

The Quick-Reference Guide to  
**ADDICTIONS  
AND RECOVERY  
COUNSELING**

*40 Topics, Spiritual Insights,  
and Easy-to-Use Action Steps*

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and  
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# Introduction

Substance abuse and other addictive problems are prevalent in almost every segment of society today. The issues and concerns that are created cross all ethnic, cultural, educational, socioeconomic, gender, and age barriers. While there has been an upward trend in elder and prescription abuse over the past decade, adolescent rates have stabilized somewhat. Yet, when considering the various forms that addiction can take, the statistics are staggering (sources include the U.S. Department of Health and Human Services, U.S. Department of Justice, National Center for Health Statistics, Centers for Disease Control and Prevention, and U.S. Bureau of Labor Statistics):

- There are an estimated 15 million alcoholics and 10 million drug addicts (other than alcohol) in the United States. Forty percent of all family problems brought to domestic court are alcohol related; 75 percent of all juvenile delinquents have at least one alcoholic parent. More than 150,000 teens use cocaine and 500,000 use marijuana one or more times per week. In addition, nearly 500,000 junior and senior high students are weekly binge drinkers. An estimated 10–15 million adolescents need treatment for drug and alcohol abuse each year.
- An estimated 5–7 million people are addicted to prescription drugs.
- Every addict directly affects at least 5 other people. In a recent Gallup poll, 41 percent of those polled indicated that they had suffered physical, psychological, or social harm as a result of someone else's drinking or drugging (double the level reported in 1974).
- There are 40–80 million Americans who suffer from compulsive overeating and 5–15 percent will die from its consequences in any given year. Some 20 billion dollars is spent annually by Americans seeking to lose weight.
- Close to 100,000 adolescent girls, or 1–2 percent, and 4–5 percent of college-age women struggle with anorexia and/or bulimia.
- There are 2.5 million pathological gamblers and another 3 million compulsive gamblers in the United States. Gambling has become a 500-billion-dollar industry. The suicide rate for this population is 20 times higher than the national average. Some 50 million family members are said to be adversely affected.

- There are currently more than 300 million pornographic websites with an estimated 6–8 percent of the population diagnosed with some level of sexual addiction.
- No one really knows how many workaholics there are since this addiction has received comparatively little attention up until now. One study indicated that more than 10 million adults average 65–70 hours of work each week.

One of the more common debates in the public eye centers on whether addictive problems are disease-based (primarily genetic or biological) or choice-based (primarily habits or social environment). Major theoretical orientations include moral theory, disease theory, behavioral theory, social learning theory, and systems theory. Often people of faith incorporate the sinful nature of fallen man into the equation. Romans 7:14–25 is a poignant reminder of this: “But I see another law at work in me, waging war against the law of my mind and making me a prisoner of the law of sin at work within me (v. 23).

Even though children of alcoholics are said to be four times more likely to become alcoholics than children of nonalcoholics, initial theories of a single alcoholism gene have been disproven. Nevertheless, biological determinants cannot simply be ignored or discarded. Years of qualified research have now clearly demonstrated that addiction is influenced both by multiple genetic traits, called “polygenic” or addictive inheritance, and by a complex array of psychosocial dynamics. However, it is important to keep in mind that susceptibility does not necessarily imply inevitability. If genetics and biology were all encompassing, no one would ever be able to use free choice to move toward recovery. Alcoholics Anonymous and other 12-step approaches have consistently demonstrated the principle of choice.

Recent research continues to explore the neurobiology of addiction. In all brain functioning, neurotransmitters (chemical messengers) are released by the electrical impulses of a neuron and record sensory experiences called imprints. These imprints are encoded, passed along appropriate pathways (across a synapse), and stored (usually at the unconscious level). Dopamine is one of the major agents related to the “pleasure pathway” to or through the limbic system (where the feeling of pleasure is produced and regulated) and the development of addiction. Studies have shown that addictive substances (as well as behaviors) can adversely affect the nucleus accumbens, a circuit of specialized nerve cells within the limbic system. The amygdala—an almond-shaped mass of nuclei located deep within the temporal lobe of the brain, which plays a primary role in the processing and memory of emotional reactions—in essence, hijacks normal messaging that passes through the neocortex, where cognition is managed, and creates new neural pathways that enhance the addictive process. The brain has a natural blood-brain barrier that normally does not allow water-soluble molecules to pass through capillary walls. A substance is considered to be psychoactive when it can penetrate that barrier and create changes in neurochemistry and subsequent brain functioning.

Most practitioners who work in this field also understand and consider the needs-based aspect of addictive behavior that seems to fuel the dynamic. This can include the need to be insulated from worry and anxiety, the need to reduce manipulating guilt feelings, the need for approval and acceptance, the need to maintain a sense

of control and power in one's environment, the need to avoid pain (physical, emotional, and psychological), and the need to be a perfect person and measure up to the expectations of others.

As such, all addictions typically fit into four basic categories:

1. *Addictions that stimulate*—activities or substances that provide arousal and ecstasy, usually resulting in a release of adrenaline
2. *Addictions that tranquilize*—activities or substances that calm, comfort, or reduce tension or anxiety, usually resulting in a release of endorphins
3. *Addictions that serve some psychological need*—such as self-punishment, co-dependency, workaholism
4. *Addictions that satisfy unique appetites*—involving both psychological and physiological components, such as pornography and some fetishes

*The Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM-IV-TR)* quantifies the difference between substance use/abuse and dependency. The latter can be characterized as a maladaptive pattern of substance use leading to clinically significant impairment or distress that can include tolerance, withdrawal symptoms, and increased usage in spite of the fact that doing so is ultimately destructive. Usually addicts do not become dependent on a substance or activity immediately, but only after progressing through a number of distinct stages. These stages—partially based on the work of addiction researcher E. Morton Jellinek—are:

1. *Experimentation: Desired Release or the Exploratory Phase.* In this phase the person is motivated by curiosity or a desire for acceptance or escape, does not go overboard, and learns that the effects are controlled by the level of intake. There are usually few, if any, consequences.
2. *Occasional Use or Doing: Diminishing Returns or the Prodromal Phase.* In this phase the person experiences periodic disruptions at work, school, or home, needs more of the substance or activity to get the same effect, and has more actual seeking behavior. Still, the behavior occurs primarily in a social context where the person is frequently guided by a more experienced “user.”
3. *Regular Use or Doing: Demanding Response or the Crucial Phase.* In this phase the person begins obsessing more and is preoccupied with using or doing, begins to do it more on their own, may experience a periodic loss of control, begins to break their own self-imposed rules that regulate the behavior, experiences increased shame and guilt, and looks for ways to hide the behavior.
4. *Addiction and Dependence: Destructive Results or the Chronic Phase.* In this phase the person needs the substance or behavior to survive, cope, and get by in daily living or functioning and experiences a deterioration in mental, emotional, physical, moral, and spiritual health.

Though otherwise unique, all addictive behaviors throughout these stages provide short-term gain, but lead to long-term pain.

Despite the nature of the addiction, all addictions have a number of common identifiers:

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- They serve the purpose of removing a person from their true feelings.
- They serve as a form of escape.
- They totally control the addict, and the control transcends all logic or reason.
- They override the ability and/or willingness to delay self-gratification.
- They always involve pleasure.
- They involve psychological dependence.
- They are ultimately destructive and unhealthy.
- They eventually take priority over all of life's other issues.
- They lead to a system of denial and minimization.

