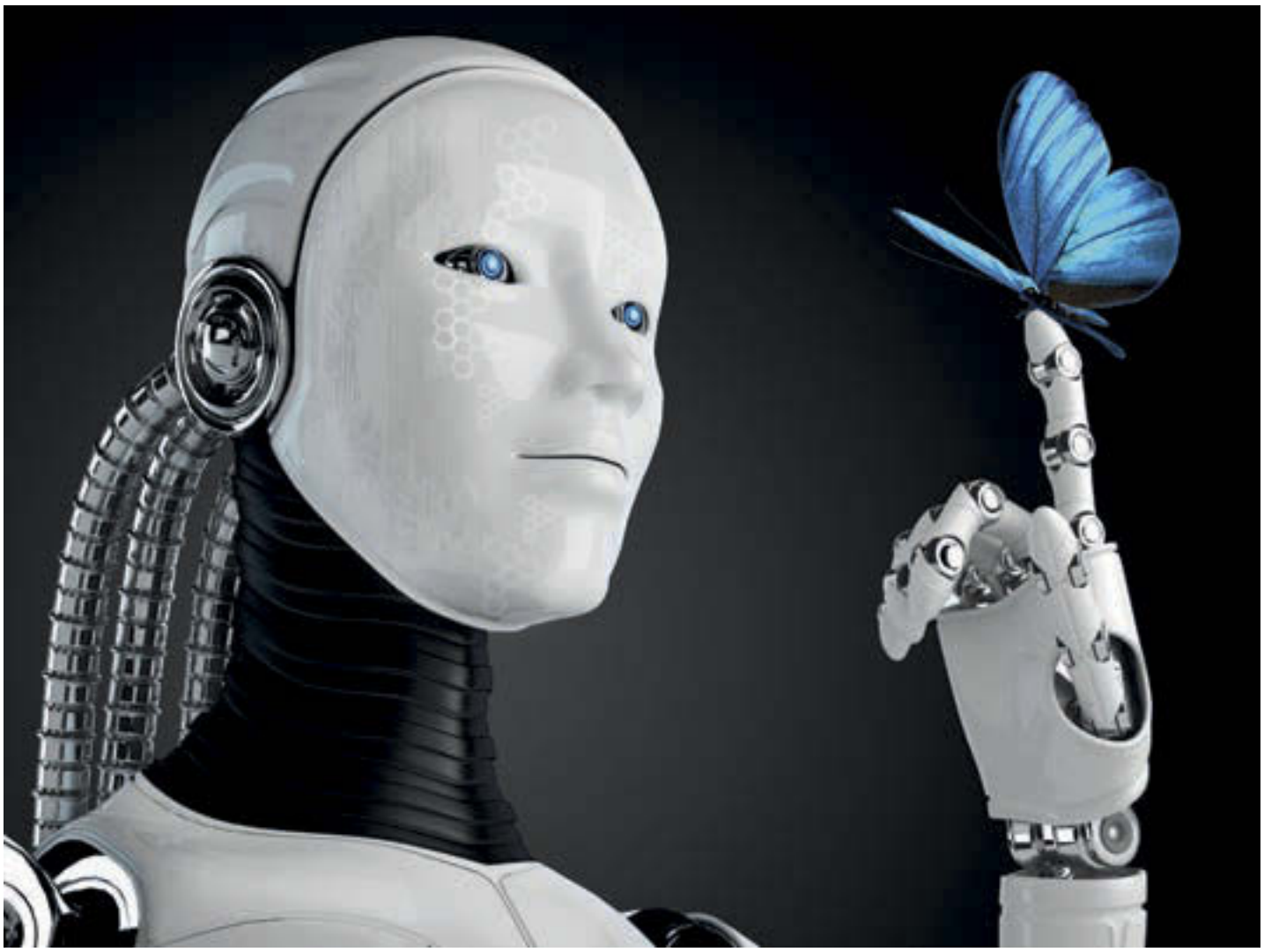
Addictive personalities, gifted children and adults share similar traits and face comparable challenges such as the tendency to be a perfectionist, isolation, feeling awkward in social interactions, frequently experiencing boredom, having concerns with authority and feeling different than others. Many a gifted individual never has problems with chemical abuse or dependency. However, both personality types seem to bring their own separate, yet remarkably similar, set of problems to the table. When an individual has both, the dual factors appear to potentiate each other, producing a double trouble effect more challenging than if just one factor was present. This would explain the unusual level of intensity and struggles some of my gifted A-D patients have experienced.

Often those with the disease of addiction prefer to be alone and display poor interpersonal and social skills, regardless of whether they are practicing or in recovery; this is an ongoing and permanent tug of war for them. A few years ago, I worked with a counselor who had over 30 years of recovery and still she had to prompt, sometimes force, herself to interact with her support system. Her initial reaction to stressful situations was to try and handle the problem without talking to anyone.

Gifted children or adults also experience comparable issues of social skills and isolation. Freedman and Jensen (1999), in their article, "Joy and Loss: The Emotional Lives of Gifted Children," cited research conducted by Karen Stone McCown, founder of the Neueva School, with a group of Nobel Prize winners. The authors indicated that, "One finding was that, almost unanimously, they reported that their social-emotional development was shortchanged. They said they were so self-motivated to pursue their intellectual passions that almost nothing would have stopped that work – but missing from their lives were the social skills that would help them interact with and connect to family, friends, and the larger world".

Intellectual boredom is a particularly intense problem with gifted alcoholics and addicts. I worked with a recovering alcoholic I will call David, who is a brilliant lawyer and owns a prestigious law firm in Georgia. David was identified as gifted in elementary school, and because of his short attention span and tendency to get bored easily, he recalled designing one project after another in order to stimulate his intellect since early childhood. His disease of addiction fed into this tendency, causing a synergistic effect which resulted in becoming an adult intellectual workaholic to such an extent that he almost had a relapse during outpatient treatment because he did not know when to stop working on cases. David's therapy included a few initial confrontations, limit setting and assignments designed to facilitate developing healthy coping strategies and better interpersonal and social skills as he interacted with other patients, co-workers, clients, his sponsor and other 12 step members. After a year of being in individual therapy with me, David had started making significant progress, although he was one of the most challenging gifted patients of my career.

Perfectionism is a personality characteristic common among addiction patients and gifted individuals. The National Association for Gifted Children website (March 2014) states that, "Approximately 20% of gifted children suffer from perfectionism to the degree it causes problems". I observed the dysfunctional version of perfectionism with all my gifted patients, which frequently took the form of relentless self-criticism and venting anger on themselves in some way for not meeting their own unrealistic expectations. Overall, it is my observation that gifted-addiction patients are harder on themselves than any other type of patient in recovery with whom I have worked.



Most gifted patients have a long-term tendency to overanalyze problems instead of focusing on recovery solutions. They over-complicate issues and attempt to have long intellectual conversations with their counselors to evaluate every aspect of a particular struggle they are experiencing. If patients are allowed to control their sessions with these unproductive conversations, they will not learn how to deal with the stress of everyday life without using. Perfectionists endeavor to be the perfect friend to new folks they meet or people they have known for a long time, which usually is based in issues of control and manipulation and will eventually sabotage their recovery program.

However, over time the gifted patient can learn the bottom line reasons for these behaviors if he or she has a genuine desire to be honest, work the steps, find an insightful sponsor and change their lifestyle. I worked with a 45-year-old patient I will refer to as Lori. She focused on analyzing issues when she felt insecure because doing so created a familiar comfort zone that gave her a sense of relief and control. The overall treatment goals for Lori were to get her to talk about her feelings, find a sponsor and start making healthy lifestyle changes. Lori eventually worked through her analytical smoke screens and she remains sober today.

Recognizing and addressing gifted individuals in recovery is an important subject to include in our disease of addiction concept. Counselors who have worked in the field for any length of time already are aware of these patients, although specific protocols for identifying and treating them have not yet been officially developed. It is important that ongoing research and attention be devoted to this previously unexplored recovery topic to better understand the special issues these patients are facing on a daily basis. This will provide pertinent information for more accurate treatment planning and long-term recovery objectives and results.

I would like to dedicate this feature to the memory of my friend Kelly, who was a brilliant physician and recently passed away after a relapse.


Breathless
Meditation

A Personal Exploration of the Intimate Meditative Experiences Offered by Freediving in Recovery

By ***Rebecca Illing.***

My name is Rebecca and I am an addict… and a Freediver. I will never forget how addiction has shaped my life, nor how water is one of the greatest tools I have found in recovery to heal and quieten this loud mind. I have been in recovery for twenty months and a Freediver for two years.

I find it hard to call what I do "Freediving" as it's a term immediately associated with sport and competition. Instead I like to think of it as a breathless meditation. The simple act of floating, holding my breath, calms and soothes me in ways I find hard to find elsewhere. Through recovery I have developed my own practice in the water and have begun to take on students: fellow addicts and people in need of exploring non-destructive ways to feel a sense of calm and love within themselves.

Freediving refers to the act of holding your breath and swimming underwater as deep as you're able for as long as your body and mind permit. Competitive divers dropping to depths of 100m or more and staying under for over five minutes seem like super humans with special powers. This may be the case for some but Freediving can be much more than a sport.

Freediving, in its first utilitarian state, was practiced in ancient Greece where it was the only method available to gather food, pearls and sponges from depths of up to 40 metres. The Ama divers of Japan who trace their practice back 2,000 years still Freedive to this day moving into depths ranging from twelve to forty metres in order to collect pearls.
Today Freediving is part of a growing lifestyle choice - mindfulness. It is, beyond question, a breathless meditation; an opportunity to gently encounter challenging aspects of oneself. The water seems to be a bed on which the noise in our heads can lie down and rest.

I came into recovery broken; drugs and eating disorders brought me to my knees. What's keeping me in recovery is this addict mind I hear everyone talking about. This mind works fast, gets overwhelmed easily

Photo Credit: Karim Iliya for What Took You So Long?

Photo Credit: Karim Iliya for What Took You So Long?

and is in constant fear. This mind is a part of me and I struggle to keep up; I get angry and frustrated and I try to change the way I think and feel. The old methods of escapism don't work anymore. So how can Freediving play such a role in recovery alongside the 12 Steps?

When we want to go and play in the water we take a friend with us: a buddy. We are there to support one another in our dives and make sure we get to the surface safely. It is important to observe each movement and listen to the silent language spoken only when diving. Something happens to us when we immerse our bodies in the water. The moment your head is under your mind is sedated by the sensation of complete immersion. With a snorkel in your mouth, breathing in and out, long slow breaths, you look down into the blue and feel a sense of excitement and urgency. You want to duck dive and get down there quickly but your buddy gently places his hands on your shoulders, they drop and you begin to feel more relaxed. The more chilled and sleepy you are the better the dive. The more connected and tuned in you are to yourself the more powerful the experience becomes.

Meditation and yoga contribute to a greater sense of relaxation and awareness in any person. Add to this an underwater dive and you can experience the most intense form of meditation you have ever encountered. My understanding of meditation is the idea of becoming more present by quieting the noise in our heads. One simple way of doing this is to focus on our breathing. Ahh but that moment just after an

inhale, just before an exhale… that moment is magic! It is presence. I want to be in that moment for just a little longer.

Freediving is being suspended between breaths. I never imagined I would have the lung capacity to hold my breath for longer then it takes to chase the dragon. I guess I finally put my old skills to good use! In Freediving you prolong the hold, that 'in between' state. Why? Most importantly to have fun! So you can go down and play, with fish, coral, people, and be with yourself. The idea of being with yourself can be terrifying if left with that busy loud mind. Very early in recovery some wise old timers told me to be kind to those noises in my head. To allow the wounds to speak and not be paralysed by the fear that keeps you hostage.There is something about the guidelines my mentor David gave me about Freediving that I can't help but find so relevant to recovery. You reach a place in every dive where you feel you have to come up and your mind begins to tell you "you're crazy", "you can't do this", "oh, now you think you're a fish!" and other endless insecurities stored inside. In this moment you have a chance to pause your mind and negotiate, and eventually swim out of the superficial and dive into the intimate.

Today my heart and mind listen, I'm teachable. Today I live. With all the beauty, love, insanity and imperfections inside and out. The gift I have received from Freediving, I now offer to others to explore their minds and get vulnerable in and out of the sea.

Breathless Meditation (Freediving) welcomes you.
You and your mind are not alone.

Photo Credit: Fanny & Sebastian Lindstrom for What Took You So Long?

Re-framing the Phrase 'I am an Addict' - Strength and Hope in Recovery via Identity and Identification

by Chula Goonewardene

'My name is Chula, and I am an addict'...my experience has taught me, can be quite a controversial statement to make, outside of a 12-Step fellowship environment. In both personal and professional settings I have come up against individuals who feel horrified that I would own my addiction in this fashion, they look at me with much bemusement, and endeavour to convince me that it is incredibly harmful to my psyche, and to my long-term recovery, to 'label' myself in such a way, claiming that doing so increases my chance of relapse because it keeps me stuck in a false-belief that I will always be an addict.

The World Health Organisation recognises addiction as a chronic, not acute, illness, and the truth in my opinion, is that I will always be an addict, but today I can choose to be an addict in recovery or an addict in active addiction. Until I found myself able to completely accept and admit that I am an addict, I didn't feel that I had that choice. Frankly, the arguments against this personal statement of intent, fall neatly into the 'red herring' bracket, as they are generally based on the presumption that when it is said, it is describing oneself in one's entirety, and as we know, this is not the case. We all call ourselves many things in life; I am a...Mother, Brother, Student, Actor, Pianist, Therapist, etc., but we are not presenting the totality of ourselves when we are doing this, we are merely using a relational concept to define a facet of our personality. So why do some people get so upset when we say 'I am an addict'?

Perhaps it is their own judgement of what an 'addict' is, the separation of seeing themselves as 'well' and the afflicted as 'other', in order to elevate themselves to a place where they can walk the moral high-ground, of being in control of every choice that they make, but failing to see how they are consequently discounting the realities of cognitive conditioning and automaticity.

Embracing the identity of becoming an 'addict in recovery' has actually been one of the most empowering things in my life, it saved me from an ever-losing battle, gave me the understanding that my addiction wasn't due to a moral deficit, and showed me that with the right support and guidance, I could make the change. What I see in other recovering addicts is that they gain great strength from finally admitting powerlessness over their addiction and from facing their unmanageable lives. They have been caught in a stasis of painful ambivalence for often many years, and the freedom that is gained from admitting defeat, giving up the fight, and starting a new way of life, is a prize beyond measure.

