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Not Addicted

**Over 90% of people with
addictions will get over the
problem.**

**Build the mentality to break the
cycle.**

by
Jacob Kern

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CONTENTS

About This Book

Steps of Personal Power

1. Powerful,
autonomous individual
2. Thinking for
ourselves
3. Deciding what
we believe
4. Changing
meanings and outcomes
5. Free from
victimhood

6. Bad choices
come with bad
consequences
7. Influences
8. Possibility not
probability
9. Choice and
circumstance
10. Responsibility
11. Control
12. I will decide the
next time I use
13. Recognition of
Power

Final Encouragement

Disclaimer

This text and the information provided is to be interpreted as an opinion piece. The author is certified by the state of Michigan in the capacity of recovery coaching, to which, addiction services are provided based on the lived experiences of the author. Overall combined experience of the author: Nine years recovered heroin addict (at the time of this writing), four years experience leading Nar-Anon meetings, speaker for FAN, NA, AA, recovery coach within MAT clinic, four years working as recovery coach in corrections setting, two years managing and supervising team of recovery coaches in corrections setting, four years experience leading relapse prevention classes (These are cumulative numbers not to be interpreted as consecutive numbers).

The author neither has the accreditation to serve outside the bounds of recovery coaching nor capable of diagnosing according to Michigan licensing requirements. The reader is the decider of what to do with the information provided in this text. Therefore, the author disclaims any liability for the results of interpretation of the text by the reader.

“Formal education will make you a living; self-education will make you a fortune.”

ABOUT THIS BOOK

This is “Not Addicted,” an approach based on the premise that addiction is not a disease and that the language of the disease model and conventional treatment ideologies on addiction can do more harm than good.

When we’re ready to change our behavior, most addicts (if not all) simply want to move on. The language of the disease/treatment model says this is not possible. It states that an addict, regardless of whether or not they are still using, will always be an addict and that the rest of their life needs to be structured around the idea that they used to have a problem with substances. As a recovered, once physically-dependant addict and addiction coach, I’ve always taken issue with this: If the goal of treatment is to get you to stop using substances, then why would we ever think it would be beneficial to tell you that you will struggle with addiction for the rest of your life, even if you stop using? If addicts believe they will struggle no matter what, I believe most addicts would rather struggle while they’re high or drunk.

In this writing I make many comparisons and analogies with addiction as opposed to stating objective facts. Though I do provide some numbers and statistics, I encourage you to not focus so much on them as I do not believe that the truthfulness of numbers and statistics themselves are of primary importance when considering change. What is of most importance is how you interpret those numbers and stats. Do they paint a better, more uplifting picture of the problem to you? Or do they make you feel worse? I believe addiction is primarily a subjective

experience and cannot be solved solely through the lens of scientific discoveries or “evidence-based practices.” I believe a person’s thoughts and interpretations dictate addiction’s progression. These are subjective, and as such can be open to many interpretations and arguments. Ultimately, you decide what this means to you. One of my goals is to paint addiction in a light that makes it seem defeatable to the reader.

First, here is an example of why the numbers and data themselves aren’t what’s important but rather your interpretation of those numbers: A study was done in 1976 commonly known as the “80% Study” where Dr. George Vaillant posted a flyer at a treatment center with a statement that read in reference to alcoholics “....80% recovered from their drinking problem.” He followed a group of males over the course of decades who eventually achieved sobriety and had read that flyer and reported that of all treatments received the most significant piece of the treatment that helped these alcoholics quit drinking was the statement in the flyer, “80% recovered from their drinking problem.” The answer as to why it helped is because it gave them hope, a significant amount of it. What’s interesting is that number, 80%, wasn’t even true. The Doctor later acknowledged that the number was an exaggeration and the actual percentage was lower than 80%. He lied and made up a false number, but in this case it didn’t matter, the message was clear: For those who believed it to be true, it had a significant impact and was their main source of hope in resolving their issue. This is one reason why Not Addicted takes the approach that addiction is not a matter of biology and statistics but of belief.

Now, here are a couple examples of comparisons and analogies: No one ever says after you break up with an ex or leave a job you had for years that you

can't move past those things. You're encouraged after a break up to get back into the dating scene, find someone better to move on with, take some time off to rediscover yourself. Yes, you'll have things that will remind you of the individual you just left. Maybe your song plays on the radio. Maybe someone is wearing the same perfume/cologne they did. Maybe you drive past the spot where you had your first kiss. All these things will prompt memories. But, nobody says that those memories will force you to get back together with them. In fact, if you do get back together with them you'll often be met with "What the hell is wrong with you?!" "I thought you were moving on, why did you get back together??" Nobody says that it's the dreaded disease of relationship taking its control over you in those moments. They look at you and your decision making and call it what it is: A stupid decision that is not in-line with what you've said you want.

Now, let's say you used to work at a Tim Horton's (If you're from the south, it's a coffee and donut shop in the north.) You left the job and it's been a few years since you left. You still stop there to get food every now and then and maybe visit with the people you used to work with. What happens when you go there? Maybe you smell the coffee and remember when you used to make it yourself. Maybe you see people laughing and having a good time and remember the good times you had. Or, perhaps you see someone who looks miserable working there and remember when that was you. Maybe you see the employees moving at a snail's pace and think "I could step in there right now and do the job better than they do even though it's been years." It's one of those things where you can probably pick up where you left off.

So, if you have all of these things triggering the memories of when you

used to work there, wouldn't it be a ludicrous idea to suggest that these memories, if you don't handle them properly, will cause you to put in an application to work there again? Wouldn't it be equally crazy to suggest that in order for you to not apply to work there again you must avoid the business entirely? Monitor the people, places, and things that remind you of working there? Enact proper coping skills to deal with the triggers related to your previous employment? No matter what you'll deal with this for the rest of your life and for the remainder of your life you must shape everything around the fact that you used to work at Tim Hortons?

Now, this would be sound advice to someone who still has a desire to work there. Maybe, they don't have a job or are disgruntled with their current job and are looking for other options. But we would recognize that for what it is: You either want to work there or you don't. And if you don't desire to work there then memories of your times in the job have little to no effect on you at all. Just like if you don't desire to get back together with an ex then the memories of the relationship, which may spark emotion, will not cause you to get back together with them. You wouldn't be swayed from the original conviction that you no longer want to be in that relationship.

I'm getting to a point here and some of the readers may have picked up on it already, but if you haven't then this is the point: Cravings, urges, triggers, addiction all have power when the user is undecided about what they want. This is not disease or disorder. In fact, discussion of disease may be a distraction from you thinking critically about your using and deciding where your current level of desire for it is. Not only that, but like it was stated earlier, the disease concept doesn't even allow you to make this kind of decision. It's

the kind of decision that can rob addiction of any of its “learned power.” I use the term “learned power” because that’s what it is. You have learned to attach power to people, places, and things. You have learned that triggers come with a risk of relapse and you have likely learned to connect relapse risk to many other things. Hell, you may have even been taught certain concepts to the point that you believe your brain itself is a relapse risk! That the rest of your life is simply about coping and not about living. Your singular focus is to make sure things simply don’t get worse instead of having a belief that things could get better. And worst of all, you interpret all of this as “treatment/” recovery.” This “learned power” you have given to addiction also results in “repressed power” on your part. The more power you give away to other things, the less you have. Nobody is weak, we all have an amazing ability to transcend our issues, but we must take back the power we have given away. We must shed the ideas that we are limited in our abilities to tackle this issue of addiction. Perhaps, we embrace a new perception about willpower: Rather than it being limited, perhaps it is unlimited and what suppresses it is our belief that it is limited. This is the approach of Navy Seals to the issue of willpower and I think we could all agree that they are a credible source on this issue.

So I encourage you to use your own thinking and judgment when reading. Do not take my words as gospel. Think of them as ideas to provoke thought. My wish for you is that this will prompt real meaningful thought about what is going on with you, to the extent that you pave your own way through this moment in your life. I simply have an opinion. Take what you want and leave the rest, my friends.

A Word to Treatment Providers

I do not believe treatment is ineffective, nor do I believe that treatment is inherently bad. I believe everyone working in it is simply trying to work for a singular goal, just as I am, which is to help those struggling with addiction to see a better life. We simply deviate as to what the best approach to that is. I believe certain individuals have been disenfranchised with the current process and more harm than good has been done to them. I have a theory and an opinion based on my over 10 years of experience working with individuals who have had substance abuse issues and my own personal experiences with substances myself. My opinion is my own and if it helps just one then I believe I've been vindicated. I fully expect that this will rock the boat of some individuals. To that extent I welcome conversation and am willing to be wrong. Though some of my words can be rather searing, I wish success upon all treatment providers.

Steps of Personal Power

So, how do we go from coping to living? How do we rob addiction of its power to the point that we are no longer addicted? I summarize the answers in what I call *The Steps of Personal Power*.

- 1. I admit that I am a powerful, autonomous individual with the power of choice and freedom to decide my next actions.**

“The elite win in their mind first.”

