



Chapter 1 - Taking Another Look at Addiction, Recovery and Sobriety



[Click here to view the CHAPTER 1 Video Summary before starting](#)

The 12 Steps have been the ideal when it comes to recovery from substance abuse issues and addiction for a long time. More lives have been saved by the 12 Steps than can be counted. Unfortunately, however, for many individuals faced with a situation where they must look at their own substance use issues, striving for the ideal recovery may be out of reach for a variety of reasons. For example, many people simply may not feel like their personal situation or circumstances coincide with some of the more traditional views on recovery and self-improvement. Other people may hear of some of the expectations involved with traditional recovery models and consider these goals to be unrealistic, unreasonable or out of reach. Still others have tried some traditional self-help or recovery programs and just never really felt able to fit in for whatever reason. The method expressed in this book is focused on taking a more realistic and inclusive perspective on healing, changing, and developing in a positive direction with regard to overcoming substance use issues that is both individualized and flexible. This method is in part designed for the growing number of individuals who are not yet ready or able to strive for the ideal recovery as outlined in the 12 Steps. It also can be used as a supplemental method for those who feel that the 12 Steps alone have not been enough for them. The process outlined in this book is called the *Escalator*. This new perspective behind the Escalator can be best explained by first expanding upon the way we look at addiction, recovery and sobriety. In order to better explain how this new method works, a great place to start is to actually look at some of the key terms often used in the world of substance abuse, addiction and recovery.

Redefining the Problem - A Different Look at Alcoholism, Addiction and Dependency

Alcoholism, addiction, and dependency are widely accepted terms. These concepts are very real and there are millions of stories of alcoholism, addiction and dependency that prove that these issues exist on a large scale in today's world. There are many ways to try to define addiction but they all mean just about the same thing. One way addiction has been defined is:

***addiction** - habitual psychological and physiological dependence on a substance or practice beyond ones voluntary control

Addiction is based on a form of dependence, and as a result, the two words: addiction and dependence have become synonymous ** It is well documented that addiction is growing problem over the years affecting the lives of millions. With that said, however, is addiction the best way to truly define this problem? Let's start by examining the commonly accepted: Disease Model of Addiction:

*All words and phrases in this book where definition is provided was taken completely or in part from the online dictionary: www.dictionaryreference.com

**Since the terms addiction and dependence mean essentially the same thing these two terms are often used interchangeably. Alcoholism on the other hand is essentially just an addiction to or dependence on alcohol. Therefore going forward, we will just refer to addiction to cover all three similar terms.

Addiction as a Disease:

The disease model of addiction has a lot of really strong points. However, the Escalator views addiction slightly differently than the traditional disease model. When one is taught the disease model of addiction, one of the most powerful illustrations is the comparison of addiction to a widely accepted disease like cancer. Both addiction and cancer are viewed as having the following "disease" qualities:



Both Addiction and Cancer:

- > Have Diagnosable Symptoms
- > Are Progressive if not treated
- > Are Chronic (long lasting)
- > Are influenced by Genetic Predisposition
- > Recovery is a process requiring lifestyle change
- > Relapse can be a major factor

Another disease that addiction is often compared to is diabetes based on the same principles. Although there is a lot of overlap, the comparison of addiction to diseases like cancer and diabetes is far too limited. These comparisons disregard a large portion of people who abuse substances. A much better disease to contrast with addiction is to compare substance abuse instead with the common cold. A “cold” can mean a lot of things across a wide spectrum. A cold can range from the “sniffles” all the way to a severe case of pneumonia and everything in between. Substance abuse problems are just as varied; from the weekly drug experimenter whose parents are complaining to the daily 20 time a day emaciated, disease infected, homeless intravenous speedball addict. The field of substance abuse has been oriented toward the very “sick” for far too long. It is crucial to consider this broader spectrum in order to fully understand the nature of substance abuse and the people affected by it. Gearing treatment toward only the most severe (in this case those who may be considered “addicted”) neglects the much larger population of those who are in earlier stages across the spectrum or who have only some of the qualities of the disease but not others. In addition, diseases, like substance abuse or dependence tend to be progressive in nature but not everyone progresses in the same way or to the same level. Just like it wouldn’t make sense to imply that everyone who has a cold will absolutely one day develop pneumonia, it is just as restrictive to assume that everyone who has signs of an early stage substance abuse problem will one day be a raging, out of control, drug addict. That is simply not the case. Furthermore, just like with other medical conditions, a person may never manifest all of the symptoms of a disease yet they still may benefit from some form of recovery program. What makes a lot more sense is to provide the necessary treatment for people at the level where they enter treatment, based solely on their individual needs. That is what the Escalator is all about.

