



NOT THE ONLY WAY

**Your One Stop Resource Guide
to 12-Step Alternatives**

**Including a Comprehensive Directory of
Licensed Professionals and Treatment Programs**

by Melanie Solomon

Forward by Marc F. Kern, Ph.D.

Preface by Frederick Rotgers, PsyD, ABPP

AA-NOT THE ONLY WAY

YOUR ONE STOP RESOURCE GUIDE TO 12-STEP ALTERNATIVES INCLUDING A COMPREHENSIVE DIRECTORY OF LICENSED PROFESSIONALS AND TREATMENT PROGRAMS

“AA-Not the Only Way fills an important niche in the recovery literature. It offers a compact but wide-ranging guide to addiction support and treatment options. The author’s recovery story will also be an inspiration to those who find themselves battling a one-size-fits-all system that is supposed to be helping them.” Tom Horvath, Ph.D., ABPP
President, Practical Recovery Services and Smart Recovery

“Melanie Solomon has distilled much information about the limitations of 12 step programs—limitations of which she has personal experience. Her response is to array the reason and resources other people might seek to supplement or substitute for AA and its ilk. Her contribution to the field is heartfelt and invaluable, and will help many other individuals.” Stanton Peele, Ph.D., J.D., author of *The Truth About Addiction and Recovery*

MELANIE SOLOMON

FOREWORD BY MARC F. KERN, PH.D.

PREFACE BY FREDERICK ROTGERS, PSY.D.

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FOREWORD

Dear friends,

I have long awaited this directory of addiction treatment alternatives. It represents what I believe to be the future of the field. It is a pioneering effort to organize this unique body of knowledge. A directory of this type was never available before -- in part due to technology, but also because there were so few providers of non-12-step based services.

As you can see, the field is growing and maturing. In no way is this directory bashing AA or saying that the 12-step method is wrong. Rather, it is the first project to document that there is a real need for alternatives, because as we all know one size of anything is not right for everyone.

Scientific research has been showing that the traditional AA approach only retains about 5% of those who walk through their doors. Apparently, not a very attractive mythology for 21st century consumers to achieve sobriety. While other more contemporary methods, including motivational therapy, cognitive therapy and brief interventions are proving to be much more effective.

As a pioneer in this field myself, this document represents a significant endorsement of what I have always believed in since I sought help for my addictions: that people want new ways to talk, think and resolve their addictions, or just manage their life better. A new way that is not clouded by traditional verbiage and notions about the phenomenon we call addiction.

The programs and resources listed here are out of the 12-step box. Their effectiveness has yet to be fully tested, but they represent a new hope, a new type of solution for those suffering from addiction. I believe the future of healthcare depends on opening up one's eyes to the realities of a world where chemical substances can be helpful as well as harmful. A new world where there is much more personal choice for one's lifestyle; where people's needs and wants direct the treatment of harmful behavior -- not the other way around.

This directory is a result of months of research in the field of addiction, and for anyone with a problem with drugs or alcohol, provides valuable information about the growing number of options available to achieve a happy and healthy life.

Bravo Melanie.

Marc F. Kern Ph.D.

<http://www.aa2.org>

<http://www.HabitDoc.com>

<http://www.addictioninfo.org>

<http://www.addictionalternatives.com>

PREFACE

In 1991 the National Clearinghouse on Alcohol and Drug Information published a poster with the title “Typical American Alcoholic”. The intent of the poster was to inform the general public about the incredible diversity among people with alcohol (and by implication) drug-related problems. Sixteen portraits are presented in the poster, showing both men and women, as well as people with different skin coloring, and clearly different dress. The point being that there is no such thing as a “typical” person with alcohol or drug problems. If this message is in fact true, and I believe it is, then why is it that for more than four decades we have insisted that the same basic approaches be used for every single person who comes in contact with a treatment program or provider for help with an alcohol or drug-related problem?

