



Survival to Long Term Sobriety

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INTRODUCTION

It might seem very presumptuous of me, a co-dependent rather than a substance dependent *per se*, to offer advice on how to remain sober, and sober in the sense both of dry and drug-free. In self-defence therefore let me say that I am an Assembler. For those to whom the term is strange it means that I can listen, learn, assemble a new whole (spelt with a "w") from a bag of seemingly unrelated bits and pieces, and make it work.

So it is with this "Survivor's Guide to Long-term Sobriety". It is an Assembly of many things.

For more than four decades I have been listening to people, watching them, reading about them and learning from them. I have listened to happy people, to sad people, to people with problems (some even bigger than the problems of substance dependents), to people with solutions and to people with nothing at all. I have also listened to people who have everything they can wish for and yet are convinced that they have nothing. I have listened to people talk about their jobs, their ambitions, their families and friends, sex, money, ideas and dreams and anything else that they feel the need to put into words.

For the last thirteen of those years I have been living with a recovering substance dependent, sometimes listening to her, but always learning from her. For the last five I have been involved with and listening to substance dependents almost constantly, and I have been able to put some of that learning and that of earlier years to use in helping recovering substance dependents to remain sober.

Those are my credentials and the basis of this Assembly.

What then can I offer you by way of a Survivor's Guide?

THE NEED FOR STRUCTURE, STABILITY AND CONTROL

The world we live in is changing minute by minute. In the past one could be reasonably certain of entering a career on leaving school or university and of staying in that career, often in the same firm until the time came to retire. During that time one would normally have two-and-a-half children and marry (usually in the reverse order), buy a house and have an annual holiday at the coast. On retirement, one could look forward to a stable, inflation-linked pension, a car, four or so grandchildren and so on. A nice structured, stable and controlled life! It was easy to make sense of everything, and to understand it. Drink and drugs had no part in this idyllic life.

No more! Whereas in the 1960's knowledge in a particular field was said to double every 7,5 years, now it is said to double in a year or less! In 1966, there were four major IBM 360 computers in the world; the tickey-box (a static coin-operated telephone in a public booth, linked to a landline, for those to whom the term is unfamiliar) was the prime means of communication outside the office. The fax-machine had not yet been invented, and colour copiers were about to be banned in case they were used to copy money.

Today, I dare say that every company in the country and most households have at least one computer more powerful than the IBM 360; less than 10% of you are not computer literate; less than five percent do not have a cell phone, and most of you have access to the Internet. I would venture a guess that most of you will change your computer, your cell-phone, your car and your hair-colour in the next year!

On another score, chances are that at least half of you have been involved in one or other crime or violent occurrence in the last year, either as a willing or an unwilling participant.

On the drug scene, drugs and drink have grown to the second most lucrative business in the world, second only to the arms business and just ahead of the oldest business of them all.

You and I are living our lives in a world of accelerating change, increasing complexity, dubious moral standards and an appearance of at times spiralling out of our control. It is a situation in which we are constantly striving to make sense of what is happening to us, to re-establish some form of structure, stability and control over our lives, to manage our lives. Keeping control over our lives is difficult enough for people without a problem of substance dependence, for those who are recovering substance dependents it is even more so.

For those unlucky or foolish enough to enter the downward spiral of alcohol or drug use, abuse and addiction the problems of living in our world take on another hue, even if the entrance to the downward spiral is invisible to the user.

To a certain extent, dependence is learned by the dependent. Although though the *why* of dependency cannot be explained fully, the *how* follows a learning curve.

Take, for example, a perfectly normal person who at times feels overwhelmed by life, depressed, or guilty or even sorry for him or herself at being unable to cope with the accelerating change and complexities. We talk about them feeling “low”. The same person, on any other day, pay-day for example might feel no emotional pain, and would have what he or she would call a “normal day”. If that person chanced to win the Lotto or passed an exam first time, they might experience a feeling of extreme pleasure, bliss or something similar. They might be in a state of “euphoria” or on a “high”..

If, while low, that person took a mood-altering drug (like dagga, beer, speed or something similar) they would most likely experience a sudden mood swing from emotional pain to euphoria, from a low to a high.

It is a fact of life that people prefer things that give them pleasure to those which cause pain. The next time a low occurs, the chances are that the person concerned will try the same drug again. Subconsciously the person has learned that:

drugs made me feel better,

the more drugs I take the better I feel, and

drugs always work.

Soon after taking the drugs, when the effect works off, the person may feel a bit low but knows that taking the drugs again will lift the mood and create a high.

Taking the drugs quickly becomes a ritual, a learned routine with the taker thinking that he or she is in charge of the drugs and the dosage. This is where the downward spiral really starts: as the frequency of taking drugs increases, so too does the need for larger doses of drugs to reach the same level of high. As the body becomes used to a particular size of drug intake, it compensates and demands a greater dosage to reach the same high.

Dependency has started. In all likelihood the user is now only emotionally dependent on the drugs, but soon physical dependency sets in. No longer is the user moving from a normal state to a high, but starts each dose from a low. Of course, this is not the case for all people. Some can take drugs (like alcohol) in ever-increasing doses for years and never become addicted or dependent. Why? We don't really know. Suffice to say that for some people, those who are susceptible to becoming dependent:

regular drug use increases the tolerance towards them, leading to a situation where the person needs ever-increasing doses in order to reach the same high as before;

the same high as before soon isn't enough, and the person takes more drugs in order to reach an even better high;

by regular usage, the person learns that taking drugs fixes the bad feeling quickly and that "normal" medication doesn't work, and finally.

the person develops defence mechanisms and behaviour, finding more and more ways to defend his or her drug abuse as being "good for me" and "taking away the bad things."

