intervene

THE RECOVERY MAGAZINE

ISSUE 156

MINDFULNESS ◆ SPIRITUALITY ◆ INTERVENTION
LETTING GO ◆ NARCISSISTIC PERSONALITY DISORDER ◆ ARBD

NEWS COMPREHENSIVE TREATMENT DIRECTORY
TRENDS COMMENT DIARY BOOK REVIEWS SELF HELP

WELCOME TO INTERVENE 156

We hope 2016 got off to a great start for you and that the year ahead sees further promotion of abstinence based treatment, increased data transparency, continuing improvements in commissioning and proper support not only for those suffering from addiction but also for their families and communities.

The New Psychoactive Substances Act looks like it's no longer going through in April after much debate and heated argument. 'How do you define a psychoactive substance?' seems to be at the core of most positions taken against the bill.

Homeopathic medicine has been 'excused' as have the traditional societal 'mood altering' substances: alcohol, caffeine and tobacco. The UK's new bill is broadly based on Ireland's 2010 Psychoactive Substances Act - critics point out that up until 2015 it has only resulted in four prosecutions.

For Karen Vandersypen, who has campaigned against NPS vigorously since the tragic death of her son Jimmy in 2013, it's a very simple argument. Jimmy was 20, athletic, not an habitual drug user, but bought a cannabinoid from a 'Head Shop'. Within 24 hours he was in a coma and soon after on a life support machine with severe brain damage. Karen had no other option but to turn the machine off. She says "We're all aware that people who take drugs are going to get hold of them, but Jimmy's was an opportunistic purchase. He went into that shop to buy a T-shirt."

Much depends on implementation and approach. Although the Irish ban has had its critics the Irish National Drug Treatment Reporting System (NDTRS) has evidenced a decline in numbers of clients accessing treatment services for problematic NPS use.

On another note, Intervene is proud to announce that it's the media partner of UKESAD International which continues to be the UK and Europe's biggest and best known event of its kind. UKESAD 2016 takes place in London from May 4th-6th and has an exciting line up of presenters and seminars and lots of great opportunities for exhibitors.

Visit www.ukesad.com for all the detail you need.

Look forward to seeing you there!

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 156 2016

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PSYCHOACTIVE SUBSTANCES ACT – TEMPORARILY POSTPONED

The new Psychoactive Substances Act which received Royal Assent on 28th of January and was expected to come into force on the 6th of April has been temporarily postponed.

The proposed act has also recently excluded alkyl nitrates (poppers) and is intended to:

• Make it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be 7 years' imprisonment.

• exclude legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the offence, as well as controlled drugs, which continue to be regulated by the Misuse of Drugs Act 1971.

• exempt healthcare activities and approved scientific research from the offences under the act on the basis that persons engaged in such activities have a legitimate need to use psychoactive substances in their work.

• include provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the two orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases.

• provide powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy.

www.gov.uk/government/collections/psychoactive-substances-bill-2015

NEWS

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MEDICAL AID / INSURANCE RATES APPLY

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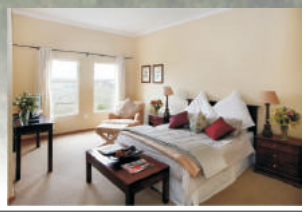
Located in Underberg, in the stunningly beautiful Southern Drakensberg mountains of South Africa, Riverview Manor Specialist Clinic offers its clients a unique healing experience. Providing complete anonymity and safety in a tranquil environment, Riverview Manor's primary focus is to assist clients to optimise their options to ensure a successful recovery.

Our highly trained professional team gives each person the individual attention and care needed to initiate and maintain successful change using a multidisciplinary approach which includes psychiatrists, general practitioners, psychologists, a dietician and an occupational therapist.

Since 1999, Riverview Manor Specialist Clinic has provided effective and professional evidence-based treatment for people experiencing difficulties with problems such as:

- Addiction, substance-related and co-occurring conditions
- Behavioural addictions such as gambling
- All eating disorders
- Depression, anxiety, stress and trauma
- And any other condition that requires in-patient treatment



CHOOSE LIFE

SPECIALIST RECOVERY CENTRE

The Choose Life Specialist Recovery Centre, located in Durban, South Africa, was established out of the need to extend the range of services offered by Riverview Manor specialist Clinic. This beautiful coastal city provides the ideal setting for a recovery centre with a difference which focusses on addictive, substance-related and co-occurring disorders. What started out as an identified need for a Riverview Manor Aftercare group has quickly grown into a therapeutic hub that offers a range of services to referring professionals and their clients alike.

The Choose Life Specialist Recovery Centre is the first such centre in South Africa to offer a comprehensive assessment, using the ASAM Criteria, to ensure correct placement and individualised treatment for people with conditions such as addiction to substances and alcohol.

The Choose Life Centre offers secondary care for people who have completed an inpatient programme with their nine bed step-down facility situated on site and staffed by a team of professionals, to help ensure that the individual is given every possible opportunity for a healthy and meaningful recovery.

Apart from the aftercare groups and a range of psychotherapy groups, there is an evidence-based Intensive Outpatient Programme for both adolescents and adults who are experiencing difficulties with a range of problems that are impacting their quality of life in a negative manner.

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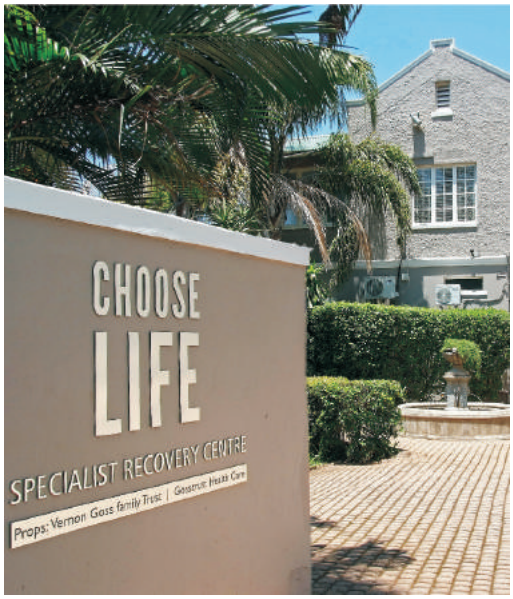

ASSESSMENT • OUTPATIENT
AFTER CARE • STEP DOWN

US FOCUS ON BEHAVIOURAL ADDICTIONS

The US National Center on Addiction and Substance Abuse has announced the release of a report that marks the organisation's first extension in focus beyond substance addiction to the behavioral addictions. The report lays out the characterising symptoms, risk factors and underlying neurobiological characteristics of food addiction, and how these features overlap with those of obesity, eating disorders and substance addiction.

Understanding and Addressing Food Addiction: A Science-Based Approach to Policy, Practice and Research, highlights how the knowledge and experience gained from years of substance use research and work in substance prevention, intervention and policy might be applied to controlling unhealthy eating and the food environment that contributes to it. It offers evidence-based recommendations for policy, prevention, health care practice and research to help reduce the deadly and costly health consequences of unhealthy eating, and informative resources for further examination of this evolving area of study.

Individuals with food addiction have faced similar problems to those who suffer from substance addiction, including stigma, shame and tremendous difficulty managing a significant threat to their health and well-being. This paper includes recommendations for addressing these important issues. "From what we know about substance use and addiction, we feel that many of the measures that have proven to be effective in policy, prevention and clinical practice might fruitfully be employed to reduce the risk and consequences of food addiction," said Linda Richter, PhD, Director of Policy Research and Analysis at The National Center on Addiction and Substance Abuse, and the report's lead author. "Given the extent to which obesity and unhealthy eating contribute to sickness and skyrocketing health care costs, it is well worth our time to marshal all available resources to better understand food addiction and the strategies that may help to improve how people eat and the quality of the food supply."

Highlights of the report include:

- Evidence regarding the prevalence of food addiction and its co-occurrence with obesity, binge eating disorder and other health conditions.
- The risk factors, characterising symptoms and biological mechanisms of food addiction and related disorders and how these overlap with other eating disorders and with substance addiction.
- Recommendations for policy, prevention, health care practice and research, and resources for additional information.

The report is available at; http://www.CASAColumbia.org/addiction-research/reports.

OBAMA – OVER ONE BILLION DOLLARS NEW FUNDING

In a bid to address the specific needs of heroin and opioid addiction (prescribed and illegally obtained) the Obama administration is proposing $1.1 billion in mandatory funding over two years:

- $920 million to support cooperative agreements with States to expand access to medication-assisted treatment for opioid use disorders. States will receive funds based on the severity of the epidemic and on the strength of their strategy to respond to it. States can use these funds to expand treatment capacity and make services more affordable.
- $50 million in National Health Service Corps funding to expand access to substance use treatment providers. This funding will help support approximately 700 providers able to provide substance use disorder treatment services, including medication-assisted treatment, in areas across the country most in need of behavioral health providers.
- $30 million to evaluate the effectiveness of treatment programs employing medication-assisted treatment under real-world conditions and help identify opportunities to improve treatment for patients with opioid use disorders.

It's stated that the objective of this funding initiative is to ensure 'that every American who wants treatment can access it and get the help they need'.

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EAST LONDON HOMELESS AND ADDICTIONS CHARITY CELEBRATES 50TH BIRTHDAY WEEK IN NOVEMBER WITH A SING-ALONG, SLEEP-IN AND SERVICE - ROYALTY AND LOCAL DIGNITARIES ATTENDING

Sing-up and Sleep-In: 50th Anniversary Events was a Resounding Success! Our first ever Sponsored Sleep-In saw over 40 sleepers bedding down in the crypt at Christ Church Spitalfields – the place where SCT first started back in 1965. Along with 6 SCT staff and Trustees, they raised over £18,000, smashing the fundraising target for the event in their sleep! A big thank you to all the participants - a great bunch made up of existing and new supporters. "I really enjoyed the fundraising aspect and raising awareness. I thought it would be really lovely opportunity to think about other people and raise some money for charity to help them with this incredible work that they are doing." Linda, Sponsored Sleeper. The atmosphere was amazing: live harp music played by volunteer Lily welcomed sleepers to the crypt. There they were entertained by stories from Alan Gilbey author of East End Back Passages, and Stefan Dickers archives manager of the Bishopsgate Institute collection. To crown the event our special VIP was HRH Princess Alexandra, who lifted the atmosphere by warmly greeting the participants.

Princess Alexandra even bought some chopping boards from our stall displaying the new 'Branded Collection' from Restoration Station. These were prepared especially for the event as Christmas gifts, and are now on sale in the Restoration Station shop. The Princess has been a long-term supporter of SCT and opened the crypt back in 1965. "Princess Alexandra came back for our 10th anniversary, our 25th and our 40th, You are here again today and we really are grateful for your fantastic generosity and your time. Thank you for sticking with us over 50 years." Graham Marshall, CEO of SCT.