Since the 1940s, when Marty Mann, the first woman to become sober in Alcoholics Anonymous, formed that National Council on Alcoholism (NCA, later the National Council on Alcoholism and Drug Dependence, NCADD) with the express purpose of de-stigmatizing alcoholism (and later other drug dependence) by promoting the notion that alcoholism was a medical “disease”, NCADD and numerous other public and private organizations (including the National Institute on Drug Abuse, whose former head, Dr. Alan Leshner declared with absolute certainty “addiction is a brain disease.”) have joined in that effort. It is safe to say that, at least in the United States, the “disease” notion of addiction has become the most widely accepted view of addiction, both by the general public and by many treatment providers.

In medicine, diseases are often complex phenomena, varying in severity from individual to individual, sometimes varying in course, and often requiring different treatments depending on the particular patient and his/her biological circumstances. In medicine when treating chronic relapsing diseases (such as diabetes, hypertension, or asthma) physicians utilize a wide variety of medications and behavioral approaches that are frequently tailored to fit the particular patient. For example, a recent Google search retrieved information showing that there are at least seven classes of medication used to treat hypertension, and within each class there are six to eight specific medications available. This search did not include formulations that combine one or more medications. Simple arithmetic suggests, therefore, that there are at least 50 different medication approaches to treating hypertension. This does not include a variety of behavioral strategies (dietary changes, increasing exercise, etc.) that are typically part of treatment for this chronic disease.

All of this is to point out a basic conundrum in how we address helping people with alcohol or drug-related problems. Why is it that despite the widespread insistence that such problems are nearly as diverse as the people who suffer from them, and the widely held belief that these problems are the result of a “disease”, much like the chronic diseases I have just mentioned, we have for decades maintained that there is virtually only one appropriate treatment for people with alcohol or drug problems—confrontational (if necessary) referral to 12-step based support groups coupled with counseling aimed at convincing

the patient that he/she suffers from a “disease” that requires lifelong abstinence from all psychoactive substances in order for the “disease” to be arrested (but never “cured”).

This notion, that “one size fits all” in the treatment of alcohol and drug problems has been thoroughly debunked by scientific research. In fact, as long ago as 1990, the Institute of Medicine asserted that there is no one universally effective treatment for alcohol or drug problems. Yet, we have persisted in sending our children, our spouses, our partners, our employees, and even our criminals to the same, single mode of treatment. And we then wonder why only a small percentage of the people we attempt to fit into the 12-step cubby hole, get better. And, we have done this despite the fact that there are a variety of other psychological and pharmacological treatments that have been shown by solid scientific research to be highly successful in helping people with alcohol or drug problems, even when our cherished traditional approaches have been either resistant to scientific study or have not shown up well when rigorous research has compared them to the alternative treatments, many of which have been around for 3 decades or more!

As consumers, I suspect you wonder why it is that treatment providers have not “jumped on the band wagon” to learn and employ these new evidence-based approaches to treatment. There are many reasons for this failure to grow on the part of treatment providers, but I will not rehearse them here. Suffice it to say that there are alternatives to the traditional 12-step oriented, often confrontational approaches that have been virtually the only treatment available in the United States. The problem is finding treatment providers who provide these alternative, evidence-based approaches. Melanie Solomon has taken a wonderful step toward making that process, of identifying alternatives to traditional treatments, easier. By both providing her own story as a justification for this book, and by listing an ever growing list of providers who use up-to-date, evidence-based approaches in their work helping people with alcohol and drug problems, Ms. Solomon has done a great public service.

Her work is not finished, however, with the publication of this directory of alternative resources. Daily more and more treatment programs and providers begin to receive training in these new, effective approaches to working with people who have alcohol and drug problems. It is my hope that Ms. Solomon will not rest on her laurels with this first edition of the “AA, Not the Only Way”, but will continue to update it with the names and contact information of the ever growing community of evidence-based, alternatives to 12-step approaches. For now, though, this is an excellent starting point for patients, their families and those who are close to them who wish to find help that does not emphasize “powerlessness”, but rather empowers consumers to find the most effective help for alcohol and drug problems.

Frederick Rotgers, PsyD, ABPP
Associate Professor of Psychology
Philadelphia College of Osteopathic Medicine

MY STORY

When I woke up I found myself on my living room floor. I couldn't remember anything, but I knew that something was terribly wrong. When I made it to the bathroom and pulled myself up to look in the mirror, I was shocked at what I saw. I did not recognize the reflection staring back at me. I was covered in blood, one eye was black and swollen to almost twice its normal size, I had several bumps on my head, and my body was covered in bruises. I didn't know what had happened. I wondered if I had a seizure and had blacked out. I began to shake. I was scared, uncertain, disoriented...