Dependency is now fully established, and the dependent continually swings from a high to a low and needs high drug dosages just to feel normal. When the drug level in his or her system is low, feelings of extreme guilt, depression and self-reproach emerge, emotional pain is now part of his or her lifestyle, and each time the spiral deepens until the downward spiral becomes a whirlpool.

Defence mechanisms are part of the normal manner of the dependent at this stage. He or she knows that their behaviour is no longer normal, and especially not that part of the behaviour that forces them to steal, lie and act immorally in order to keep up the supply of drugs. The dependent starts to blame others for the problem ("it's my job, the stress is terrible", "it's my boss's fault", "the dealer won't leave me alone"); to minimise the problem ("I don't drink much, you should see my brother drink!"; "drugs relax me, man!") and tends to get aggressive when confronted about his or her dependence.

The dependent becomes an expert at manipulating situations and people, pretending to agree to any suggestion that will "get them off my back" and create another opportunity to get on a high.

The dependent has probably lost touch with reality at this stage and is reaching the bottom of the whirlpool. His or her drug tolerance has dropped. This enables him or her to get high on the smallest dose, but dropping off that high very quickly, necessitating an almost continuous intake of drugs. Life becomes whips by in a blur, with the only thing in focus a search for the next "dop", "zol" or "hit".

Nothing matters but the dose and anything goes in the effort to get it. Theft, prostitution, gun-running even killing become secondary to the end-result: another short high. The transition of the spiral to a whirlpool and the subsequent lifestyle of substance dependence can cover many years. I know of and have spoken to substance dependents who have lived that way for more than a quarter-century. Others confess to five, ten or even fifteen years of living for the next high. In the meantime, the rest of life passes by, the world goes on, ignored in the search for the next hit.

DETOX, REHAB AND THE START OF RECOVERY

It is at this stage, the bottom of the whirlpool, in this state of mind and with this history of a lifestyle of dependence, that the substance dependent enters the Treatment Centre and the survival process begins. Although it is generally accepted that to be successful, treatment needs to be undertaken on a voluntary basis, sadly about 42% of those entering the Treatment Centre do so unwillingly.

The detoxification and rehabilitation process lasts from 3 weeks to four months, depending on the Treatment Centre, the type and degree of addiction, and the type of treatment provided. In this period the dependent is weaned from the substance or substances and is counselled as to the cause and remedy for the dependence. Wherever possible the co-dependents are brought into the process towards its end, in a conscious effort to prepare them and the now recovering substance dependent, or at least the survivors, for release into the outside world.

In this first stage of survival, some 60-80% of those entering the Treatment Centre completes the course of treatment. Those that fall by the wayside usually do so because of their inability to resist the pull of "one last high" whilst undergoing treatment, a "no-no" at most Treatment Centres.

THE RETURN TO THE REAL WORLD

So, after a few scant weeks of treatment for a chronic, relapsing, fatal illness for which it is currently accepted there is no cure other than abstinence, the recovering dependent re-enters the world he or she left. Provided all went well, the recovering dependent is feeling good, inspired to stay sober, and armed with the skills and knowledge to do so learned at [TOP](#)

the Treatment Centre.

For a variety of reasons many dependents undergoing detoxification and rehabilitation pay less than sufficient attention to the learning of the skills and knowledge imparted by the therapists and others at the Treatment Centre. The result is sobriety but less than perfect mastery of the essential survival skills needed to retain that sobriety.

In addition, although the dependent has undoubtedly grown and developed in a number of ways whilst in rehab, his or her family and co-dependents have not grown to the same extent. Nor, sad to say have the conditions in the real world out there stood still during the absence of the dependent. The result is a somewhat shaky but inspired recovering dependent who has to take up his or her life once again in a highly complex world, the condition of which probably contributed to his or her entry to the Treatment Centre in the first place.

Still more problems await the newly recovering dependent. He or she probably needs a new place to stay, money, a job, transport, new friends, clothes and so on. In the meantime family, old and probably not so good friends, old haunts and the ever-present old habits demand attention.

The imperfectly learned survival skills imparted in the Treatment Centre compete with the entrenched dependency-satisfying skills in the subconscious and the over-stimulated dopamine receptors in the brain, re-awakening the submerged needs for the forbidden substances.

Unless some form of control is exerted, and quickly, the feeling of life being out of control once again soon returns. The entrance to the downward spiral looms invitingly.

SURVIVAL STRATEGY: LIFESTYLE CHANGE

In an attempt to exert a degree of control over my own life I developed a survival strategy many years ago. In a world where running two or more jobs simultaneously is not unusual, and where the demands of several different social structures competed with family, intellectual and spiritual needs, for me life in the fast lane was swiftly approaching crunch time.

Using accepted learning and problem-solving strategies, I developed a model to help change my lifestyle to one that I could manage. I have been using it for more than 25 years, and would like to think that I have been reasonably successful in its application. At least I survived!

It is this model, adapted to the needs of recovering substance dependents that I offer as a Survivor's Guide to long-term sobriety. It is a model that the recovering dependent can use to change his or her previous lifestyle to a new sober lifestyle, and learn to manage that lifestyle and stay sober.