From a biblical perspective, addiction in all its various forms results in the formation of spiritual strongholds and bondage in the life of the addict. There are several verses in both the Old and New Testaments that speak to this subject. The Greek word *pharmakon*—a feminine noun from which the words *pharmacy*, *pharmacist*, and *pharmaceutical* are derived—is used to describe a curative or medicinal drug. It's interesting that a derivative with the same root, *pharmakeia*, relates to things like sorcery, the occult, witchcraft, illicit drugs, and incantations associated with drugs. These terms can be found in Galatians 5:20–21 and Revelation 9:20–21 (translated as “sorcery” or “witchcraft” in each case). The human body is remarkably (even divinely) balanced chemically, and it is interesting to note that when balance is disrupted (either from introducing chemicals into the system that are not necessary or through other conditions such as psychosis and schizophrenia), spiritual doors (mostly destructive) seem to be opened within the person's soul. Thus when it comes to the treatment arena of addictions, we frequently find ourselves in a spiritual battle with the client.

The apostle Paul understood the battle clearly. Listen to his discourse in Romans 7:14–25 regarding this powerful dynamic, as well as his conclusion that it is Christ who is the deliverer:

We know that the law is spiritual; but I am unspiritual, sold as a slave to sin. I do not understand what I do. For what I want to do I do not do, but what I hate I do. And if I do what I do not want to do, I agree that the law is good. As it is, it is no longer I myself who do it, but it is sin living in me. For I know that good itself does not dwell in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out. For I do not do the good I want to do, but the evil I do not want to do—this I keep on doing. Now if I do what I do not want to do, it is no longer I who do it, but it is sin living in me that does it.

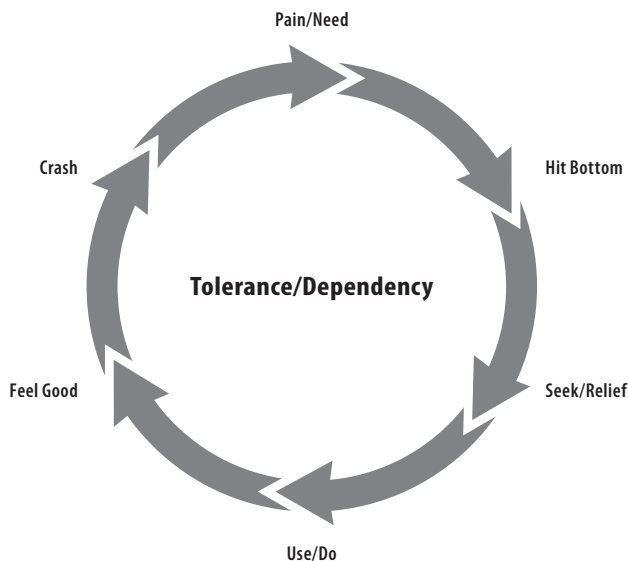
So I find this law at work: Although I want to do good, evil is right there with me. For in my inner being I delight in God's law; but I see another law at work in me, waging war against the law of my mind and making me a prisoner of the law of sin at work within me. What a wretched man I am! Who will rescue me from this body that is subject to death? Thanks be to God, who delivers me through Jesus Christ our Lord!

Here's an insightful look at another Scripture, Proverbs 23:30–35 (NASB), that speaks to some of the spiritual dynamics related to addiction, as well as the poor or sinful choices made by an individual:



- “*Those who go . . .*”—An addict begins an intentional quest for relief from his or her pain.
- “*When it sparkles in the cup . . .*”—The seductiveness of alcohol is evident.
- “*. . . bites like a serpent . . . stings like a viper . . .*”—The pain relief of the alcohol has now become the main problem, but the addict continues the cycle until recovery or death.
- “*. . . eyes will see strange things. . . . Your heart will utter perverse things . . .*”—A distorted perspective on life, relationships, attitudes, and behaviors that becomes an acting out of pain in the heart.
- “*They have struck me, but I was not hurt; they have beaten me, but I did not feel it . . .*”—The denial of addicts is so strong that they cannot see how the addiction is destroying everything around them. They are out of touch with reality.
- “*When shall I awake, that I may seek another drink?*”—Even with all the pain, addicts believe that the alcohol will solve their problems.

Most people do not sincerely desire or set out to become addicts and have their lives completely destroyed as a result of their abuse or the behaviors they are engaging in. Yet many end up in that place of isolation and brokenness. The journey down this long and empty road is one that can be seen within the addictive cycle below:



Here is how the cycle works:

1. The person has an unmet *need* in their life or a significant source of *pain*. The pain or need can be physical, emotional, psychological, relational, or spiritual. All the individual knows is that he or she is hurting.
2. This pain or need eventually results in the *person hitting bottom*. In other words, they become about as miserable and desperate as they can imagine. Often this is a place of hopelessness and despair.

3. Once the person bottoms out, the natural human desire is to *seek relief* from the pain or help with the need, and so the search begins.
4. The seeking motive results in the person *using* and/or *doing* something that he or she believes will bring a level of relief. For some, it's drugs or alcohol; for others it could be food, gambling, sex, the need for control, co-dependent relationships, or a number of other things.
5. The initial result is that the person *feels good*. They experience some *relief*—remember the motive to begin with.
6. Unfortunately the relief is usually short-lived. Often guilt, shame, and other consequences enter the picture, causing a *crash* (much like the proverbial hangover). The person comes to realize that the temporary reprieve was not worth it and did not solve the problem.

The impact of the crash actually becomes an additive factor to the original pain or need. This means the person does not end up in the same place after going “around the mountain.” Now they feel even greater pain or need and hit bottom a little bit harder, which means the desire for relief is a little stronger, which means it now requires a little more of whatever the person used or did to bring them to the same level of relief. This is where the deception of addiction can be found. Since the person had to use or do more, the reality is that it took them higher and deeper toward addiction, but it didn't feel that way. Once again the resulting crash is greater, and this becomes a downward spiral. The technical terms for the process are *tolerance* and *dependency*.

The good news is that there are exit doors off this merry-go-round. One is at the top of the cycle. Counselors need to address, as best they can, the motivating source of a client's pain or need. In other words, what is driving the behavior? There may be some limitations in how directly these areas can be fully unpacked on an emotional level (for example, early childhood abuse); however, the second exit door offers additional opportunities. This primarily regards what the person used or did to seek relief. Part of the treatment process is to help clients understand and incorporate healthier and more God-honoring responses to what may be going on in their life.

Consider the following passage of Scripture from 2 Kings 17:16–17 (NASB). This was during a time of Israel's history when the people, by and large, had deserted their singular devotion to God and began committing what the Bible refers to as spiritual adultery. Several words have been emphasized, which speak to an important process.

They *forsook* all the commands of the LORD their God and *made* for themselves two idols cast in the shape of calves, and an Asherah pole. They *bowed* down to all the starry hosts, and they *worshiped* Baal. They *sacrificed* their sons and daughters in the fire. They practiced divination and sought omens and sold themselves to do evil in the eyes of the LORD, arousing his anger.

