



CHAPTER 4 - UNDERSTANDING SOME KEY CONCEPTS IN A NEW LIGHT:



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Before moving forward, it is important to fully understand the way the Escalator views the following key concepts: (Click any below to link directly to section)

1. [The Upward Change Process](#)
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1 -Understanding “Recovery” and the Upward Change Process

Recovery and upward change both involve an improvement of functioning. “Improvement of functioning” is, of course, a very broad concept. If we consider the complexity of people and their inter-related issues as well as the ever-changing factors of motivation and insight, it is irresponsible to limit or oversimplify our definition of success. For instance, for people who may be abusing alcohol or drugs, is it fair to consider only those who fully abstain from using substances for a significant time period as “successful”? The substance use field has been looking at “success” in treatment in those terms for years which explains the extremely low success rates reported by many substance use treatment facilities.

To the contrary, is it possible to view someone who enters a program for a substance use/misuse situation, but then continues to use or returns to use at some point as successful? When viewing the upward change process in terms of motivation and insight, we can undoubtedly still consider someone who is still using substances as having the capacity for being considered a “success” in many instances. To illustrate, consider the following question for meditation:

Whether you are a substance user yourself reading this, or a treatment provider or perhaps a family member: If you could somehow foresee the future and you knew that you (or your loved one or your client) was going to, without a doubt, return to substance use immediately after entering a treatment program –would you still go ahead with the program? (Putting funding issues aside for the moment because obviously money issues play into this decision)

Many may say that practical wisdom would indicate that the answer to the above question is “no”, do not proceed with admission to the program. One may reason (quite understandably) that it would be a waste of time to send someone to a program that you already know ahead of time will be a “failure”. That is totally sound reasoning on the surface, but what if we look at this issue a little deeper?

What if we were to look at each treatment program and each recovery and change attempt as a cumulative chapter on the overall journey toward eventual success. In other words, suppose that even the “failed” treatment episodes and change attempts are all vital steps toward the eventual “success”. The point is that even if someone makes an attempt at recovery or upward change, whether voluntary or coerced, that experience is a critical step forward in the overall lifetime process, *regardless of the immediate outcome*. Simply illustrated: each change attempt, regardless of the



outcome, is like a brick in the building of a wall. That wall may have many bricks for some, few for others. Some people start putting bricks in that wall at a young age, and some don't even start building far into adulthood. What is important is that we build our wall, brick by brick, getting better and better and closer toward our goals with each brick which is a new attempt at changing our lives for the better.



When you think you have failed, remember that each time that you have tried is just another brick in your WALL of SUCCESS...
... So keep on trying and you will keep on building upward
... regardless of what happens today

An example that comes to mind that reminds me of one of the first time's I felt this way occurred when I was a new counselor. I was working with an adolescent about 16, who was functioning pretty well, except that he was a daily marijuana smoker which was causing a lot of friction between him and his single mother. He was referred to me by our staff psychiatrist who was treating him for Attention Deficit Hyperactivity Disorder (ADHD). To the best of my knowledge, he was not abusing his ADHD medication, but he was an avid pot smoker and he saw no harm with it. Through steady outpatient individual therapy which included his mother on a regular basis he achieved a period of a few months abstinence from marijuana, supported by both his verbal report, his mother's observations, as well as regular urine drug testing. This boy had been difficult to engage at first however he eventually had gotten to the point where he seemed to eventually trust me to a high degree. In fact, one day he came in for session and he divulged to me that not only had he smoked marijuana for the first time in months, but he stole a significant amount of money which his mother, who was quite wealthy, had not noticed was gone.

I was a new counselor faced with an ethical dilemma: Do I "rat" on the kid about his drug use or the theft of the money or neither or both? Legally speaking, confidentiality was not an issue as consent to share information forms were signed from intake. My first line of attack with this boy was to get him to tell on himself but that did not work as he was adamantly refusing to tell his mother what he had done. Right or wrong (which for the sake of this discussion is irrelevant) especially since his mother was so invested in his progress and treatment from the start, I ended up deciding to tell his mother about both the theft of the money and the marijuana use because she was very involved and without her as the driving force behind him coming to treatment, he would not have been attending at all. She was simply too invested in this process to just leave her in the dark. (For the record, I am not saying



that this is always the right decision, however it was the choice I made in this particular case at that particular time)

Well, what had happened I should have seen coming but like I said, I was a new counselor and I took a gamble. The following session the mother came alone stating that the boy refused to attend or even speak to me ever again because I betrayed his trust. He even refused to see our doctor for his ADHD medication and the mother had to find another psychiatrist. I was sure, that this treatment episode was a failure and I found myself questioning my decisions. The kid was not only using again but now he was refusing to do anything more about it and he was refusing to return for treatment.

About two years later something interesting happened that totally changed my perspective. This same kid came back to our clinic now 19 years old, asking specifically to see me for substance use counseling. He was no longer using marijuana but he had progressed to a costly cocaine habit. He was now attending 12 Step meetings on his own with several months sober with renewed insight and motivation. This kid had both money and health insurance and he could have gone anywhere but he asked to see me again which surprised me a great deal when considering how angry he was when he left treatment years ago. This time he was open to attending group and it was him and not his mother as the driving force behind him coming to treatment.

In one of his groups, which I was facilitating, he addressed the group and told them how he wished he would have listened to his counselor (me) when he was a daily marijuana smoking 16 year old who thought that he would never progress to harder drugs like cocaine. He stated to the group that many of the things he learned in treatment as a 16 year old but failed to accept came back to him in a new more relevant light once his substance use progressed in early adulthood. It was a huge eye opener for me as a new counselor because at that point I realized that our first go around in treatment, despite the dreadful ending, was not a total failure because it helped bring him closer to where he was now as a motivated, insightful young man actively participating in his own recovery and upward change process

That point, so early in my career was one of the first times that I concluded that this young man's first treatment episode was not a failure despite the abrupt ending. Although as a 16 year old, he left treatment against clinical advice and he was actively using marijuana still, that early experience affected the overall process of upward change for this individual. The insight and experience gained in the first treatment episode assuredly affected the later change effort.

