
The Sober Truth: Effective Couples Therapy with Addicted Partners Sue Diamond Potts, June 28, 2018

Ellyn: Welcome everybody. I'm Ellyn Bader from the Couple's Institute and I'm delighted to see you and happy you're here with us tonight. I'm going to be introducing you to Sue Diamond Potts and then she's going to take it away. I've known Sue for about 25 years now, and she is truly a leader, a leader in the field of couples therapy and addiction, which is certainly a new and evolving field. To be a leader in a new area takes a lot of things. Two things it takes are having a good sound theory, but more than that it's having the personal experience and the personal grit to really work with the population that Sue is going to be talking about tonight.

Sue certainly has done her work both personally and professionally. She grew up as the child of two war survivors, and as a result of her experience, her family has been very much involved in working with the multi-generational transmission of trauma. She's also worked in so many settings, I'm not going to give you all of them, but she's worked with disabled youth with addiction problems. She's worked with First Nations people who certainly have a long trauma and addiction history. She worked for five years in the downtown east side of Vancouver, and this was the most street-addicted addicts and street workers.

She's had training at the Couple's Institute but also a lot of training in somatic based trauma approaches and in a lot of neuroscience approaches based on activating multiple different brain systems. She has run The Good Life Therapy Center for the past 10 years in Vancouver, Canada, and she works with her staff to teach them how to specialize in couples and addiction issues. I've known Sue for a long time. She has a huge heart. She's been very involved with me in developing a program in Kenya for refugee communities and trying to put it into some of the trauma addiction and sexual abuse. So, she spreads her love and her big heart around the world, and tonight she's going to spread it to you.

So, Sue, I'm excited to have you here; let's just go for it.

Sue: Okay, thank you so much, Ellyn. That was lovely. Thank you all for being here. I'm really excited to share the information with you and sure hope

that it'll prove useful in your work with addicted partners. I'd like to start by sharing a little bit of my story. As Ellyn said, I grew up with parents who were both World War II survivors. I'm telling my story here in a series of life progression pictures drawn at different ages of my life. My father was a Polish resistance fighter, and he hated Germans. He said he killed as many as he could during the war. He met my mother after the war and they got married. She was a German, and the war continued in our home. He was also an alcoholic, and when he drank he got violent. It was a pretty scary place for a little girl to grow up in.

My mother, being a broken-spirited immigrant who worked at menial jobs for a minimum wage, told me as an adult that she often had to leave me alone in the baby carriage outside of wherever she was working because she didn't want to risk losing her job due to a crying baby. So the first picture is me there reaching out with nobody reaching back.

As much as I detested my father and swore I would never be like him, fate would have it otherwise. I was to develop my own addiction to drugs and alcohol and struggled for many years to get out from under it. I was also a teenage mother, and I raised my daughter through all of this and for the most part on my own.

But learning was always my saving grace. I did return to school to get my high school diploma because I had to drop out when I was pregnant; I also earned two university degrees. I did eventually get clean and sober, and now, 29 and a half years later, I have close to three decades of study, both personally and professionally, in treating addiction.

The last picture is more about my life today, my spiritual quest, and my search for integration in my life's work. I'm showing you this because I believe it's so important for us to embrace our histories. I'm not saying that you need to be an addict to work with an addict any more than you need to jump off the ledge to work with somebody who's suicidal. But my story conveys that I've overcome some enormous obstacles in my life, and for me what I bring is a real belief, a sense that nothing is impossible to overcome.

Most of us have been touched by addiction in one way or another and, if we've done our work, our experience becomes a source of strength. If not, we may act it out through our countertransference with clients. There are so many ways that we can get triggered by addicts and their partners, and

we have to know what our triggers are and guard against acting them out unconsciously. For example, you may have really liked the addict in your family, and so you unknowingly collude with the person struggling with addiction by not encouraging them enough to get clean and sober and be more responsible in their relationship; or maybe you really hated the alcoholic, and you come on too strong with those clients who aren't changing fast enough. Maybe the spouse's passivity is a trigger for you, and that certainly is true for me because my mother was far too passive for my liking, and she didn't do enough to protect us from the abuse.

The bottom line is, just be aware. Do your work so your history becomes a gift to offer rather than a burden to bear.

The goals for today are: I want to help you orientate your work with couples so that you can address addiction when it surfaces; help you know how to assess it accurately, and be firm but flexible and compassionate; do it in a way that you can keep the couples in therapy because there's all the developmental arrests in the relationship that can be healed and that you can work on with them as a couple; and to provide a brief overview of why the developmental model of couples therapy is the ideal approach to enhancing the emotional growth and recovery of the addict partner or partners.

Basically, there are two ways that addiction is going to present in couples therapy. Either it's going to be up front - somebody comes in and they admit they have an issue, they may or may not have sobriety. That'll be the case with the video that I show you of a woman who's struggling to get her sobriety back. Even if they are sober and even if they've been in a program for a while, it doesn't mean they have emotional sobriety. There are often still abusive dynamics going on in the marriage or in the relationship due to a lot of unresolved family of origin issues which are being reenacted in the relationship.

The other way it presents is that it comes out later, that it surfaces at some point when you're working with a couple who might be coming in in crisis. Maybe there's been an infidelity or, like many of us here, I get a call, a person says, "We're going to give our relationship one more chance. We're coming in. We're hanging by a thread." There's so much going on, and you're trying to deal with it all; and you might ask about addiction or it might be mentioned, but there's a lot of minimization, a lot of denying or

deflecting away from what they consider more important issues. At some point it will surface and needs to be addressed.

I want to talk about how I understand addiction. There are a lot of different schools of thought out there. There are even people who don't believe it exists. I want to share with you the way I perceive it, how I see it, and how I treat it. To me, addiction operates on many dimensions and so it really demands a holistic approach that's flexible, open-minded, and patient. Substantial recovery takes time, and I believe that working with the addict and their partner early in recovery is critical. We have to stop the bleeding as soon as we can.

The first dimension is the physical or physiological; that is, a brain disorder. There's lots of evidence today supporting the fact that certain brains are vulnerable or susceptible to addiction. There's neurophysiological evidence that certain brains wired a particular way respond abnormally and that these individuals are the ones who find themselves in the throes of addiction and can't get out. This is central and, in my opinion, proves why harm reduction for those who have crossed the line into addictive use of substances or behaviors most often doesn't work. I'll go into this a little bit more in a moment.