Micky, our current night warden at Acorn House spoke about his experience of SCT's help at the Sleep-In: "I had a long term alcohol problem. When I came here, they gave me treatment, they gave me counselling and they gave me a real start, so I owe everything to them," he said, adding: "Tonight is coming back to where I started – it's a bit overwhelming. I remember where I slept, I remember the therapy and I've been talking to two chaps that I was staying with. But it's all good memories."Micky, former crypt resident. Just before the Sleep-In, over 150 singers from 7 London choirs sang 'Lean on Me' and other songs at Spitalfields Market before proceeding to the steps at Christ Church. This 'flashmob' was full of emotion and made some of our staff weep. A huge thank you to all the choirs that took part which included: The A&O Singers; The Canary Wharf Choir; CHAPS choir; Voiceworks (our very own New Hanbury Project Choir), Owl Parliament and 3 choirs from Starling Arts. "All the Starling choirs had a blast and enjoyed every aspect of the event. Thank you for including us!"

On the Saturday morning, over 70 people joined some of the sleepers for a Celebratory Service of Thanksgiving in Christ Church led by the Bishop of Stepney, Adrian Newman. The Bishop called SCT 'pioneers' for the way we work with people. An amazing full 3 hour peal of bell ringing ended the Service. A new way of ringing was undertaken and was called "Spitalfields Crypt Trust Surprise Major", especially to commemorate the 50th anniversary of SCT. "The singing was really joyful – the whole of Spitalfields Market seemed to be joining in! I was geared up for the Sleep-In but never expected it to be so entertaining, and so moving to think of the people who had slept in the crypt over the years. Altogether a very special and special celebration." Caroline Clark, Assistant Director, SCT.

Photo Credits: Isabelle Ohlson

Diploma in Sex Addiction Counselling

CPCAB Accredited (Level 5)

ISAT
The Institute for Sex Addiction Training

Course Directors: Paula Hall & Nick Turner

Diploma in Sex Addiction Counselling has been developed to provide counsellors, psychotherapists and addiction specialists with the tools to assess and treat sex addiction. Delegates will also gain the necessary skills to work with partners and support couples and families in recovery.

The course is divided into three 4 day modules that may be booked individually. Each module provides distinct skills for working with different levels of sex addiction and client groups. Attendance at all three modules is required to receive the Diploma, but Module 1 may be taken alone to provide basic introductory skills.

Module 1 – Introduction to Working with Sex Addiction

- This module provides all the skills required to assess and treat sex addiction from a biopsychosocial viewpoint, including developing an understanding of sex addiction theories, working with cycles of addiction, defining sobriety and positive sexuality and establishing treatment strategies.

Module 2 – Working with Complex Cases and Partners

- Building on module 1, this module explores the complex cases that can sometimes present for therapy, including clients with other addictions, ongoing metal health disorders and those who struggle with paraphilias or offending behaviours. We also explore the unconscious processes of attachment and trauma in further depth and how these relate to treatment strategies. The impact on partners is also fully explored and tools provided to help partners, and couples, recover from the trauma of discovery and disclosure.

Module 3 – Advanced Skills for Working with Sex Addiction

- This module focuses on developing advanced skills for working with people with sex addiction and their partners and provides a variety of strategies for helping maintain, as well as establish, recovery. Training is given on understanding and using techniques from the fields of Motivational Interviewing, Mindfulness, EFT, Positive Psychology, CBT, Art Therapy and Internalised Other Interviewing. This final model also provides insights on using cyber psychology, erotic transference and group therapy to optimise recovery.

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Cost:

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or call Leamington - 01926 339 594 London - 0207 965 7302

ALCOHOL AND CANCER – NEW GUIDELINES FROM CMO

New guidelines produced by the UK Chief Medical Officers warn that drinking any level of alcohol increases the risk of a range of cancers. This is supported by a new review from the Committee on Carcinogenicity (CoC) on alcohol and cancer risk.
It is now known that the risks start from any level of regular drinking and increase with the amount being drunk, and the new guidelines are aimed at keeping the risk of mortality from cancers or other diseases low. The links between alcohol and cancer were not fully understood in the original guidelines, which came out in 1995.

This review also found that the benefits of alcohol for heart health only apply for women aged 55 and over. The greatest benefit is seen when these women limit their intake to around 5 units a week, the equivalent of around 2 standard glasses of wine. The group concluded that there is no justification for drinking for health reasons.

These issues prompted changes to alcohol guidelines for men. Men should not drink more than 14 units of alcohol each week, the same level as for women. This equals 6 pints of average strength beer a week, which would mean a low risk of illnesses such as liver disease or cancer. The previous guidelines were 21 units for men and 14 units for women per week.

An additional recommendation is not to 'save up' the 14 units for 1 or 2 days, but to spread them over 3 or more days. People who have 1 or 2 heavy drinking sessions each week increase the risk of death from long term illnesses, accidents and injuries. A good way to reduce alcohol intake is to have several alcohol free days a week.

The guidelines for pregnant women have also been updated to clarify that no level of alcohol is safe to drink in pregnancy. The previous advice for pregnant women to limit themselves to no more than 1 to 2 units of alcohol once or twice per week has been removed to provide greater clarity as a precaution.

Dame Sally Davies, Chief Medical Officer for England, stated that; 'Drinking any level of alcohol regularly carries a health risk for anyone, but if men and women limit their intake to no more than 14 units a week it keeps the risk of illness like cancer and liver disease low'.

Alcohol Concern's Chief Executive Jackie Ballard considered the new guidelines a positive move forward stating: 'the public have a right to know what they're consuming and these recommendations are designed to allow people to make an informed choice about how much they drink.'

https://www.gov.uk/government/news/new-alcohol-guidelines-show-increased-risk-of-cancer

Contributors...

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

DAVID FINNEY

David Finney has been inspecting residential substance misuse services for 20 years. Formerly national policy lead for NCSC and CSCI he is now a "Specialist Professional Advisor", a part time role with CQC, and an independent consultant offering training courses and enabling services to prepare for their CQC inspections.

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.

JEFF JAY

Jeff Jay BS, CAP, CIP, is co-author of Love First. He heads a national private practice of clinical interventionists, case managers and therapists. His latest book is Navigating Grace: a solo voyage of survival and redemption. Learn more about his work at www.lovefirst.net

ELIZABETH HEARN

In the UK Elizabeth founded Addiction Awareness in 2005 and the Mindfulness Foundation in 2010. For 24 years she has worked as an Addiction Professional in the private sector in the UK.

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.

Contributors...

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

JOHN MCKEOWN

John Mckeown is a trained addiction counsellor and clinical psychotherapist. He has worked in the mental health field for 28 years and his work includes the development of the first pioneer drug and alcohol project in a British prison. Other settings include, Hospitals, the priory clinic, day programmes and as well as running an established private practice John has worked with several premiere league football clubs, working clinically with players and delivering education programmes to academies.

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

JIM SMITH

Jim Smith, a qualified social worker, has worked in the caring professions for over 25 years. Jim is now perhaps best known as a sober musician presenting workshops on recovery; he is also Musician in Residence for the Westminster Drug Project.

ROKELLE LERNER

Rokelle is an international speaker and trainer on addiction, trauma and women's issues. She is the Senior Clinical Advisor for Crossroads Recovery Centre in Antigua. For the past 18 years Rokelle has been the co-founder and Clinical Director of Spring Workshops in London. She has received numerous awards for her work including Esquire magazine's 'Top 100 Women in the US Who Are Changing the Nation'.

DAN MUSHENS

Dan Mushens is a Recovery Practitioner for Penumbra, one of Scotland's largest mental health charities, working in the field of Alcohol Related Brain Damage (ARBD) in some of Glasgow's most deprived and socially challenged neighbourhoods. A recent Social Science graduate, Dan has a keen interest in how the economic system of Capitalism influences human behaviour and more specifically how the less well off in society suffer the most.

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How The Family Can Hurt or Help: Teen Substance Abuse-Prevention & Treatment Options.

Elisabeth Escobar and ***Kathryn Staron*** cite Claudia Black in analysing the nature and significance of the typical dysfunctional roles played out within the context of the family. ***Part three…***

A family component to substance abuse treatment is imperative. While certain aspects of the disease of addiction are still unexplained, there are multiple treatment options (12 steps, abstinence based vs. harm reduction and faith-based programs, to name a few). However, there are enough evidenced based practices that suggest that certain treatment approaches are more effective than others. Family participation is one of those approaches and indicates that having "the talk" with your teenager is an important step for parents to take.

Parents, who talk in a productive way with their child, often have kids who may still "experiment" with alcohol or other mind-altering chemicals, but those children are less likely to develop a pathological relationship with substances. A productive talk with teenagers means that you do not give a "lecture" or go into long diatribes about the ills of using. It is also ineffective to discuss the far off future (immediate future is more acceptable to teens) or threaten to ground the teenager for life! Rather, the dialog would go something like this:

"Paula, I would like to talk to you about alcohol and other drug use because I know this will, if it has not already, come up for you now that you are becoming more independent. You will be making more of your own decisions as you get older and I am just hoping that if you are offered alcohol, weed, pills or any substance, that you will really think long and hard about whether or not you are going to try it. I am really hoping that you don't. You have your whole life to drink alcohol once you are an adult and I would be really scared and disappointed if you started now, or if you developed

a problem with it. I never told you this but my sister got a DUI when she was young and your dad's father abused alcohol, which caused a lot of problems in his family. I trust you to make the right decision. Also, I want you to know, that if you do decide to use, there will be consequences, such as loss of privileges (cell phones, car, curfew) but I am confident we will not get to that point, because I know that you have a good head on your shoulders. Do you have anything you want to say about this.....?"
As you can see, this dialog lets teens know that you are aware of what they are facing, and that you can't control their every move. It also lets them know that you see their new found independence. It is important that you share with them how you would feel if they choose to use mind-altering chemicals at a young age and what the consequences would be. You also need to inform the teen that the decision will untimely be up to them as you cannot be there to police your child every minute. This gives the teens the confidence to say to themselves, "I don't want to let my parents down" or, "I know I have to make this decision and today I am deciding not to do this".

A recent study, best explained by Shankar Vedantam in his podcast, "The Hidden Brain" showed that kids who were concerned about being popular were more likely to succumb to peer pressure. Kids who were not overly concerned about popularity, do not feel the peer pressure as intensely. Kids who are popularity driven are often suffering from low self-esteem, which can lead to trying substances. Consequently, associating substance use with fun, peer interaction or as a way to cope with stress may perpetuate the teen's use. What we are proposing with the dialog above, will allow the teen to develop the necessary maturity to lead a happy, successful and functional life. Many successful people suffer from a Substance Abuse Disorder and they may be successful but not happy.

It is essential that parents, helping professionals and educators know how to talk to teens about this topic. Healthy conversations regarding substance use can aid in a teen's understanding that they do not need to use at this point in their life in order to be accepted. The longer a person waits to try alcohol, the less likely they are to become addicted (Note: this may not be true for highly addictive substance such as benzodiazepines). The developing brain is at risk for kids who use at young ages and/or who use habitually. Binge use or using in isolation are two red flags for developing a more serious problem with alcohol and/or other drugs.
Often we hear parents say, "Well, I would rather my kid use at home so I know what they are doing" or, "I used when I was a kid and I turned out ok", or, "Better to not have it be a taboo so they feel it is no big deal". These rationalizations can be dangerous because often kids who use at home ALSO use outside of the home. Perhaps, you, as a parent, personally did not have a problem, that does not guarantee your teen will not develop a Substance Abuse Disorder.