Along the same line of reasoning, it is important to be careful with labels. Labels in themselves are not wrong or harmful. Labels can help someone gain insight and understanding into the nature of a substance abuse problem. The one rule often ignored with labels is that they must be accepted by the person being labeled. For example, calling someone an “alcoholic” who does not believe that they are an alcoholic will almost always have the reverse reaction as opposed to getting that person to believe they are an alcoholic. If you give someone a label that they do not personally believe often they will become invested in proving how that label does not apply to them rather than accepting it. However, if someone has come to the conclusion on their own that they want to identify themselves an “alcoholic” or an “addict” that should not be discouraged – once again, provided that the individual has personally accepted the label as true in their personal case. By the same token, it is not *necessary* for someone to label themselves in order to get better. One does not have to call themselves and “addict” or an “alcoholic” in order to get better. Recognizing, understanding and gaining insight into one’s behavior and accepting that there is some degree of a problem that needs changing is enough, regardless of what one may try to call it or label it.



Most counselors can speak about the experience of working with individuals who actually want to engage in a discussion about whether or not that individual is or is not in fact, an “addict”. These same individuals in treatment can become preoccupied with repeatedly asking their counselor, “Do you think that I am an addict?” Without even answering, in some cases it may be glaringly obvious (like for example, the daily fall-down, blackout drinker or the several hundred dollar-a-day crack user or the guy who has been arrested a dozen times for substance abuse related crimes). But in the vast majority of cases in the real world of substance abuse it is not so obvious when we consider the whole spectrum of substance use issues. More importantly, if someone is able to gain *insight* enough to recognize that right now in their life their substance use is a problem, and then they are able to develop some *motivation* to do something about it, then that is more than enough for the process of getting better to move in a positive direction. The more idealistic hope that people need to accept that they are an addict or alcoholic is in actuality not a requirement for self-improvement. Therefore, the discussion of labels is often irrelevant and unnecessary and in many cases can even be a distraction as opposed to being helpful.

Hence, the point is not to undermine the relevance of the concept of addiction or dismiss those who wish to identify themselves as “addicts” or “addicted” because they themselves have come to that conclusion. The Escalator however seeks to include the full range of individuals who are facing the prospect of either wanting to or needing to change their patterns of substance use or other similar behaviors for whatever reason. There are many people who are thinking about change and there are others who are being required to change yet neither may be ready to consider that they have an addiction and they may never be ready to accept that label. The Escalator uses the broader, much more wide-ranging concept of *Substance Use Issues** for the sake of including people who are considering or attempting change across the entire spectrum. The term substance use issues is not only significantly more expansive and inclusive than other commonly accepted terms or labels, but it is also much less threatening, which is aligned with the overall philosophy of the Escalator as we will discuss later.

It is important to note that the Escalator is primarily focused on substance use however, any difficult to stop, compulsive habit can be interchanged with substance use issues. For example, the Escalator and its principles and concepts for self-improvement are designed to be helpful for gambling issues, smoking, overeating, and any other problematic behaviors that are difficult to manage along with any co-occurring mental health issues as well.

*SUD’s – The use of the term Substance Use Disorders (SUD’s) is also accepted and in use in literature. The Escalator refrains from over-using the term “disorder” which, like the word addiction, can apply in many cases but also can be a very difficult to accept label for others. In addition, the term substance *abuse* is still used at times in the Escalator not referring to any specific diagnostic criteria, but rather referring to any pattern of problematic substance use in a general sense in which some kind of change or help may be needed.

Renaming the Process – Taking another Look at Recovery

Recover –

1. to get back or regain (something lost or taken away)
2. to regain health after being sick, wounded, or the like: to recover from an illness.
3. to regain a former and better state or condition

The concept of “recovery” makes a lot of sense when considering a traditional view of substance abuse and addiction. In the case where someone is doing well in life then a substance abuse problem comes along and takes everything away, then it only makes sense that “recovery” is the process by



which that person heals, gets better and then regains back all that they lost. There will always be stories of substance abuse and addiction that fit this example of recovery in some way. So the actual use of the term “recovery” is quite fitting and appropriate when viewing substance abuse and addiction in this manner.

