

intervene

NOVEMBER/DECEMBER ISSUE 152

**A PERSONAL
JOURNEY
OF MOVING
FROM ACTIVE
ADDICTION
TO BACP
REGISTRATION**

**RICHARD BRANSON ON
DECRIMINALISATION,
INTERNATIONAL DRUG
LEGISLATION AND THE
STRUGGLES FACED BY
ADDICTS**

**ADVICE AND TIPS
FROM SECTOR
SPECIALISTS ON
HOW TO
MEET THE
CHALLENGES
OF THE
FESTIVE PERIOD**

**HOW TO DEAL
EFFECTIVELY WITH
ISSUES OF SELF
ESTEEM IN EARLY
RECOVERY**

**POWERFUL
OPTIONS
OFFERED BY
PSYCHODRAMA
IN THE
TREATMENT OF
ADDICTION**

**THE GROWTH OF
EQUINE THERAPY
AND ITS SLOW BUT
SURE MOVEMENT
INTO THE
MAINSTREAM**



**NEWS, COMPREHENSIVE TREATMENT DIRECTORY, TRENDS,
COMMENT, DIARY, BOOK REVIEWS, SELF HELP**

THE MAGAZINE OF THE ADDICTION RECOVERY FOUNDATION

"Where The Super Rich Go For Treatment"

Times of London, 23.02.13

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So we've finally arrived at the last issue of the year and thought it might be time to take stock!

We celebrated our 25th anniversary in February 2014 by re-launching with a new look and improved design values whilst continuing to be uncompromising and determined in the standards set by the quality of our editorial content.

Readership is highly targeted and growing constantly; our aim is to give the magazine an increasingly broader reach and our new title 'Intervene' reflects this. It's symbolic of our increased coverage of interventions; early interventions, family interventions and treatment interventions generally.

Every area of addiction will continue to be covered and we're committed to offer detail that's significant both for newcomers to the field while also providing experienced sector professionals with cutting edge information – Intervene is an up to date news vehicle and will remain a valuable source of reference.

Intervene's reach is now global via digital technologies (available on smart phone, ipad, Kindle and other communication platforms) and our ambition is to continue to expand on the international stage spreading the message of recovery and bringing you the very latest thinking and practice in the field.

This issue sees a groundbreaking interview with Richard Branson going into depth about his position on decriminalisation, international drug legislation and opinion based on personal experience of the tragedy of some of those close to him.

As usual we examine some of the more recent initiatives in treatment such as Equine Assisted Therapy and take a fresh look at psychodrama and the importance of self esteem in approaches to addictive disorders.

We offer advice on how to deal with the challenges of the festive season and combine this with up to date sector news, book reviews and treatment centre/rehab detail.

2015 is going to be a significant year for the sector in a variety of ways with forthcoming elections and new manifestos and we aim to offer views and opinions on these activities that will be impossible to find anywhere else in one publication.

In the meantime we wish you a very happy festive period and offer a big thank you for your ongoing support!

With love and best wishes from The Team



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THE CHARITY IS

The Addiction Recovery Foundation, publisher of Intervene, was established in 1989 as a charity (reg no 328133) whose mission statement is to:

- provide advice, support and guidance to anyone suffering from addiction/dependencies and to those involved in their care
- educate, teach and train professionals working with people with drug and alcohol problems in the methods and practices for prevention of and recovery from addiction/dependency
- conduct and disseminate research into the care and treatment of people with addiction or dependency problems.

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The opinions expressed by authors in their contributed articles are theirs alone and do not necessarily represent the views of Intervene.

SUBSCRIPTIONS – There have been no costs increases applied in line with inflation - subscription rates remain as follows:

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Intervene was formerly known as Addiction Today and re-titled from February 2014. The Addiction Recovery Foundation no longer publishes the title - Addiction Today.

TRUSTEES

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Contributors... *november/december*

Inside information on the people who shared their knowledge, wisdom and talents to make this issue of Intervene possible

ERIKA CORMIER

Erika Cormier is the author of "as the Smoke Clears, a Memoir", a stand-out book reviewed as "A completely honest depiction of the devastation of addiction and mental illness; raw and not sugar-coated one bit". Erika now writes regularly & passionately about recovery, contributing articles & essays for many addiction recovery themed magazines & journals. She resides in the U.S. near Boston and has many readers in the UK through Amazon.



CHULA GOONEWARDENE MBACP

Chula Goonewardene has worked with over 500 clients in community-based treatment and moved into Treatment Management and Training in 2010. Alongside his private practice, he currently manages a team of twelve to deliver a group-based Recovery Programme in North Westminster and still finds time to play the drums in two bands.



ADELA CAMPBELL

Adela Campbell is a qualified psychodrama psychotherapist and addictions specialist. Adela has been in private practice since 2000 and was manager at the Priory North London for the Addiction Treatment Programmes including the Adolescent Addictions Programme and the Childhood Developmental Trauma Programme. She has supervised Trauma Reduction Programmes and works with groups, individuals and families both for treatment facilities and in her private practice. She has worked extensively in the field of workaholism, burnout and self-care and has worked psycho-educationally with both teachers and students in various school programmes. She is a member of UKCP and BPA.



SUSIE LITTLE

Susie Little is founder and co-director of Tower House Horses, a community interest company and approved equine assisted learning centre, working with designated community groups, including adults in recovery from substance misuse, families in need of relationship support, and children with special educational needs. The Centre also works one-to-one with referrals from therapists wishing to include equine assisted recovery as an intervention within their clients' programmes.

NICOLAY SORENSEN

Nicolay Sorensen is a freelance policy and communications consultant specialising in the drug and alcohol field. Previously Director of Policy and Communications at Alcohol Concern, he was also the Communications and Policy Manager at Adfam. Nicolay's clients have included Life Works, Alcohol Health Network and the Centre for Public Scrutiny. Nicolay@sorensen-consulting.co.uk



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COUNSELLING VOLUNTEERS NEEDED TO MAKE CHRISTMAS HAPPEN FOR HOMELESS PEOPLE

National homelessness charity Crisis is calling on counsellors, therapists, mental health professionals and social workers to encourage and support homeless people at their temporary centres this Christmas.

The befriending service works with more withdrawn guests at Crisis at Christmas, supporting them to access the wide range of services on offer in the centres. Crisis is looking for qualified volunteers or students with a background in therapeutic work, along with those who work in frontline services supporting vulnerable adults on a one-to-one basis.

Crisis at Christmas centres are run by thousands of volunteers from all walks of life with registration now open at crisis.org.uk/volunteer.

Ann Kirplani, who has volunteered across a number of roles in London, said:

"I always thought volunteering at Christmas would be a lovely thing to do but was scared not knowing what to expect. Now eight years later, Christmas Day is not Christmas Day unless I'm volunteering with Crisis".

Homelessness has risen substantially in recent years, with government statistics showing a 37% rise in rough sleeping in England since 2010.



ANTI-SOCIAL BEHAVIOUR A CONSEQUENCE, RATHER THAN A CAUSE OF HOMELESSNESS

Anti-social behaviours such as drug and alcohol abuse are often the consequence, rather than the cause of homelessness, according to a series of studies from Northumbria University presented at the Economic and Social Research Council's 2014 Festival of Social Science. The studies suggest that contrary to common belief, unexpected life events could lead to anyone becoming homeless.

Researchers Adele Irving and Dr Jamie Harding looked at the life histories and causes of homelessness of over 80 people in Newcastle. They spoke to homeless people about their experiences, and staff from local authorities and hostels and support services in the area about the management of homelessness.

They found evidence of anti-social behaviour on the part of homeless people, with high incidences of drug and alcohol abuse, mental health problems, violent behaviour, familial breakdown, negative social networks, unemployment and dependency on benefits, begging, sex work and crime.

However, the research indicated that these problems were often caused by homelessness itself. Roughly half of the homeless people interviewed had previously lived 'normal' lives, with high levels of educational achievement, positive family relationships, long periods of stable employment and no pattern of substance misuse or criminality.

"For these people, the pattern of their lives had been radically changed by a significant life event – such as bereavement, relationship breakdown or redundancy – which triggered addiction, followed by eviction or the repossession of a home", says Adele Irving.

HOMELESSNESS STATISTICS

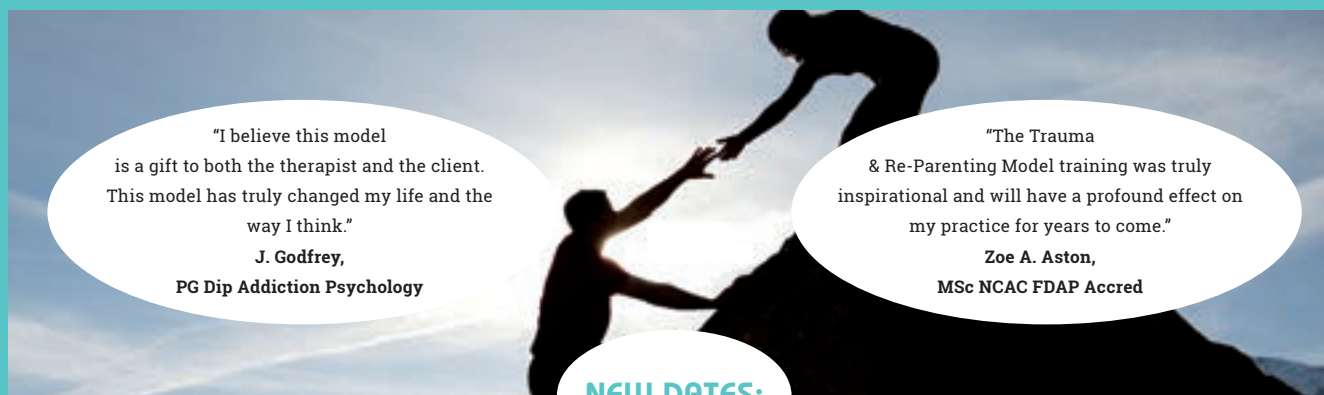
Official government statistics showed that 2,414 people slept rough in England on any one night during 2013 – a 37% rise on 2010.

In London alone, local agencies report 6,508 people slept rough throughout 2013/14 – a 77% rise on 2010.



T R A I N I N G

Following the success of their first Trauma & Re-Parenting Model Training Course in London, Europe's leading trauma experts Chris John (MSc, BACP Accred), Barbara Pawson (MSc, BACP reg) & Sarah Bridge (LCSW) present another opportunity for counsellors & therapists who work with trauma and co-dependence issues to benefit from this pioneering training.



"I believe this model is a gift to both the therapist and the client. This model has truly changed my life and the way I think."

J. Godfrey,
PG Dip Addiction Psychology

"The Trauma & Re-Parenting Model training was truly inspirational and will have a profound effect on my practice for years to come."

Zoe A. Aston,
MSc NCAC FDAP Accred

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CHILDREN LIVING WITH PARENTAL ALCOHOL MISUSE ARE MISSING OUT ON SUPPORT IF THEIR PARENTS HAVE NOT ALREADY SOUGHT TREATMENT, ACCORDING TO A REPORT BY THE CHILDREN'S COMMISSIONER.

The report used local authority data and interviews with children, parents and professionals in three different local authorities.

It found that existing support focuses on the adult or young person's own alcohol use, but no specific strategy exists to support children dealing with the alcohol misuse of a parent.

The scale of the problem has been estimated based on adult treatment data and therefore understanding of the impact of parental alcohol misuse is "limited to households where the adult is engaging with treatment services".

Joanna Manning, national lead on substance misuse for The Children's Society, said: "Children and young people are suffering the impact of their parents' drinking for a long time before it comes to the notice of the authorities – if at all. Even then, the routes to help and the services available are ad hoc and vary across the country.

"Local authorities tend to focus on young people's own drinking without consideration that it might be learnt or normalised behaviour from their parents. Equally, not enough is being done to address and support parents who drink, in order to reduce the impact upon children and families."

The report identified a "lack of recognition and recording of alcohol related problems by some social workers in children's services." In some cases, even when an adult is engaging with alcohol treatment, screening services do not pick up on whether they have children and extend the support available beyond the person undertaking the treatment.

The report recommended a more joined up multi-agency approach. One case study of a screening tool developed in Sheffield, which made information about problematic alcohol use available to social workers across both children's and adults' services, showed this resulted in an increase in children living with alcohol misuse accessing support.

Maggie Atkinson, children's commissioner for England said: "Parents and carers must be made aware of the effects their problem drinking can have on children and young people, and health and social care services must get better at providing effective co-ordinated responses."

TTP COMMUNITIES ANNOUNCES NEW HEAD

TTP Communities is pleased to announce the end of its search for a new Chief Executive. Matthew Wheeldon has been appointed from within the Group and has worked within the industry for 15 years.

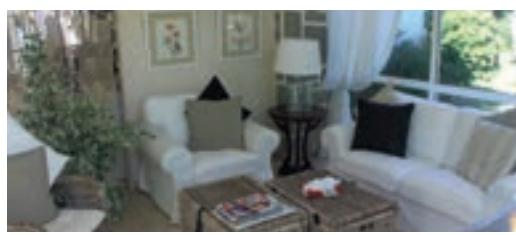
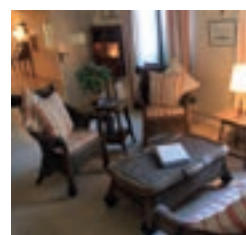
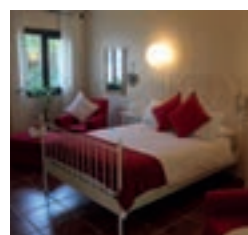
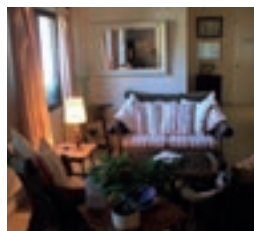
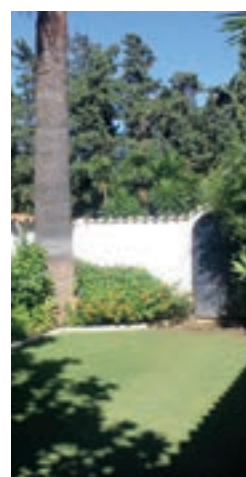
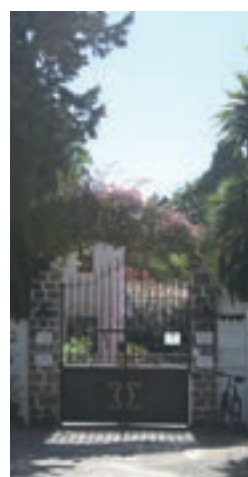
Matt takes over from Paul Rubin, Chairman of the Board of Trustees, who held the position during the charity's restructuring. Paul will now revert to his position as Chair where he can focus fully on corporate and social responsibility activities.

"As we watch the industry mature and new commissioning practices developing, I look forward to seeing the charity embrace these challenges and establish itself as the market leader in residential rehabilitation and detox", Matt goes on to say: "I believe that the infrastructure and foundation of this eight year old charity will augur well for its growth and I look forward to working more closely with its highly skilled and committed management team."





Thursday 16th October 2014 marked two memorable occasions. Cortijo Care; the premier psychiatric and eating disorder facility on the southern coast of Spain, not only celebrated its first anniversary but also announced the launch of One40 Marbella in partnership with One40 Group, the UK's leading treatment provider.



To mark the occasion Lucy Britton, Relationship Manager, Chris Simonite, Admissions Manager along with Gavin Cooper, Founder of the One40 Group, attended the celebrations within the beautiful and extensive grounds of the facility in Marbella.

One40 Marbella's location is enviable yet at the same time, fitting of a facility of this standard. Nestled within extensive and tranquil gardens just a short walk from the beautiful beach, every aspect of this haven has been thoughtfully designed to offer a homely feel within the safety and support of a fully registered hospital facility.

"Just a few months ago I wouldn't have been able to help this client. Their needs, in my opinion, could not have been met within our own portfolio, they would quite possibly have had to travel to the US for treatment. To have a facility like this within our own group enhances our ability to help so many more people." - Chris Simonite, Admissions Manager, One40 Group

Whilst the aim of the One 40 Marbella treatment centre is to address the needs of those suffering from the challenges of substance misuse, it is a full service hospital facility capable of meeting the demanding needs of clients suffering from enduring mental health and advanced addictive disorders. The clinical team also have extensive knowledge and training in addressing acute and chronic eating disorders, including the administration of both intravenous and tube feeding, supported by a unique blend of psychiatry, psychology and psychotherapy, which offers clients the perfect opportunity to seize a full and authentic recovery from their condition.