Not to contradict what I have just said, but another aspect of identity that I have observed is that for the most problematic and entrenched individuals, the identity of being a; Junkie, Anorexic, Stoner, Crack-head, Cutter or Drinker, for example, may almost become a badge of honour, a vocation in life, that temporarily extinguishes the trauma, attempts to dull the shame, and may also excuse the unavoidably-related, self-destructive behaviour, through the denial of one's reality. If someone has held a distorted security in a familiar persona for a significant time, then how must it feel to consider giving up this role, along with the substance/behaviour of choice? What

"This is where identification becomes the key, as the power of addiction can rarely be overcome on one's own."

will take its place? Obviously, we hope that people will engage with substantial therapeutic work in the hope of developing to a point where esteem-driven reinvention is possible, but how long will this take? How is it done? How much and what type of therapy is needed? Can we really educate or 'treat' someone into a new and robust identity?

There will always be the question of; 'Who am I and what will I be?' on the cusp of entering recovery, there will always be a large, gaping hole, where the addictive lifestyle has becoming the defining factor of existence and there will always be insurmountable loss and extensive reparation to be faced, so the question that often lies beneath is; 'Who can I be, and what must I become?' in order to survive this transition, from desperation and despair, into strength and hope.

This is where identification becomes the key, as the power of addiction can rarely be overcome on one's own. It is only with the help of others that healing can be found, and even though this concept has been intrinsically known by humankind since the dawn of time, and acknowledged in the field of therapy for many years, it is in fellowship that the therapeutic value of one person helping another has truly flourished upon equal terms, across boundaries of race, age, class, religion, etc. and as far as I can see, proved itself to be without parallel.

Hearing a room full of people; stating that they are addicts, sharing their lives openly and honestly, giving accounts of abuse and trauma, compounded by self-induced chaos and destruction, and at the same time being completely free from active addiction, is indeed an inspiring experience for the newcomer letting go of their past identity.

It is at this point that most people realise that they don't have to become the dreaded 'normal', that they can remain attached to a sub-culture of society, retain their individuality and also find recovery from the consequences of their active addiction. Being able to say; 'I am an addict' with the knowledge that you didn't use yesterday, haven't used today, and probably won't use tomorrow, re-frames the phrase itself, giving positive connotations and life-affirming meaning to being an addict, when all that has been known previously is the seemingly never-ending cycle of compulsion, oblivion and emotional avoidance.
An aspect of this which I find most powerful is the unconscious learning that takes place within the process of identification, especially during 12-Step meetings. After several months of therapy groups in residential rehab, I was very sceptical of how a group could be beneficial if members did not give direct feedback to each other. How am I supposed to learn and grow? I thought; 'if nobody is going to challenge, confront, or even interact with what I share'. What I quickly picked up on is that this unique format supports what is probably the most powerful learning tool in a human-being's repertoire...listening.

Because I wasn't expected to give feedback, I didn't analyse; because I didn't analyse, I didn't dwell on questions to ask; because I wasn't focused on questioning, I didn't project my issues onto the other person; and because I wasn't projecting, I was able to listen and connect with my feelings, which in turn restricted my avoidance mechanisms, and left me with my own truths.

In addition to this inter-relational process, the fact that people generally share from the 'I' meant that when an individual made an 'I' statement that could have been my own, it was almost as if I was saying it, and having to remain silent whilst others spoke enhanced this positive reinforcement, because again; I couldn't deflect, interrupt, or change the focus in any way, I had to sit with what was in the room and what I was feeling, a rare opportunity for the social and highly-opinionated animal.

My experience has taught me that the unconscious resonance brought into the ether by shared truths, results in personal validation and a significantly deeper understanding of self at a profound level, and it is through this identification, of experiencing others who we consider to be like us, and witnessing them maintain their recovery through all the trials and tribulations of life, that we as unique individuals are able to gain a sense of strength and hope for our own future in recovery, and find belief in the identity that I, as an addict, need not ever use again, just one day at a time.

Chula Goonewardene is a therapist and an addict in recovery.

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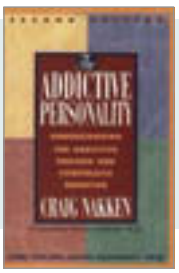

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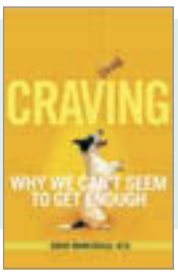

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Conscientious Recovery: Towards Conscience Therapy for Addiction

Yordan K. Zhekov explains.

Complexities in Defining Addiction

Addiction is a multi-dimensional concept which requires a comprehensive analysis, an accurate understanding and effective treatment applications. One of the historical struggles with understanding addiction comes from the consideration of its nature as either illness or choices.

Addiction as illness assumes that there is a genetic predisposition or some inherited physical impediment which, combined with suitable environment and lifestyle, lead to dependence. The illness overtakes all dimensions of the individual's life in spite of will, desire or choice.

Other approaches to addiction are related to its dynamics. The pattern of addictive behaviour being engaged is managed by the person's conscious decisions or is a repetitive, automatic response to internal and external cues. The consequences of these two views may predict the possibility to interfere, or not, with the cycle of addiction.

Defining addiction is of crucial significance to the diagnostic criteria. The latter depends on precise guidance and characteristics. The importance of the criteria for understanding addiction is vital but when holistic treatment is in view tensions arise. The diversity of human character and personality exceeds any diagnosis and may diminish the latter to labelling.

Finally, addiction is so complex that it may not do justice to its nature to define it only from a particular angle. A more holistic approach is to include all of the above aspects when considering the topic of addiction and its treatment. The latter is dependent on the definition of addiction and when a narrower approach is undertaken certain aspects of the treatment are over-emphasised. This leads further to lack of unity between different treatments.

There are various treatment approaches to addiction and it is beyond the scope of this article to attempt to deal with many of them. I will though attempt to highlight the diversity of some fundamental treatments and their over-emphasised characteristics.

One of the effective treatments of addiction is motivational interviewing. Its main presupposition is the internal resourcefulness of the individual. When this is engaged effectively through intervention the positive impact on recovery is imminent.

The long history of the 12 Step facilitation is a clear indicator of its effectiveness. Its main assumption is the powerlessness of the individual to overcome the addiction. This state is to be understood, acknowledged and resolved through an external empowerment based on spiritual enlightenment, by a higher power.

Cognitive behaviour therapy stresses both cognition and consequent behaviour. It engages with the person's biases, deals with inadequate beliefs and tackles behavioural responses. Modified beliefs lead to corresponding behavioural responses which formulate progressive recovery.

And finally mindfulness – comprehension of present reality with a non-judgemental attitude in order to shape internal change and develop recovery.

Conscience offers a holistic way forward, it is historically and theoretically a very rich concept which traditions derive from philosophy, psychology,

biology, sociology and theology. Some may consider conscience to be very elusive. I would attempt to prove that it is conscience which may adequately facilitate an understanding of addiction and its treatment.
Conscience is the capacity to manage a personal moral framework shaped through a belief system and engaging cognition, emotions, attitudes, behaviours and strivings. Morality is defined through the principle of reciprocity: to treat others as one expects to be treated. Hence conscience guides one's moral behavioural responses and through reflexivity the emotions of guilt and shame provide an affective feedback to the failure of these responses. Conscience itself requires a balanced belief system in order to achieve an adequate moral framework and to be able to apply it and maintain it accordingly. Such a belief system may be considered in spirituality. Healthy spirituality in a nutshell is a relationship with the divine, God, which provides a loving environment of individual growth and as such depends on the divine characteristic of unconditional love.

Recovery is difficult to define. If addiction is understood as a state of perpetuate entanglement resolving in degradation of self and life, recovery is to be viewed as a complete transformation of both self and life. This profound transformation is to begin from inside with the empowerment of one's conscience.

Transformation from the state of addiction to the state of recovery is the goal of all treatment methods. Transformation requires a dramatic holistic change of cognition, emotions, behaviours and strivings. Conscience nature comprises all these four areas and if significant change is observed between conscience in addiction and recovery it may be considered that conscience plays a crucial role in transformation.

The research I completed (Zhekov, Y. K. [2013]. Conscience in recovery from alcohol addiction. OR: Resource Publications.) reveals that conscience during addiction is undesirable, suppressed and deadened. This state of conscience is underlined by character vice and entrenched addiction. The narratives reveal that a profound spiritual transformation revives and empowers conscience. The nature of this spiritual transformation in most of the narratives is described as a personal divine encounter highlighted by unconditional love and acceptance with profound nature and remarkable positive results. Conscience after the transformation leads to moral choice, virtuous character and robust recovery.

The evidence shows that spirituality is an essential catalyst of conscience nature and functioning. The nature of this spirituality is relational. It facilitates a divine encounter which has a dramatic positive impact on the individual. The divine character is vital, revealing unconditional love and acceptance which lead to regeneration, reconciliation and forgiveness. The relationship resolves the guilt and shame derived from the failure to fulfil one's moral framework. Hence it is through this spiritual relationship that conscience is to be maintained in a functional and balanced state.

The importance of conscience as an interventional tool emerges historically within a spiritual revival movement which stresses moral assessment, faith in Christ and a transformative relationship with God. Treating conscience occurs in a traditional psychoanalytic therapy targeting empathic modifications of its critical inputs. Finally, the key place of conscience is observed in more contemporary psychotherapeutic interventions where positive results are linked to practicing healthy spirituality.

Maintaining healthy conscience is the goal of conscience therapy. This state of conscience is possible to achieve through spiritual empowerment. The character of the latter is to be relationally defined by unconditional love, acceptance, reconciliation, forgiveness and moral edification. Spiritual disciplines are to be explored as constructive tools for maintaining recovery and wellbeing. The therapy of conscience is to deal with cognition, emotion, behaviour, attitude and character. It is to facilitate the development of a moral framework which provides adequate decision-taking and leads to progressive recovery and personal growth.

TYPECAST

Stories of addiction & recovery through clay and mixed media

'Ceramics as a messenger of social change' is more than just a catchy phrase for recovery activist Mark Prest. When the curator's own recovery from alcohol addiction instigated a shift in his practice towards a more social context, he started to think about the clear parallels between working with clay and the transformative processes of recovery from substance misuse.
This seed of a thought eventually grew into a project partnership between centres of European ceramic excellence and local recovery communities in six countries.

The Typecast project has for the past two years worked alongside artists and organisations in Holland, Ireland, England, Sicily, Spain and Turkey. This inclusive approach broadens out the recovery agenda by inviting others to join the conversation. Funded under the EU's Life Long Learning Program Grundtvig, it aimed to improve the lives of people and communities in recovery by supporting greater visibility and by providing innovative, arts-based social re-integration opportunities. Initiated and led by Mark's visual arts and education charity Portraits of Recovery (PORe), each partner country delivered a series of artist-led workshops looking at concepts of community, personal heritage and how these co-existing themes can support new identities and a more inclusive sense of voice.

Mark, the former gallery director at the City Gallery, Leicester: 'Recovery is a process of transformation, a passage that reconfigures a person's identity. The Typecast project explored notions of 'clay recovery', in particular exploring the parallel and relational interplay

between working with the material and recovery's transformative and reconfiguration characteristics and processes….It's worked for me so why not for others?'
In Manchester, Mark's home town, a project exploring clay as a tool for recovery was devised in partnership with Manchester School of Arts 3D Design Programme. Funded by the European Social Fund and the Skills Funding Agency, the project was not about learning techniques. Instead participants, mainly recruited from Lifeline Drug and Alcohol Services, were introduced to a range of material experiences in order to develop a personal visual language and challenge conventional methods of working.

Project participant Victoria:
'My piece is about not being broken and finding beauty, grace and worth in things that seem useless or without value. It's about how to perceive things positively, and valuing the journey and discoveries made along the way. It's about hope, self-worth and future capabilities.'

Speaking as the project enters its closing phase, Mark concludes: 'With this project and PORe's other work, we want to tell a story, shine a light, blow away the myths surrounding the subject and stand proud by generating new possibilities for people in recovery by challenging and changing attitudes.'

An exhibition of artworks was held at the Manchester School of Art earlier in the year and other artefacts representative of the project partnership as a whole will feature in the 2015 British Ceramics Biennial, Stoke on Trent from 26 Sept-8 Nov.

www.portraitsofrecovery.org.uk

The project was supported throughout by student volunteers from the 3D Design programme at the Manchester School of Art. All the images in this feature are courtesy of student volunteers: Elizabeth Davis, Verity Howard, Tasmin Williams and Rose Clayton.

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ROCK BOTTOM

WHO:

JIMMY SOMERVILLE

WHAT:

ALCOHOL

WHEN:

12TH FEB 2012

WHERE:

LONDON

HOW:

TREATMENT / 12 STEP FELLOWSHIP

Looking back it sometimes feels inevitable that I was going to be an addict. I was raised in a place where I was surrounded by drinking and drug abuse - I grew up on a very working class Glasgow housing estate that was quite violent and divided by sectarianism – a very hard place. I didn't really start drinking on a daily basis until I was maybe 21 or 22. But I always drank. As a teenager I drank to blackout – there was never a voice in my mind telling me 'that's not a good idea'.

Being gay in that environment I found myself in sexual situations that weren't psychologically healthy. I was very confused, in fact I was even gender confused, I thought I should have been a girl. I felt like a girl and I was always being told that I was one. I was under a constant daily assault and badly bullied. I'm sure that certain foundations were being laid because I was beginning, even in my early teens, to slowly but surely disassociate my self from everything – there was never anybody there to tell me that it was ok to feel the way I was feeling. I was beginning to find myself in very dangerous and destructive situations. I also found myself sometimes doing cruel things to more vulnerable kids even though I had a strong sense of compassion and knew that it was wrong; I put it down to a growing anger, frustration and confusion.

I could be happy as well though. Music and fantasy, particularly romantic fantasy would make me happy. But at the same time I was the victim of sexual exploitation and abuse and having to almost micro-manage the secrecy around that, the shame, the fear, the guilt all of that kind of stuff was very difficult. When I drank it wasn't to be sociable, it wasn't even

really to put myself at some kind of 'ease', it was to completely blank everything out. Looking back I know that no normal person consumed alcohol like that, I needed it to take me beyond that point where I knew what I was doing or who I was.

I understand, now I'm in recovery, that there's part of me that likes being with people, loves being with friends and interacting with people but there's another part of me that needs to be on my own. When I really got into music and started going to clubs I would be on the dance floor from the moment I arrived to the moment the club closed. I drank heavily but I discovered that sense of isolation that I needed on the dance floor, and worked the alcohol out of my system, I sometimes think that discos saved my life!

The first chemical substance I took was speed, in my early twenties. I had an over-active metabolism, I was always jumping around, being hyperactive but I found that speed, and later on cocaine, had the effect of calming me down. I just wanted to sit down in a chair and be quiet.