However, more and more people who use substances in a problematic way are starting younger. In the case where someone begins using substances in adolescence and in some cases even in childhood, there is no original “former and better state or condition” to return to once the drugs are removed. In other words, many individuals start using drugs and alcohol so early in life that they never had a truly developed a state or level of functioning that they could “recover” to. For example, when looking at someone with substance use issues who has been using regularly since age 12 or 13, what former state of improved functioning would they in fact be “recovering” once they stopped using? One cannot recover what they never really had. Therefore, by definition, in many cases recovery is not possible because of the fact that there is nothing to really recover or get back.

In the spirit of the Escalator, the desired goal is to use terminology that includes a wider range of people. There are those to whom the concept of “recovery” directly applies but it does not make sense to exclusively refer to this process of getting better only as “recovery” due to the existence of many individuals to whom “recovery” does not apply. The Escalator therefore defines the process by which someone gets better, improves, and develops healthy skills for managing their issues as *The Upward Change Process*

In sticking with the analogy of an escalator, moving us “upward” is what an escalator is often designed to do. Consider the definition of “Upward” -

Upward - adverb

1. toward a higher place or position
2. toward a higher or more distinguished condition, rank, level, etc.

Moving upward is a gradual, steady process of getting better, improving and developing. Escalating and moving upward is all about “taking it to the next level” so to speak; whatever that next level may be, as long as it is a notch above where you once were. Whether or not someone is trying to recover what they once lost, or they may be moving upward for the first time, the *Upward Change Process* is the journey toward self-improvement and self-development that the Escalator is founded upon.

Renaming the Goal

The ideal goal of the process of recovery is *sobriety*. Sobriety basically consists of two main aspects; *change + abstinence*. The *change* part of this equation is an absolute requirement when it comes to the process of getting better from any substance use issue. It is unreasonable to expect a behavioral issue to improve without some degree of change. Until that day when (and if) someone ever invents a pill or an operation that somehow “removes” substance use issues without change, then change will always still be needed in order to get better. In the meantime, while awaiting the miracle cure, we need to focus on how we can change and make adjustments in our lives in order to break negative patterns related to substance use issues. Taking an even broader view we see that life itself is a process of ongoing change as we gain experience, mature, learn and grow, and as our circumstances shift for the better or at times for the worse. We change with time whether or not we even want too. So if change is to some degree inevitable, we might as well focus on *changing for the better* which is what the Escalator is all about.



Getting back the concept of sobriety, however, the second key aspect of sobriety is *abstinence*. Let's take a look at abstinence:

Abstinence

1. forbearance from any indulgence of appetite, especially from the use of alcoholic beverages
2. any self-restraint, self-denial, or forbearance.
3. the state of being without a drug, as alcohol or heroin, on [which](#) one is dependent.

Simply put, when it comes to substance use issues, abstinence is an absence of any substance use at all. When someone is abstinent, they are not using. So, by extension, someone who is not abstinent cannot be sober either. This leads to the following question which has been an area of debate for quite some time:

Does there need to be abstinence for there to be success, when it comes to substance use issues?

Another way to look at this same question when examining the goals of the process of getting better is:

Is abstinence a requirement for success?

The next section searches into this sometimes controversial topic

Answering the Questions about Abstinence -

Many past programs that teach “controlled use” of substances have failed. When it comes to abstinence and substance abuse, there are some undeniable facts:

Abstinence is the ideal. Just like abstinence with regard to sex is the surest way to avoid consequences associated with sex such as diseases, unwanted pregnancy, etc., complete abstinence from substances is the surest way to avoid substance abuse related consequences such as legal problems, family problems, etc. Abstinence is indeed a good thing and quite often it is the least complicated road to take.

Controlled use is impossible for some individuals: There are those people out there who most definitely fit the traditional “disease” model who no matter how hard they try will never be able to “use successfully” (or in other words, use without eventual consequences) When it comes to more serious substance abuse issues, this group is the majority. So for some, abstinence is not a choice, it is an absolute necessity.

There are and always will be exceptions to the rule – We will get into this area later however, when it comes to people and substance use, there are those who we just mentioned who through no fault of their own will repeatedly fail if they try to control their use. There are others however, who still can exhibit a degree of progress with reduced substance use without abstinence at least for a time period if not longer. The biggest mistake people most often make is that they often want to be the exception to the rule when it may not be a choice. What is most important is that people learn to embrace change with an open mind and also develop the insight needed to make the proper decision about abstinence in their particular case. As stated earlier, it is more often than not the best decision but it is not the only one, at least in the beginning.