The centre boasts 18 oversized single occupancy rooms along with 2 acute care suites, each with adequate space to add additional facilities should 24/7 "close contact" care be required. All rooms have been tastefully designed to meet the highest of client demands clinically, along with ample space and furnishings to relax. Gemma Wood, Head of Counselling & Psychotherapy who has 18 years' experience within the mental health field comments; Whilst our first year has allowed us to help people from all over the world, our partnership with One40 means that year two will be even more exciting as we're really able to address the massive problems of mental health within the UK.

Patrick Shaw, General Manager; "it's a privilege to be working with such an established and trusted treatment provider in the UK treatment field"

Within hours of Bill Keep, Director and Gavin Cooper signing contracts, Chris Simonite was able to confirm the first admission; "It never fails to amaze me how things happen – just a few months ago I wouldn't have been able to help this client. Their needs, in my opinion, could not have been met within our own portfolio and for this particular client to achieve the outcome they expect, they would quite possibly have had to travel to the US for treatment. To have a facility like this within our own group enhances our ability to help so many more people.

If you would like to speak to a member of the team about our new exciting centre in Spain please call 0844 478 0097

“I Don’t Want To Be Drunk: I’d Rather Be Climbing”

A Collection of Voices following an Occupational Therapy climbing group

IAIN

I’ve been working as an occupational therapist in Glasgow Addiction Services for six years. I am a keen climber and Munroist and understand the personal benefits and the sense of achievement that is gained from these activities and I wanted to develop a group that allowed clients to experience this too. The climbing wall is a major challenge to anyone and can evoke fear and anxiety. By learning the correct techniques and determination it allows individuals to overcome these challenges, conquer their fears and achieve their goals. These skills can be transferred into other areas of the individual’s life and act as an incentive to encourage positive thinking and motivate them to face their difficulties. The sport of climbing, and the skills required, evokes the development of self-belief and confidence not only in the individual themselves but in other people.

ROBERT

I don’t crave alcohol anymore. The daily battle of picking up that first drink is getting less and less. My self worth has become higher. I have a lot more to lose. I don’t want to be drunk, I’d rather be climbing! Climbing has taken me further and further away from relapse. I don’t want to relapse because I don’t want to be unfit and unable to climb.



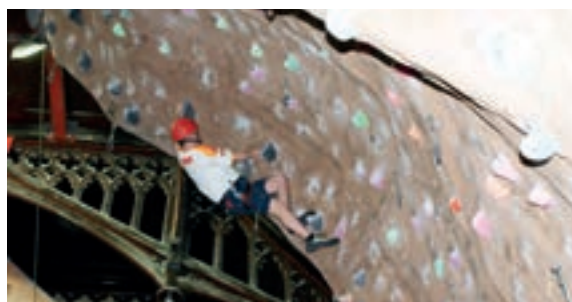
ALBERT

It’s climbing! It’s fitness! It’s where I want to be: Fit. I’m building confidence all the time, fitness brings that. The fitter I get, the clearer I start thinking. Being able to challenge myself is important. It takes my mind off the problems I’ve got. It takes my mind off everything. I’m there, concentrating on climbing and all my problems take a back seat.



CRAWFORD

Climbing has given me a focus, something to look forward to. It has helped me with my addiction, there is no doubt about that. Having something to focus on is so important. I just say to myself “great, I’m going climbing this week” instead of saying “I’m off to the pub”. I can focus on climbing so easily because I enjoy it so much. My friends and family are keen to know I’m doing something. I’ve told my family all about it and they are really pleased I’m doing something positive and not drinking.



KEVIN

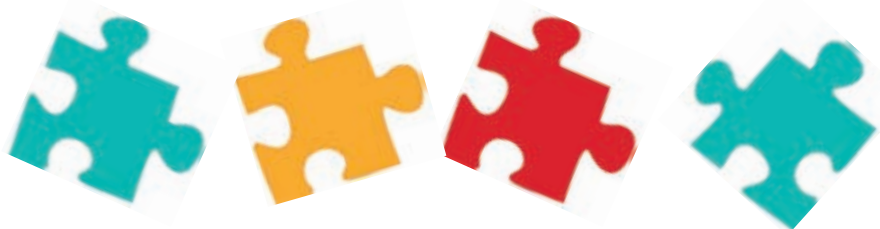
I had already made my mind up and moved away from drugs but climbing has given me another interest, something to look forward to. I focus on climbing and that means I’m not thinking about drugs. I look after my mum so it is hard for me to commit to many things but I have tried to attend as often as I can. It is something else for me to do and concentrate on. The hardest thing about stopping drugs is the boredom and that is why it is so easy to lapse. Having an activity like climbing where you are challenging your body and mind is helpful and really helps you to stay clean.



Adela Campbell Describes the Processes and Function of the Techniques Offered by Psychodrama in the Treatment of Addiction

"Well, Dr. Freud, I start where you leave off....You analyse their dreams. I give them the courage to dream again. You analyse and tear them apart. I let them act out their conflicting roles and help them to put the parts back together again."

Jacob Moreno



Psychodrama is a creative, action method of therapy developed by J.L. Moreno at the beginning of 20th century Vienna. Moreno is considered to be the father of group psychotherapy and his work with prostitutes in that city the first attempt to treat people in groups rather than exclusively in a one to one setting, as was developed by Freud during this period. Indeed he is thought to have coined the phrase "group therapy". The basic elements of Psychodrama include :

The Stage: The area where the enactment happens.

The Protagonist: The person whose issues are being explored.

The Director: The facilitator or therapist, the director follows the lead of the protagonist as far as 'work to be done' is concerned.

The Auxiliary Egos: The players in the protagonist's drama, chosen by the protagonist from group members who are willing to take on roles.

The Audience: The 'group' who witness the action and from whom roles are selected.

Each group follows roughly the same format:

Warm Up: When the group members consider which of their own issues they would like to work on and those issues present within the group as a whole.

Enactment: The physical role play or 'action' part of the psychodramatic process.

Sharing: The group sharing, processing, closure and identifying with elements of the enactment, both from 'role' if they have been part of the action or from their own experience. This aspect of the group is extremely important with a great deal of attention being given to

the sharing time. The concept being that this process is vital in order for the protagonist to gain identification and further insight from his or her group members and also that any work done by an individual will probably resonate very strongly within that group.

Techniques: these include, but are not limited to:

Doubling: When the director or group members stand behind the protagonist in a scene being enacted and act as an 'inner voice' articulating what they feel is not being said but may be being experienced unconsciously. So a group member who finds it difficult to express anger to a loved but dysfunctional parent may have a 'double' from the group who can state what is not being said. The protagonist will then agree and put the statement into their own words or disagree in which case the real feelings may come clearer, fear, sadness etc.

Role Reversal: Physically 'reversing roles' and playing the part of another person, place or thing within the drama in order to gain a fuller, richer perspective on the self and the situation. Role reversal also allows the protagonist to gain insight into what might be driving the behaviour of another person.

Mirroring: When the client has the opportunity to watch a scene or situation that he or she has described being enacted from the 'outside'. Literally having the chance to take a step back and watch themselves being played by a group member giving them a more objective view and chance to consider.

Catharsis: The expression of deep emotion be it grief, anger, sadness, confusion, laughter or joy.

Act Hunger: A desire for expression of action which



is stimulated by the work. For example where a client may feel the need to talk to a significant person in their life.

Action insight: Insight that occurs as a result of, or during, the psychodramatic enactment. This process is particularly valuable in light of what we now understand to be useful in trauma work and how being 'in action' as opposed to just talking, helps release deep seated traumatic feelings and experiences. Giving the protagonist the chance to reframe the situation and experience it in a more empowered memory state.

Concretisation: The act of externalising thoughts, feelings, fears or beliefs. Externalising the internal world of the protagonist. For example where we have someone play the 'addictive voice' and the 'recovery voice' of a client in order to examine the conflict between these two and by exposing it, strengthen their resolve and resources.

Role-playing: The acting out of an aspect of themselves, 'surplus reality' or a significant person in the protagonist's life. **Surplus reality:** The internal reality of an individual. Their hopes and dreams or 'deeply held false beliefs' (Uram 2009). That which shapes, drives and defines their inner world and their thinking feeling and behaviour. Not necessarily external 'facts' but the significant internal emotional and psychological landscape.

Psychodrama allows difficulties and conflicts to be concretised by enlisting group members to play roles from the life of the protagonist. 'It allows the

protagonist to have a physical 'encounter' with the self; to see and experience what he carries within his mind and body, so that it can be made explicit, concrete and can be dealt with in the here and now'. (Dayton)

As Moreno used to say "Don't tell me, show me!" A primary purpose of psychodramatic role play is for the client to gain insight into their issues and behaviours through action and mirroring rather than talk alone. Through role play, thinking, feeling and behaviour emerge clearly and at the same time. This allows for a fuller picture of what is in the psyche of our clients to come into view.

Addicts are so used to living in their 'false' selves, to showing very little, if anything, of their real feelings that it often becomes almost impossible for them to accurately identify which emotions they are having from moment to moment or even day to day. We are also notoriously self-focused so the value of being able to see our behaviour objectively and without attack is exceptionally useful if we are to implement change. It is important to promote an attitude of curiosity and consideration towards our thinking, feeling and behaviour rather than stultifying self-criticism.

Traditional talking therapies certainly have value for anyone searching for an answer to their despair or confusion including addiction, but addicted patients have an extraordinary capacity for denial around their problems. In this case group therapy is absolutely the therapy of choice, as another addict is far more likely to be able to confront the deflections and distortions of a group member and get support in that from the

group as a whole, than is an individual therapist – no matter how skilled.

It is also a real asset to be able to work with a group who, in the form of the Anonymous 12 Step fellowships and continuing attendance of those meetings, will remain as an integral part of each patient's continued recovery and support once they have left the closer care of the hospital or treatment centre.

If group is good for addiction, psychodrama group is better. I remain convinced that psychodrama is one of the most useful tools that we have in dealing with the resistances, blocks and defences that are so common in working with addicted clients especially given the high level of addiction and trauma often presented together in our patients.

'The difficulty that addicts have in inhabiting their own emotional bodies authentically is immense. Not only have they dealt with their feelings with a constant attempt to anaesthetise, using drugs, food, sex or whatever other mood-altering substance or behaviour they find works best for them but they are also oftentimes the survivors of severe childhood developmental trauma'. (Dayton 2001)

'Therefore the ability to sit in a room and talk through their issues whether that is one-to-one or even in a group, without really feeling their emotions – sometimes telling the most painful or horrific stories without connecting emotionally with them at all, is most unhelpful to this client group. It merely strengthens both the belief that they are invulnerable emotionally or that they don't have any feelings at all. This in turn means that when they do start to feel real emotions as a result of withdrawing from their addictive process or as they become increasingly in touch due to therapeutic work, they are ill-equipped to either identify or contain their new emotional state' (Carnes 1989).

Psychedrama has the power to support people to see, feel, re-experience and, most importantly, CHANGE their experiences of their stories in a safe and supportive fashion. The patient in an addiction treatment setting gets the opportunity to bring new tools and behaviours to situations that seemed impossible to understand let alone influence. Addiction is ultimately a statement of despair and disempowerment. As Moreno stated, psychodrama gives our patients the power to 'dream again'.

In group I have watched people who have been almost completely shut down be able to accept and integrate their difficult experiences and emotions in a way that they have been completely unable to do in other

“Psychodrama is unique in its power to unpick and heal childhood developmental trauma and the unhelpful symptoms of addiction developed by patients in an attempt to anaesthetise the commensurate pain.”

therapeutic situations.

For example if a client is finding it difficult to accept the inappropriate meekness of his response to an abusive situation, they may well get in touch with it through correcting an overly quiet group member who might be playing his role.

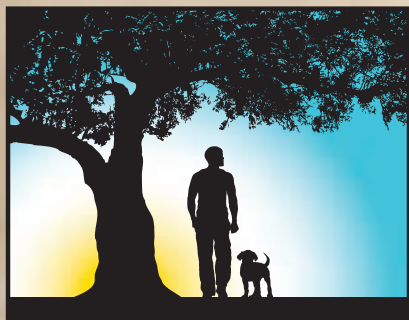
This has often meant that a patient can reach out to themselves, albeit being played by another group member: impossible whilst they are sitting in their own seat and successfully and necessarily defending against feelings that could overwhelm them. We can, ironically, allow ourselves to feel our feelings in watching them being 'played out' by someone else in a way that would be virtually impossible otherwise.

'It is always easier for addicted clients to respond emotionally and supportively to someone else as used to self-attack as they are. In the case of psychodrama that someone else is in fact them in role-reversal or mirror' (Karp 1998).

To a great extent addiction and childhood trauma are effected by and result in, a massive schism in the client's internal relationship and in his/her relationship between the self and others and we now have a much greater understanding of the connection between these two issues. There is often a requirement to treat patients suffering from addiction with these co-existing issues and for our clients to be able to begin to repair that damage, however tentatively and slowly, is of great value to them in their experience of treatment.

I believe Psychodrama is unique in working with defences, unique in its ability to facilitate the client in meeting their authentic self, often for the first time. It is also unique in its power to unpick and heal childhood developmental trauma and the unhelpful symptoms of addiction developed by patients in an attempt to anaesthetise the commensurate pain.

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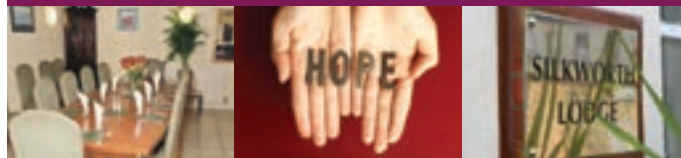


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Christmas in Recovery

Action on Addiction's *Kirby Gregory* and Hebron Trust's *Mo Dunn* offers specific advice and coping techniques at one of the most challenging times of the year for those of us in recovery - the festive period.

Although it is a Christian festival, Christmas has a huge impact on all our society. Whether you are involved directly or not, there are many implications for a recovering person.

Christmas tree-bulb Alcohol is a major factor in the celebrations and many people who do not usually drink to excess find themselves going way beyond their normal limits. Recovering people must recognise that this can place them in a vulnerable position, that it might be safest to avoid environments with alcohol. This might entail choosing to spend as much of the time as possible with other recovering people. Plan to attend specific mutual-aid meetings over the holiday period – make a written plan and stick to it, otherwise “the illusion of self-sufficiency can take hold”.

Learn to use the telephone before you are desperate to make a life-saving call – call people for a chat or to see how they are getting on.

If you are round alcohol, try to have at least one person around who understands your situation and is available to support you.

And be wary of old haunts – start a new history with others in recovery.

“Christmas can be a very difficult time for the general population as a whole, due to difficult family dynamics, lack of money, past trauma, grief and loss to name a few. If you add addiction to the mix, it can be a major trigger to a serious relapse,” stated a senior manager at the Bayberry Clinic. People in early recovery are very vulnerable as they start the process of rebuilding


relationships and family ties, working on self-esteem and confidence issues and creating a new network of support. Christmas can be a painful time for this group of people who can feel alone and isolated, particularly when family systems have yet to heal, where there is unresolved grief issues or when family members are still in active addiction.

It is often hard to “fit back in” to a family system or network of friends who might not understand the concept of abstinence and or made changes necessary to support recovery. It can feel like “everyone else in the world is happy and is drinking/using drugs except me” as alcohol is so prevalent in the “celebrations” whether it be in families, the workplace, socially or even in our favourite TV programmes such as soap operas, most of which centre round pubs.

It can be difficult to get away from alcohol and recreational drugs even when you stay at home and try hard – I can still remember sitting in the cinema in very early recovery and counting 13 advertisements for alcoholic drinks before the film started!

Part of recovery from addiction is about being proactive and prepared, devising strategies to deal with potential or presenting situations. A common sense and “safety conscious” approach is useful, focusing on positive action such as below.

1. Make a relapse-prevention plan for each day of the holiday period, to include daily fellowship meetings. Check your local area as there are usually extra meetings and social gatherings scheduled to help



people who are struggling.

2. Plan activities such as exercise, walking, relaxation, thus avoiding the temptation to “veg out” alone at home.

3. Plan, if possible, to be with other recovering people or people who support your recovery.

4. Have breaks from stressful situations by meeting friends for coffee, going for a walk, to the gym etc.

5. Make a list of people you can call if things get difficult – at least five names – and carry the list and your phone with you at all times.

