



WHY TAKE A DIFFERENT VIEW?



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Six Key Factors behind the Need for Something New and Different:

1-Whether we call it recovery or upward change, *the course of action toward self-improvement is not a “one size fits all” event but rather a highly individualized process.* Although the process of change is guided by some universal principles, there can be a huge level of variation from person to person with regard to how people manage their lives in order to engage in the upward change process.

2-*The voluntary nature of 12 Step groups has changed.* A lot of time has passed since the development of the 12 Steps and in that time so has the make-up of people who attend 12 Step programs. The increased presence of individuals who have been mandated to 12 Step programs has affected many people’s overall view of 12 Step programs which in turn has increased the need for a viable alternative.

3-*Most people are not ready to change.* This is true even when it is glaringly obvious that change is needed. In many cases, even when people say they want change, they still are not yet ready for it. Therefore, the process involved goes way beyond simply being “shown the way”.

4-*The nature of substance use issues has changed.* As time has passed and the world has experienced many changes, the issues facing many people with substance use issues have also changed with the times. In addition, in many ways, due to changing viewpoints in society, many people’s attitude toward substance use has changed. Therefore, the approach must change in order to be effective with changing issues.

5-*Upward change is rarely a linear process.* The process seldom has an easily identifiable start and end point, and it almost always has its share of ups and downs.

6-*The internet and social media has changed the way people interact, learn, gather information and communicate.* The average person knows much more about drugs, substance use issues, treatment, and other related areas due to the prevalence of information available over the internet. Most people, particularly the younger generation have seen and heard more through the internet and social media than any generation that has ever lived. Due to the prevalence and availability of information people have changed the way they react and respond to new information. Any modern approach must embrace changes in technology and information sharing.

All of these factors influenced the need for a development of the Escalator as an alternative path toward upward change for substance use issues.

Consider each factor listed above, below in more detail -



1- The course of action toward self-improvement is not a “one size fits all” event but rather a highly individualized process.

Looking at recovery or upward change as an individualized process is nothing new. People in the field of substance use treatment have been *saying* that recovery is an individualized process for years. However, is that the case in *practice*? For example, consider the insurance industry. Many insurance companies use evidenced-based, globally accepted, assessment tools for determining who needs treatment for their substance use issues. However, most, if not all of these same insurance companies measure progress in part based on the client’s level of participation in 12 Step programs. Often, a treatment provider risks failing to obtain authorization for additional treatment payment by the insurance company if the client is not attending AA or NA meetings and actively working with a sponsor. Another similar example of treating recovery and change as an individualized process in theory but not always in practice can be seen in grant funding. Governments often invest large sums of money in funding treatment providers to use evidenced-based practices and client-centered treatment, yet their regulations may demand that 12 Step attendance and education be included on all client treatment plans. In both examples, mandating 12 Step involvement as a required measurement of progress is not looking at the overall process in an individualized manner. What about those persons whose individualized path toward upward change does not involve the 12 Steps? Should those individuals who do not respond to or resist engagement in 12 Step programs be considered as “failing” and therefore risk losing their treatment funding? That would never happen, if we made sure to consider the process of upward change as an individualized process in practice. There is more than one path toward progress.

The point being made here is not an attempt to diminish the effectiveness of 12 Step programs, but rather point out that if the treatment community truly wants to view recovery and upward change as an individualized process, then we must consider that there can be successful individual outcomes both with and *without* 12 Step involvement. Active attendance in Alcoholics Anonymous, Narcotics Anonymous or other community support groups are an excellent indicator for eventual progress and people who are actively engaged in 12 Step meetings often have a measurable advantage over those who do not attend meetings. Obviously, those persons who attend 12 Step meetings have access to an extensive social sober support network as well and they have available to them an effective education with regard to a wide range of useful skills. Substance use counselors love to hear that those who they are trying to help are active in AA, NA or another 12 Step program. Additional support from the meetings makes a counselor’s job easier and 12 Step meetings also are an excellent form of aftercare once treatment is completed. Most treatment professionals will admit that having a caseload of clients who are active in 12 Step groups is ideal. The challenge of helping those with substance use issues to try to find supportive people to turn to is answered by the 12 Step support group.

Once again however, the unavoidable question remains: what about those people who, for whatever reason simply are will not go to 12 Step meetings? In the past, when addiction treatment was dominated by 12 Step based recovery programs, those people who would not embrace 12 Step recovery were often eventually discharged from treatment for noncompliance. Today, however this group of “12 Step-resistant” individuals is growing which will discuss later in this chapter. Today, it is highly difficult if not impossible for a treatment program to survive if people who refuse 12 Step involvement are denied admission or discharged prematurely. If treatment programs are to survive in this difficult environment, then it is necessary to adjust their thinking and approach as the substance abusing world changes with time. Alternate roads toward the process of upward change must be considered and an individualized approach to change must always be considered in practice, not just in theory.