This step is here to address certain fundamental building blocks of the Not Addicted approach: Senses of power and your sense of personal autonomy or independence. Rather than your addiction being out in the parking lot

doing push-ups just waiting for you to screw up, I believe it is your inherent power to make decisions and take control over your behavior that is waiting out there. Without the recognition that you have the power to choose your next actions, you can never decide to go out to that parking lot and grab it. CBT (cognitive behavioral therapy) is based on the premise that your thoughts dictate your feelings which then dictate your behaviors. It should be no wonder that addicts feel powerless and out of control when they are told they are powerless and out of control and then behave in out of control and powerless ways. No wonder when they're told they're disordered then they think they're that way, feel like they're that way, and behave in that way. It's called the law of expectancy, we use this philosophy in anger management. Interestingly, there are many similarities between the ways we treat anger compared to addiction. The law of expectancy, for example, says that the way you expect to act is most likely the way you will act. If you believe that when you get angry you get out of control and go on a rage, then when you get angry you get out of control and go on a rage. I believe it to be similar with addiction; If you believe you are at risk of relapse and that it could happen at any point, then the law of expectancy says that belief will most likely come true, not because it's a fact, but simply because you believe it and expect it. The fix is to get you to see that you can respond in different ways and to choose to respond in different ways and create new expectations. With anger we teach to disconnect behavior from emotion, we do this with addiction treatment as well. Anger is seen as a learned behavior not a genetic deficiency and that we have to control it, some experts even argue that addiction is, in fact, a learned behavior and not disease.

Robinson, T. E., & Berridge, K. C. (2003). Addiction.

Annual Review of Psychology, 54, 25-53. doi:

10.1146/annurev.psych.54.101601.145237 Things

trigger anger, we tell you to avoid things that will make you angry just like we tell you to avoid the triggers of addiction. More importantly we tell you you can properly manage and control anger. But, we don't call it a disease that requires lifelong treatment. When dealing with anger we tell you that you have the power to change your behavior. We say quit reacting and start responding. Not Addicted takes the approach that powerlessness is a matter of belief, not fact. The question to be asked is where that belief has come from? Is it from evidence? Or, someone else's theory?

A major thing that influences someone's sense of power is their sense of autonomy or independence. So many people lose autonomy throughout this system. The loss of autonomy is where the problems begin. When we lose the sense that we are the decision makers of our actions then we're, by default, handing that control over to someone or something else. Then, we're prescribed the life we're told to live if we want to get better. All of this coming from institutions and systems that may never have stepped a single foot into one of our shoes. You'll know you've lost your autonomy if you have the following symptoms:

1. When you do something that results in bad consequences and say, "I couldn't help myself." or subsequently blame it on mental disorder/disease.
2. When asked why you did something and say, "I don't know."
3. When asked what you're going to do (future actions) and say, "I don't know."
4. When all the problems you believe you have were taught to you, instead of you coming to the conclusion on your own. (Taught, without thought instead of Taught, with thought.)

5. When the answers to your problems are not your own.

Loss of autonomy is rooted in a lack of trust for oneself. When we don't have definitive answers for why we are the way we are or how to improve the way we are, we leave that reasoning up to ideas and individuals that are not us. We take on the ideas of someone else without thinking for ourselves on these matters. Most of this may not be your fault as you have been led to believe that "Your best thinking got you here." Well, I propose something different; "Your best thinking got you exactly what you wanted when you wanted it." When you wanted drugs, you got drugs. When you wanted money, you got money. When you wanted to get high, you got high. Just because the consequences aren't what you wanted doesn't mean you weren't aware of them and decided to risk it anyway. The good news is the brain that got you drugs, got you high, got you money when you wanted it. Will be the same brain that's used to get you clean and improve your life when you want it.

So let's start taking back the power: To be successful in this process we must take back the power and control that we have either deliberately given away or have been taught to give away. To make this more focused, let's identify some areas that are of most importance to address:

1. Power of decision: Deliberately take the time to recognize and acknowledge all decisions you make over the span of one day. Whether it's deciding what to watch on TV, deciding what to eat, deciding who you talk to and what you talk about. When we become constantly vigilant and aware of the presence of decision in our day to day life, we can then take this awareness and extend it to the area of substance use.

2. Power of behavior: B.F. Skinner is credited with saying “Everything you’ve done, from the day you were born, you did because you wanted something for doing it.” Understand that there is a justification in everyone’s mind for why they behaved in a certain way. Just because people don’t understand that justification doesn’t mean you are then diseased or disordered.
3. Power of thinking: Picture a sunset. Take as much time as you need to create the image.

Now, picture a family member.

Picture a piece of paper!!! Do it now.

What’s wrong with you?

Now, I’m willing to bet you followed the first two orders: picture a sunset and then a family member. The third one, you probably asked why there’s exclamation points and in your head you read it in a more authoritative voice. You gave little thought to “Do it, now.....” By the time you got to “What’s wrong with you?” you probably thought a form of exactly what I wanted you to think: This isn’t making sense. It is surprisingly easy to manipulate the content of someone’s thinking, which is why we need to be on guard with our thinking. “Stand guard at the door of your mind.”-Jim Rohn. With all information we take in it produces two kinds of responses in our head: The reactive thought of what was just said or what was read. This would be you reading “Picture a piece of paper!!!” in an authoritative tone because there are exclamation points attached to the sentence. We have little to no control over the reactive thoughts, because it is our brain immediately reacting to information. Then the responsive thought; “Why are there exclamation

points?” Responsive thought is where our power of thinking comes in, it’s where we question what was said or interpret if it makes sense. This is where we hold the power to determine if we accept an idea or not. Someone says to you, “We should get high.” The reactive thought is you hearing those words and playing them in your head, just by that statement being said, they made you think about getting high. Then responsive thought kicks in, again, the place where you hold the power. The rule for responsive thought: If you have the ability to think “No, I don’t want to do that.” Then you have the power to say, “No, I don’t want to do that.” If the response is “Okay, let’s get high.” You have the ability to question that response. If you have the ability to question, then you have the ability to change your mind.

The Filter: All responsive thoughts are put through a filter we have created. Our filter is determined by our beliefs/ideas about any given situation. It’s easy for me to say no to the idea of getting high because my predetermined belief/idea is, “Getting high is no longer an option.” Thus, my immediate, responsive thought to someone saying, “We should get high” is “No.” I also hold the belief/idea that addiction is not a disease. So when someone says it is a disease, my immediate responsive thought is “No, it’s not.” We need to understand that the content of our thinking lies in the filter that we process information through. If we want to change our immediate responses, we must change our predetermined beliefs/ideas about a given situation. If you believe relapse is common in recovery or you’re at risk of relapse at any moment, then when the opportunity comes up for a relapse, what do you think the immediate response in your head will be? If you believe you are susceptible to triggers and they may cause relapse, then what do you think the immediate response to a trigger will

be? Change the filter, to change the response.

2. I recognize the ability to think for myself and formulate my own opinions.

“For as a man thinks in his heart, so he is..” (Proverbs 23:7)

Is your idea of yourself an idea that you came up with? Or was it taught to you? The addiction world is bombarded with opinion, mine included. Many people latch on to the closest opinion, the first one they hear. When a person says “I have a solution” or “I can help”, it’s hard for a desperate individual to resist its appeal, even if the solution offered isn’t a good one or accurate to them. It’s the first idea of hope many addicts may have. Launching into an attempt to change yourself without thinking clearly about what’s going on with you is a recipe for adopting problems or solutions that may not even be your own. No wonder recovery rates among those in treatment are so dismal. We’re diagnosing issues that may not even be the problem because in order to treat someone a diagnosis is required. Let’s consider the fact that in the DSM-5 there are over five-hundred diagnosable mental illnesses/disorders. Needless to say, the criteria needed to meet a diagnosis for a disorder or illness from the DSM-5 is low at best and in most cases the severity of symptoms cannot be independently verified by the therapist or psychologist, but must be subjectively reported by the client. This means, if we all put on a good enough act everyone in the world could be diagnosed with a mental illness and prescribed therapy and medication! In fact, I guarantee that my preoccupation with why I believe addiction isn’t a disease and the treatment system is broken is probably in the DSM-5 as a symptom of some form of mental illness/disorder. You take the guy who got pulled over for a DUI on New Year’s, he only drinks that day of the

year to celebrate and made a bad decision to drive. Diagnosis? Most likely, mild substance use disorder.. He's an alcoholic. Treatment includes, but not limited to, AA meetings, perhaps relapse prevention classes, and therapy, as well as the possibility of MAT. Now he begins to see his problem as a disease that requires lifelong treatment and is a disorder that requires medical intervention when his solution really was to stop driving when he drinks. In his mind the drinking wasn't the problem, it was driving after drinking. Solutions to his problem should be based on what he believes his problem is. The longer he's in treatment, the more he believes what he is being told, that he has a disease that will constantly be with him, not just on New Year's, but for his whole life and it needs constant treatment. Look at how complicated his solution has become now that it is seen through the lens of disease.

I have come across countless cases like this in my time of working with people who have addictions. People who don't have mental health issues but rather behavioral issues become convinced that mental health, disorder, or disease is the cause of their behavior, so time is spent focused on fixing mental health rather than directly changing the behavior. It's almost as if it's not believable among certain individuals that someone would do something adverse or dangerous simply because they want to. The problem is, most people trust the treatment system and its high level of accreditation, believing it's word as gospel and any deviation from that word or any disagreement with it is just evidence of their denial and disease. I believe a better way to approach this is through the teaching of "Drug, Mindset, and Setting" First we need to dismantle the view that people must act in certain ways when they get intoxicated. The person who says "I use drugs and drink so I can party and get 'hype'." Also says, "I drink or use after work to

relax.” I believe what primarily dictates the behaviors of someone when they are under the influence is the expectations attached to the substance they are consuming, the mindset of the individual at the time of taking it, and the setting in which they use it. I’ll use my personal example to highlight this point: When I was using heroin, I would take it at work with the expectation that it would help me perform my job. It gave me energy. I would say, “You could work me for 72 hours and as long as I have heroin, I’ll be fine!” However, anytime I used it at home the expectation was that it would relax me, I would use it and nod-out five minutes later. How can I have one moment where I feel like it's giving me energy and the next moment feel as though it's doing the exact opposite? This may be a better way to approach an individual who, on occasion, is held criminally liable for behaviors that ensued while they were under the influence. Now, I know this wouldn't apply to all substances necessarily. But in a specific situation like the DUI case mentioned, It is not necessary to add disease and convince them that they are an addict, alcoholic, or have some sort of mental health issue.. That in my mind will just over complicate this process for them. What would be beneficial is pointing out how driving after you've been drinking can lead to negative results and how to remedy that type of situation. Like having a designated driver if you plan on drinking. That simple solution would solve this case's problems.