So when measuring recovery and upward change, if we only look at drug test results, attendance, abstinence levels, and other visible surface measures of progress, then we are not seeing the whole picture. The ideal remains for one who has a substance use problem to recognize that problem, address that problem then make improvements in their life. However, as we are all a product of our experiences, both good and bad, including both our successes as well as our failures, all of our experiences in some way can serve as relevant and helpful factors in our individual self-development pathway. It is extremely important therefore, to look at each change attempt as leaving behind "seeds" of knowledge and experience that may later sprout and bear fruitage. So often when we look at individual histories it is evident that many people needed to experience several change attempts before lasting success was achieved. The earlier attempts at recovery and change that did not work out should be viewed as stepping stones toward success as opposed to a series of failures. Each step along one's path of upward change is one step closer to success.

2-Motivation and Insight:

These two factors, motivation and insight are crucial indicators with regard to defining what this whole upward change process is all about and for learning about what is needed for this process to move forward and upward. Motivation itself has two key facets; internal and external. Both are very



different, with internal motivation being the more important of the two. However, quite often without external motivation, many would never get the chance to gain internal motivation because external motivators (such as the legal system for instance) are often the starting point for someone getting help.

Individual defense mechanisms inherent to human behavior prevent people from instantly recognizing and accepting unpleasant truths. In this uncertain world, our brains have adapted to the necessity of resisting initially believing or accepting negative or unpleasant information, particularly about ourselves. Imagine if somehow we instantly recognized and accepted all that was wrong with us, our lives, our behaviors, our families, etc. That would be a lot to handle all at once. Therefore, when someone hears that they are not just using substances harmlessly for fun but rather they are out of control and may never be able to use without consequences again, this challenging truth is extremely difficult to accept. People want and need evidence in order to accept the truth because there is so much untruth out there confusing the matter.

A good way to experience something similar to this is to go on line and look up a disease. Often, when you start reading the list of symptoms, if you happen to have a few symptoms it can become easy to convince yourself that you have all or most the symptoms of some kind of harmful disease. The same is true about when we watch the news. There are many terrible crimes committed in this world and if we let our minds and our imaginations go wild with regard to thinking about them, it is not difficult to become overanxious that these terrible things will certainly happen to us and our loved ones. Therefore, to be able to filter out negative information has become a necessary coping skill in this challenging world. With that in mind, it is not difficult to understand why someone may not be so quick to accept the reality of a substance use or dependence problem right away.

A second potential contributing factor in the difficulty of accepting negative information is the hope that seems inherent to most people's childhood. (For some who grew up in severely negative situations, or who witnessed a large degree of negative things in childhood, this may not be the case) Most people as children and adolescents may occasionally think about negative things happening to them but for the most part the underlying belief and hope is that these negative things will never happen in adulthood. For example, most people do not grow up believing that one day they will get cancer, or get divorced, or become injured or disabled, for example but for some people those and other negative things unfortunately eventually do happen later in life. By the same token, most people do not grow up with a belief that "one day I will be addicted to heroin" or "one day I am going to be an alcoholic" so eventually accepting those beliefs later in life can be a challenge if that ends up being the case.

So insight can be a challenge but like many things that can be difficult to attain, insight is a beautiful thing. Insight is always good and beneficial, even when we gain insight into what is not so good in our lives. The more we can learn about ourselves including both our strengths as well as our shortcomings, the more we can grow and change for the better. Insight can be powerful, yet fear inspiring. The key to viewing insight in a positive light, is a direct function of one's level of motivation.

Motivation is like the channel through which one can funnel the power of insight. If gaining insight is like turning on a water spigot, then motivation is like having a hose connected to the end of that spigot which allows the person who turned on the spigot to direct the flow of water where it is needed most. Insight without motivation can be overwhelming. Imagine learning an uncomfortable truth about yourself but having neither the energy nor the know-how to do something about it. Motivation is a driving force helping us use our newly gained insight and at times empowering us to dig even deeper and gain even more insight.

That brings up another point about the relationship between motivation and insight. Motivation facilitates the sense of discovery needed to gain insight. Today's world often keeps us so busy that



we often spend our lives skimming across the surface in life, like a water skier cutting speedily over a body of water. Motivation, however (particularly internal motivation) can cause one to be more like a scuba diver as opposed to a water skier. The scuba diver takes the time to go deep into the water to discover what is beneath the surface (therefore increasing insight.) The hope is that the motivated scuba diver, in his insightful search beneath the surface will find hidden treasures in among the many dangers lurking within the murky depths.

Therefore, the Escalator is based on this unique relationship between motivation and insight. The Escalator is not the first model for upward change and recovery based on motivation and insight. Nevertheless, the Escalator helps counselor's, family members and substance users to conceptualize a unique but honest path through the change process specific to where one is along the spectrum of both insight and motivation. The Escalator deals with and accepts what is realistic as opposed to what is ideal or out of reach. For example, based on a traditional 12 Step based model, it is easy to identify what the "ideal" is with regard to that type of recovery. Adhering to concepts such as "One Day at a Time", avoiding "People, Places, and Things", and "Meeting Makers Make it" for example are easily identifiable and proven effective aspects of an "ideal" path toward recovery or upward change. If one follows those and other similar time-tested and proven rules, they will be successful in recovery on a long term basis. Few would argue with that. However, as stated earlier, that is the *ideal*. What about the person who does not want to, or refuses to stop associating with negative people, places and things? What about the person who refuses to go to meetings? Is that person doomed to failure in his recovery if he does not follow the ideal course? Some recovery strategies would say yes, that person will fail. Some recovery and change strategies depend upon the clever work of a trained therapist facilitating the identified substance user to increase motivation for change and therefore move toward a more ideal recovery. There is truth and validity with regard to both of these viewpoints but the upward change process itself is not contingent upon absolutes based ideals or leaning upon the motivation-enhancing abilities of a trained therapist, at least not in the beginning.