Then I became famous and I was running a parallel existence, I had a public face and then privately I had my addictions to manage which was time and energy consuming. I had maybe twenty years or more of drinking where the pattern was that I'd feel good to start with, then I'd move into a really dark place, sometimes self harming, and finally I'd start looking for danger.

I got to the point where I was drinking a huge amount of alcohol, I tried pretty much everything there was to take, but for me alcohol was the best option. It was a lot less problematic to be seen off my face on alcohol than falling out of a crack house at four in the morning.

I found, though, that when fame began to crumble things really got worse, I could handle any kind of isolation but I got into the whole self pity thing which really fuelled my alcohol consumption. I was in therapy at this time and was also on a medication called Tegretol Retard. It may have been wrongly diagnosed but I think it had a role in saving my life in that it pulled me back from the edge and slowed me down. It stopped my metabolism from taking me to a place I couldn't return from.

For a while I was running around in a complete bonkers blackout but as things got darker I found myself just wanting to be indoors. I was drinking two, maybe three, litres of vodka every day. I felt that I had no choice because I'd get the shakes or my body would go into seizure if I didn't. Still I wasn't able to acknowledge I had a real problem. Eventually some very good friends got me into rehab (I'd tried a few times before without success) and I left treatment thinking I'd never have to drink again but I ended up taking some cocaine which lead to me drinking and the cycle began again

"When I drank it wasn't to be sociable, it wasn't even really to put myself at some kind of 'ease', it was to completely blank everything out. Looking back I know that no normal person consumed alcohol like that."

My rock bottom came when I left the next rehab, I don't really remember leaving it, it's all very blurry. What I do recall is being in my bed in my house and not being able to keep any alcohol down but at the same time having to keep drinking. I was very aware of things but totally helpless and unable to do anything about it. It was a bizarre space.

Thankfully an intervention by friends got me into treatment at the Priory. I haven't had a drink now since Feb 12th 2012 and my journey since then has been incredible.

The tears I cried in 12 Step meetings weren't from pain or self-pity they came from a feeling of relief.

From Granite Buildings to Tropical Climes

Martin Peters reflects on the challenges for the sector and the very real benefits of working in Thailand in a treatment environment unfettered by 'tradition'.

I am often asked how I ended up working in Thailand…

My journey has been somewhat different from many clinicians in the field of addiction who have, because of their own personal experience with drugs or alcohol, chosen a path that allows them to "give back" by working in the field. My journey began 21 years ago in a run-down Victorian psychiatric hospital in the southwest of England, where I was working as a nursing assistant to support my training.

The drive to empty the hospitals and return long-term psychiatric patients to their communities was in full swing, and I probably entered the mental health field during one of its most dramatic periods of change. Only now, particularly in the area of addiction, is the field catching up, after years of being stuck in traditional models of care and entrenched beliefs.

For many years, the field of addiction has been preoccupied with questions like "is addiction a disease?" and "how do we treat it?" To the first question, my reply is "does it matter? What we do know, from experience – both personal and professional – is that addiction causes chaos and dysfunction, destroys lives, and for many results in premature death or significant physical damage. Anyone who has worked or lived with, loved or treated an addict sees and feels the pain, and the label matters little.

More to the point are "how can we approach treatment differently?" and "how do we engage the client to seek treatment?" This is the route to moving forward, not diagnostic labels. That is not to dismiss the importance of DSM or other diagnostic tools to define addiction (my MHP background wouldn't allow that), but sometimes we do get distracted in trying to fit individuals into generic criteria boxes, when what we really need to be doing is getting down to engaging them in treatment.

For many people, being labelled an addict or alcoholic gets in the way of their acceptance of the fact that they have a problem. It is often a barrier for an individual to seek treatment, despite all the evidence pointing to the fact that their addiction is dominating their life.

As treatment providers, we need to be able to offer our clients hope, and a clear path to recovery that doesn't punish or shame the individual. The journey for every person is different, with many challenges along the way. Treatment does not need to be medically modelled, but needs to encompass the four core aspects of the biological, physical, social and spiritual if it is to be effective.

When I was given the opportunity to reshape, reorganise and redefine treatment at DARA in 2011, my experiences from the mental health field, as well as the addiction field, had considerable influence on my planning.

Creating an environment that is safe, warm and caring is paramount – a place where the client can "be comfortable while feeling uncomfortable". It's important clients get space and privacy so they can reflect in peace. I believe that treating clients with dignity and respect, and providing comfortable surroundings, improves the efficacy of treatment and encourages them to stay in treatment longer than the standard four weeks.

The programme also needs to offer the "hope of reconnection". How many clients do we see who are living on the fringes of society or their families due to their addiction? To bring them back into an environment that regards them as a person rather than an addict is an element of treatment that I firmly believe in.

As noted earlier, this approach needs to address the four fundamentals of the biological, physical, social and spiritual, so we can identify the deficits and work with the client to address them. The approaches of CBT, Schema and DBT are an excellent basis for clients to start to build their tool kit and lay a foundation, as are the 12 Steps, although many clients are unwilling to take that approach.

Consequently we offer two separate programmes so that those with an aversion to the Steps do not need to undertake them. Nevertheless, as my good friend and colleague Roland Williams often says, "the Steps are guidelines for good living" and even I, a person not in the fellowship, wholeheartedly agree that they are just as relevant to someone without an addiction who is on

a quest for a healthier life.

We also recognise the importance of engaging the family, and identifying the client's support network, for without this we would not be addressing a fundamental element of the recovery plan and ignoring the importance of "connectivity". These programmes, as we have learned from our time in the field, also need to be "fun," and certainly not seen as a punishment. Re-integrating clients back into the community through off-site activities is a fundamental part of our approach to treatment, giving them new experiences and observing how they react to these challenges when they are back in the world without alcohol or drugs.

We also recognise the importance of exercise and nutrition, and all clients receive individual exercise plans and nutritional advice. One-on-one and group work with the PT staff allows clients to build their social, physical and teamwork skills. Clients, in my experience, need to experience a sense of belonging if they are to buy into treatment, and there is no difference between treating depression and addiction in that respect, so we have to push them to have new experiences, and make breakthroughs.

Of course, learning new skills and working on solution-focused objectives are exceptionally important. We also have to understand that the majority of our clients do have co-occurring disorders, and we have to be mindful of this in our treatment planning and psychiatric reviews, including medication appraisal and management.

As a centre we've embraced change, introducing EHR, which enables the clinician to spend more time with the client and less on the paperwork. We also hold regular training in relevant areas such as confidentiality, cultural awareness, customer service, and patient rights, to name a few.

Like all healthcare providers, we will need to continue to make changes, tough as they may be, so that we do not remain stuck doing things as they have always been done before. As an industry, it is a good time for all of us to embrace ideas from various fields and professions to improve the quality of life of our clients and reintegrate them into society. Fundamental approaches like group and individual therapy are exceptionally important, as are the evidence-based approaches of CBT, DBT, mindfulness and relapse prevention, but we must not lose sight of the social aspects of treatment, and recovery/discharge planning, which can make the difference between a solid outcome and a shaky one.

Treatment is still relatively new to Asia, and therefore not beset by "tradition". This has allowed treatment centres such as DARA to offer quality programmes with a different twist – at very competitive prices, one area that as an industry I believe we have lost sight of. Because our organisation, and our programme, was built from a clinician-led model, it is important that we never lose sight of why we came into the field. That is one of the reasons I have been delighted to remain working in Thailand for the past 10 years, particularly in the fields of mental health and addiction, which remain areas of rapid change and development.

Today, I spend my reflective time looking out over the sea through a tropical forest, rather than cold granite walls and a looming clock tower, and am grateful to be a part of something that is changing lives, including my own.

3rd APBAM 2015

ASIA PACIFIC BEHAVIOURAL AND ADDICTION MEDICINE CONFERENCE • 16 - 19 NOV 2015

www.apbam.org • SINGAPORE

Dear Friends,

We are pleased to announce the much-awaited 3rd Asia Pacific Behavioural and Addiction Medicine (APBAM) Conference 2015.

Addictions are very prevalent across the whole spectrum of society from young to old. They range from cyber addictions, alcohol, substances and pathological gambling. Our theme for APBAM this year is "De-mystifying Addictions". And here we hope to give counsellors, therapists and those working with people with addictions, a better insight into how to help treat them and identify issues that are likely to arise. For example, issues on families, issues on helping people to stay substance or behaviour free. To do this, we have put together a stellar lineup of speakers like Scott D Miller, Dan Lubman and Timothy Fong.

We would like to welcome you and hope that you enjoy a great time of personal growth and learning.

Conference Details:

Pre-Conference (Workshop):	16 - 17 November 2015
Main Conference:	18 - 19 November 2015
Venue:	RELC International Hotel, 30 Orange Grove Road Singapore 258352

Invited speakers with specialisation in the different areas of addiction work will share at the workshops and conference. These topics include:

- The Heart and Soul of Change: Understanding What Works in Therapy
- Approaches to Gambling Problems
- Neuroscience of Pathological Gambling
- Feedback Informed Treatment: Improving the Quality and Outcome of Behavioural Health Sciences
- Achieving Great Outcomes in Therapy
- Medical Approaches to ADHD
- Addictions for Policy Makers
- MET in Addiction
- The Recovery Shoppe: Practical Experiential Work For Behaviour Change
- Family Interventions for Addictions

Who Should Attend: School Counsellors, Social Workers, Counsellors, Psychologists, Therapists, Doctors, Nurses and all working with persons with addictions and their families

Don't miss the opportunity to join us for an exciting time of sharing and networking.

For more details or enquiries, please contact us at **events@promises.com.sg** or tel: **+65 6397 6994**

To **REGISTER ONLINE**, simply complete the form through **www.apbam.org**

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APCB Asia Pacific Certification Board

PROMISES

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"Your patients will teach you what to do"

Muni Winslow Charts the Growth and Challenges of Developing Addiction Treatment in Culturally Diverse Singapore

I'm an addiction psychiatrist working in the multi-racial and cosmopolitan city-state of Singapore. Born at about the time we gained independence from the British, I belong to a generation that is incredibly proud of our achievements in growing an independent nation, doing national service and reservist duties for 20 years, and watching huge social and economic changes take place in the 50 years of our independence. Unfortunately, our understanding and ability to help those with trauma and addiction issues have grown somewhat slower, though with time, I do trust that the pragmatic spirit that built Singapore will kick in and be able to find better solutions to helping those with addiction challenges.

I graduated as a medical doctor from the National University of Singapore in 1984, and in 1992 completed postgrad studies in psychiatry. At that time, we had a lack of psychiatrists helping those with alcohol and addiction issues, and so I was thrown head-first into looking after patients with alcohol and addictive issues. No training or advice offered. When I asked for guidance from the senior psychiatrist who was leaving and going into private practice, he hummed and hawed, and eventually said "don't worry Muni, your patients will teach you what to do." He was right – though a lot of the experiences were somewhat painful. If I didn't learn that being cunning and manipulative was part of the "addiction", I would have joined the chorus of doctors who want to have nothing to do with addictions. Fortunately, I was also able to see some really great examples of life changing sobriety, and this kept me going and

> *"She had given clear instructions for me not to treat drug addicted persons, for some strange reason, my wards seemed full of depressive or anxious or psychotic patients who just happened to have a co-morbid issue of drug dependence."*

enjoying helping those with addictions, while waiting for them to hit their "Ah-hah" moments. In 1995, the Singapore government, being pragmatic, decided we needed to learn more about addictions, so I was shipped off to Melbourne, Australia for over a year to study substance abuse, and how Australians treated people with addictions "as they seem to have lots of challenging people there".

Melbourne, Australia 1995-96 was a real learning experience. In our Asian culture in Singapore, there was very little engagement of the individuals – and most treatment was psycho-education. The moral model also predominates, with many families seeing any addiction as incredibly negative, and a lack of control of self, with the outpouring of shame over oneself and by extension the family. To illustrate, I once called an 80-year-old grandmother care-giver to come to see how we could help her grandson who was using drugs. She came into the ward, and proceeded to march up to her grandson, and start slapping him for bringing shame on the family. We had to intervene to protect him.

In the early 90's, one of the best lessons I learn from the Aussies was that addictions were illnesses and not moral failings. I also learnt that we can help folk to overcome their illnesses via motivational interviewing, with a good understanding of the stage model of change (Prochaska and Di-Clementi). I learnt a lot from the good natured way Australian doctors and therapists came alongside and helped their patients. A laconic wit used to muse out loud that addiction medicine was the best place to be because "if the client does well, it's because you're such a good doctor, and if they don't get well, it's because they didn't listen to you, so you can't lose!!"

On my return to Singapore, I was saddened to learn from my seniors that in the health service, I was supposed to only help those with alcohol or nicotine addictions – and that "the police and prisons are there to treat the drug users". Fortunately, I also learnt from the Australians that there are many ways to achieve one's ends and you don't have to take on the system head-on. In 2008 when I finally left public service, the head of my hospital lamented that even though she had given clear instructions for me not to treat drug addicted persons, for some strange reason, my wards seemed full of depressive or anxious or psychotic patients who just happened to have a co-morbid issue of drug dependence.

The turning point came in 2001 when I heard of a scheme at the Ministry of Health to provide grants and seed funding to explore better ways of treating illness groups. I had a supportive director at that time, who suggested I apply. I did, and was totally shocked when I got an affirmative answer to provide a community based addictions management service for

five years, with funding for a full team of therapists, psychologists, nurses and doctors. The only constraint was that we had to use evidence-based treatments, provide accurate feedback on the programme yearly, and be under the over-sight of our hospital Financial Officer for funds management. We also had to treat all addictions – both substance and behavioural – so I suddenly had patients asking for help with over-spending, shopping, sex and so on.

After the initial euphoria left – we got to work on the job of putting together a motley crew to take on the challenge thrown down. It was a really exciting time with lots of ups and downs. One of the key features we discovered was that providing detox and therapy alone didn't help as much as when we had the recovering individuals participate in 12 step groups. We looked around and discovered that while AA was in town, it was unfortunately predominantly caucasian, with the locals not joining because they felt out of place, or for various other reasons. We met the community challenge by raising funds from the community, and building a 12 step drop-in and recovery centre. It was quite amazing to watch the way we could encourage 12 step groups grow. We started by asking groups of 5-7 recovering folk to commit themselves to meeting at least weekly and looked for at least two old timers or those with longer recovery time to help them learn the steps and traditions. No professional staff were involved in their meetings unless they also had a recovery background, and we asked friends in law enforcement to leave people in recovery to have a safe area to work out their recovery. The centre took off as recovering folk found that they had autonomy, and a proven programme (stepwork) as support. We hired a couple of therapists to provide more specialised groups in the community on emotional management, anger management and so on. The groups mushroomed, with groups starting with 3 growing to 30 within 6-9 months. I was also surprised at the growth of different 12 step groups as the core group discovered that they had more challenges – so suddenly we had AA, NA, Al-Anon, CODA, GA and even OA groups driven by felt needs of the recovering community.