6. Do service in the 12-step fellowships or volunteer to help other charities such as Helping the Homeless.

7. Do a daily gratitude list to help keep your spirits up.

8. Try to have everything you might need at home in advance to avoid wandering the streets looking for shops on the main holidays, as most of the open shops will be off-licenses. Try to include plenty of non-alcoholic drinks and healthy food which you enjoy.

9. Avoid isolation and listening to music which can trigger sadness or uncomfortable feelings

10. Avoid pubs, clubs, restaurants or other ‘wet’ places. Do not be tempted to “test yourself”.

11. Do not get into arguments, squabbles or unhealthy dynamics with friends or family members, especially if they have been drinking.

12. “Keep it in the day”. Each day of the festive season is just another 24 hours, so try not to give it any more power than that. Enjoy your Christmas and New Year, one day at a time.

Over the years, as our clients have become more diverse, so our approach to Christmas and New Year had to adapt. It is now probable that in each of our units there will be a group of clients for whom the celebration of Christmas is something they have never experienced and do not necessarily want to be involved in. We must be aware that for some of our clients Christmas can be a difficult time for different reasons.

We try to arrange every activity with a view to offering an alternative. This presents new challenges but we have found that, with open discussions with the client group, a good time can be had by all. This generally starts with discussions about decorating the house: does everywhere need to be decorated?

“
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away from alcohol and
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film started!*”

In the houses, we remove all religious references to the festivities, but make provision for everyone to be involved in faith-based activities of their choice, with the help of all local religious communities. We keep the emphasis in the houses on doing fun things together in recovery, inclusively. We focus on installation of hope with gratitude workshops, goals for the New Year and the spiritual elements of the programme.

Food is another important issue. With the diversity of clients, it is important that everyone has a special meal, and all the decisions round the food are made by the clients themselves.

We have always given clients presents at Christmas but, again with such a diverse mix of clients, we find it important to ensure that all clients will be happy to receive gifts from us.



For all clients, this can be a good time to look at family relationships. If a client wishes to see their family over the festive period, it might be less stressful to do it the week before Christmas. For others, the simple act of sending a card might be as far as they can go at this time; we provide time, space and facilities for clients to make their own cards if they wish, as personal allowances do not go far. For some, no contact can be made.

Whatever the relationship, it is important to allow enough time for each client to process their feelings before the festive period itself. This involves raising the issue as early as the beginning of November in the house itself, with each client having a personal plan for any potential problem areas well before time.

To encourage inclusivity in the group, we encourage clients to put on a 'panto' for the staff where they have permission to send us up as much as they want, which we have always found a good activity for bonding the clients together as a team. Without fail, it gives everyone a good laugh.

For the festive period itself, detailed planning is the most important element. Clients are encouraged to get involved in as many different activities as possible. We strive to provide as varied a mix as possible, from attendance at places of worship to communal games, from quiet walks to panto, ice skating, cinema trips, meditation and meetings. This is what could be called plan A. Plan B is to always have enough extra resources available to deal with any other events. The preparation for all this starts now.

"Christmas can be a difficult time to be in treatment. Women might be separated from children and families and this can create overwhelming feelings of guilt or loss," explains Mo Dunn, CEO of Hebron Trust.

We are a small community of women and each year

“To encourage inclusivity in the group, we encourage clients to put on a ‘panto’ for the staff where they have permission to send us up as much as they want which we have always found a good activity for bonding the clients together as a team.”

the client group is made up differently – but we have developed a strategy to set up 'building blocks' for future Christmases.

+ In the lead up to Christmas, counsellors begin to identify the personal issues their clients might experience at this time of year. Group work is then facilitated in which women are encouraged to voice their personal responses to being in treatment at Christmas.

+ “We will then deliver a programme which attempts to meet the needs of the current client group. It may be that for some decorating the house for Christmas is both desirable and therapeutic, whereas for others it could induce painful reminders of past events. We as a community will come to a compromise, such as the length of time decorations are displayed and who might be involved in the process. Our aim is for staff to be sensitive to the residents' needs and for residents to be sensitive to each other.



+ “Structure and routine are fundamental in Hebron’s programme as both contribute to a safe and comfortable environment. For us, the daily programme will continue with some exceptions to allow for seasonal celebration. So groups run as normal but the content can vary to be relevant to the time of year.

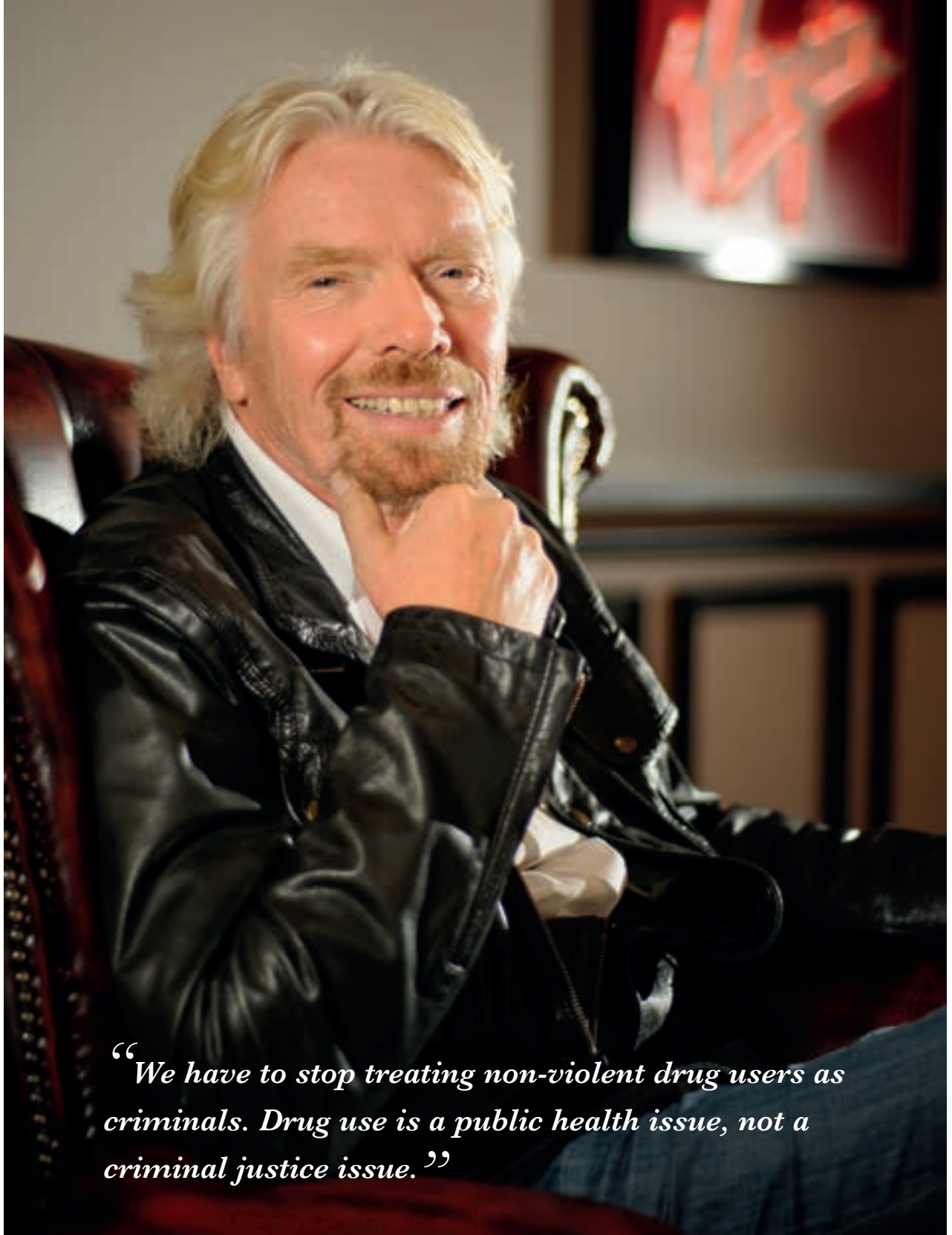
+ “The Trust provides opportunities for women to attend special outing events such as pantomimes or church services should they choose to. Some women choose to pursue their own ideas for celebrating Christmas; they might want to be involved in special art work or other creativity and this is encouraged. One year, several women raised money for charity by carol singing at a local shopping centre.

“Christmas day itself is celebrated with a traditional dinner cooked by staff for the residents. Gifts are given to all. The overall atmosphere is one of a low key ‘family’ celebration where staff work to ensure that individual needs are met for each individual’s response to Christmas. The day is staffed by regular day staff equipped to deal with any emotional crisis which might arise.

“Between Christmas and New Year, it is important that the programme continues to run as normal. This provides stability and familiar routine with groups that focus on new beginnings and the hope of sustained recovery in the future. We celebrate New Year’s eve by providing an opportunity to see the New Year in together.”



Nicolay Sorensen, Drug and Alcohol Policy Consultant, interviews Richard Branson on his views on the decriminalisation of drugs, his thoughts on international legislation, his opinions based on personal experience of the struggles faced by addicts he has known and, finally, his ambitions for Virgin to further contribute to the addictive disorder sector.



“We have to stop treating non-violent drug users as criminals. Drug use is a public health issue, not a criminal justice issue.”

*The decriminalisation of drugs is a hot topic at the moment. At the end of October, The Home Office published a report (signed by the Home Secretary, Theresa May, no less) which was widely reported as concluding there was no international evidence to demonstrate tough enforcement had an impact on levels of drug consumption. Closer reading might suggest the report was more nuanced in its findings but nevertheless it was a significant boon to advocates of decriminalisation. Just a month earlier the Global Commission on Drugs Policy (GCDP) launched, *Taking Control: Pathways to Drugs Policies that Work*, a report advocating a major overhaul of international drugs policy – calling for greater investment in treatment and for this investment to be funded by savings from law enforcement that would arise from the decriminalisation of all drugs. The GCDP is made up of seven former Presidents, former UN General Secretary Kofi Annan and a number of social commentators and campaigners. However, its chief poster boy and one of its most vocal advocates is Richard Branson. Nicolay Sorensen tackled the billionaire entrepreneur on his motivation for fronting the campaign to liberalise drug laws.*

NS: The public health improvement seen in Portugal that followed the change of drugs possession from a criminal to an administrative offence in 2001 is one of the main international examples which people currently cite when talking about liberalising drugs laws. Most national surveys suggest that the majority of the population in this country are in favour of current drug laws with only around 1 in 5 advocating decriminalisation. What political and social changes do you think would be needed for the UK to be able to implement the sort of drugs policies which are currently in place in Portugal?

RB: First of all, I think we need to change the way we talk about drug use. Much of the debate still revolves around crime and punishment, which won't help the thousands of non-violent drug users that are criminalized for possession alone. Drug addiction is, first and foremost, a health issue. People with drug problems need treatment and help, not punishment and marginalization. Another important point is one of simple economics. Despite trillions of dollars spent around the world, our current drug laws have neither reduced supply and demand nor curbed drug-related crime. In other words, prohibition and criminalisation have wasted enormous amounts of public funds while achieving absolutely nothing. If the war on drugs were one of my investments, I would have pulled out my money four decades ago.

In my view, shifting to an evidence-based conversation that takes a sober look at what works and what doesn't will be absolutely essential to win public support for any kind of policy change. At the same time, there is a need to counter the notion that drug policy reform - from decriminalisation to legalisation

or regulated sale - will open the floodgates for a dramatic increase in drug use. Evidence from Portugal or the Netherlands just doesn't support that.

NS: 'The War on Drugs' was a term coined by the US media following Richard Nixon's tough stance on drugs policy in the 70s, this seems to have softened during the current administration. Do you see there being more change in the future and to what extent do you think the elections next May in the UK might offer opportunities to further push the decriminalisation agenda?

RB: The Obama administration has introduced reforms that seemed unthinkable just a few years ago. We still have a long way to go, but it is good to know that those selling regulated and taxed cannabis products in Washington and Colorado no longer have to live with the constant fear of a federal raid.

I think there is now an emerging consensus in the government that the war on drugs has failed entirely and that alternatives to prohibition and incarceration need to be given a chance.

I am heartened to see that at least some across the UK's political spectrum are willing to give reform a chance. Likewise, public opinion in the UK has been evolving, and it's refreshing to see that more and more media organizations are coming out in favour of policy change. It's time to try a new approach. To be realistic, drug policy won't decide next year's election, but how we deal with the issue says a lot about what kind of society we want to be.

NS: The power of having Richard Branson the man and the brand backing an issue such as this is unquestionable,



it gives immediate profile and provides a credible voice to champion the cause. Would you ever put your money behind a political party if you thought it could better advance the causes you are passionate about?

RB: I think the US has made great progress in recent years, thanks in part to the far-reaching powers granted to individual states in setting their own policies. That's where we see the greatest potential for positive change. The federal government has decided not to intervene in these new approaches to cannabis decriminalisation, legalisation and regulated sale, and has also struck a much softer tone on the international stage, particularly with regard to the upcoming review of international drug treaties. As a member of the Global Commission on Drug Policy, I welcome any effort to shift course away from prohibition and criminalisation. But I won't move an inch from the position I've always taken: I will lend my voice to causes and issues I believe in, but I won't give financial support to political parties. I feel it's wrong for business to do that.

NS: To many, the connection between Richard Branson and a desire to see a reform in drugs laws seems quiet surprising (despite your somewhat rock 'n' roll past!). What is your personal motivation for backing this campaign? Why drugs reform and not something else like eliminating Malaria or curing Parkinson's?

RB: I know many people that have struggled with addiction. Some were killed by it, and there is part of me that thinks that they could still be alive if our drug policies didn't put so much emphasis on prohibition

and enforcement. Everyone with a drug problem deserves compassion and treatment, not prison.

Over the years, I have had many conversations with people who were caught in a vicious cycle of criminalisation, often due to minor, non-violent drug offences. Arrested for possession of just a small amount of drugs, they had a criminal record which made it nearly impossible to get their lives back in order. And from there, it just kept getting worse. I don't think that anyone deserves to be treated that way, especially if they haven't harmed anyone. On a broader level, I think prohibition and criminalisation have just been a colossal waste of taxpayer money.

I can think of few issues where public policy in many countries stands in such stark contrast to what we know should be done to effectively address the problem. That's enormously frustrating. Repressive drug policies are causing enormous harm to thousands, if not millions, of people around the world. They prevent many living with HIV/AIDS or Hepatitis from receiving proper medical care. They force heroin users to commit crimes in order to fund their addiction. They strengthen and embolden organised crime, with dire consequences for public safety, rule of law and good governance. And they ruin the lives of those who've found themselves in a vicious cycle of criminalisation and stigma simply for possession of small amounts of drugs. These are not abstract problems. I've met a good number of people that have to live with these challenges every day. And many have died, needlessly.

I look forward to the day when we recognize that drug use is a health issue and start affording those struggling with addiction the same care, compassion

and support that we give those suffering from Malaria or Parkinson's. The war on drugs cannot be won by trying the same failed policies over and over again.

NS: There has been new impetus in the drugs debate in this country – with people like Russell Brand speaking publicly about his own addiction and also advocating a combination of more abstinence based treatment alongside decriminalisation. You must be encouraged that there are more people and more high profile faces who are starting to talk about these issues in a grown up, non histrionic way.

RB: Decriminalisation is the first step to more sensible drug policy. I think many agree that we have to stop treating non-violent drug users as criminals. Drug use is a public health issue, not a criminal justice issue. I have a lot of respect and admiration for Russell Brand. Through the Give it Up Fund, he is shifting focus and resources to public health interventions intended to help drug users fully recover from their addiction and rebuild their lives. It's exactly the right approach.

NS: One of the central planks of the decriminalisation argument is that money spent on enforcement could be saved and used on treatment instead. Can governments really be trusted to divert money that is currently spent on criminal justice to public health measures if we follow the decriminalisation route? Personally I am quite sceptical. What stops them from using the savings to repair roads, or simply reduce the deficit, as opposed to helping people be healthier?

RB: I think there are different ways of generating the financial resources needed to tackle addiction. One option is to implement policies that will lead to potentially enormous costs savings. It simply costs much less to treat someone struggling from addiction than to keep them in prison for an extended period of time, not to mention additional costs caused by high recidivism rates. Another option is to create revenues through policy changes, such as the regulated sale of cannabis in Colorado or Washington. Already, tax receipts in Colorado are significant. Those revenues can be used in multiple ways, from addiction treatment to prevention and education programmes or even rehabilitation efforts.