A SURVIVOR'S GUIDE TO LONG-TERM SOBRIETY

Not a Cure for Substance Dependence

Called "Lifestyle Changes to Beat Addiction" the model has seven steps (or Lifestyle Changes) underpinned by a process of learning to make changes. I must emphasise several aspects of the use of this model:

firstly, and most importantly, it is not a model to cure dependence: there is no such thing;

secondly, it is a model which a recovering dependent can use to re-establish control over his or her life, in order to manage the complexities of sobriety in a so-called normal society,

lastly, and importantly, it is a model that in its application, needs the support of other recovering dependents and of co-dependents to be successful. It is not a do-it-yourself model.

Since 95% of recovery occurs after treatment, it makes sense for the recovering

dependent to join a Support Group, and to make the Lifestyle Changes in conjunction with these other recovering dependents and their co-dependents.

Using the Model

Lifestyle Changes to Beat Addiction is not a model to be followed slavishly step-by-step. It is a model to help you to regain control over and manage your life of sobriety. It provides mechanisms by which you can:

acknowledge, accept accountability for and commit yourself to a life of sobriety (Acknowledge, Accept and Commit);

define the results you want to achieve at any stage in your sober life (Rehab for Results);

control the achievement of those results day by day (Live One day at a Time);

manage the difficult and frightening aspects of staying sober (Talk it Through);

create and live in an environment supportive to your sobriety (Make it Count);

rebuild trust, recreate competence and regain support lost in your dependence (Tap the Resources), and assess your progress in living a balanced life.

These mechanisms should become part of your new Lifestyle, each to be hauled out and used as it is required.

Freedom, or learning to make lifestyle changes stick

“FREEDOM” is an acronym for a method of learning to make lifestyle changes stick that underpins the Lifestyle Changes model. Making changes is easy, making them stick is the difficult part. There are many reasons for this. Some of these reasons are that:

we seldom seem to have the time to make changes, and tend to put them off;

when change is needed we tend to let our feelings rule us, rather than looking to the facts for guidance;

we tend to do the things that bring us pleasure, that make us more comfortable, and change makes us uncomfortable;

we tend to think about the process of change which may be uncomfortable, rather than the results which may not be, and

if we do change, keeping to the change is more difficult (and less comfortable) than doing things the old way.

Remember that there are many different ways to make changes and that some work for some people and not for others. “FREEDOM” uses new facts about the change, and the way you feel about the facts to make the change work. The method is based on behaviour modification and works for most people.

“FREEDOM” underpins the whole process of making lifestyle changes, and should be applied to each of the seven changes to make them stick or become a natural part of your life.

F Get the **FACTS** about the change or find out why it makes you **FEEL BAD**.

R Give yourself a **REASON** to change, something to make you feel **REAL GOOD**.

E **EASE** into a quiet place where you can be yourself and have time to think.

E Picture in your mind the **END RESULTS** of the change, which will make you feel good.

D **DESCRIBE** the picture out loud, using positive power words.

O **OPENLY PRACTICE** the change until it becomes instinctive, or natural for you to do.

M **MOTIVATE** yourself, give yourself a reward or a pat on the back each time you achieve part of the change.

F: The method starts by using the strength of the **facts** and your **feelings**, their effects on your emotions (your “comfort zone”) to create the initial need to change. Either by using the facts to identify the discomfort or by creating a new potential for comfort,

the reason for moving out of one comfort zone into another is found.

- R:** Feeling good about the potential change is an ideal starting point for change and a **reason** for change, reinforcing the need to make it.
- E:** To provide a haven from the hustle and bustle of everyday life, the method asks that you choose and **ease** yourself into “quiet place” in which you can think about the change, preparing your mind so that your body will accept the change. A quiet place can, but need not be a place that is physically separate from your normal world. I find that I can think best in the hour before everyone else arrives at the office, or when I am out walking the dogs. As many others have, I have also found the “little room” an ideal place for quiet contemplation.
- E:** Most learning takes place through the visual sense. If we can conjure up a picture in our minds or imagine the positive **end results** of making the change we can create a strong desire to achieve that result. Several top sportsmen, including people like F1 Champion Michael Schumacher make use of this powerful visual tool. A mental picture of receiving the winner’s trophy on the podium after an F1 race becomes a powerful incentive to make it happen for real.
- D:** The next best way of learning and of creating an incentive to do something is to hear about it. **Describing** aloud the benefits of doing something, using words that evoke positive emotions and portray the strengths of the person making the change, not only reinforces the picture in our minds but clarifies the details of the change. “Staying sober means that I can remember what I did yesterday”, coupled to a picture of a sober you is a powerful instrument for change.
- O:** Imagining standing on the podium and receiving the F1 trophy is a powerful incentive to win, but winning doesn’t come simply from thinking about it. In order to win, Michael Schumacher will have **openly to practice** not only reaching out his hands to take the trophy, but also all the steps which lead up to it ie actually driving the race and winning. As Gary Player put it after winning yet another golf tournament, “The more I practice, the luckier I get.” Relatively permanent change comes only with a great deal of practice. Practice the change until it becomes second nature to you.
- M:** Not every successful change or part of a change brings with it a trophy presented by an admiring well-wisher, but some form of **motivation** or reward is essential to learning. Sometimes, most times you have to give yourself a pat on the back every time you succeed in making a change. My wife Annette, attending a cocktail party the evening after her discharge from the Treatment Centre, said to me, “I did well, didn’t I?” after she had successfully resisted an offered glass of dry sherry. She had spent the afternoon in front of a mirror practising to say to a steward offering the sherry, “No, thanks. I’ll have a Coke.

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LIFESTYLE CHANGE NO. 1: ACKNOWLEDGE, ACCEPT AND COMMIT

The first of the Lifestyle Changes is the most difficult one to make, one without which none of the others can be made successfully. It requires the recovering dependent to:

Acknowledge the problem and its nature;

Accept accountability, and

Commit to change.