2-The voluntary nature of 12 Step groups has changed.

When the 12 Steps were originated the program was designed to be a *voluntary* program based on the key principle of alcoholics helping other alcoholics, (and addicts helping other addicts). Somewhere along the way, the legal system got wind of the great things being done in the 12 Step community (for free nonetheless!) and they wanted piece of the action. 12 Step group involvement over time became a legal requirement for many drug and alcohol related legal offenders. This served as the origin of the concept of *mandatory* 12 Step attendance. Mandatory 12 Step group attendance initially was an excellent idea in theory and in practice as mandated 12 Step attendance has personally helped countless individuals to recover from addiction. At the same time, however, the increased number of mandated individuals in 12 Step groups has changed the actual dynamics of the groups themselves. Anyone who has been to an AA meeting in the past decade has personally witnessed the presence of “card signers” at many meetings. Card signers are those men and women who sit in the back of the meeting, often disinterested in appearance, simply waiting for the meeting to end so that they can get a proof of attendance card signed by someone in the group for their probation or parole officer or other legal entity. Card signers attend 12 Step meetings for one purpose only and that is to fulfill a legal requirement rather than attending meetings for voluntary self-improvement or support.

It is easy to imagine the negative effects that an increase in mandated clients in 12 Step groups has had in the program. For example, the concept of anonymity is compromised by mandated clients. There is no enforcement for anonymity in 12 Step groups, but rather it is implied as one of the accepted rules of the program. Anonymity is positively reinforced by the benefits received through open sharing among group members whose comfort and trust level is increased by the presence of others sharing their similar stories of strength and hope. Consider what a mandated person, or worse yet a group of mandated persons can do to hurt to that dynamic. Mandated 12 Step group attendees often may be present to listen but not to share as they may lack the same commitment to the program as the voluntary members. The dynamic created often is that there are people listening to others but themselves not giving back to the program through personal sharing. This can foster a lack of trust in the program which has in itself adversely affected many people’s view of 12 Step groups.

In any group program, 12 Step or otherwise, there is always a risk that there are some people attending for the wrong motive. The overall increased presence of mandated individuals in 12 Step groups can increase that risk. Mandated individuals who are not themselves invested in the good of the group are theoretically less likely to follow the rules of the group. An increase in people present who are not following the rules of the group can decrease the overall integrity of the group. A good way to illustrate this is to think about a sports team in which one or more players on the team is not giving full effort and not following team rules such as attending practice and team meetings. Those unmotivated players can hurt the entire team and their behavior is often considered to be “conduct detrimental to the team.” In the same way, mandated 12 Step group attendees who do not follow the group rules are detrimental to the group. Once again, this overall challenge to the integrity, effectiveness and efficacy of 12 Step groups has prompted a need for something new and different.

3-Most people are not ready to change:

There is no denying the truth of the above statement. People may say they want change but moving from “wanting” to “doing” is something totally different. There can be a huge bridge between thinking about change and taking action. People often need some kind of external “push” to really get going, which is commonly the situation for people who actually decide to enter some kind of program. Numerous studies show that when it comes to motivation, the vast majority of people are either in the precontemplation stage (not even thinking about quitting) or contemplation stage (thinking about



quitting but not ready to act) of change. (Prochaska, Norcross and DiClemente 1994). If you think about it, it makes sense that most people are not ready to change habits that are linked with pleasure such as substance use issues. How often are any of us truly ready to act when it comes to stopping something that we like doing? What unusually ends up happening at some point is we find out that something about our habits is not good for us so we may think about changing for a while without actually changing. Getting ourselves from thinking to action is another story altogether. “I’ll start tomorrow” can be a promise that lasts many “tomorrows” until the point of decisive action actually takes place.

We discussed earlier about the overwhelming presence of ideas, theories, methods, and books about self- help that are focused on helping someone who finally is ready to take action and take the steps needed to move forward. Efforts to help that group alone would be akin to a teacher focusing all of his or her energy on teaching only the students who truly want to learn. Perhaps decades ago, a teacher with that attitude could get by with that however in today’s world most, if not all teachers can attest to the importance of being able to motivate children to learn even when they do not outwardly want to. The situation is the same for substance use issues. Those who help others with substance use issues need to be prepared to focus on helping people who are not ready to change. Methods designed to help people with substance use issues also need to focus on helping individuals struggling to take action. The Escalator is focused on this critical aspect of the change process. This book can help those who are not ready.

The Stages of Change Model, and Motivational Interviewing and Motivational Enhancement Therapy, have been integral strategies for helping people who are less motivated to stop using substances. Skills for counselors such as empathetic reflection and “rolling with resistance” are essential when working with ambivalent people who are not yet ready to change (Miller, Zweben, DiClemente, & Rychtarik, 1992). In many situations, however, these skills may not be enough. This book goes on further to explain in detail that there is more to the fact that many of the people who end up getting help for substance use issues simply lack motivation for change. The nature of today’s person with substance use issues is so frequently complicated by a variety of factors that are a direct result of the changes in today’s world. As stated at the outset, most people are not ready to change but the factors that influence change in people in many individual cases has changed. These issues are explained in the next section however all of this once again supports the need for something new and different.