The second dimension is the emotional. We know that people drink or use substances or participate in behaviors for the effect it produces. It takes the edge off uncomfortable feelings. It gives a false sense of "I'm okay": it numbs the pain of the past and keeps the memories subdued. It's a form of self-medication for symptoms of post-traumatic stress disorder or developmental trauma disorder; and there's a lot of moodiness, depression, and high anxiety that's often on board. It's been said that the state of mind of the person when they're not using can be described as restless, irritable, and discontent. Often, you'll hear people in recovery talk about the fact that they felt that way when they were very young, that it happened long before their addiction started.

The next dimension is the psychological; there are cognitive and perceptual distortions that contribute to and perpetuate the problem. Basically, in a nutshell, it's an extremely negative worldview; they're disgruntled and they have a victim mentality. Addicts are not the only people who suffer from an overactive negativity bias, but they tend to have it in space; and again, I'll go into this a little more in just a while.

The next dimension is the relational. Of course, it is important to us as couples therapists that there is this arrested attachment bond, that they are symbiotic with their drug of choice, meaning they're dependent as a child is dependent. So how can they have a healthy relationship with their partner which requires them moving beyond symbiosis unless and until they give it up? If there's a lot of early trauma, they'll also be quite reactive with their partners, which makes living with them quite difficult.

The last dimension is the spiritual, and this is not about religion at all. This is an existential wound; it's about a life that's lived at low bottom. There's a sense of profound unworthiness. The best acronym that I've heard for the word G.O.D. – is a Gift Of Desperation. There seems to be something missing in their lives; there's an isolation; they feel isolated and disconnected. I've actually heard it said that addiction is a disease of isolation, and it's been my experience that this is so true. Helping addicts, and helping couples form healthy connections with themselves and with each other and with a community of people, is crucial to ongoing recovery.

Now, what I love about the Developmental Model is that at the heart of it, it teaches partners how to show up as their ideal selves, and this is what I call the spirituality of everyday life. There's nothing mystical here; it's about finding meaning and purpose and being in alignment with who you aspire to be. Addicts are not coming into recovery looking for heaven, trust me, but they are definitely backing away from hell.

Let's start by looking at the physical or physiological dimension. The part of the brain affected by addiction is located in the older regions of the brain, the limbic and reptilian brain. It's called the reward pathway or pleasure pathway, and its normal function is to help us have a happy life so that it drives us or propels us towards things that enhance our growth, and it repels or moves us away from those things that drag us down - when it's working properly.

This part of the brain produces the neurotransmitter dopamine which is the primary neurotransmitter involved in addiction. Dopamine communicates a sense of "I got to have it" and it creates an insatiability in the system and it does so in these brains because it doesn't shut off. This is important because it explains the loss of control that all addicts experience at times when they expect to only drink so much or do so much and then end up unable to stop. For the person who's prone to addiction this reward pathway malfunctions.

Just to look at each of the pieces of this; the ventral tegmental is a very small part of the brain but it's rich in dopamine production, as well as the nucleus accumbens. Dopamine promotes desire; serotonin gives you a sense of satiety, sense of "Okay I've got it," and can let down. It's the anti-impulse agent or the brake to the accelerator, if you will, in the nervous system. Many animal studies have shown that all drugs increase the production of dopamine in the nucleus accumbens while simultaneously reducing serotonin.

Then there's the amygdala, which we know is where fear is stored and where the fight/flight mechanism is activated. What's interesting about people who suffer from addiction is that it's overactive in the addictive brain. In the book *Alcoholics Anonymous*, which was written in 1935, there's a line that says that alcoholics suffered from a 100 forms of fear. It says the very fabric of their existence was riddled through with it. They knew that by observing people, and now we have the neuroscience to explain it.

Those who become addicted tend to have a brain that's really primed for addiction: it has low levels of serotonin, it has too much dopamine, and it has an oversensitive amygdala, which makes it likely that triggers both internally and externally will lead to addictive behavior. You can also see here that there are projections into the prefrontal cortex, which helps explain the "Dr. Jekyll and Mr. Hyde" phenomenon that addicts go through in the throes of their addiction. These parts of the brain are where decisions are made, where judgment comes into play, and also involves impulse control. All of us who know people who are addicted know that they can become a very different person: they can be sweet when they're sober but aggressive and rude in their addiction; they will do things that they never would dream of in their right minds, and they continue to cross lines that they said would never be possible.

Dependency is a neurochemical imbalance that involves the disruption of normal cell activity as its basic cause; and in the case of addiction the cells involved are neurons; and it's called neurotransmitter dysregulation. I always stress this because I feel it's so important that you can see from that image that so much of what's happening is going on subcortically, or below consciousness, so people don't know they're becoming addicted until it's too late, until the consequences are really in their face.

The thing to remember is that “normies,” as I call them or people whose brain is functioning normally, never have these problems. They don't pass out at a party normally; they don't puke all over their shoes; they don't black out; they don't spend all the money in the bank account.

Here's why: a recreational drinker will have a couple of drinks and she'll start to feel woozy and out of control and she won't like that feeling so she'll generally stop or slow down a lot. That's a picture of that lovely gal on the left there. An addict will have a few drinks, and she'll feel powerful and in control. It will be a completely abnormal reaction to the drug alcohol, and it'll set up a vicious cycle of more and more until she either passes out or runs out. That's the poor gal you see on the right there.

I do my best to educate clients about the difference of this reaction in the brain and how important it is from a medical, not a moral, perspective. You'll see this in the video clip that follows - how I do this education process with this woman who's struggling so much to try to get sober again. But first I want you to listen to an audio clip of a client who came back after our initial session where I did much of this educating. This couple had seen another therapist who had not adequately addressed her addiction, which is what the husband was really asking for. He knew it was a big piece of their problems, so they sought me out and, after doing an assessment with the wife - including a lot of education, I gave her a homework assignment. I asked her to pay attention to what she was thinking and feeling when she wanted to have a drink, because she, like many, was not quite ready to admit it was a problem. I asked her to pay attention to what the triggers were, if any, and just basically bring more conscious awareness to her relationship with alcohol. She came back to the next session and this is what she said.