It cannot be ignored, however that there are millions of people who need help but are unwilling to try or stick with abstinence – This issue has been a thorn in the side of the substance abuse treatment and 12 Step communities for years. I remember being at a meeting of supervisors of treatment programs in my area and one program manager said “At my program, the policy is: Two positive urines and you are discharged!” I remember questioning myself quietly how someone could put an



arbitrary number on something as complicated as relapse when substance use issues and recovery issues vary such a great deal from person to person. Should someone who uses heroin be treated exactly the same as someone who smokes marijuana? “A drug is a drug” is what some may say but in reality, there is definitely greater harm associated with some drug behaviors than with others and that fact cannot and should not be ignored. For example, it is unreasonable to compare someone who relapsed by using heroin and someone who relapsed using marijuana as equal situations. One drug is clearly much more harmful than the other. These situations are not as easy as setting basic, “one size fits all” limits on people. Individuals need to be looked at and treated on a case-by-case basis because circumstances are often so different from person to person. That leads directly back to the subject of how to look at abstinence. A good question is; “What should be done about people who are not ready or not willing to try abstinence (even if it is what they need)? Another way to examine the same question is to ask: Do people who cannot or will not abstain from using drugs and alcohol need treatment even more than those who are sober? The answer is most assuredly YES. Treatment is for the sick, not the well.

Interestingly, there is a commonly accepted contradiction when it comes to abstinence when viewing addiction as a disease. With most diseases a partial recovery is considered to be progress and therefore even partial recovery is embraced by treatment providers in a positive manner. For example, suppose a 400 pound obese man had diabetes and was receiving treatment for heart disease. Suppose that over the course of the next year, he lost 50 pounds and lowered his cholesterol 25%. Even if the now 350 pound man is still considered morbidly obese with a cholesterol level twice the acceptable limit, his doctor and family likely would still embrace his progress in a positive encouraging way with the hope he will continue in that positive direction. Now compare a similar situation with a 20 bag day IV heroin addict. Suppose this heroin addicted person entered treatment and over time reduced his heroin use to snorting 10 bags per day. In most cases, even in treatment environments where a supposed “disease” viewpoint is accepted, many of this man’s treatment providers, along with most of his family would view this person as “still an addict” and “noncompliant with treatment” despite in reality the presence of observable, measurable progress. Surely, abstinence would be better, but progress is progress and it should be viewed that way. Once again, to summarize, abstinence is good but it is the ideal and is therefore not the only way to determine progress.

The Escalator Viewpoint on Abstinence: Abstinence of course is the ideal. It is the best and most guaranteed long term answer for sustained success in recovery. However, the Escalator welcomes not only those who want recovery and who are willing to make changes in order to get it. The Escalator also is designed for those who do not want help or do not want to change as well as those who are unsure what they want. It would not be fair to label someone who does not want abstinence as unworthy of a chance for improving their life and changing in a positive or upward direction. Therefore, borrowing from the Harm Reduction model, the Escalator is abstinence oriented as opposed to abstinence based. In other words, abstinence is the direction toward which the Escalator guides people but abstinence is not an automatic requirement to work within the Escalator, especially early in the process. Nevertheless, the Escalator is also not a method that promises help with or promotes controlled use, because as stated earlier, many people will find out that in their case, controlled use may just not be an option for them. However, the Escalator accepts people exactly where they are at and uses the principle “*some change is better than no change*”. Therefore if the only thing that someone is willing to do is reduce their use for now, then it is better to start from there than do nothing at all. In other words, the policy is definitely not “abstinence or else!” Of course, risk always plays a factor when it comes to this issue. For some people, attempting controlled use is a life and death issue. For example, it would not be advisable for someone who has a history of serious



suicide attempts when they are drunk to attempt controlled drinking. Nor would it be advisable for a cocaine addict who just had a serious heart attack to try “controlled” cocaine use. Risk of harm must always be factored into this equation.

In summary, abstinence should always be considered for its simplicity and basic effectiveness. However, a commitment to abstinence is not a requirement for all to engage in the upward change process. Abstinence is often the ultimate goal, however people, often guided by their level of motivation and insight, often take many different paths toward that goal. Sometimes it is important to remember that the journey is often not as important as the destination.