From a Christian perspective, addictions are sometimes referred to as *spiritual strongholds*. It may not sound too profound, but a good definition for a stronghold is something that has a *strong hold* on a person. In the 2 Kings passage above, a progression can be seen that *begins with a choice* and ends with a generational impact.

1. The Israelites' *first choice* was to *forsake* God. In this context, it means they willfully turned their backs on Him to walk in a manner that was contrary to what He desired for them. All addictions involve moral choices. While the research clearly indicates a genetic predisposition for some individuals (especially in the case of alcohol dependency), it does not mean a person will be automatically compelled to take the first drink. Choices are still made. However, once that person consumes alcohol, he would have to fight much harder within himself—than other individuals without the same genetic makeup—not to take the next drink. In a pure disease model, choice would not be a factor. For example, if a person had cancer, usually she would not merely wake up one morning and say, “I choose not to have cancer,” and it would then disappear. However, when it comes to an addiction, people can make choices (step 3 in the 12-step program) to live differently. If choice were not an option, no one would ever move from addiction to sobriety and into the recovery process.
2. The Israelites' *second choice* was they *made* idols. In other words, they took what was already in their hearts and minds and spirits and then brought it into reality with tangible objects. When it comes to addiction, people must first make a choice in their heart and mind and then bring their desire into reality, whether it is a bottle, a line of cocaine, a pornographic image, a food item, a slot machine, and so on. The object or behavior brings their desire into reality.
3. The Israelites' *third choice* was they *worshiped* what they had made. Worship at its most basic level is simply giving someone or something one's time and attention in such a way it is elevated in prominence and priority. People can worship many things other than God. In the addictive progression (from experimentation to occasional using to regular using to dependency), individuals begin to spend more and more time and give more and more attention to the object or behavior they have set in front of them.
4. The Israelites' *fourth choice* was they *served* Baal (the idol they fashioned and then worshiped). The Hebrew word for serve here is *abad*, and it does not mean to serve in the positive connotation of assisting or helping another. The literal translation is “to be in bondage to” or “enslaved” by something. The progression from an act of the will, to bringing something into one's life, to giving it greater priority, may then result in bondage and enslavement (addiction and dependency) to the object or behavior.
5. The Israelites' *fifth choice* was they *sacrificed* their children as a result of their choices, and in essence passed the problems to the next generation. Baal worship at the time included human sacrifice among other abominations. When it comes to addictions, we often see the negative impact on the addict's family members and loved ones.

So now let's go back to the beginning of the process. If forsaking God is the first step down a path leading to destructive consequences, then from a biblical perspective, *confession*, *repentance*, and *godly sorrow* become the first steps back to sanity and a healthier lifestyle. In his letter to the Corinthians, the apostle Paul says,

Godly sorrow brings repentance that leads to salvation and leaves no regret, but worldly sorrow brings death. See what this godly sorrow has produced in you: what earnestness, what eagerness to clear yourselves, what indignation, what alarm, what longing, what concern, what readiness to see justice done.

2 Corinthians 7:10–11

Throughout this Quick-Reference Guide, various types of addiction will be examined (substance abuse addictions, behavioral addictions, and process addictions); however, it is important to keep in mind that while biological, genetic, and sociocultural influences may all be factors, human beings' sinful nature, our moral choices, and the need for God's grace and forgiveness must also be integrated into the process when completing assessments and developing appropriate treatment protocols. Considering the whole person (physically, emotionally, mentally, relationally, and spiritually) is essential. The clinical dynamics are important, but without repentance and godly sorrow, the discussion would be incomplete. Look at the first three steps from AA/NA (Alcoholics Anonymous/Narcotics Anonymous):

- We admitted we were powerless over our addiction and that our lives had become unmanageable.
- We came to believe that a Power greater than ourselves could restore us to sanity.
- We made a decision to turn our will and our lives over to the care of God as we understood Him.

Addiction is a complex phenomenon involving genetic and biological factors, as well as psychosocial and spiritual dynamics. The good news from a treatment perspective is that those we work with still have choices. The orientation of the caregiver is also important. Some counselors are more naturally priests—they love to comfort the disturbed. Others are more naturally prophets—they love to disturb the comfortable. While an adept and skilled counselor is able to move between both orientations, addictions work does require a certain comfort level with confrontation due to the prevalence among addicts of denial and the tendency to minimize issues. Accountability and increasing the utilization of appropriate support systems are critical components for any treatment strategy. Recovery is rarely a solo journey.

“Two are better than one, because they have a good return for their labor: If either of them falls down, one can help the other up. But pity anyone who falls and has no one to help them up” (Eccles. 4:9–10).

## THE ROAD TO RECOVERY

### Step 1—Recognize and Admit: The Role of Confession and Breaking the Power of the Secret

The first thing an addict must be willing to do is face himself or herself with courageous but brutal honesty and say, “This is me! It's not about the other person.

I recognize and admit that I have the problem. In fact I may be the problem.” People can carry the “secret” of their struggle for years and the only thing they experience is the growing power it has over every aspect of their lives. Honest reflection is critical if one is to break through the fear and shame and take personal responsibility for what needs to be done. First John 1:9 says, “If we *confess* our sins, He is faithful and righteous to forgive us our sins and to cleanse us from all unrighteousness” (NASB). Confession requires bringing things into the light where they become visible (see Ephesians 5:13). The child cries out at the “monster under the bed” until the light is turned on. Only then are things seen for what they really are. The same is true when it comes to an addiction. Bring it into God’s light where the Great Physician can perform the necessary surgery.

## **Step 2—Clean Out the Infection: The Role of Grieving and Breaking the Power of Denial**

There is a need for the painful and/or distorted emotions within the addict to be addressed and resolved so the potential for healing and restoration can exist. Otherwise sinful and destructive patterns will continue to have a negative impact on life. These emotional wounds may become infected, and infections have a natural way of spreading. It will not be easy or pleasant—no infection is attractive—but the source of pain needs to be cleansed. Just like a parent who must touch and gently clean the scraped knee of their child, so too God must be allowed to “touch” the sensitive, hurting, and broken places in the addict’s life. And He graciously provides opportunities throughout Scripture. David and other psalmists were constantly crying out before God and there was no minimizing or denying the reality of what they were wrestling with. Psalm 62:8 says, “*Pour out* your heart before Him; God is a refuge for us” (NASB). Only then can a healing salve and bandage be applied. When addicts turn to God with their greatest fears and deepest griefs, they will always encounter the safest hands. This requires repentance and godly sorrow.

## **Step 3—Renew the Mind: The Role of Truth and Breaking the Power of Unbelief**

A wrongful and unbalanced belief system usually contributes to an addictive lifestyle. How people think about the beliefs they carry may have so distorted the truth that they are now bound by the lie that is lived out. The enemy of the soul is a liar and a deceiver, but the ability of God’s Word to give discernment, clarity, direction, hope, wisdom, and changed thinking is evident. The addict is transformed by the renewing of their mind (Rom. 12:2) and the washing of His Word (Eph. 5:26). Just as the rain softens the ground, making it easier to weed the garden, so truth has a way of softening one’s “heart ground,” allowing God to pull out the things that tend to choke life. He is a faithful gardener, but when an addict’s heart is hard and closed, He usually is able to get only what’s at the surface and not down to the root of the matter. His grace and truth must be allowed to wash over every part of the person. The result will be not only new life but life in great abundance.