4-The nature of substance use issues has changed

There are a multitude of factors present in this changing world that contribute either directly or indirectly to a subtle change in the nature of substance use issues facing many people. We are only going to briefly touch on some of these areas as the goal is to avoid trying to sound like this is a political commentary on these social issues, which is most definitely not the goal. Nor is the purpose of the upcoming section an effort to identify causes or assign blame for many social problems we face. The fact is that there are issues that have become more commonplace that need to be addressed when it comes to looking at substance use issues. The Escalator is for people from all kinds of backgrounds, cultures, belief-systems, and situations as it is designed to be inclusive as opposed to prescriptive. Yet, as we have already reviewed, this method is specifically designed especially for people who have not benefitted from traditional or existing “recovery” methods. In many cases, people’s difficulty “fitting in” or responding to traditional and existing methods may at least in part be influenced by some of the changing situations and circumstances people are facing in today’s world. Let’s consider a few one by one in more detail:

The Depth and Prevalence of Family Dysfunction:



Substance use and dependence has always been not just an individual problem but a family one. However, the family of today is quite often much different than the family of the past in many cases. It is true that there are still families where both parents are concerned and supportive and where both are healthy and stable. There are still marriages where both spouses are generally concerned and committed to helping one another get through life's struggles. The problem is that this has increasingly become the exception as opposed to the "norm" and what is considered the "norm" nowadays with regard to families in need of substance use treatment has changed a great deal for many individuals. Family problems have always been around and always will in this world, however simply stated, there are more people today seeking help for substance use issues that do not have the added benefit of coming from a supportive or stable family situation. That is not to say that someone who comes from a family with problems cannot themselves make inspired progress and improve their life; it is just that it can be much more challenging especially when there is less support.

The concept of substance use issues being frequently linked with "dysfunctional" families is nothing new. However, the degree and prevalence of family dysfunction is. Today, counselors are seeing dysfunction go back in family history two, three or even four generations into the past. For example, when considering family history, it is not only biological parents of substance using people who commonly have a history of substance use or legal issues these days. Often in today's world, people now may have extended family and even in some cases grandparents and even great grandparents who have been addicted to drugs or alcohol. Of course, there are still many people who do not have a history of substance use issues in their family and there are still many "first generation" problem substance users. However, as the problem of substance use has now been around longer and is more widespread, on average an increasing amount of people today have a more in depth -family substance use history.

Again, none of this means that people with a family history of substance use issues cannot themselves get better. Nor is the implication that family problems directly cause substance use issues in children. It is important to take into consideration though, that for some individuals the deep-rooted nature of family substance use issues can affect their response to traditional methods such as the 12 Steps. For example, imagine a young person who has been arrested for marijuana use who has personally witnessed one or more of his parents smoking marijuana regularly with no observable consequences. Do you think it will be easy for that young person to consider "admitting powerlessness" (12 Steps, step 1) over their own marijuana use? In most situations, with a family background where many members themselves smoke weed, that would be a difficult task indeed. An alternate approach is needed with many people in this and other similar situations.

Another situation often linked with an increase in family dysfunction is the increase in the prevalence of behavioral issues with many young people who use substances that may run in families. Although it is true that many young people with behavioral issues still come from supportive families, there is a definite increase in the pervasiveness of young people with behavioral problems who do in fact come from problematic or challenging family backgrounds. I often refer to today's generation as "the ADHD Generation" due to what seems to be an epidemic of people reporting difficulty focusing, concentrating, listening, and exercising self-control and managing impulsivity. These issues complicate the upward change process and need to be considered when coming up with a solution. Many young people with these attention and concentration issues in combination with substance use issues have an extremely hard time benefitting from 12 Step meetings and other traditional methods for getting better. Another approach is needed.

There are many other issues at times associated with family problems and dysfunction that can affect the upward change process for those with substance use issues. Issues such as use and trauma, for example, cannot be ignored when an individual is learning to cope with and hopefully overcome a substance use issue. Make no mistake, people from intact, stable family environments experience



these issues too and dysfunctional family situations themselves do not necessarily *cause* these issues to occur. The point is however, that when considering substance use issues in today's world, many of these changing issues cannot be ignored. The Escalator approach takes into consideration these and many other issues.