In addition, like all the other Lifestyle Changes, it may need to be made only once, but will need to be re-affirmed from time to time, especially when the entrance to the downward spiral seems to be coming closer.

It is a change that usually needs to be re-affirmed several times during the stay at the Treatment Centre, usually again towards the end of the Inspiration Stage (1-6 months after treatment) and in the Realisation Stage (6-12 months after treatment). Once into the Stabilisation Stage (12 months and longer) it may require only occasional re-visiting.

To make Lifestyle Change No. 1 there are three key personal decisions to be taken. The "FREEDOM" process should be used to entrench this change and these decisions.

To make things easier to understand, imagine for the moment that you are a recovering dependent. The "you" in the Lifestyle Changes model is you or I!

Key Decision No. 1: "I acknowledge the existence of my problem and its nature."

To *acknowledge* means that I (or you) admit that it is true that:

I am an *addict*, or that I have a substance dependence problem, and that:

as an addict I have a *chronic, relapsing and fatal illness* for which there is no cure,

my addiction can be *arrested* or stopped, but only by complete and lifelong abstention, or in other words by my staying sober and clean for life.

Key Decision No. 2: "I accept accountability for my problem and the need for help in solving it."

To *accept accountability* means that I sincerely believe that:

I, and I alone made the decisions that led to my substance dependence;

only I can make the decisions needed to arrest my dependence;

I need to *forgive myself* and to seek the *forgiveness of others* for the wrongs and harm I did to myself and to others while under the influence of addictive substances;

I need to be *patient* while I and others make and adapt to the *lifestyle changes* vital to my long-term sobriety, and

I need the *support of others* who understand my problem, and of the Lord to sustain the lifestyle changes vital to my lifelong sobriety.

Key Decision No. 3: “I commit myself to making the changes vital to my lifelong sobriety.”

Committing myself to sobriety means that I promise sincerely to do all I can to:

put the past behind me;

live a sober life;

grow and develop so that I can stay sober and support others who need my help in staying sober, and

tell others of my changed lifestyle and encourage them to become sober.

Discerning readers will soon become aware that the contents of Lifestyle Change No. 1 paraphrase the ten guidelines for sobriety of the Christian Action for Dependence (CAD). The difference is that where the CAD guidelines stop, the Lifestyle Changes programme starts.

A word of warning: making Lifestyle Change No. 1: Acknowledge, Accept and Commit is a vital first step to long-term sobriety, without it, no other changes make sense or indeed are likely to work

LIFESTYLE CHANGE NO. 2: REHAB FOR RESULTS.

Start at the End

Sounds strange, doesn't? We are taught that the best place to start is at the beginning and here you are being told to do it the other way around. In learning to make a change using the FREEDOM acronym, you were asked to think of the positive results of change. If you are normal, thinking in terms of the results of an action rather than of the action itself, is more than a little difficult. However a major part of making lifestyle changes is to shift from thinking of doing things to thinking of getting things done. In other words we have to think of the end results. We need therefore to start at the end.

Think and Act In Terms Of Outcomes Or Results

Success is in achievement, not in intention.

Success in all things comes not from being active, not from doing things but from achieving the results of doing. To taste that success, you need to start thinking in terms of outcomes or end results.

How do we do that? Let's start with something simple, like mopping the floor. The action is sweeping a wet mop over the floor. What's the result? A wet, dirty floor. What is the desired end result? Hopefully it is a clean floor. Merely mopping doesn't guarantee a clean floor. If the end result is to be a clean floor then more is needed: clean mop, clean water, cleaner, cleaning every nook and cranny and so on. The end result prescribes how you think and shows how you get there.

Let's move on. You want to stop taking drugs. What would be the end result of not taking drugs? Not taking drugs? Is that the end result you see? Remember that nature abhors a vacuum, and if the end result is simply not taking drugs, then something else will rush in to take its place. Think about it, what is the end result of being drug-free? David (a recovering dependent) saw the end-result of not taking drugs as "Regaining my dignity."

"Regaining my dignity" entails a great deal more than "not taking drugs". It opens the door for lifestyle changes that include picking yourself up, dusting yourself off and getting on with life. Thinking in terms of results, of achieving something measurable is extremely difficult. Unless you can imagine and describe the end results, then too often the activity involved in becoming and staying sober becomes the primary focus and achieving the real results gets forgotten.

Measure success by what you achieve not by what you do

It is logical that if you think in terms of results, then you can measure your success by assessing which of the results you actually achieve. In other words, you score nothing for trying, you score only for achieving.

How do you describe the results you want to achieve? In brief, in four steps:

List the Changes in Terms of Small Events or Steps;

List the Indicators of Successful Change;

Provide Measures of Successful Change, and

Add a Time-scale to the Achievement of the Changes.

What Results do I Aim for?

As part of the Lifestyle Changes approach of starting at the end, you are asked to complete two questionnaires that actually make up Lifestyle Change No. 7: Renew Yourself. One questionnaire asks you to develop a picture of others opinion of you; the second, to develop your own existing profile in terms of a balanced lifestyle.

The key defects or low points in the profiles developed form the basis of the results to be aimed for and also of your Sobriety Plan that lists the results to be achieved over a longer term.

The Lifestyle Changes programme shows you how to set up a table of the results you want to achieve, and your sobriety plan

LIFESTYLE CHANGE No. 3: LIVE ONE DAY AT A TIME

Why “One Day At A Time?”