Here's another personal example of how some treatment professionals look at the world and why it's important to maintain mental independence: In 2019, I started a new job in the recovery/treatment profession. My boss at the time was a therapist who had been doing the job for thirty years. In the first few months of working there I had made some mistakes. I would have days where I did everything right, and days

where it seemed I did everything wrong. My mood would fluctuate according to the kind of day I had, of course. If it was a good day, I was in a good mood. If it was a bad day, I was in a bad mood. I described my frustration with this to my boss at one point. I just wanted to have at least a week of consistently doing the right thing, not this up and down roller coaster. My boss's response to this frustration was as such: "Jacob, have you ever thought that you might have bi-polar disorder?"

I could not say everything that was going through my head at that time. But, I'll let you in on some of the thoughts. First, "Every mood swing was preceded by a clear event and my mood was a response to it. How does that constitute disorder?" Second, "Is this person actually serious...?" Third, "This is a person who has the power to diagnose individuals under their care. How many problems has this person diagnosed on such flimsy evidence as that? How many problems do the clients of this individual believe they have, if the standard of diagnosis according to this therapist is so low?" Fourth, "How many people believe they have problems, mental illness, and disorders simply because this person told them they do."

This kind of loose and care-free diagnosing should fall into the camp of medical malpractice and make any individual who participates in it at risk of losing their license. I want to be clear: I do not believe it is the majority of clinicians who do this. Nor, should the recipients of therapy approach each session with the idea that they are going to be carelessly diagnosed. But, we cannot pretend that this kind of thing doesn't happen. This is when iatrogenesis in this field becomes real and we need to acknowledge it for what it is: WRONG.

Recognizing the ability to think for yourself and develop your own opinions

can save you from this kind of complication. After all, you know you best and no one can think for you.

3. I am free to decide what I believe about my substance use: What it is, how it started, and how I end it.

“If you don’t design your own life plan, chances are, you’ll fall into someone else’s plan. And guess what they have planned for you? Not much.” -Jim Rohn

Is this a disease? Do I have trauma from the past? Do I have mental disorders? Is that why I continue to use? Or is it a choice? Have I been deciding to do this all along? Did I start because I thought it was fun and enjoyed the feeling? A lot of my friends were doing it... could it be that simple? I don’t want to do it anymore... could it be that simple? I need lifelong treatment.. I’m powerless, I’m diseased... but am I?

What it is. Those questions and the answers to them will ultimately decide the way in which you live going forward after a substance use problem. That’s why it’s fundamental for you to decide this. The person who believes that their addiction is a disease will live a completely different life going forward than the person who believes it’s their choice. The diseased individual can’t go to certain places, can’t attend certain family gatherings, maybe can’t even live at home or work their current job because of relapse risk attached to those environments.

Whereas, an individual who believes it’s their choice, it doesn’t matter where they are or who they see or what their environment looks like. They believe they will only relapse if they decide to do so.

Deciding what it is will determine whether you live with a handicap for the rest of your life that separates you from

other “normal” individuals, or you live the rest of your life with the belief that you have the capability to live just as everyone else. It will decide whether you see yourself as someone who can’t drink because of a disease, for instance, or you’re someone who simply decides not to drink like millions of other people out there. Whether you choose to see yourself as someone who is always at the risk of relapse, or if you’re someone who has grown and moved on from a problem.

How it started is a hot topic. Many professionals believe addiction has complicated beginnings. It can never be as simple as “I wanted to do it, so I did.” I myself, am a recovering/recovered/once physically dependent person on heroin. I have not been physically dependent for almost 11 years now. When I entered treatment and sat down with my counselor for the first time, I remember the question:

“Why are you here?”

My response: “I liked heroin, and I don’t like it anymore, I want to stop.”

The rest is a summary of the conversation:

Counselor: “Why do you think you did heroin?”

Me: “Because I liked it.. It felt good. Who doesn’t like feeling good?”

Counselor: “Tell me about your past.”

Me: “I was raised in a very Christian home. . . ”

Counselor: “Ohhh, so when you got older, because of your strict upbringing, you went through a rebellious stage, doing heroin was probably part of that..”

Me: “My parents got divorced when I was in fourth grade because my father

cheated and had issues with alcohol. My dad moved to Ohio and we stayed with our mom.”

Counselor: “So, not only do you have abandonment issues from your parents separating, but it also sounds like since your father was an alcoholic you had a genetic predisposition to becoming an addict yourself.”

Me: “About four years later my father died from his alcoholism.”

Counselor: “Now we have grief you haven’t dealt with as well. Say no more, Jacob. You clearly have underlying issues that you haven’t dealt with which is why you used heroin. To cope.”

Now, my counselor could’ve been right that those were the reasons I was using heroin. However, there was one problem: I didn’t see it that way. In my mind, those things were irrelevant to my heroin using and had nothing to do with my solution. Let me reiterate. To me, they were **irrelevant to my using**. To her credit, however, they were **not irrelevant to my life**. Simple rule: Learn to separate your substance use from your life, unless you want your life to be about substance using. To me, I started using heroin because I liked it and it felt good. My friends were doing it at the time, and I wanted to fit in. Had I taken my counselor’s reasons as my reasons for using, my solution would have gone from just get sober and don’t pick it up again, to address all those issues as part of the recovery, and if I don’t, I could relapse. I would’ve taken on many ideas about myself that I didn’t see. I would’ve had to address things that, again, in my mind had nothing to do with my problem and so it wouldn’t help me solve it. This in my opinion is a major source of the addict’s “denial.” They’re not in denial about the severity of their issue, they’re in denial about what treatment is trying to convince them that their problem is.

Substance use is not always caused by underlying issues. But it is always caused by what YOU think it is caused by. If you started because you thought it would be fun, then that's why you started. If you started because you hated feeling certain ways and you wanted to feel better, then that's why you started. I started because of a desire to get high. I felt fine when I wasn't getting high, but I felt better when I was getting high. I started because at the time I wanted to do it. Treatment in my opinion should stop digging for these underlying issues, especially if the recipient of the treatment reports that there are none. Likewise, we need to stop labeling people who claim to have no underlying issues as "in denial." We need to stop labeling individuals as "addicts" or "diseased." We need to understand that those terms are not just simple words. Just like "religion" isn't just a word. What's the religion? What are the beliefs? What rules do I have to follow? How many gods? What's the scripture? Words like, "Addict", "disease", "disorder", "trigger", "recovery" are concepts that have their own set of rules, beliefs, and philosophies that oftentimes can take someone who is feeling motivated and powerful, and ready to stop the action of substance use and change their life and turn them into a fearful, fragile, always on the verge of relapsing addict. If anything, I dare to say that some treatment providers can act as "problem prescribers." Over-complicators of what could be a simple thing. Don't overcomplicate this process if you don't have to. Think for yourself on these matters. After all, you know you best.

How I end it. The simple solution is, don't do it anymore. For some people, it really is that simple. You're not in denial about the severity of your problem if you see it that way, in fact, you may be better off. I'll give you an analogy: Have you ever flown on a plane to any major city or had a

heightened vantage point of any city or town? When I was younger my family and I took a trip to Las Vegas. I had never been to Vegas before and the only impression I had of it came from what I had seen in movies or TV shows. Vegas was this big, bustling city with huge buildings and many lights and eccentric individuals. It was awe inspiring. That was, until I had seen it from the plane as we were flying there. The pilot came over the speaker and told us “If you look to your right, you’ll see Las Vegas!” Well, I looked... To say I was disappointed would be an understatement. You see, from a plane, Las Vegas looked like this tiny, shiny speck in the middle of a vast open desert surrounded by much bigger mountains. I looked to my mother seated next to me and asked “That’s Las Vegas...?” From a plane you could see how small Vegas really was in comparison to everything else around it. You could see from one end of the city to the other. You could see that The Strip runs straight through it and if you just stayed on it in either direction you would eventually end up traveling out of the city, leaving it behind. This perspective quickly changed once we had landed and we finally got out of the airport and stepped into the actual town. Suddenly, those buildings that looked so small from the plane became much bigger. There were people all around. I said to my mother that I hoped she had a map because if she didn’t then we would get lost! I said, we just need to get to The Strip because I remembered from the plane that that road led straight through the city, and if you stayed on it you could find your way out. However, tons of buildings were blocking my view at this point, I couldn’t find that road though I knew that, if I did, then I wouldn’t be lost anymore. I just needed to find The Strip... See, I don’t think addiction is all that different from this example. There is a clear path that leads out of this struggle. But, for a lot of us, there are many things blocking the view to that

path. The buildings of addiction and they all have names: Mental health, therapy, meetings, triggers, people, places, things, disorder, urges, cravings, “recovery”, institutions, jails, death... If you were to get on the plane, get the heightened vantage point or perspective then you would see that all these things may be in the way of you seeing the clearest way out, The Strip of addiction: Stop.