[Audio]

Female: I had a couple of drinks, two drinks after all that talk. We came home that night and like clockwork, like you said, and I guess I hadn't noticed it before till I was more in tune with it, I felt powerful, I felt invincible, I felt like I had a buzz. Like you said, it could be two drinks and you're fine one night and two drinks and you're buzzed. I head to dinner, whatever, but I was buzzed. We had a big fight, we headed out that night. Arguing, crying, very, very intense. However, I realized that, and then once I get that feeling wore off, I mean I acted like a maniac like an hour or two because ... It was not heavy. I was like, “Wow, I don't know why I got so

crazy." I said, "No, I do know why. I must've been that. That wasn't me." I had a big realization, and I said Sue's right and that even if I am questioning or even thinking that this is an issue which is, and I acknowledge that, there's no way I can even dabble on it while were working on things. Because I need to come to this clear-headed ... Nothing affecting me, nothing affecting my mood or how I feel about him. I need to be real and be on the moment and be engaged, and I never approached it that way, ever. So that was really good. The next day, coincidentally, I spoke to my best friend, who is in California, and she divorced four years and was naturally alcoholic and was telling me that, just describing her experience with her ex-husband and how he would say things like, "You're like a nun, you can't relax. Loosen up. Just have a drink." I was like, "Wow." I get it. She said, "He would make feel so vulnerable about myself," she would go, "I always feel like I'm this uptight person when I'm not uptight. Just because he was so out there that I had to always be on my toes and make sure he was okay." And you know what? Four years ago, I remember her telling me all this, but it didn't resonate until she reminded me again, and I'm like, "That's what he's going through. He's you four years ago." For the first time between Friday and Saturday I didn't look at not drinking as "Woe is me," I looked at it as "I just can't," and I was fine with it.

Sue: Obviously. that is the best outcome we could hope for. Her awareness is both on a personal and relational level. She sees how the fact of her drinking is destructive in her relationship, how she would put it on her husband as he being the problem to deflect away from her and how common that is for somebody who's suffering from alcoholism. I suggested to her that she go to AA as a recovery plan, and she was willing. She went to a few meetings but then she decided to talk to her physician, and she got a prescription for Naltrexone, and that's not available in Canada by the way, but it is in the US. She takes a pill if she's going to have a drink, and it's working for her because she gets that she has a problem; she's not under any delusion that she doesn't have a problem with alcohol and she only drinks maybe once or twice a month. She can only drink one drink at the most when she has this drug on board because Naltrexone fills the receptor sites for both opiates and alcohol and so the system just doesn't respond the same way. I'm supportive of her because it's working and she's working really hard and they're working really hard in couples therapy. She's not avoiding herself and she's really digging in and doing a lot of changing.

I want to talk a little bit about trauma - not too much - but I want to say that much of addiction is propelled by underlying trauma or early developmental trauma. But willpower will not be sufficient to manage the emotional dysregulation of an overactive fight/flight response to perceived threats as a result of trauma. Think of a metaphor of an emotional barometer and think of willpower as an energy source that's used up by a number of daily tasks. If your willpower reserve is particularly low on any given day, and that's your strategy for staying clean and sober, and you have a particularly difficult emotional event in that same day where the feelings become overwhelming or unmanageable, then your emotional barometer is going to be very high; and your willpower is going to be very low. The idea to take a drink as a solution or to reach out and use your drug of choice as a solution to this issue in your life will be perfectly logical to you, and you will not have a defense against it.

In addition to other trauma that precedes addiction, when somebody's in their addiction, they also create a lot of trauma. They create a lot of pain for the people around them. The book Alcoholics Anonymous says, "They're like tornadoes ravaging their way through the lives of others." There's also all of that that needs to be addressed, but it's not enough just to do the trauma work. I say that because there is a school of thought that says addiction is a result of trauma, and if you heal the trauma the addiction won't be an issue. I don't believe that's true because the neuro pathways that have been established can become dormant if there is a lack of use over a long period of time, but they're never completely eradicated, and they can get reactivated. I've seen this over and over again; even people with decades of time between, they pick up their drug of choice and it's game on in a very short period of time.

The other thing about it is that because there's this abnormal, malfunctioning reward pathway and dopamine tends to flood the system easily, there's a vulnerability to having multiple addictions or switching addictions; and that's something that needs to be addressed as well. Often somebody comes in and will admit one thing but not another, so it's really important to ask questions. Don't misunderstand what I'm saying: treating trauma is a central, essential part of the overall work, and I do a lot of trauma work with couples; but not in and of itself is it sufficient to cure addiction.

I want to talk about this other dimension, the cognitive-emotional distortions that seem very characteristic of this population. There are

common ways in which addicts think about and perceive the world that predict ongoing problems with emotional sobriety if they're not addressed. These include all-or-nothing thinking, "I'll never laugh again" - very black-and-white; intense self-loathing, "I'm a waste of space" - very common; there's a tendency to catastrophize: they'll take a little something very small and immediately it becomes a huge issue, and, of course, it creates a lot of anxiety, "My life will never improve again." It's very hard for them to live in the middle, in the gray area, in the middle ground; and this overall negative worldview, "We're all going to hell anyway."

It's really important to understand this way of seeing the world, or thinking, as part of the addiction; it's part of what comes with addiction, it's what needs to be treated. Recently, I was working with a couple and we had met for a few sessions and he came in and he started to talk about his depression that he was feeling; that just overcame him. He began to say things similar to what I've been talking about now and I thought, "Wow, it really sounds like he has this addicted brain," and it was a red flag for me. So, I began to ask him about any substances or behaviors that he might be using compulsively, and it turned out that in fact he had been masturbating compulsively for many years, and neither he or his wife brought it up in the therapy because, I'm assuming, there was just so much shame around it. The fact that he opened up and we were beginning to work with it and we set some goals and he was able to very effectively address it. These things are important to note.

Alcoholics tend to be oppositional: "you can tell an alcoholic, you just can't tell her much"; which means, if your interventions are too direct, you're going to get a lot of pushback. Then there's the delusional thinking. Delusion is different than denial. Denial is "I have a problem but it's not that bad"; it's the minimization of it. Delusion is "What problem? I don't have a problem." The addict does not believe in the shared reality of those around them when it comes to their addiction, or they adamantly refuse to admit that they have a problem at all, that their behavior is causing harm, that it's unacceptable or even out of control and that they're hurting people. That's the delusion. It's really important to get it because when they believe that that's where they are, it's really a lot of work to crack through that defense, but you can do it. As I said earlier, they're full of fear and there's this ongoing self-absorbed behavior. I gave this example because I think it's an important one where somebody could say something like, "I can go to as many meetings as I want and I don't care if you like it or not," because one of the mistakes that I think a therapist can

make is colluding with the addict to continue to put the healthy, or ignore the healthy, desires of his family for connection and participation as if that's not an important shift that needs to be made. There's a lot of confusion about the idea that a person's recovery has to be first or nothing else will be healthy. It is true, they have to make it a priority, there's no doubt about it, but it's not at the expense of the pleadings and requests of spouses and children to have quality time with them. We have to help them understand that they need to get out of themselves and somehow strike a healthy balance so that everybody can feel like them being clean and sober really does matter, it really does make a difference.