Changing Views on Religion and "Belief"

Depending upon what study you may look at, there are still a significant number of people who identify themselves as belonging to a specific religion. These same studies can be misleading, however, because there are a proportion of these same individuals who are willing to check off on a survey that they belong to a religion who admittedly do not practice their faith on a regular basis. Then there are those who report that they are "spiritual but not religious", in that they believe in something on a spiritual level but do not adhere to the teachings of a specific religious group. There is also a growing group of people in the world who profess that they have no religious or spiritual beliefs or affiliation in their lives at all. These trends and changes are especially true for the younger generation. Religion and belief for some has lost its influence and as a result many individuals lack interest in the spiritual aspects often suggested with regard to overcoming substance use issues. One of the most commonly expressed reasons that people state as to why they have a difficulty connecting with 12 Step programs often is related to a personal lack of spiritual conviction, belief or practice. People who are unsure of what they believe in and those who profess that don't believe in anything at all on a spiritual or religious level still need options for overcoming their substance use issues. It is important that an approach for overcoming substance use issues take into account a broader, more inclusive perspective in this area to account for changing trends in belief and religion. The Escalator is specifically designed to be useful and accommodating for people from the full perspective of people's levels of faith and spiritual belief or lack thereof.

Increase in Co-Occurring Mental Health Disorders:

Fortunately, the research and progress with regard to the subject of what is commonly referred to as Co-Occurring Disorders has been both extensive and effective. There is overwhelming evidence supporting that fact that there is an increase in the number of people reporting concurrent mental health symptoms and disorders in addition to their substance use issues. People in general have become more aware of issues such as depressive disorders, mood disorders, and anxiety disorders to name a few. The substance use treatment world is embracing the fact that treatment of substance use requires an integrated approach with regard to the presence of co-occurring and underlying mental health problems and symptoms. This integrated approach means focusing on both substance use and mental health problems simultaneously because substance use and mental health issues are interrelated, and they affect one another. Not all people with substance use issues have co-occurring mental health issues, but the percentage of those who do has drastically increased so the need for approaches that integrate mental health with substance use has increased proportionately. In other words, more simply stated, more people who are getting help for substance use issues also are struggling with other emotional problems even when they are not using so it is important not to ignore or overlook these issues.

The issue of co-occurring mental health disorders complicates the upward change process for substance use issues. There can be a lot more work to do when it comes to dealing with both substance use and mental health at the same time. To illustrate, this situation can be something like a dam with two holes. If there is too much focus on one leak, then the other can get worse and vice versa. It is necessary to give attention to repairing both leaks together. The same is true with co-occurring disorders. If substance use issues are the only focus, then there is a risk that mental health symptoms can get worse, and the converse is true if mental health is the only focus; substance use issues often get worse if ignored. It is important to focus on both interrelated areas when these co-



occurring problems are present. Also, groups for people with substance use issues need to embrace people with coexisting issues rather than making them feel like outsiders. The Escalator is focused on both recognizing and embracing the fact that mental health issues cannot and should not be ignored or pushed aside but rather embraced as an integral part of the focus of the change process.

The Challenge of Purpose

The US Substance Use and Mental Health Services Administration (SAMHSA) 2011 working definition of “recovery” includes “purpose” as one of its dimensions, defined as “meaningful daily activities, such as job, school, volunteerism, family caretaking or creative endeavors, and the independence and resources to participate in society” (del Vecchio, 2012). Few would argue that an increase in the level of “purpose” in one’s life directly improves one’s prognosis for a lasting upward change and inspired progress. The problem with today’s world however is that “purpose” is often much more difficult to establish due to a vast reduction in resources in many areas. For example, it wasn’t that long ago, that a college degree all but guaranteed at least a serviceable opportunity for an acceptable employment career. It was not that long ago when an 18- to 20-year-old could move out of their parents’ home with a few friends by getting a reasonably paying job and an affordable apartment. Now, people are staying home deep into their 20’s with less hope of an immediate way out even when they need to get out due to a dysfunctional environment. Counselors used to be able to promise those who they were helping that if they went after a career like they went after their drugs they soon would have great success in their career and employment. Although that is still true for some, many others still have no prospects for anything financially sustainable, even if they get sober and apply themselves fully to their work simply due to a lack of available opportunities. This is even more of a challenging issue with the many people overcoming substance use issues who have legal records who face even more barriers to employment than the general population. It is critical still that people who are overcoming substance use issues work toward finding a sense of increased purpose in their lives, despite the fact that it has become much more of a challenge in many situations. The Escalator takes a more realistic approach to the challenges many face today who are trying to get better with regard to substance use issues while developing a more purposeful life by looking at the concept of purpose from a broader perspective.

Jails, Institutions or Death...So What!