We need better treatment programs that allow people who use drugs to completely recover from their addiction. We know from the experts that treatment is the essential first step. But we also should invest in education and vocational training so that those who manage to overcome their addiction can also rebuild their lives.

NS: It is well publicised that you are going to be a grandfather for the first time next year and it is with this in mind that I wonder what impact decriminalisation might have on the relationship parents have with their children. How should they discuss the issue of drugs if, at eighteen, they can go to a local shop and buy it as they might a can of beer? What sort of discussions did you have with your own children when they were growing up – about drugs and whether to use them or not? And will the proposed changes make it harder to distinguish between addiction and social use?

RB: It's apples and oranges. No one calling for decriminalisation is encouraging drug use. We are just saying that prohibition hasn't worked and that drug use is primarily a public health issue that requires a public health response. I am still very concerned about the harm caused by drugs, including tobacco and alcohol. My own advocacy doesn't change my message to my children (and soon grandchildren): you don't need drugs to have fun in life.

I think any type of drug use can lead to addiction, but I think there are just so many factors that determine individual pathways to drug addiction. I know plenty of people that have smoked cannabis and continue to do so, while they function perfectly well in their private and professional lives. Others have addictive personalities and struggle with any drug, including alcohol and tobacco.

NS: Finally I just wanted to ask you about how this campaign relates to some of your businesses? Virgin Care is your vehicle for providing NHS and social care services and I was wondering what plans you had for expanding into delivering drug and alcohol treatment? And on a related point how would you react if one of your employees approached you and admitted they had a drugs problem and needed help?

RB: Virgin Care currently provides a wide array of NHS services in the community and in a number of prisons. Within the prisons in Norfolk, Oxfordshire and Surrey, we do provide education and health services around drug rehabilitation. We continue to look for more prison health services.

Obviously, most of our companies have zero tolerance policies when it comes to drug use at work. At the same time, we are committed to helping anyone struggling with addiction. Our people are our most important asset, and if there's a way in which we can help, we will do so.



Chula's personal journey

Therapist, Trainer and Recovery Groupwork Programme Manager, *Chula Goonerwardene*, talks through his experiences of moving from residential treatment for his own addiction, to BACP registration and his belief in the combination of professional support and mutual aid, as the most effective approach to the treatment of addictive disorders.

I entered residential treatment for addiction from a place of desperation and despair. When I left six months later I was filled with enthusiasm for life and hope for the future. The counsellors had inspired me greatly and my immediate desire was to become like them and support people with similar issues to my own. However, luckily for me, an enlightened witness in my life suggested that I take two years to build a solid foundation of recovery in a fellowship, focus on my other great passion of music, and if I still wished to become a counsellor at the end of that, then I could approach it with greater stability and self-awareness. Wise words indeed.

In 2005 I began a placement in the voluntary sector of the Substance Misuse field and not long after, became employed as a worker on a Structured Day Programme in Westminster. It was here that I 'cut my teeth' in the caring professions and soon became a qualified Motivational Interviewing Practitioner and Advanced Group Facilitator.

The experience I gained here was invaluable, as I was exposed to a wide range of different settings such as; frontline drop-in, needle exchange, 1:1 assessments and care-planning, workshops and process groups, outreach and community engagement, child protection, GP shared-care and the criminal justice system. I worked with many dual-diagnosis and complex clients, which taught me that in most cases and to varying degrees, addiction is the symptom of underlying trauma. Most significantly, it was impossible to predict who would have the capacity to be successful in their quest for change and who wouldn't, so it was vital that I worked with complete dedication to each and every individual, applying the core conditions of empathy and unconditional positive regard at all times, no matter how chaotic or resistantly entrenched they presented.

Becoming a Senior Practitioner in 2008 gave me supervision experience and I was supported by my employers to undertake several management qualifications and eventually move in to my current

role of Recovery Groupwork Programme Manager. Alongside our client work, my team were charged with delivering Drug & Alcohol Awareness Training for health-care professionals in what is now the Tri-Borough of Westminster, Kensington & Chelsea, and Hammersmith & Fulham, which developed my skills even further and is something that I have found to be incredibly rewarding, which I also enjoy immensely.

After two years of not working directly with clients, I decided to return to my original passion and embarked on a Diploma in Therapeutic Counselling. I had observed in myself and others that leaving behind a life of active addiction is just the beginning, recovery is a long-term process for most, and in order to maintain positive change, and continue personal growth, deeper therapeutic work is usually required at some point. To support my studies I was very fortunate to find an opportunity to work as an Aftercare Facilitator for a private treatment clinic, alongside my 1:1 counselling placement. This gave me a broader perspective on the treatment of addictive disorders and introduced me to working with a different social demographic than I'd been used to. The advantage of working in the public and private sectors at the same time, has been the insight I have gained into the common denominators of addiction, and the understanding that addiction is absolutely a human condition that needs to be treated from a human perspective, irrespective of social differences, something the fellowships have always held true.

My key areas of interest as a therapist take a psychodynamic perspective, and coming from a Buddhist family, my life philosophy also supports this approach; I believe in causality and the conditioned mind. The majority of the clients that I work with, both in and outside addiction, report esteem issues and often an aching vulnerability that for some becomes incredibly debilitating. On assessment this commonly reveals its roots in the parental dynamic and family system. As John Bowlby explained to us so



well, it is these attachment developments that set the blue-print for our patterns of relating and ultimately how we experience adult life, and as soon as we act from introjected values to place conditions of worth upon ourselves, we are in danger of building upon a dysfunctional foundation, as each thought and feeling colours the next.

In my opinion, the most effective form of treatment for addiction is a combination of mutual aid and professional support. There needs to be some element of group interaction for those who are suffering to find connection to others through identification and reflective feedback, as this fractures the isolation of addiction. There must also be space on the journey of recovery to take personal responsibility and make healthy choices. These processes often require to be introduced by professionals who hold appropriate knowledge and understanding in this area. From my observations, it is not enough for the addicted person to only see a 1:1 therapist in isolation, it is not enough for someone with deep under-lying trauma to only attend mutual aid groups, and it is certainly not enough for treatment providers to only focus on the addicted individual alone. A systemic approach will support and enable all aspects of care to be considered and attended to, in order to build successful, long-term recovery.

The last three years have been incredibly demanding for me, attempting to balance: full-time management, college attendance and private study, counselling placements, personal therapy, clinical supervision and playing drums in The Should Be Deads, a band consisting entirely of members in recovery. What I can say, is that without the support of others I could not have got through it, there were several times when I felt like giving up, but the care and encouragement of the family, friends, peers, colleagues and fellows around me, enabled me to persevere and push on through. The day that I received my BACP registration was one of the proudest moments of personal achievement in my life and a gift of recovery no doubt; it seemed

impossible to equate it to the painfully monotonous drone of heroin addiction that I had suffered years before.

Most recently I have set up private practice (CM Therapy) with my wife, also an experienced therapist in recovery, who I have always found to be incredibly insightful and inspiring, both personally and professionally, and we are hoping to cross bridges between the public and private sectors by drawing upon our combined skills and experience, to offer a variety of therapeutic interventions at whatever the level of need presents. We work with a wide range of issues including; stress, depression, anxiety, bereavement, anger management, relationship difficulties, eating disorders and other addictions.

In my experience, people in distress seeking help, have often suffered from a lack of love, care and understanding in their lives. I see it that my job as a therapist, is to provide a safe space in which I can support those who come to us, to find healing through exploring their issues and examining their internal world, and eventually, hopefully, arrive at personal resolution in order to live the life they have always wished for.



Contact Chula Goonewardene MBACP
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EXPERIENCE EQUINE ASSISTED RECOVERY

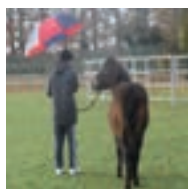
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Building Self Esteem

Growth in self esteem is an essential element in an addict's recovery – Writer *Erika Cormier* offers four useful approaches to those in early recovery struggling with issues of self esteem.

1. TAKE GOOD CARE OF YOURSELF

Nourish your body by eating well and when you are hungry. Avoid over indulgence in anything like caffeine, sugar or starch that can have a negative effect on your physical energy. Take a walk, exercise, even for a few moments a day to circulate your blood and energize your body. Do something you love every day, or begin trying to. Make a commitment to take time for yourself to enjoy an activity or relax when needed. Surround yourself and spend time with people who make you feel good about yourself. Address health problems or concerns with visits to healthcare providers. These are all things we avoid in active addiction because our addiction consumes and dictates our time and what we do with it. You may even have difficulty thinking of an activity that gives you joy because it is a good possibility that you haven't had time to do anything you enjoy in a very long time.

2. PRACTICE POSITIVE SELF-TALK

Work on changing negative thoughts about yourself to positive ones. You may give yourself lots of negative self talk. Many people do. This negative self talk worsens your low self esteem. You can decide now not to do this to yourself. That's great if you can do it. However, negative self talk is often a habit that is hard to break. You may need to work on it more directly by changing these negative statements about yourself to positive ones. Begin this process by making a list of the negative statements you often say to yourself. Some of

the most common ones are:

Nobody cares about me
Nobody loves me
I can't do anything right
I am stupid
I am worthless
I have never accomplished anything

The list could get very long the more time one has repeatedly practiced negative thoughts. This can be changed by then developing a positive statement that refutes the negative one. For instance, instead of saying to yourself, "Nobody likes me" you could say, "Many people like me", or even be more specific and name people. Instead of saying, "I am ugly", you could say "I look fine". Instead of saying, "I never do anything right" you could say "I have done many things right." You could even make a list of things you have done right. It helps to do this work in a special notebook or journal, dedicated to your recovery. Recovery practices like this which are designed to change your long-engrained habits necessitate action on your part. You must commit to practise recovery and work on your habits so that you develop healthy thinking and increase self-esteem and self-worth. Taking away and abstaining from a substance will not change habits of thought. Once you have developed positive statements that refute your negative statements, read them over and over to yourself. Read them before you go to bed at night and when you first get up in the morning. Read them aloud to your partner, a close friend or your counsellor. Make signs that say a positive statement about you and post them where you



will see them—like on the mirror in your bathroom. Then read them aloud every time you see them. You can think of some other ways to reinforce these positive statements about yourself.

3. COMPLETE AN ATTAINABLE GOAL

This can be difficult because with addiction, our motivations for activities not related to our addiction are placed on the back burner and forgotten about, ignored. It may take some deep thought to come up with a goal, but that is the point, to search our motivations that have long been forgotten. The key to beginning this in recovery is making sure the goal is measurable with a clear ending, attainable and achievable in a timely manner. Start small. Like making your bed in the morning, taking a walk in the afternoon, doing laundry, sending someone a card or letter that you've been meaning to thank or talk to, organising a drawer, anything that is reasonable and attainable. Once you finish an activity that you set out to accomplish, you will feel good about yourself for having done it. Again, this may seem simplistic but these are all activities that you may have not done while in active addiction.

4. LIST YOUR ACCOMPLISHMENTS

Sit down and write out everything that comes to mind that you have ever achieved. It does not have to meet any expectation or measure to anyone but you. Start simple and small, with daily goals you have met and then you can explore accomplishments that you find of value. This can be as easy as listing that you've provided shelter for your children, having your children, getting clean, not using yesterday, not using today, getting a job, helping someone, being a good friend, a good parent, a good sister, brother,

etc., cleaning the dishes, doing groceries, any goal at all that you set out to do and you completed is an accomplishment that you should acknowledge. Every goal in the step above, once completed can be listed. When we complete tasks, big or small (as determined by you) they will promote positive emotions, thoughts, and self-esteem. There are numerous ways you can achieve a quick self-esteem boost that can develop into healthy habits every single day. Talking with a friend on the phone or in person may make you feel good, reading a magazine, looking at old pictures, watch a funny movie or show-something that makes you laugh, wear something that makes you feel attractive, make a list of all your positive assets, there are simple boosters in every day that can help us reach a habit of positive self-esteem.

Erika writes regularly and passionately about recovery, contributing articles and essays for many addiction recovery themed magazines & journals.



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EQUINE ASSISTED RECOVERY

Hampshire County Council (HCC) is the first local authority in the UK to incorporate equine assisted recovery into its own programme. This reveals a remarkably enlightened approach from the Substance Misuse Team in its treatment of its service users.

Local Council takes a walk on the wild side

Hampshire County Council's Substance Misuse Team brings Equine Assisted Recovery into the mainstream *Susie Little*, Equine Assisted Learning Practitioner, explains how this innovative programme came into being...

In the Spring of 2012 Hampshire County Council's Substance Misuse Team (SMT) was approached with the offer of an equine assisted recovery pilot programme for its service users. To the Team's credit, they were willing to think outside the box and give equine assisted recovery a chance. Well over two years down the line, the programme is now an integral element of the Council's package of measures in support of addicts and alcoholics in early recovery in the community.

Today, the benefits of equine therapy are widely accepted. In particular, in the United States, where equine therapy has been routinely offered at most treatment centres for many years, there is a growing body of evidence to prove its efficacy. However, Hampshire County Council (HCC) is the first local authority in the UK to incorporate equine assisted recovery into its own programme. This reveals a remarkably enlightened approach from the SMT in its treatment of its service users.

Debbie Hastings, SMT Lead, said: "Equine assisted recovery has made a significant contribution to the success of our community rehab package. The feedback from service users is that it is completely different from anything else they have tried and in the vast majority of cases has been successful in helping them to achieve their goal of abstinence. We have also used it for people who have come out of rehab to help consolidate what they have learnt and for others as part of a pre-rehab pathway to assist with starting to identify their emotions and feelings. This has led to shorter rehab placements, which has a positive benefit on resources in terms of cost effectiveness.

"I believe this form of equine intervention is highly innovative and extremely powerful."

A US clinical trial* confirmed the benefits of equine therapy, which, when combined with traditional forms of treatment, showed reductions in psychological distress and enhancements in psychological wellbeing,

immediately following treatment and significantly at 6 month follow up.

(*The Effectiveness of Equine-Assisted Experiential Therapy: Results of Open Clinical Trial: Klontz, Bradly, Bivens, Leinart. Society and Animals Volume 15, Number 3, 2007)

This is borne out by the results of the Hampshire programme. During the course of six or more weekly sessions, small groups of service users work on building self-awareness and confidence through facilitated activities with the horses. Gaining subtle insights into their own behaviour and learning techniques for making positive changes in a relaxed, healthy outdoor environment are the keys to the success of equine assisted recovery. Since the inception of the programme, of the service users who completed, over 80% have remained abstinent and report continued feelings of wellbeing even after sessions have ended.

Sarah is a typical example of the programme's success. Sarah completed the basic six week course, followed by a further six weeks, culminating in an "apt" Award (a nationally recognised awarding body) in "Developing Personal Confidence & Self-Awareness".

Sarah tells her story: "The changes in my life since I was referred by the Substance Misuse Team almost a year ago have been amazing. I trained and started working as a peer mentor at my local alcohol and drug advisory centre in February of this year. I help to facilitate groups for people suffering with substance misuse and speak to people during our drop-in/open access times. I have gained so much in my confidence and the belief that I do have the ability to achieve what I want. I now have a plan for what I want out of my life.

I am about to start NVQ level 3 in health and social care. After my NVQ, I plan to return to college to



complete a 4-year counselling course with an aim to work with people in recovery from substance misuse.

Completing the equine therapy, I believe, played a large part in me reaching where I am today. When I went into recovery I had very little confidence and self-esteem. I learned so much from the horses about how my own emotions can impact on people around me. I am genuinely happy with the direction my life is headed. I know what I want and I have the confidence to go out and get it. I have the tools and knowledge to know how to break these goals down and to take it one step at a time.

I also learnt from the horses that things don't always go to plan. That's OK though because I've learned I can adjust. I am more able to control my anxieties. I can stay calm and look at things clearly to get some perspective and deal with the situation. My family have all seen a massive change in me and it's a wonderful feeling to be proud and to feel that my family are also proud of me."

Why horses? Horses are unique in their ability to attune to the human's inner state. Their survival as a species is one of nature's success stories, and a tribute to their ability to respond instantly and accurately to the information they pick up from our emotions, energy and body language. As prey animals with a highly developed limbic system, horses are extremely sensitive to any emotional incongruence they detect in humans, which might threaten their survival. At the same time, they are empathetic and accepting of our more vulnerable emotions, those which do

not manifest themselves as predatory, threatening behaviour, such as sadness or grief. Horses operate from a high level of emotional intelligence and can reflect a human's emotional state back to them in a gentle, non-judgemental way.