10 Years Earlier...

Having been accepted by UCLA Law School, it looked like all those years of endless studying had finally paid off. I was 22 and my life was full of promise. I was going to become a lawyer, just like my dad. My life was going to be perfect, or so I thought. Sure I partied and experimented with drugs in high school and college, but it never interfered with my schooling or anything else. The only close call had been when my boyfriend turned me on to cocaine during a semester off one year in college. But after a few months of doing it, I realized that I would have to snort cocaine all the time, 24/7, or not at all because I loved the high but couldn't stand coming down. So, I quit.

The summer I was accepted into law school, I went to see a doctor about my migraines and he prescribed for me a nasal spray that I had never heard of. It seemed like a good solution; one I had no apparent reason to question but should have because before the end of the week, I was hooked. (Later when I researched the medication I found out it was not just a nose spray, but actually a form of liquid morphine). Using this prescription set off a chain of events during my first year of law school that would eventually lead to my demise. After my prescription ended and my headache specialist in Los Angeles would not prescribe anything stronger than Imitrex, I began taking the Vicodin I had. I had never abused Vicodin before, but when I ran out of that nasal spray, I began to feel violently ill. In order to make it through the day or even function, I had to have something in my system. Unfamiliar with addiction, I had no idea at that time what I was suffering from was withdrawal symptoms. All I had done was take some medication that my doctor had prescribed to me, and he had never once warned me about the possibility of becoming addicted to it.

During this same time, I began experiencing extreme anxiety and panic attacks, so I went to see a psychiatrist who immediately put me on benzodiazapams, which are more commonly known as benzos. I was prescribed Xanax and valium for my anxiety, induced by the withdrawal from the nasal spray, as well as Ativan for sleep. By the end of the year, I had built up a tolerance not only to pain pills but benzos as well.

Trying to quit taking the pills, I was horrified when I found out that I could not stop. By the beginning of my second year of law school, I was a mess, both physically and emotionally. Sharing my predicament with my mother, a therapist,

and father, a lawyer who is also a strong advocate of AA, they admitted me to an alcoholic rehabilitation center. This is where I was introduced first hand to Alcoholics Anonymous so commonly referred to as AA, and its sister programs, Narcotics Anonymous, NA, and Cocaine Anonymous, CA, and the whole “incurable and progressive disease” concept, which was drilled into me as the one and only undeniable cure. I was never told that there were any other solutions or treatments in existence.

And so began my Nine-year nightmare, where my life ceased to be my own, where I was told to stop thinking for myself, because “it was my best thinking that had gotten me here in the first place,” and that my intelligence was actually going to be my roadblock to staying sober.

But staying sober wasn't my problem. It was the pills that were my problem and I was very clear with the rehab people in regards to the help I needed. I needed help getting off the pills so that I could get back to my life. Knowing this as truth, I brought my law books and laptop with me as not to fall behind in my studies. However, they refused to listen and continually insisted I was an alcoholic and took my laptop and studies away. My boyfriend came to advocate for me and they refused to listen to him as well. I pleaded with them that I had never been addicted to alcohol or any other drug in my life until now. I showed them the warning labels on the prescription pills, which stated they might be habit forming and addictive, and lo and behold, I did get addicted. They laughed, patted me on the head and said, “Don't worry, honey. You just don't know it yet, but by the end of your stay here, you'll realize that you're one of us, that you are an alcoholic. Right now you're in *denial*.”

And so I attended the required AA meetings, 90 meetings in 90 days, and found what they were saying to be true: “Go to enough meetings and you'll end up just catching alcoholism!” This might sound ridiculous, but this is exactly what happened. I caught alcoholism! Stating, “I'm Melanie and I'm an alcoholic” over and over, sometimes twenty times a day, was not only a negative affirmation, but I began to internalize it as well. Before I knew it, I had created this entire story surrounding the fact that I was a victim of this incurable, progressive, fatal disease called alcoholism, and that there was no way out.