It might sound totally crazy, but experience has proved that for quite some time after leaving the Treatment Centre, the average recovering dependent hasn't the inclination, energy or ability to think ahead for long periods of time. Not only that, the most important objective in mind is to get through the next day without a slip or a relapse. Planning and working one day at a time, avoiding the inevitable temptations and just getting through the day unscathed is as much as the average person can take.

Planning and living each day by itself, and sticking to the plan takes a load off your willpower and it makes achieving your ultimate end result of staying sober or of beating addiction or of regaining your dignity so much easier.

As the successes mount up, the time horizon can be extended, but living one day at a time, in small manageable sections and achieving success in small steps remains the most important thing a recovering dependent can do.

How Do I Do It?

One of the major problems we all have is turning our dreams (the results we want to achieve) into reality. It is all very well setting up tables with lists of Rehab Results, but making them actually come true is another story. The easiest way of doing this is to take each of the Rehab Results and break them down into a series of steps or tasks, things that you can do. Each of those tasks is then entered in the page of an adapted Page-a-Day diary, a time allocated for it to be done, and a check mark made when it has been achieved. It is as simple as that. Let's try it.

List The Tasks

Take the list of Rehab Results you drew up and select one of the results, something you can achieve fairly easily. David's first Rehab Result is "Clear of Dormitol and Drugs." Ask yourself, "What am I actually going to have to do, to achieve this?", and make a list of those things. Try to write them down in the order in which they should be done.

Because you have practised thinking in terms of results, it should be quite easy for you. Start at the end and work forward. As this end result is "Clear of Dormitol", to get that result one thing you need to do is to make sure that there are no Dormitols around. To achieve this you could "Collect all Dormitols from house and bathroom medicine cabinet, house, car and clothes." Then to make sure they don't cause temptation you could "Take Dormitols to local pharmacy for disposal". Going on with this process you (or David) might write:

Rehab Result: Clear of Dormitol

Collect all Dormitols from bathroom medicine cabinet, house, car and clothes

Take Dormitols to local pharmacy for disposal

Tear up prescriptions for Dormitol

Ask local pharmacists not to supply me with Dormitols or alternatives

Ask friends and family not to supply me with Dormitols or alternatives

Buy Coke in cans instead of Buddy Cokes

Stay in car at filling-station instead of going to shop

Take up a hobby for when urge strikes

Phone Support Group Cell Leader every day, and so on.

Next, work out how long it will take you to carry out each activity and write it down next to that activity. If it is going to cost you anything, estimate that cost and add it next to that activity. Don't forget to list an activity "Obtain money for" whatever it is.

Remember that you will have to keep this list for some time, so make a good job of it.

Complete The Diary Page

I have found that the best way of planning the day is to fill in the diary page for the day either at the end of the previous day or first thing in the morning. I use my own quiet place and time to do it. You might want to use a diary developed for that purpose by one of the Support Groups. A special diary makes living one day at a time so much easier.

If you don't have the special diary, then adapt your own. Draw a vertical line down the middle of the page and write in the heading "Rehab Tasks" on the left. Head the other half of the page "Other Tasks". Draw a horizontal line across the page about 50 mm from the bottom, and write in the heading "Rehab Results for Today" along the line. Now you are ready.

Start by writing in the "Rehab Tasks" column the things you normally do when you get up to prepare for work or whatever you do each day, commencing from the time you normally get up. Then select those Rehab Tasks you want to do today and start writing them in. Allocate a specific time of day to do each one. In the "Other Tasks" column, write in the things you need to do for the job or whatever else you are going to do. Continue writing in until you have planned your day from getting-up to going to bed, in sections of 15 minutes to half-an-hour.

Live Your Day

That's it. Live your day. Do the things you have planned to do. Follow your planned programme, checking off the Rehab Tasks as you do them and doing the same for the Other Tasks.

You will be surprised how effective the process is. Because you know what you have to do minute-by-minute for every hour of the day you can relax and live. There is no time to worry about what to do next, it is already planned. You are starting to take control.

At the end of each achievement and at the end of the day sit back and evaluate what you have achieved. How many of the Rehab Tasks have you carried out? How many still need to be done? What results have I come closer to achieving? Pat yourself on the back (mentally) for your successes and tell someone in your support group. What problems did

I have and how can I solve them?

Use the space headed "Rehab Results for Today" to note your achievements and to list the tasks to be addressed tomorrow. Then complete the diary page for tomorrow.

LIFESTYLE CHANGE No. 4: TALK IT THROUGH

Manage the Stress of Staying Sober

For most recovering dependents and their co-dependents, the first three Lifestyle Changes will be sufficient to make it through a normal day. For some though something else is needed. Lifestyle Changes 4 to 6 provide some way of dealing with life when it becomes more complex, of exerting control over the frightening and threatening. Lifestyle Change No. 4 empowers the recovering dependent to lose the fear of the unknown by talking it through with those who have already been there.

Have you ever imagined winning the Lottery? Who hasn't? What did you imagine doing with all that money? No, don't tell me, I would rather imagine for myself. It is something pleasant, something I cannot be frightened of.

The problem is, that some of the tasks appearing in our diary page frighten us to death, or else we don't really know how on earth we can do them! It is usual to be somewhat frightened of the unknown. Some of the changes that you will be asked to make as a recovering dependent are so different from our normal lifestyles and sometimes so uncomfortable or even threatening, we don't really know what to do.

Importantly too, there are times in the life of a recovering dependent when the stress of staying sober just becomes too much.