Even a visiting psychologist, during a "taster" session for professionals, was astonished by her own reaction, commenting: "I feel as if I've truly been seen for the first time." This is why the inclusion of equine assisted work into a treatment programme has such value in "opening people up", helping them to gain the confidence and insight to enable them to access and work through their emotions. The experiential nature of equine assisted recovery encourages parallels to everyday life, and lends itself to acquiring transferable skills, such as setting boundaries, improving communications, handling stress or dealing with potentially confrontational situations. Its inclusion as part of HCC's larger package of measures also has the advantage of ensuring that service users are supported pre- and post-sessions, by professionals within the Substance Misuse Team.

Not only Hampshire service users have benefited from equine assisted work. The SMT members themselves experienced the rewards of a Team development day with the horses, building trust and identifying team and individual strengths and challenges. These insights will form the basis of an action plan for the Team's future development. Said Debbie Hastings: "It was wonderful to experience the same interaction with the horses that our service users find so beneficial. Not only that, the strengths and challenges we identified that day will form the basis of our thinking for how we move forward as a Team, for the benefit of our service users. An added bonus was that some of the quieter members of the Team gained the confidence to be more vocal, which has had a positive impact on all of us."





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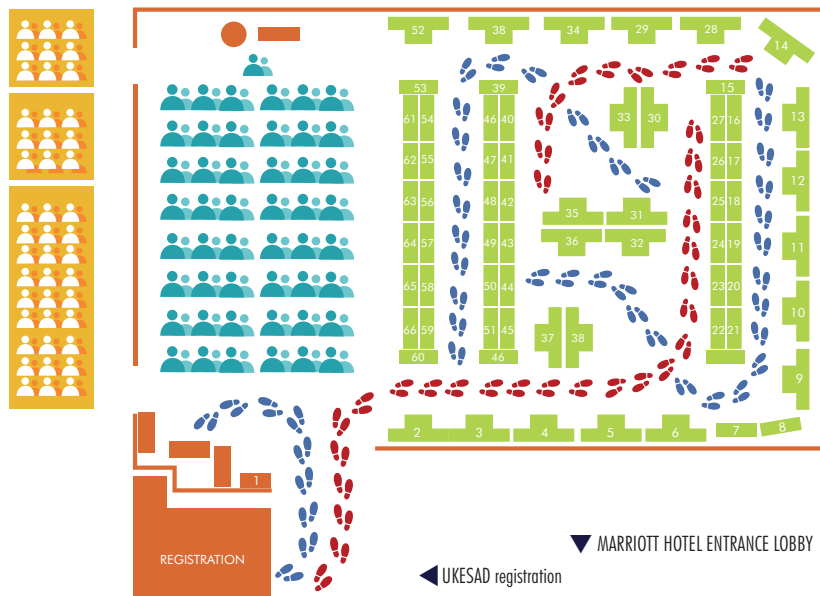
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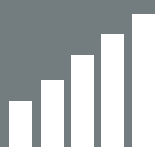
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Where to find... *guides*

This month we feature publications examining the relationship between mind and brain, a journey from mental illness to wellness and strategies for treating trauma in young people.

COPING WITH DIFFICULT FAMILIES

By Dr Jane McGregor and Tim McGregor

Published at £8.99

Sheldon Press (www.sheldonpress.co.uk) 120 pages

ISBN 978-184709-298-4

This book is a gem!

We all have family members who make us cringe at the very thought of being in their presence. Perhaps because they are boring or rude or unpredictably embarrassing. This book isn't about them.

It's about coping with those family members that seem intent on causing pain and suffering with no thought of how their behaviour impacts on others.

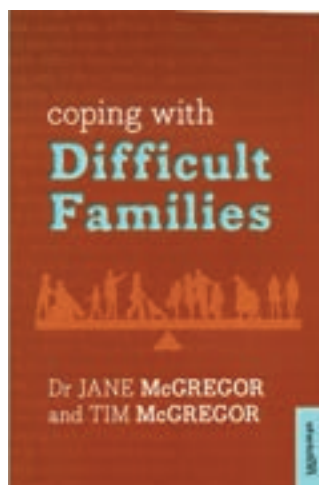
In language that is clear and easy to understand and using empathy as a focal point, the authors give detailed insight into a range of personality traits and psychiatric conditions associated with these difficult family members and offer a comprehensive toolkit based on self-compassion and empowerment, for coping and responding to them.

I like the layout of the book. Each chapter that explores a particular personality trait is immediately followed by a chapter on coping and responding to that trait. There are also a number of case studies followed by commentary from the authors that support their theories.

Finally the authors acknowledge that there will be times and situations when severing ties with your difficult family member is the only option available to you. They offer expert advice (albeit too brief in my opinion) on how this might be accomplished.

There is an old adage "you can choose your friends but you can't choose your family." Simply put this just means that some things in life we can choose but others we cannot so we have to make the most of what we have when we have no choice.

This book offers sound strategies for making the most of what we have when it comes to dealing with difficult family members.



NORMAN BEECHER

Norman is a learning and development manager with the Rehabilitation of Addicted Prisoners trust and a drug and alcohol counsellor in private practice.

MAINTAINING RECOVERY FROM EATING DISORDERS

By Naomi Feigenbaum

Published at £13.99 by Jessica Kingsley (www.jkp.org) 240 pages

ISBN 987-1-18490-58155

This book is an explication of the common challenges that confront graduates who have addressed their eating disorder formally in residential settings and also offers detail regarding how to inaugurate and maintain an enduring recovery post-treatment all the while engaging with life-on-life's-terms.

By means of several progressive case studies illustrating practical techniques skilfully woven into the narrative, the author draws on her own experience as a graduate of the treatment facility she remains associated with professionally, inspired by her erstwhile focal counsellor whose pragmatic advice she quotes throughout and who contributes the book's foreword.

As a clinician Naomi lucidly outlines the principal features of Dialectical Behavioural Therapy applicable to addiction generally and eating disorders in particular. Twelve Step Fellowships are also recommended.

There is a heart-touching chapter devoted to the spiritual dimension of recovery and the concept of 'Ed' as the personification of the eating disorder is outlined (sufferers tend to develop a surrogate relationship to the exclusion of human relationships).

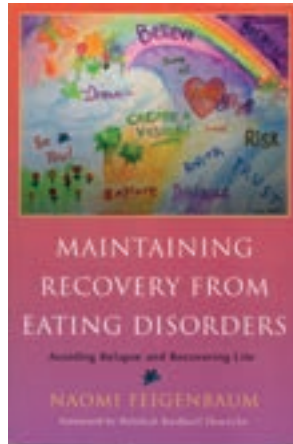
Written in an engaging user-friendly manner, this book might serve as a valuable resource for practitioners to recommend as a handbook for clients who are reaching the reintegration stage of recovery post-treatment. It's made clear that they should use their own initiative to construct bespoke relapse-prevention strategies that serve the purpose of maintaining an enduring, structured recovery from 'Ed'.

JOHN GEORGE GRAHAM

Is a Therapeutic Counsellor
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com

**WHO SAYS I'M AN
ADDICT?**

By David Smallwood
Published by Hay House
(www.hayhouse.co.uk) at
£12.99
284 pages
ISBN 978-1-78180-409-4



In his debut book, David Smallwood provides his readers with a broad and interesting theory of addiction. Arguing from an evolutionary standpoint, Smallwood asserts that addiction develops in those who have a hypersensitive limbic system, which causes a heightened level of emotional distress, and that addiction develops from the mismanagement of easing these feelings. What is refreshing about this book is how addiction to different vices is explored, challenging a common understanding of addictive substance as involving only alcohol and drugs, to include other, more commonplace substances and processes, such as sugar, Facebook, and anger. It's difficult as a reader not to self-reflect on how your own inner feelings are managed on a daily basis, whether you consider yourself to be addicted or not.

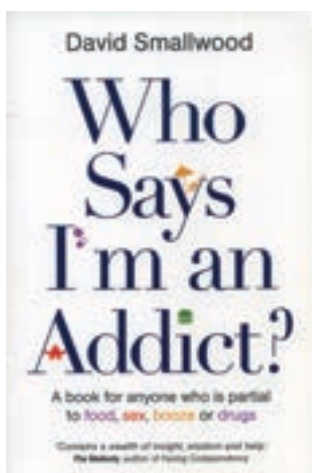
The latter pages of this book offer a straightforward presentation of complex challenges to recovery, such as denial, hitting rock bottom, trauma, and shame,

and suggestions for how to avoid relapse. If you're well versed in 12-Step treatment and recovery, you will find much of this information familiar.

Despite providing an extensive theory of addiction and consequent challenges to maintaining recovery, Smallwood writes with clarity and ease, using examples of his own history of addiction and subsequent recovery and successful career as a therapist to illustrate his points. Recommended as a

broad introductory text for anyone interested in understanding the condition of addiction, whether novice counsellors or individuals concerned about their own vices.

LAUREN CARTER is an Addictions Therapist currently working at The Priory.

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- Miria Robinson



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| ADDICTION CARE 1 Wey Court, Mary Road, Guildford, Surrey, GU1 4QU | T 01483 533300 | Info@addictioncare.co.uk www.addictioncareuk | Peter J Davies NCAC | ● | ● | ● | ● | ● | | | |
| ADDICTION RECOVERY CENTRE 20 Landport Terrace, Portsmouth, Hampshire, PO1 2RG | T 0800 6199 349 | info@arcproject.org.uk www.arcproject.org.uk | Jamie Martin Manager | ● | ● | | | ● | | | |
| ADDICTIONS UK home-based addictions treatment Based throughout the United Kingdom and the Republic of Ireland | T 0845 4567 030 | info@addictionsuk.com www.addictionsuk.com | Simon Stephens Director of Case Work | ● | ● | | | ● | ● | ● | |
| ANA TREATMENT CENTRES Fleming House, Waterworks Road, Farlington, Portsmouth, PO6 1NJ | T 023 9237 3433 | info@anatreatmentcentres.com www.anatreatmentcentres.com | Richard Johnson Director | ● | ● | | | ● | ● | | |
| ARK HOUSE TREATMENT CENTRE 15 Valley Road, Scarborough, YO11 2LY | T 01723 371869 | ark.house@virgin.net www.arkhouse2005.com | Ges Schofield Registered Manager | ● | ● | ● | ● | | | ● | |
| BAYBERRY CLINIC 6 Church Lane, Wedelbury, Oxfordshire. OX25 2PN | T 01869 321717 | info@bayberryclinic.org.uk www.bayberryclinic.org.uk | Maureen Clancy Manager | ● | ● | ● | ● | | | ● | |
| BOSENCE AND BOSWYNS TREATMENT SERVICES 69 Bosence Road, Townshend, Hayle, Cornwall, TR27 6AN | T 01736 850006 | jeremy@bosencefarm.com www.bosencefarm.com | Jeremy Booker Manager | ● | ● | | | ● | ● | ● | |
| BROADREACH 465 Tavistock Road, Plymouth, Devon, PL6 7HE | T 01752 790000 | enquiry@broadreach-house.org.uk www.broadreach-house.org.uk | Lesley Pickles Lesley@broadreach-house.org.uk | ● | ● | ● | | ● | ● | ● | |
| CASSIOBURY COURT Richmond Drive, Watford, Herts, WD17 3BG | T 01923 804139 | info@cassioburycourt.com www.cassioburycourt.com | Darren Rolfe | ● | ● | | ● | ● | ● | | |
| CAPIO NIGHTINGALE HOSPITAL 11-19 Lisson Grove, Marylebone, London, NW1 6SH | T 020 7535 7700 | info@nightingalehospital.co.uk www.nightingalehospital.co.uk | Omotola Oladimeji - Admission Manager 020 7535 7732 omotola.oladimeji@capio.co.uk | ● | ● | ● | ● | ● | ● | ● | |
| CHARTER HARLEY STREET LTD 15 Harley Street, London, W1G 9QQ | T 020 7323 4970 | info@charterharleystreet.com www.charterharleystreet.com | Mandy Saligari – Director 07956 370928 | ● | ● | ● | ● | | | | |
| CHY COLOM Agar Road, Turo, Cornwall. TR1 1JU | T 01872 262414 | chycolor@addaction.org.uk www.addaction/chy.org.uk | Ross Dunstan Manager | ● | ● | | | ● | | ● | |
| CLOSEREACH Longcause, Plymouth, Devon, PL7 1JB | T 01752 566244 | enquiry@broadreach-house.org.uk www.broadreach-house.org.uk | Gerard Dooley Treatment Team Manager | ● | ● | ● | ● | ● | | ● | |
| CLOUDS HOUSE East Knoyle, Salisbury, Wiltshire, SP3 6BE | T 01747 830733 | cloudshouse@actiononaddiction.org.uk www.actiononaddiction.org.uk | Sarah Small Head of Service | ● | ● | | | ● | ● | ● | |
| CNWL NATIONAL PROBLEM GAMBLING CLINIC 4th floor, Soho Centre for Health & Care, 1 Frith Street, Soho, London W1D 3HZ | T 020 7534 6699 | gambling.cnwl@nhs.net www.cnwl.nhs.uk | Dr Henrietta Bowden - Jones Consultant Psychiatrist / Lead Clinician | | | | ● | | | | |
| FOCUS12 82 Risbygate Street, Bury St Edmunds, Suffolk, IP33 3AQ | T 01284 701702 | info@focus12.co.uk www.focus12.co.uk | Andy Yacoub | ● | ● | ● | | ● | ● | ● | |
| GLADSTONES CLINIC 59 Queens Square, Bristol, BS1 4LF | T 0117 9292102 | admin@gladstonesclinic.com www.gladstonesclinic.com | Mike Evans Clinical Manager | ● | ● | ● | ● | | ● | | |
| GLOUCESTER HOUSE TREATMENT CENTRE 6 High Street, Highworth, Swindon, Wiltshire, SN6 7AG | T 01793 762365 | Ros.rolfe@salvationarmy.org.uk www.glooucesterhouse.org.uk | Ros Rolfe, Referrals/Marketing- Manager | ● | ● | | | ● | | ● | |
| HEBRON HOUSE 12 Stanley Avenue, Thorpe Hamlet, Norwich, NR7 0BE | T 01603 439905 | info@hebrontrust.org.uk www.hebrontrust.org.uk | Rebecca Watts | ● | ● | | | ● | | ● | |
| HOPE HOUSE 52 Rectory Grove, London SW4 0EB | T 020 7622 7833 | hopehouse@actiononaddiction.org.uk www.actiononaddiction.org.uk | Susanne Hakimi Head of Service | ● | ● | ● | | ● | | ● | |
| KAIROS COMMUNITY TRUST 59 Bethwin Road, London, SE5 0XT | T 020 7701 8130 | kairos.bethwin@kairoscommunity.org.co.uk www.kairoscommunity.org.uk | Lee Slater Manager | ● | ● | | | | | ● | |
| KENWARD BARN Kenward Road, Yalding, ME18 6AH | T 01622816086 | admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk | Nick Hillman Admissions Manager | ● | ● | ● | | ● | | ● | |

