



Addiction Treatment for the Young Adult

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Foreword

I have been blessed to be appointed as the Program Director of Young Adult Addiction Services. Many people have dedicated themselves to developing this program which upholds the ideals of both the 12 Steps of Recovery as well as an understanding of the special needs of the young adult. Anyone who has tried to treat a young adult with an addiction understands that the young adult does not fit in with a group of middle age addicts. The young adult has nothing in common with the older adults except that they all are addicts.

A young adult has a personality that is still in the process of development. Much of the personality has already developed but the narcissism and idealism of the adolescent still needs to be tempered through the realities of the school of life. Young adults need specialized treatment because of their age as well as the fact that some of their personality structure developed due to distortions of reality because they were using. These “developmental errors” greatly affect the young adult in relationships and in his ability to function independently. The inadequate and inappropriate responses will need to be explained to the young adult in a way that he will not respond in an angry, defensive manner. Once he accepts that he has these problems, he will need help to develop better responses.

Standard adult addiction programs are not designed to provide the structure necessary to confront the young adult’s acting out behavior. Young adults are not yet capable of controlling and verbalizing many feelings. Many of these feelings are happening for the first time in their lives. They express these feelings by acting them out, sometimes in destructive ways, not fully realizing the consequences of what they are doing because of their lack of life experience. Unless this is managed, no addiction program is going to help the young adult deal with his addiction.

A young adult is a hybrid of an adolescent and an adult. I consider most young adults in our program to be professional adolescents since they have not yet taken on the responsibilities of an adult and have been in graduate studies in adolescent behavior. The oppositional-defiant behavior coupled with the feeling that he is entitled to free room and board eventually causes the parent to feel disrespected, resulting in anger. The parent, who up to this time has been intimidated by the young adult’s anger, now has the energy to set limits on his behavior even though he is an adult. When the parent will not allow the young adult to do something, such as use the car,

the young adult is insulted. The parent’s concern is that the young adult cannot be trusted to drive the car sober. The parent wanted to restrict the car in the past but, now, with this anger, the parent has the energy to finally say “no.” The young adult then leaves the house in a rage and with righteous indignation, gets intoxicated to prove that he can do what he wants to do because he is an “adult.” The young adult’s pseudo-maturity is a defense mechanism, as he unconsciously knows that he is not prepared to support himself financially, emotionally or socially. Any addiction treatment program that treats this age group has to have the experience, the ability and the interest to deal with this type of behavior.

A young adult does not easily fit into either an adolescent group or a standard adult addiction group. Usually he is the only 20-year-old in a group of adults with the average age of 35. The young adult will quickly use this fact as a reason why an addiction program is not what he really needs. He cannot relate to the adult stressors of child care, marriage nor the pressure and responsibility of paying bills (which he has never experienced).

Recognizing the unique needs of this population, Michael Fishman, MD and Lori Albert-Walker, MSW, developed a treatment track in 1996 for young adults struggling with addiction. Over the years, with the support of talented staff and addictionologists, it evolved into Young Adult Addiction Services at Ridgeview Institute. This program is truly an oasis for the young adult and his family in a sea of other addiction programs that do not meet the special needs of this population.

The following information is written for parents and adult friends of the addicted young adult. Please note that throughout this brochure, the young adult is generally referred to as “he.” This is done solely for the sake of clarity and simplicity. The program has both males and females that are together in our group sessions but are in separate living quarters with close supervision. Hopefully, after you read this, you will have a clearer understanding of what is best to do and not do in order to support your child. Please take time to consider this information and start your own recovery from the nightmare you have been living because of your child’s disease of addiction. We at Ridgeview are committed to doing whatever is necessary to help your child and you to find recovery from addictive disease, but it will require work from all.

—*Steven R. Lee, MD*

Who is an Addict?

An addict is someone who has a persistent, compulsive dependence on a substance or a particular behavior even though he has experienced potentially harmful consequences while doing this substance or behavior. An addiction to a chemical such as alcohol, Xanax or Oxycontin is called a chemical addiction. An addiction to a behavior such as bingeing on food, gambling or inappropriate, excessive sexual activity is called a behavioral addiction.

The compulsion to use a substance or to do a behavior comes from an involuntary biological drive located in the pleasure centers of the brain. Once an addict has had an experience that gives him pleasure, then the memory of this feeling is attached to the behavior that caused it. This is called biological conditioning.

“Pleasure” here is defined as any feeling that gives someone a sense of well-being or relief from anxiety. Pleasure could be the ability to laugh when someone is actually depressed. It can also be an escape from a sense of dread when someone is under constant pressure or fear. Therefore, once the addict discovers that using a substance provides pleasure, he has set up a biological conditioned response. Whenever he is in an unpleasant or boring situation, he knows that by using that substance he can get immediate relief.

Biological conditioning is an involuntary reaction to stimuli. Nature uses biological conditioning so we do not have to think about the details of the routine things that we do. This involves at least two events. One event is the stimulus and the other event is the response to the stimulus.

An addict generally uses his substance at the same time of the day or in similar situations repetitively (i.e. happy hour, in the evening, on the weekends). He develops a routine. After many repetitions, the brain develops an involuntary reaction to the initial stimulus (biological conditioning). When that time of the day or situation comes up, the addict has a very strong desire to use his substance. In fact, if he does not use his substance, he feels like something is wrong. If, in this routine, he finds that his substance gives him some sense of well-being or relief of stress, then every time he is stressed, he feels that he has to have his substance to get relief. When an addict who has been depressed for the past year, realizes that he is not depressed when he is using his substance, then his addiction has become not just a recreational way to get high, but a necessary way to deal with

life. This response will override any concerns about the consequences of using this substance (i.e. driving intoxicated, unsafe sex). He now has a functional reason why he has to use his substance.

Addicts use a substance over and over again because initially it makes them feel good. Though all addicts may not use their substance in order to deal with a particular stressor, many of the addicted young adults do. When this occurs, we call this a *dual diagnosis*, meaning that these addicts have an addictive disease plus a psychological problem (i.e. depression or anxiety).

Also, addiction is not caused by an event or a situation. It is not the result of tragedy in someone’s life or because of the stress of a job. These situations may make an addiction worse, but they are not the cause of the addiction. You have to be genetically prewired to be able to have an addictive disease.

Cigarette addiction is the best example of biological conditioning. Let’s say that whenever a smoker gets in his car, he has a cigarette. Assume that he does this multiple times over 6 months or longer. Then one day he gets into his car and he does not have access to a cigarette. Driving in his car does not feel right without a cigarette. He can try to drive his car without a cigarette but he feels that something is wrong. Chances are he will go out of his way to find his brand of cigarettes. The same habitual reaction possibly develops after eating a meal, getting up in the morning, going to bed at night or dealing with a boring span of time. Smoking a cigarette has become, for the nicotine addict, a biological conditioned response to each of the above situations.

When the smoker realizes that he can get temporary relief of anxiety before a stressful event, such as taking a final examination in a college class, he has to have a cigarette to calm down. For the cigarette addict, smoking is a compulsive act that has to be done to make the event complete. This would be the same for someone who is compulsively dependent on alcohol, marijuana, Oxycontin or whatever other substance is involved.

Eight percent of the general population meets the criteria for substance abuse and dependence but, for young adults, this statistic is possibly three times higher. In a four-year study of college alcohol and drug use, “Wasting the Best and the Brightest: Substance Abuse at America’s Colleges and Universities,” the percentage of students abusing drugs between 1993 and 2005 increased in the following areas:

- 343 percent for opiates like Vicodin and Oxycontin
- 93 percent for stimulants such as Ritalin and Adderall
- 450 percent for tranquilizers like Xanax and Valium
- 225 percent for sedatives like Nembutal and Seconal
- 100 percent for daily marijuana use
- 52 percent for cocaine, heroin and other illegal drugs

The consequences of these increases have resulted in at least the following:

- 6 percent increase in deaths from alcohol-related injuries
- 38 percent increase in injuries as a result of their own drinking
- 21 percent increase in the number of alcohol-related arrests per campus
- 83 percent of all campus arrests in 2005 were alcohol-related
- An unknown percent of alcohol related rape/sexual assaults were also problems

(Note: These percentages do not include the events that were reported as accidents when they should have been reported as preventable consequences of being intoxicated.)

What is the Difference Between an Addict and a Non-Addict?

Addiction is a medical illness that some people have and others do not. Usually an addiction involves an activity that gives pleasure or instant relief from anxiety. Addicts have memories of what made them feel good in the past (i.e. alcohol, sex, etc.). This memory can be made conscious by events going on in the addict's life or by certain feelings he is having in the present. If he is sad, lonely, anxious or afraid, the brain remembers a solution that gives instant relief to deal with these bad feelings which is the use of his substance.

