

Journey To



LIFE

"You have shown me the path of life."
Psalms 16:11



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Editorial Perspective A Friend in Need

Friends are very important and contribute to a person's health and well-being. This is particularly true when you or I are in need of help to determine what to do and how to do it. Followers of Jesus Christ, know from experience that He is a friend that is closer than a brother or sister. He is able through His earthly representatives (the Holy Spirit and wise friends and counselors) to be a "present help in trouble" (see Psalm 46:1)..

There are times when the confusion and bewilderment concerning the future seems too difficult to handle. Perhaps right or wrong decisions may be seemingly impossible to discern. Often at such times an addict's friends are quick to give some ill-advised counsel.

An oft heard expression is: "a friend in need is a friend indeed." A trust-worthy friend is someone who will not only provide sound counsel, they will also be there when they are most needed. It is also important

to consider the balance provided by many friends who offer counsel. "There is safety in a multitude of counselors." Proverbs 11:14.

I hope you will take the time to read this issue's feature article, "Therapies and Treatment for Addiction" by David Sedlacek. Consider his well-chosen and informative words to be those of a friend when you or an addicted family member is in need.

Finally, when all else seems to fail and the pain (whether emotional or physical) is overwhelming, consider the following:

Often your mind may be clouded because of pain. Then do not try to think. You know that Jesus loves you. He understands your weakness. You may do His will by simply resting in His arms. *Ministry of Healing*, page 251.

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ARMin Mission and Vision

Our Mission:

Promote healing and freedom from harmful practices by providing resources and training to facilitate recovery.

Our Vision:

Healthy people growing in a relationship with Christ by using principles of God's Word and choosing healthful practices aimed at finding freedom from harmful habits and addictive behaviors.

Potential Objectives/Goals:

- Promote healing (individually and corporately) utilizing the healthy, balanced principles of God's Word
- Provide resources to churches and individuals in order to raise awareness and educate regarding the root of dysfunctions that create disunity within individuals, families, churches and communities through unresolved trials, troubles and tragedies
- Train individuals to facilitate ongoing support groups and mentoring in a safe, nurturing environment

We believe that as we heal from life's trials, troubles and tragedies, we become inspired and committed to reach out to others as a result of gratitude for our personal healing; to care for others because our lives are so enriched by Christ's forgiveness; and the blessing of the freedom we have experienced due to His unending grace and mercy.

The Healing Value of the 12 STEPS

Step 9—

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

Biblical Comparison

“Judge not, that you be not judged. For with the judgment you pronounce you will be judged, and the measure you give will be the measure you get. Why do you see the speck that is in your brother’s eye, but do not notice the log that is in your own eye? Or how can you say to your brother, ‘Let me take the speck out of your eye,’ when there is the log in your own eye? You hypocrite, first take the log out of your own eye, and then you will see clearly to take the speck out of your brother’s eye.” —Matthew 7:1-5 (RSV)

Steps to Christ
Growing Up Into Christ

Upcoming Events

July

Mental illness affects one in five adults and one in ten children in America. Nearly two-thirds of people with mental illness do not seek care, and racial and ethnic minorities are even less likely to seek care. Learn more and find resources at the US Department of Health and Human Services Office of Minority Health (minorityhealth.hhs.gov).

September

September 26, 2017 (Tentative)

Online webinar sponsored by the NAD Health Ministries and Adventist Association of Faith Community Nursing. Topic will cover the opioid epidemic in the United States and resources available from the federal government. Date and topic are subject to change. Contact health@nadadventist.org for more information.



12 STEPS to Recovery STEP #9

Recently while travelling, my wife and I were eating breakfast in a restaurant recommended by our daughter. As we sat waiting for our meal, I overheard a man, at a nearby table where a small group of men were gathered, mention the word “amends” and soon after the word “program.” Since my hearing is not the best, I heard little else of what he said. I did, however, recognize that they were men who were serious about their recovery from alcoholism or some other addiction. The clue was the man’s mention of “amends” and “program.” Both of these words are well-known by anyone who is following a 12-step program of recovery and they are not commonly used otherwise.

The word “amends” means reconnecting with people who were deeply hurt by our actions (what we have said or done). It is more than simply saying: “I’m sorry.” In short, “making amends” is to do whatever is necessary to improve relationships that were broken or jeopardized by our inappropriate past behavior(s).