| Charity name | Non-profit | No. 1st-stage beds | No. 2nd-stage beds | Aftercare offered | Daycare available | 1:1 counselling | Males accepted | Females accepted | Age range | Funding options | Conditions of acceptance | More information & extra treatments | |
|--------------|-------------|--------------------|--------------------|-------------------|-------------------|-----------------|----------------|------------------|-----------|-------------------------------------|---|---|--|
| | | | | | | | | | | | | | |
| | 56 in total | | | | | | | | All | All | Case by case basis | The centre is open to clients requiring residential or non-residential therapies for individuals and their families affected by addiction. Since opening, we have treated hundreds of drug & alcohol users and assisted them in achieving abstinence. Our family programme compliments primary treatment and helps relatives cope with the damage that has been caused by addiction. | |
| | | | | | | | | | 17+ | Private Funding | Subject to initial assessment | Day Care Treatment: an exceptional day care programme tailor made to suit your needs. An alternative to residential treatment allowing you to enter treatment during the day and return in the evenings to your home environment. Ongoing support groups and 1-1's available following treatment. All addictions treated. | |
| | 30 | | | | | | | | 18+ | All | None | Quasi-residential abstinence based 12 week treatment. All counsellors in abstinence based recovery. Highly structured, intensive, professional treatment leading to comprehensive post-treatment strategy and support (inc. post-treatment supported housing). Positive regard ethos. Residential AND day-care. Smoking cessation also offered. | |
| | | | | | | | | | 18+ | Please contact us for options | Must be in settled address with telephone or mobile | Addictions UK, a Social Enterprise, are the leading providers of Home-Based Addictions Treatment in the UK offering a range of addiction treatment including medical, home detox, talking therapies – including 12-steps, relapse-prevention and other customised services including consulting and training. Our services are primarily telephone based with separate 24/7 help and coaching lines for clients and their friends and family members. Doctor led Community Detox. | |
| | 30 | 11 | | | | | | | 18+ | All | Pending individual assessment | Comprehensive Treatment addressing Dependency and underlying issues through Psychotherapeutic models. Incorporating 12 step components. Abstinence Based with Assessment, Primary and Secondary Modules. From Detox through to full Aftercare and Family Support. Extra treatments include co-dependency. | |
| | 15 | 5 | | | | | | | 18-65 | | Detoxed | Treatment based on 12 step philosophy. Fully trained and qualified counselling staff. Mannet 24 hours a day. | |
| | 8 | 8 | | | | | | | 18-65 | NHS, Private, insurance | | We specialise in the treatment of Healthcare Professionals with Addictions (including co-occurring Mental Health). 12 Step and modified Therapeutic Community. 12wks program with 5years free Aftercare from an experienced therapy team. Detox can be arranged. | |
| | 15 | 15 | | | | | | | Adult | All sources | | Providing two discrete residential services in a tranquil, rural setting, which can be stand alone or offer seamless transfer medically-managed detox and stabilisation in individual, en-suite rooms, and primary and secondary rehabilitation based on the 12 Step programme. 24 hour cover. Treatments include group and key work together with a full range of therapeutic activities and Equine Assisted Psychotherapy. | |
| | 31 | | | | | | | | 18+ | NHS, Private, Insurance, DSS | | Broadreach House offers Detoxification/first stage (2-6 weeks) and a specialist secondary programme (12-24 weeks) for clients with Dual Diagnosis and/or Serious Health issues. Programmes incorporate elements of CBT, MI, in a drink/drug free environment. Resettlement service. Owned and managed by Broadreach House. | |
| | 13 | | | | | | | | 18+ | Private, NHS, Medical Health-care | Pre Admission Assessment | CQC Registered. We are a fully residential treatment centre based in Watford. We are a 13 bed rehab offering detox, rehabilitation & aftercare. We have an integrative program offering 12-step, neuro-biology, CBT, psychotherapy, yoga, stress management, nutrition, acupuncture, art, mindfulness meditation & massage. Vibro Acoustic Bed and Music Therapy. | |
| | 65 in total | | | | | | | | 12+ | Self pay, Private Medical insurance | | Situated in central London our success derives from using an integrative and individually tailored programme, combining abstinence with CBT, MET & Minnesota Model approaches, plus complimentary therapies. Other therapies include Internet and smoking. Tailor-made outpatient/inpatient/daycare treatment programmes. Free aftercare & family support groups. | |
| | | | | | | | | | 18+ | Private | Free assessment | Private and competitively priced treatment centre based in central London specialising in trauma, addiction and mental health. We offer a dynamic and challenging 2, 4 or 6 week intensive outpatient programme. Other services include an Evening Programme, Family Programme, Adolescent Programme, Aftercare, weekend workshops plus counselling and psychotherapy, co-dependency, self harming & work addiction | |
| | | 13 | | | | | | | 18+ | NHS, Private Other | 5 days clean/sober | Chy Colom is a second stage residential rehabilitation centre in Truro, Cornwall. Encompassing an individually-tailored programme of support for people with drug and/or alcohol issues, it offers high quality addiction treatment by dedicated, committed and enthusiastic team. Residents are supported in all aspects of their treatment. Family support offered. Expert support is available 24 hours a day. | |
| | | 17 | | | | | | | 18+ | Private, DSS | Substance-free on admission | Second stage residential treatment for men. Individual programmes. 3-6 months. Work on underlying issues and re-integration. Resettlement service. Owned and managed by Broadreach House. | |
| | 38 | | | | | | | | 18+ | NHS, Private, Insurance, Other | | Clouds House provides first-stage abstinence-based residential treatment, and detoxification if required. The 6-week programme based on a 12-Step philosophy includes group therapy, 11 counselling and workshops. Cognitive Analytical Therapy, Family Residential Programme and Family Therapy offered. Clouds House is part of Action on Addiction. | |
| | | | | | | | | | 16+ | | | NHS Clinic offers assessment and treatment of problem gamblers living in England & Wales (aged 16+). Self referral or referral by other agencies. Services include psychiatric assessment/medical management, motivational enhancement interventions, CBT targeted at gambling disorder, family interventions, debt management. | |
| | 16 | | | | | | | | 18+ | All | Must be on detox on day one | CQC registered. A structured day programme offering a realistic balance between residential and community treatment. Typical treatment length is ten weeks followed by aftercare for one year. Family therapy available. | |
| | 13 | 5 | | | | | | | 16+ | Private, Health Insurance | Subject to Assessment | Gladstones Clinic offers a unique holistic approach to treatment aimed at healing the body, mind, soul and heart. Our highly structured, supportive and challenging programmes are tailored to each individual in order to overcome the addiction problem. 15 3rd stage beds available. | |
| | 12 | 3 | | | | | | | 18 + | All | Subject to Assessment | 12 week min primary and secondary programmes. Group each weekday morning, including 12 Step programme, topic and occupational workshops and weekly counselling sessions in the afternoon meeting per week. Clients to also attend 2 fellowship meetings per week. Underlying Christian ethos. Extra treatments include, Smoking Cessation and Occupational Therapy. | |
| | | | | | | | | | 18+ | All | Detoxed on admission | Client-focused abstinence-based treatment for women, based on The 12 Steps, in a small, supportive community. Incorporate CBT, Life skills, relapse prevention and focus on relationships, co-dependency and cross-addiction. Underlying Christian ethos. | |
| | | 23 | | | | | | | 18+ | Private, Local authority | Two weeks clean and sober | Hope House is a second stage residential treatment centre for women. The programme provides counselling, group therapy and life skills and is 12 Step abstinence-based. Food disorders if with drugs and alcohol. Hope House is part of Action on Addiction. | |
| | 16 | | | | | | | | 18-65 | NHS, private, insurance | | 12 step abstinence based 3 month programme. Kairos offers residents an opportunity to address their substance misuse problems in a safe environment. Trust, responsibility and accountability are key aspects of our integrated programme. All staff are highly qualified with years of experience working in the addictions field. Kairos umbrellas a 2nd stage day programme & 17 supported move-on houses. | |
| | 8 | | | | | | | | 18+ | Social services or self | | Intensive residential group working programme for up to 8 men, set in 15 acres of woodland. 12 step philosophy. Key worker system, weekly objective setting and support provided for daily living skills. Help with moving on. | |

Where to find... *treatment*

| England | Telephone | Email, website | Contact | Alcohol | Drugs | Eating disorders | Gambling | Dual diagnosis | Detoxification | Sex Addiction | Not-f |
|---|--|--|---|---------|-------|------------------|----------|----------------|----------------|---------------|-------|
| KENWARD HOUSE Kenward Road, Yalding, ME18 6AH | T 01622816086 | admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk | Nick Hillman Admissions Manager | ● | ● | ● | ● | | | ● | |
| KENWARD (THE MALTHOUSE) Church Street, Ukfield, TN22 1BS | T 01622816086 | admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk | Nick Hillman Admissions Manager | ● | ● | ● | ● | | | ● | |
| KENWARD (NAOMI) Highgate Hall, Rye Road, TN18 4EY | T 01622816086 | admissions@kenwardtrust.org.uk www.kenwardtrust.org.uk | Nick Hillman Admissions Manager | ● | ● | ● | ● | | | ● | |
| LEY COMMUNITY Sandy Lane, Yarnton, Oxon, OX5 1PB | T 01865 373108 | sara.lewis@leycommunity.co.uk www.ley.co.uk | Sara Lewis Admissions Unit | ● | ● | | ● | ● | ● | ● | |
| LIFE WORKS The Grange, High Street, Old Woking, Surrey, GU22 8LB | T 01483 745066 | enquiries@lifeworkscommunity.com www.lifeworkscommunity.com | Chris Cordell Operations Director | ● | ● | | ● | ● | ● | | |
| LINWOOD PARK Wensley Road, New Lodge, Barnsley, S71 1TJ | T 0800 066 4173 | info@thelinwoodgroup.co.uk www.thelinwoodgroup.co.uk | Jill Antley R.M.N R.M.A Centre Manager 08709746526 | ● | ● | | ● | ● | | | |
| LONGREACH 7 Hartley Road, Plymouth, Devon, PL3 5LW | T 01752 566246 | enquiry@broadreach-house.org.uk www.broadreach-house.org.uk | Emily Wilkins emily@broadreach-house.org.uk | ● | ● | ● | ● | ● | | ● | |
| MERIDIAN COUNSELLING CLINIC LIMITED Brick Barn Hall, Colchester Road, Bluebridge, Halstead, Essex, CO9 2EU | T 01787 473332 | office@themeridianclinic.com www.themeridianclinic.com | Bob Frost Programme Director | ● | ● | ● | ● | | ● | ● | |
| MOUNT CARMEL 12 Aldington Road, Streatham, London, SW16 1TH | T 020 8769 7674 | info@mountcarmel.org.uk www.mountcarmel.org.uk | Ruth Allonby Chief Executive | ● | ● | ● | | ● | | | |
| NELSON TRUST, THE Port Lane, Brimscombe, Stroud, Gloucestershire, GL5 2QJ | T 01453 885633 | office@nelsontrust.com www.nelsontrust.com | John Trolan Chief Executive | ● | ● | ● | | ● | | | |
| ONE 40 WORTHING 18 Winchester Road, Worthing, Sussex, BN11 4DJ | T 01903 650645 | info@one40.org www.one40.org.uk | Chris Simon Admissions | ● | ● | ● | | | ● | ● | |
| OPEN MINDS Chester House, 11 Grosvenor Road, Wrexham, LL11 1BS | T 01978 312120 | info@openminds-ac.com www.openminds-ac.com | Jan de Vera Davey Director | ● | ● | | ● | | ● | | |
| PASSMORES HOUSE (WDP) STABILISATION SERVICES Third Avenue, Harlow, Essex, CM18 6YL | T 01279 634200 | enquiries@stabilisationsservices.org www.stabilisationsservices.org | Tom Shyu Service Manager | ● | ● | ● | ● | ● | ● | | |
| PATHWAYS HOUSE 73 Rochester Avenue, Canterbury, Kent, CT1 3YE | T 01227 784953 | enquiries@pathwayshouse.co.uk www.pathwayshouse.co.uk | Kenny Milne | ● | ● | ● | ● | ● | ● | ● | |
| PCP-THE PERRY CLAYMAN PROJECT 17-21 Hastings Street, Luton, Bedfordshire, LU1 5BE | T 01582 730 113 | info@pcpluton.com www.rehabtoday.org | James Peacock Registered Manager | ● | ● | ● | ● | ● | ● | ● | |
| PRINSTED Prinsted, Oldfield Road, Horley, Surrey, RH6 7EP | T 01293 825400 | info@prinsted.org www.prinsted.org | Carole Barnes Operations Manager | ● | ● | ● | ● | ● | | ● | |
| PROVIDENCE PROJECTS, THE Providence House, 17 Carysfort Road, Bournemouth, Dorset, BH1 4EJ | Freephone 0800 955 0945 T 01202 393030 | info@providenceproject.org www.providenceproject.org | Paul Spanjar CEO | ● | ● | ● | ● | ● | ● | | |
| RAVENCOURT 15 Ellasdale Road, Bognor Regis, West Sussex, PO21 2SG | T 01243 862157 | info@ravencourt.org.uk www.ravencourt.org.uk | Counselling Team | ● | ● | | | ● | ● | | |
| SANCTUM 268-279 High Street, Uxbridge, Middlesex. UB81LQ | T 0330 555 0002 | info@thesanctum.uk.com www.thesanctum.uk.com | Peter Paul | ● | ● | | | ● | ● | | |
| SEFTON PARK 10 Royal Crescent, Weston-super-Mare, Somerset, BS23 2AX | T 01934 626371 | enquiries@sefton-park.com www.sefton-park.com | Jamie Bird and Clinical Team | ● | ● | ● | ● | ● | ● | | |
| SHARP - BOURENMOUTH & POOLE (SELF-HELP ADDICTION RECOVERY PROGRAMME) The Clouds Building, 1a Station Approach, Boscombe, Bournemouth BH1 4NB | T 01202 399 723 | SHARPBmth@actiononaddiction.org.uk www.actiononaddiction.org.uk | Su Ross-Anderson Head of Service | ● | ● | | | | | | |
| SHARP - LIVERPOOL (SELF-HELP ADDICTION RECOVERY PROGRAMME) 1 Rodney Street, Liverpool, L1 9EF | T 0151 703 0679 | SHARPLvpl@actiononaddiction.org.uk www.actiononaddiction.org.uk | Karen Hemmings Project Manager 0151 703 0679 | ● | ● | | | ● | | | |
| TTP RECOVERY COMMUNITIES NORTH Holly House, 73 Sankey Street, Warrington WA1 1SL SOUTH Telford Place, 1 Telford Way, Luton, LU1 1HT | T 0845 241 3401 | admissions@ttprecoverycommunities.co.uk www.ttprehab.org | Admissions 0845 241 3401 | ● | ● | | | ● | ● | | |
| SOMEWHERE HOUSE LTD 68 Berrow Road, Burnham-on-sea, Somerset, TA8 2EZ | T 01278 795236 | info@somewherehouse.com www.somewherehouse.com | Angie Clarke Manager | ● | ● | ● | ● | ● | | ● | |
| WESTERN COUNSELLING SERVICE Whitcrosse, 18 Whitcrosse Road, Weston-super-Mare, North Somerset, BS23 1EW | T 01934 627550 | admissions@westerncounselling.com www.westerncounselling.com | Admissions Office | ● | ● | ● | ● | ● | ● | | |

Non-profit
No.1st-stage beds
No. 2nd-stage beds
Aftercare offered
Daycare available
1:1 counselling
Males accepted
Females accepted
Age range
Funding options