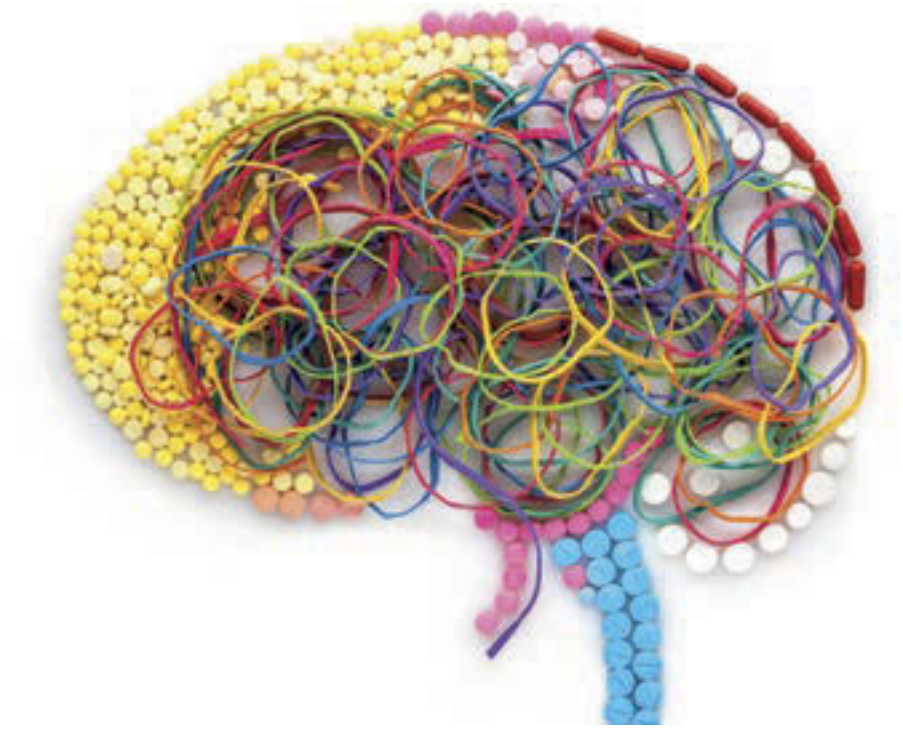
I wish that I could say that we lived happily ever after, but not all things go like that. In 2004, the government decided that after almost 40 years of steadfastly opposing gambling, the cabinet agreed to allow Integrated Resorts – ie casinos which had a comprehensive benefit and appeal to the larger community and didn't only run a casino. With its past stance against gambling, there was a strong need to show that they had the chance of increasing the numbers of gamblers under control, and so CAMP was ramped up, and became the National Addictions Management Service (NAMS) providing a 24 hour hotline for all addictions, detox beds, a custom built outpatient clinic and more. The increase in funding also came with many more layers of control, which some including me found difficult to cope with, so we moved on to new ventures.

"I once called an 80-year-old grandmother care-giver to come to see how we could help her grandson who was using drugs. She came into the ward, and proceeded to march up to her grandson, and start slapping him for bringing shame on the family. We had to intervene to protect him."

Some of the things in the last 20 odd years I've learnt from working in recovery in Asia is to be real and authentic – I've discovered my patients have really well developed bullshit detectors, and use them on me and other therapists frequently; not opening up till they know that I really care about them (they don't really care how much you know till they know that you care and are genuine and can be trusted with their secrets). The next big thing was to instill hope – and not give up as the miracle of recovery could be just around the corner. Lastly, we need to be able to use evidence- based treatments, and engage the larger community and families hurt by addictions to witness and participate in the recovery journey.

The Disease Model Examined

Dr Prem Kumar Shanmugam Offers a Holistic Perspective on the Disease Model of Addiction.



Addiction is a compulsive act with either substances or behaviours, providing a rewarding, soothing, mood altering effect. The addicted person is compelled to pursue this repetitive cycle regardless of the negative consequences it brings to self or others.

The inevitable declination into addiction has a clear and entrenched pattern described by the four C's:

- Compulsive engagement with the behavior.
- Impaired Control. Ritualized behavior
- Continued engagement in the behaviour despite evidence of harm to self and others
- Craving. Intense desire to participate in the behaviour or obtain the substance.

All addictions, whether substance or behavioural, work on the same part of the brain- the reward system, and serve a similar biochemical purpose which is to alter the physiological state in the brain. There is a disruption to specific regions in the brain of people with addictions. These regions serve the normal purposes of motivating, rewarding as well as inhibitory control (Miller & Carroll, 2006). This view has helped greatly with understanding the disease model of addictions.

THE DISEASE AND SELF - MEDICATING

The frontal cortex of the brain and its connections with the circuits of rewards, motivation and memory, play a crucial role in the manifestations of altered impulse control, altered judgment, and the dysfunctional pursuit of rewards (Miller & Carroll, 2006). This can be explained as the desire to "feel normal" as experienced by the affected individual.

People with addictions have difficulty in inhibiting impulsivity in order to delay gratification (Shanmugam, 2012) . The frontal lobes are important in managing this function and when people manifest problems in deferring gratification, there is a neurological locus of these problems in the frontal cortex.

As a result of the dysfunction in the tissues of the brain, resulting in the inability to feel rewarded, there is a strong urge or desire to self medicate.

We hear very often from people suffering with addictions that they are unable to bear the pain any longer and that is the reason they use substances. In some way, addictions originate from pain, which could either be developmental, psychological or even physical and the act of abusing substances serves the purpose of an emotional anesthetic (Mate, 2010).

Therefore if a person suffering from addiction's life is marked and scarred with so much affliction, then seeking relief is natural. Furthermore, if he or she is unable to delay gratification as a result of poor impulse control, the best natural option is to seek

immediate relief. What better way of doing this than abusing substances or involving oneself in compulsive behaviours?

WHAT ABOUT THE DISEASE MODEL?

Though this disease model defining addiction provides a simple to understand and clear picture of how addiction manifests itself, it is convenient to misinterpret the model and narrow it down to purely activities taking place with chemicals in the brain or nerve system. This rationale becomes a reason or even an excuse for people who are inflicted with addictions to get sucked into a sympathy seeking "poor me" mode or "it's not my fault. After all, addiction is a disease and this is beyond my control" mode. These are unhealthy, self-defeating means of managing the addiction, which will ultimately lead the individual back into the vicious cycle.

We know today that this disease is a multi-faceted condition with various components influencing behavior. This complicated condition is a result of the complex interaction between human beings and their environment. Though there is evidence to prove that there are groups of people who may be predisposed to becoming addicts more than others, this only happens when other influences such as psychological, social and even spiritual factors play a role in the manifestation of the addiction.

IS IT IN THE GENES ?

Much of the evidence and science pointing towards the disease model of addictions stem from studies in genetics (Miller & Carroll, 2006). In1990 reporters claimed that researchers from the University of Texas had actually found the gene for alcoholism. The article stated that in five years, scientists would be able to identity children at risk for alcoholism and in time it would be possible to eliminate the gene from affected individuals (Mate, 2010).

Later on it was revealed that the researchers never actually claimed to have found any particular gene for alcoholism and their statements were misinterpreted (Mate, 2010). An addictions specialist, Lance Dodes, writes that there is no gene for alcoholism nor can anyone directly inherit it (Dodes, 2005) . For years some clinicians still subscribe the understanding that there is an addictive gene.

A large number of clinicians accept the hereditary causation for alcoholism which states genetic factors account for about half of the likelihood that an individual will develop addiction (Enoch & Goldman, 2002). The overemphasis on genes being the autonomous dictators of addictions, neglects the reasoning that there actually is interplay between the environment and specific genes (Miller & Carroll, 2006). Though each cell has similar complements of genes in the body, the cells are activated and molded by interaction with the environment and not the genetic code (Lipton, 2005).

An example of the interplay between the environment and genes is how stressful life experiences cause depression in only some people and not everyone experiencing it.

CONCLUSION

A holistic treatment model, employing a scientific approach, with evidence based tools and techniques, focusing on the bio-psycho-socio-spiritual model is essential in arresting addictions. Solace Prime was designed and developed with such an approach in mind. It comprises the following key areas:

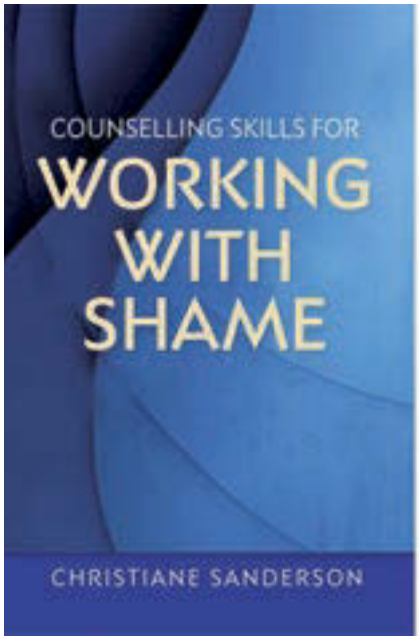
- Psychopharmacology as means of managing co-morbid disorders and symptoms of the disease. (Biological)
- Therapeutic techniques (Motivational Interviewing, Cognitive Behavioural Therapy, Rational Emotive Behavioural Therapy and Solution Focused Behavioural Therapy) to challenge the distorted thinking and belief system and work with each stage encouraging people to move from the stuck position. (Psychological and social)
- Step work from the 12 Step model employed in various stages to motivate and build spirituality. (Spiritual)
- Alternative therapies such as yoga, meditation, mindfulness. (Spiritual)
- Group therapy along with interpersonal group sessions. (Social)

Based on years of research and hundreds of hours of consultation with clinical experts from around the world, we employ an integrated treatment approach, developed around the framework of the Trans-theoretical Stages of Change (Prochaska, DiClemente & Norcross,1992). For a long time clinicians have been treating only the presenting symptoms of this multifaceted disorder.

It appears that we have been avoiding and neglecting the root causes leading to addictions. In order to arrest addictions and provide long-term sobriety, it is crucial to appreciate and treat addictions from a holistic approach, tackling each component of the bio-psycho/socio/spiritual aspects maintaining and reinforcing the addiction. Solace Prime is such an approach.

Where to find... *guides*

In this issue we review publications covering an examination of the benefits of working with 'shame' in the therapeutic context, a reality check on 'dream-chasing' and an insight into how conflict in relationships can be used as a tool for growth.



COUNSELLING SKILLS FOR WORKING WITH SHAME
By Christiane Sanderson
Published by Jessica Kingsley
www.jkp.com
ISBN: 978-1-84905-562-8

This book provides a comprehensive understanding of shame as encountered in the clinical setting. It is theoretically sound, well researched, up to date, and brimming with creative suggestions for therapeutic intervention. The book also skilfully prompts the reader to engage in self-reflection. The author is to be commended for her endeavours to translate shame theory into sound therapeutic application across a broad sweep of clinical manifestations. This book stands out from most other shame texts in its deeply considered application to the clinical situation, including supervision. It would be a valuable addition to the bookshelf of every counsellor, psychologist and psychotherapist engaged in clinical work.

MAGGIE DOWN
is a Psychoanalytic Psychotherapist

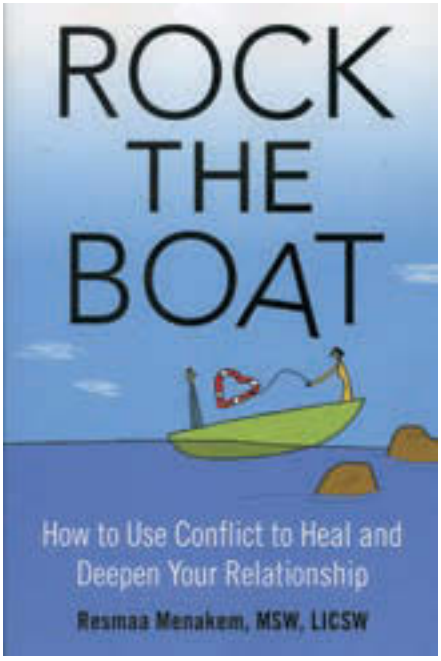
THE NEXT HAPPY: LET GO OF THE LIFE YOU PLANNED AND FIND A NEW WAY FORWARD
by Tracey Cleantis
Published by Hazelden Press www.hazelden.org
ISBN: 9781616495725
£12.95

This was a lovely book, although I felt sad reading it as what it does is arrest the reader into accepting that the dream, goals and targets that they spend and waste sometimes a lifetime attempting to achieve are sometimes unachievable, and that we can sometimes set ourselves unrealistic tasks and expect too much of ourselves, and our abilities, and sometimes they are impossible to achieve, not due to self- will and determination, but through obstacles of physical and financial means.

Cleantis gives a very open, honest and frank account of her personal quest to be a mother and her struggles with infertility and the IVF process. It was very refreshing to read as it was one self - help book that doesn't promise a 'happy ever after' ending, but helps you deal with how to find your acceptance. It looks at the grieving process of letting go of your dreams and is un-patronising in the way it delivers this to the reader. It looks at how when in the process of finding "The Next Happy" how it can sometimes be detrimental to the relationships you are involved in, and is good at identifying the processes and behaviours that are acted out and displayed in these.

I would recommend this book to people stuck in a state of burnout through overachievement as a way to say, 'it's ok to let go'….

SUZANNE MOLONEY
is a content editor and blogger. She has worked in voluntary and public sector for many years as a families social worker.



ROCK THE BOAT
by Resmaa Menakem
published by Hazelden
www.hazelden.org
ISBN 978-1-61649-579-4 £11.99

Rock the Boat is not the typical 'self-help' book on relationships. From the start, Menakem makes it clear that the candid content of his book will unsettle your pre-conceived notions of what 'happy' relationships involve. And at the core, his book is successful at accomplishing this. Using clever boating metaphors throughout, Menakem walks the reader through the world of real relationships, defending the premise that healthy relationships are about growth. But growth is painful, and leads to conflicts. How you choose to work through these conflicts, he argues, is how you grow (or not). With the use of vignettes, avoidance of technical jargon, and chapter summaries, the reader cannot help but easily understand the concepts presented, and will be able to plough through the book at quite a fast pace. At times, however, Menakem uses coarse and questionable sexual terminology to describe couples' intimacy needs which seems to be of dubious therapeutic benefit. He also has the tendency to criticize 'usual therapists', which sometimes detracts from the more refined points of his theory, and could be construed as antagonistic, rather than offering a sage contribution to the counselling field. Nonetheless, this book presents several important insights about relationships, and offers a number of basic and readily available techniques for anyone who wants to lean towards conflict and grow in their relationship, rather than run away from inevitable growing pains.