“Direct amends” usually means that the amends, if possible, will be in person. It is important that we consider the instruction to do so whenever possible except when they or others might be injured.

This step means that I put into action the decision and willingness of step 8 to make amends to the person(s) I have harmed. If it is not possible to do so in person, I apologize by making phone calls, writing letters, doing whatever I can to heal any damage I may have caused another person to suffer. Email or social media are not good ways to “make amends,” unless the offense was through such. Even then, it is best, whenever possible, to do so in person. Insight, courage and commitment are required. Timing is also an essential part of this step. We should make amends when the first good opportunity presents itself, except when to do so will cause more harm.

I ask God what to do and how to do it. In the last issue of the Journey to Life, I mentioned my willingness to visit my dad on the occasion of his 88th birthday and to make amends for threatening to kill him when I was twenty, some thirty-five years earlier. The night before the airplane flight to see him in person, God provided an opportunity to make amends with a local church leader with whom I often disagreed. That along with my making amends with my dad proved to be amazing bridge-builders. Five years later, just before my father’s death, he told me that he prayed for me every day.

When it is impossible (such as the person with whom we need to make amends is no longer living) or people would be harmed, willingness can serve in the place of action. Finally, we take personal responsibility for our part and do not expect that the other person will respond in the way we might hope!

Roy N.

Just Do It!

It seems that it does not matter if you are struggling with substances, lust, doubts about God, patience, pride, anger, jealousy, vanity, stubbornness, irresponsibility or a thousand other things—they all have a common denominator. Yes, everyone is different and every battle is unique, but unless you admit your utter weakness, you are powerless to overcome your struggle, no exceptions.

In my last article, *The Best News Ever!*, I talked about the freedom and peace that I received from the grace of God in my battle with pornography. Today, I would like to look at three simple, but profound steps that helped me gain victory over lust. Please consider them seriously as these principles are applicable in any situation.

First, *the truth will set you free* (John 8:32). In very practical terms this means you must expose the lie that is keeping you in bondage. Is there something that you are blind to or that you are unwilling to honestly confess? That thing, be it a lie about yourself, a lie about God or a factual lie, has captured you.

Second, *take the log out of your eye* (Matthew 7:3-5). Focusing on other people’s struggles, problems and sins is one of the most dangerous “excuses.” If we are ever going to be “more than conquerors” (Romans 8:37), we MUST stop making excuses. From experience I know how easy it is to make excuses that superficially justify my actions. However, once I fell, I would then see the stupidity of my reasoning. Excuses maintain the crazy cycle and the longer you keep feeding your lies with excuses the longer you will continue suffering with repeated defeat.

Third, *clean up and fill up* (Luke 11:24-26). In my life positive change has played a major role in defeating temptation and sinful habits. You see, as we are cleaning up, we must also be filling up with something new, something better. Often a change big or small can be a catalyst for lasting transformation and victory. Change is not running from a problem, but rather it helps break the former attachments that constantly trip us up.

These three steps played a vital role in my life, but they are not the only steps I followed. In fact, I would highly recommend the Twelve Steps for Alcoholics Anonymous, I find these steps to be very helpful, holistic and universal.

And remember, the only way you will win is IF you start at the right place, which is admitting your total hopelessness. First Corinthians 10:12 says, “Therefore let him who thinks he stands take heed lest he fall.” If you think you are fine and dandy and you don’t need help, it’s only a matter of time until you will fall.

The best advice I can give you comes from Nike—Just Do It! Stop believing the lies, stop making excuses and do whatever it takes to make positive changes. Will you just do it?

Royce Odiyar

[Editor’s note: Royce is an MDiv Student at Andrews University and Pastor from British Columbia, Canada. If you would like to discuss this more, please visit him at www.faith.hope-link.net.]



Therapies and Treatment for Addiction

When considering what to do when it becomes apparent that addiction is a problem for oneself or a loved one, it is important to become knowledgeable about the various levels of treatment available and the types of intervention that best meet the needs of the person and family needing treatment. For example, some people prefer a Christ-centered approach to treatment whenever possible. Another factor that is also important is cost. Does the person have an insurance plan that covers addiction treatment? If so, what types of treatment are covered? As a general rule, treatment begins with the least restrictive method first. If that does not work, then more intense levels of treatment are used. Typically, an assessment is done to determine whether or not a diagnosis of addiction can be made and then to recommend to the person/family the most appropriate level of care for the person/family.