One guy said to me, "I had no idea how bad my behavior was affecting those around me until I lost everything. I lost my wife, my children and when I went to my 9-year-old son and I said, "I'm sorry daddy can't live with you anymore," he replied, "Me too. But I'm really glad I won't have to be scared all the time anymore." He said it broke his heart but he drank for another 7 years. Now if you had asked him in therapy about his self-absorbed, hurtful behavior at that time, he would have had no idea what you were talking about. He said, "Only in recovery did I begin to understand how everything revolved around me."

Addicts tend to be thin-skinned: they're highly sensitive to criticism and they're defensive and most importantly, they're fundamentally dishonest - they lie when it would be easy to tell the truth. That's important because they under-report if you're talking to them about how much they're using their drug of choice. You can be sure that they're not being truthful, and you could probably double the amount they're saying. They're also not good sources of information. We're not going to them to ask them "What do you think? How bad do you think your problem is?" because they don't know. There's this part of the brain called the saboteur, and the saboteur is the part that feeds off the lies of addiction which are "You're not that bad. You're not as bad as that person over there. This time it'll be different. Why don't you just try switching to this instead of that," and, "You're not hurting anybody anyway." These are the lies that allow people to relapse because the sober truth is that they have crossed the line. They know that if they pick up one, they can't know for sure where it's going to lead because of the loss of control. Transforming negative perceptions and the self-centered distortions will be a part of the ongoing therapy moving them towards healthy emotional sobriety.

Because there are so many things going on at so many levels, what's needed is a holistic approach that captures all these aspects of addiction. There has to be education to address the neuroscience. There has to be a way to challenge that negative thinking with good cognitive behavioral therapy. And honestly, I've been around the block a few times now in my life, and I've been involved in all kinds of groups and programs, and I can honestly say I do have a bias for 12-step even though I don't try to push it on anybody, but I really believe that the 12-step program is the best cognitive behavioral therapy program on the planet. It can help people change their negative perceptions into positive ones. I really do believe it's the best. If they're not willing to do that, we can use what we have there and adjust it so that we can help share that with them and make the best out of it. We need to do trauma work to heal the emotional pain. We need to help them create a supportive community of friends because the neuroscience shows us that connection is imperative to helping people feel better, to feel like they can go on, to feel resilient. So, we want to be able to figure out how can they get more connected and not isolated. They need sources of external supervision. It's better if it's not just you but sometimes, and I know it's true for me, that sometimes I'm it. I have to provide them with the education and the movement forward in there and confront them when they're not doing the things they need to do to protect their recovery. This external supervision is really about having somebody that's further along the path than you, that can say to you, "Hey, your thinking is a little off base here. It's a little askew. Why don't you try this?" We're working with the couple to teach some healthy relationship behaviors using a developmental approach, and we're encouraging interventions that help them aspire to be the best versions of themselves.

Let's watch a little of the video, and then maybe we can take some questions and comments after that. This is a couple who I saw where the wife has identified that she has a problem with alcohol. She had had one year of recovery in AA but has relapsed and is having a lot of trouble getting sober again. What you'll notice watching this is that she starts out minimizing her problem originally; and if you were to take that at face value and not pursue it further, you could see how it might be easy to miss how bad it is. But as we continue on, you're going to see exactly how bad the problem is. You'll see the sober truth for her. I also include the husband in my interventions because I want to get a sense of where he's at, how big a problem does he pose, is he helping her sobriety; is he undermining the sobriety. So let's watch the video and then we'll come back and talk on the other end. It's a just over nine minutes.

[video]

Sue: When did you have your last drink?

Female: I actually had a little bit to drink on my vacation.

Sue: Okay. Was that like a week ago? or ...

Female: Probably like two-four days ago. I had two mojitos.

Sue: Okay. What is your goal around your drinking?

Female: I think right now I'm struggling because when I go out I don't really go that hardcore.

Sue: Were you ever hardcore?

Female: Yes. Towards the end there I was, yes.

Sue: Would you agree?

Male Client: Well, I mean hardcore not in the context of people that I've seen. That have lost everything but she changes when she drinks too much. There's a one drink, two drink, three drink Loretta and then there's a four-to-five drink Loretta.

Sue: How has it affected your relationship would you say now

Male Client: Before we were married, it was challenging because meeting somebody who ... I guess I'm around that professionally all the time and I kind of I just don't let myself get to that point. I guess I know when not to do it.

Sue: How did it go with the last few weeks and what are your thoughts on it? Maybe what are your challenges? What's going down?

Female: Yes, so I did drink. I went to the fridge and I saw a Clear 2.0, which is one of Matt's brands, and then I just like, "Okay, I'm going to have one," and I thought, "Okay, I'm just going to have two beers," because I want to observe it and I kind of sometimes feel like ... I test myself, "Can I stop with two?" Then I usually hide the bottles, but Matt came home and saw it. I could tell he was really disappointed and then I felt really shitty. We

talked about it we went to a friend's for the weekend. It was one of our good friend's birthday so we just went up for the night.

Sue: So you kind of talked about it.

Female: Yes. I kind of met you to you too before we started that. Sometimes I just feel like I know when I'm an alcoholic but it's like I'm not as bad as some of the other girls I see it at step group. I know I'm playing with fire. I'm struggling, you know. Every morning I pray to God, "Please heal me and keep me sober today." I went to an early meeting last Sunday and then two meeting on Monday. I just feel emotional. I don't know why I feel emotional. I end up not wanting this but, I also know that I feel like life is really stressful right now, like at work I'm trying a new path that works to kind of prove myself. And I want to spend time with my children, and I want to work well. I know that what I need to do for my sobriety, my meetings, but sometimes I just feel like it's too much of everything. Sometimes I just feel like, "Why am I doing all this? Why is it so hard for me?" I see someone enjoying the experience and seeing their shoulders relax, and it's like "I want that."

Sue: So, your drinking, you're saying, is one of the ways that you can let go of the stress.

Female: Yes. I feel like, you know, it's like a quick way for me to just take the edge off and without that I get sometimes anxious. But it's eating me up inside because I know I'm vulnerable and my state keeps changing. We went out to ... and I kind of knew it was going to be a drinking party, and I do find it challenging. I try my best to bring my own drinks. I bought a nice water bottle. Occasionally I do smoke some weed. Because in the past I kind of kept that to myself, I thought that that was okay; but now I've opened myself to my sponsor, and she's really trying to make me be accountable for being sort of a clean and sober. I used to my mind. I don't feel like my weed is an issue and that I'm an addict, but I guess if it makes me more able to drink then, I need to address that. I remember the day where I had to admit to him I'm an alcoholic, I need help.

Sue: What are you feeling as you say that right now?