## Step 4—Exercise the Will: The Role of Accountability and Breaking the Power of Fear

While owning the problem, dealing with damaged emotions, and having a renewed mind are all important, they are not enough. Concrete and proactive steps must be taken through confession, repentance, obedience, and accountability. Every journey really does begin with a first step. Committed action is usually the result of strong conviction and is evidence that the addict is ready to move on and beyond the past. The apostle Paul told the Philippians that he was “forgetting what lies behind and reaching forward to what lies ahead” (3:13 NASB). The truth, however, is that most addicts cannot do it alone—they need others to walk with them. Someone once said that accountability is the breakfast of champions, but too many people skip the most important meal of the day. Isolation is Satan’s primary tactic to take out a believer. The person who is alone is an easier target. In 1 Kings 4:1–19 there is a list of Solomon’s key officials. Embedded in this list is a priest named Zabud, who is called “the king’s friend” (NASB). Solomon, the wisest man who ever lived, had the insight to have someone in his inner circle whose primary role was apparently that of friend. Who is the addict’s Zabud? They must identify these accountability partners and ask them to prayerfully consider taking the journey with them.

## THE THREE LEGS OF HELPING MINISTRY

This Quick-Reference Guide is designed for mental health practitioners, as well as pastors and ministry leaders, and lay caregivers—like the three legs of a three-legged stool—who desire to understand better and help those struggling with various forms of addiction. We have written this book to apply to those in each category—each leg of our three-legged stool metaphor. We advance the ideas that helping ministry in the church is made up of *pastors*, who serve in a central oversight role, as clients nearly always return to the role of parishioners; of *professional Christian counselors and clinicians*, who often serve many churches in a given geographic area; and of *lay helpers*, who have been trained and serve in the church through both individual and group leadership roles.

People serving at all three levels must develop both the character and the servant qualities that reflect the grace and truth of Christ Himself. God has also distributed His gifts liberally throughout the church to perform the various ministry tasks that are central to any healthy church, not the least of which is *caring for the broken and hurting*. No matter how skilled or equipped we become, unless we rely directly on the Spirit of God to work in and through us to do the ministry of God, our service will not bear kingdom fruit.

God will bring us to those who are caught in the bondage of addiction whom He wants to love and heal through us. We must learn to depend on Him to touch others in a supernatural way—so people can exclaim, “God showed up in that counseling session today!” The apostle Paul said in 2 Corinthians 4:6–7, “For God, who said, ‘Let light shine out of darkness,’ made his light shine in our hearts to give us the light of

the knowledge of God's glory displayed in the face of Christ. But we have this treasure in jars of clay to show that this all-surpassing power is from God and not from us."

## Pastor or Church Staff

If you are a pastor or church staff member, you know that many who walk through the doors of your church have wrestled with substance abuse, chemical dependency, and other forms of addiction. This guide will assist you in:

- delivering effective counseling and short-term strategies to assist those who seek pastoral care
- teaching others and developing sermons about addiction, recovery, and how to live and walk in freedom
- providing essential resources and materials for staff and lay leaders in your church to equip them and advance their helping ministries

## Mental Health Practitioner

If you are a mental health practitioner and licensed or certified in one of the six major clinical disciplines, you are likely already familiar with most of the topics in this book. However, this guide will assist you in:

- reviewing the definitions and assessment questions that are critical in your initial session with a new client
- understanding and incorporating a biblical worldview of the client's problem as you develop an appropriate treatment plan
- delivering information to your clients that best helps them get unstuck and move forward more resolutely with right thinking and focused action regarding the treatment process

## Lay Counselor

If you are a lay counselor, this book will guide you in planning and delivering the best care you can from beginning to end. We recommend that you read through the entire book, highlighting the material most useful to you in either individual or group formats. This guide will assist you in:

- understanding and accurately assessing the addict's problem
- guiding your discussions and delivery of helpful suggestions without assuming too much control or yielding too little influence
- reminding you of key principles and guiding you in the process of moving effectively from problem identification to resolution
- reminding you of the limits of lay ministry and assisting you in making constructive referrals to others with more training and/or expertise

## USING THE QUICK-REFERENCE GUIDE FOR ADDICTION AND RECOVERY

This guide includes chapters on forty of the most prevalent issues we see as professionals and ministry leaders in the field of addiction and recovery. You will see we have divided each topic into an outline format consisting of eight parts that follow the logic of the counseling process. The goal and purpose of these eight segments are as follows:

1. **Portraits.** Each topic begins with a number of short vignettes that tell a common story about people struggling with the issue at hand. We have tried to tell stories like ones you may encounter with the people you serve.
2. **Definitions and Key Thoughts.** This section begins with a clear definition of the issue in nontechnical language. Then we add a variety of ideas and data points to help you gain a fuller understanding of the issue and how it impacts lives and may harm the individuals who struggle with it.
3. **Assessment Interview.** This section may begin by suggesting a framework in which to approach making a thorough assessment and is followed by a series of specific questions for gaining a more complete understanding of the individual's problem(s).
4. **Wise Counsel.** One or more key ideas are presented here that should serve as an overarching guide to your interventions—wise counsel that will help you frame your interventions in a better way. These key insights will give you an edge in understanding and working with the men and women you encounter.
5. **Action Steps.** This section—along with Wise Counsel—will guide you in what to do in your counseling interventions. It helps you construct a logical road map that will guide you and your client from problem identification to resolution in specific, measured steps—client action steps. Without a good action plan, it is too easy to leave someone confused and drifting rather than moving in a determined way toward concrete goals for change. Most Action Steps will be directed at the individuals you are counseling. Any added notes for the counselor will be in italics.
6. **Biblical Insights.** Here we provide relevant Bible passages and commentary to assist you in your counseling work from beginning to end. Embedding the entire process in a biblical framework and calling on the Lord's power to do the impossible are essential to authentic Christian counseling. You may choose to give your clients some of these verses as homework—ask them to meditate on them and/or memorize them—or you may want to use these passages as guides for the intervention process.
7. **Prayer Starter.** While not appropriate in every situation, many Christians want—and expect—prayer to be an integral part of the helping process. You should ask clients for their consent before praying. Even if they do not join you, make it your habit to pray silently or in pre- or post-session reflection for each of your clients. Since prayer is a critical aspect of spiritual intervention, we offer a few lines of prayer that can serve as effective introductions to taking counseling vertical, inviting God directly into the healing process.



**8. Recommended Resources.** Here we list some of the best-known and predominantly Christian resources for further reading and study. Although by no means an exhaustive list, it will direct you to resources that will also reference additional works, allowing you to go as deep as you want in further study of an issue.

As you learn more about addiction and recovery, know that your desire to break the silence as you help and care for people honors God. Christian counseling is a strong, effective, case-based form of discipleship. In fact it is often the door the hurting people walk through to break the chains of pain, misperception, and destructive habits that have kept them from being fully alive to God. We are honored to be partners with you in God's work, and we trust that God will continue to use you in powerful ways to touch the brokenhearted and bring wholeness and healing.