Therefore, it is important not to exclude or discourage abstinence as a part of the goal because for many individuals abstinence is the only viable outcome for them. However, for the purpose of including the many more people who are involved with overcoming substance use issues who are not yet ready to accept abstinence as their goal then the goal of this process needs to be of a broader scope. In fact, individuals who attempt this process of trying to deal with substance use issues effectively can still make progress regardless of the eventual outcome. In other words, even if someone never stops using substances (abstinence) there still can be a measurable level of progress. Consider an example –

The Builder-

Suppose someone needs to build a house but lacks the skills to do so. In this example, the person spends weeks working on the house and it is a great struggle. The person does the best that they can to buy the tools to build the house and then try to use these tools for the actual construction of the house. Now suppose, in this example, that after a few weeks the house is built so clumsily that it does not pass inspection and cannot be lived in. The person who tried to build the house then gives up. Was this situation a total failure?

Consider the fact that the person who worked on the house now still has some of the tools that they bought. This person also got to practice some of the skills involved in construction as well as learning to use the tools. The next time this person gets motivated to build a house again do you think that they are in better shape for the next attempt? Of course, this person is better prepared as they can learn from past mistakes and use experience from the first attempt for the future. This example has a direct parallel when it comes to substance use issues. Even if a person “fails” in a traditional sense (or in other words, does not achieve abstinence) they still have learned some valuable skills and tools, and gained some experience and insight that will make them stronger and more prepared for next time. Therefore even when someone does not achieve the ideal outcome (sobriety) any attempt at upward change is still valuable and often brings with it a degree of progress.

If abstinence is the ideal, then we should never allow the thinking that falling short of the ideal is automatically not “good” or a definitive “failure”. There is something to be gained each time anyone attempts the process of upward change. There can be success without sobriety if we look beyond perfection as the way we measure success.

The Escalator’s Definition of the Goal-

So if the goal of the Escalator is not limited to just abstinence or sobriety then what is the goal of the upward change process? The answer starts with a combination of two key concepts:

1 – Inspiration:

- > stimulation or arousal of the mind, feelings, etc., to special or unusual activity or creativity
- > the state or quality of being so stimulated or aroused

Inspiration is a combination of motivation and insight, which are at the very core of the Escalator. Even when some of the most resistant, hard-headed, and argumentative individuals end up getting help for substance use issues, (which is usually against their will which makes matters even more



challenging), the goal of those trying to help these individuals is to somehow instill even a small degree of inspiration. The hope is that there can be a little inspiration to look at things differently (increasing insight) and also some inspiration to consider changing and working on these issues (motivation). Even if inspiration is short lived, those inspired moments we might have can bring us closer toward self-improvement. Even small, intermittent bursts of inspiration can have a cumulative effect and can even strengthen over time. For example, when considering going on a diet, think about how many times a person may experience little bursts of inspiration until finally one day they stick with the diet and actually start losing weight. Inspiration is like the fuel that powers our “engine” that gets us moving toward our eventual destination and our desired goal. In fact, going forward in the Escalator, inspiration will be linked with *readiness to take action*. We may have insight about our need to change, and motivation to want that change happen but it is finally when we hit a point of *inspiration* which is when we are ready to take action and make change happen

2- Progress:

- > a [movement](#) toward a [goal](#) or to a further or higher stage
- > advancement in general.
- > growth or development; continuous improvement
- > the development of an individual or society in a direction considered more beneficial than and superior to the previous level.

If inspiration is the fuel that moves us forward, then progress is the mileage we accumulate along the road we travel on. The farther down the road we go, the closer we get to our destination and goal. Even if we go backward after a period of progress, the next time we travel that road moving forward we know the way a little better. Every time we try to move forward we gain some experience and therefore make progress regardless of whether or not we reach our destination. All movements made in a positive direction are critical aspects of the upward change process.

“Inspired Progress” - The Goal of the Escalator

So instead of sobriety as our goal, the Escalator uses *Inspired Progress* as the standard to work toward. Inspired Progress by definition consists of the two factors we just discussed: inspiration and progress. Any attempt that someone makes toward getting better from a substance use issue in which there is a degree of inspiration and at least some change in a positive direction can be considered as a positive and valuable experience. Obviously, the greater the degree that an individual is able to sustain inspiration and demonstrate actual progress and upward change then the more successful the experience has become. Nevertheless, regardless of how an attempt in the upward change process ends, if there were periods where both inspiration and progress were present there was a degree of success that is useful and valuable.