Female: I feel sad that I am an alcoholic.

- Sue: Okay, that's fair. Can you just stay with that for a moment? That it feels bad you're an alcoholic.
- Female: It has affected my life, our life. I feel like this is my problem I just ...
- Sue: Yes, it kind of affects other people too.
- Female: It's hard thing to manage but if we share my story it's easy, but that was so hard.
- Sue: Yes. Let's get back to where you ... and that's part of the addiction process you know they say, "You can never drink again on the truth, it only depends on the lie," and the lie is "I'm not that bad. I can manage it. I know I can have one or two but this time it'll be different." Right? And as you say, when you can actually pull that along, then it reinforces the lie. That it's not a problem when it is, you really get in touch with that, it's pretty well inside. Do you need to end up on skid row to prove to yourself that you're an alcoholic? Right, you don't have to. That's the good news. Back in the day, all those people that were getting sober in those early days, they tried everything and all they could do with people who had drinking problems back was put them in the insane asylum. Right? They get really, really bad before they came in, but now we know more. More ways for people to get help sooner. They don't have to take the truck all the way to the dump, so to speak.
- Female: I heard other people's problems. I had invited my girlfriend over to babysit so I could go to my meeting, and I end up drinking. I came home from work that night, and he knew that I was drinking. I could see the disappointment on his face, and I felt bad. Then the next morning I was hungover, and he was like, just go for a walk, just better get out of here kind of thing. I think I told my friend, my best friend, and she was like, "Yes, its stuff like that can get you to lose your child," and it was just the way she said that. I was walking, and I feel like I wanted to die. That feeling consumed me and I think I was, "Hey, no. There's another way. Just go to AA. Just really fucking do it." It's like that "Aha moment." I'm going to go to AA, and until that no alcohol at all. I really fucking want to do it this time.
- Sue: That's pretty impactful. You can see her going deeper and deeper into the truth of it. She's in a desperate place. Ellyn do we want to take some questions?

- Ellyn: Sure. I just want to say, it was lovely seeing you go with her all the way from where ... If you just listen to the first couple minutes you'd think, "Well, this woman doesn't have that much of a problem," all the way to where she's talking about killing herself and how you just helped all of that come out. I loved your line "You can only drink on the lie." I hadn't heard that before, but I really like that. So, you have a couple of questions. One is from Jane Ryan. Jane says, "I hear the conflict going on within her, and I'm wondering if you ever use two chair work, Gestalt work, when you're working with those who are struggling to be sober."
- Sue: I do, actually, and it's really a good way to work with the addict when the partner is the one that's pushing for them to get sober and they're not quite on board. If you isolate the two sides, the part of them that thinks they don't have a problem, and the part of them that thinks it might be better if their life might be better. If they did look at it and then you can have the two parts of them grapple with it; and when they decide that they want it more than it comes from the partner, then it's much more powerful for them. It's their choice.
- Ellyn: Which I'm sure is good for them to feel experientially, not just think but to actually get into that feeling. Here's a good question from Kirsten. She says, "What about when a client says they feel more connection with their partner after a couple of drinks?"
- Sue: Yes. I had a couple once where she, this may be a little bit different than your couple, but she was very bitter and hostile towards her husband, which was a lot of her acting out her unresolved early trauma on him. The only time that she could feel close to them was they'd have this Friday night date ritual where they got high on pot, and they would laugh and carry on and watch movies and have sex and just have a wonderful time, but when she was sober she couldn't feel close. Obviously, to me, it's a problem if you need to use an external substance to get close to your partner. I think it would be much more helpful for them to be able to say, "Let's do an experiment. Let's try looking at what is getting in the way of me feeling close without that." Does that makes sense?
- Ellyn: Yes, absolutely. I think it's Marius asking, "Do you work with limiting beliefs?" and I'm assuming maybe she's talking about kind of a cognitive behavioral approach of either addressing or confronting people's beliefs that are getting in the way of them either getting sober or ...

- Sue: As I said earlier, I'm of the opinion I feel like it's my job to hold the template for what is possible. So, if somebody's saying, "I can never do this," I'm saying, "Yes, you can"; and so we're going to explore that. I'm going to challenge that kind of limited thinking for sure.
- Ellyn: The last question is from Bev, and she says, "How do you stop that downward spiral that makes a person feel so badly about themselves? It sounded like tough love?"
- Sue: No, not at all. Not tough love. I see this as a core issue. If a person can't back off being so hard on themselves, it's really hard for them to have a better relationship with another person because their relationship with themselves is so harsh. I talk a lot about compassion for self. I help them understand where the anger originates and how they can start directing it outwards, not actually getting angry but really in their mind recognizing who does this anger belong to if I'm not turning it on myself and really working with them, and sometimes working with them individually, if need be, to develop ways to be more compassionate with themselves, easier on themselves, and again two-chair work can be really powerful in helping that process as well.
- Ellyn: You actually have two more questions but do you want to go on and then we'll come back to these questions?
- Sue: I wouldn't rather go on so we don't run out of time. When I talk about assessment you can do it formally which means you can have a number of tests in your office and do it with clients. Subjective tests like the audit, which is the one I use, and you have the link in your handouts there and for CAGE. You can find all of these on the internet, and you just have them in your office. It gives you an objective measure that's not just your opinion. I also use this the Center for Healthy Sex website. There are some nice measures there that you can do with clients on sex and love addiction, and I like them because, as you go through those questions with people, you're really bringing out a lot of content that they're not talking about and/or they may not even be aware of. So just doing it, the exercise itself is really an intervention, but then you send them in and you get the response back to say you might want to look at the fact that you have an issue here, but really you don't need that. You come to understand, and what the client comes to understand, is they're answering the questions is like, "Oh my God. I think this is more serious than I thought it was initially." The other thing you can do is just do it

informally, just ask questions. Private practice populations are a little more difficult than if you work it up at an agency. Private practice patients may be paying you to address something completely different, and they don't want to look at their addiction, so you have to find a way for both confront it and also help them understand that it's a part of supporting the direction of their goals and what they're there to accomplish. Sometimes you're going to do this over many sessions, depending on where they're at and their willingness to look at it. It's not just a one-time thing for all people. Sometimes you go in a little, you dip your toe in, you talk a little to them and then come back out again, and then you go back in, and you know that this is going to be your overall plan. You know you've got it in your mind that this is something you're going to address, but you're weaving it into your work. One of the ways that I get leverage is by trying to help them understand how it's sabotaging or stalling their therapy goals when they are active in their addiction because it's a coping mechanism for dealing with life. I might say something to them like, "If you start feeling lonely, sad, angry, or afraid whether you know it or not and you have a drink or two to take the edge off, you miss the opportunity to grow emotionally in that moment and you miss the opportunity to know yourself better." It's what Ellyn refers to as "growing that emotional muscle." This is part of the work, especially with couples, is helping them be more emotionally resilient, and it's very difficult when addicts don't know how to deal life on life's terms and they escape with their drug of choice. What I'm trying to help them understand is how it sabotages their goals. What I might do is suggest that they might be willing to just stop for a period of time, maybe three months, and we'll work really hard in therapy and see if we can get some traction here in your relationship without that interference. Sometimes they can, other times we're going to contract. I have an idea in mind of what might be acceptable. For example, I might be thinking "Okay, if they drank one or two nights a week and had one or two drinks each time that might be okay," so that's what I'm thinking. I want to see what they're going to come up with, what they suggest.