The above perspective is not true with all people who need help with substance use issues as well as coexisting issues, however there is an ever-increasing number of young people dealing with their substance use who do not fear jails, institutions or death. Take for instance the threat of jail or prison. Most people still fear jail and would do whatever is needed in order to stay out of jail. Nevertheless, there is a growing segment of society that does not fear jail. For some, jail is seen as a milestone in life like getting your wisdom teeth or graduating high school. There is a new generation of young people who, during their childhood and adolescence, have had one or more parents in jail as well as cousins, siblings, aunts and uncles, etc., that were incarcerated for various time periods. Many young people will openly tell you that they have a lot of friends they see in jail when they get incarcerated. I had one person I worked with tell me that jail wasn’t really that bad to her as she likened it to a “dysfunctional summer camp”. This fearlessness and lack of concern about going to prison and jail is not limited just to gang members. Although gang membership often involves with it an acceptance that jail is to be avoided however at some point it is imminent, other non-gang involved young people are also more frequently displaying a lack of fear of incarceration. If you are a counselor reading this or someone who uses substances yourself then I am sure you know people to whom this applies. All of this leads to the following question: How can the threat of jail be used as a motivator for upward change with someone who is not overly concerned about going to jail? The answer is it really can’t.



What about institutions? Once again, the majority of people, even those who use substances, do not want to go to institutions such as hospitals and psychiatric facilities. Nevertheless, similar to those who do not fear jail, there is also an increase in the number of people out there who do not fear psychiatric institutions as well. Any emergency room employee can speak of the many “frequent flyers” in the psychiatric department who repeatedly and periodically return the emergency room for psychiatric screening and admission to the psychiatric unit. As stated earlier, most people do not want to go to an inpatient psychiatric unit however there is a vast increase with regard to people who have accepted the need to go to the hospital when they need to “get away from it all” for a few days. Not all people go to the psychiatric unit for illegitimate reasons (although at times people do, such as pretending to be suicidal just to get admitted for detoxification). Most people who go to emergency rooms for psychiatric emergencies are truly in crisis. The point is however, that the number of people who are motivated to stop abusing drugs and alcohol because of a fear of going into an institution has decreased. Therefore, as in the case with jails, the following question arises: How can the threat of institutions be used as a motivator for recovery with someone who is not concerned about going to an institution? The answer is it really can't.

Finally, let's consider the fear of death. Once again, fortunately most people do not want to die, and they will do what they need to do in order to avoid endangering their lives. This is even true with chronic and severe drug users as most do not want to die despite the risks taken with use of substances. However, the number of substance users who are not concerned whether they live or die most definitely seems to be on the rise. The reason that I am saying “seems to be’ on the rise is because no one really knows for sure if someone fears death or not often until they are directly faced with it. There are many who say they don't fear death but when the threat is real, they change their tune and want to live. Still, the number of substance users who are willing to take death defying risks with their lives on a daily basis is assuredly on the rise. First, consider some of the neighborhoods that many substance users frequent in order to obtain their drugs. Sale of narcotics has always been associated with dangerous neighborhoods however what was considered dangerous decades ago pales in comparison with what is considered dangerous now. An outsider's biggest concern in the past when entering a bad neighborhood to purchase drugs was getting robbed or beaten when today with the increased prevalence of weapons and gangs, one may be risking his or her life by going into the wrong neighborhood, yet many people do it on a daily basis for their drugs

A second and even more serious concern when it comes to risk of death is the potency of drugs in today's world, particularly with regard to heroin. The AIDS scare of the 1980's and 90's may have subsided in many young people's minds and as a result the number of young people again willing to use the needle to inject heroin and other opiates is overwhelming. Furthermore, the increased potency of the opiates that people are injecting into their veins today as opposed to in the past is significant. The risk of overdose is ever-present with a lot of young people today and as a result those who use IV drugs realize that each time they use, there is a risk of death. Unfortunately, in my career as a counselor I have had conversations with young people who openly acknowledged the following statement: “If I keep on going like this I am going to die”. Sadly, on more than one occasion I have seen those words come true with young people abusing hard drugs that overdosed. Fortunately, there is still hope that as people can realize that they can have a better life they often can increase their hope and their desire to live because the desire to live is ingrained somewhere in the mind of every living thing. Still, when it comes to fear of death alone as a motivator, for many substance-using young people and others sadly, that is not always enough to motivate change initially.

Consider the following example which encompasses these issues of changing attitudes about jails, institutions and death:

Mark –



Mark is a 22-year-old IV heroin user. He has an exceptionally high IQ and was raised in an intact middle-class family in a nice house in the suburbs. Mark first went to treatment at age 15 due to a daily marijuana habit which concerned his parents who themselves were opposed to substance use of any kind. Mark was a counselor's nightmare as he was able to justify his daily marijuana use effectively because he was doing well in school despite being stoned daily and he had no legal problems. Mark ended up doing just enough to complete outpatient treatment as a teenager however due to boredom with marijuana alone he soon moved on to both selling and using opiate pain medication nasally (Oxycodone). Mark was still able to function well in school and socially until he was placed by his parents at their own expense in a long-term residential facility for teens with emotional and behavioral problems due to his ongoing defiance of basic rules and curfews both at home and at school. Mark continued to be defiant in his first residential placement and he ended up going to two separate placements for close to a year between them. On Mark's 18 birthday he left his last residential placement against clinical advice and returned home. Mark's parents let him come home with the promise he would stay drug free and go to college since he was always a good student academically.