## ADDITIONAL RESOURCES

The American Association of Christian Counselors (AACC) is a ministry and professional organization of nearly fifty thousand members in the United States and around the world. They are dedicated to providing and delivering the finest resources available to pastors, professional counselors, and lay helpers in whatever role or setting they serve. With their award-winning magazine, *Christian Counseling Today*, and courses available through Light University, they also deliver a comprehensive range of education, training, and conference opportunities to equip you fully for the work of helping ministries in whatever form they take. While some of these resources are noted at the end of the following chapters, several essential texts include:

- *The Bible for Hope: Caring for People God's Way* by Tim Clinton and many leading contributors (Thomas Nelson, 2006).
- *Caring for People God's Way* (and *Marriage and Family Counseling* and *Healthy Sexuality*—books in the same series) by Tim Clinton, Archibald Hart, and George Ohlschlager (Thomas Nelson, 2009).
- *Competent Christian Counseling: Foundations and Practices of Compassionate Soul Care* by Tim Clinton, George Ohlschlager, and many other leading contributors (WaterBrook, 2002).
- AACC's Light University also provides various biblical counseling video-based training programs, including: *Caring for People God's Way*, *Breaking Free, Addictions and Recovery*, *Stress and Trauma Care*, *Caring for Teens God's Way*, *Marriage Works*, *Healthy Sexuality*, *Extraordinary Women*, the *Geneva Series*, the *Courageous Living Series*, *Sexual Addiction*, and others.
- Please visit [www.aacc.net](http://www.aacc.net) for other resources, services, and training opportunities offered by the AACC for the growth and betterment of the church.

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## PART 1

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# Addictions and Recovery Overview

This section provides a comprehensive look at important aspects of addiction and recovery.

In considering assessment factors and treatment protocols—including sound counseling and psychological principles—it is essential to maintain a biblically based and biblically sound orientation (including confession, repentance, and godly sorrow) regarding the care and counsel of those individuals who struggle with addiction and dependency, especially as they are moving toward freedom and wholeness in Christ.

Remember the four basic steps that were presented in the introduction regarding the Road to Recovery:

1. *Recognize and admit*: the role of confession and breaking the power of the secret
2. *Clean out the infection*: the role of grieving and breaking the power of denial
3. *Renew the mind*: the role of truth and breaking the power of unbelief
4. *Exercise the will*: the role of accountability and breaking the power of fear

# 1

# Disease and Choice

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## 1 PORTRAITS

- “Pastor, I need help! My marriage is falling apart!” Becky begins in her call to your office. “My husband gets drunk almost every week but won’t admit he has a problem!” She cries, “For years, I have had to put up with his behavior, his yelling, his anger! And yesterday he was fired! I can’t stand it anymore.”
- Dan worries about his mother, Marie, a sixty-five-year-old who seems depressed and unmotivated to do anything. He is concerned about her going to doctors all the time. It was five years ago that she first consulted a doctor about her back pain and she continues to go, often switching doctors. Dan is beginning to wonder if she is becoming addicted to her pain medication.
- David, who is in eighth grade, smoked weed this summer for the first time. He was with school friends and heard it was a “soft drug,” one that is not so bad. He was just curious and thought it was cool to give it a try. The first time he didn’t get high, but when he tried more, he got high. He loved it. “It was amazing how it worked on my mind!” Now he smokes marijuana daily to regain the euphoric feeling of that first experience.

## 2 DEFINITIONS AND KEY THOUGHTS

### Alarming Trends and Statistics

- *Addiction* is a serious problem, impacting many individuals and families.
- About 3 million Americans aged 12 or older used an illicit drug for the first time within the past year—about 8,100 new users per day.<sup>1</sup>
- In 2009, 72.5 percent of students in ninth through twelfth grade reported having had at least one drink of alcohol, and 41.8 percent of them had at least one drink within 30 days of the survey.<sup>2</sup> Likewise, 36.8 percent of students reported having used marijuana before and 20.8 percent had used marijuana at least once within 30 days of the survey.<sup>3</sup>
- *Heavy drinking* was reported by 6.7 percent of the population aged 12 or older, or 16.9 million people.<sup>4</sup>
- *Approximately 79,000 deaths are attributed to problem drinking* each year.<sup>5</sup> This represents nearly 40 percent of all traffic fatalities in the United States. Further-

more, it is estimated that 1.6 million hospitalizations and 4 million emergency room visits can be attributed to alcohol-related problems.<sup>6</sup>

- Numerous studies have established the consequences of substance abuse on families. *One out of 4 children is exposed to alcohol abuse or dependence in the family.* Drug and alcohol use are associated with violence, child neglect, abuse, delinquency, poor academic performance, occupational problems, divorce, and homelessness.
- Of the incidents of *domestic violence*, 80 percent are associated with alcohol abuse.<sup>7</sup> Alcohol and drug use also contribute to infant morbidity and mortality.
- *Long-term alcohol and drug abuse* are associated with cancer, cardiovascular disease, neurological damage, psychiatric problems, HIV, and other blood-borne diseases.
- The *economic consequences* of alcohol and drug abuse are staggering. Statistics show that drug abuse and drug addiction cost Americans more than 600 billion dollars annually (for healthcare expenses, lost job wages, traffic accidents, crime, and so on).<sup>8</sup>

## Key Characteristics

- Webster's dictionary defines addiction as "*the state of being enslaved to a habit or practice or to something that is psychologically or physically habit-forming, as narcotics, to such an extent that its cessation causes severe trauma.*" Note that people can be addicted not only to a particular chemical but also to activities (known as behavioral or process addictions), such as gambling, pornography, and compulsive shopping. These are compulsions that people have difficulty stopping even though they are aware of negative consequences.
- *Drugs* are simply chemicals that make changes in the body's chemistry or internal makeup.
- *Drug misuse* refers to using drugs for purposes or conditions for which they are not suited or for appropriate purposes but improper dosages.
- *Drug abuse* is simply defined as a pattern of harmful use of any substance or habitual activity for the purpose of altering one's mood. People abuse drugs to forget or not feel painful feelings such as loneliness, anxiety, depression, and anger.
- *Tolerance* is a phenomenon that occurs when a substance is used repeatedly and the same dose of the substance begins to have less effect. This is the reason a person who is addicted to a drug must increase the amount of drug intake to have the desired effects.
- *Physical dependence* means that the body has adapted to the presence of the chemical and *withdrawal syndrome* appears as the drug level in the system drops—when the person stops taking the drug. Withdrawal syndrome varies from one class of drugs to another.
- *Psychological dependence* (also called *behavioral dependence*) is defined by observable behavior, such as frequency of using a drug or by the amount of time or effort an individual spends in obtaining the drug.