The part of the brain that initially responds to a bad situation or to a bad feeling is the limbic system. This is the more primitive part of our brain and it does not necessarily care about the consequences of what may happen after the addict deals with the bad feeling through his addictive behavior. In fact, the limbic system does not even have memories of the consequences. It only remembers what gave relief. The cortex is that part of our brain that remembers all past consequences of behaviors. The cortex also stores what the person has

learned from other peoples' consequences that have participated in the same behavior. Normally, when a person experiences bad feelings, the limbic system demands that the addict find immediate relief. The cortex filters these demands by flooding the person's consciousness with all of the memories of what happened the last time he decided to respond in that particular way. The person then has to make a decision of whether or not he will respond as demanded by the limbic system. Unfortunately, some substances (i.e. alcohol at large doses) come with a mechanism that disinhibits the person by not allowing the cortex to bring to consciousness the possible consequences of that behavior. The addict then proceeds with his addictive behavior.

Addicts have fewer internal cues (i.e. nausea with alcohol) to set limits as to how much substance they can use or when to stop a behavior that gives them pleasure or relief. The addict's repetitive use of a substance also causes a progressive increase in tolerance; the addict has to use larger and larger amounts of his substance in order to get the same effect he got the first time he used. At large doses of the substance (i.e. alcohol, Xanax, Oxycontin), the inhibitions of the mature part of our brain (e.g. do not drive at 100 MPH!) are blocked and the addict responds to the limbic system's need for immediate gratification. The cortex (the rational, objective part of our brain), is ignored in order to experience that immediate gratification regardless of the consequences.

Unfortunately, the drive to repeat the same behavior eventually takes top priority in the addict's life. Family, school, job, relationships, God and the law all become secondary to the behavior. Anyone who tries to prevent the addict from acting upon the compulsion will be considered the enemy.

Rationalization, minimization and frank denial become well refined responses to anyone's questions and concerns. An addict will convince himself that he is righteous in his statements of how others are interfering in his life. He feels that others are trying to take away his right to make his own decisions by questioning his judgment and treating him like a child.

An addict even becomes convinced that his behaviors and use of substances are necessary to deal with depression, to calm down, be able to get to sleep or to be able to focus. In reality, if Oxycontin, alcohol or marijuana were healthy treatments for anxiety, depression or attention deficit disorder, we would prescribe these substances as a standard of care for these problems.

Many people in our society who seem to be functioning well on the surface, suffer from addiction. You do not have to be passed out all the time secondary to alcohol or doing intravenous heroin in order to be an addict. You do not have to be a bad person to be an addict. The reality is that most people with an addiction initially go about their life as anyone else would. In the early phases of the disease the addict routinely goes to work or to school then at night uses their substance. This initial phase of the illness proves to the addict that he is in control of his use. He has proven to himself that he is capable of managing and controlling his compulsive behavior. The addict uses this fact to minimize, rationalize or even flat-out deny that the behavior is dangerous. A rational, sane person would quickly admit that this behavior is dangerous and destructive. The addict has a special type of insanity which is based on the delusion that he is in control of his behavior and that the behavior is essential in order to deal with life. He cannot or will not deal with life on life's terms without the substance.

Even if an addict is able to stop the compulsive behavior for a period of time, this does not mean that he is not an addict. The problem for any addict is not stopping but staying stopped.

What Causes Addiction?

Usually in addiction, there is a genetic variable. This genetic variable is not a dominant trait, meaning that it does not necessarily pass directly from generation to generation. There may be multiple genes involved that all have to come together for one individual to become an addict. An analogy is that of a slot machine. In order to win the prize, you have to hit three cherries out of a multitude of other combinations of numbers and other objects that come up in the display window. One or two cherries out of three windows does not give you anything. You have to have three cherries to win and the odds of this happening are low. Addicts are genetically preprogrammed to be addicts in this way in terms of the combinations of genes that occur from the parents.

What allows an alcoholic to drink a fifth of whiskey one night and not get sick, then get up in the morning and go to work? What allows an opiate addict (i.e. Oxycontin, Roxicodone) to take a narcotic and get high when 92% of the population taking a narcotic gets sedated? It all has to do with genetics. You have to be genetically prewired to be able to use these substances without negative side

effects. Most of the population is not physically capable of taking large quantities of a substance on a regular basis and continuing to function. Typically, people have nausea and vomiting with large quantities of alcohol. Most have nausea, sedation, constipation and/or dysphoria with any dose of a narcotic that they would only use if the need to stop pain outweighed the side effects.

An addict cannot prevent himself from being an addict through willpower alone. In the same way, someone with hypertension cannot prevent an elevation in his blood pressure by using willpower. A juvenile diabetic and an epileptic cannot "will themselves" not to have the physical symptoms of their disease. Living a healthy lifestyle in terms of what you eat, getting the right amount of exercise and rest and relaxation all affect these illnesses in a positive way but do not prevent the illness if they are genetically prewired to have these illnesses. The old saying, "Just Say No!" does not work.

Addicts do not have to go through a medical withdrawal in order to be considered *dependent*. An example of this is the cocaine addict who binges on cocaine every weekend but is at work Monday through Friday. He does not go through any withdrawal. All that is required to be dependent is for the addict to repetitively use his substance even though he knows he has had multiple bad consequences. He usually rationalizes each time he uses that he will be able to prevent the bad consequence. If during a six-month period someone got two DUIs, was fired from a job because of poor job performance, fell down some steps and broke a hip while intoxicated, then that person is clearly an alcoholic though he may not go through withdrawal if he stopped his use of alcohol.

The diagnosis of *abuse* is given when there is no withdrawal symptoms and the person continues to use his substance when there have been some bad consequences because of his use. The distinction here between abuse and dependency for the addict who is not having physical withdrawal symptoms (i.e. weekend binge users) is a subjective call. However, it is based upon as much objective information as can be obtained concerning the addict's past history of use and the consequences of the use.

Addiction is a medical illness. While not an excuse for his behavior, an addict is born preprogrammed to be an addict. This is not a conscious choice. That said, an addict is totally responsible for all of the consequences of his addiction. Addiction is not caused by someone else's behavior. Addiction is not caused by being abused in the

past, having a poor support system, being raised in the ghetto, being a spoiled brat, a bad kid or being weak and lazy. All of these issues may impact how long it takes an addict to get into recovery, but these factors did not cause the addiction.

Addiction may cause someone to behave badly, but if the person had an anti-social personality before being active in his addiction, the addiction is not the cause of the antisocial behavior. With young adults this distinction is hard to make because many young adult addicts start their addiction during adolescence, when the personality develops.

What is Recovery?

Recovery is the process of (1) abstinence from your compulsive behavior, (2) being totally honest with yourself and with others about who you are, and (3) living a spiritual life integrated as a responsible participant in our society. *Spiritual* here means at least recognizing that there is a power greater than yourself. Recovery requires the addict to be a whole person, to deal with the past, the present and the future through self-reflection and to take responsibility for his life.

Abstinence is not the same as recovery. The term abstinence refers to an addict not using his substance of choice but still doing all of the same behaviors involved with his addiction. This is sometimes referred to as being a *dry drunk*. Because of the progressive nature of the addiction and the defenses used to maintain an active addiction, addicts who stop using but who do not change their addicted behavior will tend to be angry, rigid and controlling. In fact, it is not uncommon for friends and loved ones of some addicts to prefer the addict to continue to use than to just be abstinent. Recovery means stopping the substance and then working the steps to repair the damage created by the addiction. This will require an addict to live a responsible and totally honest life as he faces the consequences of his addiction.

As you can tell, the process of recovery requires that you become a mature, responsible individual. Those people who are not socially, spiritually and psychologically functioning at their chronological age have to deal with these other issues before becoming a fully recovering addict.

A young adult who is immature either because of his personality, years of substance abuse or because of past emotional or physical trauma, takes longer to be in recovery than someone who is functioning at his chronological age. He will need more extended care to be able to grow into full recovery and to be able to live independently.

We all go through stages of social, emotional and psychological development. As defined by Erik Erikson, they are as follows:

- At 4 to 6 years old we start the Stage of Industry. This is when a child begins to try and understand the world around him. He will ask many questions and try to dismantle things to see how they work. He will also try to build things.
- The next stage of development starts around 12 years old and extends to age 18. This stage is called the Stage of Separation and Individuation. Many adolescents have a hard time during this stage and will separate and individuate through anger and oppositional/defiant means. They feel that their parents and the establishment are idiots and, therefore, must take charge of things themselves. This is the stimulus that motivates the child to leave the nest but sometimes they are not ready to fly. The mature 18-year-old understands this fact and does not try to do more than he knows he is capable of doing.
- The next stage is called the Stage of Intimacy and this runs from 18 to almost 30. During this stage, the new young adult begins to form relationships that will possibly produce children. The narcissism of a child matures into an adult who begins to take complete responsibility for his behavior and life. This ability to take responsibility broadens to recognizing that, in an intimate relationship, he also has responsibilities to other people and maybe for his own children.