Conditions of acceptance

More information & extra treatments

| | | | | | | | | | | |
|--------------|----|--|--|--|--|--|-------|---|--|--|
| 31 | | | | | | | 18+ | Social services or self | | Cognitive/behavioural residential recovery programme for men set in 15 acres of woodland. Dedicated Recovery Integration Worker and individual recovery plan. Weekly objective setting, group work, optional one-to-one counselling, life skills, family therapy. Focus on moving on and reintegration. |
| | 8 | | | | | | 18+ | Housing benefit or self | | Structured residential project for men who have completed a suitable treatment programme and need further work. Key working, counselling, groups, life skills, training in numeracy, literacy and computer skills. Focus on reintegration. Town location, good access to AA/NA meetings. |
| 9 | | | | | | | 18+ | Social services or self | | Female intensive residential group working programme, set in village with amenities close by and community links. Addresses addiction using a wide range of approaches, including the 12 Steps, CBT, TA, motivational interviewing and creative therapies. Key worker system and support for moving on. Move on options at Kenward Trust supported housing, projects in Kent. |
| 46 | 12 | | | | | | 18-65 | Social services, Private, Insurance, NHS | Individual Assessment | The Ley Community was established in 1971 as one of the first dedicated drug and alcohol residential rehabilitation centres in the UK for men and women. Our recovery model is based on a unique therapeutic community philosophy which we have delivered with significant results for the past 42 years. Extra treatments: Auricular Acupuncture, Reiki, Smoking Cessation, Yoga, Reflexology, Stress & Relaxation. |
| 20 | | | | | | | 16+ | Self funding or private medical insurance | Subject to assessment | Life Works is a private specialist behavioural health facility leading the way in advanced, evidence-based abstinence treatment for addictions, eating and mood disorders. Offering flexible and individually tailored treatment programmes, including detoxification, starting from just 7 days we can accommodate any individual over the age of 16 subject to suitability. |
| 19 | 13 | | | | | | 18-75 | All | Individual Assessment | 12 step abstinence based treatment facility, providing detoxification, rehabilitation and secondary care, 24hr medical cover & psychiatrist on call. Admissions within 24hrs, we provide CBT Group Therapy and 121 counselling also Family and Aftercare workshops. |
| 22 | 22 | | | | | | 16+ | NHS, private, insurance, DSS | Substance-free on admission | First and second stage residential treatment for women incorporating in-depth work on abuse, bereavement, relationships, eating disorders, self-harm. Parenting skills programme. EMDR, SALT. Resettlement service. Owned and managed by Broadreach House. |
| 5 in total | | | | | | | 18+ | All | Treatment contract to be signed | Private, confidential, bespoke treatment facility for day clients. Abstinence-based, incorporating 12-step recovery philosophy plus education, counselling DVDs, lectures and aftercare. Arrangement with local detoxification facility. |
| 18 in total | | | | | | | 18+ | All | Sober on admission | A 12-step abstinence-based residential and day-care programme consisting of group therapy and individual counselling. Holistic approach. Family support. Aftercare. Alcohol as main drug of choice. |
| 25 | 16 | | | | | | 18+ | NHS, local authority, private insurance | Post detox | Abstinence-based, residential & non-residential therapeutic environment; six month programme with individual counselling, groupwork, family therapy & workshops. Separate women's house & programme with overnight visiting facilities for children; Resettlement, aftercare; Education, Training & Employment centre with a programme including woodwork, arts, crafts & IT skills. |
| | | | | | | | 16 | | | One 40 Worthing is a private specialist behavioural health facility leading the way in advanced, evidence-based abstinence treatment for addictions, eating disorders, depression, anxiety and mood disorders. Offering tailored treatment programmes. Admissions within 24 hours. |
| 14 | 16 | | | | | | 18+ | All | Individual assessment | Abstinence based, structured programme comprising pre-treatment, detoxification, primary, secondary and back to work phases. Residential and day programme. Aftercare and family support. 12-step, Reality Therapy, REBT, Life Skills, access to Training and Further Education. Minnesota Model. Hazelden trained staff. |
| 9 | 8 | | | | | | 18+ | All | Case by case basis | Residential detoxification and rehabilitation services for up to 16 residents. Eclectic model. ITEP psycho-social programmes. All rooms ensuite. 24/7 nursing cover and medical on-call. In-house cook for all dietary needs. Complementary therapy available. Aftercare on Fridays for those who have completed. |
| 5 | | | | | | | 18-70 | | | Small, highly professional abstinence-based drug and alcohol treatment facility, offering residential treatment and detox. |
| 135 in total | | | | | | | 18-65 | Private or statutory funded | | Abstinence based Residential Treatment Programmes, 12 weeks primary, 12 weeks secondary and third stage supported housing. Detox facilitated, a choice of 4 different locations Luton, Chelmsford, London and Leicester. Admissions within 24 hours. |
| | 15 | | | | | | 18-65 | Local authority, private | 2 weeks clean and sober | Abstinence based, 12-step model, 3-6 months. Second Stage residential treatment. Group therapy, individual counselling, Codependency, living and social skills training, workshops, relapse prevention, aftercare and family workshop and support. Registered with the CQC. |
| 60 in total | | | | | | | 18+ | Private, Local authority, Corporate | None | The Providence Project offers the complete solution from addiction. Our abstinence based, eclectic model of treatment is tailored to suit the individual. Detox, primary treatment, secondary treatment, aftercare, re-integration and housing are all provided with superb outcomes and at affordable prices. Programmes from 4 weeks - 6 months. |
| 17 | 7 | | | | | | 18+ | NHS, private, Corporate | | 12 week, 12-step abstinence-based rehabilitation programme. Group therapy. Individual counselling. Family programme. Women's groups. Individually tailored treatment programme. |
| 20 | 15 | | | | | | 18-65 | Private NHS, Insurance, DSS | Varies | Our unique strength is how we follow on from detox to through-care; how we enable people to address the issues that have taken them into addiction and give them the skills to cope, long term. |
| 28 in total | | | | | | | 18-75 | All Sources | Individual assessment Clean/sober on arrival | Sefton Park is a therapeutic community providing an integrative programme for clients who are seeking an alternative to the 12 Step Model. All our interventions are individualised/Person Centred and encourage respect for the autonomy of client choice and responsibility for their actions. |
| | | | | | | | 18+ | | | SHARP Bournemouth and Poole offers an abstinence based day treatment programme which includes group therapy and one-to-one support. Working Recovery a community based training project that offers wood work skills and creative skills programmes is also based here. These programmes are part of Action on Addiction. |
| 22 places | | | | | | | 18+ | | 24 hours drug & alcohol free | A comprehensive 12-Step abstinence-based day treatment programme, including family programme and aftercare. SHARP Liverpool is part of Action on Addiction. |
| 60 | 24 | | | | | | 18+ | NHS, private | Assessment | Residential drug or alcohol treatment. Therapeutic community. 15 beds m/f. Single rooms. Structured programme, group therapy and excellent relapse prevention. Dual diagnosis service, clients accepted on anti-psychotics. Specialist support group for survivors of sexual abuse. Family Groups, Creative Activities, Benefits Advice. |
| 14 in total | | | | | | | 18+ | All | Detoxed on admission | We will treatment match according to the client's needs. We work with individual care plans and offer a supportive and respectful environment for individuals to change and grow. We encourage family support and have been rated 3 Star excellent by CQC. Other Treatments include: Family Therapy, Equine Therapy, Alternative Therapy, Good Aftercare. |
| 32 | 18 | | | | | | 17-64 | All Sources | Individual assessment, motivation | 12 Step structured therapeutic rehabilitation programme, individual and group therapy. Male and female. Primary care 12 weeks, secondary care 12 weeks. All male house and mixed house available. 24hour support. Counselling training, Family Programme, Holistic Therapies, Smoking Cessation. |

Where to find... *treatment*

| | England | Telephone | Email, website | Contact | Alcohol | Drugs | Eating disorders | Gambling | Dual diagnosis | Detoxification | Sex Addiction | Not-f |
|--------------------------|---|--|--|---|---------|-------|------------------|----------|----------------|----------------|---------------|-------|
| Scotland | YELDALL MANOR Yeldall Manor, Blakes Lane, Hare Hatch, Reading, RG10 9XR | T 0118 940 4413 (adm) T 0118 940 4411 (gen) | admissions@yeldall.org.uk www.yeldall.org.uk | Fiona Trim Admissions Coordinator | ● | ● | | | ● | ● | ● | |
| | ALEXANDER CLINIC King Street, Oldmeldrum, Aberdeenshire, AB51 0EQ | T 01651 872100 | enquiries@alexanderclinic.co.uk www.alexanderclinic.co.uk | Mark Hepburn Manager | ● | ● | | ● | ● | ● | | |
| | CASTLE CRAIG HOSPITAL Blyth Bridge, West Linton, Peeblesshire, EH46 7DH | T 01721 722763 | enquiries@castlecraig.co.uk www.castlecraig.co.uk | Admissions Secretary 01721 725368 | ● | ● | ● | ● | ● | ● | | |
| | PRIORY HOSPITAL GLASGOW, THE 38 Mansionhouse Road, Glasgow, G41 3DW | T 0141 636 6116 | glasgow@priorygroup.com | Joe Ramsay ATP Team Leader | ● | ● | ● | ● | ● | ● | ● | |
| Wales | BRYNAWEL REHAB Llanharry Road, Pontyclun, Mid Glamorgan, South Wales, CF72 9NR | T 01443 226864 | info@brynawelhouse.org www.brynawel.org | Jacqui Wood Registered Manager | ● | ● | | | ● | ● | ● | |
| Ireland | CARLISLE HOUSE 2 - 4 Henry Place, Cifton Street, Belfast, BT15 2BB | T 028 90328308 | carlislehouse@pcibsw.org www.carlislehouse.org | James Small Programme Coordinator | ● | ● | ● | | ● | | ● | |
| | AISEIRI TREATMENT CENTRES Townspark, Cahir, Co. Tipperary, Ireland, and Roxborough, Wexford, Ireland | Cahir 00353 52744116 W'ford 0035353914 1818 | infocahir@aiseiri.ie infowexford@aiseiri.ie www.aiseiri.ie | Contact Admissions | ● | ● | | ● | | | ● | |
| | HOPE HOUSE Foxford, Co Mayo, Ireland | T 00353 949256888 | hopehouse@eircom.net www.hopehouse.ie | Dolores Duggan | ● | ● | | ● | | | | |
| Channel Islands | SILKWORTH CHARITY GROUP Silkworth Lodge, 6 Vauxhall Street, St Helier, Jersey, JE2 4TJ | T 01534 729060 | info@silkworthlodge.co.uk www.silkworthlodge.co.uk | Alan Kiley Treatment Manager | ● | ● | | | | | ● | |
| Europe | ACTEnow 12 avenue Paul Doumer, Paris, 75116 France. | T +33(0)1 475568 80 | contact@acte-now.com www.acte-now.com | David DELAPALME Managing Partner | ● | ● | ● | ● | ● | | | |
| | CAMINO RECOVERY PO Box 16, Linda Vista Baja, San Pedro De Alcantara, 29670, Malaga, Spain | T 00 34 952 78 4228 | meena@caminorecovery.com www.caminorecovery.com | Admissions 0207 558-8420 | ● | ● | ● | ● | ● | ● | ● | |
| | CORTIJO CARE MEDICAL & PSYCHOLOGICAL WELLBEING CLINIC Cortijo Blanco, San Pedro, De Alcantara, 29670, Malaga, Spain | T +34 952 780 181 | info@cortijocare.com www.cortijocare.com | Gini Wilmshurst | ● | ● | ● | ● | ● | ● | | |
| South & East Africa | SAN NICOLA CENTRE Via Anita Garibaldi 64, Senigallia, Ancona, 60019, Italy | T +39 0731 9142 | info@centrosannicola.com www.sannicolacentre.co.uk | Elizabeth Augimeri +39 0731 9142 | ● | ● | | ● | ● | ● | ● | |
| | OASIS COUNSELLING CENTRE Suite 27, private bag X1006, Plettenberg bay, 6600, South Africa | T +27 44 533 1752 | info@oasiscentre.co.za www.oasiscentre.co.za | Anstice Wright Director | ● | ● | ● | ● | ● | | ● | |
| | RIVERVIEW MANOR SPECIALIST CLINIC PO Box 506, Underberg 3257, South Africa | T +27 33 7011911 | admin@riverviewmanor.co.za www.riverviewmanor.co.za | Judy Wingrove General Manager | ● | ● | ● | ● | ● | ● | | |
| | STEPPING STONES CLINIC Main Road, Kommetjie, Cape Town, 7975, South Africa | T +27 (0)21 783 4230 | info@steppingstones.co.za www.steppingstones.co.za | Donald Gove Hospital Manager | ● | ● | ● | ● | ● | ● | ● | |
| United States of America | BEHAVIORAL HEALTH OF THE PALM BEACHES 3153 Canada Court, Lake Worth, Florida, USA 33461 | T 001 561 721 9836 | astevens@bhpalmbeach.com www.bhpalmbeach.com | Alan Stevens - Director PA Office 001 215 784 1120 | ● | ● | ● | ● | ● | ● | | |
| | CASA PALMERA TREATMENT CENTER 14750 El Camino Real, Del Mar, California, 92014, USA | T 001 (858) 481-4411 | casapalmera.delmar@gmail.com www.casapalmera.com | Barbara Woods | ● | ● | ● | | ● | ● | | |
| | COTTONWOOD TUCSON 4110 W. Sweetwater Drive, Tucson, Arizona. 85745 USA | T 001 529 743 0411 | info@cottonwoodtucson.ltd.uk www.cottonwoodtucson.com | Virginia Graham (UK) 020 7229 0211 Linda Barela(USA) 001 520 743 0411 | ● | ● | ● | ● | ● | ● | | |
| | MORNINGSIDE RECOVERY 3421 Via Oporto, Suite 200, 92663, USA | T 001949 877 1001 | Contact@MorningsideRecovery.com www.MorningsideRecoverycom | Brandon Hilger brandon@morningsiderecovery.com | ● | ● | ● | ● | ● | | ● | |
| West Indies | SEASIDE OF THE PALM BEACHES Palm Beach, Florida, 33408, USA | T 001-561-732-7433 | info@SeaSidePalmBeach.com www.seasidepalmbeach.com | C.Blalre Farkas | ● | ● | | ● | ● | ● | | |
| | SIERRA TUCSON 39580 S. Lago del Oro Parkway, Tucson, Arizona 85739, USA | T 0800 891 166 | outreach@sierratucson.com www.sierratucson.com | Max Cohen 07973 167 245 | ● | ● | ● | ● | ● | ● | ● | |
| | CROSSROADS CENTRE, ANTIGUA PO Box 3592, St Johns, Antigua, West Indies | T 1 (268) 562-0035 | info@crossroadsantigua.org www.crossroadsantigua.org | Kim Martin - Admissions and Marketing Manager Toll free UK 0800 7839631 | ● | ● | | | ● | | ● | |
| | DARA THAILAND 113 Moo 1, T. Koh Chang Tai, A. Koh Chang, Trat 23170, Thailand | T +66 8 7140 7788 | info@alcoholrehab.com www.alcoholrehab.com | Martin Peter martin@alcoholrehab.com | ● | ● | | | | | | |

An entry in this Treatment Directory costs just £534 for a WHOLE YEAR - VAT-free for UK charities, VAT-registered EU facilities (outside the UK), and all facilities outside the EU.