## Methods of Use and Abuse

- There are several ways a drug can be administered. They include:
  - *Ingestion*—swallowing
  - *Injection*—needles (usually the fastest method)
  - *Inhalation*—huffing or breathing in orally
  - *Insufflation*—snorting, sniffing or breathing in nasally
  - *Interception*—absorbed into the skin through a patch, for example
- To fully understand the impact of how a given chemical will impact a user, it is important to understand the concept of pharmacology—the principles that influence how a given drug is metabolized within the human body and how this process will influence the potential side effects that could be experienced as a result. The critical elements in the process include the method by which a given drug is administered, its *bioavailability* (the process by which a substance is absorbed and then transported and distributed throughout the human body), and the concepts of *biotransformation* (the process by which the body breaks down and modifies perceived toxins so they can be safely eliminated from the body). The chosen method or “route” of administration is also important because this will impact the speed by which the drug will begin to affect the body, how the substance is distributed, and how quickly the user will begin to experience the effects and intensity of the substance.
- There are several methods by which a drug can be introduced to the body, of which the most common are *enteral* and *parenteral* forms of administration. When a drug is given enterally, it is usually taken in the form of a *tablet* or *capsule*. This allows the substance to be absorbed and broken down by the gastrointestinal tract. A *second method* by which a drug can be given enterally is *sublingual*. The drug dissolves under the tongue and is absorbed by the blood rich tissues located there. By choosing to administer a drug in this manner, it is possible to avoid the initial metabolizing effect and maximize the potential of a given compound. A *third method* of enteral administration and one rarely used by medical professionals or recreational drug users is introducing the compound into the body *rectally*.
  - The *parenteral* form of drug administration involves *injecting* a given substance directly into the body. This method is preferred in circumstances where it is important for the user to experience the desired effects rapidly. The gastrointestinal tract is avoided, allowing the drug to have maximum effect. There are several forms of parenteral administration.
  - The *subcutaneous* method requires that a given amount of the substance be injected just under the skin. While the onset of desired effects is much slower, the drug is allowed to establish a reservoir just under the skin, which can then be released into the body at a later time.

- The drug can also be *injected into muscle tissue* within the body. Due to the large amount of blood supplied to muscle tissue, the substance is absorbed much more quickly into circulation.
- The drug might be administered parenterally via *intravenous injection*. Although there are several factors that can influence the speed by which the effects of a given drug will be experienced by the user, this method seems to be the fastest. By injecting the substance directly into a vein, the drug is allowed to immediately circulate in the bloodstream.

## Models of Addiction

- What causes addiction and dependency? *Multiple models* have been suggested.
  - The *disease model* explains that there is a legitimate and verifiable difference between those who are addicted and those who are not. Addiction is viewed as a *progressive disease*, making people incapable of not using their drug of choice once they start. The drawback of this model is that by claiming it is an incurable disease, addicts are more likely to *avoid responsibility for change*.
  - The *genetic model* focuses on *differences in genetic and physiological processes* to explain addiction. Family, twin, and adoption studies suggest that 40–60 percent of an individual’s risk for an addiction to alcohol is genetic. However, this does not mean individuals with certain genes will necessarily become addicted to a particular drug, for it is a matter of susceptibility or genetic predisposition. For example, in some people with certain genes, it is harder to quit once they start than for others.
  - The *biological model* focuses on *unique biological conditions*, such as abnormal drug metabolism and brain sensitivity to explain addiction. It is known that highly addictive drugs such as stimulants can spur the dopamine pathway within the brain, resulting in a feeling of being high. This causes the body to produce less dopamine. Studies with brain-scanning technology show the difference in brain structure activity between brains that have been influenced by drugs and healthy brains. However, these studies tend to show some of the physiological consequences produced by drug usage and not necessarily the causes of dependence.
  - The *choice model (moral model)* states that the individual person and his or her choices are the primary cause of an addiction problem. The model is based on the idea that each individual has *free choice and is responsible* for their behaviors. Alcohol and drug consumption are viewed as choices. Scriptures teach that each person has a moral responsibility before God, as Hebrews 4:13 says, “Nothing in all creation is hidden from God’s sight. Everything is uncovered and laid bare before the eyes of him to whom we must give account.” However, under the *choice model* of addiction, the addicts are often labeled as weak, with poor willpower or other

*moral failings. This kind of contempt is destructive and not helpful for their recovery.*

- The *personality model* considers addiction as rooted in an *abnormality of personality*, which may be characterized by poor impulse control, a lowered self-esteem, poor coping skills, egocentricity, and manipulative traits.<sup>9</sup> There are frequent correlations between drug abuse and *antisocial personality disorder, and juvenile delinquency*. However, this does not fully explain whether abnormality of personality causes addiction.
  - The *coping/social learning model* considers one's *psycho-emotional development* as playing an important role in addictive behaviors. People with addiction problems are seen as emotionally wounded. Many have experienced severe trauma in childhood. For example, the research on sex addicts has shown that 81 percent have been sexually abused, 74 percent have been physically abused, and 97 percent emotionally abused.<sup>10</sup> Addiction is considered as a *coping mechanism* to alleviate emotional pain.
  - The *sociocultural model* points to the *role of society, environmental factors, and subcultures* in shaping an individual's addiction. In essence, addiction is viewed as a learned behavior from others. For example, alcohol consumption is powerfully influenced by the availability of alcohol and social interactions. The level of availability to illicit drugs may vary depending on the family environment, socioeconomic status, peer pressure, educational or prevention programs, legal regulations, and so on. *Social support and accountability are essential for recovery from addiction.*
  - The *spiritual model* views addiction as stemming from a *lack of spirituality, a lack of faith-based values, and disconnection from God*, who is seen as the source of light, truth, love, and wellness. This model suggests that recovery from addiction requires a restored relationship with God. The Word of God does not imply that alcohol (wine) in and of itself is evil. In fact, alcohol consumption was part of everyday customs and prevailing biblical cultures and was also used for various celebrations, as well as for medicinal purposes. Yet the Bible is clear that *drunkenness is sinful* (see Gal. 5:21). The Scriptures also acknowledge the battle between the desires of the flesh (lust, craving, and so on) and the Spirit's desires (see Gal. 5). We are not to gratify the sinful desires of the heart but to live by the Spirit (Rom. 6:12; 8:5; Gal. 5:16).
- Which model is the most accurate? Scientific studies have shown the consequences of addiction in the brain but have not conclusively proven a biological causality. There may be genetic factors involved in one's vulnerability, yet that does not mean everyone from an alcoholic family will develop addiction. Likewise, social environment is influential, but everyone has a choice to take or not to take the drug when being offered. *If choice were never part of the equation and the process were purely biological, genetic, or disease-based, then it would be*



*questionable as to whether anyone could move toward sobriety and recovery.* The fact remains that thousands of individuals do become sober.

- Today there is a definition of addiction that is commonly accepted as a *bio-psycho-social-spiritual phenomenon*. Addiction is considered as having a *myriad of causations and contributing factors*, which provide multiple pathways to recovery. These factors all impact one's vulnerability to addiction and should be considered in the recovery process. All the aspects mentioned above exist simultaneously. Each has a unique identity that helps define the problem. People have unique personalities and do not live in isolation from family, friends, community, and the larger society. We cannot ignore the reality that *the past influences the present* and we live in an imperfect and fallen world where drugs, alcohol, and other kinds of addictive temptations exist. We are *responsible for our choices* before God and will one day give an account for those choices. However, even though we are all sinners and have rebelled against a holy God by making sinful choices, His mercy and grace are available to all who call on His name (see Heb. 4:14–16).