What ASAM, the American Society for Addiction Medicine defines as excessive drinking is the following, and it's a bit of a guideline for you to know. Any underage drinking is considered excessive, any drinking while pregnant and that may seem like a no-brainer but in fact I do have a couple I'm seeing right now where her son is now six months old and she did drink while she was pregnant and she was in a lot of denial. She didn't drink a lot but the fact she drank at all is the red flag, and it was one of the

biggest pieces that allowed me to get traction with her to do some two-chair work, so that she could really see that this is a problem. She had other red flags like blacking out while drinking and so on. There was so much resistance to admitting it. So yes, drinking while pregnant is a huge red flag. For women, four or more drinks at any sitting would be considered excessive, and for men, five; and then for a week, eight drinks for women and 15 for men. That's a guideline. For me, if that's just everyday life, that's one thing, but if they're in your office because their relationship is hanging by a thread and you say to them, "If you haven't crossed the line into addictive use, that means that you're just using alcohol and you should be able to stop if there's a good reason to, and I think saving your marriage is a good reason to, don't you?" Of course they'll say yes. That's the way I try to work with it. The bottom line is they crossed that line into addictive use. They are not going to be able to control and enjoy their drinking for long. They'll contract with you, but I always know that if they're really a die-hard addict, and if they're not going to be able to do it, it is going to surface. You don't have to worry about it. I know that we're talking about it, they're going to try it, we're going to check back in. Because, really, your job is to track their programs. You're going to work with where they're at, let them try using willpower cutting down, but let them know also that you expect them to update you, that this is a collaborative process, that you're working together. If it's not working we're going to try something else and see if we can find something better.

This happened recently with a couple where they had been separated, and they were in therapy to see if there was a way for them to resolve some of the issues in this long-term, 35-year marriage, a lot of long-term entrenched negative patterns between them. But then his drinking came up as an issue. He said it wasn't a problem, he'd given up or they would cut down to twice a week on no more than two drinks each time. She said she'd do it, too, to support him even though she didn't have a problem. Then, about a month later, what came out in a session was that he said, "Oh, I quit drinking now for two weeks," and I said, "Really? Oh, that's interesting," and then he didn't say much more. But she began to tell me that as a result of him contracting in that session, what happened is (and this will happen a lot with addicts, if you threaten their supply they go into panic mode) sometimes they will have an opposite reaction. He started drinking even more, and they went to an event together and he totally embarrassed her. One of his kids phoned him and said, "If you don't stop drinking, you're not going to see your grandkids." So, the whole thing he just completely bottomed out quickly, and it was decided that he's not

drinking now at all. But he's not willing to do any recovery. The point I'm trying to make is that when you start bringing it up and you start working with it, all kinds of things are going to start happening. We don't know how, but the truth will be revealed. You have to keep it on the table, and this is really challenging in couple's therapy because there's often so much more going on.

Think about addiction as a serious illness, a condition that's affecting the mind, the body, and the brain. It needs to be treated in some way. It's not just going to go away. People think they're just going to put a plug in the jug or just stop and everything's going to be fine. You can't you can't just wish it away and think that everything's going to be rosy. Of course, as I said willpower, alone is not a solution. You want to see what they are doing. Are they going to a 12-step recovery group, are they in some kind of outpatient treatment, or maybe some non-12-step recovery program like Smart Recovery? Can they do some meditation, Tai chi or other Eastern based methods that help them self-soothe? Maybe they are involved in a church or some kind of community-based service work that really does feed them and supports recovery or they are in individual therapy or are they doing some form of self-help. The key to understanding addiction is to remember that the addiction is not in the substance or the behavior; it's in the brain. It's not just about tolerance or withdrawal; it's about when we are trying to stop, and we can't. That video I just showed you was such a clear example of that. It's not how much she was drinking, it's what it was doing to her and the fact that she wanted to stop so badly, and she couldn't.

I want to switch to talking about working with the couple and why the Bader-Pearson, a developmental model of couples therapy is such a good way to address addiction. We're treating couples through a developmental lens with the emphasis in three main areas: attachment, differentiation, and neuroscience.

Let's go to the first one, attachment. The addict's primary attachment relationship is actually to their drug of choice. It means that the partner is always going to feel that they are second. Since the addict is symbiotic with their drug or their behavior, you can expect that these couples are going to come in and they're going to be stuck in the early stages of relationship development. Because just like children go through developmental stages, this model of couples therapy talks about relationships as going through stages as well and maturing as the couple

moves on, provided they don't get stuck. These couples are going to come in stuck at the early stages of relationship development, what Pete and Ellyn call the dark side of the honeymoon, long after they should have left that and moved on. They're still there and it's not working; it's just getting worse and worse. They can be clingy, they can be avoidant, depending on their early attachment trauma, and they can be reactive rather than initiating. It makes it difficult to be in a relationship with somebody whose primary attachment is still to their drug of choice. Addicts are dependent in the worst way. They're not being responsible or accountable. They have stunted emotional growth. They can't live, they avoid life on life's terms, and because of that a lot of problems will build up, in large part due to their inability to form a positive or secure attachment. They will, instead of taking responsibility and being a good team member, start to resent their partner for being a nag or telling them what to do. Or they'll be pseudo-independent themselves and be an over-functioner in the relationship, and in that way really push away intimacy for any attempts at interdependence. What we are doing in addressing the addiction is removing the third party from between the partners. It is in many ways analogous to an affair with the same neglect, hurt, and betrayal felt. Because when an addict is sneaking around behind their partner's back and lying constantly, it definitely can feel very similar.