But, for some it's a disease that requires treatment and a lifelong struggle. People who have struggled with addiction for a long time, the ones who go in and out of treatment often say that “I can't just stop. I'm not one of those people who can just stop.” Then they wonder why they can't be one of those people when the answer is in their statement. Infact, the answer is the statement itself. The belief is there that they can't stop, which translates to feeling, which then is reflected in behavior. Here's a quick fact: Over 90% of people with addictions will get over the problem. (Blanco, C., Secades-Villa, R., García-Rodríguez, O., Labrador-Mendez, M., Wang, S., & Schwartz, R. P. (2013). *Probability and predictors of remission from life-time prescription drug use disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Journal of Psychiatric Research, 47(1), 42–49.*

<https://doi.org/10.1016/j.jpsychires.2012.08.019>

Lopez-Quintero, C., Hasin, D. S., de los Cobos, J. P., Pines, A., Wang, S., Grant, B. F., & Blanco, C. (2011). *Probability and predictors of remission from lifetime nicotine, alcohol, cannabis, or cocaine dependence: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Addiction (Abingdon, England), 106(3), 657–669.* <https://doi.org/10.1111/j.1360-0443.2010.03194.x>

That 90% typically doesn't seek treatment. They detox (sometimes

medically) and stop. The 10% that don't stop and struggle their whole life are the ones who typically seek treatment. Now, you can make the point that because they struggle they go to treatment, or a point that is just as valid and should seriously be considered is: they struggle BECAUSE they go to treatment. People who go to treatment are exposed to ideas and philosophies about their addiction that the non-treatment goer doesn't take on. To the non-treatment goer, it's often viewed as a choice. They'll only use it if they decide to do so. To the treatment-goer, it's a disease that comes with its own set of ideas and challenges, things to look out for like, as was mentioned in the example earlier: Triggers, cravings, urges, people, places, things, emotions, thoughts, disorders, mental health, meetings, therapy, relapse, jobs, relationships, neighbors, sounds, smells, images... But, even with that endless list of problems, treatment does get one thing right, and it's the only thing that matters: The goal is to stop and "You have to want it to work." In other words, you have to want to stop in order for any of this to work. My goal is to get you to the point of wanting to commit to this change. After you've gotten there, you may realize that this battle isn't really a battle at all because you're clear on what your real desires are.

So, you have to ask yourself, how do I end this? Is it a disease and I end it by treatment? Is it a choice and I just make the decision? Is it a spiritual issue so I start making spiritual pursuits? Is it emotional avoidance so I learn to deal with emotion? You decide this, not someone else. My main focus is if you have been trying the conventional approach and trying the conventional thinking and it hasn't helped or, for some, has made things worse then something needs to change. This approach is a new way of thinking about your addiction.

“If it can be solved, there’s no need to worry. If it can’t be solved, then worry is of no use.”-Dalai Lama

4. I recognize that changing perceptions can change my outcomes.

“Don’t wish it was easier, wish you were better. Don’t wish for less problems, wish for more skills. Don’t wish for less challenge, wish for more wisdom.”-Jim Rohn

“When I was using, my neighbor was my dealer. When I got clean, my neighbor was my neighbor.”

This is primarily meant to address the meaning behind “triggers, cravings, and urges.” I covered this at the beginning but I’ll go a little more in depth. What does that house you used to use at mean to you now that you’re sober? Is it just another house or is it a powerful trigger that might make you relapse? What does the liquor aisle in a store mean to you? Why can I take two recovering alcoholics and walk them down a liquor aisle and have two different reactions from them? One of them will be afraid. They see the bottles and believe they’re screaming at him to drink. Meanwhile, the other walks through it with impunity. What’s the difference? Do they have genetic differences? Is one guy stronger than the other? I say, no. The difference is the mental meaning of that aisle to the alcoholic. One sees it as a trigger while the other says it’s just another aisle in a store. The two have completely different reactions based on a similar experience. This is where the separation between those who believe they choose to use and those who believe they have the disease is most evident. The disease concept teaches you that you have powerful triggers that if not dealt with properly will cause you to relapse. The thing is most of these “triggers” tend to be non-living things that have no power to force you to do anything yet, we give them power they

don't deserve through our beliefs about them. Let's look at some specific distinctions in these philosophies.

Thoughts about drugs/using: To the chooser who has quit they may simply interpret this as a memory of something they used to do. It has no power to force them to pick up and use. To the diseased individual these are interpreted as powerful cravings or urges that require special coping skills to deal with or else they'll relapse. The chooser does not connect a relapse risk to thoughts about drugs.

Places where they used to use: To the chooser these are often just places, inanimate objects or venues that won't force them to do anything. They may spark a memory but that's all it does, they don't connect a relapse risk to places. To the diseased these again are powerful triggers that spark cravings and urges that if not handled properly will cause them to use.

Emotions: To the chooser these are everyday experiences that everyone deals with. A fact of life that you must learn to handle. They do not connect a relapse risk to emotions. They understand that behavior can be separated from emotion, allowing themselves to experience all sorts of feelings without believing they have to act on them by using. To the diseased, however, emotions are potentially powerful triggers that if not handled properly can cause you to relapse. This is neither helped by the fact that in treatment settings certain emotions are often labeled as "dangerous" or "high-risk" This language needs to be changed in the minds of addicts to "normal" or "acceptable." Labeling normal emotional occurrences as "dangerous" is, in my mind, reinforcing the notion that these emotions are not to be had and must be gotten rid of, avoided, or medicated as soon as possible which

then can influence a recovered addict to return to using.

To the diseased individual virtually everything can come with a relapse risk. Through the teachings of disease we are teaching people how to cope so they don't relapse while also telling them to be aware that relapse can happen at any time. We also say that relapse is common in early recovery. The NIDA is quoted as saying "Due to the chronic nature of the disease, relapse is not only possible but also likely..." (Principles of Drug Addiction Treatment: A Research-based Guide, Third Edition, pg. 13) Some curriculums out there even teach that relapse can happen by accident! In the words of the Matrix model for criminal justice settings: "The addicted brain may invent excuses and move an individual close enough to relapse situations so that **accidents** can and do happen." (Handout 25, relapse justification, Matrix Model-2014) Want to know an example of an "accident" that they list in that same section? Quote: "I was in a bar and someone offered me a beer..." That's right, according to the curriculums for certain treatment settings, being in a bar and being offered a beer and then drinking it is apparently an "accident" caused by your diseased, addicted brain. No wonder so many people fail after treatment. We're connecting relapse risks to almost everything in their life and not only that, we're putting it outside of their control. This to me sounds like proactively creating reasons for people to relapse! We should be teaching individuals how to change the meanings and thoughts behind the people, places, things, thoughts, emotions... etc. So they get to a point where any risk of relapse is irrelevant because they don't make the connections anymore. Imagine going past that house and you can just let it be a house, imagine going to the store and the liquor aisle is just another aisle, imagine the thought of using is just

another thought or memory that doesn't force you to do anything. Imagine your life without the risk of relapse. You have given these things the meaning they have through what you've learned or what you've been told, you must change them and you can with new information, knowledge, and ideas.

Here's some tips for practice: The next time you're "triggered" see the trigger for just what it is and ask what can it do to me? If it's a place, see it as just a place. If it's a thought, see it as just a thought. If it's a person, see them as just that physical person. If it's a dream, see it as just a dream that as soon you wake up it's done. If it's an emotion or feeling, see it as just that. Practice this, repeat it, and eventually this thinking will become automatic and you rob these "triggers" of their power. Most of the time we will have immediate reactions to these things as we have habitually responded to, in certain ways. Understand a concept: Neuroplasticity. Your brain is not concrete, It's like clay. We can always wet it down and shape it into the form we'd like and we do this through repetitive actions and habits. Make thinking in different ways repetitive.

Another tip: Change the language you use with yourself. There's a difference between someone who says they're depressed versus someone who says they have bad days. There's a difference between the person who says they suffer from anxiety versus the person who says sometimes they get nervous. There's a difference between someone who says they're in recovery versus someone who says I've changed my life. Change your language to words and phrases that facilitate change and allow you to change. Simple rule: Eliminate any language of addiction from your vocabulary. Refrain from using words such as: Trigger, craving, urge, disease, disorder, addict, recovering... etc. I'll give some examples of what this looks like in practice:

Old: "I have urges to use."

New: "I still have a desire to do drugs." - Honesty is a fundamental part of this process. An urge is a desire, our desires are based on what we want. If you still want to use substances don't cloak that with disease, as if it's a mystery to you and you can't help it. When we change our wants, we change our desires. Perhaps start by wanting to explore avenues of pleasure and enjoyment other than substances. Don't start directly with going after the wanting to get high or drunk. Start by opening up to the idea that you can find pleasure and enjoyment in other things.

Old: "I keep having thoughts about using."

New: "I have memories about things I used to do."-Speaking of addiction as though it is behind you is reinforcing the new idea that you can and have moved on from the problem. Which then leads to a more empowered feeling.

Old: "I've had a lapse/relapse."

New: "I had an instance of substance use."- Instead of giving yourself an excuse to continue into full-blown addiction after an instance of usage, give yourself a reason to believe it doesn't have to continue down that path. There will be no "abstinence-violation effect" (let the reader understand) happening here.

Old: "I'm a recovering heroin addict."

New: "I was once physically-dependant on heroin."-Once again, leave addiction in its place if you want to be done, in the past.

Old: "I get triggered."

New: "Certain things prompt thoughts, memories, and emotions."-Normalize your experience. Everyone deals with things that prompt thoughts, memories, and emotions. This can help you to see that you are no different than anyone else in this world.

The goal isn't to deny that there is an issue. The goal is to change the language of the problem into words that facilitate a change in your life and a change in perspective on the issue.