I was so vulnerable entering rehab, as most people are. I was lost, confused and I started believing what the “professionals” were telling me. (I now know that most “professionals” at traditional rehabs are merely drug and alcohol counselors who have had some “clean time” in a 12-step program). At the end of my 30 days, my counselors told me I needed to go into their sober living program and I complied since I still needed their help and my dad's financial assistance. So I listened to him and did whatever they told me to do. My life just got worse with frightening speed. I was told that anyone who was not an alcoholic or an addict would not be able to understand me. My boyfriend, the love of my life, was not an addict. He was what they called a “normie”, so I broke up with him because I believed that he couldn't possibly understand me anymore or what I was going through. Soon, law school became too stressful and began to interfere with my “recovery” and all of the AA meetings I had to attend, so I quit. I couldn't hold down a job anymore, so I decided I had to go on disability, because I was

not well and had this incurable disease called alcoholism that was “trying to kill me on a daily basis”. I was now officially on the recovery merry-go-round. Staying sober in the program for 6 months to a year, I would eventually relapse, ending up in a rehab or hospital emergency room, or sometimes even a psych ward. This had become my life!

This insanity continued for nine long years, as I spent all of my time trying to get and stay sober with the use of a 12-step program, which I had been told by countless rehabs, doctors and other 12-step members was “the only way” out. With each relapse, I ended up feeling more and more hopeless, thinking towards the end that I must be one of those people that the *Big Book of Alcoholics Anonymous* talks about as being “constitutionally incapable of being honest with themselves”. My life was becoming more and more meaningless. Even while sober, my life revolved around working the steps and going to meetings and relapsing again and again. And again.

With each relapse, I became less and less confident in myself, to the point that even with six months sober, I decided to put myself into a sober living and stay there for over a year because I had lost all faith and trust in myself that I could stay sober living on my own. That became my sole focus in life. Nothing else mattered except that I stay clean and sober. I no longer knew who I was, except that I was an “alcoholic” and an “addict.” I had completely lost myself. I no longer knew who I was. I had lost touch with my friends and family. I had left my life, my home and my animals behind. My family lost respect for me, thinking that once again I had failed the program and that there must be something terribly wrong with me. I was caught in my own personal hell that I thought would never end. I did not think I would ever see the light again. I was caught in a vicious cycle of institutions, rehabs, sober livings, AA meetings, relapsing, and ending up back in rehab, *again*. This cycle fits perfectly under AA’s own definition of insanity: “To do the same thing over and over again, expecting different results.” In fact, I’ll just quote James DeSenna’s definition of insanity:

Insanity: 12-step addiction treatment and lifelong “recovery,” that is, doing the same thing over and over while expecting different results, despite its lack of efficacy and obvious negative, and sometimes deadly, consequences.” (DeSena, *Overcoming Your Alcohol, Drug and Recovery Habits*, 2003).

After 10 years of hell... I woke up on the living room floor, covered in blood; I was horrified by what I saw...

I had just returned home from my Saturday meeting. I had recently put my cat, Felix, to sleep, the week before, and I was completely devastated. I really felt like having a few glasses of wine. But I knew if I drank, this would mean yet another relapse, and that would mean starting all over again; letting everyone down, especially my family. And I’d have to raise my hand as a newcomer, and “lose” all my time again. I couldn’t handle that kind of shame, not even one more time. So instead, I decided to try to get a harmless buzz from an old prescription I still had. I took a few more pills than I normally would have, but what I took

reacted horribly with the antidepressants that I was taking and I apparently had a major overdose, as well as multiple seizures, ultimately giving myself a concussion.

When I came to on the living room floor, I was horrified by what I saw. I had lost all control of my bodily functions. Later I found out that this often occurs right before a person dies. But for some reason I did not die. When I looked over at the couch, one of the cushions was entirely covered in diarrhea. It was also stuck in my hair and smeared all over my living room. All because I didn't want to have the "stigma" of an alcoholic relapse, I had almost died. Unlike the many others on this recovery merry-go-round who when thrown off their horse have landed in death, I was one of the lucky ones.