The best case scenario when it comes to achieving the goal of the Escalator is a degree of sustained inspired progress. When someone ends up staying inspired long enough to maintain the changes, improvement and progress that they made in the upward change process that is the most desirable outcome. In many cases, that outcome may involve sobriety which is a wonderful thing. However, often there are setbacks on the road toward inspired progress where someone may actually takes steps backward or lose progress or lose motivation and insight and thereby temporarily lose their inspiration. The Escalator, takes this into account and is therefore designed for repeated use for as many times as needed until our goals are achieved. The Escalator itself is designed so that even when activities or stages are repeated there is always something new to learn about ourselves and there are always different ways we can learn to develop and sustain motivation and improved coping abilities.



Redefining the Method

As we have stated earlier, for a long time, the 12 Steps have been one of the primary methods for recovery. It would be difficult for anyone to dispute the extensive history of the 12 Steps as effective path to self-improvement and self-help. As explained earlier, the Escalator is an alternative to the 12 Steps and for some the Escalator can even be a supplement to the 12 Steps. Let's again consider the rationale for developing this alternative method for recovery and the upward change process but this time we will go back a little farther and consider some personal experience:

The 12 Steps and the Escalator:

The Escalator is not an effort to undermine the 12 Steps. This book is not designed to put down or disparage any 12 Step programs like Alcoholics Anonymous or Narcotics Anonymous or anything at all involved with those programs or concepts. When looking at both research as well as the millions of personal testimonials from people all over the world, 12 Step programs have been a lifeline for countless people struggling with substance abuse and addiction for decades. Many people will continue to benefit from the wisdom of the 12 Steps and the 12 Step philosophy. People who are currently benefitting from 12 Step programs and 12 Step philosophy may not need this book unless they are looking for something additional to supplement their recovery.

However, as a substance abuse and mental health counselor for many years, I have always been fascinated with those unfortunate individuals who just couldn't "get it" when it comes to the 12 Steps. Beside the millions who have benefitted from the 12 Steps there have always been those lost individuals who just didn't catch on to 12 Step philosophy and programming. From early on in my career, I found myself having a soft spot and curiosity toward those troubled individuals who just did not benefit from the 12 Steps no matter hard they may have tried.

When I started in this field most substance abuse programs were still 12 Step based. What I was taught early in my career as a substance abuse counselor was that when people weren't working the steps and embracing 12 Step recovery they were viewed as "in denial", "non-compliant" or "not ready". It did not take long for me to curiously wonder about those people who could not make it in treatment due to an inability to accept key 12 Step concepts such as "powerlessness" or "Higher Power". I found myself growing in my concern for those individuals who disagreed with or had difficulty grasping the 12 Steps and other similar or related concepts. In actuality, recovery is a lot easier for those who can accept that they are powerless over their addiction (Step 1) then believe in and turn over their will to a Higher Power (Steps 2 and 3). The 12 Steps have been a successful great formula for those people who are able to buy into the process. If followed wholeheartedly, success in recovery is not far off. Still, what about those people who can't even get past Step 1? That is a question that tickled my mind like a pebble in my shoe. Should those people who cannot get past step one be doomed to failure?

As my career and education in the field of substance abuse progressed I noticed another trend that increasingly caught my attention. Not only was I developing an increased empathy for those who were not getting the full benefit of the 12 Steps but I was also noticing an increase in the number of young people entering programs who had difficulty with 12 Step recovery. It was really eye opening for me when I expanded my work with adolescents and young people. Over the years I saw that this younger group had progressively become more and more resistant to 12 Step groups and philosophy. The 12 Steps and 12 Step based programs continued to have good outcomes, however those who refused to embrace the 12 Steps in treatment were often left on the outside looking in. Often there was a choice to be made for those who did not fit in to 12 Step recovery. That choice was either to try to "fit" themselves reluctantly or insincerely into the 12 Step model or be discharged from treatment programs for noncompliance, which for some meant going to jail.



In many areas the legal system got wind of the success that 12 Step programs were having and therefore many judges, probation officers, parole officers, etc., have adopted the practice of making 12 Step attendance a required aspect for those they serve who use substances. For the legal system it makes fiscal sense to mandate 12 Step attendance because 12 Step meetings are free and there is that undeniable aspect of improved outcomes with regard to sobriety goals for those in the legal system who embrace 12 Step recovery. Still, the same issue comes up for those who fail to adopt the 12 Step methodology. Is it fair that those individuals, simply by reason of their not fitting in to the most accepted recovery method be incarcerated just the program did not work for them (or if they were unwilling to “work” the 12 Step program?)