Addiction adversely arrests many parts of the development of the adolescent into an adult; this greatly impacts his ability to become an independent person capable of existing on his own, separate from parents and institutions. If he has not reached this stage of intimacy then he will need to build that part of his personality structure that did not develop due to the addiction. All of this must occur to be able to live successfully in recovery, so that he is capable of working a full-time job, having a long-term, intimate relationship and raising children responsibly.

The 12 Steps of Recovery

At Ridgeview Institute we use the 12 Steps as the basis of recovery. The 12 Steps is a guideline by which each addict builds his own recovery based on each person's individual needs. This guideline was developed in the 1930s and has withstood the test of time. No other approach has been so successful. This is not a religion nor is it a cult.

The first three steps of the 12 Steps involve understanding the principles of powerlessness, unmanageability, higher power and serenity. These principles have to be integrated before doing more detailed work on who you are and how you got to this place in your life. If the addict understands these principles, he will not only be at peace with himself and his environment but he will have "an attitude of gratitude" for what he has in his life and for his recovery. The fourth through eleventh steps involve looking at your life with all of your shortcomings and developing a relationship with God. Looking at your personality and how to be honest with yourself and with others is a core issue. Eventually you make amends for what you did wrong and accept who you are. The last step deals with helping newcomers. As an experienced recovering addict, you continue to find fullness in your life by helping those who are just starting this journey of recovery.

- **The First Step**

"We admitted we were powerless over alcohol and drugs and that our lives had become unmanageable."

Simply put, this step suggests that you recognize you have lost the ability to control your use of alcohol and /or drugs. Regardless of the many ways you have attempted to drink or use in a socially acceptable manner, you are not able to drink or use drugs without something going wrong. It does not mean that you are stupid, nor does it mean that you are immoral or bad. It simply means that you have the disease of addiction, and that all of your efforts to avoid this fact only allows for the destruction of your life and the lives of those who love you.

- **The Second Step**

"Came to believe that a power greater than ourselves could restore us to sanity."

The "power greater than ourselves" is called "the higher power." At least two or more people helping someone towards recovery is

a "power greater than" yourself alone. More people doing the same job is even a higher power. People helping people generate an energy which we call "the spirituality of recovery."

When an addict starts the process of recovery, his life of addiction has distorted what most people take for granted such as understanding spirituality. Most people are raised in a particular religion which is a specific, organized way of worshiping a god. During adolescence, when he was beginning to abstractly understand his family's religion, traumatic events could have occurred. This may have affected his trust in his parents, in society and in God. Sadly, his understanding of spirituality is greatly affected by those memories. He may have a great deal of difficulty giving up control in any way. If he has done what his religion considered to be sinful things then he may believe that a condemning God would send him to hell. If he was abused physically or sexually or always felt emasculated by an overpowering parent, then showing any weakness such as admitting that there is a power greater than himself makes him feel too vulnerable.

In order to rebuild the addict's life, any recovery program needs to help the addict by breaking down everything into basic units. If you introduce spirituality as God then you have assumed that the addict's understanding of God is loving and supportive, which it may not be. Understanding God requires spiritual maturity. An addict is not going to believe anything just because it is written in a book or told to him by a therapist. An addict will initially only believe in what he can see, what he can audibly hear and what he can feel both physically and emotionally.

The "higher power" is generated when at least two or more people help each other towards recovery. The feeling that the addict has in his heart, when he can support another addict by talking about his past tragedy, is a real feeling and not a concept or a god that someone told him he should believe in. This feeling is called the "spirituality of recovery" and is the fuel that runs the engine of recovery. It is real and the addict can feel it. The addict has now tapped into energy that can fill up the hole in his soul that he has been trying to fill up with alcohol, drugs or other addictive behaviors.

The young adult who has developed a positive relationship with his religion will find that there is no conflict with the second step and how he worships God. The second step is simply the principle of recognizing that there is a power greater than one's self. In the process of separation and individuation, sometimes the adolescent not

only leaves the nest but also rejects anything that identifies him with his parents (including the family religion). Recognizing any power greater than one's self implies that maybe he does not have all the answers. We help the addict to see that he does not lose his identity, which he has struggled so hard to obtain as a separate individual from his parents. He will see that he can integrate into his identity those family values that he can embrace and still be a separate person. It does not have to be an all-or-nothing situation.

Once the addict is living the second step, he quickly begins to feel himself energized by the spirituality of his peers who have found recovery. He sees that the highs and the excitement of the life of an active addict is only a temporary solution for dealing with a troubled soul.

This second step offers hope. Once you have accepted the fact that you are unable to fix your addiction by yourself, the 12 Step program helps you to see that there is hope for restoring your life. The phrase "power greater than ourselves" means different things to different people but there are several basic principles that are common to all addicts. First, you have to ask for help and second, you have to listen to what people are saying to you.

Addicts who do not understand the second step may say that they believe in God and that God is their higher power. The problem is that they continue to make decisions without trying to integrate any input from others in terms of making healthy changes in their lifestyle. They really did not listen to what was being said because they had already made the decision by themselves. In functional terms they are denying that there is a "power greater than themselves" and are only giving lip-service to the second step by using God as a means to rationalize their behavior.

The higher power does not mean that you have to be a Christian, Muslim or a Jew. We have to recognize that there is a power greater than ourselves and learn how to be open to it, to ask for it and integrate it into every decision that is made.

- **The Third Step**

"Made a decision to turn our will and our lives over to the care of God as we understood him."

Having recognized that we need help, this step simply states that we make a decision to incorporate the principles of the first two steps into every aspect of our lives. The 12 Steps make no claim to what

your beliefs of God should be. They do not preach any particular religion. Your religion is between you and your God. Having recognized in the first step that your way did not work and in the second step that a power greater than ourselves can help, the person makes a decision to turn his recovery over to this process and to trust in it.

Understanding these steps does not happen in a day. You can read and memorize the words, but you have to experience and live the steps with others in recovery to make it work.

Step three is an action step versus steps one and two which are acceptance steps. In this step you must have the will to turn yourself over to your higher power, yet realize that this is different than the self-will which has ruled your life as long as you have been addicted. This self-will gave you a two dimensional understanding of life as it related to you and the rest of the Universe. Your life was flat and you were alone.

As you understand steps one and two, you realize the serenity of not having to solve the problems of the world. You accept those things you cannot change because of the realization that there is a power greater than yourself. You can now let go of those things over which you had no control. You can now focus all of your strength on those things that you can change because God has given you the "wisdom to know the difference" between the two. You do not see yourself as a failure or as weak; you now feel serenity knowing that you are where you need to be at this moment.

You, the Universe and God makes your life three-dimensional versus the two-dimensional life of being an active addict. This realization of the depth of life gives you not only serenity but gratitude for the fullness and joy of recovery. It was always there but you could not see it because you were too busy trying to prove that you could do it by yourself.

Addiction became your false god and you dedicated your life and your will to it thinking that you were in control. This temporary relief to the trials of life through the use of your substance and to the day to day emptiness of being by yourself, has led you to a dead end. It is time to make a decision to turn yourself over to a higher power which is an endless spring of life energy.

What is Relapse?

Relapse is when an addict engages in behaviors he used to do when his addiction was active. A relapse does not necessarily mean that the addict has used his substance of choice or did his old addictive behavior. Lies, self-centeredness, isolation, inappropriate anger, relationships with old using friends and impulsive behaviors are examples of a relapse. Addicts relapse in multiple ways before they actually use an addictive substance or do their old, addictive behavior (i.e. gambling, bulimia).

If an addict can become aware that he is in a relapse, is not too defensive and is open to input from others, then he may have a chance to prevent using his addictive substance. It is critical that the addict understand this concept and that he is not ostracized if he tells you that he has relapsed. All addicts relapse in the early stages of their recovery. The relapse into old behaviors, from when he was active in his addiction, allows the addict an opportunity to deal with unresolved problem areas.

It only takes one second to relapse using a substance. Once an addict uses his substance or does his behavior then the relief he gets and/or the joy that he feels rekindles the drive to do it again and again. This obsessive/compulsive drive overrides the judgment that what is happening is destructive.

The critical point after the relapse is not that he has relapsed, but rather how long he stays in that relapse. Resist unloading your anger on the addict at this time, if possible. Focus on how to stop the relapse. If there has been a strong foundation of recovery then chances are that the relapse will be brief. Continued recovery can occur without much destruction of the person's life but every relapse has its consequences that many times cannot be fixed.

What is Pairing?

Pairing is when two or more members of a therapeutic group begin to have a more personal relationship with each other outside of the group at large. These individuals begin to discuss more intimate feelings and issues with each other rather than discussing these feelings and issues with the group. Pairing can be a special friendship because of similar personalities or it can develop around a feeling such as

anger or love. The mutual support and good feelings that come from this special relationship distracts the addict from staying focused on himself. The process of finding himself as a separate person is now a process of recovery with a dependency on someone else.