5. I choose to free myself from the bonds of victimhood.
“Your personal philosophy is the greatest determining factor in how your life works out.”-Jim Rohn

The victim mentality is a defining characteristic of an addict. We're victims of circumstance, victims of environment, victims of treatment, “they set me up for failure,” perhaps that's a fair argument? Victims of mental health, victims of the law, victims of genetics - the list can go on and on. This mentality needs to be shed. While we can certainly be victims of events and bad things can happen, it is a decision to carry on the mentality beyond the event and into the future. Someone looking to become an empowered chooser, cannot at the same time be a victim. We have to stop letting circumstances dictate our attitudes. Viktor Frankl was a survivor of the holocaust and a prisoner in one of the concentration camps. In response to seeing other prisoners maintain joy and happiness given the circumstances, he stated, “Every freedom can be taken from a man except one thing-the last of human freedoms: The ability to choose one's attitude in any given set of circumstances, the ability to choose one's own path.”

The only things we are victims of, in any real sense, is our own thinking. Here's an example of how a victim mentality with the disease of addiction works: A single instance of substance use is considered a re(lapse), a violation of your sobriety. The thinking then ensues... “I've relapsed.. I violated my sobriety so my clean time is pointless.. I've just wasted it and destroyed my hard work... I might as well go full-send... I'll never beat this disease so

what's the point of trying?" Due to the philosophies of the disease mentality you managed to talk yourself into full-blown addiction again, when this could've been just a single instance of substance use. A non-victim way of thinking about this is: "I did it once. If I'm being honest it was a case of me testing the waters.. Seeing what I can get away with. I didn't enjoy it. I felt like crap, wondering the entire time if this is actually worth it. Wondering if I'm actually willing to throw away the work I've done for the sake of a feeling." Our thinking produces desires, which then dictates priorities, all of which are within our ability to change with the right information and different ideas. You can take a single instance of substance use and look at it as a relapse into the disease. Or you can look at it in isolation and call it what it is: An attempt to make you feel pleasure in the moment. Some people desire pleasure and prioritize it over anything else. This again, in my opinion, does not constitute disease or is evidence of a genetic deficiency, per say. Pleasure is at the root of addiction, desire to feel pleasure is what sustains it, prioritizing it is when it becomes a problem. As a good book says "Those who desire only pleasure, become poor.." When we understand this we can learn to change our pleasures, which then can change our desires, which then can change our priorities. Having pleasures and desires for substances is not abnormal and we're not victimized by it, history suggests that it's actually a deeply ingrained part of being human. Desiring pleasure is a normal part of every human experience. Where we choose to find pleasure is where people deviate from the "norm." If it is your desire to use substances, understand that this is a desire for pleasure brought about by a natural tendency for us to seek things that are pleasurable and it is not the result of a mysterious, cunning, and baffling disease. The good news is you can learn to find pleasure in activities

that are much less consequential and more greatly rewarding. We need to shed the idea that we are victims of our own desires and be open to the idea that there are other things that can give us just as much pleasure if not more than what substances gave us. You have likely discovered this through time spent with children, or family and friends, having freedom, engaging in recreational activities, enjoying a vacation. The question you need to ask is if those things are enough for you. Try it and see what happens, if it doesn't work you know you could always decide to go back. But if you do go back, understand it's not because you're a victim of disease.

A tip for practice: Become aware of using, what I term, are "victim statements." These are statements that put control and responsibility outside of yourself, statements that put the blame of behavior on disorder, statements that reflect uncertainty, for example: "I couldn't help myself." "I can't do it." "It wasn't my fault." "It's part of the disease." "My ADHD is bad today, I'm having trouble focusing." "I got triggered." "I was diagnosed with..." "It's because of my trauma." "I don't know." Understand for the Not Addicted approach, the only cause of our behavior is us deciding to act. We are people who are responsible, we don't use statements that put the control outside of ourselves. We don't blame our behavior on things other than our own decisions. And we are not uncertain individuals, we know ourselves and we know exactly how we will act.

6. I acknowledge that I can deliberately make bad decisions that come with bad consequences.
"Everything happens for a reason. Sometimes, the reason is you were stupid and made a bad decision."

There seems to be a common theme in the treatment world. If a behavior leads to a negative consequence and is repeated regularly despite the consequence then it must be a mental health disorder. This idea was at the root of developing the disease model of addiction. Hence, in the actual definition of addiction according to organizations like the NIDA it includes "...despite negative consequences." I don't think I have to run through the litany of examples when it comes to other behaviors that end in negative consequences and are often repeated but yet aren't considered diseases or mental health disorders. The fact is most addicts are well aware of the potential consequences of their addiction and that their behavior is leading to bad outcomes. Attaching disorder and disease to that reality seems rather arbitrary and more harmful than anything else. Why is someone's desire to feel good or escape interpreted as disorder? That in my opinion is a big part of what motivates addiction, a desire to feel good or simply better. Some people meet this desire by exercising, taking a walk, playing a musical instrument, taking a drive, eating food, listening to music.. etc. Others meet this desire with substances. The only difference between substance use and all those other activities is that substance use comes with a very specific set of consequences and destructive ability. I don't think that constitutes a disease or disorder. You could even argue that if substance use wasn't so consequential, would we even feel the need to categorize it as disease or treat it? If you remove the external consequences from addiction then you're left with someone who has a bad physically dependent habit and potentially legitimate, measurable brain damage and the problem is a lot of people wouldn't have jobs if addiction is seen that way because once you sober them up and work to fix the measurable damage then problem solved.

Bad consequences of bad decisions does not always constitute a diagnosis of disease or disorder or is evidence of a mental health issue. It constitutes a diagnosis of self-discipline. About which, everyone wishes they could be better and everyone could be much worse. I still suffer from the disease of stupidity, mostly financial stupidity, to which I am changing because I've realized how careless I've been. Having no money in the bank is a good motivator to get to work and fix the mistakes you've made. I also have just as much ability to return to using as anyone else. However, I have built a life at this point where engaging in certain actions simply doesn't fit in with who I wish to become. If I did engage in that behavior, it would be, by definition, a stupid thing to do. I've only gotten to this point because I became tired and angry at my own ridiculousness. I couldn't have gotten to that point if I had believed that my actions were the result of a disease or disorder that I couldn't control.

This is where a majority of the complications with addiction come from: The connection to mental health. What's interesting is most other countries in the world separate addiction from mental health in their treatment methods, they believe they are completely separate issues. What happens when you separate the two is addiction becomes an easy thing to figure out. Like was stated, get the person sober, work on the measurable damage and problem solved. But they do also understand a simple concept: When there are no other options present for an individual or better things to do with their life, they will likely return to substance use. Treatment in other countries consists of establishing a person's basic needs. Implementing harm-reduction approaches if the person wants to continue in using, sometimes to the point that the government is producing their own forms of the

substances such as slow-release morphine or heroin. Now, whether or not those approaches work better is up for debate, there's plenty of data out there that anyone who is curious about it could look into. But we do need to look at the reality of our approach here in America. Specifically, as mental health services and addiction treatment have become more available, we have seen a steady increase in cases of mental disorders and addiction, as well as overdose rates that have climbed in conjunction with the availability of treatment. If the treatment model actually worked then it would be logical to think that as treatment becomes more available those numbers would go down. But that's not the case, and the problem is no one is asking why or offering better solutions or if they are, they're getting shut down. According to most treatments, anyone they can't help simply doesn't want it bad enough or is in denial. There's rarely an introspective look at the treatment itself. Maybe the medicine is causing the harm? Maybe the recipients don't want it because they don't want the brand of treatment that is being offered to them. It is the opinion of Not Addicted that it is not necessary to connect addiction to mental health, and doing so may add a layer of complication to the process of changing the habit.

7. I recognize that there are both good and bad influences on my choices and behavior.

“I’ll tell you who you are, if you tell me who your friends are.”

You become the average of the five closest people you surround yourself with. If you surround yourself with people who use drugs then it's no wonder you had a relapse. This is not evidence of disease. It's evidence of human nature. If you were to surround yourself with five successful individuals and were to listen to their advice or mimic their behavior then most likely

you will become the next successful individual. This is the idea behind having supports in the recovery process. What we need to understand from the perspective of personal power is that support is a luxury, not a necessity. The basic rule: If you want the process to be easier, find supports, seek out mentors. If you want it to be as difficult as you can make it, don't seek support. This is something in which I agree with the basic principle of NA and AA. It's a community of people dealing with similar issues. But, beyond that we should also seek out individuals who have never had these problems. Think about it... Who better to learn from about a "new way of living" than someone who has never had the problem of addiction in the first place. Their habits are formulated around a sober lifestyle. Their thinking involves nothing about drugs or alcohol. They don't commit crimes (typically). They've never been to jail or treatment so their mindset is not one of being institutionalized through those institutions. They are a wealth of knowledge and behaviors that, if simply mimicked, could result in a complete change of life.

Let's look at social media as well. The average daily time spent on social media: Approximately 2 hours and 25 minutes. Break down of those numbers: Younger Adults (18-24): Spend an average of 186 minutes (3 hours and 6 minutes) a day. Older Adults (65+): Spend an average of 102 minutes a day. That can be two hours and twenty-five minutes of filling your mind with either good influences or bad influences. What kinds of pages do you follow? What are you subscribed to? What are your friends posting? Are they encouraging you to do better or do they try to sell in their posts? Are they posting images of their change and progress? Or are they posting their supply and flaunting their cash? Imagine the simple difference it could make, imagine the influence it

could have on you if you learn to fill that time with more messages in-line with what you're trying to accomplish. When I was in the midst of my heroin days I listened to people and music that reinforced the behavior. If you love hearing "Party, party, party, let's all get wasted." Then don't be surprised when you see that your life at this point has been nothing but a party and it's been wasted. We are what we listen to, we become what we most consume. What we watch, what we observe, what information we decide to take in. These areas of influence are the things we can most easily change and control.

