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Find your way

Each patient carries his own doctor inside.

—ALBERT SCHWEITZER, 20th-century German physician
and winner of the Nobel Peace Prize

There are many ways to recover. The phrase *many roads, one journey* captures the idea that there are different paths to the same goal.

In addiction recovery, according to research:

- Some hit bottom; others catch the problem early. ■ Some use spirituality; others don't. ■ Some do it a day at a time; others make a commitment for life. ■ Some use 12-step groups; others don't. ■ Some get professional help or medication; others don't.

So too in trauma recovery, research shows:

- Some tell their trauma story; others don't. ■ Some forgive the perpetrator; others never do. ■ Some get professional help or medication; others don't.

Empowerment

Addiction and trauma are both rooted in powerlessness. Addiction means you can't stop; it has power over you rather than you over it. And no one chooses trauma: whether it's a car accident, assault, natural disaster, sexual violence, or other trauma, the person was powerless to escape.

If your addiction and trauma problems are severe, they undermine your personal power in the world. You may feel like you're lost, just drifting along rather than actively directing your life.

Empowerment is thus hugely important. It means "to give power." It's about having

options, choosing what's best for you, saying yes to what helps and no to what doesn't. It's about becoming aware of what you really need and want.

“Everyone Has an Opinion” – Messages You May Hear

Empowerment is especially important when you're confronted with strong or conflicting advice. You may hear many opinions about the “right” way to recover. You may be told you must do things a certain way or seek certain types of help. Even if well intentioned, such perspectives can disempower you. The same advice may have positive impact on one person but negative impact on another. Research shows that there are many ways that work. In the end, it's your life and up to you to decide what works for you.

You may also hear messages that are downright unhelpful even if meant well. Examples relevant to trauma include:

- » “Find something positive in your trauma.”
- » “Stop thinking about it and it'll go away.”
- » “Appreciate that it wasn't worse.”
- » “Time heals all wounds.”
- » “Everyone has hard times.”
- » “Just take medication.”
- » “You have to tell your trauma story to recover.”
- » “God must be punishing you.”
- » “You have to confront the perpetrator.”
- » “You have to forgive the perpetrator.”
- » “Get clean and sober and then deal with the trauma.”
- » “Your real problem is addiction, not trauma.”

✧ Have you heard any of those messages?

Examples relevant to *addiction* include:

- » “If you really wanted to stop, you would.”
- » “What worked for me will work for you.”
- » “You have to hit bottom to recover.”
- » “Taking a psychiatric medication is addiction too.”

- » “It’s simple – just don’t pick up the drink.”
- » “It’s all in your genes; you were born that way.”
- » “If your problem is drugs, it’s okay to drink.”
- » “Gambling isn’t a real addiction.”
- » “Once an addict, always an addict.”
- » “It’s all about your unconscious.”
- » “You have to go to AA.”
- » “Your real problem is trauma, not addiction.”

❖ Have you heard any of those messages?

What do all of these messages have in common? They’re generally not true and not helpful. You may also hear wonderful messages that inspire you. So listen closely and consider your options.

Surprises

How much do you know about getting help for trauma and addiction? Take a look at the points that follow; there may be some surprises. The term *help* is used here for any type of structured help, including self-help groups and professional care.

❖ Circle any points that are new to you.

You don’t have to admit you have a problem to get help. You may be questioning whether you really have addiction or trauma problems. You don’t have to be convinced of it on the front end. The key is to reach out sooner rather than later so that you can figure it out.

Some people get better on their own. Not everyone has to get formal help. Some people are able to do what’s called “natural recovery” (they get better on their own). They may be using their existing network of supports such as friends, family, or faith-based communities. They may have strong self-discipline and motivation. But the more severe your problems and the more types of problems you have, the more likely you are to need structured help. If you are trying to get better without formal help, remember to keep observing whether you’re getting better or worse (see “Listen to your behavior,” Chapter 7).

Old-style harsh confrontation of addiction is not recommended. The classic image of in-your-face addiction treatment (“Tear ’em down to build ’em up”) is no longer recommended.

Now the idea is compassionate support plus accountability. You still have to do what it takes to get better, but the approach shouldn't involve belittling or berating you.

Telling your trauma story isn't enough. Many people believe that if they can just purge or spill their story they'll feel better. But it's not a toxin you expel and then it's gone. It's more than just the facts of what happened; it's also about the meanings it holds for you, feelings that come up, and how it relates to other problems, including addiction. See "Two types of trauma counseling" (Chapter 33) for more.

You don't have to feel motivated for treatment to work. You just have to show up. Motivation sometimes happens along the way rather than at the start. If you feel hopeless or depressed, it can take a while to get energized toward recovery goals. Good care, whether professional or self-help, starts where you're at and helps inspire your motivation.

Start early; don't wait until you "hit bottom." Like physical problems such as cancer or diabetes, early care is best. Hitting bottom can lead to change but is not required. The sooner you start, the better (see "How do people change?" Chapter 5). For addiction, resources such as Rethinking Drinking and Moderation Management are designed to provide help early on (see "Resources," Appendix C).