The closeness that occurs in treatment because the addict has found a kindred spirit can create an intimacy that the young adult has not ever experienced. This intimacy does not mean that this relationship is based on the best match in terms of developing a long-term, intimate relationship. This feeling of closeness (because everyone in the group knows each other's most taboo secrets) is deceiving. The newcomer to recovery still has many internal and external battles to fight, and at this point in recovery, getting into a sexual or emotional bond with someone stops the process of recovery. It is easier to bond around this superficial intimacy than to deal with the self (with all of its guilt, shame and feelings of inadequacy). The joy and excitement of life that results from the initial part of this pairing feel like a welcome relief. There is not much difference in this situation with that of relapsing on his substance of choice. Both give him immediate relief and both prevent him from developing into a responsible, mature adult. We will help the young adult to not substitute another addiction for the one that brought him into the treatment program.

Remembering the past and making changes in one's life is hard work. The addict is quick to find many ways to avoid the pain of self-reflection and dealing with past emotional/physical/sexual trauma. Learning how to be honest about who you are and what you have done is not easy.

In the worst-case scenario, pairing ends up in sexual activity and an attempt at an intimate relationship. This is the blind leading the blind. The ego of the addicted young adult has parts that are either broken or have not even developed. When an addict, who is not in full recovery, forms an intimate relationship with another addict, who is not in full recovery, that relationship is a house built on sand that will quickly wash away with the first major storm. Both young adults involved will add this failure to the list of the other failures in their life. Since each feels that s/he is a hopeless case anyway, then s/he may say, "Why not at least feel good?" resulting in using the substance of choice.

Pairing in terms of special friendships weakens the group because the group knows that there are secrets. When the group has secrets, there is a breach in trust and the group members will not feel comfortable

bringing up sensitive issues. Now that at least a couple of the group members have paired off, each one involved in this pairing will not be objective with each other for fear of what the other person might think. This loss of neutrality works either in supporting the other person when that individual is clearly wrong or is used in anger towards him when the other person in the pairing feels rejected.

The information kept in trust in the pairing relationship is also not processed in the open light of day and therefore not fully worked through. There is always room for misunderstandings and another opportunity for the addiction to thrive through denial, minimization and rationalization very much like a bacteria growing inside of the addict's soul until it develops into a major infection (causing relapse into his active addiction).

We recognize that the young adult is in the developmental stage of intimacy and it will be very hard for two individuals who are attracted to each other to resist pairing off. Because of this biological fact, it will take much effort from family and friends not to collude with the addict over this issue. This may seem like a Victorian idea but if the patient pairs off with someone, then he will not be able to stay focused on his own recovery and will relapse.

How Long Does It Take?

An addict between the ages of 18 and 26 (who is functioning at his chronological age) requires four to six months of structured treatment before he can return to his normal life (full time employment, school, pursuing intimate relationships). This is a longer period of time than it takes for someone older than 26 because the young adult's personality, and more importantly his maturity, is still a work in progress. The mature 30-year-old addict usually has started his career, has had a long-term, intimate relationship and has lived on his own.

The first five to six weeks of treatment involve the experiential understanding and integration of the principles of the first two steps of the 12 Steps into the addict's daily lifestyle. This is done through a partial hospitalization program with a structured residence where the newcomers to recovery are supervised and directed.

The third step, which starts around the fifth or sixth week, involves taking what they have learned into real life situations. The addict moves from Ridgeview's Recovery Residence to a three-quarter way

house in a community outside of Ridgeview Institute. A three-quarter way house is a halfway house of other recovering addicts that provides greater supervision than a traditional halfway house.

Around this time is the first major potential for relapse because there is a change from constant supervision to moving to a three-quarter way house where there are times when the addict has an opportunity to be by himself. The young adult may begin to regress to his old ways of doing things as he unconsciously fears that he is not ready to make this step outside of having the constant supervision of the Ridgeview Recovery Residence. Also at this time, the parents are eager to have their child out of treatment and may feel that the child has learned the basics of what he needs in order to be in recovery. With their glimpse of what life can be when their child is sober, there will be a strong drive from the young adult and from his parents to leave treatment and to get back into a normal life. Unfortunately, more time is required for the young adult to integrate this new knowledge.

A good example of the above is the medical student who graduates from medical school. He is licensed to treat patients. I do not believe anyone wants this medical student to do surgery on them after only learning in class the step-by-step procedure to remove a gall bladder. You would probably want that medical student to have done at least one surgery in a supervised environment before cutting you open. The recovering addict at this stage of recovery is no different from this medical student. He has a lot of knowledge but no experience. He has completed the basics of the theory of the first two steps. Another analogy is that of being an apprentice or intern after graduating from college. Many careers require new graduates to develop some experience in the real world for at least six months to a year after graduation before handling complicated situations.

Around the first four to six months of treatment, many of those recovering addicts can begin the process of reintegrating into their lives outside of a daily structured therapeutic setting. He can leave a three-quarter way house and move back home or onto campus. It will still take another six months to completely change the biological conditioned responses to life events through a life of recovery versus the past life of addiction.

For example, an addict who habitually responds to his anxious feelings by using a drug develops a specific, biological response pathway (stimulus-reaction). It takes a year to "re-program" the brain to form a new response through repetitive, healthy living. After 3 months,

when he is living his third step, the recovering addict can recognize intellectually what he needs to do and will change his behaviors accordingly. However, the response will not come as a natural, involuntary reaction for a year.

The young adult today is not the same young adult as 30 years ago. Today, one third of young adults move to a new residence every year and forty percent move back home with their parents at least once. They go through an average of seven jobs and two-thirds spend at least some time living with a romantic partner without being married. The median age to get married in the early 1970s was 21 for women and 23 for men. In 2009 the age climbed to 26 for women and 28 for men.

The young adult's self-confidence is a paradox both for society and the young adult. When asked if they are confident that they will get to where they want to be in life someday, 96 percent say emphatically, "Yes!" When asked if they feel like they are grown up and ready to be on their own, 60 percent say that they feel both grown up and "not-quite-grown up." Most young adults charge into life being told that they can do anything they want to do. They are taught through television, their parents and at school to stand up for themselves and demand that they will only accept the best that life has to offer. Many young adults find out through the school of hard knocks that the best has to be earned through many years of hard work and experience. Having an attitude of gratitude for what you have versus an attitude of always wanting more is a lesson that many young adults do not understand before they come into treatment.

Many young adults, unfortunately, are disrespectful to their elders and focused on themselves. Most often this is the result of ignorance and not because they have a selfish personality. The prosperity of the baby-boomers gave parents of young adults the means to give their children opportunities that they did not have. The young adult often takes these opportunities for granted because they did not earn them.

On the other hand, lay-offs, unemployment and being transferred all over the country (when they finally get a job), was not the environment of the baby boomers when they were young adults. These facts create great fear, anxiety and frustration for the young adult. There is a constant feeling of uncertainty in this generation, yet they have been told all of their life that they could do anything since they have been given so many opportunities. Even the young adults who have worked hard and obtained a college degree many times have to move back home because they cannot find a job.

The NIMH (National Institute of Mental Health) did a study that began in 1991. Neuroscientists once thought that the brain stopped growing shortly after puberty, but this study pointed out how the brain keeps maturing well into the 20s. Five thousand children from ages 3 to 16 were assessed and they found that their brains did not fully mature until age 25. The most significant changes that took place were in the prefrontal cortex and cerebellum. These areas of the brain are the regions involved in emotional control and higher-order cognitive functioning (problem solving).

As the brain matures, one thing that happens is the pruning of the synapses. The synapse is a microscopic area in the brain where one neuron connects to another neuron or where one idea connects with another idea. This is necessary for problem solving. Synaptic pruning does not occur randomly. It depends on how any one brain pathway is used. By cutting off unused pathways (pruning), the brain eventually settles into a structure that is most efficient for that person, creating well-worn grooves for the pathways that the person uses most. Synaptic pruning intensifies after rapid brain-cell proliferation during childhood and again in the period that encompasses adolescence and the 20s. The longer the young adult is active in his addiction during this pruning, the harder it will be to change patterns of behavior.

NIMH scientists also found a time lag between the growth of the limbic system (where emotions originate) and the prefrontal cortex (which manages those emotions). The limbic system explodes during puberty, but the prefrontal cortex does not develop as fast as the limbic system. This area of the brain keeps maturing for another 10 years. This means that emotions might outweigh good judgment for some young adults, especially if they are intoxicated. The limbic system is where most drugs and alcohol do their work. When the addict uses his substance and gets relief from stress or feels extra good, the limbic system records that memory. The limbic system then drives the young adult back to that substance again and again. Unfortunately, without having more comprehensive experiences in life, there is not enough knowledge to appreciate the real dangers of driving a car too fast or having unprotected, inappropriate sexual activity.