LAUREN CARTER
is an Addictions Therapist currently working at The Priory.

Where to go... *events, training, learning*

SEPTEMBER

RECOVERY MONTH EVENTS

Drugs and Alcohol Today London 2015
Sept 3rd
VENUE: ILEC CONFERENCE CENTRE, LONDON
Drugs and Alcohol Today is a national exhibition with a parallel multi-stream conference programme designed with and for practitioners and policy makers, service commissioners, service managers and service users.
https://www.pavpub.com/daat-london-2015/

Recovery Festival
Friday, 4th September
Frys Social Club, Bristol
9.30am – 4.30pm

7th UK Recovery Walk
Saturday, 12th September
Starting point at The Sands, Durham
12noon

Recovery Walk Scotland
Saturday, 19th September
Starting point at Glasgow Green
12 noon

The Bay 5k Recovery Run
Saturday, 19th September
Sandylands Promanade,
Morcombe, Lancashire
Contact Stuart Nevin on
07885374291

LEARNING

Doing what works: Implementing a successful Individual Placement and Support (IPS) Service. Supporting people with mental health conditions into employment
7th & 8th September - London
http://ow.ly/Q7Yrh

What shapes trends in crime?
Friday,18th September
Centre for Crime and Justice Studies, London
FREE
http://www.crimeandjustice.org.uk/civicrm/event/info?reset=1&id=75

The Road to Resettlement -
Paving the way to reduce reoffending
Tuesday, 22nd September
Prison Service College, Rugby
http://no-offence.org/static-page/conferences/

"Bringing Coaching into Healthcare"
29th – 30th September
RSA, London
http://conference.frcint.com/

OCTOBER

Blackpool's Annual Recovery Walk – The Lights
3rd October
6pm
Contact Shughie on
07944532001 for details

17th International Society of Addiction Medicine (ISAM) World Congress
Monday, 5th to Thursday, 8th October
Addiction: from Biology to Recovery: Translating research evidence to improve clinical practice and community resilience.
Dundee
http://isamdundee2015.com/

Multiple Pathways of Recovery Conference
Monday, 19th – Wednesday, 21st October.
An exploration of pathways used to foster long-term recovery from addictions. Pathways of recovery are not triggers or events that lead someone to initiate recovery – these would be considered pathways to recovery.

This event will consider pathways which begin and sustain recovery. Speakers include William White and Phil Valentine.
Connecticut

http://myemail.constantcontact.com CCAR-invites-you-to-the-Multiple-Pathways-of-Recovery-Conference--.html?soid=1101691850752&aid=TygTHVMLb0A

NOVEMBER

COACHING CONFERENCE
17th and 18th November
RSA
Free online coach training now available at the Foundation of Recovery and Wellness Coaching Academy.
FREE
Register at http://frcacademy.frcint.com/register/

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in association with 50 years of social action Blenheim

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Drugs and Alcohol Today

Thursday 3 September 2015, ILEC Conference Centre, London

A whole day of seminars, panel debates and exhibition for only £30! Free places widely available.

Our inclusive programme will let you choose between streams on:

- Recovery and what this looks like
- Treatment opportunities
- Supporting families and young people

Delegates who attend this event will benefit from:

- Examining how we define recovery: Is this about abstinence or harm reduction?
- Navigating the current framework to support treatments: Naloxone, Hepatitis C and the role of Health and Wellbeing boards
- Exploring best practice models to support people who use drugs or alcohol – and their families
- Considering everything you need to know about the 'legal highs' minefield
- Gaining newly released findings of the latest overview of drug related deaths

Join your peers to learn from national sector experts including:

- **Viv Evans OBE,** *Chief Executive, Adfam*
- **John Jolly,** *Chief Executive, Blenheim*
- **Tim Sampey,** *Chief Operating Officer, Build on Belief*
- **Kevin Jaffray,** *@drugsactivist*
- **Michael O'Toole,** *Chief Executive, Mentor*
- **Oliver Standing,** *Senior Policy and Project Coordinator, Adfam*
- **Richard Pike,** *South and London Service User Involvement, CRI*
- **Tom Power,** *Recovery Community Coordinator, CRI*
- **Dr Christine Valentine,** *Research Associate specialising in bereavement, Centre for Death and Society, Department of Social and Policy Sciences, University of Bath*
- **Michael Lawrence,** *New Psychoactive Substance (NPS) & On-Line Technologies Development Manager, CRI*
- **Claudia Wells,** *Office of National Statistics*
- **Dee Cunniffe,** *Policy Lead & Project Manager, London Joint Working Group on Substance Use and Hepatitis C*

Register your place today with Pavilion:

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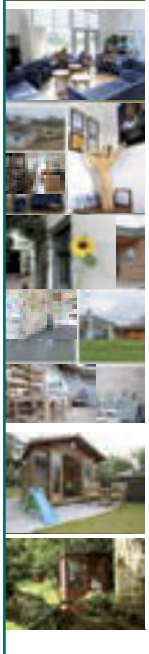

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No one can alter their past. No drug, distraction, or destructive behavior will ever erase the torturous internal strife inflicted by trauma. It will continue to cast its shadow upon your life until you unravel it, understand it and embrace it.

WHAT IS SPIRIT 2 SPIRIT?

Spirit2Spirit Trauma Intensive Treatment was founded on the principle of "TEACHING people how 2HEAL so they can LEARN how to GROW". Our goal is to help participants or clients identify their "Soul Wound" using holistic, experiential, emotional and spiritual treatments. Trauma Healing Intensives will guide folks on a Healing Journey that will let them Resolve their trauma, Evolve beyond their trauma and allow them to Heal.

To learn more visit www.spirit2spirithealing.com
or call (+1).888.728.6229

Private Treatment for Trauma, Addiction and Co-Occurring Disorders.

The Refuge, A Healing Place is a leader in specialized trauma and addictions treatment located on a private healing 96 acre campus.

The Refuge provides residents a tranquil therapeutic environment for treating trauma, PTSD, addiction, depression, anxiety and co-occurring disorders.

(352) 288-3333
Ocklawaha, FL

the refuge
a healing place

www.therefuge-ahealingplace.com

ASPIRE to Excellence® carf ACCREDITED

Where to find... *self help*

Where to find mutual-aid groups, formally recommended by NICE and WHO.

ADDICTIONS ANONYMOUS
020-7584 7383

ADULT CHILDREN OF ALCOHOLICS
PO Box 1576, London SW3 1AZ
www.adultchildren.org

AL-ANON...
for families and friends of problem drinkers – including after they quit
...AND ALATEEN
for people aged 12-17 affected by someone else's drinking.
Information & helpline for both:
020-7403 0888, 10am-10pm.
www.al-anonuk.org.uk

ALCOHOLICS ANONYMOUS
UK helpline: 0845-7697 555
Enquiries: 01904-644026
www.alcoholics-anonymous.org.uk

BULLYING*
& NATIONAL BULLYING HELPLINE:
0845-2255787
www.bullyonline.org

CITA*
(Council for Information on Tranquillisers & Antidepressants)
Helpline, Mon-Fri, 10am-1pm:
0151-932 0102 0151-474 9626
www.citawithdrawal.org.uk

CHRISTIANS IN RECOVERY
www.christians-in-recovery.org

COCAINE ANONYMOUS
for cocaine/crack and other substances
helpline: 0800-612 0225
www.cauk.org.uk

CODA
(Co-Dependents Anonymous)
www.codependents.org

COSA
for recovery from sexual codependency – meets Fridays
07986-697987
www.cosa-recovery.org

CRUSE BEREAVEMENT CARE*
0870-167 1677
www.cruse.org.uk

DEBTORS ANONYMOUS
for problem debting, compulsive spending, under-earning & other money/work issues
www.debtorsanonymous.org

DEPRESSION ALLIANCE*
Self-help groups, workshops & conferences.
020 -7633 0557
www.depressionalliance.org

DEPRESSIVES ANONYMOUS *
0870-7744 320

DRINKLINE*
0800-917 8282

EATING DISORDERS ASSOCIATION*
Youth helpline: 0845-634 7650
Adult helpline: 0845-634 1414
www.edauk.com

EMOTIONS ANONYMOUS
www.emotionsanonymous.org

FAMILIES ANONYMOUS
for relatives & friends of people with drug problems
0845-1200 660
020-7498 4680
www.famanon.org.uk

FARSI ADDICTION RECOVERY SUPPORT (FARS)
promotes treatment and recovery to Farsi-speaking communities in UK
020-7351 3831
www.farsservices.co.uk

FOOD ADDICTS IN RECOVERY ANONYMOUS
help with food obsession, bulimia, overeating or undereating.
01903-520369
www.foodaddicts.org

FRANK*
government-funded information
0800-776 600
www.talktofrank.com

GAMBLERS ANONYMOUS
for gambling problems
GAM-ANON
for relatives of those with gambling problems
For information on both:
020-7384 3040
www.gamblersanonymous.co.uk

HEROIN ANONYMOUS
www.heroin-anonymous.org

HEROIN HELPLINE*
020-7749 4053 (office hours)

HIV ANONYMOUS
www.hivanonymous.org

MARIJUANA ANONYMOUS
for those who wish to stop using marijuana
07940-503438
www.marijuana-anonymous.org

MUSLIM YOUTH HELPLINE*
confidential counselling service for young muslims in need
Numerous languages spoken
080-8808 2008
www.myh.org.uk

NACOA*
(National Association for Children of Alcoholics)
0800-358 3456
www.nacoa.org.uk

NARCOTICS ANONYMOUS
for drug problems
0300 999 1212
www.ukna.org

NET*
internet addiction in all forms
001-814-451 2405
www.netaddiction.com

NHS DIRECT*
0845-4647; 24 hours/7 days a week
www.nhsdirect.com

NICOTINE ANONYMOUS
Freephone 020-7976 0076.
www.nicotine-anonymous.org

OBSESSIVE EATERS ANONYMOUS
www.obsessiveeatersanonymous.org

OCD ACTION*
information & support for people with obsessive compulsive disorder
020-7253 5272
www.ocd-uk.org

OVEREATERS ANONYMOUS
for problems with food, including anorexia
UK 24-hour helpline/ answerphone:
07000-784985
www.oagb.org.uk

PAN FELLOWSHIP
any dependency/codependency with emphasis on steps 4&10
7pm Fridays at Methodist Hall, Fulham Broadway, London

SAMARITANS*
for anyone feeling low, depressed or suicidal
Helpline 24/7: 08457-909090
www.samaritans.org

S-ANON
for people affected by someone else's sexual behaviour
07000-725463
www.sanon.org
cardiffhopefortoday@yahoo.com

SEX ADDICTS ANONYMOUS
London callback answer phone:
07000-725463
www.sauk.org

SEXAHOLICS ANONYMOUS
for those who want to stop their self-destructive sexual thinking and behaviour
020-8946 2436

SEX & LOVE ADDICTS ANONYMOUS
(The Augustine Fellowship)
07951-815087
www.slaa.uk.org

SHOPPING OVERSHOPPING*
www.overshopping.com

SPEAR*
Supporting people who self-harm
www.projectspear.com

SURVIVORS OF INCEST ANONYMOUS
www.siawso.org

TALKING ABOUT CANNABIS*
Supports families of cannabis users
www.talkingaboutcannabis.org

UK SELF-HELP*
website containing hundreds of listings
www.ukselfhelp.info

VIOLENCE INITIATIVE*
offering violent people a chance to change – meetings, one-to-one sessions, conflict resolution training
020-8365 8220
www.tviccv.org

WORKAHOLICS ANONYMOUS
Celia 01993-878220
or George 020-7498 5927
www.workaholics-anonymous.org

* Resources other than 12-step
Many of these resources are free or by donation – readers should check.