## The Effects of Addiction

- *Compulsion*. There are three elements to compulsion: *reinforcement, craving, and habit*. Reinforcement occurs when the addictive substance or behavior is first engaged. The effect of the substance or the feeling it produces (such as pleasure, stimulus, or relief from pain) reinforces the user. Craving means that your brain sends intense signals that the drug or behavior is needed. Continual use becomes a habit and part of your lifestyle.
- *Loss of control*. The addict senses that the addiction is out of his or her control. Typically the person cannot predict or determine when or how much of the drug will be consumed.
- *Negative consequences*. The addict continues to use despite all the painful consequences to himself or herself and to others. These include poor physical health, mental problems, family problems, interpersonal relationship difficulties, poor job or school performance, financial problems, falling into habitual sin, and separation from God.
- *Tolerance*. When the substance is used continually, the body begins to tolerate the drug's or behavior's pharmacological effects. As a result, *the body needs an increased amount* of the chemical or behavior to produce the same effect.
- *Withdrawal*. When drug use is stopped, the addict experiences unpleasant effects. Symptoms vary depending on the substance and the amount used; withdrawal can be life-threatening and may require careful medical attention (*detoxification*), as in the case of alcohol.

## Signs and Symptoms of Addiction

- *Eyes*—bloodshot, watery, extremely dilated or pinpoint pupils, inability to focus on or track objects
- *Nose*—runny, irritated membranes

- *Odor*—bad body and/or breath odor
- *Needle tracks*—skin boils and sores, injection points
- *Unusual emotional extremes*—hysterical crying or laughter, depression, confusion, agitation, and negative response to authority
- *Unusual dispositional extremes*—over-stimulated or constantly sleepy or lethargic
- *Appetite extremes*—no appetite or very little, particularly for sweets and liquids
- *Fear complex*—paranoia, convinced someone is after them, very suspicious, becoming overly defensive or arguing about trivial things, increased secrecy
- *Physical ill health*—body deterioration in tone, skin color, stance, and weight
- *Mental ill health*—emotional extremes, loss of interest in former goals, unresponsive, increased irresponsibility at home, work, or school
- *Moral and spiritual ill health*—former values destroyed and abnormal ideas and ideals adopted in their place, lying, stealing, gambling, shoplifting, and other immoral or illegal behavior

### The Neurobiology of Addiction

- There are three major parts of the brain: the *hindbrain*, the *midbrain*, and the *forebrain*.
- The forebrain includes the *cortex/neo-cortex* (cognition/thinking) and interacts with the *limbic system* (affect/emotions).
- The feeling of pleasure is produced and regulated by a circuit of specialized nerve cells within the limbic system and is called the *nucleus accumbens*.
- The brain has approximately 100 billion *neurons* (cells)—a strongly stimulated neuron can fire 1,000 times per second.
- A small gland called the *amygdala* plays a primary role in the processing and memory of emotional reactions. In some ways it acts much like a traffic cop at a busy intersection. However, the amygdala can redirect rationale and balanced thinking away from the forebrain and send an intense message of pleasure directly to the limbic system.
- *Neurotransmitters* are chemical *messengers* released by the electrical impulses of a neuron, which record sensory experiences called *imprints*. These imprints are encoded, passed along appropriate pathways (across a *synapse*), and stored (usually at the unconscious level). Dopamine is one of the major agents related to the “pleasure pathway” to and/or through the limbic system and in the development of addiction.
- Drugs interfere with the brain’s normal functioning and natural chemicals (neurotransmitters and the limbic system) that carry signals from one cell (neuron) to another (receptor). *Serotonin*, *dopamine*, and *norepinephrine* are the three primary neurotransmitters in the brain. Neurotransmitter levels and functioning are moderated by certain chemicals either *introduced* into the body (for example, through substance use) or *produced* (as by adrenaline) through certain behaviors (for example, through gambling or sex).

- The brain has a natural *blood-brain barrier* that normally does not allow water-soluble molecules to pass through capillary walls. A substance is considered to be *psychoactive* when it can penetrate that barrier and create changes in neurochemistry and subsequent brain functioning.
- *First Corinthians 6:19* is a helpful reminder: “Do you not know that *your bodies are temples* of the Holy Spirit, who is in you, whom you have received from God? You are not your own.”

| Neurotransmitter               | Primary Function  | Chemicals with Greatest Impact and Interaction       |
|--------------------------------|---|--|
| Serotonin                      | Regulates mood, increases self-confidence, creates a feeling of safety and security, can increase sleepiness and appetite.  | alcohol, cocaine, amphetamines                       |
| Dopamine                       | Regulates mood, cognition, sleep, attention and memory; influences motivation and the punishment/reward system.   | heroin, PCP, caffeine, amphetamines                  |
| Norepinephrine                 | Impacts the fight/flight syndrome, acts as both a stress hormone and as a neurotransmitter, affects heart rate and glucose levels, impacts attention and focus.       | caffeine, cocaine, amphetamines                      |
| Acetylcholine                  | Activates muscles (contraction), affects memory and cognition, is the primary neurotransmitter within the autonomic nervous system, regulates brain processing speed. | marijuana, LSD, PCP, nicotine, cocaine, amphetamines |
| Gamma-aminobutyric Acid (GABA) | Reduces excessive brain activity, reduces the impact of stress and irritability, promotes a state of calm, helps in relaxation, and reduces anxiety.                  | alcohol, benzodiazepines                             |
| Epinephrine (Adrenaline)       | Initiates the flight/fight syndrome, acts as both a stress hormone and a neurotransmitter, promotes secondary release of endorphins.                                  | nicotine, cocaine, amphetamines                      |
| Endorphins                     | Prevents nerve cells from releasing more pain signals, increases feelings of well-being.  | heroin, nicotine                                     |

## ASSESSMENT INTERVIEW 3

One of the difficulties in recovering from addiction is that many who are addicted deny their problem. The important role you will play in the initial assessment is to help individuals be honest with themselves and become more aware of the effects and consequences of their addiction.

The counselor’s respect for the counselee is essential to begin working together. It will make it easier for clients to become honest and open if you show your genuine

interest, accept them as individuals, and ask the right questions in nonjudgmental ways. The following are some helpful questions that can be asked:

1. What brought you here for counseling? Has anyone ever said that your use of \_\_\_\_\_ is a problem? How do you view the situation?
2. How often and how much do you use currently (per day or per week)?
3. Have you ever consulted a medical doctor or counselor about this problem?
4. Who in your immediate or extended family has had similar problems?
5. When did you first start using and how long have you been using?
6. How do you think your use of \_\_\_\_\_ is affecting your spouse and your family?
7. How do you think your use of \_\_\_\_\_ is affecting your job or school performance or other activities?
8. Have you tried to stop using? What kind of help did you seek? At what point do you think the process broke down or failed?
9. Have you ever done anything while under the influence, such as breaking a law, that you later regretted doing? If so, what did you do?
10. When, where, and under what circumstances do you use? More specifically, can you describe the last time you used? What happened? Whom were you with? Where were you? How were you feeling just before you used and just after?
11. On a scale of 1 to 10, with 10 being very bad, how bad do you feel about this problem?
12. On a scale of 1 to 10, with 10 being very motivated, how motivated are you to change? How hopeful do you feel about the fact that one day you may not have this problem?
13. Describe your life if you did not have this problem.
14. What kind of obstacles do you think you will face and have to overcome if you are committed to change?