The Escalator takes the concept of "person centered" to a new level by allowing individuals to focus on the "here and now" and the "real" as opposed using the ideal as the measuring stick for progress and development. For example, if someone was faced with the challenge of learning to play the piano you wouldn't base their progress by comparing them to Mozart or Beethoven. Rather, progress is based on each person's ability to play the few notes that they have learned to play, no matter how simple. What the Escalator offers is a set of unique strategies for helping a wide variety of people from the full array of levels of insight and motivation to begin their own individualized upward change process. This upward change process is based entirely on the viewpoint of the substance user and what they themselves determine to be realistic and achievable. The gold standard, so to speak is to enhance internal motivation and insight thereby allow each individual to engage in a meaningful change program based on relevant personal goals and values. We should never let go of ideals and they are important to strive toward however the gradual, individualized and personalized road toward those ideals is still a path worth traveling even if we never fully reach our idealistic goals.

When it comes to quitting bad habits, breaking addictions, and making changes, a significant amount of people are not motivated, especially internally. When it comes to writing books for the unmotivated, it is a losing proposition for the writer. Why? Because how many unmotivated people will take the time to read a book about change? If they were willing to read, then that would mean that they are at least somewhat motivated. Really when it comes down to it saying that you feel "sick and tired of being sick and tired" can be viewed as just another way of just saying "now I am motivated for change" Not everyone that needs help feels that way, especially early in the process.

3-Coexisting Issues (COI):



The subject of coexisting issues is essential to the upward change process and therefore cannot be understated or ignored. To think that one can help change a substance use/misuse situation in a vacuum without considering any underlying or co-occurring factors is completely unreasonable and irresponsible. Upward change involves not just the substance use but the whole person. Never before has this been so evident. The field of substance use treatment has come a long way with regard to the recognition and treatment of co-occurring and underlying issues with substance use but there is still a long way to go. The Escalator takes the issue of co-occurring disorders to the next level as the consideration of this topic is interwoven into the fabric of the matrix itself. Every strategy and activity presented in this method takes into consideration each person's broad array of issues both directly and indirectly related to substance use.

When considering these issues we will use the term Coexisting Issues (COI) as opposed to the more readily accepted Co-Occurring Disorders (COD). One reason for this is that limiting coexisting issues to just diagnosable "disorders" does not take into account the full range of life areas that come into play with regard to people's overall functioning. There are many prevalent issues and problems that people with substance use issues commonly face that can be classified as diagnosable "disorders" such as depression, anxiety, bipolar, PTSD, etc. Still, there are many other undiagnosable factors that directly or indirectly affect one's ability to make positive changes with their substance use issues that cannot themselves be characterized as "disorders". Therefore it is important not to limit our perspective to just the diagnosable disorders but rather expand our focus to include other relevant issues. Consider the following potential COI's that often need to be considered in addition to substance use alone:

Common Coexisting Issues:

Anxiety

Panic Attacks

Anger issues, Aggression, and Violence

Social Issues (Social anxiety, isolation, poor social skills, etc.)

Unemployment

Learning Disabilities

Depression

Poverty and Unemployment

Physical Pain and Medical Complications

Emotional Pain or Trauma

Abuse, Domestic Violence or Neglect

"Self-Medication" – This concept has become an overused and at times even an abused term. In this case, self-medication refers to people using drugs and alcohol in order to cope with discomfort or pain from another dysfunctional or problematic life area (most often a co-occurring mental health issue such as some of the examples listed above). Self-medication is very prevalent however it is important to avoid aimlessly throwing that term out there without proper self-clarification. All too often, people with substance use issues and co-occurring mental health related struggles are told by counselors and others that the reason that they use substances is because they are "self-medicating." Although it may be the case in many instances at times it can be counterproductive to get into the habit of simply labeling everyone who uses drugs or alcohol that has coexisting issues as



“self-medicating” That would be similar to labeling everyone who uses drugs problematically as an “addict”. More often than not if someone is not ready to hear and accept that they are an addict they will end up saying whatever they can to prove to the person who labeled them that the label is wrong. In the same vein, if someone is not ready to hear and accept that they are “self-medicating” then they will also likely become strongly invested in proving that this is not true, even when in fact self-medication really is occurring. What is important with a concept such as self-medication is that this concept needs to be based on self-exploration and insight building for the person using substances as opposed to merely just another label that overused by outside treatment professionals. In summary, self-medication is commonplace and needs to be recognized, however we need to avoid simply labeling anyone and everyone who uses drugs with coexisting issues as someone who is self-medicating. It is best that people, to whom this applies, come to this conclusion on their own through insight and motivation building. Therefore, in the spirit of avoiding unnecessary labeling in the Escalator, the relationship between substance use and coexisting issues will be discussed in detail, however the label of self-medication is not directly utilized on a frequent basis.

The Importance of an Integrated and Interactive Approach to Substance Use and Coexisting issues

The Escalator is specific to changing negative habits such as substance use or other harmful behaviors. However it is essential to consider the increasing presence of co-occurring mental health, emotional, and behavioral issues and stressors that go hand in hand with substance use/misuse. The Escalator emphasizes the importance of viewing substance use and COI's in a completely integrated fashion.