We need to use the FREEDOM process combined with the experience of members of our support group to learn how to change our fear of the unknown and uncomfortable and the stresses of staying sober into tasks that we can feel comfortable in carrying out. Remember, we prefer to make changes that make us feel good.

When the changes to be made become too difficult or frightening to do alone, talk it through with someone who knows more about it. Talking through a problem change or a stressful situation, and then role-playing it before actually going out and doing it, helps to take the fear out of the unknown and the stress out of the situation.

Don't believe me? How about this then? It is not unusual for a top racing driver like Michael Schumacher to walk the Grand Prix race track before a race to learn the track, and then to drive the race *in his mind* several times before even venturing out on the track in his car. He spends hours imagining the start, the sprint to the first corner, the problems of avoiding other drivers and then getting ahead of the pack. Every possible permutation and combination of driving conditions and problems is imagined in the most minute detail and the necessary action taken in his mind before the race. Before going out on the track, many of the drivers then spend time with their mechanics, racing managers or other drivers *talking it through*, using the experience of others to change the unknown and frightening into something familiar and comforting, before finally deciding on race strategy and tactics. The effects of this are clear to see, especially in the case of a bloke like Schumacher. Why not try it?

Let's Suppose

Let's suppose that you are a recovering dependent and that you have set yourself a Rehab Result of being "Clean of drugs". One of the activities you need to carry out is to say "No!" to your dealer, but you are frightened to go near him, because you might just take what he is offering.. How do you go about saying "No!"? On the assumption that you

know about drugs and dealers, let's imagine the process and talk it through.

Find Your Quiet Place

Find your quiet place and settle down.

Imagine the Process

Let your imagination roam. If you really want to stop taking drugs, you have to imagine yourself doing something different.. You have to break the pattern, the conditioning that forces you to get and take the drugs. If you usually drove up to the dealer on his street corner, and rolled the car window down before getting there, imagine yourself driving past with the window rolled up. Can you see it? The car is going down the same street, the dealer is there, his guards are on the watch, he is reaching into his pocket, everything is the same except you. You are doing something different. You are driving past, the car window is up and you are not even looking in his direction. You have passed him, and the danger is gone. You can go on to live another day.

Do this several times until you can see every detail and can feel yourself starting to do it.

Talk it Through

Once you can see the event clearly in your mind, put it into words. Go to a friend, possibly someone in your support group, preferably one who has been through the same or a similar process. Be frank, say that you have never done something like this before and ask for help. Then describe what you are going to do as if you are doing it, asking for comments as you do. You might say, "I am getting into the car and winding up the window. I am driving down the road that my dealer uses. I have to go this way because it is the only way to get to my work. I can see him at the side of the road, with his guards near him. They are watching for the cops. I am driving past him, not stopping, not even acknowledging that he is there. I am past him, and turning into the entrance to my work. Ha! I have done it. I don't need him any more."

Work with your friend until both of you are satisfied with your description. Change your description until you are both satisfied with it. Practise until you are word-perfect. Then go out and practise it on the road, in a role-play.

Role-play.

In the car, sit for a moment and imagine yourself doing it, then talk yourself through the process, doing it at the same time. Have your friend with you and practise until you feel comfortable with doing it. You may feel that you have got it right the first time, but practising only once is never enough to make it an instinctive reaction. All it needs is for something to be other than as you expected it, and the old reaction will come back. You will roll down the window and reach out for your hit.

Take it seriously. If you have ever watched a movie being made, you will realise that even the most seasoned actor doesn't get it right on the first try. There will be take after take after take until both the actor and the director are satisfied. Only then will the take be canned. When you are satisfied, go out and practice on the road, taking your friend with you.

Do it!

When you are both satisfied with the role-play and practice, do it for real.

LIFESTYLE CHANGE No. 5: MAKE IT COUNT

Winner Takes All?

Jaap was running around alternately shouting at people and pleading with them. The spread of playing cards in his hand was jealously guarded, held close to his chest. With two dozen voices raised in heated discussion, Jaap had to shout to be heard. People from other groups were similarly engaged, trying to accumulate the most cards of the same type in trying to win the prize of the evening: a case of Coke, the “real thing.” Not, I hasten to add, the street corner variety.

The rules of the game being played at the CAD Meeting that evening were quite straightforward:

the team with the most cards of a type wins;

no team could tell another which type of cards they were collecting;

cards could be exchanged, but only face down;

teams could not refuse to exchange cards when asked, and must

exchange cards on a one-for-one basis.

In every game we play, and we are a competitive nation, the be-all and end-all of the game is to win. We try to win at all costs. We are so keen on winning that our behaviour becomes completely illogical. We have seen team members lie and cheat, become extremely violent and eventually get “red carded” in a futile attempt to win. Is that what it’s all about?

Everybody Wins

If the teams had taken a moment to think before tackling the card game they could have found a strategy in which everybody wins. There were 24 cans of Coke as a prize and 24 people in four teams. The object: to accumulate the most cards of a type. By putting their cards on the table, literally, and encouraging each team to take what they needed until they had what they needed, everybody could have won. They saw that in the end of course, when the tempers were frayed and their illogical behaviour shown up. By then it was too late for the game, but soon enough for them to learn a salutary lesson: Win-Win is better than Win-Lose. In Win-Win everybody shares the benefits. In Win-Lose someone is left with nothing.

A recovering dependent and his or her co-dependents cannot afford to get into a Win-Lose situation. For the dependent losing means so much more than the result of a game, it means losing life. For the co-dependent winning means losing, losing the battle against addiction and eventually losing the dependent. It is a chance no one can take. What to do to become a winner every time?