Tip: When beginning this process, understand we are not looking for friends, we're looking for mentors. People who just by being in the presence of them you feel you're learning something. People who will be able to hold you accountable. When I began this process the first person I reached out to was a former teacher of mine. I would, on occasion, run into him while I was using and he would always encourage me to hang out with him some time. At that time my answer was no. I knew exactly what would happen if I hung out with that man. He would disapprove of what I was doing, I didn't want anyone ruining my high. However, when I got clean he was the first person that came to mind when thinking of "Who do I want to surround myself with?" He was someone who had a life that I wanted. When I was around him I watched the way he talked, the way he dressed, the way he handled his finances, what he thought was important... etc. Just being around the guy and watching how he operated was a lesson. Find the people who can teach you without saying a word.

8. I choose to look through the lens of possibility, not probability.

"Addiction is not a problem of 'can or can't'. It's a problem of 'will or

won't."

Taking advantage of possibilities means taking action or pursuing a goal despite the potential that it may fail. It means focusing on the potential success, rather than the potential failure. The possibilities that are present for any given situation means that no one can accurately predict what is going to happen. I'll give my own example for this: Before I began working in this field I was working in facility management and fast food. When I was doing the facility management job I had, what I call, "non-social life hours." I worked from 12pm-12am everyday. I did this for about two years and eventually it took a toll on me. I missed having time to be with people and engage in activities other than work. I was venting to another staff member about this at one point and they told me, "Jake, it sounds like you're living to work and not working to live." Right then and there, I put in my two weeks, with no direction on where I wanted to go or what I wanted to do. I had no new job lined up for me. I began to think about what it was I felt passionate about. My mind would go back to how much I enjoyed doing Nar-Anon meetings and always saying "I wish I had a job where I could just talk to people." So, I applied to be a therapist at a local methadone clinic. Mind you, I had no degree, no license as a therapist, and no experience working in those settings. The only experience I had was that I was a heroin addict at one point and had gone through the treatment process. On my application I had stated those things and iterated my desire and passion to work in that field. I wasn't expecting to hear anything back, I honestly was anticipating that I would simply be passed on as an option. However, two days later I got a call, it was the clinic. They asked me about my experience and I told them I had none, professionally, that is. They asked if I had the credentials and once again I told

them I did not. They told me I couldn't be a therapist, but they did say that maybe a "recovery coach" position would be a better fit. I had no idea what recovery coaching was at the time, I had never heard of it. They informed me about it and asked if I was interested and I said, "of course I am!" I was employed there by the next week. They paid for my training and certification as well. I was only there for about six months when the opportunity came up for the current job that I have now, a few therapists were leaving that clinic to work at the current facility I am at and suggested I should apply as well. So, I did and here I am six years and a self-published program later. And it all started because I took a chance on something that I didn't think would happen, and applied for a job I knew I wouldn't get, but regardless of my beliefs, it opened the door to opportunity. Why did this happen? Possibility and a bit of faith that it would all work out.

You see, probabilities can trap the mind. I would say, "I probably won't get the job so why even apply for it?" In the addiction-sense probability says that 95% of individuals who enter treatment will relapse within the first 2 years after completing treatment. Probability says that it's common to relapse in early recovery. Probability says "you won't change." Probability says only one out of ten will make it. Possibility, on the other hand, says it doesn't have to be that way. You could not be one of the 95%, you could not relapse in your "early recovery" stage, you could choose to change and possibility says that it could be the best decision you've ever made. I don't think we pay enough attention to possibility. The addiction world is focused on probabilities. Treatment methods are essentially based on probabilities. They tell you relapse is common because they

expect you to do it but say it under the guise of therapy and “reducing shame and guilt.” Remember in step three, when it was mentioned that 90% percent of people will recover from addictions and 10% won’t. Try to guess which of those two percentages methods of treatment are most often derived from? If you guessed the 90%, which is the majority, you’d be wrong. Treatment methods and our ideologies on addiction are mostly based on the progression of addiction within the minority of individuals, the 10% who actually receive treatment and typically struggle the most with the problem. Try to find any other business model that bases its methods of operation on the minority of individuals who often fail. If a business did that then you would get the exact results as we receive nationally from treatment. A 95% recidivism rate. This would be like taking someone who has gotten the common cold, and because someone who got the cold at a certain point ended up dying from it, we’ll throw the medical book at you so you don’t die. When in reality any sound medical professional would say that everyone’s body is different and your immune system may be strong enough to fight the cold on its own and medical intervention may do more harm than good.

No one changes themselves in a meaningful way with the idea they will probably fail. Motivation for change is rooted in the possibilities of that change. An addict needs to believe it’s possible to have a better and happier life without substances. Discussion of disease is a distraction from figuring this out. Under the language of a disease the addict only believes that they can simply cope with life as opposed to living it. Possibility is something that needs to be taken advantage of. Uncertainty should be considered a blessing. Possibility and uncertainty says that your life tomorrow could not be the same as your life today. It says your circumstances can change if

only you would give it a chance. Some addicts have been so bogged down that they don't even open themselves up to the possibilities of life. Legal troubles have mounted, relationships have been broken, they're diseased and disordered. No wonder, under these ideas, the addict continues to use. How people don't see this part of the reality is baffling.

Addicts are not diseased, they're conflicted. Conflicted between the idea that their life could be better or their life could only get worse. Again, without the belief in the possibility of a better life or better results, no one would decide to change a behavior. When will we realize that the language of disease does not produce an attitude of change. It's not that addicts are in denial about the seriousness of their issue, maybe the problem is they don't want what we are selling as "recovery." Especially when "recovery" isn't even about being recovered at all. Change is a sales pitch. And it's sold when people believe the profits of change are better than the profits of not changing.

Here are the keys to unlocking possibility: Patience and work. Too many addicts give up too soon. When things don't happen in our timeline, we throw up our hands and say, "That's it. It didn't happen when I wanted so it won't happen at all." An understanding of possibility is the antidote to this issue. Possibility will always say "it didn't happen today, but it could happen tomorrow." Possibility says "You gave up yesterday, but today would've been the day your work had paid off." We've been given the luxury of knowing the things that could ruin our possibilities. We know using or becoming addicted again would ruin any chance of us achieving the life that we desire. However, we haven't been given the luxury of knowing that making a change will pay off in the way we want. I believe this is deliberate and designed. It's meant to measure our motivation,

our actual level of desire for the change. We need to find meaning and purpose in the struggle. Jordan Peterson states that the baseline of life seems to be suffering and struggle. So, how do we respond to that? Answer: A meaningful purpose or pursuit that is worthy enough to justify the struggle and suffering. Patience and work go hand-in-hand with possibility. The more patient you are, the more work you put in, the more possibilities become reality. Take the time to be patient and stay committed to the work. Possibility says that the results of this have to be better than the current results you have been receiving.

9. I realize that I make choices in light of my circumstances, meaning the best decision for today may be the worst decision for tomorrow.

“Change is a short-term sacrifice for a long-term gain.”

There's a reason why there are so many quotes about how your actions today will have lasting effects in the future and why it's so important for someone trying to change a substance use problem to understand this. ***“Your life can either be hard now and easy later or easy now and hard later.”*** Many addicts have the attitude “I'll cross that bridge when I come to it,” not realizing they're the builders of the bridge they will cross. Let's acknowledge a reality: Change is a short-term sacrifice for a long-term gain. It requires patience and it doesn't happen overnight. It's uncomfortable at first, but with time and effort it becomes easier. By “time and effort” I don't mean give it a couple weeks and see what happens, or a couple months. I'm talking about a couple years, at least. ***“Every action you take is a vote for the person you wish to become.”*** So, maybe think about your options like this: A couple years of work and effort for the sake of a lifetime of freedom and if you enjoy it enough, you'll continue to put in the work and

effort. Or a revolving set of years of continuous using with the occasional stops in jails and rehabs. Never really being free, but always in some form of prison. ***“Our future self will feel the consequences of our actions today.”*** See, addiction is a long-term sacrifice for a short-term gain. Most pleasurable activities unfortunately operate in this way. Part of the credit I give to my almost eleven years of success in staying clean of heroin is changing to the mentality of short-term sacrifices for long-term gains. Just because something sounds good to do today doesn't mean you will feel the same about it tomorrow. After all, the only pain worse than failure is the pain of regret. Satisfying ourselves solely in the short-term is a recipe for regret, as you may already know. Take the time to imagine yourself a year down the road. What could you do today that could make you feel worse at that time? What action could you take today that you know would make you feel better at that time? Either way, because time moves only in one direction the day will come when you are faced with the reality that you are either happy with the decisions you made and your life is better for it. Or you regret everything and your life is not at all what you wanted. The time to decide what you want can be now. ***“Without a sense of urgency, desire loses its value.”***

Let's do a visual exercise with this: I want you to imagine that there's someone standing in front of you, it can be anyone you would like it to be. Whoever it is, this person is presenting you with an option and they say, “If you commit to this process of change for let's say at least five years, I will guarantee you this: Whatever you want will be yours. You want a beautiful house? Here it is. It's already bought and waiting for you. You want that relationship fixed? Well, here you go. In five years it'll be fixed and this is what it will look like. You want custody of

your kids? Here are the papers you must sign, they'll be here waiting for your signature. You want a good paying job? Here you go, I've got the application, you will just have to fill it out when the time comes. You want peace? I've got it right here in my hand, in five years you can grab it, guaranteed. All I need you to do is commit to this change for five years and all of this will be yours.