After a few days of recuperation, crying and praying, it suddenly came to me that there had to be another way, even though during my nine years in AA no one had ever told me that there was. Awakened and filled with hope, curiosity and purpose, for the first time in my life, it became crystal clear that AA was not only *not* working for me, but had become detrimental to my life. I got on the internet and began furiously searching for alternatives to AA. I was driven and began researching and working around the clock as though not only my life depended on it, but those of countless others who shared similar experiences. To my amazement I found that there were many wonderful options to AA, and I wasn't the only one out there for whom AA had failed. I soon realized that I had not failed the program. It just wasn't for me. In fact, it doesn't work for most people! The more research I did, the more driven and astonished I became. Why was I never told about any of the other options that were readily available? None of the rehabs, institutions, counselors, sponsors, therapists, doctors, *nobody* had told me that there were viable alternatives, ones that were proving to be more effective than AA! I knew that I had to get this information not only for myself but for others experiencing the hopelessness and despair that I had felt. This book provides a multitude of other solutions that are available in addition to or instead of AA. What you are about to read will astonish you at first, but it will open you up to new possibilities leaving you with hope, a word that too many of us have forgotten the meaning of, but my prayers are that this book will help you find it once again.

I am now 33 years old, and have never felt so free in my life. While we are all on this life's journey together, we are all unique. It is my great hope that we can all find solutions that work for us as individuals. There are many different paths. The most important thing I've learned is that there are more than one, and what works for one person, might not work for another. All that matters now is that a door has been opened for us to see that there *are* alternatives, and we have choices! With the information I have found, you can now make an informed decision for a treatment program that feels right for you or a loved one. My nine heartbreaking years of trying the same program over and over again expecting different results was an experience I went through only out of ignorance; both my own and the recovery industry's as well. This is an experience I pray none of you have to go through, or if you've already been through it, you can use this information to stop the cycle right now. Knowledge is power. And AA is not the

only way. Thank God.

INTRODUCTION

“Keep coming back, it works if you work it!” This is what is chanted at the end of every meeting, but what if you *have* “worked it” and you still keep going back and getting drunk or loaded? Now, most people in the program will say things like, “Well, you must not have *really* done the steps right,” or “You didn’t go to *enough* meetings,” or “You didn’t pray to your Higher Power,” or “You know you did *something wrong* or else you would still be sober!”

Since what you are taught to believe the minute you step into a 12-step Program is, “You either *get* AA, or you die,” you tend to stop thinking for yourself, (since it was your “best thinking that got you here”), stop questioning, and just follow what other’s tell you to do. This would be fine if this is what worked... but unfortunately, evidence is proving otherwise.

The 12-step success rate is showing to be approximately 3 percent. Yes, that’s right... only 3 percent! (Brown, *Treatment Doesn’t Work*, 1991). Here are some more startling statistics:

- 45% of the people who attend Alcoholics Anonymous meetings never return after their first meeting.
- 95% never return after the first year.
- 5% retention rate (Based on Alcoholics Anonymous World Services' own statistics).
- 93-97% of conventional drug rehabs and alcohol treatment centers are 12-step or AA based, so those who leave AA to look elsewhere, such as conventional alcohol and drug treatment for solutions, are essentially rejoining AA!

Let’s look at these numbers in even *more* detail: For many years in the 1970s and 1980s, the AA GSO (Alcoholics Anonymous General Service Organization) conducted triennial surveys where they counted their members and asked questions like how long members had been sober. Around 1990, they published a commentary on the surveys: *Comments on A.A.'s Triennial Surveys* [no author listed, published by Alcoholics Anonymous World Services, Inc., New York, no date (probably 1990)]. The document has an AA identification number of "5M/12-90/TC". The document was produced for AA internal use only. Averaging the results from the five surveys from 1977 to 1989 yielded the following numbers:

- 81% attendees are gone (19% remain) after 1 month;
- 90% attendees are gone (10% remain) after 3 months,
- 93% attendees are gone (7% remain) after 6 months,
- And 95% are gone (5% remain) at the end of one year.

That gives AA a maximum possible success rate of only 5% (even if you define "success" as staying sober for *only* one year). That is not what a competent doctor would call good medical treatment. The FDA would never approve a

medicine that is only successful on 5% of the patients. (“Agent Orange”, *The Effectiveness of the 12-step Program*, last updated 2004).