Where to find... *treatment*

England	Telephone	Email, website	Contact	Alcohol	Drugs	Eating disorders	Gambling	Dual diagnosis	Detoxification	Sex Addicti	Not-f
ACORN TREATMENT & HOUSING AKA ADAS 130 Mile End Lane, Stockport. SK2 6BY	T 0161 484 0000	ed.smith@acorntreatment.org www.acorntreatment.org	Ed Smith Business Development & Promotions	●	●						●
ADDACTION CHY Agar Road, Turo, Cornwall. TR1 1JU	T 01872 262414	chycolom@addaction.org.uk www.addaction/chy.org.uk	Project Manager	●	●		●				●
ADDICTION CARE 1 Wey Court, Mary Road, Guildford, Surrey, GU1 4QU	T 01483 533300	Info@addictioncare.co.uk www.addictioncareuk	Peter J Davies NCAC	●	●	●	●	●			
ADDICTION RECOVERY CENTRE 20 Landport Terrace, Portsmouth, Hampshire, PO1 2RG	T 0800 6199 349	info@arcproject.org.uk www.arcproject.org.uk	Jamie Martin Manager	●	●				●		
ADDICTIONS UK home-based addictions treatment Based throughtout the United Kingdom and the Republic of Ireland	T 0845 4567 030	info@addictionsuk.com www.addictionsuk.com	Simon Stephens Director of Case Work	●	●			●	●		●
ANA TREATMENT CENTRES Fleming House, Waterworks Road, Farlington, Portsmouth, PO6 1NJ	T 023 9237 3433	info@anatreatmentcentres.com www.anatreatmentcentres.com	Richard Johnson Director	●	●			●	●		
ARK HOUSE TREATMENT CENTRE 15 Valley Road, Scarborough, YO11 2LY	T 01723 371869	ark.house@virgin.net www.arkhouse2005.com	Ges Schofield Registered Manager	●	●	●	●			●	
BOSENCE AND BOSWYNS TREATMENT SERVICES 69 Bosence Road, Townshend, Hayle, Cornwall, TR27 6AN	T 01736 850006	jeremy@bosencefarm.com www.bosencefarm.com	Jeremy Booker Manager	●	●			●	●		●
BROADREACH 465 Tavistock Road, Plymouth, Devon, PL6 7HE	T 01752 790000	enquiry@broadreach-house.org.uk www.broadreach-house.org.uk	Lesley Pickles Lesley@broadreach-house.org.uk	●	●	●		●	●		●
BROADWAY LODGE 37 Totterdown Lane, Weston super Mare, BS24 9NN	T 01934 812319	Mailbox@broadwaylodge.org.uk www.broadwaylodge.org.uk	Admissions 01934 815515	●	●	●	●	●	●		●
CASSIOBURY COURT Richmond Drive, Watford, Hets, WD17 3BG	T 01923 804139	info@cassioburycourt.com www.cassioburycourt.com	Darren Rolfe	●	●		●	●	●		
CLOSEREACH Longcause, Plymouth, Devon, PL7 1JB	T 01752 566244	enquiry@broadreach-house.org.uk www.broadreach-house.org.uk	Gerard Dooley Treatment Team Manager	●	●	●	●	●			●
CLOUDS HOUSE East Knoyle, Salisbury, Wiltshire, SP3 6BE	T 01747 830733	cloudshouse@actiononaddiction.org.uk www.actiononaddiction.org.uk	Sarah Small Head of Service	●	●			●	●		●
CNWL NATIONAL PROBLEM GAMBLING CLINIC 4th floor, Soho Centre for Health & Care, 1 Frith Street, Soho, London W1D 3HZ	T 020 7534 6699	gambling.cnwl@nhs.net www.cnwl.nhs.uk	Dr Henrietta Bowden - Jones Consultant Psychiatrist / Lead Clinican				●				
FOCUS12 82 Risbygate Street, Bury St Edmunds, Suffolk, IP33 3AQ	T 01284 701702	info@focus12.co.uk www.focus12.co.uk	Andy Yacoub	●	●	●		●	●		●
GLADSTONES CLINIC 59 Queens Square, Bristol, BS1 4LF	T 0117 9292102	admin@gladstonesclinic.com www.gladstonesclinic.com	Mike Evans Clinical Manager	●	●	●	●		●		
GLOUCESTER HOUSE TREATMENT CENTRE 6 High Street, Highworth, Swidon, Wiltshire, SN6 7AG	T 01793 762365	Ros.rolfe@salvationarmy.org.uk www.gloucesterhouse.org.uk	Ros Rolfe, Referals/Marketing-Manager	●	●			●			●
HEBRON HOUSE 12 Stanley Avenue, Thorpe Hamlet, Norwich, NR7 0BE	T 01603 439905	info@hebrontrust.org.uk www.hebrontrust.org.uk	Rebecca Watts	●	●			●			●
HOPE HOUSE 52 Rectory Grove, London SW4 0EB	T 020 7622 7833	hopehouse@actiononaddiction.org.uk www.actiononaddiction.org.uk	Susanne Hakimi Head of Service	●	●	●		●			●
KAIROS COMMUNITY TRUST 59 Bethwin Road, London, SE5 0XT	T 020 7701 8130	kairos.bethwin@kairoscommunity.org.co.uk www.kairoscommunity.org.uk	Lee Slater Manager	●	●						●
KENWARD BARN Kenward Road, Yalding, ME18 6AH	T 01622816086	admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk	Nick Hillman Admissions Manager	●	●	●		●			●
KENWARD HOUSE Kenward Road, Yalding, ME18 6AH	T 01622816086	admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk	Nick Hillman Admissions Manager	●	●	●		●			●
KENWARD (THE MALTHOUSE) Church Street, Ukfield, TN22 1BS	T 01622816086	admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk	Nick Hillman Admissions Manager	●	●	●		●			●

ion or-profit	No.1st-stage beds	No. 2nd-stage beds	Aftercare offered	Daycare available	1:1 counselling	Males accepted	Females accepted	Age range	Funding options	Conditions of acceptance	More information & extra treatments
	56 in	total	●	●	●	●	●	All	All	Case by case basis	The centre is open to clients requiring residential or non-residential therapies for individuals and their families affected by addiction. Since opening, we have treated hundreds of drug & alcohol users and assisted them in achieving abstinence. Our family programme compliments primary treatment and helps relatives cope with the damage that has been caused by addiction.
	13			●	●	●	●	18+	NHS, Private Other	5 days clean/sober	Addiction chy is a second stage residential rehabilitation centre in Truro, Cornwall. Encompassing an individually-tailored programme of support for people with drugand/or alcohol issues, it offers high quality addiction treatment by dedicated, committed and enthusiastic team. Residents are supported in all aspects of their treatment. Family support offered. Expert support is available 24 hours a day.
			●	●	●	●	●	17+	Private Funding	Subject to initial assessment	Day Care Treatment: an exceptional day care programme tailor made to suit your needs. An alternative to residential treatment allowing you to enter treatment during the day and return in the evenings to your home environment. Ongoing support groups and 1-1' s available following treatment. All addictions treated.
	30		●	●	●	●	●	18+	All	None	Quasi-residential abstinence based 12 week treatment. All counsellors in abstinence based recovery. Highly structured, intensive, professional treatment leading to comprehensive post-treatment strategy and support (inc. post-treatment supported housing). Positive regard ethos. Residential AND day-care. Smoking cessation also offered.
			●	●	●	●	●	18+	Please contact us for options	Must be in settled address with telephone or mobile	Addictions UK, a Social Enterprise, are the leading providers of Home-Based Addictions Treatment in the UK offering a range of addiction treatment including medical, home detox, talking therapies – including 12-steps, relapse-prevention and other customised services including consulting and training. Our services are primarily telephone based with separate24/7 help and coaching lines for clients and their friends and family members. Doctor led Community Detox.
	30	11	●	●	●	●	●	18+	All	Pending individual assessment	Comprehensive Treatment addressing Dependency and underlying issues through Psychotherapeutic models. Incorporating 12 step components. Abstinence Based with Assessment, Primary and Secondary Modules. From Detox through to full Aftercare and Family Support. Extra treatments include co-dependency.
	15	5	●	●	●	●	●	18-65		Detoxed	Treatment based on 12 step philosophy. Fully trained and qualified counselling staff. Manned 24 hours a day.
	16	15	●		●	●	●	18+	All sources		CQC registered. Providing two discrete residential services in a tranquil, rural setting, which can be stand alone or offer seamless transfer. Eclectic medically-managed detox and stabilisation in individual, en-suite rooms, and primary and secondary rehabilitation based on the 12 Step programme. 24 hour cover. Both services work with those with dual diagnosis.
	31		●	●	●	●	●	18+	NHS, Private, Insurance,DSS		Broadreach House offers Detoxification/first stage (2-6 weeks) and a specialist secondary programme (12-24 weeks) for clients with Dual Diagnosis and/or Serious Health issues.Programmes incorporate elements of CBT, MI, in a drink/drug free environment. Resettlement service. Owned and managed by Broadreach House.
	64	12	●	●	●	●	●	18+	All	Assessment	Experienced fully medical 24 hour residential programme including dedicated detoxification unit, Primary Care, Secondary Care and specialised Male and Female only units. Etra treatments: Self Harming, Internet/Video Gaming
	13		●	●	●	●	●	18+	Private, NHS, Medical Health-care	Pre Admission Assessment	CQC Registered. We are a fully residential treatment centre based in Watford. We are a 13 bed rehab offering detox,rehabilitation & aftercare. We have an integrative program offering 12-step, neuro- biology, CBT, psychotherapy, yoga, stress management, nutrition, acupuncture, art, mindfulness meditation & massage. Vibro Acoustic Bed and Music Therapy.
		17	●		●	●		18+	Private, DSS	Substance-free on admission	Second stage residential treatment for men. Individual programmes. 3-6 months. Work on underlying issues and re-integration. Resettlement service. Owned and managed by Broadreach House.
	38		●		●	●	●	18+	NHS, Private, Insurance, Other		Clouds House provides first-stage abstinence-based residential treatment, and detoxification if required. The 6-week programme based on a 12-Step philosophy includes group therapy, 11 counselling and workshops. Cognitive Analytical Therapy, Family Residential Programme and Family Therapy offered. Clouds House is part of Action on Addiction.
						●	●	16+			NHS Clinic offers assessment and treatment of problem gamblers living in England & Wales (aged 16+). Self referral or referral by other agencies. Services include psychiatric assessment/medical management, motivational enhancement interventions, CBT targeted at gambling disorder, family interventions, debt management.
	16		●	●	●	●	●	18+	All	Must be on detox on day one	CQC registered. A structured day programme offering a realistic balance between residential and community treatment. Typical treatment length is ten weeks followed by aftercare for one year. Family therapy available.
	13	5	●	●		●	●	16+	Private, Health Insurance	Subject to Assessment	Gladstones Clinic offers a unique holistic approach to treatment aimed at healing the body, mind, soul and heart. Our highly structured, supportive and challenging programmes are tailored to each individual in order to overcome the addiction problem. 15 3rd stage beds available.
	12	3	●	●	●	●		18 +	All	Subject to Assessment	12 week min primary and secondary programmes. Group each weekday morning, including 12 Step prgramme, topic and occupational workshops and weekly counselling sessions in the afternoon meeting per week. Clients to also attend 2 fellowship meetings per week. Underlying Christian ethos. Extra treatments include, Smoking Cessation and Occupational Therapy.
			●		●		●	18+	All	Detoxed on admission	Client-focused abstinence-based treatment for women, based on The 12 Steps, in a small, supportive community. Incorporate CBT, Life skills, relapse prevention and focus on relationships, co-dependency and cross-addiction. Underlying Christian ethos.
		23	●	●	●		●	18+	Private, Local authority	Two weeks clean and sober	Hope House is a second stage residential treatment centre for women. The programme provides counselling, group therapy and life skills and is 12 Step abstinence-based. Food disorders if with drugs and alcohol. Hope House is part of Action on Addiction.
	16					●	●	18-65	NHS, private, insurance		12 step abstinence based 3 month programme. Kairos offers residents an opportunity to address their substance misuse problems in a safe environment. Trust, responsibility and accountability are key aspects of our integrated programme. All staff are highly qualified with years of experience working in the addictions field. Kairos umbrellas a 2nd stage day programme & 17 supported move-on houses.
	8					●		18+	Social services or self		Intensive residential group working programme for up to 8 men, set in 15 acres of woodland. 12 step philosophy. Key worker system, weekly objective setting and support provided for daily living skills. Help with moving on.
	31				●	●		18+	Social services or self		Cognitive/behavioural residential recovery programme for men set in 15 acres of woodland. Dedicated Recovery Integration Worker and individual recovery plan. Weekly objective setting, group work, optional one-to-one counselling, life skills, family therapy. Focus on moving on and reintegration.
		8			●	●		18+	Housing benefit or self		Structured residential project for men who have completed a suitable treatment programme and need further work. Key working, counselling, groups, life skills, training in numeracy, literacy and computer skills. Focus on reintegration. Town location, good access to AA/NA meetings.

Where to find... *treatment*

England	Telephone	Email, website	Contact	Alcohol	Drugs	Eating disorders	Gambling	Dual diagnosis	Detoxification	Sex Addicti	Not-f
KENWARD (NAOMI) Highgate Hall, Rye Road, TN18 4EY	T 01622816086	admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk	Nick Hillman Admissions Manager	●	●	●		●			●		
LEY COMMUNITY Sandy Lane, Yarnton, Oxon, OX5 1PB	T 01865 373108 01865 378600	sara.lewis@leycommunity.co.uk www.leycommunity.co.uk	Sara Lewis Admissions Unit	●	●		●	●	●		●		
LIFE WORKS The Grange, High Street, Old Woking. Surrey. GU22 8LB	T 01483 745066	enquiries@lifeworkscommunity.com www.lifeworkscommunity.com	Chris Cordell Operations Director	●	●		●	●	●				
LONGREACH 7 Hartley Road, Plymouth, Devon, PL3 5LW	T 01752 566246	enquiry@broadreach-house.org.uk www.broadreach-house.org.uk	Emily Wilkins emily@broadreach-house.org.uk	●	●	●	●	●			●		
MOUNT CARMEL 12 Aldrington Road, Streatham, London, SW16 1TH	T 020 8769 7674	info@mountcarmel.org.uk www.mountcarmel.org.uk	Ruth Allonby Chief Executive	●	●	●		●					
NELSON TRUST, THE Port Lane, Brimscombe, Stroud, Gloucestershire, GL5 2QJ	T 01453 885633	admissions@nelsontrust.com www.nelsontrust.com	John Trolan Chief Executive	●	●	●		●			●		
NIGHTINGALE HOSPITAL 11-19 Lisson Grove, Marylebone, London, NW1 6SH	T 020 7535 7700	info@nightingalehospital.co.uk www.nightingalehospital.co.uk	Omotola Oladimeji - Admission Manager 020 7535 7732 omotola.oladimeji@capio.co.uk	●	●	●	●	●	●	●			
ONE 40 WORTHING 18 Winchester Road, Worthing, Sussex, BN11 4DJ	T 0800 0112705 T 0207 0601304	info@one40.org www.one40.org.uk	Dale Conlon	●	●	●			●	●			
OPEN MINDS Chester House, 11 Grosvenor Road, Wrexham, LL11 1BS	T 01978 312120	info@openminds-ac.com www.openminds-ac.com	Jan de Vera Davey Director	●	●		●		●				
PASSMORES HOUSE (WDP) STABILISTION SERVICES Third Avenue, Harlow, Essex, CM18 6YL	T 01279 634200	enquiries@stabilisationservices.org www.stabilisationservices.org	Tom Shyu Service Manager	●	●	●	●	●	●				
PATHWAYS HOUSE 73 Rochester Avenue, Canterbury, Kent, CT1 3YE	T 01227 784953	enquiries@pathwayshouse.co.uk www.pathwayshouse.co.uk	Kenny Milne	●	●	●	●	●	●	●			
PCP-THE PERRY CLAYMAN PROJECT 17-21 Hastings Street, Luton, Bedfordshire, LU1 5BE	T 01582 730 113	info@pcpluton.com www.rehabtoday.org	James Peacock Registered Manager	●	●	●	●	●	●	●			
PRINSTED Prinsted, Oldfield Road, Horley, Surrey, RH6 7EP	T 01293 825400	info@prinsted.org www.prinsted.org	Elaine Cox Operations Manager	●	●	●	●	●		●			
PROVIDENCE PROJECTS, THE Providence House, 17 Carysfort Road, Bournemouth, Dorset, BH1 4EJ	Freephone 0800 955 0945 T 01202 393030	info@providenceproject.org www.providenceproject.org	Paul Spanjar CEO	●	●	●	●	●	●				
RAVENSCOURT 15 Ellasdale Road, Bognor Regis, West Sussex, PO21 2SG	T 01243 862157	info@ravenscourt.org.uk www.ravenscourt.org.uk	Counselling Team	●	●			●	●				
SANCTUARY LODGE **Hedingham road, Halstead, CO9 2DW**	T 0800 511 8111	info@sanctuarylodge.com www.sanctuarylodge.com	Eytan Alexander	●	●	●	●	●	●	●			
SEFTON PARK 10 Royal Crescent, Weston-super-Mare, Somerset, BS23 2AX	T 01934 626371	enquiries@sefton-park.com www.sefton-park.com	Jamie Bird and Clinical Team	●	●	●	●	●	●				
SHARP - BOURENMOUTH & POOLE (SELF-HELP ADDICTION RECOVERY PROGRAMME) The Clouds Building, 1a Station Approach, Boscombe, Bournemouth BH1 4NB	T 01202 399 723	SHARPBmth@actiononaddiction.org.uk www.actiononaddiction.org.uk	Su Ross-Anderson Head of Service	●	●								
SHARP - LIVERPOOL (SELF-HELP ADDICTION RECOVERY PROGRAMME) 1 Rodney Street, Liverpool, L1 9EF	T 0151 703 0679	SHARPLvpl@actiononaddiction.org.uk www.actiononaddiction.org.uk	Karen Hemmings Project Manager 0151 703 0679	●	●			●					
TTP RECOVERY COMMUNITIES NORTH Holly House, 73 Sankey Street, Warrington WA1 1SL SOUTH Telford Place, 1 Telford Way, Luton, LU1 1HT	T 0845 241 3401	admissions@ttprecoverycommunities.co.uk www.ttprehab.org	Admissions 0845 241 3401	●	●			●	●				
SOMEWHERE HOUSE LTD 68 Berrow Road, Burnham-on-sea, Somerset, TA8 2EZ	T 01278 795236	info@somewherehouse.com www.somewherehouse.com	Angie Clarke Manager	●	●	●	●	●		●			
WESTERN COUNSELLING SERVICE Whitecrosse, 18 Whitecross Road, Weston-super-Mare, North Somerset, BS23 1EW	T 01934 627550	admissions@westerncounselling.com www.westerncounselling.com	Admissions Office	●	●	●	●	●	●				
YELDALL MANOR Yeldall Manor, Blakes Lane, Hare Hatch, Reading, RG10 9XR	0118 9404413 (adm) 0118 9404411 (gen)	admissions@yeldall.org.uk www.yeldall.org.uk	Fiona Trim Admissions Coordinator	●	●			●	●		●		