Differentiation is defined in this model as the ongoing process of revealing what you're thinking, feeling, hoping for, fearing, and desiring in the context of a close personal relationship risking either separation or greater intimacy. This model focuses on development, and that's what addicts need. They need to grow up emotionally, cognitively, behaviorally, and relationally. They're emotionally immature and providing developmental assists to encourage growth in the service of emotional maturity is critical to their overall recovery. The developmental model promotes this in every way through the process of self and other differentiation. These are also the principles of a good recovery program, so they align perfectly. The principles of good recovery involve honesty, openness, accountability, service to others, self-awareness, generosity, and humility. Humility can be defined as a realistic assessment of one's stature while at the same time striving to be better.

Neuroscience plus a cartoon "My prefrontal cortex still loves you, but my amygdala just booked a one-way ticket to Fiji." So, what this is telling us? The prefrontal cortex is where the relational circuitry exists. It's the part of your brain that says, "Oh yeah I love you, I forgot, there you are." The

amygdala contains that fight-flight response, and it's where the fear starts to get activated. That response will always override the prefrontal cortex because it's focused on survival and self-protection, and survival always trumps creativity, connection, and everything else. The developmental model also addresses the neuroscience of the fight-flight mechanism and how that comes into play. We are constantly looking at family lore and issues and early attachment patterns and how that triggers each partner in the relationship and how they confuse the past with the present. We give them lots of tools for untangling the past from the present so that they understand that what they come to believe is actually happening between them is not really the case, it's happening within them. As each of them takes responsibility and becomes accountable for healing that, then they can have the kind of relationship that they're aspiring to have with one another. They heal the relational trauma, and at the same time they create the relationship that they're longing for.

I'd like to show another piece of the video where I am educating her some more about her condition and where she gets caught up in the denial. Also, you might see where you, as the therapist, can easily get confused; but I want to keep drilling the facts of her condition into her and into the spouse: she's not like him and that he doesn't really get it. He needs to be educated as well. I want to elicit his support and get his buy-in to understanding what he might be doing that is undermining her recovery. He's in denial himself about how bad the problem is. He thinks it's okay for her to smoke pot instead of drinking. The most important part of what you'll see is how I'm pushing her differentiation. I'm just beginning to get her to take responsibility for her sobriety, to know what she's wanting and to reveal that with him. She has a lot of internal blocks to admitting that she's struggling and to ask for help, which is very common. Her beginning to confront herself, seeing her recovery as a priority in her life is her differentiation process and part of what is necessary for her to get off the relapse merry-go-round.

[video]

Sue: A huge thing about alcoholism is you have to surrender control. When you say, "Why can't you just have a little bit of weed now and then?" it sounds logical to someone who doesn't have a problem. But when you're somebody whose brain is wired for addiction, anything that you do that takes you out of yourself and away from dealing with life on life's terms is going to be a problem. Like how I manage how I feel when I'm in a social

situation and everybody's drinking and I am not, and I don't like that feeling inside, I have some choices about what I do with that. For a while you've been making the choice, "Look I just smoked a little pot, I don't happen to feel bad anymore. I'm going to actually change how I feel by adjusting the substance, but it keeps me dependent on the substance in order to be okay with me." That's the problem. The vulnerability is that when you have a brain that's wired for addiction, it keeps seeking out those things over and over, and like you said, "When I got two beers, the part of my brain that wants to believe it's not a problem who forgets that this is how I really feel about it, that I don't want this in my life, I don't want to be that person." Unfortunately, for people like you it really is all or nothing; there has to be kind of a line in the sand; otherwise you keep dipping your toe in, and one time it's going to just go like that. You don't know when but it's happening. In the meantime, it's what it's doing to you emotionally that matters. It's important that you see. You don't have to be circling the drain, you don't have to be drinking all day, every day not working, not being right, that's not everybody's reality. It's not how much you drink, it's not how long, but it's what it does to you. You have enough in your background that if you stay connected to the truth, that would indicate that drinking or smoking pot is unmanageable for you. If you are stressed, if you're pumping in the morning so you can drink later that day and try to hope that that's out of your system so that when you pump again the next day your child's not going to get, it's unmanageable. Research shows that once you cross, line you don't go back. You're just in another category, that's all. It's not a moral issue, it's a medical issue. But what's hard for you right now is that acceptance, that surrender one more time to the truth. This is my truth, I don't have to be circling the drain. That makes sense? I don't have to wait till something horrible happens because it may. You may get full of resentment one day because he's got the beer in the fridge, and he will not take the beer out of the fridge and you have to keep coming face to face with the demon because at this point you're not strong enough yet. You're not strong enough yet, you will be at some point but you're not yet. You're struggling, you're on shaky ground and the beer in the fridge and the drinking keeps shaking your ground more. That's the truth, right? Does that make sense to you? Because you're one of those people, and you hear a lot about it, the coming back can be really, really hard and some people never ever really make it back, and you don't want to be one of those people. You want to be one of the successful people that goes out, experiments once more and realizes, "No, this isn't really going to be my truth," right?

- Female: **[inaudible 01:52:05]** I'm just sick and tired of going back to my step group.
- Sue: Well, why don't you just stay in? (laughing) Why don't you just stay in and really let go. Okay, I get it now. I can't use any substances. But you see what it's going to take for you if this is where you can come in, Matt, even help her in a lot of ways, this is when you get the idea that I should feel bad because I want to leave this party or the event early or I don't want to go at all. That she could say that to you, and you could be clear with her that the most important thing is her sobriety. And that the two of you will work together to make sure that you learn how to make you the most important thing and your sobriety, the most important thing when you're making decisions. Not people-pleasing, not pretending you're somebody you're not, but actually saying "I know" because you're in touch with it right now. You're feeling your truth. You don't want to be here, you don't want to be in that struggle. How much energy it will take – that you could be devoting to living your life happy, joyous, and free. Right? Happy, sober and free - because once you free up that energy, you can then channel it into all the positive stuff. But right now it's just trying to manage it. He said earlier, "I don't know how to manage it." Yes, you can't manage it; that's the problem. So, if you're around Matt and he's having a beer and it's uncomfortable for you because it will be, you can remove yourself. You can say, "Matt, I'm not going to sit here while you're drinking this beer. It's too hard for me."
- Male Client: I certainly don't prioritize having a beer over her sobriety.
- Sue: You need to hear that.
- Male Client: Just say something. If you're out in a moment or it's bugging you just say something. It's not a ...
- Female: But I feel right now that it's bugging me every minute of every day; it's not like one day.
- Sue: That's okay. Then you need to remind him because he's not in the same place as yours is. You need to say, "Hey, you cannot leave beer in the fridge after the salad. It's not okay. It can't come in the house." And then if he does it again the next day you need to say it again, "What part of this don't you understand?" Or if something happens, you need to say "I'm putting the bottles in the bag and putting it outside". I don't want it

around me. I don't want anything around me, right? And you're helping him by educating him, by telling him this is what you require right now. It doesn't mean it's what you're going to need six months from now, or six years from now, right? But you can only live in today, one day at a time, and you can take responsibility for that. You can help him understand you better and not worry about any of his compulsive behaviors. That's for him to worry about.