Before discussing the levels of care, it might be helpful to discuss differing philosophies of treatment that are used in the field today. The vast majority of treatment programs are abstinence-based. That is, the goal of treatment is to abstain completely from the addictive element. In most of these programs, addiction is seen as a chronic disease that is treatable much like diabetes or arthritis. When the addiction is to alcohol, one drink is seen as too many and many are not enough. The disease of addiction is seen as progressive so that, if they relapse, addicts will pick up in the disease process where they would have been if they had not participated in a recovery process. Denial is a cardinal feature of the disease where we think we are in control, but are not. Relapse begins with the thinking process (stinking thinking) before the addict actually begins to drink or use drugs. Sobriety is seen as more than not using. Sobriety is demonstrated through an internal change of letting go and turning one's life over to the power of God through the practice of the twelve steps.

There are other models of treatment that are not sobriety-based. The goals of some treatment programs

is a return to the possibility of social drinking. Some of these programs use cognitive behavior therapy (CBT) as the primary therapeutic intervention. The belief is that if the person becomes aware of their self-defeating thoughts and feelings and is able to change them, it will lead to healthy functioning including social drinking. Another model of treatment is called harm reduction. This model is most often used when an addict is involved with street drugs such as heroin or other opioids. These drugs lead to much crime and the philosophy is that there will be less crime if the addict is given maintenance doses of substitute drugs such as methadone. Addicts in these programs may stay on these substitutes for the rest of their lives. Some methadone maintenance programs offer counseling in addition to the drug.

Prior to treatment, it is not uncommon for a need for an intervention to nudge the addict toward treatment. Often, the addict's manipulation leads to a family member not having all of the information that other family members do. Interventions are most often facilitated by a person trained in how to conduct successful interventions. Prior to the intervention, one or more sessions are held with the family to plan the intervention. Information is shared, a rehearsal is conducted with participants strategically placed with the objective that the addict will enter a treatment program after the intervention is completed. Prior arrangements have been made for the addict to be accepted into a residential treatment program. Most addicts agree to enter treatment and they are immediately transported to treatment when they agree to go.

Many addicts need an initial period of detoxification. The methods of detoxification and time required for detoxification vary by the type of drug used, the individual's personal profile (e.g., male or female), and the length and severity of drug use. The primary goal of detoxification is to withdraw the person safely from the substance they have been using. My own research for my doctoral dissertation found that nonmedical (social

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Resources

Journey to Wholeness:



A series that can be used in support groups or small groups as a resource to facilitate recovery

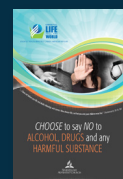
of breaking away from harmful practices and strengthening an intimate relationship with God in the Journey to an abundant life. Facilitator guides and participant guides can be purchased in our online store at www.AdventistRecovery.org

Journey to Life Newsletter:



This bi-monthly newsletter is available in English, Spanish, and soon in French as well. Print a free pdf copy, download, or register to subscribe and receive it via email at www.AdventistRecovery.org

Choose Full Life Resources:



These are posters, calendars/bookmarks, booklets that can be used to share with others 10

Ways to Choose a Full Life embarking on a Journey to Recovery. For more information and to place an order please go to www.NADHealthMinistry.org and check out the online store. The Choose Full Life theme song is also available for download.

Unhooked:



This is a 28 part series produced by ARMin and Hope Channel,

highlighting different type of addictive behaviors, real stories, and experts comments on effective treatment. The ultimate goal is to bring hope for recovery in Christ. You can watch the series weekly Hope Channel or direct TV channel 368. The complete DVD with all episodes will be available for purchase in October. For previous episodes and more information go to: www.hopetv.org/unhooked or www.adventistrecovery.org

Featured Article *continued from page 3*

support) detoxification, when done well, is just as safe as the traditional medical detoxification that is normally used. It is important to understand that detoxification is not the same as treatment. It is simply getting the substance out of the person's system. It is important to note there is an important psychological aspect to detoxification as well. When a person is addicted to a non-chemical behavior, mood, or thought process, a very real withdrawal occurs as well when the person stops using it. The person often goes through a very real period of grieving even for the loss of something or someone who has been hurting them.