Mark came home and kept his word about college as he enrolled, attended and did extremely well in all of his classes due to his high intelligence level. Mark's parents were pleased. However, for a long time period Mark's parents had no idea that Mark was again dealing Oxycodone that he obtained by going to see multiple doctors along with his girlfriend to obtain prescriptions for the drug. Mark soon became his own best customer, and he again developed a daily opiate pain medication habit which progressed to him sniffing 10-15 pills a day. Mark was able to hide his drug problem for about 6 months before his parents started getting suspicious of him especially with regard to how much sleeping he was doing and how lethargic he looked at times. After about 9 months Mark got arrested for selling marijuana to a teenager and he was placed on probation. Mark entered outpatient therapy to try to look good for probation and to keep his parents off of his back however he continued dealing and using Oxycodone. He was able to avoid consequences for a while because of skillful efforts to beat his drug tests and fool both his parents and probation officer.

Finally, Mark's wheeling and dealing and clever efforts to avoid consequences caught up with him, but it took over a year after his first arrest. After a series of other arrests and probation violations, as well as Mark's parents finally getting tough with him and throwing him out of the house, he ended up hiding out for about a month as a fugitive from justice. During that period, due to a lack of financial resources and homelessness, Mark switched to intravenous heroin use as he was living in one of the most dangerous sections of the state, shooting IV heroin living with other homeless people. Eventually the police found Mark and all of his charges and probation violations got him placed in prison for a three-year sentence. Mark took advantage of an early release drug parole program after 9 months which allowed him to get out of prison and move back home with his parents, provided he enter treatment, adhere to a strict curfew, work a full-time job, and submit to random urine testing by his parole officer any time day or night

Due to limited funding, Mark's parole officer only required him to attend outpatient treatment despite his actual clinical requirement for much more so there was no leverage for Mark's counselor to get Mark to do anything more other than have him just come in once per week. What do you think Mark's reaction was to "Jails, Institutions or Death" as a motivator for staying sober? Mark, who was quite familiar with 12 Step philosophy from being mandated to 12 Step meetings for years (but never finding any value in attending), clearly told his counselor he wants to live, and he wants to stay out of jail and institutions. However, Mark who had faced jails institutions and death face to face also openly told his counselor that he would go back to jail if he had too, he would risk death from overdose from IV heroin use if he decided to, and he would pretend to be suicidal and voluntarily go into the psychiatric ward if he needed too in order to avoid something worse. Mark already had faced jails,



institutions and death without fear so using these fears in Mark's case had limited impact as a motivator.

If you are a counselor reading this, it is likely you have met your share of "Mark's" yourself who do not fear jails institutions or death as deterrents for their behavior. Or perhaps you know a "Mark" in your personal life or maybe even Mark's attitude may have been yours at one time in your life. Working with someone like Mark, there needs to be a different approach than the traditional substance use approaches which an important aspect behind the development of the Escalator.

The Increase in Prescription Drug Use and Availability

The availability of opiates, benzodiazepines and other potentially addictive pharmaceuticals has done a lot to change the world of substance use issues. For one thing, the road to heroin has changed as some people, particularly younger ones, start with prescription opiates as an experimental issue only to later turn to heroin when the prospect of handfuls of prescription pain pills a day simply becomes too expensive.

In addition, the prescription drug problem has created a new kind of user and a new kind of dealer. 40, 50, 60 and even 70-year-olds who never used a drug in their life started showing up in with greater frequency in both outpatient and inpatient rehabs and emergency rooms because of dependence on prescriptions. Also, people with chronic pain and other illnesses prescribed narcotics have now become a part of the lucrative prescription drug black market by selling their prescriptions. Furthermore, people who start using opiates late in life due to legitimate pain issues needing medication, are often becoming unintentionally psychologically dependent upon their medication. People with legitimate pain management issues creates a potentially intense conflict in treatment as these individuals often have a diagnosed medical excuse to keep taking their addictive medications despite becoming emotionally and physically dependent on them. This can be complicated because there often is not an option to tell someone to stop taking their medications particularly when there is a legitimate prescription for a legitimate medical issue or for a chronic pain syndrome or injury.

As a result, people who are prescribed potentially addictive drugs for legitimate reasons present a problem for "abstinence only" programs and treatment models. Some people are not willing to stop taking their medication especially with the support of a doctor. Should those individuals be excluded from getting help just because they are unwilling to try abstinence? The Escalator is inclusive of people from all types of situations including those whose efforts at upward change are complicated by the involvement of prescribed habit-forming drugs even for legitimate medical reasons.