Throughout those five years I will show up in front of you everyday to show you what will be yours. Do you think you can commit to that?" Then they leave until tomorrow. Now, the question is; how difficult do you think it would be for you to make the commitment if you had guarantees like that? Most would argue that it wouldn't be difficult at all. Especially, if it's not only a guarantee, but also, these guarantees are presented to me every day. You see, a question like this presents, what I believe, the real problem is. It's not disease or disorder. It's motivation and commitment. Are the things that are motivating you strong enough that you'd be willing to commit to at least five years of change? I choose five years because the research suggests that on average it takes about five years for a new idea or a change in behavior to start producing its full results. So, while we're focusing on disease and disorder, we may neglect or totally miss this focus of motivation and commitment. The two things that will have the most significant impact on whether you are successful or not. Do not neglect this area of the process.

How do you maintain motivation and commitment to a process that may not reward you for years? As a wise person once said, "I didn't know who I would become, but whoever it was, it had to be better than who I have been."

Motivation and commitment is sustained through belief. The belief that no matter what, making a change has to result in better rewards than what you have received already. When I quit

heroin, I had no idea what I was going to do with my life, but I knew that no matter what I would end up doing it had to be better than a life that revolved around substances. Sometimes, that's all we have to go on. When you encounter struggle, don't focus on the pain of the struggle, rather ask yourself, "Who will I become after I make it through this?"

10. I acknowledge and accept the full responsibility of my decisions - past, present and future.

"If you really want something, you'll find a way. If you don't, you'll find an excuse." -Jim Rohn

In order to accept responsibility for decisions going forward, we must do the hard thing and take responsibility for decisions we've made in the past. This includes the decisions made during our using. There's a common statement used in addiction "I wasn't me when I was using." Like addiction is an entity that controls us and makes us do things we don't want to do. I feel like this denies a crucial part of our experience. It denies our ability and capacity to embrace the subjectively bad parts of ourselves. Today, I still have the ability to make bad decisions, like deciding to use heroin again. No one is stopping me from doing that and there's no gun to my head if I do. I also have an ability to make good decisions. A Bible passage comes to mind, "Why do I do the things I do not want to do, but the things I want to do I do not do. . . Oh wretched man that I am!" If you know the context of that statement you know the writer is referring to how there are two warring parts of himself, the part that knows to do bad and the part that knows to do good. He's begrudging the fact that he continues to serve what is bad because it satisfies the body, but in his mind he wants to serve what is good. He recognizes and acknowledges that as a struggle we deal with, not just in a spiritual sense but also physical. If I

have not accepted the responsibility of the bad or believe the bad is outside of my control and it wasn't me doing it, then who or what is the thing that's going to take over when I decide to do good? Answer: It's us. You, the individual, the one who has been deciding what to do all along. If I believe I'm responsible for the good then I need to accept responsibility for the bad. I need to acknowledge that I am inclined to do bad at times often with selfish motivations. If "you weren't you" in your addiction then how would you explain the guilt you felt when you failed to meet your obligations? When kids are taken away or relationships are broken. If you were your addiction, you wouldn't give a damn. Substances have no care in the world for the things that matter to you, but yet you cared about things even in your addiction. You were upset by the fact that your life may have been falling apart. These cares are the good/responsible part of us trying to shine through. It's in there and still in use but it's neglected. We choose which one we feed and which one we listen to. We need to acknowledge that we made bad decisions and got bad results. Using substances is a repeated bad decision that produces repeated bad results that requires repeated acknowledgement and ownership. When this is done, when we stop looking at addiction as an entity that controls us, we can finally take ownership of decisions in the present and future, and facilitate an attitude and mindset of motivation and power. We can say "I will stay clean. I'm done," and we can own it and believe it. Equally, if your decision is to continue using, you need to own that as the choice you're making, so when the day comes that you decide to get clean it can be just as easy as the decision was to use. You didn't doubt yourself when you were committed to using, you didn't say "I don't know if I'm going to use today." You knew it would happen and you knew you would do anything to get it. You can equally approach the decision

to stop with just as much confidence. The power is already within you and is already in use.

I once had an individual sitting in one of my groups, as I was giving this lesson he raised his hand and said, "Jake, I don't care. I don't care about any of this. I'm only here to avoid prison and to get off probation and you can guarantee as soon as I'm done with this, I'm going back to what I was doing. You can find me, come through, and I'll have the percocet." He continued ranting about the pointlessness of my talking and the groups for at least another ten minutes. I let him continue on for as long as he desired because, little did he know, there was a lesson to be told with his rant. After he was done there were a few in the group who were complaining about his ranting and asking why I would let him go on for as long as he did. The lesson to be had is this: If I had to pick anyone in that group who I believed would be successful at getting clean, it would be the guy who just went on the rant about how he didn't want to get clean. Why? Ownership and responsibility. He is honestly stating what he wants to do. I have no doubt that as soon as he gets off probation he will go back to what he was doing. Likewise, if he ever decides to change his behavior I have no doubt that he would be able to do it and he has no reason to doubt himself either if he comes to that decision due to the fact that he is genuinely stating what he currently wants to do. This is the byproduct of ownership, responsibility, and being completely honest about what we want: Self-confidence. Doubt is produced when we know what we really want but try to convince ourselves that we want something else and then we fail at trying to pursue that something else because it wasn't what we really wanted. We need to get honest and take ownership and responsibility for our wants and desires. Then, we can take the ownership of these things away from the

diseases, disorders, and doubts. Only AFTER we do that, can we take responsibility and ownership for changing them.

11. I recognize that I have the ability of control though I willingly give it up from time to time.

“Real Power is knowing how powerful you are, but knowing when to use it and how to put it under voluntary control.”-Jordan Peterson

Who or where did you decide to buy your supply from? Why did you decide to get it sometimes from the cheaper option and other times, when money was abundant, decide to go to the pricier guy with better quality? How much money did you choose to spend on it? If you were truly out of control, why didn't you spend every cent? Maybe the end result of your addiction is that you have nothing left, but why did it take so long to lose it all? Why wasn't everything gone the first day if you are so out of control? Why did some of us hide what we were doing? Why didn't we just use in front of everyone? Your parents, your boss, your priest, your therapist, your kids? If you were so out of control, why did you hide what you were doing? Why are you still alive? If you were so out of control, wouldn't you have just used as much as possible all the time and overdosed every time?

We have control. It's in there. We use it when convenient and apply it when we want to. Saying we have no control is a good and therapeutic reason to continue doing what we're doing. Therapeutic reasons are nice to have when we're not happy or are unsatisfied with the circumstances of our life and consequences of our decisions. But therapeutic reasons only work when we are dissatisfied. "Out of control" only works when we're not happy. We should be judging these statements on their ability to facilitate an attitude of change

within ourselves. “Out of control” does not facilitate change. Again, if you’re not in control then who or what is the thing that carries on the necessary behaviors and actions to facilitate a substance use habit? If you’re “out of control” then you need to be refilled with it. Only you can choose to do that.

We are powerful people with the capacity to make absolutely life-changing decisions at the drop of a dime. The most obvious example of this is in taking the life of another person. We know anyone has the capacity to make the decision to do that, but they don’t. Why? Even addicts have lines they wouldn’t cross. Who is the one that decides what those lines are? I have met people who have done arguably terrible things, but yet they maintain a certain moral code. There are rules they abide by and wouldn’t think of breaking. I have met people high off their rocker, but yet they’ve never deliberately harmed anyone even though they knew they could. At one point an insanely drunk man by the name of Herald threatened to kill me but yet he didn’t. If he was truly out of control, why didn’t he follow up on that threat?

Power is found in learning to control impulses, urges, and desires. We all do this daily. It is also said that the hallmark of maturity is the ability of one to withhold themselves from immediate pleasure. Sometimes I really want to make some very bad decisions, there are certain times that I really want to take certain actions that would probably land me in a penitentiary. But I know that wouldn’t be helpful so I restrain myself when I feel the desire to do that. But I’m supposed to be an addict? I thought I’m supposed to be out of control? Why then do I have this ability of restraint? I did the same thing in my using days. I restrained myself multiple times even though I was high. I wouldn’t cross the line of stealing, for instance. Had I given in to all my desires that I’ve had

throughout life, I would be a habitual felon and in prison for the rest of my life as all of us probably would be.

I believe control is not a circumstantial reality. I believe it's a universal reality. The only thing that dictates it is whether we have the desire to use it or not.

Moderation is a topic that will naturally show up with this discussion of control and I know there are people who will try it, so we might as well address it.

After all, about 50% of alcoholics will return to a form of moderate drinking and will be successful at it. *Pendery, M. L., Maltzman, I. M., & West, L. J. (1982). Controlled drinking by alcoholics? New findings and a reevaluation of a major affirmative study. Journal of Studies on Alcohol, 43(10), 1013-1033. doi: 10.15288/jsa.1982.43.1013.* Research indicates that previous exposure to substance use actually protects from future onset of new substance use habits. Thus, breaking the idea of once an addict, always an addict or if you had a problem with one substance, you will have a problem with all substance.