In countries where the legal age to consume alcohol is 16, we find that some youth go on to develop a Substance Abuse Disorder and many are more likely to try other drugs, such as marijuana. Cultural influences do affect teen's decision to use, but teen substance abuse is also about the effects on the brain, no matter the cultural norms or legalities.
The research is clear that tobacco, alcohol and marijuana are Gateway Drugs. By this, we mean that while a majority of kids who use one of these 3 substances will not go on to use "harder drugs', it is common to find that the majority of heroin users report that their use began with one of these 3 substances. To reiterate, tobacco, alcohol or other drugs are not healthy for a developing brain.

Parents, therapist and educators need to help our young people understand why they are taking the risk. We often ask parents, "Would you let your child be in a car and not wear a seat belt?" Because this is an expectation of parents for their kids, which is usually non-negotiable, we encourage parents to think about it the same way when talking about substance use.
It is crucial that we do not forget the importance of Parental Role Modeling. If you are using tobacco or coping with stress by drinking alcohol, using some other mind-altering chemical, or demonstrating to your children that the only way to have fun is to use a substance, then it is time to get the support for yourself to change your own behavior.

One standard of practice is that individuals in treatment are strongly encouraged, if not required, to be involved in the 12 step fellowship. Though meetings are not treatment, they are a most useful support for the addict and his/her family members. The family members may be encouraged (or required as part of their treatment plan) to attend Al-anon meetings. Other 12-Step meetings may be helpful to the family such as Over Eaters Anonymous for a family member with food issues or weight gain, Co-Dependants Anonymous for family members who are constantly trying to fix or control things, or Narcotics Anonymous, especially if prescription drugs are part of a parent's life.
It is a myth that substance use disorders affect the user alone. There is a large impact on the family during

"When the family members are able to see the "role" they play in the addicted family system and learn to overcome this role, family healing can begin. Keep in mind that it is not uncommon for one person to play several roles (though one would be primary) or change their role over time"

active use and early recovery. The severity of family dysfunction are affected by:

• How long the family has lived with the loved one's substance abuse
• The user's role/responsibility within the family unit
• The stage/severity of addiction
• The shame/secrets surrounding the addiction.

Family Roles that usually develop within a chemically dependent family are important for every therapist to know. Taken from the work by Claudia Black, it is prudent for parents, therapists and educators to be aware of these roles. The dysfunctional roles that develop within the family unit can aid in relapse if they are not addressed. Consider the following explanation of the different unhealthy roles in a family with a loved one who has an addiction:

• An addict is only as good as the enabler. This role/relationship is often coming from a place of love. The enabler is acting as a cushion between the addict and the natural negative consequences of their using behaviors. The enabler's behaviors are often provoked to relieve some of the tension in the family. "I have to help and to protect" is a common thought for the enabler.

• The scapegoat draws attention away from the active addiction by engaging in unhealthy behaviors themselves. These behaviors are a manifestation of the family's frustration and anger. The individual in this role often abuses substances themselves and struggles with the thought of "I'm just like him."

• The hero draws attention away from the active addiction by representing the family in a "perfect" light. This role often becomes a perfectionist and struggles with control issues. "We are not so bad after all, are we?" is a conflicting thought for this family member.

• The mascot is the role that draws attention to the active use but does it in a way that is unsupportive and hinders treatment/recovery. Hurtful, sarcastic humor is at the heart of this role. "Here comes Cousin Pete, everybody better hide the alcohol if you want to save some for yourself!"

• The lost child is child is the family member who will avoid conflict at all costs. She is attention avoidant and often suffers from feelings of hopelessness with a fatalistic attitude. "This will never change" is often a re-occurring thought for this family member.

When the family members are able to see the "role" they play in the addicted family system and learn to overcome this role, family healing can begin. Keep in mind that it is not uncommon for one person to play several roles (though one would be primary) or change their role over time. Having this knowledge is a powerful incentive to be open to doing one's own emotional work and thus, enhancing positive family relationships.

In conclusion, remember to have the loving talk, set the limits, plan and discuss the consequences of use and tell your child/student that you care about them and you trust they will make the right decision.

Regulation and Quality: uneasy travellers?

David Finney offers a unique perspective on the regulation and inspection of treatment services over the last twenty years and considers their role in the development and enhancement of provision.

I have been asked to describe what has changed in the twenty years that I have known the residential substance misuse treatment sector. This is a great opportunity to reflect: particularly on whether regulation and inspection has had a role in enhancing the quality of services, or other factors have been more important. Please forgive me if what follows is a description of a personal journey, rather than an objective historical account!

My first experiences of the sector were in sunny Weston Super Mare, the "Rehab Capital of the South West!" Some services provided basic accommodation, there was a high dependence on 12 steps as the treatment methodology and there were several charismatic leaders. One of my first regulatory encounters was to challenge a service that piled six people in their bedrooms. In my view this did not promote privacy and dignity; nor could it demonstrate the value of mutual support, since private conversations were impossible in a dormitory-like environment. Twenty years on, expectations of accommodation are very different: one example of quality improving.
In 2002, the National Care Standards Commission (NCSC) was formed: that introduced National Minimum Standards (NMS). These standards were very "input focussed": presuming that, if the right numbers of staff, room sizes, policies and procedures were in place, then services would work well for the people that used them. Also, QuADS had just introduced "Organisational Standards for Alcohol and Drug Treatment Services". For their time they were ground breaking and introduced the concept of peer audit and quality assurance. However, they were also focussed on inputs rather than outcomes for service users. From both these changes came a national, rather than a local perspective: which gave drug and alcohol treatment a wider canvas and enabled people to compare services across the whole country.

Also, for the first time, the NCSC standards recognised some differences between residential substance misuse services and care homes. This meant that concessions were made for room sharing and the need for rules and restrictions on choice and freedom which were part of a specialist treatment programme. However, this felt like a dispensation rather than a true understanding of treatment for addiction. When I was appointed the national policy lead in NCSC and subsequently CSCI, the sector argued long and hard that residential rehabs were not "care homes": rather, it was the treatment that was important. Nevertheless, care values such as dignity, respect and individuality became embedded within the operation of services; and the standard of care planning improved considerably.

Once the Commission for Social Care Inspection (CSCI) came into being in 2004, there was a new thrust to see services improve across the whole social care sector. Along with this air of optimism, there was national training for Inspectors: which ensured that inspection was carried out more knowledgeably, recognising good quality treatment where it occurred. The development of national guidance for inspectors sought to introduce consistency, and a recognition that these services were different. One of my tasks was to compose a national report on all 200+ residential services. This showed that these services were way above average in terms of compliance with all the care standards relevant at the time. It seemed that, despite reservations, residential rehabs had embraced the new inspection regime and responded by raising standards: a clear demonstration of a desire to improve the quality of services.

Meanwhile, on the national stage, other forces were at work which impacted quality. The rise of the National Treatment Agency (NTA) and development of Pooled Treatment Budgets meant that more resources should have been available to improve services. However, it seemed that community prescribing predominated as a treatment model and the promised expansion of the residential sector did not occur. In addition there was an emphasis on 12 week episodes of treatment which led to a "one size fits all" approach to commissioning. I am not convinced that this improved the quality of treatment services, rather it sometimes led to people being discharged before they had embedded the necessary changes, leaving them vulnerable to relapse. Similarly, the introduction of NDTMS and TOPS seemed to produce mountains of data but very little that encouraged the quality and effectiveness of residential treatment services.

Next came a more hopeful development: the "service user involvement" movement. National conferences seemed to have an empowered "buzz" about them; and local groups sprang up which gave a voice to people who used services. Some treatment services developed "service user involvement" strategies, which formalised this development. This meant that services definitely were more aware of the impact of treatment and ways that services could improve by listening to service users. CSCI embraced this development by appointing "Experts by Experience", who accompanied full time inspectors and gave a clear focus to the service user voice.

When the Care Quality Commission (CQC) was formed in 2009, my view was that the merger of the health and social care inspectorates was a great trick if they could pull it off! Unfortunately, this did not work initially; and seemed to result in a reduction is frontline resources. From my point of view, one mistake CQC made at the start was to abolish the role of "National Policy lead for Substance Misuse Treatment". Therefore, I took "early retirement" and advised from the side-lines, observing a lack of direction.

When the Care Standards Act 2008 was implemented it introduced a distinct category of service called "Accommodation for persons who require treatment for substance misuse". This should have led to this sector being regulated, not as care homes, but as services distinct in their own right. I hoped that this would lead to an improvement in quality. Unfortunately CQC implemented this new type of registration rather inconsistently.

On a positive note, CQC introduced the "Essential Standards of Quality and Safety": which put quality at the forefront and the experience of service users as central to the inspection process. Well, that was the theory! What actually happened was that (mainly due to a lack of resources) CQC retreated to a "social policeman" role as regulator only, was reluctant to offer advice on service improvement, and abandoned the " Ratings" which used to be a measure of the quality of the service. One consequence of this shift was that larger organisations developed their own "Quality Assurance" departments, whilst smaller services were left to flounder and do their best.
For its part, the Recovery Group UK produced a "Residential Rehabilitation Quality Standards Framework" which sought to provide an outcome based approach to this sector. If this were updated to encompass the new CQC "Key Lines of Enquiry" and Fundamental Standards, then it could stand a chance of becoming a "quality accreditation scheme" by CQC: which would benefit services who adopted these it.

"The introduction of NDTMS and TOPS seemed to produce mountains of data but very little that encouraged the quality and effectiveness of residential treatment services"

Most recently, a new approach to inspection of substance misuse services has been introduced, based within the Hospitals Directorate. Some of us were invited to an "Expert Advisory Group" to contribute to this process: but what has emerged is a far more standardised approach, similar to that used for mental health trusts. "Substance misuse champions" have been appointed; some training of Inspectors has been provided by FDAP; and now inspectors are focussing on treatment, although largely from a clinical perspective. Also, the use of "Experts by Experience" is growing, giving the service user a clearer voice in the process.

So, has regulation improved quality? Some things have helped: such as a focus on treatment, a move away from inputs to outcomes and a clearer voice for service users. Accommodation standards have improved, care values such as dignity, privacy and respect are recognised and charismatic leaders have been replaced by more professional "registered managers". However, CQC have missed a trick in not re-introducing quality ratings to substance misuse services as a whole. Also, time will tell if there is a genuine understanding of residential substance misuse treatment services. Will they now just be seen as hospitals rather than care homes, and be measured by that yardstick; or will the true distinctiveness, quality and effectiveness of residential rehab be recognised and valued?

Ask the Expert

Jeff Jay offers a personal insight into his approach and methodology as a practicing Interventionist.

1. How did you become a Clinical Interventionist?

I'm an intervention story myself. A family intervention got me into treatment back in 1981, so intervention literally saved my life. Then, in the early 90's, when I was sober 11 years and working as a certified addictions counselor for 7 years, I started specializing in intervention. At that time, the technique was very under-utilized and under-developed. I did my first publication with Hazelden ("Take Charge!", 1994), and started to make an impact on the field. So, I'm a big believer in intervention, both personally and professionally.

2. What is the difference between a Clinical Interventionist and an Interventionist?

The vast majority of people doing interventions have no clinical background. They may have their own personal recovery, but they've never been trained and certified as a chemical dependency counselor, and they've never worked under supervision in a treatment center. They may have some training, but they aren't educated and experienced in the treatment process, so they have fewer tools to bring to the intervention.