AA hardly sounds like a “proven method,” let alone one that works for most people. So, if only about 5% of the people are getting the help that they need, what about the 95% of the people who are not being helped? *That* is the purpose of this booklet... to provide much needed information to individuals, rehabilitation centers, hospitals, sober living units, and even 12-step programs themselves so that people with substance abuse problems can be helped. The bottom line is this... is the goal to get alcoholics and addicts into AA or NA or CA, or is it to actually get them help?

Let me mention from the start that I think 12-step programs are wonderful for those individuals who it *does* work for. I have seen it change many lives for the better, including my dad, who has now had 15 years of continuous sobriety, maintaining his sobriety from his very first meeting. It is also a great fellowship to share experiences, strength and hope. So, in *no* way am I anti-AA. However, it is becoming clearer to me that substance abuse is not a “one size fits all” problem.

The National Institute of Drug Abuse, NIDA, has even gone on record to emphasize that no single addiction treatment method is right for everyone. They claim that matching treatment services to each individual’s specific needs is critical to success. In addition, research studies indicate that even the most severely addicted individuals can participate actively in their own treatment, and that active participation is essential for good outcomes. According to the NIDA, counseling, either individual or group, and other behavioral therapies are critical components of effective treatment for addiction. It’s interesting to note that participation in a 12-step program was never mentioned anywhere in this research based guide which discussed the principles of effective treatment.

Reliance on outdated and ineffective treatment methods has created an environment that fully expects individuals to fail, and fail again until such time that rock bottom has been reached. It is often said that once an individual has reached rock bottom that there is only one way to go, UP. The problem with that philosophy is that for many people, the ultimate rock bottom is death. (Vacovsky, Executive Director, American Council on Alcoholism, May 12, 2005).

Vacovsky goes on to write:

“Many, (if not indeed most) alcohol dependent individuals have lost faith in themselves, and more importantly hope for the future. It is common for such individuals to have numerous attempts at sobriety, most often using 12-step methods. They have been *programmed* to accept themselves as hopeless and powerless, with their chance for recovery being slim to none... It is up to the individual to determine what the most appropriate treatment is. It is up to the *treatment community* to provide *options* that set up individuals to succeed, rather than be expected to fail (italics added).”

Sadly, Americans are largely unaware that such options even exist. At least, the general public is. While the public is being told that “turning your will

and life over to the care of God as you understand Him,” as AA suggests, is the only treatment for their illness, scientifically based research has been going on for decades. Results of this research are threefold:

1. We now have options for treatment that are based on science rather than fundamentalist religion;
2. Gives back choice and a sense of control to the individual, which is proving to be extremely important and
3. We now have evidence that is in direct contradiction to the traditional view of problem drinking.

What, exactly, is the research finding? Here is what some of the experts in the addiction field state have found:

- Well-designed research conducted over more than three decades has conclusively demonstrated that problem drinking will *not* inevitably get progressively worse, and that this is one attribute of being a “disease” of alcoholism is simply wrong. Some problem drinkers “progress,” but the vast majority don’t.
- What most Americans believe about drinking problems and their treatment is substantially inaccurate.
- Drinking problems do not occur as a result of a disease. It is a learned behavior, and additional learning can therefore modify behavior.
- For no other “disease” do so many physicians, psychologists and counselors themselves believe in the non-research-based myths of problem drinking, ignoring the research of their own peers in developing their treatment plans.
- “Problem drinkers in the United States are faced with a daunting dilemma when they seek help. They can either accept the prevailing myth that abstinence is the *only* effective means to resolve a drinking problem, or they can be accused of being “in denial...”
- Insistence by treatment programs to only offer abstinence has been shown to deter many problem drinkers from seeking treatment.
- Individualizing treatment is crucial.
- Chronic “relapsers” can actually be harmed by the 12-step model view that once a slip has started, you are powerless to stop; the stronger one’s belief in this is the longer and more damaging the relapses are.
- The confrontation and treating alcoholics and addicts like children commonly thought necessary to help them actually often hinders any change.
- Many providers deliberately resist change because they have too much of an attachment to their own ideas of what *should* work, claiming, “I know what worked for me, and I’m sure that it can work for everyone else as long as they just do what I say.”
- The only way to resolve a problem with alcohol is to abstain for life is wrong for the majority of people. A substantial proportion becomes

moderate drinkers even when achieving abstinence is the primary focus of treatment.