So a lot of that was directed at him even though I was talking to her. I was doing an indirect confrontation with him because I wanted him to hear that what he was doing was a problem because he sounds like he's taking ownership, but on some level, he really wasn't. It was really a problem. Anyway, we've got a little bit of time left. Ellyn, should I take a couple of questions or just finish up?

Ellyn: Let's let you finish the presentation and then respond to four or five good questions.

Sue: I'll just do a couple more slides for you guys. You have the handouts, so you can read the other parts on your own. But I wanted to just say that you're going to interrupt the symbiosis through the use of the initiator-inquirer and if you haven't learned that yet in your training with Ellyn and the Developmental Model, you will. It's really good for pushing the differentiation and supporting the principles of recovery. You're getting them to tell the truth, to live in the truth, to reveal more about themselves, to own the fears that are so rampant in them that drive their defensiveness, and to become more vulnerable especially in their relationship; to learn to accept their condition and work towards activating themselves toward their own healing process. You also want to help them develop independent sources of support alongside one another, so they can have their own healthy lives separate from the relationship.

There is an idea that the saying, "Once an addict always an addict" is some kind of a death sentence. I just want to say that I don't believe that. I think that it is a way for somebody to just have acceptance of their condition, a way to find peace; the fact that they're in a certain category, that it just is the way it is and they're never going to be like other people whose brains aren't wired that way.

Again, you don't have to use the word addict if that doesn't work for you, or it doesn't work for them. You can use language that works for them. I'm not attached to any of that. I just want to help people understand what's going on for them so that they can find a solution. Let me just go ahead here.

Emotional sobriety is the goal. It's moving beyond the symbiosis with the drug of choice and their partners. They have to be working on their unresolved trauma; develop the capacity for true love of self and partner - we were talking about that earlier; and to "walk the walk" - to be a contributing member in the world rather than being focused on "what's in it for me". It's difficult and long-term work as we weave these principles of recovery: the honesty, open-mindedness, and willingness to change into the process of ongoing differentiation, shifting alliances from symbiotic dependency to healthy relationship growth.

We're creating stability or holding out the truth, and we're pushing for reality to prevail because addiction is steeped in fantasy and delusion. You really have to wear a lot of hats. You have to move between the demands of active recovery and the relational issues that will help them build a better bond. Be positive, compassionate and stay calm and always be hopeful and communicate the possibility of a brighter future, free from addiction. Be the container for what's possible, and keep nudging them towards it. Most importantly, don't ever give up because as Rumi says, "What sometimes looks like a demolition is only a renovation." Thank you so much. I'll stop there and take a few questions.

Ellyn: Thank you, Sue. Some of those things you summarized at the end were also things that I like so I put out a question while you were talking and I said, "What do you all like about the way Sue's talking to that client?" I got back some great responses, like how you're empowering her to take self-responsibility, your positive nature and the way that you're just talking the truth, and you know where you want her to go, and you're communicating such a total belief that she can really do that. It's really lovely to watch that.

Let's take the quick questions, and there are a few good ones for sure. Somebody asked about whether you see pot smoking as also getting in the way of emotional and relationship growth? Daily pot smoking, not an occasional thing.

Sue: Yes, absolutely, if it's daily.

Ellyn: Okay, and then do you recommend Al-Anon for the spouse?

Sue: Yes. (laughing). I say to them they'll do the same thing that the addict or alcoholic does, and they'll say, "Oh, I went to a meeting and oh I couldn't relate at all, I didn't like it at all," and so I'll give them the same talk and say, "Look, the best outcomes are when both people are in recovery and in therapy. So, let's each of us do everything we can to make this the best outcome. I want you to try six meetings, six different meetings and then we can talk about it again and try to find the ones where you can really relate to people."

Ellyn: I know, that's one of the challenges I see a lot is encouraging people to try out a lot of different meetings because certainly in this area there's some really, really, really different kinds of meetings. They kind of persist and not give up after. So, what's the percentage of people whose brains are wired for addiction?

Sue: I think they basically say 1 in 10.

Ellyn: Okay. I think the last one Deb Hecker. Deb is bringing up the issue that sometimes people can seem like they're really addicted to the 12-step program itself and believing they can't kind of exist without it, and then it's so consuming. If you could speak a little bit about that.

Sue: I will, and I think I did earlier when I said about them saying they can go to as many meetings as they want, and you can't say anything about that to me. Obviously, we have to confront that because there has to be a balance in the alcoholic who wasn't there for his family, now isn't there either in sobriety, and so that's not good. But the other thing that's positive about it, so we have to strike the balance, is what Valiant described as the four aspects of 12-step program. This led it to be the most successful – [even though it takes a lot of criticism - and a lot of people are quick to say it doesn't work]; for long-term contented sobriety: 1. external supervision; 2. alternate dependencies or positive dependency - so you can take what you used to do and now turn it into something healthy; 3. these community or new relationships based on a more loving connection without trauma in the past and 4. the spirituality.

Yes, some people do take it too far, and they just throw themselves into it in a kind of compulsive way, and some people need to do that. If you're working with a couple where somebody is doing that, you're going to have to try to help them build in some awareness that this other person is still suffering as a result of it, if that's the case. I'm assuming you're bringing it up because it's impacting the relationship. It's like building that other differentiation that allows them to put themselves in the shoes of the partner and say, "Oh yes, there's nothing really different. You're still not available," and that's not okay, that's not what I call recovery. It's like when I said earlier that because a person's been sober for a while doesn't mean they have emotional recovery. I had a couple come in who both had been in the program for 25 years and she said to me in the first session, "When we fight, he still calls me an effing bitch." I had to take him to task on that during that session because to me that does not constitute sobriety. You can't just put 'a plug in the jug' and act the same way you did when you were drinking or drugging. That's not sobriety, that's not recovery.

Ellyn: That's a great way to say it! I know we're about out of time, and I wanted to say that Sue is going to do a one-time, question-answer consult group on July 12 at this same time. You'll get information about that from Sue. Sue, thank you thank you.

Sue: You're welcome.

Ellyn: It was great to watch you in action with your clients tonight. Again, I want to say that I think if people don't remember that content of what you taught I hope that they can remember your presence with people and that sense of "You can do it" that you convey.

Sue: Great. Wonderful. Thank you so much, thank you everybody for participating - for being here. I hope it helps in your practice.