A clinical interventionist is a seasoned professional, with the education, certification and experience to work with family systems at a deep level. When we do our clinical intervention training for professionals, we turn many people away, because we only accept people who meet high standards of experience and education. We've had M.D.'s and Ph.D.'s take our training, and they've all recommended it to their colleagues. We do make exceptions, for instance we may admit a clergy member who has deep addiction experience in a treatment setting.

3. When did you decide to launch Love First as an Intervention Firm? Was this before or after the book of the same name, came out?

We incorporated our private practice in 1993, seven years before the publication of the book. The name of the company changed to Love First, Inc., after the book became popular, and people started referring to us as "Love First." We've been in business a long time now.

4. How have Interventions evolved over the last few decades?

Vern Johnson is the father of modern intervention, pioneering the basic concept in the early 1980's. In 1994 I published the "Take Charge!" program, which guided families through the process in a step-by-step fashion. Then in 2000, my wife Debra and I published Love First (which was revised and expanded in 2008), which became the bible on intervention. Several others have contributed a great deal to the intervention field as well, including Wayne Raiter with the Systemic approach, and Dr. Judith Landau, with the Invitational approach. So, the evolution has been in making techniques more sophisticated.

5. What is the "success rate" of families who hire Interventionist to get Loved Ones into TX?

If an intervention is done properly, and that's a big "if," interventions are 85-90% successful in getting people into treatment on intervention day. There's a great deal of preparation necessary to do an intervention properly, and that's were many people—and even some professionals—will fall apart. Intervention is all about preparation. Complicating factors like serious mental health problems can impact those percentages, but overall it's a very effective technique.

6. What is the benefit for Treatment Providers to work closely with an Interventionist?

A professional interventionist has worked closely with the family and friends of the addict, prior to admission, so we have a wealth of information and history to pass on to the treatment provider, which they may not be able to get otherwise. We can offer a complete picture, even before admission, and discover important issues that will impact the course of treatment.

7. How do you respond to people who say that a person must really want treatment in order for it to be effective?

At some point, a person must become ready to embrace recovery and to do the work necessary to recover, but they are rarely "ready" for treatment. Most

"We also need to be careful about the term "evidence-based," because it's being used to sell things that aren't always what they're cracked up to be. Scientists think of evidence much differently than most of us. Evidence is part of an ongoing conversation among researchers. "Evidence-based" doesn't mean proven. This terminology is being used far beyond the addiction treatment field to sell a wide variety of medications and techniques that are sometimes later shown to be ineffective. I worry about the corrupting influence of money and careerism when people say 'evidence based'."

"One of the giants in the addiction field, Dan Anderson, Ph.D., said decades ago that there are two goals in treatment: 1.) break through the patient's denial at depth, and 2.) get the patient to commit to an ongoing program of recovery. Sounds simple, but those two goals are very difficult to accomplish"

addicts are ambivalent, at best, and even if they are ready to engage, they often resist the real work. So I talk about the "myth of ready" as one of the most dangerous myths in the treatment field. I hate to think about how many people may have died while family and friends were waiting for them to "get ready."

8. What other myths are out there about people getting into treatment programs?

Probably the most damaging myth is that treatment is going to fix the problem. Treatment is a launching pad for the process of recovery, and although it's important, treatment isn't a cure-all. It's like someone going into a hospital for open-heart surgery. The surgery may be necessary and it may save their life temporarily, but if they don't change their diet and exercise and follow whatever other directions their doctor gives them, they're likely to wind up in the hospital again—if they survive at all.

So the biggest myths stem from underestimating the disease of addiction. The problem is physical, which is why most people need detox and stabilization, but it's also psychological and spiritual. People (and even professionals) have a tendency to over-simplify. They make the mistake of thinking that if they just address the physical problem, or just address the psychological problem (like trauma), or just address the spiritual problems, that the addiction will somehow go away. But until a truly holistic approach is taken, and all aspects are addressed, the person is likely to relapse. Amazingly, the founders of AA seemed to grasp this as early as 1935. It's important not to lose sight of what they discovered.

9. Are there any trends you see, for better or for worse, in treating addictions?

One problem is focusing too much on techniques and not on the big picture. In the end, the patient goes home, and they don't take their therapist with them. One of the giants in the addiction field, Dan Anderson, Ph.D., said decades ago that there are two goals in treatment: 1) break through the patient's denial at depth, and 2) get the patient to commit to an ongoing program of recovery. Sounds simple, but those two goals are very difficult to accomplish.

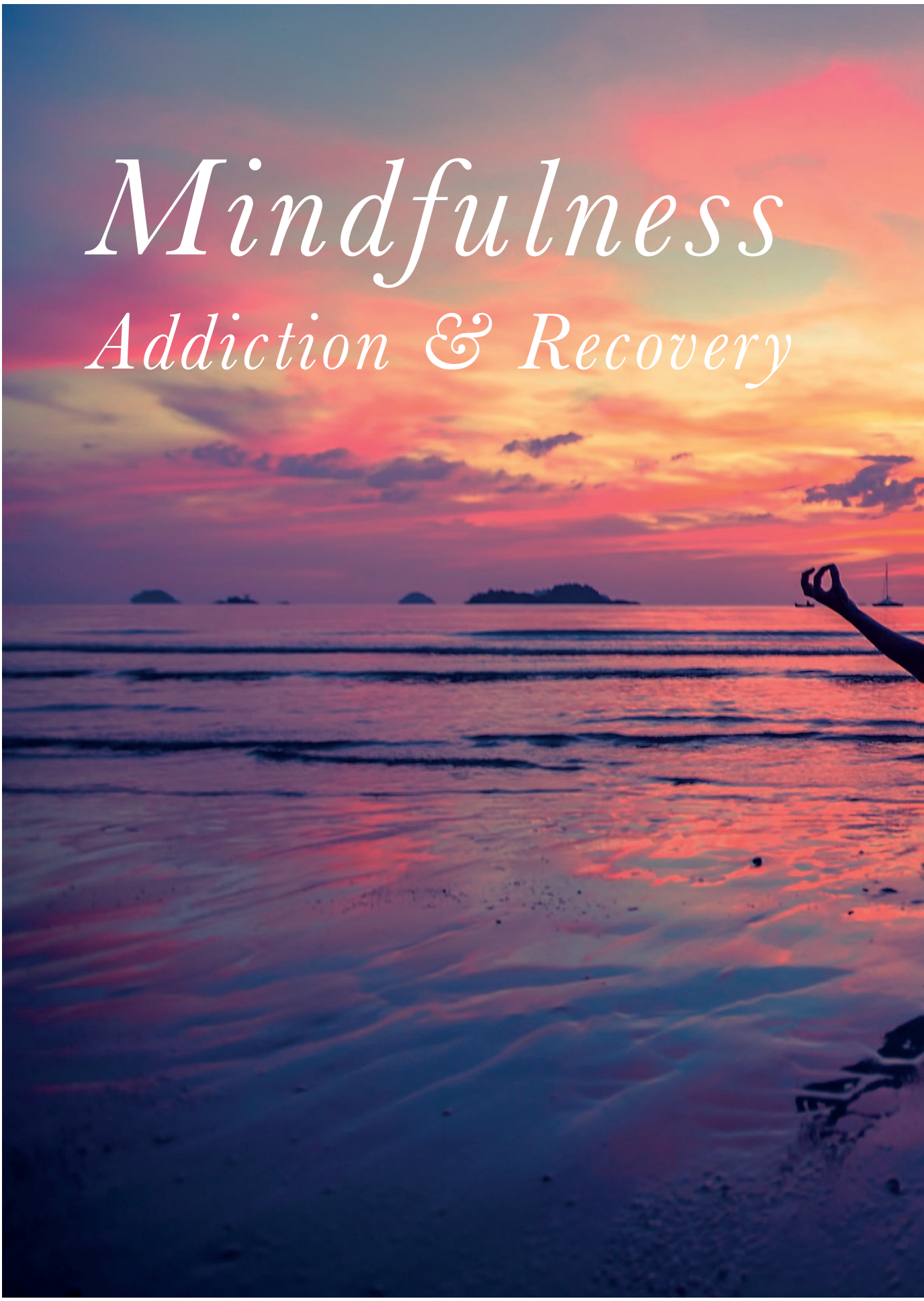
Another problem is the reductionism that I referred to earlier. Some people want to over-medicalize the problem, or over psychoanalyze the problem, or over-theologize the problem. There are important medical, psychological and spiritual insights being developed all the time, but they're not panaceas.

We also need to be careful about the term "evidence-based," because it's being used to sell things that aren't always what they're cracked up to be. Scientists think of evidence much differently than most of us. Evidence is part of an ongoing conversation among researchers. "Evidence-based" doesn't mean proven. This terminology is being used far beyond the addiction treatment field to sell a wide variety of medications and techniques that are sometimes later shown to be ineffective. I worry about the corrupting influence of money and careerism when people say "evidence based."

On the positive side, I see a lot of younger clinicians coming into the field who truly want to help people, and who are bringing the example of their own recovery with them. No matter what 12 Step program they follow, the power of personal example is hard to beat. Just think if you were struggling with Type 1 diabetes. If you went to an endocrinologist who also had Type 1 diabetes, wouldn't you listen more closely and maybe ask more questions? It's not a requirement for being an endocrinologist, of course, but it helps. The good thing about recovery is that almost any clinician can qualify for some 12 Step fellowship. So I'm very encouraged by the young clinicians who are wanting to make their own lives better, and help others in their career.

10. What advice do you have for people who want to become a Clinical Interventionist?

Get as much training as you can. It's nice to have good intentions, but one should have a solid clinical background, followed by rigorous training in the intervention process. There are a lot of wrong ways to do an intervention, and I've heard some real horror stories from families over the years. If you're a professional, you must have the right training. The new credential in the intervention field, the CIP (certified intervention professional), is a good way to go. The requirements are solid, although they don't specify where you get your training. We offer a very rigorous training for professionals who want to take the next step in their careers.



Mindfulness

Addiction & Recovery


"The sound of silence is so accurate" Mark Rothko

Elizabeth Hearn - Mindfulness addresses the most pressing characteristic of addiction-disconnection at the deepest level of the human mind and heart.

Mindfulness as a way of life means paying attention to what's happening in the present moment in the mind/body/soul and in our external environment. Basically it is a repertoire of meditation practices. The aim is to build awareness and inspire change. The intention is to develop our capacity to learn how to live life with greater resilience, compassion and happiness. i.e. to feel whole and complete.

Mindfulness cultivates the ways of maintaining a balanced attitude in day-to-day living. This ancient but perfect science, deals with the evolution of the 21st century mind and covers all aspects central to our essential being, from total health to self-actualization. The term mindful is to be intentional in what we think and feel and our actions. Spontaneously open. Creative to unfolding opportunities and possibilities.

In life we are either pilgrims or tourists. Many of us were taught to believe that God is all omnipotent, watching us, ready to punish or reward us. Based upon nearly 30 years of years of mindfulness teachings and trainings I offer a different perspective of this relationship. It is not outside of us deciding what to give or take. This presence is within and is limitless. Mindfulness is living our truth. Conditioned mind tells us untruths. Peeling away the layers of illusion is mindfully to engage in life with authenticity and autonomy. Insights gained through the practice of Mindfulness are affirming and autonomous.