- Dr. Patricia Owen, Director of Research of the Hazelden Foundation, who was a long-time supporter of abstinence-only treatment, referred to these individuals as “in recovery without abstinence” and acknowledged their presence in large numbers among a sample of Hazelden graduates.

Of course, not even all scientists agree on the nature of and best treatments for alcohol abuse. But this is the twenty-first century, and no one would disagree that all patients suffering with an alcohol or drug problem have a right, just like any other patient suffering with any other problem, to be fully informed of the available options, the risks or areas of uncertainty, and, after reviewing the relevant information, in consultation with one or more providers, choose a course of action. This is simply good medicine. Should problem drinkers accept anything less?

It is finally time to stop living in the dark ages of recovery, educate people about all of their choices and alternatives that are out there and maybe start making a dent in the alcohol and drug use problem that millions are facing each day instead of continuing to perpetuate it. If you are one of those people who still believes that the 12-steps are the “only way” to recover, I implore you to please keep an open mind. In fact, Bill W., one of the co-founders of AA said, "It would be a product of false pride to claim that A.A. is a cure-all, even for alcoholism." Bill W. repeatedly said that "our hats are off to you if you can find a better way" and "If [those seeking a different cure] can do better by other means, we are glad."

It is important to note that recovery programs are not necessary to discover how to quit and stay quit. The following is from the Harvard Medical School's *Mental Health Letter*, the August/September 1996 issue:

Most recovery from alcoholism is not the result of treatment. Only 20% of alcohol abusers are ever treated... Alcohol addicts, like heroin addicts, have a tendency to mature out of their addiction...

In a group of self-treated alcoholics, more than half said that they had simply thought it over and decided that alcohol was bad for them. Another group said health problems and frightening experiences such as accidents and blackouts persuaded them to quit... Others have recovered by changing their circumstances with the help of a new job or a new love or under the threat of a legal crisis or the breakup of a family.

Study results from addiction researchers, Doctors Linda and Mark Sobell, confirm Harvard's 20% treatment statistic:

Surveys found that over 77 percent of those who had overcome an alcohol problem had done so without treatment. In an earlier study... a sizable majority of alcohol abusers, 82 percent, recovered on their own.

However, even though it is possible to recover on your own, you may want a recovery program, or at least a licensed professional for support. That is why I have provided you with options, options that don't threaten you with "jails, institutions or death" if you don't completely follow their path. I have divided this book into four sections. First I have described the major self-help alternatives to AA. Next, I go on to list the top and bottom 10 treatments for alcohol abuse, taken from the most exhaustive review of alcohol treatment literature available. The last two parts are a directory. I have listed professionals who are registered with SMART, those who provide training in moderate drinking and finally, what makes this publication the first of its kind, I have listed and described many treatment centers, both in the US and abroad, that go beyond using just the traditional 12-step approach.

SECTION I

PART ONE: TOTAL ABSTINENCE

SAVE OUR SELVES (SOS)

SOS was the first large-scale alternative to AA. SOS was founded by James Christopher in 1985, an alcoholic himself who quit drinking in 1978, who early on in his recovery recognized that AA was not for him. SOS respects recovery in any form, regardless of the path by which it is achieved. It is not opposed to or in competition with any other recovery programs. SOS supports healthy skepticism and encourages the use of the scientific method to understand alcoholism; it does not limit its outlook to one area of knowledge or theory of addiction. All those who sincerely seek sobriety are welcome as members in any SOS Group. Although SOS believes sobriety is an individual responsibility, life does not have to be faced alone. In fact, SOS believes that the support of other alcoholics and addicts is a vital adjunct to recovery. In SOS, members share experiences, insights, information, strength and encouragement in friendly, honest, anonymous and supportive group meetings.

Today there are SOS groups meeting nationally, as well as in other countries. SOS has gained recognition from rehabilitation professionals and the nation's court systems. In November of 1987, the California courts recognized SOS as an alternative to AA in sentencing offenders to mandatory participation in a rehabilitation program. Also, the Veterans Administration has adopted a policy which prohibits mandatory participation in programs of a religious nature.