ion or-profit	No.1st-stage beds	No. 2nd-stage beds	Aftercare offered	Daycare available	1:1 counselling	Males accepted	Females accepted	Age range	Funding options	Conditions of acceptance	More information & extra treatments
	9						●	18+	Social services or self		Female intensive residential group working programme, set in village with amenities close by and community links. Addresses addiction using a wide range of approaches, including the 12 Steps, CBT, TA, motivational interviewing and creative therapies. Key worker system and support for moving on. Move on options at Kenward Trust supported housing. projects in Kent.
	46	12	●	●	●	●	●	18-65	Social services, Private, Insuance, NHS	Individual Assessment	The Ley Community was established in 1971 as one of the first dedicated drug and alcohol residential rehabilitation centres in the UK for men and women. We provide a recovery pathway from detox to aftercare. Our recovery model is based on a therapeutic community philosophy which has five major distinguishing features. We have delivered our recovery model for the past 44 years and have an extensive recovery community in Oxfordshire and beyond.
	20		●	●	●	●	●	16+	Self funding or private medical insurance	Subject to assessment	Life Works is a private specialist behavioural health facility leading the way in advanced, evidence-based abstinence treatment for addictions, eating and mood disorders. Offering flexible and individually tailored treatment programmes, including detoxification, starting from just 7 days we can accommodate any individual over the age of 16 subject to suitability.
	22	22	●		●		●	16+	NHS, private, insurance, DSS	Substance-free on admission	First and second stage residential treatment for women incorporating in-depth work on abuse, bereavement, relationships, eating disorders, self-harm. Parenting skills programme. EMDR, SALT. Resettlement service. Owned and managed by Broadreach House.
	18 in total		●	●	●	●	●	18+	All	Sober on admission	A 12-step abstinence-based residential and day-care programme consisting of group therapy and individual counselling. Holistic approach. Family support. Aftercare. Alcohol as main drug of choice.
	25	16	●	●	●	●	●	18+	NHS,local authority, private insurance	Post detox	Abstinence-based, residential & non-residential therapeutic environment; six month programme with individual counselling, groupwork, family therapy & workshops. Separate women's house & programme with overnight visiting facilities for children; Resettlement, aftercare; Education, Training & Employment centre with a programme including woodwork, arts, crafts & IT skills.
	65 in total		●		●	●	●	12+	Self pay, Private Medical insurance		Situated in central London our success derives from using an integrative and individually tailored programme, combining abstinence with CBT, MET & Minnesota Model approaches, plus complimentary therapies. Other therapies include Internet and smoking. Tailor-made outpatient/inpatient/daycare treatment programmes. Free aftercare & family support groups.
			●		●			16			One 40 Worthing is a private specialist behavioural health facility leading the way in advanced, evidence-based abstinence treatment for addictions, eating disorders, depression, anxiety and mood disorders. Offering tailored treatment programmes. Admissions within 24 hours.
	14	16	●	●	●	●	●	18+	All	Individual assessment	Abstinence based, structured programme comprising pre-treatment, detoxification, primary, secondary and back to work phases. Residential and day programme. Aftercare and family support. 12-step, Reality Therapy, REBT, Life Skills, access to Training and Further Education. Minnesota Model. Hazelden trained staff.
	9	8	●		●	●	●	18+	All	Case by case basis	Residential detoxification and rehabilitation services for up to 16 residents. Eclectic model. ITEP psycho-social programmes. All rooms ensuite. 24/7 nursing cover and medical on-call. In-house cook for all dietary needs. Complementary therapy available. Aftercare on Fridays for those who have completed.
	5		●		●	●	●	18-70			Small, highly professional abstinence-based drug and alcohol treatment facility, offering residential treatment and detox.
	135 in total		●	●	●	●	●	18-65	Private or statutory funded		Abstinence based Residential Treatment Programmes, 12 weeks primary, 12 weeks secondary and third stage supported housing. Detox facilitated, a choice of 4 different locations Luton, Chelmsford, London and Leicester. Admissions within 24 hours.
		15	●		●	●	●	18-65	Local authority, private	2 weeks clean and sober	Abstinence based , 12-step model, 3-6 months. Second Stage residential treatment. Group therapy, individual counselling, Codependency, living and social skills training, workshops, relapse prevention, aftercare and family workshop and support. Registered with the CQC.
	60 in total		●	●	●	●	●	18+	Private, Local authority, Coprorate	None	The Providence Project offers the complete solution from addiction. Our abstinence based, ecletic model of treatment is tailored to suit the individual. Detox, primary treatment, secondary treatment, aftercare, re-integration and housing are all provided with surperb outcomes and at affordable prices. Programmes from 4 weeks - 6 months.
	17	7	●		●	●	●	18+	NHS, private, Corporate		12 week, 12-step abstinence-based rehabilitation programme. Group therapy. Individual counselling. Family programme. Women's groups. Individually tailored treatment programme.
	24		●	●	●	●	●	18+	Self, GP, Hospital		Sanctuary Lodge is an addiction treatment centre, based in Halstead, Essex. It offers a 12-step based abstinence rehab programme for alcohol, other drugs and behavioural addictions.
	28 in total		●		●	●	●	18-75	All Sources	Individual assessment Clean/sober on arrival	Sefton Park is a therapeutic community providing an integrative programme for clients who are seeking an alternative to the 12 Step Model. All our interventions are individualised/Person Centred and encourage respect for the autonomy of client choice and responsibility for their actions.
			●	●	●	●	●	18+			SHARP Bournemouth and Poole offers an abstinence based day treatment programme which includes group therapy and one-to-one support. Working Recovery a community based training project that offers wood work skills and creative skills programmes is also based here. These programmes are part of Action on Addiction.
	22 places		●	●		●	●	18+		24 hours drug & alcohol free	A comprehensive 12-Step abstinence-based day treatment programme, including family programme and aftercare. SHARP Liverpool is part of Action on Addiction.
	60	24	●	●	●	●	●	18+	NHS, private	Assessment	Residential drug or alcohol treatment. Therapeutic community. 15 beds m/f. Single rooms. Structured programme, group therapy and excellent relapse prevention. Dual diagnosis service, clients accepted on anti-psychotics. Specialist support group for survivors of sexual abuse. Family Groups, Creative Activities, Benefits Advice.
	14 in total		●		●	●	●	18-+	All	Detoxed on admission	We will treatment match according to the client's needs. We work with individual care plans and offer a supportive and respectful environment for individuals to change and grow. We encourage family support and have been rated 3 Star excellent by CQC. Other Treatments include: Family Therapy, Equine Therapy, Alternative Therapy, Good Aftercare.
	32	18	●		●	●	●	17-64	All Sources	Individual assessment, motivation	12 Step structured therapeutic rehabilitation programme, individual and group therapy. Male and female. Primary care 12 weeks, secondary care 12 weeks. All male house and mixed house available. 24hour support. Counselling training. Family Programme, Holistic Therapies, Smoking Cessation.
	24	8	●		●	●		18-65	All	Drug/alcohol-free on arrival unless detox agreed in advance	Residential programme incorporating work, groups and one to one counselling. Resettlement through semi-independent accommodation on site, voluntary work in the community, key-working, groups. Work & Training at Yeldall whilst maintaining a tenancy and living independently in the community 6 – 12 months. Move on housing in conjunction with full time employment, training, college, voluntary work. Lifetime Aftercare. Christian ethos.

Where to find... *treatment*

	England	Telephone	Email, website	Contact	Alcohol	Drugs	Eating disorders	Gambling	Dual diagnosis	Detoxification	Sex Addicti	Not-f
Scotland	**ALEXANDER CLINIC** King Street, Oldmeldrum, Aberdeenshire, AB51 0EQ	T 01651 872100	enquiries@alexanderclinic.co.uk www.alexanderclinic.co.uk	Mark Hepburn Manager	●	●		●	●	●		
	CASTLE CRAIG HOSPITAL Blyth Bridge, West Linton, Peeblesshire, EH46 7DH	T 01721 722763	enquiries@castlecraig.co.uk www.castlecraig.co.uk	Admissions Secretary 01721 725368	●	●	●	●	●	●		
	PRIORY HOSPITAL GLASGOW, THE 38 Mansionhouse Road, Glasgow, G41 3DW	T 0141 636 6116	glasgow@priorygroup.com	Joe Ramsay ATP Team Leader	●	●	●	●	●	●	●	
Wales	**BRYNAWEL REHAB** Llanharry Road, Pontyclun, Mid Glamorgan, South Wales, CF72 9NR	T 01443 226864	info@brynawelhouse.org www.brynawel.org	Jacqui Wood Registered Manager	●	●			●	●		●
	CARLISLE HOUSE 2 - 4 Henry Place, Cifton Street, Belfast, BT15 2BB	T 028 90328308	carlislehouse@pcibsw.org www.carlislehouse.org	James Small Programme Coordinator	●	●	●		●			●
Ireland	**AISEIRI TREATMENT CENTRES** Townspark, Cahir, Co. Tipperary, Ireland, and Roxborough, Wexford, Ireland	Cahir 00353 527441116 W'ford 0035353914 1818	infocahir@aiseiri.ie infowexford@aiseiri.ie www.aiseiri.ie	Contact Admissions	●	●		●				●
	HOPE HOUSE Foxford, Co Mayo, Ireland	T 00353 949256888	hopehouse@eircom.net www.hopehouse.ie	Dolores Duggan	●	●		●				
Channel Islands	**SILKWORTH CHARITY GROUP** Silkworth Lodge, 6 Vauxhall Street, St Helier, Jersey, JE2 4TJ	T 01534 729060	info@silkworthlodge.co.uk www.silkworthlodge.co.uk	Alan Kiley Treatment Manager	●	●						●
Europe	**ACTEnow** 12 avenue Paul Doumer, Paris, 75116 France.	T +33(0)1 475568 80	contact@acte-now.com www.acte-now.com	David DELAPALME Managing Partner	●	●	●	●	●			
	CAMINO RECOVERY PO Box 16, Linda Vista Baja, San Pedro De Alcantara, 29670, Malaga, Spain	T 00 34 952 78 4228	meena@caminorecovery.com www.caminorecovery.com	Admissions 0207 558-8420	●	●	●	●	●	●	●	
	ONE40 MARBELLA Cortijo Blanco, San Pedro, De Alcantara, 29670, Malaga, Spain	T +34 952 780 181	info@cortijocare.com www.cortijocare.com	Sandra Fernandez	●	●	●	●	●	●		
	SAN NICOLA CENTRE Via Anita Garibaldi 64, Senigallia, Ancona, 60019. Italy	T +39 0731 9142	info@centrosannicola.com www.sannicolacentre.co.uk	Elizabeth Augimeri +39 0731 9142	●	●		●	●	●	●	
South & East Africa	**OASIS COUNSELLING CENTRE** Suite 27, private bag X1006, Plettenberg bay, 6600, South Africa	T +27 44 533 1752	info@oasiscentre.co.za www.oasiscentre.co.za	Anstice Wright Director	●	●	●	●	●		●	
	RIVERVIEW MANOR SPECIALIST CLINIC PO Box 506, Underberg 3257, South Africa	T +27 33 7011911	admin@riverviewmanor.co.za www.riverviewmanor.co.za	Judy Wingrove General Manager	●	●	●	●	●	●		
	STEPPING STONES CLINIC Main Road, Kommetjie, Cape Town, 7975, South Africa	T +27 (0)21 783 4230	info@steppingstones.co.za www.steppingstones.co.za	Donald Gove Hospital Manager	●	●	●	●	●	●	●	
United States of America	**BEHAVIORAL HEALTH OF THE PALM BEACHES** 3153 Canada Court, Lake Worth, Florida, USA 33461	T 001 561 721 9836	astevens@bhpalmbeach.com www.bhpalmbeach.com	Alan Stevens - Director PA Office 001 215 784 1120	●	●	●	●	●	●		
	CASA PALMERA TREATMENT CENTER 14750 El Camino Real, Del Mar, California, 92014, USA	T 001 (858) 481-4411	casapalmera.delmar@gmail.com www.casapalmera.com	Barbara Woods	●	●	●		●	●		
	COTTONWOOD TUCSON 4110 W. Sweetwater Drive, Tucson, Arizona. 85745 USA	T 001 529 743 0411	info@cottonwoodtucson.ltd.uk www.cottonwoodtucson.com	Linda Barela(USA)001 520 743 0411	●	●	●	●	●	●		
	MORNINGSIDE RECOVERY 3421 Via Oporto, Suite 200, 92663, USA	T 00 1 949 877 1001	Contact@MorningsideRecovery.com www.MorningsideRecoverycom	Brandon Hilger brandon@morningsiderecovery.com	●	●	●	●	●		●	
	SEASIDE OF THE PALM BEACHES Palm Beach, Florida, 33408. USA	T 001-561-732-7433	info@SeaSidePalmBeach.com www.seasidepalmbeach.com	C.Blayre Farkas	●	●		●	●	●		
	SIERRA TUCSON 39580 S. Lago del Oro Parkway, Tucson, Arizona 85739, USA	T 0800 891 166	outreach@sierratucson.com www.sierratucson.com	Max Cohen 07973 167 245	●	●	●	●	●	●	●	
West Indies	**CROSSROADS CENTRE, ANTIGUA** PO Box 3592, St Johns, Antigua, West Indies	T 1 (268) 562-0035	info@crossroadsantigua.org www.crossroadsantigua.org	Kim Martin - Admissions and Marketing Manager Toll free UK 0800 7839631	●	●				●		●
Asia	**DARA THAILAND** 113 Moo 1, T. Koh Chang Tai, A. Koh Chang, Trat 23170, Thailand	T +66 8 7140 7788	info@alcoholrehab.com www.alcoholrehab.com	Martin Peter martin@alcoholrehab.com	●	●						
	SEASONS BALI Bali, Indonesia	T +44 208 720 6521	Brian@seasonsbali.com www.addictionrehabbali.co.uk	Brian Burgess Manager UK/EU Office. 07707010701	●	●	●	●	●	●		