The one thing that insurance companies know is that the risk factors (and higher premiums) for unmarried, young adults 25 years old or younger, are much higher than for older, married adults. This is derived from actuarial data clearly noting that the number of accidents and traffic violations are dramatically higher for teenagers and young adults.

The process of recovery is repetitively practicing healthy coping skills with other addicts who are also in the recovery process. In the same way that a musician has to learn how to make the right sounds from his instrument without thinking about where to specifically put each finger for every note, an addict has to know how to respond to life situations without his substance. Daily attendance of 12 Step meetings along with meeting with a sponsor will finally replace the old lifestyle that supported an active addictive disease. Knowledge by itself does not mean that an addict is in recovery; it takes continued practice. There is not a medication or a short cut for redeveloping biological pathways in the brain except for repetitive practice in the school of life “one day at a time.”

Summary of the Program

In our experience of working with young adults, we have come up with what is necessary for a young adult to be in recovery and make it stick. I wish that this process could be done in a shorter period of time but that is not in our hands. Time must be allowed for these new skills to truly become integrated.

Young adults with oppositional/defiant problems, unstable psychological problems and basic immaturity require more time in treatment than what is provided in the Ridgeview Young Adult Program. Once they are initially stabilized at Ridgeview, these young adults need “extended care” which is a residential treatment program which takes from six months to a year to stabilize these problems so that the addict can then deal with the principles of the 12 Steps. The young adult may also have to work through past emotional, physical and sexual traumatic events that continue to set them up for relapse.

Phase One of Treatment

A) Pre-contemplation: The addict is not considering change. He may be aware of a few negative consequences of the addiction but is unlikely to take action towards change. There is an event (legal, loss of relationship or of a job or school, near-death experience) but without being forced into treatment, the addict would not start treatment.

B) Contemplation: There is some ambivalence about staying in the addictive state as more negative consequences occur in the addict’s life. The addict will at least look into what it takes to be in recovery. At this stage education can occur. Introducing the disease concept

of addiction, as well as the effects that a substance has on the brain, may begin to help the addict to see that change is necessary. Sometimes identifying negative consequences of the addiction, introduction to the 12 Steps of Recovery and living with other addicts who are doing better because they have changed their lifestyle, will break through the addict’s ambivalence about treatment.

The young adult will usually require two to three weeks to understand the concepts of powerlessness and begin to realize many of the ways that his addiction has caused unmanageability in every aspect of his life. In the first week of treatment, a thorough physical, psychological and environmental assessment is completed. We will meet with the families to be sure that we have all of the information and begin the process of giving the families support and direction on how to deal with their child. Medical screening will be done by our internist and basic blood work will be done to rule out any potential medical problems that may be affecting the addiction (e.g. thyroid disease).

Most of the patients also have a dual diagnosis that will require specific treatment along with the treatment for their addiction. Depression, anxiety, bipolar illness, post traumatic stress disorder and/or personality disorders are the main secondary diagnoses. In general, the major issue during the first week is defining the problems that need treatment and then beginning treatment.

During this week, newcomers are introduced to the basics of the 12 Steps as well as the biological nature of addictive disease. The disease concept is explained, not as an excuse for the illness, but as a medical problem that requires daily focus and attention to remain in recovery. The physical and psychological symptoms of withdrawal and *post-acute withdrawal syndrome* are explained to help the newcomers understand what is happening to them. Irritability, disturbed sleep, cravings for their substance and depression are all part of the *post-acute withdrawal syndrome*.

During this first week, most newcomers either deny that they have a problem or they believe that they can overcome their addiction by willpower. Total change of their lifestyle is not what they have in mind. They just want to know what they need to do and to say in order to get out of the program.

For those who have been in treatment in the past and have had several relapses, the focus during the first week is to find out what they missed previously. These returning addicts have to understand all

the individual relapse risk factors which can only be found through self-reflection and a willingness to receive feedback. The concepts of powerlessness and unmanageability are explained. This is considered Step One of the 12 Steps.

Phase Two

A) Preparation: The addict has decided to change and is willing to consider healthy behaviors versus the unhealthy behaviors of being an addict. The addict has finally stopped talking and telling everyone how he is not the problem. He is now listening.

B) Action: Both feelings and negative thought patterns are identified. High-risk behaviors are seen more clearly for what they are and the addict begins to make changes in terms of how he lives. The energy of the group working towards recovery (the higher power) gives the addict what is needed to find alternative ways of living other than using his substance or acting out his addictive behaviors. He is actively listening and asking for direction and incorporating the higher power of recovery.

It takes two to four weeks to understand that there is a power greater than yourself alone and to believe that this “higher power” can restore “sanity” in your life. You finally realize that the repeated uses of substances (or acting out behaviors) that were so dangerous and destructive are a form of “insanity.” This is considered Step Two of the 12 Steps.

Phase Three (IOP/Transition)

The new behaviors of an addict in recovery are established, first, in terms of knowing what to do, then applying this knowledge in the classroom of life. Relapse prevention, social pressures, sexual desires and the prejudice of society towards addiction are some of the issues that the addict has to learn how to handle. We call this learning to “live life on life’s terms for better or for worse.”

Turning yourself over to recovery and incorporating the above concepts into your life takes three months when you are totally invested in giving up your addiction. Less than total investment in the process never leads to recovery.

At the Ridgeview Recovery Residence, every activity is supervised. The trial visits outside of the hospital are with the family or to

interview for the three-quarter way house. It takes about five to six weeks from the start of the program at Ridgeview to be ready to move to the three-quarter way house. If the young adult were to venture outside of this structure during the first several weeks of treatment, there would be too much of a risk of relapse. For the addict that wants recovery, this relapse would not be because the addict had planned the relapse; it would be the result of the involuntary biological response of the old addictive lifestyle triggered by normal events in life. At this early part of treatment the addict has not had enough time to understand powerlessness or to substitute healthy reactions, versus their more familiar, addictive reactions to routine events.

If the addict only has an addiction (versus a dual diagnosis), is functioning at his chronological age, understands and is living the first three steps of the 12 Steps, then it is time to move to a three-quarter way house. It is called this because it does provide more structure and accountability than a half-way house. The experience at the three-quarter way house takes from three to six months to complete.

If the addict has an addiction but also has a secondary problem that has not been stabilized, then the team will recommend extended care in order to continue to provide structure and treatment for this dual diagnosis young adult. Extended care lasts a minimum of six months and may be longer depending on the severity of the problem. This takes place outside of the Ridgeview program.

I realize that what has just been described may be hard to take in since most parents and young adults are expecting addiction treatment to take about a month. Most parents will say, “Surely, there has to be a way to do this treatment in a shorter period of time.” Chronologically, the young adult should either be in college or have finished college and have a job. I wish treatment could be done in a shorter period of time but there is no way to speed up the process of changing the addicted biological conditioned-response pathways in the brain.

Phase Four (Maintenance)

Living life as an addict, now in the early stages of recovery, takes practice. Taking a part time job and/or being in school part time are ways that an addict may experience relapse risk factors that he did not expect. Daily 12 Step meetings and meetings with his sponsor give him the answers to deal with these factors. If the addict does well in the transition from the Ridgeview Recovery Residence to the three-quarter way house, then he will be moved to an IOP (Intensive

Outpatient Program) within about a week. The difference in an IOP from the PHP is a matter of hours per day of scheduled programming. The IOP is the same program as the PHP but the young adult is in the program from 9 AM until noon. Usually after two weeks of IOP, the patient is ready to be discharged from the formal program at Ridgeview. Living in the three-quarter way house takes at least three to six months in order to practice this new way of living. While living at the three-quarter way house, the addict stumbles over relapse risk factors in the laboratory of real life, either at work or in school. There is always someone available to support and help him think through problems.

Aftercare occurs after the recovering young adult has successfully completed the program at Ridgeview and is in the three-quarter way house. The day-to-day struggles of being on his own can cause the young adult to start to regress into old ways of doing things, which will be a major relapse risk factor. Coming back to Ridgeview for the transition groups as part of their aftercare program can give the support, direction and even confrontation necessary to keep the recovering addict from drifting into old patterns of behavior. Issues with job, school and relationships have to be discussed to be sure that the addict is living a life of recovery. He will meet with the other alumni of the Young Adult Addiction Program who have gone down the same road of temptations and fears of dealing with life honest and sober. Also, parents and other family members are expected to attend the family alumni group to obtain support and direction.

All adults need at least a year to completely change the addictive involuntary responses to life situations. It is critical that every reaction in a person's life be examined. If the newcomer to recovery avoids dealing with something in himself or in his past that he had tried to deal with through his addiction, the young adult will stumble and relapse when that obstacle presents again.