Therefore it can be said that substance use issues (SUI) and coexisting issues (COI):

SUI's and COI's are inter-related and not mutually exclusive. Substance use and coexisting issues such as depression, anxiety, trauma, etc., affect one another and therefore must be considered together concurrently. For example, someone may make progress with their substance use, however if their coexisting issues are ignored they often trigger a setback or relapse due to a lack of ability to cope with COI's. To be more specific, suppose someone with a substance use issue and co-occurring anxiety did nothing about their anxiety. Even after this person stops abusing substances, what is likely to happen if their anxiety flares up again and they have not learned any new skills to deal with it? There is a strong likelihood that person may go back to using substances to try to cope with their anxiety and the cycle starts all over again from the beginning. It is important for this person not only to learn how to stop using substances but also develop new healthy skills to deal with anxiety at the same time.

SUI's and COI's have a complex often indefinable relationship when it comes to both correlation and causation. They often exist in an individual's life at the same time however the way they affect one another can be completely different from person to person and from situation to situation. It is easier to recognize correlation by simply taking note of when two things occur at the same time, for example: “Johnny always seems to drink more and more when he is depressed”. In that example, the correlation is evident, however causation is much harder to define. Did the fact that Johnny felt depressed cause him to drink or is he feeling depressed because he feels bad about drinking or both? Scientists spend millions of dollars and millions of hours of research trying to prove that one thing caused another. Rather than invest enormous amounts of effort trying to understand which caused what, it is quicker and easier to simply look at substance use and coexisting issues simultaneously regardless of causation. Integrating the overall approach to substance use issues and



COI's is the best way to assure that both issues get better together, thereby breaking the endless cycle of setbacks and relapse due to untreated or ignored COI's

It is negligent for anyone working with substance users to ignore COI's in the same way that it is irresponsible and ineffective for a mental health specialist to avoid asking any questions about substance use. It sounds hard to believe in theory but counselors from both disciplines have been doing this for years. Those trained in mental health can let their focus be so much on mental health that they don't see the impact of substance use due to a failure to consider these issues. Conversely, the same applies to substance use counselors who ignore mental health issues simply believing that all emotional and behavioral issues someone might be experiencing are just a direct result of the use of substances. Again, the only solution is to both assess and treat substance use and mental health issue together at the same time, while always considering the interplay between these two areas throughout the upward change process.

Finally, COI's should not only be limited to just diagnosable mental health and substance use disorders. That is the reason for the term "coexisting issues" as opposed to the more commonly accepted Co-Occurring Disorders. It is important to recognize and diagnose mental health disorders as part of any integrated change process for substance use and coexisting issues. Still, it is important not to neglect considering other factors, issues, problems, etc. that are extremely relevant but may not be classifiable under a specific diagnosable disorder or syndrome. This could include coexisting issues such as family problems, health and medical problems, criminal behavior, unemployment or drug dealing as well as homelessness, for example

COI's, including those issues which are not just mental health in nature can both directly and indirectly effect one's overall progress because these issues effect motivation which is the driving force behind the upward change process. For example, when thinking of a COI such as legal issues, consider what can happen when a legal issue suddenly gets resolved. If the legal system was the primary motivation for a person seeking help then an occurrence like legal charges being dropped can be devastating to the upward change process by bringing it to a halt. Charges being dropped can result in a swift end to an externally motivated change attempt. The same goes for family and relationship issues which often cyclically change for the better or for the worse at various times in one's change process which also can have powerful influence on motivation.

Obviously, the same principles hold true with COI's that are more mental, emotional, or behavioral in nature. The interactive nature between substance use and these type of COI's needs to be continuously considered during the change process. Mood swings associated with Bipolar disorder, depressive episodes, periods of intensified anxiety, for example can wreak havoc on even the most solid change attempts. Someone with COI's can be doing everything right from a substance use perspective when all of a sudden, often for no apparent discernable reason, a troubling emotional or behavioral episode can easily sidetrack the upward change process. Therefore when coexisting issues include mental health, emotional and behavioral problems, these issues must not ever be ignored.

Therefore, whether the Escalator is being used by a substance using/abusing individual or a counselor or other helper, part of the daily progress "check in" should always include the consideration of COI's, and how they may be impacting the upward change process.



4-Meaning, Purpose and Belief

One of the most indispensable aspects of the 12 Steps is the “spiritual” component. To believe in something is a very powerful experience and many will attest to how their faith pulled them through many difficult struggles including the struggle with substance use issues. As reviewed earlier, one thing that has changed since the initial development of the 12 Steps years ago is a change in the way many people express their professed faith or personal beliefs. The Escalator takes into account a slightly different focus on both religion and “belief” as compared with traditional approaches.

To start with, there are people who claim that they do not practice any form of worship. In reality however, just about everyone worships something whether they realize it or not. To understand that better, consider the definition of the word worship:

Worship: adoring reverence or regard

Acts of worship are almost exclusively associated with religion, therefore many people who do not believe in a religion or who believe in one but still don't actively practice their faith will tell you that they do not formally participate in any form of worship. More often than not, that is really not the case. Interestingly many of these same people still do practice worship unknowingly. For example, by definition, people commonly have “adoring reverence or regard” for all sorts of things including:

- *Pleasurable experiences* – such as eating, drinking, using drugs, sex, etc.
- *Rewarding experiences* – Career/work goals, academics, sports, relationship or sexual “conquests”, making money (legal for some, illegal for others, any way they can get it for others)
- *People* – Relationship or sexual partners, sports figures, celebrities, those with a higher social or economic status

Those are just a few examples. Keep in mind, there is nothing wrong with having high regard for one's spouse, one's job, etc. The difference involved when it comes to something being considered “worship” is when one's adoration for the object of worship supersedes other important life areas or goals. An easy example to consider is drugs. Spend some time with a group of adolescents who smoke marijuana daily, for example. These adolescents will talk about marijuana constantly even “preaching” about its benefits and advantages. They will often draw pictures of marijuana symbols on any piece of paper they can get near. At times, their paraphernalia such as pipes and bongos almost become “sacred” when it comes to the way they care for them. They study about their weed, they praise it, and they love it. It's all strikingly similar to the way a zealous and enthusiastic religious person may choose to express their professed faith.