A period of primary treatment ideally follows a detoxification regimen. In today's world of addiction, there are several levels of primary treatment. The most intensive is residential treatment usually at an inpatient hospital or specific addiction treatment center. The stays last from 7 – 28 days typically. A more recent development, but one being used with increasing frequency, is intensive outpatient treatment (IOP). Here the client goes to treatment every day for several weeks but returns home in the evening. This modality can be very effective if there is reasonable assurance that the addict will not relapse. In both of these types of intensive treatment, the clients work through the steps, attend meetings, and work on the wounds that may have contributed to the addiction. It is important to understand that, for addicts, the thing that they are addicted to is meant to be a solution to relieve them of their pain, but their solution has turned out to be a larger problem than the one they sought to medicate.

Another frequently used modality is long term treatment (LTT). This treatment is used for individuals who are particularly at-risk for relapse. Some long term treatment is used after inpatient treatment for those who are judged to need a supportive environment with other recovering people. The requirements for treatment meetings and twelve step meetings is not as rigorous as for intensive treatment programs, but the person is in a setting where they can practice recovery skills in a safe environment. Most long term treatment programs require a commitment of six months to a year of residence and clients normally work to help support themselves and pay the fee for the treatment. Such programs are often called halfway houses or extended treatment.

Normally, after a period of intensive treatment, aftercare is recommended. Aftercare meetings usually occur weekly for several months and up to a year. The aftercare group is a place where addicts can check-in with their aftercare counselor and their group members to see how their recovery is progressing. The relapse prevention plan that was developed in intensive treatment is reviewed and updated in aftercare.

A final word on addiction treatment: addiction is a condition that affects the entire family system. Therefore, good treatment programs will invite,

and sometimes require, that the family also be involved in the treatment process. Often there is a family week or a family weekend planned for families. Some programs for sex addiction require the same length of treatment for the spouse as for the sex addict. It makes sense that returning an addict to an environment that is unhealthy will make recovery much more difficult

*David Sedlacek, Ph.D. Andrews University Theological Seminary, Discipleship and Religious Education Department
[Editor's note: David has previously served as Director of a detoxification center, a 32-bed inpatient treatment program, a private practice and an aftercare program for the treatment of addiction.]*

NEWS

Lake Union



Adventist Recovery Ministries was represented at the Michigan Conference Camp meeting, June 16 – 24, 2017 by Harlene Smith, Lake Union Associate Coordinator for this Christ-centered recovery Ministry, shown above on the left. She is pictured with Vicky Griffin, Health Ministries Director for the Michigan Conference.

Columbia Union

Adventist Recovery Ministries Awareness day was held at the Hillside Adventist Church in Harrisburg, PA on July 22, 2017. Elder Darryl Banks, Chaplain at the Johns Hopkins Bayview Medical Center in Baltimore, MD was the guest speaker for the morning services. A 12-step meeting was held in the afternoon and plans are underway to begin a Journey to Wholeness group at the Hillside church. Elder Banks has started four groups in the past and will be starting another group "Reconciliation & Restoration @Blades" in his home church in Bowie, MD.

SEND US YOUR NEWS

Recovery related news, pictures (protect anonymity of individuals in meetings) and upcoming recovery and awareness events can be sent for future newsletters. Please send these to Ray Nelson, *Journey to Life* Editor – adventistrecovery@gmail.com and/or Angeline David, Adventist Recovery Ministries Director – health@nadadventist.org.

Director's Message



The term "secure base" is the basis of attachment theory, which proposes that many problems of adult relationships stem from a lack of a sense of security during childhood. These can have developed through interactions with numerous adults during that time of life but are largely related to the child's primary caregivers.

For children, a secure base promotes exploration and discovery, a sense of safety, and enjoyment of the world around them. On the other hand, experiencing neglect, separation or abuse can result in anxiety, distrust of close relationships, being wary of forming new relationships, being overly needy and demanding, or exhibiting controlling behaviors. These can also manifest during youth and adult years and can result in addictive patterns.

These emotional and behavioral responses develop over time, but the good news is that they can be successfully reversed. Individuals who had poor attachment can heal and experience fulfilling relationships and lives of peace and joy. The process does not happen instantaneously. A 12-step group, such as the Journey to Wholeness groups, can help this process by providing an environment of acceptance and support.

And in addition to finding strength in human relationships, it is also vitally important to find ultimate security in the God who says "I will never fail you. I will never abandon you" (Hebrews 13:5, NLT) and "I drew a picture of you on my hand. You are always before my eyes" (Isaiah 49:16, ERV).

David

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