5-Upward change is rarely a linear process:

Change itself is rarely a linear process. Usually when you look back at change it is uncommon that things moved forward and upward in a straight line toward a goal. There are almost always "bumps in the road", figuratively speaking. The concept of a "first time winner", which describes a person who decides to change their problematic substance use for the first time in their life and then basically never goes back after that, has always been the ideal in the substance use recovery world. This still does happen on occasion, but it is clearly not the norm that someone just makes a decision to change and then stays on a steady course of recovery, clearly getting better and better as time progresses. For most, the concept of relapse becomes a distinctive part of the change process. Relapses, setbacks, and other missteps are those unplanned "bumps in the road" that so often occur along the way to a goal. The field of substance use issues has come a long way with some excellent work on addressing relapse however it remains a constant and ever-present challenge to this process. Most of the time, the process of change has its "ups" and "downs"



When it comes to the process of getting better and making changes in the area of substance use issues, there is another challenge that can be just as daunting as trying to avoid or prevent relapse. In the modern world, the road to abstinence has become a much less clear and a much less direct path for many people. In the past, the accepted road for change and recovery *required* those traveling this proverbial road, to work toward accepting abstinence early on in the process. There have always been individuals who try to resist abstinence as the eventual goal in the process of change. Still, many substance use counselors would agree that nowadays, the number of people seeking help who are resistant to abstinence is an increased challenge. Earlier we discussed the concept of an abstinence oriented vs. abstinence-based viewpoint, which is an extremely important consideration in the realm of recovery and upward change. As we discussed in earlier chapters, abstinence-based change often requires abstinence as the immediate accepted goal of all who participate in the change process. In abstinence-based programs, for example, people who are using substances while engaging in the change process are often discharged for noncompliance sooner rather than later if they do not embrace abstinence. By contrast, an abstinence-oriented program or approach accepts the fact that abstinence is the ideal toward which people are working toward, however the program or method being utilized takes into account the vital truth that the path to abstinence takes time and often involves slow, incremental change and that people change at their own pace rather than at a predetermined, “one size fits all” pace. In abstinence-oriented treatment situations for example, someone who is struggling may still be using substances while in treatment for a period without arbitrarily being kicked out of the program just for using. This accepted reality contributes even further to the fact that change is rarely a linear process but is rather a gradual process with ups and downs along the way which is congruent with the Escalator view.

There are many reasons why more and more people who use substances then get help do not simply buy into the basic concept of accepting and embracing a need for abstinence as easily as in the past. One factor, which we discussed previously, is that there is an increasing number of people legally prescribed intoxicating substances for pain, anxiety or other issues. It is not that some people do not need these drugs, because some do, while for others it is not always so clear. Either way that issue is a barrier with an “abstinence only” mindset. Also, “softer” drugs such as marijuana have become more socially acceptable therefore fewer people are as open to just letting them go because someone suggests they try abstinence. There are many other reasons that contribute to the change process being less well-defined including peoples changing attitudes and individual viewpoints in many cases. As a result, simply put, the path toward progress and change rarely goes directly from start to abstinence then to completion and success. The road to success is in actuality for the vast



majority of people who use substances both varied and highly individualized and complex. Consider two examples contrasted below that help illustrate this point:

Chuck –

Chuck was arrested for a Driving Under the Influence (DUI) charge 3 months ago and his employer found out about his arrest. Chuck highly valued his job and from the start took treatment seriously by abstaining from alcohol immediately after his DUI arrest 3 months earlier. Chuck agreed to attend outpatient substance use treatment and educational group sessions for 16 weeks as required by the state mandate for treatment for DUI offenders. During treatment, Chuck's counselor convinced him to try Alcoholics Anonymous and for the first time in his life Chuck was able to realize the negative effects that drinking had on his life. Chuck soon developed a sober support network of friends in AA and his wife also began attending Al-Anon. Chuck successfully completed the program and quickly got back to work with over 6 months sobriety and an improved life by his own admission.

Janet –

Janet was referred for outpatient treatment by the local hospital where she spent 3 days on the inpatient psychiatric ward. Janet was admitted to the hospital psychiatric ward during a blackout induced by a mix of alcohol with her benzodiazepine prescribed by her primary care physician to treat Janet's daily panic attacks directly related to her being a rape victim in her early 20's. Janet was admitted to the psych ward from the emergency room after making suicidal statements during her blackout that she later did not even remember by the next morning. Janet had been in and out of AA for the past 5 years with some periods of sobriety from alcohol, but she often quit when others in the group said something negative to her about her benzodiazepine use, which she still denies ever abusing. Janet refused to go to residential treatment, but she instead agreed to attend 16 weeks of outpatient individual therapy because she reported group therapy makes her more anxious. Due to a few setbacks along the way, Janet was able to demonstrate a period of 60 consecutive days abstinent from alcohol by the end of 16 weeks in treatment. After seeing a psychiatrist, she also eventually agreed to take a slower acting benzodiazepine for her anxiety in order to reduce the use potential for her prescription.