Therefore when thinking about the upward change process, it is important to consider this concept of worship and the greater overall concept of “belief”. What seems to be innate in humans, regardless of culture, background, economic status, place or origin, etc., is the inborn need for meaning in life. It would be a challenge to find a person who is truly happy who also perceives their own life as meaningless. In the same way, someone who is participating in true upward change and personal development is either finding new meaning to their life that was not there or they are redefining for themselves what will add meaning to their lives. The search for meaning is in fact a conquest of purpose.

When someone is using drugs or alcohol in an abusive or addictive way, the substance usually becomes a central aspect of the person's life. Regardless of patterns of use, when misused, substances can become a predominant life focus. It is therefore important to understand how difficult it can be to let go of such a pivotal aspect of one's life when faced with the prospect of needing to change. Consider a really good illustration I once heard: If someone were holding on to a piece of



driftwood for survival in rough open seas, would a rescuer ask the person to simply let go of the driftwood with the promise of rescuing them? How inclined would the person be to let go of the driftwood in rough waters? Even though it is just a piece of wood, the person being tossed about in the sea would be clutching that piece of wood with all of their strength and focus. Instead of just asking the person to let go of the driftwood, the rescuer would first throw the person an alternate lifeline within their reach. Only then would the stranded person have the courage to let go of the driftwood they were clinging too and then grab the life line offered to them.

This illustration holds true for the upward change process. When someone is holding on to a substance, or a lifestyle or a behavior or anything that they feel is helping them “stay afloat” so to speak, it is unrealistic to expect them to simply let go. When a substance has that much importance in someone’s life it may feel to them like that piece of driftwood in the illustration, which the drowning person needs to hold on to in order to keep from going under. Therefore, in order to successfully let go, people need to see an alternate lifeline within their reach in order to have the strength and courage to let go. That lifeline has to include the prospect of a hope for a life better than life using substances. Only then will someone be willing to let go of their substance and reach out for something greater. That in essence is what this essential concept is all about in the most basic terms when it comes to the upward change process. One of the most important factors common to a success is a person’s ability to find that alternate “lifeline” to reach out for so they can release the lifestyle they may be holding on too and move forward without fear.

An effective lifeline must hold the future hope or promise of some kind of meaning for it to work. Upward change and inspired progress need to have meaning in order to last. This search for meaning is critical and necessary for true healing and it is the fuel for the internal, deep seeded motivation needed to stay on the path of upward change through the many challenges along the way. This is one of the greatest reasons for the effectiveness of 12 Step programs, yet it is one of the most commonly cited reasons by those who do not succeed in 12 Step programs. The concept of a “Higher Power” can be very empowering for those who grasp the concept, believe the concept and put faith in it (depending upon what there higher power is – See the Box “*The God of Our Understanding*”). To anyone who believes in a higher power, that higher power has to be real to them as opposed to some thinking in terms of an imaginary fairy tale or legend. Those who believe in a higher power put faith and trust in their higher power and form a relationship with that higher power. So by contrast, those who do not believe in something are at a distinct disadvantage in the 12 Step program. There are stories about those who succeeded in 12 Step programs that did not believe in God yet they still established a good 12 Step recovery. There are those who have cleverly found a way to use the fellowship and support of the 12 Step programs, combined with the abundance of excellent wisdom and direction found in the rooms and in the AA big book to get by. That may be the exception as opposed to the norm however, as there are those who have dropped out of 12 Step programs because they were unable or unwilling to believe in or put faith in a power greater than themselves. Even though many people testify that the 12 Steps still work when you do not believe in a higher power, (which may be true for many people), the steps were definitely designed with belief as opposed to disbelief in mind.

The 12 Steps themselves directly include belief in a higher power on some level as an essential and early part of the process as it is laid out right in Step 2:

Step 2: Came to believe that a Power greater than ourselves could restore us to sanity – (Alcoholics Anonymous)

Contrary to what is outlined in Step 2 of the 12 Steps, the search for meaning needs to be available to both those who do and those who do not believe in a higher power. Further, the search for meaning has to be available to all who want or need to change regardless of individual belief (or lack of belief).



For years, the 12 Steps has been the primary path to recovery and although this path has worked extremely well for many, others are lost who would not or could not buy into 12 Step philosophy. The Escalator is based on the premise that all those engaging in the process of recovery or upward change can find meaning in their lives as a critical part of that process regardless of their personal belief system. The Escalator therefore broadens the most basic understanding of the concept of “belief” to include any search for meaning in one’s life no matter how simple.

An excellent parallel in understanding the way belief is viewed in the Escalator is to make a comparison with the way the Escalator considers abstinence. Remember, within the Escalator, abstinence is the ideal. People who are using the Escalator who are ready to make a commitment to abstinence from the onset are almost always going to be at an advantage over those who still want to continue using substances in some way. That would be true in any substance use change method. Setting a personal goal to work toward abstinence is often the most direct and effective path toward progress and success. The Escalator philosophy is focused toward always being person-centered and individually driven, while remaining both accepting and inclusive for the widest possible array of people and their personal views and experiences. The Escalator is therefore designed to start where people are at and work forward and upward from there, regardless of where the starting point may be. As a result, those who choose not to work toward abstinence are not excluded or discouraged from using the Escalator in any way, rather they are just coming from a different place than those who accept abstinence.