Schepis, T. S., & Adinoff, B. (2018). Prior substance use and the risk of developing a new substance use disorder: A systematic review and meta-analysis. Addiction, 113(10), 1736-1745. doi: 10.1111/add.14244. Likewise,

there have been plenty of tests/experiments that have been done through the years that indicate under the right circumstances and with proper motivators addicts will control their using, this citation is just one example:

Dallery, J., & Raiff, B. R. (2011). Contingency management in substance abuse treatment: A review of the literature. Journal of Substance Abuse Treatment, 40(2), 123-135. doi: 10.1016/j.jsat.2010.08.003

These are Not Addicted's rules for moderation:

1. The safest way to guarantee you never have a problem with substances again is to not do them.
2. The easiest way to eliminate any risk of trouble that comes with substance use is to not engage in it.
3. If you believe in the disease, don't even try.

4. Look at any using attempt in isolation.
5. Let your previous exposure to substance use inform any future exposure to substance use.
6. Understand that you know you best. Only you can know whether or not you should attempt moderation, no one can answer that question for you. If you have any doubts or skepticism about it, then you shouldn't attempt it.

Personally, I stick with rules one and two. I don't want the problem again, nor do I want to entertain the risks associated with that problem. That alone is enough for me to be happy with choosing to abstain and I hope that's the same for you.

12. I recognize as a sober individual that I will decide the next time I use, if I do.

“There are no such things as causes of substance use. There are only influences on us making the decision to use substances again.”

If you're reading this and are currently sober, then the only thing that will make you use substances again is your decision to do it. Things can influence that decision. People, places, and things can make it seem like a good option. But know this, if you are aware of other options that are available to you, then you are actively choosing between your various options. To use an example from the Bible: If you have knowledge of the truth and choose to reject it, you have greater condemnation than those who are unaware of the truth. That means, if you know what you should do but choose not to do it, that is worse than someone who has no knowledge of what they should be doing and doesn't do it. If you know you could walk out the door but choose not to, then that is on you. If you know you could call someone for help but choose not to, then that is on you. If you know entering a certain situation or relationship could

lead you back down the path of using and choose to do it, then that is on you. If you know a situation is becoming risky or could potentially be dangerous but choose to continue in it, then that is on you.

Simple rule: If you want to make this process easier for you, then get rid of the things that make substance use seem like a good choice. This includes your thoughts and ideas about it. You can only help yourself by doing this. The first thought-change that needs to take place is separating what is a cause versus what is an influence. Research indicates that behavior is not the result of chemical reactions in the brain. Rather, it is an interplay of multiple influences, such as: Reasoning, environment, social norms, attitude, beliefs, upbringing... etc. Duncan, J. D., & Barrett, L. F. (2007). The role of the nucleus accumbens in reward processing: A review of the evidence. *Journal of Neuroscience*, 27(31), [8165-8174](https://doi.org/10.1523/JNEUROSCI.0899-07.2007). doi: 10.1523/JNEUROSCI.0899-07.2007 This separation is of fundamental importance in becoming the powerful, autonomous decision-maker in your life. Under the idea that we are caused to behave in certain ways due to our biology we are attributing all decisions to meaninglessness, force, and compulsion. The implication of this to someone's mental health is obviously detrimental. This is why it is not a mystery to me why some individuals are so depressed and anxious. They've become convinced that their behavior is not up to them, but to their biology; something they believe they cannot change even if they wanted to. This is what is produced when treatment has all their focus on mental health and disease. Hope for a better life is not found in the ideas that we are caused to act in specific ways. It's found, rather, in the idea that we are very malleable individuals who can choose to change many aspects of our life, if we desire to do so, and that we can do this successfully without the idea that we

may be caused to revert back to what we are trying to change against our will.

I'm not asking people to make a giant leap here. Honestly, this can be resolved by simply changing the language of "causes" to "influences." Influences allow for the idea that they can be changed. It means your behavior is the result of things that are within your ability to adjust. Language that says "can be changed" or "ability to adjust" is where people will find hope. So let this be the new understanding: Nothing **CAUSES** you to use substances. Mental disorders do not cause you to continue to use. The environment does not cause you to continue to use. Brain changes do not cause you to continue to use. Heather, N., & Segal, G. (2016). *The role of neurobiology in addiction: A behavioural perspective. Journal of Behavioural Addictions, 5(2), 141-148. doi: 10.1556/2006.5.2016.025.* If this were the case, then why do people decide to get clean even when their brain is in such a state of change and so affected by substances that, according to the experts, it forces them to continue using. Even in that state, people decide to stop using. Even with the bad environments people decide to stop using. Even with depression, PTSD, anxiety, bipolar, ADHD people decide to stop using and they stick to it, because these things do not dictate their life or cause their behavior, they simply influence it. With that idea, you can find an influence that could motivate you to make the life-altering decision to change. The people who constructively criticized you for what you were doing could be that influence. The podcast that made you think you could do better could be that influence. The song that you heard that had such meaning to you could be that influence. The place that you have peace could be that influence. The book that implanted an idea of change could be that influence. Focus on disease and you could miss the benefit of good influences, the things that could've changed your life had you

made a decision in response to that influence. Focus on mental health and you could miss the focus of motivation and ideas. Focus on disorder and you could miss all the areas of life in which you could have order. Focus on defeat and you could miss all the areas in which you've had success. Your focus will determine your decisions and actions. If all you do is focus on negatives, disease, and disorder, how could you expect to create a life of positives, health and order? Disease is a distraction. Disorder is an influence not a cause. Negative circumstances and negative feelings are influences on decisions. Seek the right influences. Seek anything that produces the motivation to change.

13. With this recognition of power comes a recognition of great responsibility and a willingness to tolerate discomfort, knowing that it will pass. I choose today to be responsible for my life going forward. I am the one who decides my outcome.

Final Encouragement

As you have noticed, taking responsibility is the focal point of this text. I have no disillusion that this may be a scary idea for some individuals, especially when the desire for addiction can be motivated by the fact that, as an addict, no one really expects much of you. Weights of responsibility are often lessened on those who are perceived as being unreliable. This for some, is a perk of addiction. Less responsibility, less pressure, less stress. This aspect of change can certainly be the most daunting, but it can also be its best perk. What are the perks of responsibility? First, ownership. How would you like to finally be a person who can say "I will do, what I say I will do." Instead of being a person who says "I don't know what's going to happen." Many people in rehabs say "I don't know if I'm going

to stay clean.” Learning to be a responsible person can be a remedy to these doubts. Opening up to the idea that responsibility is a great thing and the experience of it, very maturing. Changing the mind’s of those around you from “You can’t trust this person, don’t be like them.” to “Follow in their footsteps. They’re a great example.” These are the perks of responsibility.

Second, self-esteem. When we learn that we can handle responsibility it can be one of the most confidence-boosting experiences. This is part of the reason why many support groups or rehabs will tell you to take a break from intimate relationship for a while at the beginning of this process. It’s not to deprive you of close connection, it’s to help you learn responsibility. The vast majority of people I’ve come across in this field are often in relationships and have been for a long time. Whether it’s with one partner or constantly bouncing from one to the next. These individuals often suffer from low self-esteem and low confidence. It’s not that they can’t handle problems, it’s just that every problem they’ve dealt with has been handled co-dependently. The person that they are has always been influenced by who they’re with. Thus, when they’re on their own and the responsibility of daily life is solely on their shoulders they are often fearful and stressed. We build self-esteem by learning that we can manage our problems and daily life. This is obviously an endeavor that will be fraught with trial and error and that’s okay. But, each individual needs to take the time to figure out what they can and cannot manage on their own. This can eliminate the belief that help is always needed which can then translate into a higher self-esteem and sense of self-efficacy. While seeking help when we know we need it is part of being responsible, because the opposite is pride, it is also beneficial to know that when help is not available you can still manage. Third, true freedom. In addiction, your life revolved around

drugs, the seeking and using of them. Shockingly, in what I call the “prescribed recovery” that treatment sells, your life still revolves around drugs and addiction, the actions of seeking and using simply replaced with a form of all or nothing avoidance. Daily reminding yourself that you’re an addict, that you’re diseased, triggered, fragile, disordered. Going to meetings and hearing about everyone’s struggle. This is not freedom from addiction, it’s a different form of continuance of it. True freedom is knowing that you’re responsible and you decide what your future is with addiction. What better thought is there than being able to say “My struggles with addiction are over. I choose to move on and never go down that path again.” You can say that. You can be responsible and know it as fact. With the right ideas, new information, and new beliefs you can be **DONE**. I hope and pray that each individual, that is willing, can end this cycle in their own life and carry this message to those who have struggled for far too long. The time is now. Make a **CHOICE**.

Final word to treatment providers (if you’ve made it this far):

I am not your enemy. Ideally, I believe our worlds can mesh to create something different than what is currently offered. Interestingly, in my many talks I’ve had with those who provide treatment I’ve found we’re not far off on ideas. They see something wrong with this industry just as I do. I’m just willing to be bold and put myself out there. (I don’t have a license to lose). My hope is that maybe something you’ve read in this text could be useful to you. If you completely dismiss this, I understand as well. But I do wish you success and I hope we can all achieve the goal of being a help to those who are struggling. Thank you.

**“For we have
not been given a
spirit of fear, but
of power, love,
and sound
mind.” (2
Timothy 1:7)
God bless you all!**

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Modalities of Therapy

- Self-Determination Theory (Deci & Ryan, 2000)

- Humanistic Psychology (Maslow, 1943; Rogers, 1951)
- Positive Psychology (Seligman, 2011)
 - Logotherapy (Frankl, 1985)
 - Cognitive-Behavioral Therapy (Bandura, 1997)
- Motivational Interviewing (Miller & Rollnick, 2013)
- Transtheoretical Model (Prochaska & Norcross, 2018)
- Choice Theory (Glasser, 1998)