Along the same lines of reasoning as the legal system, many insurance companies and other funding sources that pay for substance abuse treatment began viewing 12 Step programs as a mandatory part of the recovery process. Once again, the reason is that 12 Step involvement improves outcomes is because those who become engaged in 12 Step groups like Alcoholics Anonymous or Narcotics Anonymous have a statistically better chance of staying sober. Better outcomes means having to pay out less for treatment and 12 Step meetings are free. On the surface it makes fiscal sense for those who fund treatment such as insurance companies and government grant agencies to require 12 Step involvement as a way to cut costs and improve outcomes. Still, once again, what about those individuals who do not experience a benefit from 12 Step meetings? Is it fair to cut off payment for treatment just because someone does not respond to the most highly recommended and accepted form of treatment? Is it ethical and reasonable for those who fund treatment to implement a “12 Steps or else” policy? Consider another example:

If there was a fatal disease that had an available course of treatment that could cure two thirds of those inflicted with the disease, would it be fair to cast off the other third who did not respond to the accepted treatment as hopeless? In reality, if that were the case, someone else would be hard at work looking for another course of treatment for the one third of people who do not respond to the most widely accepted method. What if the number of people who failed to respond to the accepted treatment was growing? That would be even more reason for someone to develop alternative treatments for the disease. Why should it be any different for the often fatal “disease” of addiction? For all of the success that the 12 Steps have had there are still a huge number of individuals who have not responded. In addition, as time has progressed, this “12 Step resistant” population has been on the rise similar to an antibiotic-resistant infection. Other methods are very much needed for this population.

Since then, other non-12 Step methods and techniques have been in use by treatment providers. Some of these methods have been effective, while some others have never really caught on. I have been trained in a variety of techniques that over the years and I found myself, like most counselors, breaking down and combining in order to utilize an array of the best principles, skills, techniques and ideas from various methods for the variety of situations and problems faced by people I was trying to help. Nevertheless, I and many of the colleagues I have worked closely with have seen a need for an inclusive, comprehensive design specifically created for the changing needs of problem substance users in the modern world. You will see in future chapters that the needs of many individuals with substance use issues in today’s ever-changing world have indeed transformed with the times.

The Escalator therefore was born from a desire to provide an alternative but reasonable, sensible, yet comprehensive and effective option for those with substance use issues who fall into one or more of the following categories. The Escalator is for:

> *People who are in a situation where they are required to get help but really don't want help.* For many of these individuals, accepting concepts such as powerlessness, accepting having a disease,



turning over your will, or identifying as oneself as an “addict” or “alcoholic” often does not feel right no matter how well it is explained.

> *People who openly admit they see no need to change or have no desire to change despite what others may tell them about needing to change.*

> *People who are not convinced that abstinence is the only way to get better*.*

*Do not be misled by this statement: For many abstinence is the only way, but not everyone is ready to embrace that possibility, especially early in the process. The Escalator promotes abstinence as the ideal way to stay out of trouble and then make progress and positive change but at the same time this method acknowledges that people have different paths toward their goals that are not all abstinence based.

> *People who have tried 12 Step meetings for a reasonable amount of time with an open mind but have come to the conclusion that they do not feel right now that the meetings are helpful or beneficial enough to keep on trying to attend.*

> *People who believe that their other issues, particularly mental health or other behavioral issues, prevent them from benefitting from or embracing the 12 Steps.* (For example, 12 Step groups have come a long way with regard to accepting mental health issues and issues such as medication however there are many people with mental health issues who still feel like they cannot fit in due to their coexisting issues)

> *People who are on Medication Assisted Treatment for substance use issues (Methadone, Buprenorphine) who do not feel comfortable with the 12 Steps or the meetings as a result of their using these or other medications.* The same holds true for those with legitimate pain management issues who may be on medication considered questionable by others in recovery.

> *People who have given the 12 Steps a sincere, honest try but they continue to feel like they just don't fit in because their unique personal situation just is not a good match for the 12 Step methodology*

> *People who just don't like groups.* (Keep in mind; this is not meant to say anything against group therapy. Nor are we saying that the Escalator should not be used in groups. To the contrary, groups when functioning like they are supposed to, are the most effective modality for substance abuse treatment for the vast majority of people – However, those individuals who do not feel comfortable with groups should not be left out by a method that caters only to groups. The Escalator is designed to be interchangeable and adaptable for both groups and for those who are more comfortable staying out of groups by working individually.)