| Non-profit | No.1st-stage beds | No. 2nd-stage beds | Aftercare offered | Daycare available | 1:1 counselling | Males accepted | Females accepted | Age range | Funding options | Conditions of acceptance | More information & extra treatments | |
|------------|-------------------|--------------------|-------------------|-------------------|-----------------|----------------|------------------|-----------|---|---|---|--|
| | | | | | | | | | | | | |
| | 24 | 8 | ● | ● | ● | | | 18-65 | All | Drug/alcohol-free on arrival unless detox agreed in advance | Residential programme incorporating work, groups and one-to-one counselling. Men over the age of 18 of any faith or none are welcome to our Christian centre. Intended outputs are for clients to live independently in the community without the need to use drugs/alcohol. We seek to ensure clients have safe and secure accommodation and employment, voluntary work or study in place before leaving. | |
| | 13 | 10 | ● | ● | ● | ● | ● | All | NHS, Private | | Abstinence based 12 step programme offering residential detox and rehab with aftercare, secondary care, 121 counselling and structured family treatment programme. | |
| | 55 | 67 | ● | ● | ● | ● | | | NHS, insurance, private, other | GP referral | 24 hour urgent admissions. Free assessments. Minnesota model thus - Steps 1- 5 as in-patient. Counsellor training. Residential family programme. Full time Psychiatrist. All procedures including treatment outcomes. ISO 9002 audited. Therapists ICRC accredited. 50 acres of private grounds. | |
| | | | | | | | | 16+ | NHS, insurance, self | | Free initial assessment. 12 months free aftercare. | |
| | 16 | 5 | ● | ● | ● | ● | ● | 18+ | Local authority Private | Assessment, either in person or SKYPE | Provides treatment and support both at its semi-rural residential facility and in the community for people and families experiencing alcohol and or drug dependency issues. Cognitive behaviour therapy is core to the programme, which includes psycho-social interventions, is client centred and offers a holistic approach. Family counselling. | |
| | 13 | | ● | ● | ● | ● | | 18+ | Health & social care trusts | Motivation to change | Carlisle house offers a 6 week residential treatment programme. We are a registered charity located near the centre of Belfast. Referrals accepted from the Belfast and northern health and social care trusts. Group, Individual and Family Therapy. Complimentary ans ECO Therapy. A move on supported housing project is available. | |
| | 24 in total | 2yrs | | ● | ● | ● | | 20+ | Private, insurance, VHI, Quinn, Aviva grant aid | Clean and sober on entry | Abstinence based 12 step model. Interventions, assessments, relapse prevention, 5 day residential programme for families of alcoholics/addicts. Renewal week for people in recovery. | |
| | 12 | | ● | ● | ● | ● | | 20+ | Private, Health Insurers, HSE, NHS | Assessment | Internationally Accredited Residential Addiction Treatment Centre for alcohol, drug and gambling addictions. 30 Day abstinence based Programme, Counselling staff accredited by Addiction Counsellors of Ireland. Located on the West Coast of Ireland, 30 minutes from Ireland West Airport(Knock). | |
| | 12 | 9 | ● | ● | ● | ● | | 18-75 | Private Pay, Some Insurance | Drug and alcohol free on admission / Detoxed if necessary /Assessment | Silkworth Lodge residential rehabilitation programme is abstinence based and uses the 12 step programme of recovery and is tailor made to each individual.The treatment requires the client to commit to undertake the programme and challenge their behaviour with alcohol and drugs. After completion of Primary treatment clients have the option to enter secondary treatment through one of our half way houses. | |
| | | | ● | ● | ● | ● | ● | 16+ | | | Private practice specialising in treatment of addictions & related problems, with offices in Paris & London; uses principles of Integrative Psychotherapy and 12-step approach. Family Work. EMDR. The three partners are bilingual (French & English) and can travel anywhere in the world as needed. | |
| | 8 | 8 | ● | ● | ● | ● | ● | 18+ | Private, some insurance | Individually assessed | Abstinence based, residential care (8 bed) specialises in treatment for trauma, addiction and family work to include alcohol and chemical dependency, co-dependency, mood disorders, eating disorders, trauma,, sexual compulsivity. Family Programme, Trauma, EMDR, Equine therapy. Based on 12-Step philosophy with CBT approach. | |
| | 5 | 16 | ● | ● | ● | ● | ● | 18-80 | Self, Private, Insurance | | Cortijo Care is an exclusive and luxury Psychological Wellbeing Clinic offering a unique, medical, holistic and therapeutic approach to Alcohol and Substance Abuse, Eating Disorders and General Psychiatry. Offering 24 hr medical and Psychiatric support, detoxification where required and high risk mental health care. | |
| | 30 | | ● | ● | ● | ● | | 18-99 | Self funded | Assessment | San Nicola is the first addiction treatment facility in Italy that adopts a holistic approach to the treatment of addictions including new psychoactive substances of abuse. Our intervention is tailored to individual patient's needs and include the 12 steps facilitation model, CBT, mindfulness based relapse prevention. EMDR. English and Italian Speaking. | |
| | 11 in total | | ● | ● | ● | ● | | 17+ | Insurance , private | | 12 Step 12 week programme. Intensive therapy to treat drug, alcohol and sex addiction, eating disorders including dual diagnosis. and Co-dependency. Professional international team working bio-psycho-spiritual approach. Includes horse riding, yoga, nature experience, deep sea adventure and family programme. Detoxification can be arranged. | |
| | 32 | 32 | | ● | ● | ● | | 16-65 | All | | Professionally staffed, Individual and group therapy, including in-house 12-step abstinence programme, life skills groups and psycho-educational groups. Holistic approach in tranquil and therapeutic environment. Confidentiality assured. | |
| | 30 | 15 | ● | ● | ● | ● | | 18+ | Insurance, private | Age 18+ | Residential 12 Step-based addictions treatment in a beautiful location. Client - specific combinations of effective therapeutic approaches are used to holistically address individual needs. Family Programme. Co-dependency/London aftercare group for UK clients | |
| | 26 | 100 | | ● | ● | ● | | 18+ | | | BHOPB, Inc., offers a traditional 12-step approach with innovative assessment and treatment techniques for its alcohol, substance abuse and mental health treatment program located in Palm Beach County, Florida. The program's mission is to treat each patient with dignity and respect while treating their disease. | |
| | | | | | ● | ● | | | credit cards, check, cash, insurance | | A private rehabilitation center where healing begins. We provide help and healing to individuals and families needing treatment for drug and alcohol dependency, eating disorders, and PTSD. | |
| | 45 | | ● | ● | ● | ● | | 18+ | | | Cottonwood attends to physical emotional and spiritual aspects of life. This holistic philosophy is coupled with the neurobiology of human development and the neuroscience of addiction to design cutting edge programs for each patient. There is also a female adolescent unit for females aged 13 -17 | |
| | | | ● | ● | ● | ● | ● | 18+ | Insurance, Private, Financing | | Morningside Recovery offers a unique, supervised, open treatment model. All clinical staff are highly qualified and our 'real-world' approach allows clients to attend classes at college, work part-time, cycle to the beach, and have family visits. This facilitates a smooth transition into self-sufficient, sustainable recovery. Extra Treatment: Video Games. | |
| | | | ● | ● | ● | ● | ● | 18-65 | Private pay, insurance | | Seaside Palm beach is a luxury addiction treatment centre. The philosophy of SeaSide Palm Beach dictates that no two guests come to us with the same accumulation of challenges. Each individual's path to wellness rehabilitation can only be experienced by addressing their unique needs as individuals, taking into account their mind, body & spirit. | |
| | 139 | | | ● | ● | ● | | 18+ | Insurance, Private, Finance | Individual assessment | Sierra Tucson, an international leader in treating co-occurring disorders, offers comprehensive neuropsychiatric treatment programmes for Addictions, Eating Disorders, Mood Disorders, Pain Management, and Trauma/PTSD. Anabolic Steriod Abuse. Compulsive Spending. OCD. A member of CRC Health Group, Sierra Tucson is dually Accredited by the Joint Commission. | |
| | 32 | 19 | | ● | ● | | | 18+ | Private | Individual assessment | Intensive residential 12-step programme in serene private environment. Traditional and holistic treatment components including meditation, massage therapy, exercise, spiritual counselling, experiential groups, yoga. Family programme included. Complete medical detoxification provided. Full Re/Post Admission Support. | |
| | Total | 30 | ● | | ● | ● | | | | | Helping clients from over 50 countries, DARA is Asia's first and leading international destination for drug and alcohol rehabilitation. Located on the tropical island of Koh Chang, Thailand, DARA successfully combines an intensive rehabilitation center with a luxury resort. | |

All these projects are also listed, with hyperlinks, at <http://directories.addictiontoday.org>

All information in this listing is provided by the advertisers.

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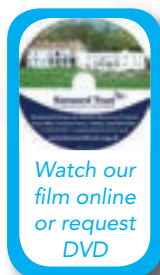
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COSA
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for people affected by someone else's sexual behaviour
07000-725463
www.sanon.org
cardiffhopefortoday@yahoo.com

SEX ADDICTS ANONYMOUS
London callback answer phone:
07000-725463
www.sauk.org

SEXAHOLICS ANONYMOUS
for those who want to stop their self-destructive sexual thinking and behaviour
020-8946 2436

SEX & LOVE ADDICTS ANONYMOUS
(The Augustine Fellowship)
07951-815087
www.slaa.uk.org

SHOPPING OVERSHOPPING*
www.overshopping.com

SPEAR*
Supporting people who self-harm
www.projectspear.com

SURVIVORS OF INCEST ANONYMOUS
www.siaawso.org

TALKING ABOUT CANNABIS*
Supports families of cannabis users
www.talkingaboutcannabis.org

UK SELF-HELP*
website containing hundreds of listings
www.ukselfhelp.info

VIOLENCE INITIATIVE*
offering violent people a chance to change – meetings, one-to-one sessions, conflict resolution training
020-8365 8220
www.tviccv.org

WORKAHOLICS ANONYMOUS
Celia 01993-878220
or George 020-7498 5927
www.workaholics-anonymous.org

* Resources other than 12-step
Many of these resources are free or by donation – readers should check.

40NE

What we provide treatment for:

The Landre Capital Group provide services for both Private and Statutory services; provision of Primary Treatment models, Secondary and Step-down care span over the group. Our focus on supporting long term abstinence based recovery drives our 'Recovery Community', with re-integration programmes across both sectors.

Addictive problems suffered



Our Treatment Model

The model consists of:

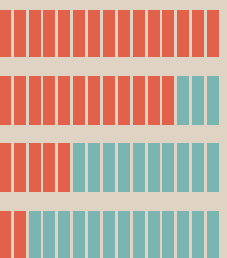
- Group therapy & 1 to 1
- Equine and music therapy
- Workshops, relaxation/meditation, core 12-step therapy
- Trauma and shame reduction, Aftercare, Relapse Prevention, Alumni and Recovery Community

Admissions Worldwide



Treatment Outcomes

Anxiety improved by **87%**



Happiness

Depression

Panic

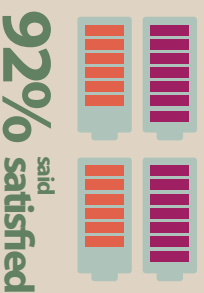
Positivity

Panic reduced by **89%**
Depression improved by **85%**



71.03% had their goals met

How do you feel overall?



92% said satisfied



96% Would RECOMMEND US

said we communicated effectively with your family



How would you rate the therapists?



Felt they were treated in a safe and respectful way



Thought our treatment was **95%** GOOD/VERY GOOD

How would you rate the programme?



Contact us:

t: 020 7486 9646
e: info@one40.org
w: one40.org.uk
admissions: 0800 011 2705
One40 Ltd, 140 Harley Street,
London, W1G 7LB

497 Exit survey results May '13 to start Jan '14 @ TTP & One40 Clinics.
244 Follow up surveys 148 = 61% responded, 96 = 39% did not.

Intervene's Roving Reporter Jim Smith visits Silkworth Lodge – the Channel Islands' only treatment Centre



Jersey is the largest of the channel islands with a population of 100,000 (similar to that of Bournemouth) and is nestled between the UK and France. Although it may be a picturesque island, it has an alcohol consumption rate double that of the UK, and one of the highest in Europe.

The Families In Recovery Trust - Silkworth Lodge (after Dr Silkworth) is the only treatment centre in the Channel Islands and was originally constituted as a Charity in May 1995. As the charity developed over the years from its formation, they opened the Channel Islands first Residential Treatment Centre in 2002. The founding chairman of the Charity Group is Frank Laine who has over 35 years experience in the drug and alcohol addiction field, which complements the experience of the established and committed Team.

I immediately felt welcomed at Silkworth by the team and the clients. Alan, the Treatment Manager, has devised a comprehensive and professional programme, I particularly like the emphasis on 'recovery maintenance', rather than 'relapse prevention'.

The team are Jason (CEO) Alan (Treatment Manager) Karina (Counsellor) Mandy (Admin & Finance) Manuel (Chef) together with a number of experienced Support Staff. The 12 step philosophy underpins the treatment and culture of Silkworth. The AA is well established on the island with 25 meetings a week, NA has 5 meetings a week. After Primary Treatment, clients can go on to 28 West Park Avenue, which is a gentle communal approach to independent living with the continued support of the charity. Then there's an opportunity for tertiary care in 26 West Park Avenue, a house with four one

bedroom self contained units, this makes for more responsibility and independence with the support of No 28 if needed. I stayed overnight at number 28, and can vouch for the high standard of accommodation.

Of the 21% of clients involved in the criminal justice, none reported reoffending after treatment . 83% of clients completing treatment remained abstinent from alcohol. 74% of clients completing treatment remained clean of drugs. These statistics are impressive, in fact Silkworth Lodge is impressive on many levels. It was awarded 'Investors In People' which is a prestigious achievement. What was encouraging is that the Trustees together with the Team are open to new ideas and new ways of working, with a desire to improve the recovering community in the Channel Islands.

Silkworth charity group, Silkworth Lodge
6, Vauxhall Street, St Helier, JE2 4TJ
Tel: 01534 729060
info@silkworthlodge.co.uk
www.silkworthlodge.co.uk



CHARTER HARLEY ST

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Discover the Power of Charter Harley Street

As the foremost London based provider of addiction and trauma treatment, Charter Harley Street specialises in Recovery...for Life.

When founder Mandy Saligari created Charter in 2008, she began with one goal in mind - to create effective, affordable, flexible treatment programmes that are underpinned by a common sense approach to recovery.

Today, Charter Harley Street offers one of the most successful comprehensive addiction treatment programmes in the country.

- Charter consistently achieves recovery outcomes that are twice the national average
- 80% of Charter's clients maintain regular contact over 26 months after leaving treatment

Charter's incredible team of highly qualified experienced professionals have provided love, care, support and guidance to hundreds of clients and have successfully helped them through recovery and beyond.

Simply stated, Charter works

Treatment Options

Intensive Outpatient Programme
(4/6 weeks)

Out of Hours Programme
Mornings and evenings

Family Programme
Every Tuesday evening

Adolescent Programme
(weekly for 6 weeks)

Aftercare Programme
Every Wednesday evening

Trauma Workshop Aftercare
Every Tuesday evening

Weekend Workshops
Trauma, Shame and Anger

Counselling & Psychotherapy

Insurance approved

One to One Therapy

Couples Counselling

Family Counselling

T: 020 7323 4970

E: info@charterharleystreet.com

W: www.charterharleystreet.com

Crossroads Centre Antigua Recovery Renewal Programs

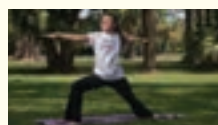


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www.crossroadsantigua.org



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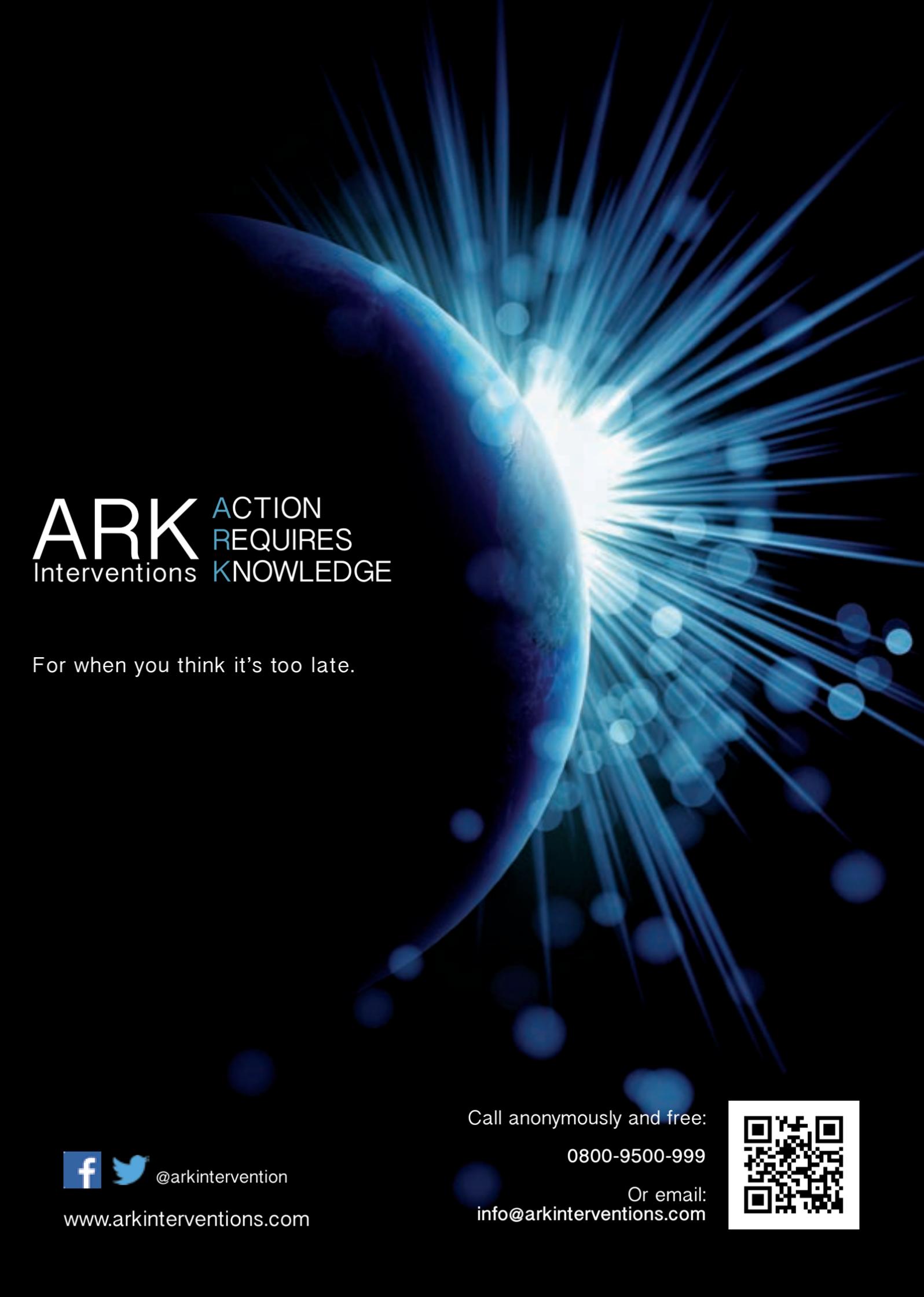
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