ENGAGING THE MIND, BODY AND SOUL:

A typical introduction to the art of mindfulness meditation practice begins with awareness of the breath/breathing. This can be done standing, sitting, or lying down. The intention is to train the mind to slow down thoughts while easing into stillness and focusing solely upon the breath. As thoughts continue to come and go the intention is to raise awareness of the physical sensations taking place during the process and not attaching any meaning to passing thoughts. Mindfulness practice evolves over time into including a body-scan, mantra, a mudra and restorative yoga postures.

MINDFULNESS HOLISTIC THERAPY FOR PRACTITIONERS

Mindfulness therapies offer practitioners who are interested in incorporating psychology, mythology, and spirituality approaches to phenomenology. These can create powerful pathways; making the unconscious conscious within an experiential therapeutic framework. Meditation and mindfulness increase the practitioner's capacity to "hold what is" unfolding for their client in the present moment.

MINDFULNESS AND ADDICTION HEALTHCARE:

At the heart of addiction are suppressed painful emotional states. Mindfulness practices help develop greater acceptance of how life has shaped us and enables the ability to cultivate forgiveness of self and others. Addiction influences the brain's complex reward circuitry systems. Mindfulness holistic therapies have a unique role to play in addressing addiction and mental health challenges when there is a greater focus on early interventions and relapse prevention. Mindfulness addresses the most pressing characteristic of addiction-disconnection at the deepest level of the human mind and heart.

No single holistic therapy is a stand-alone treatment protocol for addiction recovery. On-going availability/accessibility of a wide range of evidence-based treatments ought to include mindfulness-based therapeutic interventions for the efficacy of total health holistic therapies to be sustainable for recovering addicts in the long term. Mindfulness stress-management is proving to be one of the most promising relapse prevention strategies in addiction treatment. Unlike some other mental health interventions, mindfulness in non-stigmatizing.

Awareness of self is paying attention, on purpose, in the present moment. Cultivating a mindfulness meditation practice provides a 'safe place' and a personal sense of fulfillment when challenges arise. Managing time is a benefit of mindfulness training. Learning the value in being able to "switch-off" and "press pause" slows down the brains autopilot set point. Just as we are hard-wired to connect, our conditioned mind is perma-set to react.

The most invaluable mindfulness discipline in addiction recovery is insights into the pathos of self-fulfilling prophecies: we create our thoughts, reality and outcomes. Loss of control is huge. Fear has us feeling overly responsible for ourselves and in particular, the lives of others. Negative control zaps relational energy and all but destroys intimacy in marriages. The good news is that with mindfulness we learn how to detach

from our story. Learn how to be mature, be responsible and happy liberated from pain and suffering.

Cravings causes suffering. Obsessive thinking needs certainty when we are stuck in the past or projecting into the future, there is not enough of "us" in the present. No wonder we feel disconnected from our inner essential wisdom. As simple as it sounds restorative mindfulness disciplines bring our focus back to the breath. Most people are surprised by their habit of shallow breathing. Learning how to breathe, deeply, longer and stronger immediately energises the body. "Although the practice of meditation is associated with a sense of peacefulness and physical relaxation, practitioners have long claimed that meditation also provides cognitive and psychological benefits that persist throughout the day," says study senior author Sara Lazar of the MGH Psychiatric Neuroimaging Research Program and a Harvard Medical School instructor in psychology.

This study and many others from H.M.S. demonstrates that changes in brain structure may underlie some of these reported improvements and that people are not just feeling better because they are spending time relaxing. There are many ways to cultivate the efficacy of mindfulness through repetition and regular practice until it becomes a natural everyday occurrence.

Mindfulness meditation invites the process of individuation – the Self is revealed as an actualised human being. Basically, mindfulness recognizes the Self and empowers individuals to act as a purposeful agent in their own lives and in the lives of others. In its purest form Mindful Awareness has the potential to add value and freedom to everyday living. To experience being here now in the present moment is recognising a powerful shift in energy and intention.

Learning how to manage mental stress reduces our "inner critic" relentless "only-negative" self-talk. Teaching clients to retrain their brain is both empowering and esteem building for them and to observe the changes created by successfully incorporating mindfulness techniques is also rewarding for the practitioner.

Stress negatively impacts optimal wellbeing: adrenal fatigue is caused by too much cortisol (major stress hormone) and not enough exercise, poor nutrition, sleep deprivation, and the absence of stress management The issues is in the tissues. Mind body soul total health is mindfulness in action. Mindfulness helps us all thrive in our addiction recovery and in life.

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Letting go of the need to control... as easy as 1, 2, 3

by Chula Goonewardene

I remember in my first few weeks of recovery, being given an assignment on 'Perfectionism and the need to control' and feeling incredibly offended at the implication that such a sentiment could possibly be applied to my laid-back, easy-going character. Obviously the denials of active addiction had constructed a significantly warped view of self, but luckily the gifts of desperation and despair had granted me the willingness to trust in the wisdom of my Counsellor, the programme and my peers, so I undertook the task with as much openness and honesty as I could muster, and I'm very glad that I did.

As a therapist in private practice, working with the broader issues of the human condition, I have found that this 'need to control' is a universal dilemma that afflicts not just the addict, but almost all of us. The idea that we are powerless over people, places and things, strikes fear into the hearts of many, as the illusion of absolute choice and ultimate control over our destinies, brings a false sense of security that allows us to feel sure about our place in the world. Even though most of us intellectually understand that external factors will always impact upon the paths that we choose, there seems to still remain a deep-seated belief in the approach that; 'If I do this, then this will happen, then I will feel this, and it will all be ok'. How many times have we attempted to make this true, only to find that events turn out so very differently from what we anticipated, and how many times have we continued to push and force a square peg into a round hole?

The addict is taught this lesson in a harsh and profound way. The experience of being totally and utterly addicted brings many of us to a place of absolute insanity; convinced that with the right amount of will-power, knowledge, medication, relationship, employment, or external success, that we will develop the ability to control our addiction and become

manageable. As we know, for most addicts, this is not the case. So what is the answer? I'm sure there are many, so I can only speak from my own personal experience, and the observation of those that I have worked with professionally, to say that I have found the first 3 steps of the 12, uniquely designed to facilitate this process, in the context of a view that 1-3 are about how we relate to the world, 4-7 how we relate to ourselves, 8 & 9 how we relate to our past and future, with 10-12 supporting us to continue in positive relationship with self and others.

It took me a very long time to admit and accept that I was powerless over my addiction and even longer to see that ultimately, I am powerless over people, places and things. I tried everything I could to control my using and I feel with certainty that the repeated defeat, along with the unavoidably increasing unmanageability, were the catalyst to my initial surrender, a process that has

> *"I mean no disrespect to those who do, but I do not believe in an omnipotent God-like higher power that can 'care' for me, so therefore, neither can I 'hand my will and my life over' to something that I don't believe exists as a single entity with a will and interventionist ability of its own"*

often reappeared when I have felt the desire to control, avoid, or change the way I feel.

Recovery has taught me that underneath lies fear, a fear that became imbedded when traumatic events took any sense of personal control out of my hands, and my experience was of an unbearable loss of control, that I then spent most of my life trying desperately to regain, along with a whole host of intolerable emotions that I sought to avoid, through the use of substances and addictive behaviour. Unfortunately active addiction works at first, and the absence of difficult feelings brings an ill-fated illusion that now, we are in control, the pain ceases to exist, we have found a cure, and that cure becomes our key to survival in the world.

The price we pay is to lose the natural process of emotional growth, to the point where the adapted child becomes an adult without many of the much-needed skills of life, such as emotional self-regulation, healthy boundaries, balanced reciprocal interaction, or the innate understanding that; life won't always go our way, and disappointment, dissatisfaction and sometimes devastation, are bearable and integral aspects of living. The end result is finding oneself in a cul-de-sac of hopeless addiction amongst war-torn surroundings, with the accompanying insanity as our only bed-fellow, making the same mistakes over and over again, expecting different results and finding a distorted security in familiar pain.

A true admittance and acceptance, of being powerless over our addiction, eradicates the illusion of control, along with softening the shame of seeing oneself as morally deficient and severely lacking in will-power. It in fact empowers the individual to face reality and see clearly the futility of attempting to control that which has become a seemingly irreplaceable component of personal identity. It is in this first surrender that we find the freedom to move forward, and by admitting that we cannot control our addiction, or our spouse, friends, workplace, car, or digital appliances, for example, we are able to acknowledge our insanity in trying to do so. It has been said that; 'we cannot control the things around us, or even those within us, but we can control our response to them' and it is through this realisation, when it comes, that we find the ability to choose to do things differently. Ironically, through the acceptance of powerlessness we actually find power, and it is then how we source that power in its greater existence, as I have never seen this develop organically from within an active addict on their own.

This is where personal beliefs play a primary role in the restoration of one's predicament of desolation and it is refreshing to see that what individuals chose to name as their 'higher power' doesn't seem to matter, as it is the psychological and emotional process that heals, once action is undertaken. Step 2 states that we as a group, in fellowship, came; as we came we came-to; as we came-to, we started to believe we could get better; and as we started to get better, we fully realised that we couldn't take this journey of recovery on our own. I sincerely believe that therapeutic healing cannot take place in absolute isolation, it is through the love and care of others (with healthy and appropriate boundaries of course) that we find salvation, in whatever form that may take, and it is our willingness to believe that this love and care will heal the parts of ourselves in need, that consequently restores us to sanity.

This also transfers well to my work with non-addicts, and along with supporting someone to recognise the value of the therapeutic alliance, a power greater than either party on their own, I always look to see where isolation is corroding the spirit and the need for control is stirring inner turmoil. Sometimes simply engaging in a positive way with others, or finding identification in sharing a common problem, is the most effective tonic in calming the mind enough to gain clarity and move forward. The power of the group is not

to be underestimated and the pain of loneliness has the awful ability to attach itself to so many of life's maladies and misfortunes.

Once we have recognised our powerlessness, realised that trying to change the things we can't is driving us insane, and fully witnessed that there are elements outside ourselves that can bring relief, how do we rid ourselves of the need to control? Enter Step 3.

Firstly, let me say that the wording of this step troubled me when I first read it and still troubles me today. I mean no disrespect to those who do, but I do not believe in an omnipotent God-like higher power that can 'care' for me, so therefore, neither can I 'hand my will and my life over' to something that I don't believe exists as a single entity with a will and interventionist ability of its own. What I do believe however, is that there is 'good and bad' in all of us, that I can choose what to cultivate within myself, I can choose my intent, and I can choose what and who I surround myself with, obviously within the limits of practical living. So the essence of this step for me is simply about letting go of my need to control whatever outcome it is that I am striving for and just putting in the footwork with a healthy dose of hope. If I can find the right peg for the hole, then great, but if I can't, I'll wait to see if a right-shaped hole appears, but the most important thing is that I accept, that the square will never fit the round.

By applying this 3-step theory I am ultimately able to recognise my self-destructive behaviour and acknowledge that only by taking personal responsibility will I actually gain freedom from my anguish and be able to soothe my soul; it is me that is in the way, and when it comes to supporting others in my therapy work, there are three questions that I like to ask; What have your efforts to change/control this issue brought you?, How does it feel to share this issue and what realisation does that bring?, and; How would it feel to let go of this perceived need altogether? I support my clients to identify the difference between wants and needs within the context of accepting the things they cannot change, to focus on the things they can change, with an understanding that; we all hope for the best, we all strive to achieve, we all like to feel that we have some control over that, but sometimes the only way to really get what we need, is to let go of what we want.