Timeline Summary by Week

Weeks 1 & 2

A) Orientation, expectations, medical screening, blood and urine lab work, family assessment, psychiatric assessment, medication, addiction assessment, past emotional, physical and sexual trauma assessment, and eating disorder assessment.

B) Begin Step One of the Twelve Steps; concepts of powerlessness and unmanageability (admits there is a problem and recognizes consequences.)

C) Basic education of life skills including how to eat right, sleep right and exercise. Smoking as an addiction, respect for others and their property, appropriate relationships with the opposite sex and basic responsibilities in life are all discussed.

Week 3

Step Two: recognizing that there is a power greater than himself and being open to this power; spirituality as a part of his life.

Week 4

Usually by now the young adult is ready to interview for a three-quarter way house, or it will be clear that he needs "extended care."

Week 5

Step Three is the clear understanding of Steps One and Two. Living Step Three takes practice by working the first two steps with others in recovery. Move from the Ridgeview Recovery Residence into three-quarter way house.

Week 6

Start IOP (Intensive Outpatient Program) and begin interviewing for part-time job or applying for school.

Week 7

Begin part-time job or school.

Week 8

Discharge from Ridgeview program. High potential for relapse unless working program diligently. Faced with enough free time to develop intimate sexual relationships versus staying focused on his recovery. The addict has to do one or the other because he cannot do both.

Week 12

Begin working Step Four which requires that the addict is solid in the first three steps. The risk here is that, if he is not solid in the first three steps, then as he reviews his past, he may relapse because he will not be able to deal with the shame and guilt of what he did as an active addict.

Week 16

Some recovering addicts are capable of leaving the three-quarter way house and moving back home while others need to stay longer.

Medication

Our ideal in the treatment of an addict is to rely on the 12 Steps to lead the patient into a full recovery and to not use any medication. If the patient has a dual diagnosis involving a biological medical problem such as an anxiety disorder, then sometimes we do have to use medication to treat this problem which is separate from the addiction. If we do not treat this medical problem appropriately, it may be the risk factor that will cause a relapse.

Some medications will cause an addict to begin to crave his drug of choice or may direct him to a different substance that will cause another addiction. We have found this out through observation of addicts using certain drugs. A craving is the limbic system having a memory of the feeling of pleasure that occurred when the addict used a substance. Though this new substance is not the addict's drug of choice, the effects of the new substance has some similarity to the drug of choice.

Antidepressants (e.g. Zoloft) and most of the mood stabilizers (e.g. Depakote) do not adversely affect the recovery process. Most of the shorter-acting antianxiety medications (e.g. Xanax) are problematic for an addict as well as the psychostimulants (e.g. Adderall) used to treat attention deficit disorder. Most of the more effective hypnotics (insomnia drugs such as Ambien) are also contraindicated. In general any medication that requires time to build up in the system or that has a 24-hour or greater action time such as the antidepressants are not medications that trigger a relapse. Any medication that resembles the addict's drug of choice either chemically or in terms of how the medication makes the patient feel, or any medication (or behavior) that can give a rapid sense of well-being is contraindicated.

If an addict has attempted recovery before coming to Ridgeview Institute and relapsed, we might consider the use of another group of medications. Naltrexone may decrease the desire to use opiates and alcohol (craving) by binding with the opiate receptors in the brain. If the addict uses an opiate or drinks alcohol, then he will not get the good feeling he has been used to and will have time to then ask himself if he really wants to continue in the relapse. Antabuse may cause nausea and severe continuous vomiting if the addict consumes alcohol. Campral may decrease some desire to use alcohol and Chantix may decrease the desire to smoke. Both of these medications also bind receptors in the brain so that if the addict drinks alcohol while on Campral or smokes a cigarette while on Chantix, he will not get much of the sense of well-being from that substance and, hopefully, will ask himself if he really wants to continue in the relapse. None of these medications in this category are opiates; all are safe for the addict's use.

The Young Adult Addiction Program does not support the use of maintenance narcotics such as Suboxone or Methadone. These drugs do have a place in the overall treatment of addicted patients but our program is set up to help the patient to obtain complete recovery. These maintenance narcotics are used when the patient has relapsed multiple times. Sometimes it is safer for the addict to be on a prescribed narcotic instead of a street narcotic in order to attempt to regulate the dosage and to avoid the criminal element that sells drugs. Most young adults have not been in their addiction long enough to have tried and failed several treatment approaches. Suboxone and Methadone are alternatives to total recovery once the conventional treatments do not work. Maintenance narcotics would be the next step to keep the addict from continuing to be associated with the drug community. In the acute phase of treatment these drugs may be used for medical detoxification. When used this way the drug will be tapered down and discontinued.

Parents and Friends

Anyone who loves someone who has an addiction is affected by the addiction. The family and friends of the addict have experienced a wide range of emotions. Sometimes they do not even know that they are having a particular emotion. Depression, anger and anxiety come and go while they desperately try to deal with the addict's behavior. They are either exploding with anger towards the addict or trying to

keep the addict's behavior a secret from others or from themselves (in order to try and minimize the shame and humiliation).

Some families feel they are walking on eggshells because some addicts explode in a rage if everything is not perfect or if the family tries to confront the addict's behavior. Others run behind the addict trying to pick up all of the pieces from the destruction caused by the addict's behavior. They are hoping that any day now the addict will see the error of his ways and realize that his behavior is insane.

When the family realizes that this behavior is not going to stop, they know the addict needs treatment. Unfortunately, the addict usually disagrees with this conclusion. The family knows that if the addict would get into treatment for this problem, then this path of destruction could stop. This eventually makes the family "sick" too, as the family becomes an involuntary prisoner of addiction. The family's judgment also becomes clouded because of the emotions that the addiction causes in others. These include feelings of hopelessness and despair as they watch their loved one self destruct. Some family members become constantly angry and feel that their only interaction with the addict is yelling. The addict may even point out that you are the one that needs treatment because you are out of control. The family needs help as much as the addict but in a different way.

The programs of Alanon, Naranon and Codependents Anonymous are all 12 Step meetings designed to help those who love the addict. These meetings provide understanding of the disease and support when they feel overwhelmed and hopeless. They can see how their attempts to control and change the addict make them sick. They realize that they are powerless over this illness and that the addict has to want to be in recovery more than the family wants them to be in recovery. They realize that until the addict is ready to stop their addictive behavior, that all other attempts to stop the active addiction will not work. They learn that they have to take care of themselves and continue their lives, as they set limits on what they will and will not tolerate from the addict. Sometimes these meetings allow the family to heal and other times members of the family need to also get into individual therapy in order to be strong enough to help the addict to get into recovery.

Going to one or two of these meetings will not make much of a difference in how you are responding to your child. You have to go to multiple meetings over several weeks to months. If you do not like the people in one meeting then find a meeting with people who

are dealing with the same issues as you. Recovery is a process of first understanding that you are powerless, then recognizing that there is a power greater than yourself and then turning yourself over to that higher power. Our children respond more to our own behavior than to what we tell them they should do.

Guilt is the feeling that drives a parent to do things that you would never do if this were not your child. Chances are you loved this child and did the best you could to be sure that your child had the support and direction that he needed. However, no matter how objective we think we are, we still feel guilty if our child has a problem. The fear that the young adult is in this situation because we must have missed giving the child something is a normal feeling as a parent. It is just not true.

Guilt can cause you to enable the young adult by giving him too many breaks when he needs to feel the full consequences of his actions. Guilt can cause you to be too angry and hard-nosed in an attempt to make up for all the times you feel like you let him get away with things in the past. Guilt can cause you to be too harsh with your spouse because you irrationally believe that your spouse should have been stricter with your child. The examples go on and on. Until you obtain help to better objectify your responses to your child, all you are doing is making the situation worse. As part of the addict's means of distracting you from his problem of addiction, the young adult uses your behavior as an example of how you, not he, is the one out of control.

All of this can be very confusing. The parent is not the cause of the young adult's addiction. Everyone has to look at their own lives and get themselves emotionally together in order to deal with this deadly problem of addiction. Blaming and pointing fingers just takes away energy that is needed to confront this problem. You cannot overreact and you cannot under react, but you have to act or this illness of addiction will continue to destroy the foundation of your child's life before he even begins to live it.

Codependency is the behavior of taking care of others at the expense of taking care of yourself. When your major purpose in life is taking care of someone because that someone does not take care of himself, you are considered codependent. Even though this gives you purpose and worth, you can see that eventually you will become weak and depressed because your needs are not met in a mutual way by the other person. Taking care of that person enables him to

be able to expand his unhealthy habits requiring the codependent person to increase his caretaking. This is one way that the addict's friends and family may react to try and deal with the addict's path of destruction. They hope that the addict will soon see the light and stop this insanity. In order to keep the family ship afloat and to try to maintain some normalcy in life, the codependent takes care of all the background responsibilities while the addict is active in his disease. Clearly, this is not the way to allow the addict to feel the full consequences of his behavior so that he may realize the need to stop his addiction.