In the first example, Chuck could be viewed as an ideal situation as he quickly embraced abstinence and traditional recovery philosophy and made quick and substantial progress. Sadly, there are fewer and fewer "Chucks" seeking help these days. Clearly, the second example of Janet illustrates the point about some of the differences facing many people with substance use issues today that we have touched upon, including the issue of people unwilling to embrace abstinence. Janet, with her multifaceted problems followed a much less traditional path to "recovery" and upward change than the first example, yet still had positive outcomes. In the second example Janet never truly embraced abstinence yet in comparison to where she started, she still was able to make progress and benefit from treatment.

In summary, many more people have complex issues beyond just the basic concepts of substance use as the problem with abstinence as the only goal. Many of these increasingly complicated issues do not have clear cut traditional treatment solutions and therefore transcend the "don't drink and go to meetings" (Alcoholics Anonymous) ideology. Upward change is a process that so often has many "ups" and "downs", as well as challenges and successes that occur along the winding road of self-development and personal growth. Clearly due to these changes in people's needs, a new approach is needed to adapt with these changes. The Escalator has been developed to be sensitive to these changing issues as this approach embraces the individualized and variable road toward upward



change, with its many twists, turns, ups and downs that so many people who need help face along the way.

6-Social media and the internet has significantly changed the way we get and share information and can be used in a positive manner to enhance the upward change process

The extensive availability of information, video clips, news stories, testimonials, propaganda, and movies openly available on the internet and through television and the media has changed how all of us understand, view and define substance use issues and other related information. We have all seen, heard, and experienced so much more than people of the past due to the exponential increases in the availability of information through advancements in technology. Therefore, the techniques that help people overcome substance use issues need to change with the times.

According to one motivationally based approach, one of the most effective approaches with people who are in precontemplation with regard to their substance use issues (similar to being “in denial” from a 12 Step perspective) is use of “consciousness raising” (Prochaska, Norcross and DiClemente, 1994) Historically, consciousness-raising can be done through the use of movies, information, pictures, etc., that grab the attention of someone who does not recognize a problem. The goal is to increase motivation and insight by using these stimulating visual aids and information. In the 1980’s into the 1990’s counselors used visual aids with a high level of effectiveness with getting precontemplative clients to consider the harms caused by substance use. However, with the expansion and increased availability of the internet and other information sources over time, these types of visual aides have lost their “shock value” with many people, particularly the younger generation. Today, people with substance use issues, particularly younger individuals who have been using the internet for years have seen and heard it all. It can be very difficult to raise the consciousness level for someone who has already been exposed to most of the available information and media and in many cases has been desensitized to anything that could be considered provocative or shocking. The ability to use multimedia for consciousness raising has been highly compromised as a result, which necessitates the need to think in different terms when it comes to substance use issues.

There was a time in the past when a counselor with a video store membership could go to the video rental shop and get the latest movies on drug addiction or alcoholism and use these as highly effective tools to generate discussion about the harms caused by substance use and dependence. That process provoked a good amount of consciousness raising for the overall purpose of motivation and insight building. Today, however, these movies are all seen downloaded from the internet by a huge segment of the population including those in treatment for substance use. Now, it is a rare for a counselor to find a movie or video that most people have not already seen. Visual tools and movies can still be valuable if used sparingly, however in many situations they have overall lost their effectiveness due to overexposure. Consciousness raising remains a crucial strategy for counselors however the use of movies and other media has become a less available method.

That is just an example of how things have changed in this area. Substance use counseling has always been much more than showing movies. However, when attempting to provide substance use education, many kids now often know as much, if not more than the counselors when it comes to information about drugs and alcohol. For example, having a discussion about prescription opiates with an internet savvy young person addicted to prescription drugs can be a frustrating experience. Because of the availability of information on the internet many people involved with use of prescription drugs haven't literally risen to the level of amateur pharmacists! The same holds true with having a discussion on the potential harms of marijuana with an internet savvy “pro-marijuana” teenager or young adult. Due to the availability of pro-marijuana propaganda and questionable



“research” on the internet, most kids and young people have will have the counselor considering smoking weed if he is not careful! Kids of today can provide a detailed research-based argument as to why marijuana is the wonder drug that will cure all of today’s problems if everyone just got high! This point leads to the next similar issue:

The ongoing advancements in the field of utilizing technology for tools needed for self-change and personal development is progressing at an amazing rate. Already there are technological applications that have easily accessible skills and supports available for anyone in need for a variety of substance use related issues and co-occurring mental health issues as well. Technology moves so fast that we dare not try to get into any detail about anything that is available, because by the time people will be reading this, things can become outdated and improved upon with better technology in the blink of an eye. The technological tools that are available to this and future generations were merely in the imaginations of science fiction writers at the time of the original writing of the AA Big Book. It can be helpful to use available technology to help with the change process and any modern approaches therefore need to embrace these changes and advancements in technology.



Supplemental Reading - Click to View: [*The Marijuana Legalization Issue*](#)