Lifestyle Change No. 5 means living Win-Win and using the power of the team to focus on remaining sober and creating an environment which supports your staying sober.

Staying Sober Means Living Win-Win

Staying sober means making a lifestyle change to live Win-Win. For a recovering dependent living Win-Win means living and working in a team in which all the members strive for the same result, an environment that supports sobriety. A recovering dependent cannot stay sober alone. What he or she does is affected by and affects several other people, members of the "team". Ninety-five percent of recovery takes place after leaving the Treatment Centre and that time is usually spent with other people. To survive, the recovering dependent must become part of a team whose main purpose is to beat addiction.

Living Win-Win in the world of recovering dependents means that the members of the team must play the game in a different way. This is a game of Making It Count instead of Making Me Count, where "It" is the end result, beating addiction, remaining sober.

How do we play this game? The rules of the game are quite straightforward:

The winner is the team that can beat addiction for the rest of its life, over a long period of time;

Team members must share with the team what their purpose is;

Team members must play cards face-up, and offer others help with their purpose, to the benefit of all;

Team members must help the others when asked, in an open and frank way, and should give help without expecting any in return.

There are several important aspects to these rules.

The Importance of Time

The game lasts for life. This is not a game that is over the moment that one member of the team, the recovering dependent, emerges from the Treatment Centre or suffers the first relapse. It is a game for life. It means that even if one or more of the other members of the team fall out or leave, for whatever reason, the game goes on. As long as one member of the team is alive and well and able to help other teams to achieve their purpose, the game goes on. The game is bigger than each and every member, the game is life. The game means life for one or more recovering dependents and that is enough to keep the game going until all the dependents have won.

The Importance of Shared Purpose

The team works together to achieve a common end result: creating an environment that supports sobriety.

Twice each year our group goes into a short recess, a planning session, in which we review the past six months and plan for the next. One of the first questions asked is "Why are we here, and what have we done to achieve that purpose in the last six months?" The answer, "We are here to care for and support each other to beat addiction."

Our shared purpose is vital to the survival and growth of the group of sober recovering dependents. It becomes the glue that binds the group together, the advertisement that leads new members to the group, and the attraction that brings old members along to

meetings week after week for 50 weeks in a year. It is the reason why Derek said, "I have to come here every week just to get my high to survive for another week!"

A shared purpose is that which gives the group a sense of unity, of being a family. It gives them direction and strength in times of tragedy and challenge. It helps them deal with relapses and successes. A shared purpose is vital to beating addiction, to supporting sobriety.

LIFESTYLE CHANGE No. 6: TAP THE RESOURCES

Regaining Trust And Support Is Everything

Mike was close to tears, his throat choked-up with emotion. It was his tenth Sobriety Birthday and his family was there to support him. The entire family was singing his praises, his one daughter had even flown in from England 16000 kilometres away to be with him on this important evening. His colleagues in the Support Group were congratulating him on his success. In every recovering dependent's life, trust and support are vital to long term sobriety. In contrast, trust and support are the first things to disappear in the addict's life, the last to be restored and the most vital to long term sobriety. Mike had succeeded in tapping the resources of his family and his support group to keep him sober.

Trust doesn't come of itself, it has to be earned and it takes a long time. For the recovering dependent earning the right to be trusted again comes with great difficulty. It took Mike 10 years and a great deal of effort.

Lifestyle Change No. 6 taps the resources of the Win-Win team to rebuild trust, recreate competence and regain support.

How Do I Rebuild Trust?

In the process of decline that every addict experiences, events occur that strip the addict of his or her trustworthiness. The individual inevitably makes and fails to keep promises. "I'll stop drinking, I really will. I mean it this time!" "I am clean, I haven't had a fix in months." Promises made and broken, leading to a complete lack of trust on the part of friends and family.

Inevitably also the job suffers as the competencies go. Whether the job is a paid one or not, at a place of work or at home, performance suffers as addiction grows. Eventually even the semblance of competence disappears and the addict is at the bottom of the pit.

Regaining trust means being able to make and keep promises and becoming competent again, no easy feat for anyone let alone an addict. At the end of treatment, the recovering dependent re-enters a world where every move is treated with suspicion. It is automatically assumed that whatever he or she does, a mess-up will result. How to overcome that?

Become Trustworthy

We tend to trust people who are:

honest, sincere and act with integrity;

principled, and live according to a set of principles and values;

open-minded, and are prepared to talk to and listen to others, live Win-Win, and are

competent, doing what they do well.

Honesty, sincerity and integrity start with the individual acknowledging, accepting accountability and committing to a changed lifestyle. Lifestyle Change No. 1 dealt with [TOP](#)

this in some detail.

Being principled calls for embracing a set of values giving one an inner sense of truth and faith, like those normally associated with religious beliefs and living them day by day. Many recovering dependents find the need for faith and religion once again, or the need to adhere strictly to the principles endorsed by the Support Group, for example the 10 Guiding Principles of the CAD or the 12 steps of Alcoholics Anonymous.

Being open-minded entails living the Win-Win approach and making it count, as indicated in Lifestyle Change 5.

Rebuilding trust starts in the Support Group with the recovering dependent applying in practice the elements of becoming trustworthy. He or she taps the resources of the Group to assist in guiding actions and correcting mistakes. As the trust grows the elements are applied to the co-dependents and eventually to people in the world outside of the Support Group. Rebuilding trust is however a slow process requiring great patience on the part of all parties concerned.