A real tragedy is that the family may recognize their own anger just about the time the addict is feeling good about his recovery. The family may not be ready to let go of their anger because they now feel that the addict can deal with it. The family needs time to process their feelings of anger and depression, which they have unconsciously held back, for fear that the addict would relapse or just disappear. As you can see, the family needs treatment just as much as the addict so that they can recognize all of their feelings at the same time that the addict is dealing with his feelings. If this is not done, then the family can be a source of the addict's relapse in the future.

As you can tell, if there is one person in the family that has an addiction, everyone in the family will react to this person's behavior in a multitude of ways. If the family does not get their own treatment, then the family will progressively get more and more sick themselves. This will not only be a tragedy for the family but it will not help the addict to get into recovery.

The Future in Recovery

Addiction is a destructive medical disease that affects not only the addict, but everyone who has a relationship with the addicted person. There is no pill and there is no quick fix to treat this disease. Treatment requires the combined efforts of everyone. This takes time and resources but treatment does work. The addicted young adult can take charge of his addiction as long as he can:

- Admit he has a problem (Step One)
- Recognize that there is a power greater than himself (Step Two) by asking for help and receiving the help that is given to him and by
- Making a decision to integrate the help that is given to him into his life (Step Three)

There is a positive side to this tragic illness. The addicted young adult that achieves recovery learns how to cope with life maturely, spiritually and responsibly much sooner than most other young adults. This life of recovery lays a foundation for healthy relationships and better responses to life circumstances.

Post Test

1. What is the cause of an addiction?
 - A. weakness of character, immaturity and irresponsibility
 - B. inability to deal with stress
 - C. a major loss in someone's life
 - D. A desire to feel good or get high
 - E. None of the above
2. What is recovery?
 - A. stopping the substance and making a commitment to not use anymore
 - B. stopping the substance causing the problem
 - C. only using small amounts of a substance on special occasions
 - D. being totally honest with yourself and with everyone else
3. What are the 12 Steps of Recovery?
 - A. a book that tells an addict exactly how to live life
 - B. a special religion that better meets the spiritual needs of addicts than conventional religions
 - C. the 12 things to do after you get your first DUI
 - D. a guideline by which an addict builds his recovery based on his individual needs
4. On average, how long does it take a young adult to integrate the first three steps of the 12 Steps into their lifestyle?
 - A. one week
 - B. three weeks
 - C. 28 days
 - D. three months
5. The term, "biological conditioned response,"
 - A. is a theoretical reason for explaining why someone continues to relapse
 - B. is an involuntary neurological reaction that can be changed if the addict wants to change and will ask for and receive help
 - C. is a biological reaction to a stimuli that can be altered through learning a different reaction and consciously repeating this new reaction over and over again
 - D. all the above
6. Individuals who have a solid grasp of right and wrong can use their willpower to stop their addiction.
 - A. true
 - B. false
7. What is one of the main reasons why some families of addicts try so hard to pick up the pieces after the addict relapses?
 - A. they are collecting evidence to confront their child's denial of the severity of their addiction
 - B. they have unconditional love for their family member.
 - C. guilt that they did something wrong in how they raised their child which caused the addiction
 - D. they have a higher than average desire to live in a neat and clean home
8. "Pairing off" with a new friend that an addict meets in recovery is encouraged as a means of support.
 - A. true
 - B. false
9. Addicts should not take any psychiatric medication because it will lead them back to their addiction.
 - A. true
 - B. false
10. Addicts between the ages of 18 and 26 are different from other adult addicts in the following ways:
 - A. they do not use as large a quantity of the addictive substance as older addicts
 - B. they can drink heavily and not have a hangover the next day
 - C. their cortex is more developed than their limbic system
 - D. their limbic system is more developed than their cortex

Please see the next page for the answers (but do not look at the answers until you have taken the test).

Post Test Answers

1. E
Every type of person in the world can have an addiction. The strongest character, the most attractive, the most intelligent and the most professional person could have an addiction if they have been genetically prewired. The most down-and-out person and a person who has had major losses do not have any more of a potential to be an addict than anyone else in the world if they are not prewired.
2. D
All addicts have stopped using their substance to prove to everyone and to themselves that they are in control of their use. This is just being abstinent and is not recovery. Even if they remain abstinent over a long period of time, they are still just a *dry drunk*. Recovery is the process of being totally honest with yourself about who you are, especially with those aspects of yourself that you do not like.
3. D
The 12 Steps of Recovery does not give you the answers as to how to live your life and it is not an organized way to worship God. It is a guideline by which an addict can start to repair the damage caused by their active addiction.
4. D
Recovery is a process that occurs as the addict experiences life. He cannot read it from a book. Being with others in recovery provides the only classroom that can help the newcomer to find healthy ways to deal with life.
5. D
The addict sets himself apart from everyone else in that when he uses a substance and triggers off a chemical reaction in the brain that makes him feel “right,” then he has to have this substance again and again. Those who do not have an addictive disease can use the same substance and get high but do not have the drive to use this substance repetitively.
6. B
The only willpower that is helpful for an addict is the will to want help. Until this occurs, treatment is a waste of time. The addict has to want help in order for anyone to help him.
7. C
Guilt is one of the most powerful feelings we have. Though we would like to think that we have separated ourselves from our children, when they are struggling, we feel responsible. We quickly see that our children are still a part of us.
8. B
Having a close therapeutic relationship with a peer is not a problem but developing a personal relationship stops the safety of being open and honest with the group as a whole.
9. B
There are some medications that an addict cannot take, especially in the early phases of recovery, but most psychiatric medication can be given when it is appropriate. Those who have a biological depression or anxiety disorder have to have the appropriate medication or these disorders will be major relapse risk factors.
10. D
Different parts of the brain develop before the other parts. Unfortunately, the more primitive, life-sustaining part of the brain develops first. The limbic system is necessary to deal with many of the flight-or-fight reactions that is necessary to make a person react instantly, without thinking, in order to prevent a potentially lethal situation. This is also where humans have the pleasure centers. From twelve years old until about twenty-six years old, the limbic center may be the driving force as to how someone reacts to certain stimuli. The limbic system does not care about the consequences of that reaction.

Letting Go...

- To “let go” does not mean to stop caring; it means I can’t do it for someone else.
- To “let go” is not to cut myself off; it’s the realization I can’t control another.
- To “let go” is not to enable, but to allow learning from natural consequences.
- To “let go” is to admit powerlessness, which means the outcome is not in my hands.
- To “let go” is not to try to change or blame another, it’s to make the most of myself.
- To “let go” is not to care *for*, but to care *about*.
- To “let go” is not to fix, but to be supportive.
- To “let go” is not to judge, but to allow another to be a human being.
- To “let go” is not to be in the middle arranging all the outcomes, but to allow others to affect their destinies.
- To “let go” is not to be protective; it’s to permit another to face reality.
- To “let go” is not to deny, but to accept.
- To “let go” is not to nag, scold, or argue, but instead to search out my own shortcomings and correct them.
- To “let go” is not to adjust everything to my desires, but to take each day as it comes and cherish myself in it.
- To “let go” is not to criticize and regulate anybody, but to try and become what I dream I can be.
- To “let go” is not to regret the past, but to grow and live for the future.
- To “let go” is to fear less and love more.

The Twelve Steps

Step One

“We admitted that we were powerless over alcohol—that our lives had become unmanageable.”

Who cares to admit complete defeat? Admission of powerlessness is the first step in liberation. Relation of humility to sobriety. Mental obsession plus physical allergy. Why must every A.A. hit bottom?

Step Two

“Came to believe that a Power greater than ourselves could restore us to sanity.”

What can we believe in? A.A. does not demand belief; Twelve Steps are only suggestions. Importance of an open mind. Variety of ways to faith. Substitution of A.A. as Higher Power. Plight of the disillusioned. Roadblocks of indifference and prejudice. Lost faith found in A.A. Problems of intellectuality and self-sufficiency. Negative and positive thinking. Self-righteousness. Defiance is an outstanding characteristic of alcoholics. Step Two is a rallying point to sanity. Right relation to God.

Step Three

“Made a decision to turn our will and our lives over to the care of God as we understood Him.”

Step Three is like opening of a locked door. How shall we let God into our lives? Willingness is the key. Dependence as a means to independence. Dangers of self-sufficiency. Turning our will over to Higher Power. Misuse of willpower. Sustained and personal exertion necessary to conform to God’s will.

Step Four

“Made a searching and fearless moral inventory of ourselves.”

How instincts can exceed their proper function. Step Four is an effort to discover our liabilities. Basic problem of extremes in instinctive drives. Misguided moral inventory can result in guilt, grandiosity, or blaming others. Assets can be noted with liabilities. Self-justification is dangerous. Willingness to take inventory brings light and new confidence. Step Four is beginning of lifetime practice. Common symptoms of emotional insecurity are worry, anger, self-pity, and depression. Inventory reviews relationships. Importance of thoroughness.