Similarly, when it comes to these concepts within the Escalator, belief in God is the ideal, the same way abstinence is the ideal. Those who firmly believe in God, like abstinence, have an advantage in this area as they have an established belief system that can be used and relied upon for strength in the upward change process as well as a source for direction in the search for meaning. Nevertheless, just like with abstinence, the person centered nature of the Escalator is accepting and inclusive when it comes to people who are unsure what they believe in or do not believe in anything at all. Therefore, a specific belief system is not a requirement rather all that is needed is a willingness to increase some sense meaning in one’s life no matter how small that may be at first. The goal of the Escalator is always to work toward inspiration and progress regardless of where one chooses to start. In summary, the Escalator embraces ideals but at the same time casts a wider “net” of acceptance of where people are at personally in their views and moves forward and upward from there according to each individual’s own pace and circumstances.

Understanding the Search for Meaning

With regard to the power of obtaining a sense of meaning, consider the case of pregnant women, for example. It is remarkable how many pregnant women are able to abstain from substances while pregnant. (Even though a portion do not stop using, statistically when a woman finds out she is pregnant, the likelihood she will abstain from substance is significantly increased when compared to women who are not pregnant) Why the increased rates of abstinence among many pregnant women? There are many factors that may come into play including the social pressure and guilt of possibly hurting the unborn child by using substances. Still, the impact of the addition of *meaning* that comes along with being pregnant cannot be ignored. All of a sudden, when a child is growing inside a woman, the sense of self-importance she may feel about herself for those nine months can be increased because the woman is no longer just living for themselves but also for the baby inside of them (assuming of course they have decided to have the baby and not terminate the pregnancy). The actual presence of a new life inside of a pregnant woman can be in itself a highly meaningful experience for the mother in many cases. The deeper “spiritual” experience of motherhood and sense



of hope and connection with this unborn child and all its potential can be a powerful motivator for recovery and upward change during the pregnancy period.

To simplify this even further with another last example, consider the example of a young, drug abusing teen who suddenly gets involved with a new meaningful activity (such as surfing or sports or a job) that he values and that eventually takes the place of getting high. That new activity has added meaning to this person's life and therefore is an essential piece of the upward change process. (Provided of course that the activity is meaningful and has value to the individual). It can also be that simple when it comes to the impact that meaning can have on the change process. People need meaning in their lives in order to successfully make and sustain upward change. That search for meaning is a the heart of this key aspect of the upward change process, so any search for meaning, no matter how basic or simple is embraced by the Escalator as helpful and relevant.

5 - Values:

Another critical aspect of the upward process that is extremely relevant to all people is the concept of Values. Values, by definition is:

Value: A principle, standard, or quality considered worthwhile or desirable

More simply stated, our values are what is *important* to us as individuals. There are several classifications of the things we value most, including:

- *Things* – such as money, our homes, our cars, our phones, etc.
- *People/Living Things* – For example, friends, family, loved ones, children, animals, pets, plants
- *Qualities* – (In ourselves, others or both) such as loyalty, honesty, trust, friendship, integrity, humor, influence, health, intelligence, wisdom,
- *Concepts, feelings or ideas* – Such as love, freedom, happiness, creativity, education, peace, safety
- *Beliefs* – God/religion, politics, “causes” such as human rights, animal rights, our planet earth and its related issues/concerns

Obviously, certain areas listed above are directly related to one another and directly affect one another. For example, our value of friends, for example, may be directly influenced by our values of loyalty, trust and other qualities found in the friends we choose. When it comes to values, there can be a lot of overlap as our values influence such the full spectrum of who we are, what we think and how we behave.

What matters most is recognizing the importance of our values in both the processes involved with developing a substance use problem as well as the key role values play in changing and overcoming a substance use issue. We all have priorities, which really just is a matter of putting our values in a pecking order of importance. Someone may value their children over all other things so they would not mind making less money (another value) in order to be able to spend more time with their children. Another example would be the person who falls madly in love and puts his (or her) newfound love interest's needs ahead of all other values including their own; (which may sound romantic but often may have long term drastic consequences if not well thought out). By the same notion, substance use issues really result from the process in which the “high” associated with that substance (in addition to the lifestyle for many) gets too high of a position on a person's value priority list.



Let's take a look at alcohol to illustrate this point. Alcohol is legal and when used in moderation for the vast majority of society is not a problem. But for some, alcohol and the feeling it brings moves its way upward on some people's value priority list. A good example would be the kid away at college whose grades start to slip because of all the partying and heavy drinking. For that person, knowingly or unknowingly alcohol and the associated lifestyle (in this case "partying") supersedes the importance of things like education, career goals, etc., indicating the presence of a potential problem (dependent especially upon how far it goes). Some people may see their grades drop and ease up on or even stop the drinking in order to study more and get the grades back up. Other individuals may by choice or by sheer compulsion, keep on partying their way right out of school. The strength of one's values and priorities can play a key role with regard to how these types of situations turn out.

Some may argue that a true "addict" has no control and the substance takes over at some point and soon will overtake all of someone's values and become a person's number one concern as long as they are using. This is most definitely true for some, as there are many daily crack users, heroin addicts, prescription drug addicts, alcoholics, whose desire to get high or intoxicated becomes the entire focus of their life. However, the concept of substance use issues as a whole cannot be viewed in such simplistic terms. There are millions of problem users who will never get to that level no matter how long they drink or use. Although "addiction" is definitely a progressive situation when untreated, that rate of progression is not the same for all and can be gradual with intermittent periods of relative improvement. What is important to remember is that whether someone is a daily fall down drunk or a two day a month binge user or a just an early stage experimenter, one's values and how they end up getting prioritized is an excellent way to begin to understand the very nature of substance use issues and addiction.