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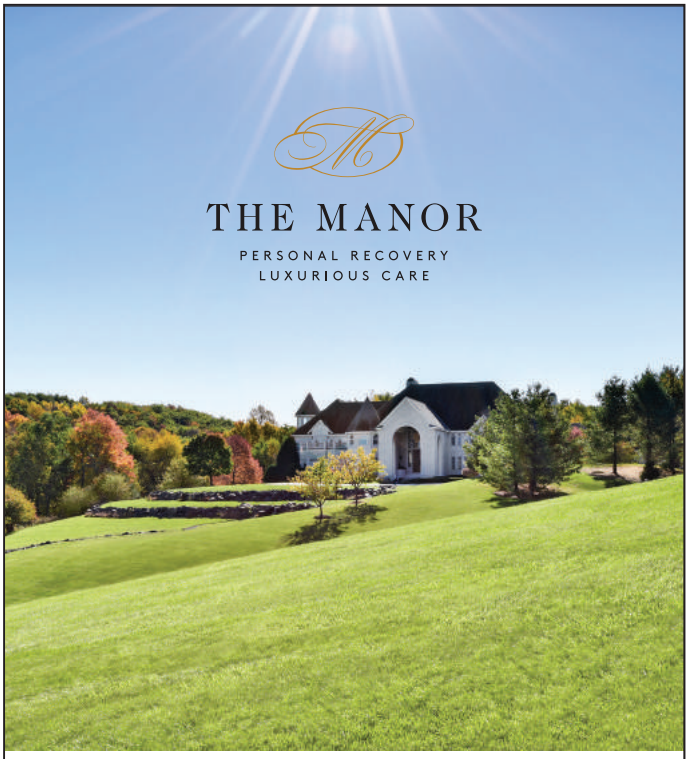

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Creating Calm in the Balearics

John Mckeown speaks of the challenges of developing treatment in uncharted territory.

Back in 2012 I was holidaying on the island with my son, we stayed at a friends who is very much into self-development. He suggested an idea to set up some recovery retreats in Ibiza for people to do work on themselves in beautiful surroundings. Sometime later, I spoke to yet another friend who had moved to the island who was surprised by the complete lack of recovery services available. This was enough motivation and I decided to put some work into it.

I returned to the UK and researched what was available in terms of organisation's specifically working with addiction on the Island, and sure enough there were none. We decided to look further into establishing an organisation to fill this gap, but rather than running retreats, we took it a step further and opened a treatment centre. At this point there were just 2 of us, myself and my colleague Stephen Clark. Stephen lives on mainland Spain and has many years of experience of operating businesses from there.

I encountered some funny comments during conversations with friends and colleagues, usually along the lines of "Ibiza! Isn't that a crazy idea?" The assumption always being it was a place to go to get high, and not get well. The other assumption was that there would be resistance from the authorities on the island, as it may affect a particular tourist group. We went ahead, and the reality was that as usual they were simply assumptions.

I have many years of setting up rehabilitation programs in unchartered territories. I was clinical manager at RAPT (Rehabilitation for Addicted Prisoners Trust) where I helped establish and oversee the 1st 12 step treatment programme based in HMP Downview, with HMP's Coldingley, Wandsworth, Pentonville and Norwich following suit. At the time there was a widespread drug problem within the prisons, this was largely ignored or denied, making it almost impossible to discuss it. As a consequence, addiction treatment did not exist in these facilities, particularly abstinence based treatment. We came up against some resistance, but with persistence and respect for the rules of the prison and staff we overcame these barriers. We were their guests and we needed to include all departments of the prison in the discussions of our progress.

Thanks to some amazing governors and staff we were able to introduce urine-testing and drug-free landings, we established very successful treatment with great outcomes.

Another experience was taking 12-step day treatment to Liverpool. It's hard to imagine now but until SHARP Liverpool (action on addiction), there were no abstinence-based day programs on Merseyside, just a lot of harm reduction and methadone maintenance. Resistance from the community was high, especially from the drug and alcohol action team (DAAT), but also from other service providers. It took us many years and much patience to establish SHARP but it's now an established service with hundreds of clients graduating through the 12 week programme.

What I've learned from going into new environments is that people resist new initiatives because of fear of the unknown - a lack of knowledge and understanding about what we mean by addiction and treatment. However, it is also important to say that people also fear new initiatives as they perceive them as competition. The reality is that if what they are providing is any good it will co-exist and dovetail with the new provider and become a fruitful partner. Therefore, it is our responsibility to respect other people's views but also challenge them in a professional way when necessary, to be confident and not deny the efficacy of our own

> *"Tristan once said to me that we are all pioneers extending the frontiers of recovery and as such must expect to encounter resistance"*

hard-gotten experience. That is where good training and supervision comes in. Individuals who have been at the forefront of our field here in the UK like Tim Leighton, Nick Barton and Tristan Millington-Drake are great examples. Tristan once said to me that we are all pioneers extending the frontiers of recovery and as such must expect to encounter resistance - it is par for the course - and therefore it is incumbent upon us that we conduct ourselves in a manner that reflects the nature of the treatment model we offer. We are ambassadors for all who share our experience and perception of addiction as a condition that can be relieved.

To our surprise, we have not experienced any resistance from the community on Ibiza. Our ideas have been welcomed and supported by some fantastic individuals who understood and embraced the idea of setting up an addiction treatment clinic on Ibiza. We spent the last three years building relationships with the local community, doctors, and friends in the fellowships, to establish Ibiza Calm. We wanted to do things correctly and knew that we would need the appropriate permissions. There was no precedent for addiction treatment on the Balearic Islands but thanks to an amazing woman, retired doctor, Lola Fernandez, we have been able to receive the appropriate permits. We opened on the 10th of June 2015.

Pinel House - A look back at the treatment centre founded in 1952

Jim Smith takes a look back at Pinel House, the first addiction treatment centre outside of America, and how the founder, Dr Max Glatt, paved the way for understanding and treating addiction.

'Pinel House' was the first treatment centre outside of America, Dr Max Glatt, the legendary pioneer of addiction treatment founded the unit in 1952 in the grounds of Warlingham Park Hospital in Surrey. He took his inspiration from the AA program that arrived in the UK in 1948. Max Glatt paved the way for understanding and treating addiction, he died in 2002 at the age of 90.

In 1975, Dr JJ Gayford became the consultant psychiatrist of 'Pinel House' he was to stay there until 1993, touching hundreds of people's lives, my own included. I was taken into 'Pinel' on October 27th 1976 after undergoing a profound spiritual experience having being in intensive care. Dr Gayford was my consultant; he was highly respected and rightly so. He was compassionate, boundaried and had a deep insight into humanity.

> "Dr Max Glatt, the legendary pioneer of addiction treatment, founded the unit in 1952 in the grounds of Warlingham Park Hospital in Surrey, he took his inspiration from the AA program that arrived in the UK in 1948. "

I left 'Pinel' in February 1977 and spent 15 months at Trelawn (half-way house) in Purley. 'Pinel' had close links with Trelawn so Dr Gayford was still part of my recovery. Since then my life has unfolded in ways I never dreamed of and today I'm in my 40th year of recovery.

So you can understand that when a friend of mine told me that John Gayford was now an Anglican priest in a Sussex church I knew I had to pay him a visit.
I spent a couple of hours with Father Gayford in his church. To say he's a Renaissance man is an understatement. He entered medicine as a dentist before becoming an oral surgeon. He met his wife, one of the first women endocrinologists in Europe, they've been together for over 50 years.

He then qualified as a psychiatrist. In the 60s he worked with Erin Pizzey who opened the first women's refuge centre in 1971. Dr Gayford toured the UK lecturing on domestic violence and appearing on TV. Then he went on to 'Pinel' from 1975 -1993.

So, there I was, talking to Father Gayford in 2015 in his church; he spoke about his time at 'Pinel' fondly saying that he'd done his best work there. My mind went back to being a patient at 'Pinel' in 1976, full of fear and anxiety, but with hope for the future. I asked Father Gayford if he still refereed at football, he said he was in his 61st season and had a game on Saturday. He's 77 years old. He said there was one more thing, "I'm a bit of an academic" he said, "I've done four MAs in three years". Ah well, what did I expect! This remarkable man is still giving hope and healing to people, I thank God he was in my life.

Pinel House closed in 1993.

Dr Max Glatt

Jim Smith

Jim Smith

Father Gayford

Alcohol-Related Brain Damage - ARBD

Recovery Practitioner ***Dan Mushens*** speak to Jim Duffy about the day he lost his job, living with alcohol-related brain damage and how it needn't be a life sentence.

"Although I've got memory deficits, I remember that day as clear as if it were just yesterday. It was my day off work and I'd been pottering around the house and tidying the garden, I saw two men approaching the drive-way, it was my gaffer and his colleague. Immediately, I knew this wasn't a social call, I knew the game was up".

Jim had been a BT engineer for over twenty years and in 2001, he was part of a specialist team installing the communications for sporting and music events at Hampden Park Stadium in Glasgow. He speaks candidly about life as a functioning alcoholic and hiding bottles of cider underneath the passenger seat of his old works van. He recalls knowing the location of every lamppost-mounted bin in Glasgow, or at least the ones where deposits could be made from the comfort of the driver's seat. Even more tellingly, he also knew the day and time of the week they were emptied!

His boss approached and said "Jim, this won't take long mate, if we can have the keys to the van, we'll be on our way and we can discuss things in more depth in the morning". Jim was surprised, surprised that he'd been able to hide it for as long as he had. Wanting to discuss it there and then, he invited them into his house for a coffee where he was given the news that in the morning he was to be relieved of his duties.
For years, Jim had been drinking on the job at every opportunity and believed he was doing so in a discreet and calculated manner, the truth was that it had become blatant and was common knowledge amongst his colleagues. Questions had been raised over the quality and speed of Jim's work, the company had now collected the evidence they needed and Jim was soon to be unemployed, "an alcoholic without a function" he recounts with a wry smile. "I had been the company's union representative for a long time but I literally couldn't defend myself due to the sense of shame and embarrassment, I had no fight in me. I accepted that this moment in my life, was the beginning of the end". "It was the thought of being unemployed that scared me" says Jim, "I'd been working full time since I left school and I had a partner, a daughter, a big house and a hefty mortgage to pay each month. Reflecting on that life defining day, one of many which I've subsequently had, faced with a future of daytime TV, a remote in one hand and a bottle in the other, I desperately wanted to address my issues. One of the main concerns at this time was the fact I knew my memory had been deteriorating for some time but I didn't want to discuss it due to the fear of what it may mean".

The morning after his van was taken away, Jim went to the office first thing, signed the relevant paperwork and shook the appropriate hands before heading straight to see his doctor "to get the ball rolling". "The years that followed were hard and the effects of that day rippled through every aspect of my life" says Jim. "My marriage ended in divorce, I lost the house and my relationship with my daughter deteriorated to the point that contact is still sporadic".
Jim recalls a plethora of meetings, appointments and assessments spanning many months, which resulted in being told he was suffering the effects on Alcohol Related Brain Damage (ARBD). "I didn't have a clue what they were talking about when I was told I had ARBD" Jim admits. "It's not a term that you hear much about, but when you hear the words 'brain' and 'damage' in the same sentence, you sit up and take notice."