An entry in this Treatment Directory costs just £534 for a WHOLE YEAR - VAT-free for UK charities, VAT-registered EU facilities (outside the UK), and all facilities outside the EU.

ion or-profit	No.1st-stage beds	No. 2nd-stage beds	Aftercare offered	Daycare available	1:1 counselling	Males accepted	Females accepted	Age range	Funding options	Conditions of acceptance	More information & extra treatments
	13	10	●	●	●	●	●	All	NHS, Private		Abstinence based 12 step programme offering residential detox and rehab with aftercare, secondary care, 121 counselling and structured family treatment programme.
	55	67	●		●	●	●		NHS, insuance. private, other	GP referral	24 hour urgent admissions. Free assessments. Minnesota model thus - Steps 1- 5 as in-patient. Counsellor training. Residential family programme. Full time Psychiatrist. All procedures including treatment an outcomes. ISO 9002 audited. Therapists ICRC accredited. 50 acres of private grounds.
								16+	NHS, insurance, self		Free initial assessment. 12 months free aftercare.
	16	5	●	●	●	●	●	18+	Local authority Private	Assessment, either in person or SKYPE	Provides treatment and support both at its semi-rural residential facility and in the community for people and families experiencing alcohol and or drug dependency issues. Cognitive behaviour therapy is core to the programme, which includes psycho-social interventions, is client centred and offers a holistic approach. Family counselling.
	13		●		●	●	●	18+	Health & social care trusts	Motivation to change	Carlisle house offers a 6 week residential treatment programme. We are a registered charity located near the centre of Belfast. Referrals accepted from the Belfast and northern health and social care trusts. Group, Individual and Family Therapy. Complimentary ans ECO Therapy. A move on supported housing project is available.
	24 in	total	2yrs		●	●	●	20+	Private, insurance, VHI, Quinn, Aviva grant aid	Clean and sober on entry	Abstinence based 12 step model. Interventions, assessments, relapse prevention, 5 day residential programme for families of alcoholics/addicts. Renewal week for people in recovery.
	12		●		●	●	●	20+	Private, Health Insurers, HSE, NHS	Assessment	Internationally Accredited Residential Addiction Treatment Centre for alcohol, drug and gambling addictions. 30 Day abstinence based Programme, Counselling staff accredited by Addiction Counsellors of Ireland. Located on the West Coast of Ireland, 30 minutes from Ireland West Airport(Knock).
	12	9	●		●	●	●	18-75	Private Pay, Some Insurance	Drug and alcohol free on admission / Detoxed if necessary /Assessment	Silkworth Lodge residential rehabilitation programme is abstinence based and uses the 12 step programme of recovery and is tailor made to each individual.The treatement requires the client to commit to undertake the programme and challenge their behaviour with alcohol and drugs. After completion of Primary reatment clients have the option to enter secondary treatment through one of our half way houses.
			●	●	●	●	●	16+			Private practice specialising in treatment of addictions & related problems, with offices in Paris & London; uses principles of Integrative Psychotherapy and 12-step approach. Family Work. EMDR. The three partners are bilingual (French & English) and can travel anywhere in the world as needed.
	8	8	●	●	●	●	●	18+	Private, some insurance	Indiviually assessed	Abstinence based, residential care (8 bed) specialises in treatment for trauma, addiction and family work to include alcohol and chemical dependency, co-dependency, mood disorders, eating disorders, trauma,, sexual compulsivity. Family Programme, Trauma, EMDR, Equine therapy. Based on 12-Step philosophy with CBT approach.
	5	16	●	●	●	●	●	18-80	Self, Private, Insurance		Cortijo Care is an exclusive and luxury Psychological Wellbeing Clinic offering a unique, medical, holistic and therapeutic approach to Alcohol and Substance Abuse, Eating Disorders and General Psychiatry. Offering 24 hr medical and Psychiatric support, detoxification where required and high risk mental health care.
	30		●		●	●	●	18-99	Self funded	Assessment	San Nicola is the first addiction treatment facility in Italy that adopts a holistic approach to the treatment of addictions including new psychoactive substances of abuse. Our intervention is tailored to individual patient's needs and include the 12 steps facilitation model, CBT, mindfulness based relapse prevention. EMDR. English and Itailan Speaking.
	11 in	total	●		●	●	●	17+	Insurance , private		12 Step 12 week programme. Intensive therapy to treat drug, alcohol and sex addiction, eating disorders including dual diagnosis. and Co-dependency. Professional international team working bio-psycho-spiritual approach. Includes horse riding, yoga, nature experience, deep sea adventure and family programme. Detoxification can be arranged.
	32	32			●	●	●	18-65	All		Professionally staffed, Individual and group therapy, including in-house 12-step abstinence programme, life skills groups and psycho-educational groups. Holistic approach in tranquil and therapeutic environment. Confidentiality assured.
	30	15	●		●	●	●	18+	Insurance, private	Age 18+	Residential 12 Step-based addictions treatment in a beautiful location. Client - specific combinations of effective therapeutic approaches are used to holistically address individual needs. Family Programme. Co-dependency.London aftercare group for UK clients
	26	100			●	●	●	18+			BHOPB, Inc., offers a traditional 12-step approach with innovative assessment and treatment techniques for its alcohol, substance abuse and mental health treatment program located in Palm Beach County, Florida. The program's mission is to treat each patient with dignity and respect while treating their disease.
						●	●		credit cards, check, cash, insurance		A private rehabilitation center where healing begins. We provide help and healing to individuals and families needing treatment for drug and alcohol dependency, eating disorders, and PTSD.
	45		●		●	●	●	18+			Cottonwood attends to physical emotional and spiritual aspects of life. This holistic philosophy is coupled with the neurobiology of human development and the neuroscience of addiction to design cutting edge programs for each patient. There is also a female adolescent unit for females aged 13 -17
			●	●	●	●	●	18+	Insurance, Private, Financing		Morningside Recovery offers a unique, supervised, open treatment model. All clinical staff are highly qualified and our 'real-world' approach allows clients to attend classes at college, work part-time, cycle to the beach, and have family visits. This facilitates a smooth transition into self-sufficient, sustainable recovery. Extra Treatment: Video Games.
			●	●	●	●	●	18-65	Private pay, insurance		Seaside Palm beach is a luxury addiction treatment centre. The philosophy of SeaSide Palm Beach dictates that no two guests come to us with the same accumulation of challenges. Each individual's path to wellness rehabilitation can only be experienced by addressing their unique needs as individuals, taking into account their mind, body & spirit·
	139				●	●	●	18+	Insurance, Private, Finance	Individual assessment	Sierra Tucson, an international leader in treating co-ocurring disorders, offers comprehensive neuropsychiatric treatment programmes for Addictions, Eating Disorders, Mood Disorders, Pain Management, and Trauma/PTSD. Anabolic Steriod Abuse. Compulsive Spending. OCD. A member of CRC Health Group, Sierra Tucson is dually Accredited by the Joint Commission.
	32	19				●	●	18+	Private	Individual assessment	Intensive residential 12-step programme in serene private environment. Traditional and holistic treatment components including meditation, massage therapy, exercise, spiritual counselling, experiential groups, yoga. Family programme included. Complete medical detoxification provided. Full Re/Post Admission Support.
	Total	30	●			●	●				Helping clients from over 50 countries, DARA is Asia's first and leading international destination for drug and alcohol rehabilitation. Located on the tropical island of Koh Chang, Thailand, DARA successfully combines an intensive rehabilitation center with a luxury resort.
	12			●	●	●	●	16+	Self		Our professional team comprising psychologists,doctors,therapists, practitioners,highest standards, with 12 Step program, at a fraction of UK,EU,USA costs.

All these projects are also listed, with hyperlinks, at http://directories.addictiontoday.org

All information in this listing is provided by the advertisers.

Al-Anon Family Groups - UK and EIRE

Al-Anon Family Groups - UK and EIRE - ***Jim Smith*** meets ***Paddy F*** to learn more about this important Fellowship's history.

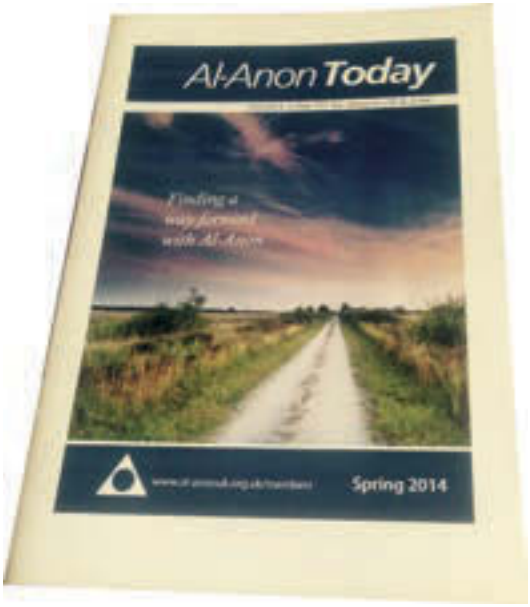
In 1937, Lois who was the wife of Bill Wilson, Co-Founder of Alcoholics Anonymous realised that family, friends and anyone affected by an alcoholic, also needed to be able to access help and support. Alcoholism is a family disease 'we believe alcoholism affects the whole family, not just the drinker'. Groups for family and friends were subsequently formed along the same lines and principles of AA, and by 1951, the name Al-Anon Family Groups was registered.

In this country by the mid-50's, Dr Max Glatt, consultant psychiatrist of Pinel House, the first treatment centre in this country (1952) was encouraging family members to meet regularly, and Al-Anon at that time met in the crypt of St Martin -in the Fields.

I recently met up with Paddy F, who was involved in Al-Anon's early formation in the UK & Eire. She came to Al-Anon as the result of her mother's drinking problem. In 1959 there were 11 groups in this country registered by the World Service Office in New York, and after a meeting of all known groups here, Paddy was elected to be the first General Secretary for a year. She stresses how the co-operation, enthusiasm and inspiration between AA and Al-Anon pushed things forward. She remembers Henrietta fondly as Al-Anon's WSO Secretary in New York, who was such a help to the UK in those early days. A service office was established in Camberwell, with a Helpline and volunteer members in order to help new groups form, handle donations, and public information.

As things developed and grew Al-Anon then moved to the Mayflower church near the Globe Theatre in Southwark. Paddy was married to an active member of AA, known as 'New Zealand Dave', as that was where he got sober in 1954. They were together 38 years, and he had 44 years sobriety.

Paddy served as UK Delegate and attended the World Service Conference in 1975. She met Lois, founder of Al-Anon several times and said that she was extremely modest and not just the founder of Al-Anon but also



an inspirational member. From an initial 87 non-alcoholics who had written to A.A. asking for help Al-non now has over 29,000 groups worldwide.

Paddy's mother recovered well from alcoholism and was sober until her sudden death in 1969. Paddy has had decades in recovery as an ongoing, active member of Al-Anon, continuing to work the Al-Anon programme and she was able, with the help of friends and support of Al-Anion's GSO, to revive its magazine, now quarterly and accessible digitally – it's called Al-Anon Today - it can be found on the on the members' website (see below). There are now almost 800 groups in the UK and Ireland, as the Al-Anon fellowship continues to expand and reach more people.

Contact Al-anon Family Groups, UK & Eire, GSO at its offices now established at:
57b, Great Suffolk Street, London SE1 OBB
Telephone: 0207 403 0888.
Helpline available 10am to 10pm every day
Admin: 020 7407 0215
Website: www.al-anonuk.org.uk

Fourth Annual UK Workshop

November 3 & 4, 2015

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147c Cromwell Road, SW5 0TH

Your Hosts

Lee FitzGerald
Caron Treatment Centers

Alastair Mordey
The Cabin Chiang Mai

Kimberly James
Malibu Beach Sober Living

With Presentations By

Phoenix Adams
Caron Treatment Centers Florida

Jack Abel
Caron Treatment Centers Pennsylvania

John Southworth
Southworth Associates

Dr. Brian Wells
The Cabin Chiang Mai

Dennis Durby
MSW/DCSW, CSAT MBACP-Snr Accred

Tuesday, November 3

6 CPD's Offered Per Day

9:30a	Registration, Coffee, Tea, Biscuits, Fruit
10a-11a	**Jack Abel** *Creative Spirituality: Incorporating Subjectivity and the Artistic in Integrated Treatment through Spiritual Care as a Core Discipline*
11a-12p	**Phoenix Adams**
12p-1p	**John Southworth**
1p-1:45p	Lunch
2p-3p	**Alastair Mordey**
3p-4p	**Dr. Brian Wells**
4p-5p	**Dennis Durby**

Wednesday, November 4

9:30a	Registration, Coffee, Tea, Biscuits, Fruit
10a-11a	**Jack Abel** *Positive Spirituality: Recovery as Epic Journey, a Motivational Alternative to More Pejorative "Disease" Perspectives*
11a-12p	**Phoenix Adams**
12p-1p	**John Southworth**
1p-1:45p	Lunch
2p-3p	**Alastair Mordey**
3p-4p	**Dr. Brian Wells**
4p-5p	**Dennis Durby**

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