Step Five

“Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.”

Twelve Steps deflate ego. Step Five is difficult but necessary to sobriety and peace of mind. Confession is an ancient discipline. Without fearless admission of defects, few could stay sober. What do we receive from Step Five? Beginning of true kinship with man and God. Lose sense of isolation. Receive forgiveness and give it; learn humility; gain honesty and realism about ourselves. Necessity for complete honesty. Danger of rationalization. How to choose the person in whom to confide. Results are tranquility and consciousness of God. Oneness with God and man prepares us for following Steps.

Step Six

“Were entirely ready to have God remove all these defects of character.”

Step Six necessary to spiritual growth. The beginning of a lifetime job. Recognition of difference between striving for objective and perfection. Why we must keep trying. “Being ready” is all-important. Necessity of taking action. Delay is dangerous. Rebellion may be fatal. Point at which we abandon limited objectives and move toward God’s will for us.

Step Seven

“Humbly asked Him to remove our shortcomings.”

What is humility? What can it mean to us? The avenue to true freedom of the human spirit. Necessary aid to survival. Value of ego-puncturing. Failure and misery transformed by humility. Strength from weakness. Pain is the admission price to new life. Self-centered fear chief activator of defects. Step Seven is change in attitude which permits us to move out of ourselves toward God.

Step Eight

“Made a list of all persons we had harmed, and became willing to make amends to them all.”

This and the next two Steps are concerned with personal relations. Learning to live with others is a fascinating adventure. Obstacles: reluctance to forgive; nonadmission of wrongs to others; purposeful forgetting. Necessity of exhaustive survey of past. Deepening insight results from thoroughness. Kinds of harm done to others. Avoiding extreme judgments. Taking the objective view. Step Eight is the beginning of the end of isolation.

Step Nine

“Made direct amends to such people wherever possible, except when to do so would injure them or others.”

A tranquil mind is the first requisite for good judgment. Good timing is important in making amends. What is courage? Prudence means taking calculated chances. Amends begin when we join A.A. Peace of mind cannot be bought at the expense of others. Need for discretion. Readiness to take consequences of our past and to take responsibility for well-being of others in spirit of Step Nine.

Step Ten

“Continued to take personal inventory and when we were wrong promptly admitted it.”

Can we stay sober and keep emotional balance under all conditions? Self-searching becomes a regular habit. Admit, accept, and patiently correct defects. Emotional hangover. When past is settled with, present challenges can be met. Varieties of inventory. Anger, resentments, jealousy, envy, self-pity, hurt pride all led to the bottle. Self-restraint first objective. Insurance against “big-shot-ism.” Let’s look at credits as well as debits. Examination of motives.

Step Eleven

“Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.”

Meditation and prayer main channels to Higher Power. Connection between self-examination and meditation and prayer. An unshakable foundation for life. How shall we meditate? Meditation has no boundaries. An individual adventure. First result is emotional balance. What about prayer? Daily petitions for understanding of God’s will and grace to carry it out. Actual results of prayer are beyond question. Rewards of meditation and prayer.

Step Twelve

“Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.”

Joy of living is the theme of the Twelfth Step. Action its keyword. Giving that asks no reward. Love that has no price tag. What is spiritual awakening? A new state of consciousness and being is received as a free gift. Readiness to receive gift lies in practice of Twelve Steps. The magnificent reality. Rewards of helping other alcoholics. Kinds of Twelfth Step work. Problems of Twelfth Step work. What about the practice of these principles in all our affairs? Monotony, pain, and calamity turned to good use by practice of Steps. Difficulties of practice. “Two-stepping.” Switch to “twelve-stepping” and demonstrations of faith. Growing spiritually is the answer to our problems.

Placing spiritual growth first. Domination and overdependence. Putting our lives on give-and-take basis. Dependence upon God necessary to recovery of alcoholics. “Practicing these principles in all our affairs”: Domestic relations in A.A. Outlook upon material matters changes. So do feelings about personal importance. Instincts restored to true purpose. Understanding is key to right attitudes, right action key to good living.

The Twelve Traditions

Tradition One

“Our common welfare should come first; personal recovery depends upon A.A. unity.”

Without unity, A.A. dies. Individual liberty, yet great unity. Key to paradox: each A.A.’s life depends on obedience to spiritual principles. The group must survive or the individual will not. Common welfare comes first. How best to live and work together as groups.

Tradition Two

“For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.”

Where does A.A. get its direction? Sole authority in A.A. is loving God as He may express Himself in the group conscience. Formation of a group. Growing pains. Rotating committees are servants of the group. Leaders do not govern, they serve. Does A.A. have a real leadership? “Elder statesmen” and “bleeding deacons.” The group conscience speaks.

Tradition Three

“The only requirement for A.A. membership is a desire to stop drinking.”

Early intolerance based on fear. To take away any alcoholic’s chance at A.A. was sometimes to pronounce his death sentence. Membership regulations abandoned. Two examples of experience. Any alcoholic is a member of A.A. when he says so.

Tradition Four

“Each group should be autonomous except in matters affecting other groups or A.A. as a whole.”

Every group manages its affairs as it pleases, except when A.A. as a whole is threatened. Is such liberty dangerous? The group, like the individual, must eventually conform to principles that guarantee survival. Two storm signals—a group ought not do anything which

would injure A.A. as a whole, nor affiliate itself with outside interests. An example: the “A.A. Center” that didn’t work.

Tradition Five

“Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.”

Better do one thing well than many badly. The life of our Fellowship depends on this principle. The ability of each A.A. to identify himself with and bring recovery to the newcomer is a gift from God ... passing on this gift to others is our one aim. Sobriety can’t be kept unless it is given away.

Tradition Six

“An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.”

Experience proved that we could not endorse any related enterprise, no matter how good. We could not be all things to all men. We saw that we could not lend the A.A. name to any outside activity.

Tradition Seven

“Every A.A. group ought to be fully self-supporting, declining outside contributions.”

No A.A. Tradition had the labor pains this one did. Collective poverty initially a matter of necessity. Fear of exploitation. Necessity of separating the spiritual from the material. Decision to subsist on A.A. voluntary contributions only. Placing the responsibility of supporting A.A. headquarters directly upon A.A. members. Bare running expenses plus a prudent reserve is headquarters policy.

Tradition Eight

“Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.”

You can’t mix the Twelfth Step and money. Line of cleavage between voluntary Twelfth Step work and paid-for services. A.A. could not function without full-time service workers. Professional workers are not professional A.A.’s. Relation of A.A. to industry, education, etc. Twelfth Step work is never paid for, but those who labor in service for us are worthy of their time.

Tradition Nine

“A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.”

Special service boards and committees. The General Service Conference, the board of trustees, and group committees cannot issue directives to A.A. members or groups. A.A.'s can't be dictated to—individually or collectively. Absence of coercion works because unless each A.A. follows suggested Steps to recovery, he signs his own death warrant. Same condition applies to the group. Suffering and love are A.A.'s disciplinarians. Difference between spirit of authority and spirit of service. Aim of our services is to bring sobriety within reach of all who want it.

Tradition Ten

“Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.”

A.A. does not take sides in any public controversy. Reluctance to fight is not a special virtue. Survival and spread of A.A. are our primary aims. Lessons learned from Washingtonian movement.

Tradition Eleven

“Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.”

Public relations are important to A.A. Good public relations save lives. We seek publicity for A.A. principles, not A.A. members. The press has cooperated. Personal anonymity at the public level is the cornerstone of our public relations policy. Eleventh Tradition is a constant reminder that personal ambition has no place in A.A. Each member becomes an active guardian of our Fellowship.

Tradition Twelve

“Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.”

Spiritual substance of anonymity is sacrifice. Subordinating personal aims to the common good is the essence of all Twelve Traditions. Why A.A. could not remain a secret society. Principles come before personalities. One hundred percent anonymity at the public level. Anonymity is real humility.

“The Promises”

From the book *Alcoholics Anonymous*, chapter 6, “Into Action”

... If we are painstaking about this phase of our development, we will be amazed before we are half-way through.

1. We are going to know a new freedom and a new happiness,
2. We will not regret the past, nor wish to shut the door on it,
3. We will comprehend the word serenity,
4. And we will know peace.
5. No matter how far down the scale we have gone, we will see how our experience can benefit others.
6. That feeling of uselessness and self-pity will disappear.
7. We will lose interest in selfish things and gain insight into our fellows.
8. Self-seeking will slip away.
9. Our whole attitude and outlook will change.
10. Fear of people and economic insecurity will leave us.
11. We will intuitively know how to handle situations which used to baffle us.
12. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us—sometimes quickly, sometimes slowly. They will always materialize if we work for them ...