ARBD is an umbrella term for a range of symptoms which describe the physical injury to the brain due to heavy and prolonged alcohol use and the lack of proper nutrition. The two main disorders are Wernicke's encephalopathy and Korsakoff's syndrome. Characteristics include thiamine deficiency which is a B1 vitamin, poor concentration, confusion, poor balance and coordination as well as a lack of self awareness and insight. Jim has experienced them all at some point or another but is keen to stress that one in four people will recover completely following a two year period of total abstinence and a good nutritious diet including thiamine rich foods.
The road to recovery is unique to each sufferer and is seldom a straight forward sprint to the finish line but more like an arduous cross country trek on a sponge like terrain. "I wanted to abstain but it wasn't easy, even with the best of intentions, peer support at AA meetings and various medications, I relapsed time and time again. I was in and out of supported

> *"I may need a little support now and again but my quality of life is what I decide it to be, with ARBD you need to focus on what you are able to do and adapt"*

accommodation, detox and rehab services as well as hospital wards. I had spiralled into a world of chaos with no meaning or purpose and at my lowest, I thought I was senile and past the point of redemption, I saw myself as a snowman whose future was slowly disappearing".

Scotland has 32 local authority councils. Jim feels fortunate that Glasgow have a specialist ARBD unit who helped him through his journey. However, Glasgow is something of a rarity and the number of other local authorities with designated ARBD team sadly doesn't reach double figures.

Today, although he is no longer drinking alcohol, Jim is currently living in a supported living service at a purpose built ARBD complex in the east end of Glasgow. "It's nice to have that reassurance, to know that support staff are around 24 hours a day should I ever need them" says Jim. They're not intrusive and they respect my privacy, but the staff prompt me at certain times of the day as my short term memory can be poor, I've come to terms with it and have adapted accordingly".

"The way I see it, is I'm fortunate. I'm now in my mid-fifties and eventually I've been able to stop drinking leading to opportunities presenting themselves to me that otherwise wouldn't have". For example, Since 2011 I've been a trustee on the board of the ARBD Focus Group whose aim is to raise awareness of the condition, influence public policy and improve services". Jim speaks very passionately about this role, he considers it his duty to promote this under-discussed condition as he knows how little information was available when he was diagnosed.

"It needn't be a life sentence" Jim says with a stern face. "I may need a little support now and again but my quality of life is what I decide it to be. If you break your arm, you adapt and get on with things, if you have toothache, you endure the pain until the tooth's treated, If you have ARBD, you need to focus on what you are able to do and adapt".

Narcissists in Treatment: The Importance of Making Waves

Renowned author, relationship expert and lecturer in the field of addiction ***Rokelle Lerner*** feels that regardless of Narcissism Personality's removal from the DSM5 , there is a clear need for clinical expertise in dealing with the pervasive narcissism that exists in alcoholics and drug addicts.

Recovery means finding a way of living that works: physically, emotionally and spiritually. In 1958, Bill Wilson, in the newsletter The Grapevine wrote, "the first job in recovery is sobriety, the second is emotional recovery." As we know, many can get sober, but are still left with behaviours that don't disappear with treatment or sobriety.

We have all encountered addicts who have been through treatment and still exhibit self indulgent, narcissistic behaviours. Their relationships are painful and the people around them suffer constant anxiety, terror and pain well beyond their loved one's sobriety. In 2014, the American Psychiatric Association determined that the diagnosis of narcissistic personality disorder be removed from the Diagnostic and Statistical Manual 5th Edition. Regardless of this decision, clinicians need skills in dealing with the pervasive narcissism that exists in alcoholics, drugs

addicts and those with process addictions.
A narcissist must protect feelings of grandiosity and omnipotence through chronic devaluation of others. Their acute radar for the limitations of others is particularly reserved for those that offer help and support. This investment in grandiosity spares the narcissist the terror unconsciously associated with dependency. And, it is this pervasive fear of dependency enshrouded by grandiosity that is central to the narcissistic personality structure. Developmentally, the narcissistic wound often occurs around the rapprochement sub-phase of childhood. So essentially it's important to remember that when dealing with this personality, you are working with the emotional equivalent of a toddler. And the rules of a toddler are as follows: "If I want it, it's mine, If I can take it away from you it's mine, It must never appear to be yours in any way"

According to Alan Schore , brain imaging studies show that attachment disruptions at the rapprochement phase of development affect the right brain areas involved in empathy and compassion. In addition, this type of trauma and the intense shame that ensues reflects a sudden shift from the sympathetic to the parasympathetic autonomic nervous system activity. In short, there are neurobiological and developmental reasons why these men and women have difficulty with empathy as well as self-regulation.

THE NARCISSISTIC ADDICT

The best way to describe a narcissistic addict is through metaphor: Lewis Carroll's fable for children, Alice's Adventures in Wonderland, tells of a young woman who swallows a magic pill and drops down a rabbit hole into a strange and wondrous land. If we link that tale to the myth of Narcissus, who is captivated by his own beauty, we have a description of the narcissistic addict: a man or woman who is both narcissistically disordered and lost in a version of wonderland. For some men and women, addiction is characterized by an insatiable desire to recover an infantile state of gratification, which can only be realized in "wonderland."
The narcissist's false self is so grandiose and ego so cruel and shaming that the disparity between the false self and his or her internal, shameful reality will eventually knock them off their pedestal. Whether a failed relationship or a critical comment at work, sooner or later a narcissist will experience a "grandiosity gap" between their fantastically inflated and unlimited self-image and their actual limited and shameful reality. It makes perfect sense why a narcissist would turn to alcohol, drugs for comfort. Since the core emotion of a narcissist is shame, they are at high risk for addiction to substances ranging from sex to drugs to alcohol. The more internal shame a person feels, the more likely he will be attracted to anything that promises relief from pain and emptiness.
Narcissism isn't really about individuals who feel superior. The truth is that a narcissist has little sense of self. They're desperate for praise because it's the closest they'll ever get to unconditional love. For instance, we're all aware of the term "King Baby." Although the image conjured up by this phrase is someone who's arrogant, snobbish, demanding, and aloof, the truth is these are the very men (and women) who feel painfully inferior. In fact, the more a person displays this "kingly" or "queenly" behavior, the more second-rate they feel. These addicts/alcoholics are hiding tremendous shame with their pride.

"It's important to remember that the narcissistic addict isn't in treatment because he or she thinks they have a problem. He or she is seeking help because they are expecting you to restore their grandiosity as well as "participate" in their symptoms"

THE KING AND QUEEN

An addict has difficulty coping with the normal frustrations of life. The "king," however, because of his delusion of omnipotence is constantly creating unnecessary roadblocks by storming ahead despite the cost. A Twelve Step Program might appeal to the narcissist if he can appear as the 'guru'. If the admiration and attention runs out in one group, he can always find another across town. Sadly, the narcissist has little staying power for sobriety and expects quick results. Since recovery is one day at a time,

"The queen is in deadly competition with her daughters. When they get to be teenagers and mum is experiencing the evidence of ageing, an ugly, hateful battle can develop between the queen and her children "

and the surrender to the notion of powerlessness is tantamount to recovery, the prognosis is questionable, but not hopeless. There's always the chance that he'll pick up a sponsor who has some good recovery from addiction as well as narcissistic traits.

I would be remiss if I didn't point out that king has a female counterpart. The victims of narcissistic women are frequently the ones over which she has the most power—her family. Criticizing, verbally abusing, and sometimes physically assaulting, she can't allow them to be too successful or too happy. The queen is in deadly competition with her daughters. When they get to be teenagers and mum is experiencing the evidence of aging, an ugly, hateful battle can develop between the queen and her children.

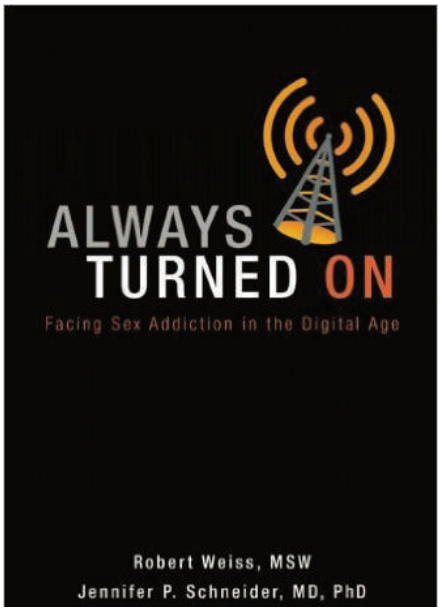
For those whose lives have been impacted by a narcissist, it's important to remember the behaviours I've discussed here are related directly to childhood trauma. They are survival mechanisms that were formed in sadistic environments among other narcissists who learned the same survival skills in their childhoods. These defence mechanisms are passed down through the generations and systematically choke the life out of children. Narcissistic parents beget narcissistic children. Narcissists are set up for addictive behavior as their true self goes into hiding at an early age in order to please a parent figure and to survive. Emerging in its place is a false self that writes checks of bravado and grandiosity from an empty bank account.

It's important to remember that the narcissistic addict isn't in treatment because he or she thinks they have a problem. He or she is seeking help because they are expecting you to restore their grandiosity as well as "participate" in their symptoms. Countertransference issues abound. As Joanna Ashmun says: "Narcissists elicit profound and primitive wrath and hostility from sane and stable people". Whenever possible it is important to avoid ongoing one-to-one therapy with a narcissistic addict and use a group therapy format as well as service and Twelve Step programs.

In order for sobriety and recovery to occur, the treatment counsellor must develop a relationship with the shameful true self, much to the chagrin of the narcissistic patient. Vulnerability is so frightening to the narcissist that the therapist is consciously or unconsciously threatened to avoid making waves in the "pool." Any ripples will fracture the reflection and the narcissistic addict's sense of self. These interventions may be attacked, or ignored. Yet this is precisely the type of therapeutic relationship that is required to begin the path of healing.

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.



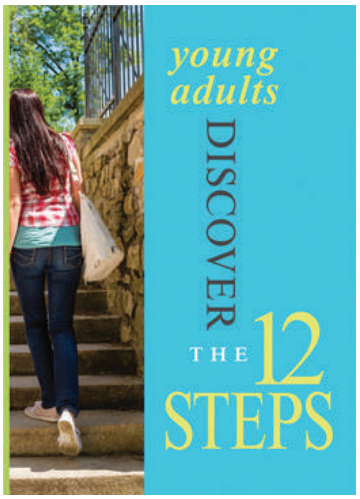
ALWAYS TURNED ON: SEX ADDICTION IN THE DIGITAL AGE

By Robert Weiss, LCSW and Jennifer P. Schneider, MD, PhD
Published by Gentle Path Press
£12.49, pages 213
ISBN – 978-0-9850633-6-8

'Always turned on' a multi layered and accurate description that typifies the current state of sexual addiction in a wider aspect of digitally integrated society. The reader is walked through numerous points of reflection in relation to how technology has impacted the way sex, relationships and intimacy is engaged with in modern practice as opposed to thirty years ago. Sexnology and GPS hook up app systems are one of the many themes discussed. The book points to how sexual addiction has also morphed with the times and how easily accessible, affordable and anonymous endeavours are the vanguard for sexual expression with many different forms readily available. The sections of the book comprise some questionnaires for cybersex addicts and the far reaching impact on love and romance addicts in the digital age. The theme is also a continuation from previous works that illuminates more of the current impact technology is having on individual's interactions with the latest devices. The resources section at the end has really useful therapeutic tasks that can assist anyone recovering from or supporting individuals recovering from sexual addiction. In essence the take away message from the book is that irrespective of the amount or use of technology that an individual engages with, if there sexual behaviour is impacting their life to a detrimental level that is the defining characteristic to addiction, however technology is producing more exposure which in turn can impact the individual to a detrimental degree.