If substance use issues can be viewed in terms of the priority of one's values then really our conceptualization of the upward change process needs to involve a re-prioritization of one's values. For example, if someone's drug use either indirectly or directly hurt their relationship with family (as it often does) then increasing one's value of family may be an important aspect of that person's upward change process. The point is that the upward change process involves an ongoing redefinition of one's values. This process of redefining and re-prioritizing values is directly tied to the concept of finding meaning in one's life. If we don't value something then it's not meaningful to us and the reverse is true, if something is not meaningful to us, we do not value it. Imagine that someone gives you a free plane trip to anywhere in the world. If you love to travel and have no limitations on money then this may be something extremely valuable and meaningful. Suppose you were afraid to fly and you did not like travel or couldn't afford it, then this seemingly valuable gift would have little value to you personally. Whether you are someone working on substance use issues reading this, or a family member or a counselor or other helper, remember that this process of understanding and prioritizing what we value will be like the backbone of the upward change process and as a result the concept of values is an integral part of the Escalator.

6 - Addiction as an "Incurable" and "Fatal" Disease:

Are there people with substance use issues who can never ever use again without consequences? The answer is undoubtedly yes. There are definitely those who, for example could go twenty years completely sober then try to have one drink and soon find themselves exactly where they were twenty years earlier in the depths of alcoholism. There are millions who have this "allergy" to substances and they simply cannot and will not be able to successfully use again no matter how bad they want to, or try to set limits. It is necessary to pose a follow up question: Is this the case with *everyone* who has a substance use issue? The answer is no. Although the a large portion of people who get help for substance use issues find that abstinence is the only answer as they simply will never be able to



control their use again, there are still others who break the mold. For example, think of how many youths “age out” of alcoholic patterns simply through the process of maturation. There are many who in college, if assessed would meet the criteria for alcohol or drug dependence who if studied later when married, working, or after having children (for example) no longer demonstrate abusive or problematic patterns of use, without ever attending treatment or 12 Step programs. It is important to be careful with this idea because it is the fantasy of many people who in reality can never drink or use again without losing control, to want to believe that they are those who may be able to one day use again in a controlled manner. Still, just because many people with serious substance use issues may eventually have to accept an abstinent lifestyle as the only way to get better, it is not fair to discount those other individuals who through mere chance are exceptions to the rule in that they one day simply “outgrow” problematic substance use issues.

It is important to avoid sticking only with absolutes in this process by making generalizations about the fate of every person who uses substances. In the true spirit of the 12 Steps what matters most is that a person makes the decision not to use “just for today” or “one day at a time”. However, it is not necessary for someone to accept the fact that they can never drink or use again (even if in their case it is true.) The “here and now” is what matters most, especially early on in the process. Consider the following scenario:

DAILY DRUG USING TEENAGER – “I am on probation now and I do not want to get locked up so I am going to stop using drugs but I assure you that the minute I am off of probation in 6 months I am going to go right back to getting high whenever I feel like it

COUNSELOR – “You are only going to learn the same lessons again once you go back to using as you will most definitely end up arrested again and right back where you started.”

TEENAGER – “No I won’t, this time I will be smarter and I will only use at home and I won’t buy drugs on the streets any more and I won’t let myself get into trouble again. I’ll show you!”

COUNSELOR – “In this program you will receive education about how addiction is a disease and that if you continue thinking like that you are one day going to regret it”

TEENAGER – “Whatever, who cares!”

The above exchange only served to strengthen the teenagers resolve that he or she does not have to stop using in the future and the relationship with the counselor is already off to a rough start. Now consider an alternate counselor response to the same scenario:

DAILY DRUG USING TEENAGER – “I am on probation now and I do not want to get locked up so I am going to stop using drugs but I assure you that the minute I am off of probation in 6 months I am going to go right back to getting high whenever I feel like it

COUNSELOR – “Thanks for being honest, I respect that, but for now you are willing to stop and that is good enough for me, lets work on that so you don’t get locked up again this time while you are on probation”

TEENAGER “OK”

The strategy here is that the counselor is aligning with the drug user as opposed to getting into a useless argument about something that is not even going to happen for six months. There is enough of a challenge to get through today without arguing about a situation that at this point is completely hypothetical. It is not productive to argue about the hypothetical or the future. Both for the person and especially for counselors, family members and other helpers, arguments about hypothetical future situations can be akin to banging one’s head against a wall. Trying to convince someone of something what is theoretically going to happen in the future can be a challenge to say the least for those on both sides of the discussion. Not to say that it isn’t effective to help someone to learn about



potential long term consequences of their decisions because that is extremely important. Still, a bird in the hand is worth two in the bush, as the saying goes. A promise of cooperation today is worth more than 1000 promises for the future. The long term hope is that by embracing one's willingness today, over time (with help) insight and internal motivation to hopefully continue to make the right choices will be developed based on the benefits one starts to experience by not using for today. By accepting even reluctant abstinence for today, then all involved are at least buying time to help learn about the benefits of upward change and inspired progress over time.