There's no addictive personality. It's now understood, based on decades of research, that people with addiction have many types of personalities. Addiction isn't a personality problem; it's a medical illness that arises from genes and life experiences (including your peer group, stress, trauma, culture, etc.).

How you feel by the third session of counseling predicts how you'll feel about it months and even years later. Do you feel a positive bond with the counselor and the treatment? If it's not there by the third session, discuss it with the counselor and/or shop around (see "Find a good counselor," Chapter 32).

You can combine any mix of help that you choose. There's often benefit, and no known harm, from getting different types of help at the same time, such as counseling, self-help groups, and medication. In general, the more the better.

If you're forced into addiction treatment, you're just as likely to succeed as those who attend on their own. It's often believed that people have to want help or it won't work. But research shows that people who are forced to attend, such as by the courts or an employer, do just as well as those who choose to attend. However, the same is not true for trauma treatment – in general, it's not recommended to force a person into that.

Twelve-step groups can be great, but other approaches also work. Twelve-step groups help millions of people and are an extraordinary free resource. But there are also other paths for successful recovery, including nonspiritual methods such as SMART Recovery.

You may be able to reduce addictive behavior rather than fully give it up – but be careful. This has been studied most in relation to alcohol and gambling. If you have early or less serious problems, you may be able to return to safe levels, called *controlled use*. But if you have a serious or long-standing addiction, you usually need to stop altogether, called *abstinence*. This is a tricky issue, so get advice from good sources. Abstinence is always safer, so if in doubt go with that. And of course, for some addictions, such as food or work, abstinence is not possible.

You don't have to do it for yourself. It's terrific if you want to help yourself. But if not, you can use whatever you care most about to steer yourself toward recovery. Some people do it for their kids or a partner. That can work for now, and eventually you may find the motivation deep within you.

You don't have to be "clean and sober" before working on trauma. If you have both addiction and trauma problems, working on them at the same time can boost your recovery. The key is *how* you work on them. There are two basic ways to address trauma: focusing on the present or on the past (or sometimes a mix of these). See "Two types of trauma counseling" (Chapter 33) to explore what may be best for you.

Most formal help performs equally well – so choose what you like. "Formal help" here refers to specific models that have been scientifically tested. You may be surprised to hear that although there are different brand names they all perform about equally well. This is called *distinctions without a difference* – although the names of the approaches differ, their power to help you is basically the same. Yet they may differ in other important ways such as cost (some are more expensive); appeal (you may prefer one approach to another); and access (some can be done by peers; others require professionals). For example, 12-step models do as well as professional therapies in their results.

You can attend 12-step groups even if you don't believe you have an addiction. They're free, and anyone can go to open meetings. You'll hear people talk about their "experience, strength, and hope." You don't have to speak. You can go before you have a major addiction problem to prevent it from getting worse.

Consider medications. There are various medications for trauma and/or addiction problems, including some that help your mood and some that decrease cravings.

If you have both trauma and addiction problems, you may need different help. Some medications for trauma, such as benzodiazepines, may not be a good choice, as they can become addictive. Trauma counseling that focuses on the past (telling the trauma story) may be too intense if you have current severe addiction (see "Two types of trauma counseling," Chapter 33). But in general, people with both trauma and addiction problems benefit from many different types of help, including 12-step groups.

The more help you get and the longer you attend, the better the results. But find the best help you can. Keep noticing how it makes you feel. Good help can be so very healing, but poor-quality help may be worse than no help. Don't stay in treatment that is harmful to you.

Help Comes in Many Packages

“The main message was that they cared about me and that, no matter what, they would help me. . . . They seemed to like me even though I didn't like myself. They kind of loved me back to life again.”

—From *The Breaking the Cycle Compendium: Vol. 1. The Roots of Relationship* by Margaret Leslie

There are many formats and types of help. To the extent that you can, choose what appeals to you. And remember – in general, the more help the better.

❖ As you go through the next four sections, mark any types of help that you're willing to try.

Different Formats

- » *Self-help groups* are free and consist of peers helping each other.
- » *Guided self-change* allows you to set goals for yourself and pursue them on your own.
- » *Professional counseling* can be individual and/or group.
- » *Medication*.
- » *Self-help books*.
- » *Online groups and supports*.
- » *Treatment programs* such as rehab, a day program, or hospital.
- » *Community supports* such as a sober house or job program.
- » *Body-focused work* such as yoga and acupuncture.

Different Approaches to Trauma

- » *Present-focused counseling*: emphasis on the present; learning new skills and information to cope with current trauma problems.
- » *Past-focused counseling*: emphasis on the past, such as telling the story of your trauma in detail and exploring your feelings about it.

- » *A combination of present- and past-focused counseling*: See “Two types of trauma counseling” (Chapter 33) for more on present- versus past-focused trauma counseling and names of specific models.
- » *Trauma-informed care*: a treatment program in which all staff are trained to understand trauma. The goal is compassionate care (no harsh confrontation or coercion) and strong attention to trauma (evaluating all clients for trauma and providing trauma services).