*For a more thorough and formal assessment, please see the appendix.*

## 4 WISE COUNSEL

While knowing various factors are involved in the development of addiction—as we have reviewed above—we cannot, in an isolated way, simply allow the counselee to blame others (for example, family members) or circumstances (peer pressure, the environment one was raised in, traumatic events, and so on) for his or her addiction. This would not lead to intervention and change. It is most important in the recovery process that the addict *recognize the problem* and *own the responsibility* for change. Without this awareness and a sense of ownership (where choices are made), the recovery process would not be initiated. The counselor's role is to help the client come to this point.

Another essential element of addiction counseling is *safety*. The danger of the Choice Model (more specifically, the Moral Model) is that the counselee may be

viewed as weak, with poor willpower, or as immoral. This kind of judgmental attitude toward the client does not help the person move to a healthier place in life but may discourage him or her from believing an opportunity for change exists. The individual may already be feeling ashamed, hopeless, and helpless (on top of any initial denial). Your acceptance, respect, empathy, and genuine understanding of the person are essential components in creating the right environment for transformation to develop. This is where the *bio-psycho-social-spiritual model* of addiction is helpful. Addiction is a complex phenomenon and each person is in a unique situation. Stand alongside the client and together seek to understand how each factor (biological, psychological, emotional, relational, and spiritual) is contributing to continued bondage to a certain drug or behavior.

## ACTION STEPS 5

### 1. Seek Medical Help

- Realize the powerful effects of drugs on the body, because the body may have adapted and developed strong tolerance and/or dependence. A thorough physical exam and consultation may be indicated.
- Sudden abstinence may result in life-threatening symptoms. A doctor should be consulted to determine if medically supervised detoxification (detox) is required. This medical procedure can cause withdrawal symptoms that need to be carefully monitored.

### 2. Become Aware of Yourself and the Nature of the Addiction

- Your counselor will help you consider how addiction is affecting your life. What would you like your life to be like?
- The first step is admitting that you have a problem. If you do not want to change, it is unlikely that you will change.

### 3. Seek Accountability and Professional Help

- Change, even that which is desired and sought after, can be difficult and complex. Change is often scary, and you will need caring professionals who know how to help you navigate this path in a productive way.
- Along with professional help, you will need accountability for the change to be maintained over time. Recovery is a journey, and you may frequently face difficult obstacles. You will need someone who cares about you and supports you through this process.

#### 4. Make Sure You Are Ready to Change

- Your counselor will help you count the cost. Even though the advantages of stopping use may be great, it is also important to note there will be challenges related to neurobiological factors, self-deception, denial, and the fallen nature of mankind.
- When you realize that you actually want to change, it becomes easier to make a commitment to a plan.

#### 5. Make Action Plans for Real Change

- With the right support and help, you can establish obtainable goals and develop a plan and strategy for change.
- Plans should be specific, detailing the old behaviors that need to be extinguished and the new behaviors to adopt.

#### 6. Stick to the Plan

- Your counselor will help you implement the plan and assist you in taking each step toward change.
- Each new action is important. The new behavior must be practiced over time to create a new habit.
- Old habits and behaviors may remain attractive. If you indulge in them again (called a relapse), don't give up. You have probably lived with the old habits for a long time and it takes time to change patterns and recover. Review and address the plan if necessary, seek appropriate accountability, and start again.

## 6 BIBLICAL INSIGHTS

*I do not understand what I do. For what I want to do I do not do, but what I hate I do.*

*Romans 7:15*

Having fleshly desires comes with being human. Though your client is a Christian, he or she will still have struggles and temptations. Even the apostle Paul wrestled within himself. Recognize there is a battle between the flesh and the Holy Spirit who dwells in us (Gal. 5:17).

*But each person is tempted when they are dragged away by their own evil desire and enticed. Then, after desire has conceived, it gives birth to sin; and sin, when it is full-grown, gives birth to death.*

*James 1:14–15*

These desires can drive deep down in a person (Eph. 2:3; 4:22). When desire is conceived, or when someone is driven by these passions, it gives birth to sin. This leads to obeying the lust (Rom. 6:12). Sin is serious, deserving of God's anger and wrath (Rom. 1:32; 6:23).

The only salvation from sin and from God's anger is found in Jesus Christ (1 Cor. 15:55–57; Heb. 7:27; 1 Pet. 2:24; 1 John 2:2).

*What a wretched man I am! Who will rescue me from this body that is subject to death? Thanks be to God, who delivers me through Jesus Christ our Lord!*

*Romans 7:24–25*

While the Spirit in him wants to do what is pleasing to God, another power makes Paul a slave to the sin that is still in him (Rom. 7:23). Paul understood the dilemma and complexity of change. So does God! He never abandons us. He understands everything we go through.

God offered His own Son as a sacrifice for our sins. While we were still sinners, He demonstrated His love for us. God saved us! He continues to care for our every need and sees our struggles. He longs for us to come to Him.

Once a person receives Jesus as Savior and Lord, the person becomes His child and God gives His Spirit. The Holy Spirit helps in this battle and in human weakness (Acts 1:8). By yielding to Him, an addict will have victory over the flesh.

## PRAYER STARTER 7

Lord, thank You for \_\_\_\_\_'s willingness to come here and face his (her) addiction. We acknowledge that You know everything that goes on with \_\_\_\_\_. Thank You for Your love and compassionate understanding. You see the struggles, the physical dependence, painful emotions, and his (her) past and future. We are here to say we need You. We confess our brokenness and our dependence on Your grace. Apart from You, we cannot do anything good. You see our fleshly desires that war against who You want us to be. Yet Your goal for us is to be holy as You are holy. We give You control over every aspect of our lives. Give \_\_\_\_\_ strength in each step as he (she) moves toward recovery . . .

## RECOMMENDED RESOURCES 8

- Anderson, Neil T. *Freedom from Addiction: Breaking the Bondage of Addiction and Finding Freedom in Christ*. Gospel Light, 1996.
- Arterburn, Stephen, and David Stoop. *The Book of Life Recovery*. Tyndale, 2012.
- Clinebell, Howard. *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions*. Abingdon, 1998.
- Clinton, Tim. *Turn Your Life Around*. FaithWords, 2006.

- Clinton, Tim, Archibald Hart, and George Ohlschlager. *Caring for People God's Way*. Thomas Nelson, 2006.
- Dunn, Jerry. *God Is for the Alcoholics*. Moody, 1986.
- Hersh, Sharon. *The Last Addiction: Why Self Help Is Not Enough*. WaterBrook, 2008.
- Murphey, Cecil. *When Someone You Love Abuses Drugs and Alcohol*. Beacon Hill Press, 2004.
- Rice, Michael. *The Choice Theory Approach to Drug and Alcohol Abuse*. Madeira, 2009.

### Websites

- Alcoholics Anonymous: [www.aa.org/](http://www.aa.org/)
- Celebrate Recovery: [www.celebraterecovery.com/](http://www.celebraterecovery.com/)
- Substance Abuse and Mental Health Services Administration: (SAMHSA): [www.samhsa.gov/](http://www.samhsa.gov/)