The main idea is that for those who are trying to help others who are misusing, abusing or addicted to substances it is often necessary to start small and move forward. In traditional 12 Step based programs, many people who are not mandated to stay in treatment often leave early on in the program because of the difficulty with having to grapple with the fact that they have an "incurable" disease and their lives will never be the same again. It is far more effective to deal with the here and now and take incremental small steps forward without asking people to make huge assumptions about themselves. This way, fewer people are lost along the way by being overwhelmed. This idea is in agreement with the harm reduction perspective which accepts incremental change as progress by allowing people to take "baby steps"

In addition, the idea of telling everyone who seems to have a substance use problem that their condition is fatal can do more harm than good. Imagine if a doctor told all of his or her patients that manifested some symptoms of a disease that their prognosis was fatal if they did not get the right treatment. That may sound preposterous however; many in the substance use field, especially in Disease-model based programs do just that by educating everyone who shows some signs of the "disease" of addiction that their condition will one day be fatal if they don't get help. Not many marijuana smoking young people are willing to swallow that line no matter how the counselor or program delivers it, for example. The fact is that substance use issues, like other diseases have the potential to progress to the point where the outcome is fatal but that is not a given or an absolute with any disease. What is more important is for those with substance use issues to focus on the constructive perspective that people can be healthier and people's lives can be better with positive lifestyle changes and increased motivation and insight. Any change for the better that someone is willing to make is a step in the right direction. Being scared straight by avoiding a supposed "fatal" disorder is not necessary for progress.

When looking at change, drastic change makes for good stories, headlines, and legends but in reality drastic change is the often exception rather than the norm. We have all heard the story of the person who had some kind of "awakening" which changed them forever. That does happen and it is wonderful that it does. Still, for every one of those stories these days there are the dozens, hundreds even thousands of less glamorized stories of people who had to go to multiple treatment centers, experience numerous consequences and setbacks before they finally "get it" and they make the changes needed in their lives. The Escalator is designed for the needs of the people who recover gradually based on their own experiences and unique circumstances.

If you are a person reading this who has never had a compulsion or addictive issue, it is helpful to think about something you have changed about yourself in your lifetime. Likely whatever that change was, it was the direct result of some kind of gradual process that occurred as you learned, grew and matured. It is possible multiple experiences, people and events shaped your change process like a ball of clay is slowly molded into a vase on a potter's wheel. That is what the upward change process is all about.



The Relationship Analogy

As you can likely tell by now, a good analogy or illustration is valued in the Escalator. Analogies and illustrations are excellent teaching tools as they help a wide range of people conceptualize and understand often otherwise difficult to understand concepts and ideas. Before we get started, let us review one more great analogy that almost everyone can understand: The relationship analogy:

Comparing a substance use issue with a bad relationship really helps both substance users and those who know them to get a good grasp on what it is like to be dependent upon a substance and to be unable to break free even when it is obvious that a change is needed. Most people have been in a bad relationship or know someone who has been in one so it is really a global analogy that people from just about any background can identify with on some level.

Why do people stay in bad relationships? For one thing, most bad relationships don't usually start bad (although for some unfortunate people their relationship starts out bad and only gets worse) Normally, the reason a relationship is formed is because it's fun at first. Then, in a bad relationship, things gradually or in some cases suddenly take a turn for the worse. Some people see the signs of trouble and get out quickly but many others stay in the relationship despite the signs that things aren't going so well. Perhaps the good outweighs the bad for a while or at least that may seem to be the case. A lot of people stay in bad relationships simply based on the fact that the good times are really good and they can tolerate some stress and problems in order to continue to maintain that good chemistry that exists and draws someone to another person, even if that other person starts to seem like maybe they aren't so good for them. Their remains for some, that ever-present hope that things will get better and go back to the way things were at the beginning during that lovely "honeymoon" phase early on in the relationship. That's the time when everything was fun, exciting, new and easy. If only that could last!

At their worst, relationships for some can become hurtful. Someone's once supportive, kind, loving partner may start becoming not so kind, supportive and loving any more. In serious cases, relationships can become abusive. Yet still, some people stay in the relationship, holding on to those memories of better times and hoping things will get better or go back to the good times. It is not uncommon for an individual who remains in an abusive relationship to recall how loving and wonderful their partner is during those times when they are not being abusive. For others, they may get repeatedly cheated on yet they still stay in the relationship with the hope that the person who they are with will one day see the light and then decide to commit. They too focus on the good points for staying together despite the infidelity. Most people reading this are probably saying "no way, not me – I would be out of there" which is true – most people at some point or another see the signs and have the sense to get out of a bad relationship before it gets too far. Nevertheless, it is the people who do not get out of bad relationships who are the ones we want to look at in order to understand substance use. Those who stay and make excuses despite being in a bad relationship are the ones represented in this illustration.

Now compare a "bad relationship" situation as outlined above with substance use issues. There often is a direct parallel. At first, a person may start using substances and getting high and it feels great and it's a lot of fun. The user feels good with their substance, has rewarding and exciting times, and it's relaxing fun and easy – much like a new relationship. Gradually or on occasion things may eventually start to go wrong. Getting high is still fun most of the time but now there are occasions when use of this substance starts causing problems in other life areas. Those problems may be hangovers, lateness to work, complaints from family, legal situations, etc. The good times may still be just too good to stop getting high and despite these problems, the person stays in the substance using "relationship" with the ever-present hope that everything will get better. For some, their substance use starts to demand a steady increase in their investment of time and money. The



substance can eventually become “abusive” in that periodically in between periods of good times associated with the ‘high” there start to be regular consequences, thereby harming that person’s progress in life. Yet still the person stays in the “relationship” under the guise of the fantasy that the “abuse” (in the form of repeated consequences) will stop and they can just go back to being happy with their substances of choice (using socially without consequences). Friends and family may start pointing out that maybe it’s time to end the relationship with the substance but it feels to the person like no one else understands the good times like they do. Finally, over time for some that substance starts taking more and more advantage of them leaving the person with less and less. Some people keep going back after “breakups” (in this case periods of abstinence) when after a while things seem better again. However, not too much later after getting back together (using again) the problems come back.

Obviously the above is an over the top dramatization but the point is clear. The relationship analogy is effective and makes sense and it is real. The relationship analogy can be an effective way to understand the nature of substance use issues and why many people continue to use substances even in spite of repeated consequences. At this point we are ready to begin entering the actual Escalator starting with the “first floor” in the next chapter.

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