ASHLEY HOWARD
is a Certified Sex Addiction & Trauma therapist Candidate working with addicted clients at The Hudson Centre for Psychotherapy and Recovery.

YOUNG ADULTS DISCOVER THE 12 STEPS



DVD & CD-ROM
Published by Hazelden
www.eurospanbookstore.com/hazelden
ISBN: 9781616495404
£228.00 inc VAT

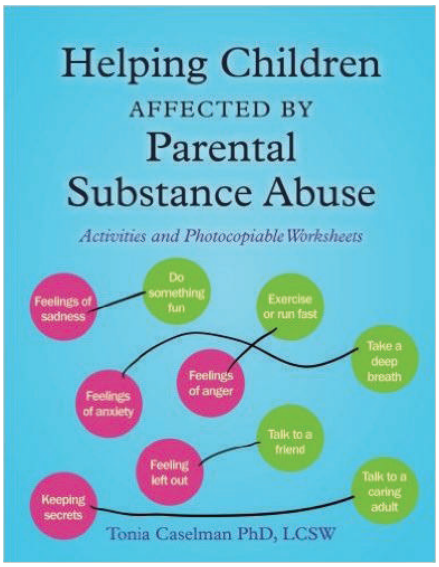
For anyone working with young adults (ages 16-24) who are lost, hopeless and trapped in the cycle of addiction, this DVD and accompanying CD-ROM (providing fact sheets for each step) appears to be a must-have for a variety of settings. it is designed to give an understanding of the 12 Steps and the concept of long-term recovery. The core is divided into three elements - the 12 Steps (and meetings), the Book(s) and the Fellowship (meetings).

The importance of meetings is stressed and a summary of what to expect is given. This includes an emphasis on points like, "Keep what you need and leave

the rest," meetings are specifically NOT religious but spiritual and how to find meetings. The subject of sponsorship is also introduced.

Each of the 12 Steps is presented by interviews with a variety of young people in recovery. This brings a powerful message. They discuss their denial and justification by blaming others. They address their fears and difficulties and describe the benefits they have received. They conclude with the heart of the 12 Steps as Higher Power, Fellowship and Action. These bring Hope, Help and Serenity. "You might be only 12 Steps away..." It makes for a very moving experience.

ANTHONY SCRATCHLEY
is a Hazelden-trained counsellor, with some years in practice, specialising in family work and relationships around addiction.



HELPING CHILDREN AFFECTED BY PARENTAL SUBSTANCE ABUSE
Tonia Caselman PHD, LCSW
Activities and Photocopiable Worksheets

As addiction professionals we are used to hearing of the difficulties faced by children affected by parental substance misuse; including higher incidence of illnesses both physical and mental, poorer learning outcomes, risk of neglect and abuse. Resources have tended to prioritise the parent with the problem rather than the child. This book is an attempt to redress the balance. It is written by an experienced clinical social worker, and provides a clear and simple format for group work with children affected by addiction.

The book is the perfect manual for working with the children of addicts and alcoholics. Although ostensibly a template for group work it could easily be adapted to work with individuals. The chapters are set out clearly and cover all relevant topics, including letting go of shame and control, emotional literacy, relationships, impulse control, problem solving and goal setting. Each chapter contains best practice and treatment recommendations and sets out a range of exercises to explore the topic. It is very child focussed but does not lose sight of child protection implications and acknowledges the child's relationship with its parent and the ensuing loyalty conflict: my mother/father is not bad – he/she has an illness and there is a solution. I will have no hesitation in utilising this manual in my own practice and recommending it to other professionals.

SUE MERCER
Mercer is a qualified systemic family therapist and social worker with over twenty years of experience in addiction and child and adolescent mental health services.

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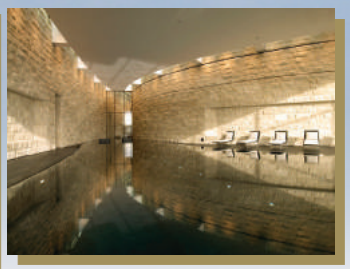

- Treating one client at a time with an experienced, renowned and caring team of doctors and therapists
- 100% individually tailored treatment, intensive and undogmatic
- 100% private and confidential
- 360° treatment approach, identifying & treating all underlying issues: psychological, medical, bio-chemical, social and spiritual
- Private luxury accommodation and "six star" hotel & concierge services
- Fully licensed Swiss hospital

Paracelsus Medical AG • Weberstrasse 21, CH–8004, Zürich, Switzerland
Tel: +41 52 624 6333, Fax: +41 52 624 6334
info@paracelsus-recovery.com • www.paracelsus-recovery.com

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.

RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

Join our team...

Are you in 12-Step recovery?

We are actively seeking applications from people in **12-Step recovery** to join us at RAPt, the charity that supports addicts in prisons and the community to find recovery and transform their lives.

For more information call **020 3752 5572** or email **recruitment@rapt.org.uk**

www.rapt.org.uk/jobs

Hope Changes Everything

http://www.hope-rehab-center-thailand.com

HOPE CHANGE EVERYTHING
Hope Rehab Center Thailand is a respected Drug and Alcohol treatment centre located close to secluded island beaches, with easy access to Bangkok airport offering intensive 30 day & Long-Term programs.

First month basic fee is $7500 or £5300 for 30day program

Being in Thailand has a positive effect on price as well as your experience. The treatment model at Hope Rehab is holistic and has been specifically designed to restore your physical, mental, emotional and spiritual well-being. The center has a family-feel rather than the cold factory-feel of larger Rehabs.

TOGETHER WE ARE STRONGER
An addict or alcoholic cannot beat addiction alone; but together with Hope, Faith and Courage we can. We believe that with the right tools you have the power within you to heal and achieve recovery.

SPIRIT 2 SPIRIT
Healing

Spirit2Spirit Healing was founded on the principle of teaching people how to heal 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. Healing retreats will guide you on a healing journey that will let you resolve your trauma, evolve beyond your trauma and allow you to heal.

Personalized Confidential Service

Spirit2Spirit Healing offers individual intensive therapy at our location or yours. We offer a concierge therapy, catering to your every need. We have the possibility to personalize your treatment to better suit your needs. We offer one on one treatment, with full confidentiality.

We Are Here For You.

2016 Certifications

Module Three	Module Four	Module Five
June 23-27, 2016	August 18-22, 2016	October 20-24, 2016

Through each module students learn practical assessments, up-to-date approaches to treatment, and essential intervention techniques for treating clients. Each training module is designed to not only explain the different holistic approaches used in treating trauma survivor, but to actually allow the participants to learn from their own experiences during the training. This process will allow for growth, acceptance and open the participants eyes to the vast number of approaches used in trauma treatment. Each 5-day training module goes well beyond lectures, including group sessions and hands-on experiential training to truly prepare you for addressing the deep psychological wounds that are so often inadequately treated.

www.spirit2spirithealing.com • 888.728.6229

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				●						
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 kairos.bethwin@kairoscommunity.org.co.uk	Susanne Hakimi Head of Service Lee Slater Manager	●	●	●		●			●		
KAIROS COMMUNITY TRUST 59 Bethwin Road, London, SE5 0XT		www.kairoscommunity.org.uk		●	●						●		
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	●	●	●		●			●		
KENWARD (NAOMI) Highgate Hall, Rye Road, TN18 4EY	T 01622816086	admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk	Nick Hillman Admissions Manager	●	●	●		●			●		

...on ...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.
	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.
	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.

Where to find... treatment

England	Telephone	Email, website	Contact	Alcohol	Drugs	Eating disorders	Gambling	Dual diagnosis	Detoxification	Sex Addicti	Not-f
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	●	●	●	●	●	●	●			
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	●	●	●	●	●	●				
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	●	●			●					
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	●	●			●	●		●		
ALEXANDER CLINIC King Street, Oldmeldrum, Aberdeenshire, AB51 0EQ	T 01651 872100	enquiries@alexanderclinic.co.uk www.alexanderclinic.co.uk	Mark Hepburn Manager	●	●		●	●	●				
Scotland **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	●	●	●		●			●		

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
	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.
	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.
	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.
	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.
	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.

Where to find... treatment

	England	Telephone	Email, website	Contact	Alcohol	Drugs	Eating disorders	Gambling	Dual diagnosis	Detoxification	Sex Addicti	Not-f
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	**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	●	●	●	●	●	●	●	
	CORTIJO CARE Cortijo Blanco, San Pedro, De Alcantara, 29670, Malaga, Spain	T +34 952 780 181	info@cortijocare.com www.cortijocare.com		●	●	●	●	●	●		
	IBIZA CALM Can Fruitera, Carrer De Santa Eulalia a Sant, Rafael, Ibiza	T +34 971 197 010	info@ibizacalm.com www.ibizacalm.com	info@ibizacalm.com	●	●	●	●	●	●	●	
	ACTEnow 12 avenue Paul Doumer, Paris, 75116 France.	T +33(0)1 47556880	contact@acte-now.com www.acte-now.com	David DELAPALME Managing Partner	●	●	●	●	●			
	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	●	●	●	●	●	●	●	
	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	●	●	●		●	●		
United States of America	**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.MorningsideRecovery.com	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	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	●	●						
	HOPE THAILAND	T +66 8 95291297	simon@hoperehabthailand.com www.hoperehabthailand.com	Simon Mott	●	●		●	●	●	●	
	LANNA REHAB Chaiang Mai, Thailand	T +66 9 095 4142	info@lannarehab.com www.lannarehab.com	Admissions								

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 for-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
	24 in total				●	●	●	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.
	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.
			●	●	●	●	●	18+	Self, private	by assesment	Ibiza Calm is a residential rehabilitation Clinic specialising in the treatment of alcoholism, drug dependency gambling and co-occurring disorders. Our clinic is the only licensed treatment facility in Ibiza, and have 24/7 medical support.
			●	●	●	●	●	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.
	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
						●	●		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		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	●			●	●		All		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.
	20	20	●		●	●	●	18-65	All	High motivation	2 month primary programme recommended. Volunteers in recovery accepted. Interns placements. Charity beds available
									All	Assessment	Please see our website for comprehensive overview of our services. We provide exceptionally affordable treatment in a luxury setting.

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ANNOUNCING

Rokelle Lerner, World Renowned Author and Clinician has joined Crossroads Centre Antigua as Senior Clinical Advisor.

"I am proud to be a part of an organization that is based in both clinical excellence and compassion for those that suffer from the disease of addiction. I look forward to working with the Crossroads' team of experienced and internationally recognized professionals."

-Rokelle Lerner

"Rokelle's expertise, along with Crossroads' experienced staff, will enhance our ability to carry the message of recovery and hope to those who are affected by the disease of addiction, and to those who work in the addiction treatment field."

-Denise Bertin-Epp, Crossroads' Chief Executive Officer

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