> *People who have tried the 12 Steps and may like the 12 Steps, but alone the 12 Steps just is not enough* – (The Escalator can be used in conjunction with or as a supplement to 12 Step recovery)



Finally, the Escalator is focused on two of the most critical factors for successful growth in the upward change process: Motivation and Insight. People with deficits in motivation or insight or both should not be neglected nor labeled as “not ready”. There still are ways to pro-actively address these issues while avoiding confrontation or judgment, yet at the same time avoiding being overly passive and non-directive. The Escalator is for those people who will benefit from:

> An individualized, personalized approach, guided by each person’s internal capacity and ability for change

> A method for growing as a person from the inside-out as opposed to an outside agenda dictating the recipe for change

> A system for self-exploration and mental expansion through learning to challenge your own beliefs in order to learn about yourself at your own pace, on your own terms without fear of judgment or harsh criticism from others.

> A resource for a variety of skills, ideas and techniques that are easy to try and then apply to your own personal situation and circumstances, no matter how unique or “outside the box” your personal situation may seem.

> A collective approach for building self-awareness which considers your own unique personality, circumstances and lifestyle.

> An alternative method that is well suited for a broad, wide-ranging perspective on spirituality which can work for the Atheist and Agnostic as well as those with more firmly established beliefs while making sure not to alienate those from either viewpoint.

> A variable, adjustable, and flexible process of upward change that takes into account your own needs beyond just substance use including emotional and behavioral issues, struggles with mental health, as well as the broad array of co-existing issues that may affect each unique person.

The Name behind This New Method – The Escalator

matrix-

>something that constitutes the place or point from which something else originates, takes form or *develops*

develop –

>to bring out the capabilities or possibilities of; bring to a more advanced or effective state



By definition, the Escalator is a comprehensive, multi-dimensional system for personal development as opposed to a step by step linear program. A matrix-based system as opposed to stepwise system, allows the user to select their own entry point into the paradigm based on one's personal needs and circumstances. In other words, you don't have to start at a specific point and then try to make progress by following the predetermined steps in successive order. Rather than letting the steps prescribe the path through the change process, the Escalator allows one's changing circumstances and needs to define exactly what is involved in next phase in the upward change process.

The Escalator consists of the following areas of focus:

1. The Escalator allows each individual to determine their own starting point based on the unique circumstances that brought about a need for change. Once an accurate starting point is determined, each individual can choose to move to different areas within the matrix as needed based on their individualized needs with ongoing consideration to variable motivation and insight levels which can change with time and circumstances.
2. The short term objective at each stage throughout the matrix is to develop increasing levels of insight and motivation, while developing and practicing the skills needed in order to "escalate" or enhance oneself toward the ultimate goal of Inspired Progress.
3. The Escalator is designed to help people to look within themselves for inspiration, hope and change while using others for guidance and support. This is instead of relying upon an "expert" based model where those individuals with more experience or "sober time" are in a position to teach the less experienced based solely on their own personal experiences which may be completely different. The Escalator emphasizes quality over quantity when it comes to levels of inspired progress. Although, experience is commendable and highly useful, someone does not automatically merit more consideration as being an expert based only on clean time.
4. As touched upon earlier, the Escalator focuses more on the *real* than the *ideal*. This system is open to honestly accepting things as they are without pigeonholing people to strive toward ideals that they are not yet ready to believe in.
5. The Escalator is a highly effective alternative for the growing number of people out there who are using or abusing substances and who are in a position where they need to or must get help, whether that help is wanted or not. The Escalator is for the more modern substance user who tends to have more complex issues, and different viewpoints and attitudes than in years past.
6. The Escalator takes into account the whole person, beyond substance use or abuse and it respects one's unique individuality. Labels such as "addict" and "alcoholic" are avoided and not viewed as a necessary facet of the upward change process. The Escalator is person-centered as it starts and ends with each person as a unique entity with a particular set of beliefs, attitudes, values, desires, circumstances, goals and experiences.



7. The Escalator takes into account changes in technology and developments with regard to how we communicate and obtain information.

If you are having trouble with the steps, try taking the escalator

Back to Top