Different Approaches to Addiction

- » *Abstinence*: the goal is to give up the addictive behavior completely – for addictions where this is possible, such as substances and gambling.
- » *Harm reduction*: gradually decreasing the addictive behavior with the idea that “50% of something is better than 100% of nothing.”
- » *Controlled use*: the idea is that some people, such as those with mild addiction, can return to safe levels of use.

See “Tip the Scales recovery plan” (Chapter 21) for more on those three approaches.

- » *Spiritually based programs* such as 12-step groups that emphasize a higher power or church-based models such as Celebrate Recovery.
- » *Changing thinking and behavior*, such as SMART Recovery, Rethinking Drinking, and Moderation Management, relapse prevention, and cognitive-behavioral therapy.
- » *Physical testing* (urine, breath, hair, blood) can be used to monitor substance use. Urine testing is the most common and has become so inexpensive that it can be done at home, such as for a parent who wants to monitor a teenager.
- » *Addiction-informed care* is not a widely used term but can be used to identify treatment programs that provide best-practice approaches to addiction. All staff are trained in addiction and provide a compassionate approach to it; all clients are evaluated for addiction and quality addiction services are provided.

Different Approaches for Trauma plus Addiction

If you have both addiction and trauma problems, there are yet more options:

- » *Integrated care* addresses trauma and addiction at the same time, by the same counselor. The most widely used and studied is Seeking Safety (www.seekingsafety.org). See “Two types of trauma counseling” (Chapter 33) for other models.

- » *Sequential care* focuses first on one and then on the other (typically addiction first, then trauma).
- » *Parallel care* provides help for both at the same time but by two different counselors or programs. You might be in an addiction program and receive trauma counseling from an outside counselor, for example.

Who, Not Just What – The Helper Is as Important as the Model

If you do seek help, whether from professionals or self-help groups, the “who” matters too. You may go to one AA group and get a lot from it and go to another and get little. Try different groups until you find ones that suit you. Shop around for professional help too, such as counseling. Some people spend a lot of time with nice, kind counselors who aren’t effective, so make sure you feel a good connection *and* that you’re making real progress with measurable changes (see “Find a good counselor,” Chapter 32).

Evidence-Based Care

Evidence-based care refers to formal help that has been scientifically studied. Yet such studies look at averages: how well treatments work across a large number of people. Individuals vary amid those averages. What works for you may not work for someone else. Also the field is young; new studies are being done all the time, and the quality of studies is improving. Some studies in the past were small or did not include important subgroups, such as women, adolescents, or diverse ethnicities. To explore the evidence for various types of help, see “Resources,” Appendix C. You can learn how to search for free, accurate medical information about treatment. If you are currently in counseling, you can ask your counselor about the evidence for the approach being used. But there are also excellent types of help that have not yet been formally studied, so stay aware of how helpful it feels (see “Find a good counselor,” Chapter 32).

★ Explore . . . *12 questions to ask when seeking help*

The more you understand on the front end, the better. Some questions you can ask when exploring formal help:

1. If I were to relapse in my addiction, what would happen? (Some programs may ask you to leave while others will let you stay.)

2. How long will it take?
3. How much does it cost? Do you accept my insurance?
4. How will I know if I'm getting better?
5. Does your approach have a name? Can I read more about it online?
6. Will I be required to share my trauma story in detail? What if I prefer not to?
7. What is your perspective on working on trauma and addiction at the same time?
8. Is there any research on your type of help? (There may not be research, but if it exists it's good to know about.)
9. How will you identify what types of problems I have?
10. Will I have a choice of who I work with? Can I switch if it doesn't feel like a good fit?
11. If I don't improve or worsen, what are my options?
12. Are there any requirements, such as attending AA or anything else?

Finding Your Way

The title of this chapter has layers of meaning. It's about finding *your* way – what you uniquely need. It's about finding *your way* – as in a maze, you may go down some blind alleys but can keep searching for a good path. So “figure out who you are and do it on purpose.” Life becomes more manageable and joyful when you accept the reality of yourself and the world and integrate them in positive ways.

RECOVERY VOICES

David – “There just might be a way out.”

“I love this chapter for the simple reason that trauma and addiction are indeed absolute powerlessness, and information and options give me a little hope that there just might be a way out. There's so much misinformation about how to get well. Having experienced numerous psych hospitals, detoxes, halfway houses, rehabs, a therapeutic community, and a lot of therapy – some of it good, some of it bad – not to mention being prescribed a host of psych meds, I can safely say that what works for one person doesn't necessarily work for another. This chapter is full of great suggestions. The ideas on how to choose a therapist and what questions to ask when seeking help take some of the guesswork out of the process. I also like that a lot of different paths are listed because that makes me feel like I do have choices and some control. My experience with trauma and addiction is that they sap all motivation to make changes, so it was helpful to read that action often precedes motivation. I think I'd use “Listen to your behavior” (Chapter 7) to identify my most severe negative behaviors and then use this chapter to get in touch with what I want to do for next steps. I take an active role in designing my recovery program.”