How to Recreate Competence

Competence for the recovering dependent, has three elements:

Job Competence: which means learning or relearning the skills needed to hold down a job. For a variety of reasons, many recovering dependents will be unable to return to the sort of work that they did before undergoing treatment. For them, starting a new career or starting the old career in a new firm or from the bottom is the way to go. In either case, training and retraining are needed and opportunities for this should be taken-up eagerly.

Life Competence: learning to cope again with living in the real world, a world of temptations. The recovering dependent has to re-learn how to live in this world, how to stay sober in a world that seems determined to ensure that he or she fails. Here the Support Group plays a vital role, teaching a new way of meeting and interacting with people in the work and social environments.

World Competence: learning to see the world outside of the immediate surroundings, of seeing once again world events instead of those linked only to the problem of addiction. Once again the Support Group plays a vital part, exposing the recovering dependent to events and people outside the group and the group's activities.

The Support Group acts as a microcosm of the real world, applying their resources to helping the recovering dependent to recreate competence. Job competence is primarily the responsibility of the recovering dependent, but the members of the group by their activities and discussions provide the pointers to Life and World Competence.

By way of example:

Regular social activities held by the Support Group ("Braais without Beer") help prepare the recovering dependent for life in society outside the Group;

Outreach programmes, where the recovering dependent tells other of his or her experiences helps strengthen the commitment of the individual, and

Guest Speaker programmes, where important events unrelated to addiction are presented by well-known experts.

A word of warning, however, this is not an opportunity to tell “War Stories” or stories proclaiming the wonderful things that happened when you were “high”. That will encourage a positive image of your bad old days and start you on the first step to a relapse. Use the chance to grow and develop, and help others to become and remain sober.

How Do I Regain Support?

Regaining support calls, paradoxically, for giving support to others. It means empowering others to empower yourself. In practical terms it requires you to:

become a member of a new team of people who count;

make the team count, and

share the experience of counting.

Become a Member of a New Team

In the bad times before treatment, the addict had a circle of friends and family (the “team”) who were usually part of the problem of addiction. It was from them that the pressure and temptation came, the need to fit in and the taking of alcohol and drugs until addiction became a fact of life. In the Treatment Centre the co-dependents became involved (if they were brave enough) in the rehabilitation process. Once the recovering dependent left the Treatment Centre they became the nucleus of his or her new “team”.

Harsh though it may sound, any members of the old team who didn’t become involved in the rehabilitation process, should be dumped. As in a rugby team, any member who causes more problems than he is worth, is fired from the team. The only way the recovering dependent is going to remain sober, is if he or she is supported by a team which understands the problem of addiction and can help in treating it

Becoming a member of a new team means finding new people, including family, who do understand the problem and can help in treating it. A Support Group of which the recovering dependent and the co-dependents are members, forms the basis of a new team.

Make the Team Count

Remember the set of rules for the card game in Lifestyle Change 5: Make It Count? That’s what you have to apply here to your new team.

Share the Experience

As in the card game where the eventual solution was for the teams to share the prize, the prize here is when the team members share the experience with each other. In any team of recovering dependents, co-dependents and others there is a wealth of experience in dealing with the problem of addiction. Sharing that experience in a structured way or even informally is invaluable in helping to beat addiction. Create opportunities to discuss and learn from that experience. The recovering dependent with 18 years experience of

sobriety has many a lesson for the new arrival. In the field of drug addiction, because long experience of being drug-free is limited, every success story is vital to the armoury of the newly –rehabilitated addict. Don't waste it, share the experience with the team.

A word of warning, however, this is not an opportunity to tell “War Stories” or stories proclaiming the wonderful things that happened when you were “high”. That will encourage a positive image of your bad old days and start you on the first step to a relapse. Use the chance to grow and develop, and help others to become and remain sober

LIFESTYLE CHANGE No. 7: RENEW YOURSELF

Look Out Of The Window

Sir Michael Edwardes, charged with revitalising the British motor industry, was asked for his opinion of the industry. His reply? “Your people are so busy that they don't have time to look out of the window. They are so busy working that they don't have the time to stop and look out of the window to think.”

Lifestyle Change No. 7 aims at giving you that opportunity, to look out of the window and think of the changes you have made and their effect, to check out how well you have done and to pin-point those key lifestyle changes on which you should concentrate in the future.

The assessment is done by your completing two questionnaires, one showing how others see you and the other how you see yourself. The first is based on the Lifestyle Changes model and the second on the development of a Balanced Lifestyle covering four quadrants: Physical, Social, Intellectual and Spiritual balance.

Interpret Your Personal Renewal Profile

The final profile shows a picture (a profile) of your lifestyle and shows through the high scores where you are concentrating your efforts and being successful, and through the lower scores, where you really ought to spend more time and effort.

In the long term you should aim to achieve a balance between the scores in the four quadrants. If you achieve this, then chances are that you are living a balanced lifestyle. A balanced lifestyle, with no excessive attention and time given to any particular aspect, is most likely to help you to remain sober in the long term.

These changes are used to develop the next series of end results to be used in your next Rehab for Results programme, which takes you into a repeat of the entire model.

IN CONCLUSION

In this “Survivor's Guide to Long-term Sobriety” the recovering dependent, newly emerged from detoxification and rehabilitation in the Treatment Centre is encouraged to make seven Lifestyle Changes to beat addiction.

Because Lifestyle Changes need to be learned, a learning process that uses the acronym “FREEDOM” underpins the changes to be made.

The initially required changes are derived from two questionnaires one showing how others see you and the other how you see yourself. The first is based on the Lifestyle [TOP](#)

Changes model and the second