SOS does have a "tool kit," which is available online and which includes numerous cognitive and behavioral relapse-prevention techniques. If you would like more information about SOS, please visit www.secularsobriety.org. For information about a group in your area, you can call (323) 666-4295, or email them at SOS@CFIWest.org, or send them regular mail to SOS Clearinghouse (Save Our Selves) 4773 Hollywood Blvd. Hollywood, CA 90027 USA.

“SMART RECOVERY” PROGRAM

SMART Recovery® stands for Self-Management And Recovery Training. This system provides a set of tools to use and there are free meetings both online and face-to-face to learn, practice and refine these skills. SMART emphasized four points:

1. Motivation to Abstain – Enhancing and maintaining motivation to abstain from addictive behavior;
2. Coping with Urges – Learning how to cope with urges and cravings;
3. Problem Solving-Using rational ways to manage thoughts, feelings and behaviors and
4. Lifestyle Balance – Balancing short-term and long-term pleasures and satisfactions in life.

SMART is based on Rational Emotive Behavior Therapy (REBT), which was developed by Dr. Albert Ellis in the 1950's. Ellis stated there are three aspects of human functioning: thoughts, feelings and behavior. His proposal was that thinking creates feelings and actions. In other words, people or events don't make us feel good or bad; it is our *perception* of them that result in our feeling good or bad. And these perceptions then influence our behavior.

SMART views addiction as a bad habit. It does *not* view it as a disease, and therefore, there are no labels used, such as “alcoholics” or “addicts.” SMART is supported by research on relapse prevention, motivational enhancement and behavioral change processes. It emphasizes self-responsibility, self-motivation and self-discipline as the primary means of stopping substance use. Unlike AA, SMART meetings do not dwell on past “war stories.” They focus on present day events and the causes of self-destructive behaviors. There are no “sponsors” in SMART, and anyone can attend these meetings who wants to deal with a compulsive behavior, whether it's gambling, pills, shopping, or others.

One of the major tools used in SMART is called the “ABC process,” which is a method to identify and dispute our irrational beliefs, thoughts and feelings. By doing this, new rational beliefs, thoughts and feelings can replace the old. In addition, they believe this helps to resist urges and regain control.

SMART also uses a cost-benefit analysis as another tool. They propose that it helps to build motivation to abstain from using by creating goals, developing coping skills, and pointing out relapse warning signs.

If you want to learn more about this tool and this Program in general, including online or face-to-face meetings, literature, or talking to a live person, please go to www.smartrecovery.com or call them at (216) 292-0220. You can also write them at 24000 Mercantile Rd., Suite 11, Beachwood, Ohio 44122. You can also visit the Ellis Institute at www.rebt.org. You can find a therapist registered with SMART in Section Two. For the most current meeting list nationwide, go to www.smartrecovery.org/face2face.htm.

LIFERING SECULAR RECOVERY

LifeRing believes that there are as many different ways to get clean and sober as there are alcoholics and addicts. In other words, **there is no magic formula that works for everyone at all times**. All of the different “Programs” out there contain some useful ideas. Every method produces some success stories. Every method produces some relapses. Therefore, the LifeRing approach to recovery emphasizes learning through experimentation.

According to the LifeRing approach, you will try different ideas and different behaviors and see if they help keep you sober. If they work for you, you will probably keep them; if they lead you into relapse, you are encouraged to change them and try something else. And if you fall, LifeRing will **not try and shame you** or make you feel that you were not following “The Program” (there is none). In fact, they feel just the opposite: a relapse may be a key part of your learning experience. (You find out one more thing that does not work for you). The set of ideas and behaviors you find that work for you make up your own personal recovery program. Makes common sense, doesn't it?

The basic LifeRing philosophy can be summed up in three words: Sobriety, Secularity, and Self-Help.

- **Sobriety** means abstinence from alcohol and other medically non-indicated addictive drugs. In LifeRing, people struggling with a variety of drugs – alcohol, marijuana, met amphetamines, cocaine, heroin, prescription drugs, to name a few – work side by side. LifeRing respects the doctor-patient relationship. If you have been honest with your doctor, you will get support in taking your medications as prescribed.
- **Secularity** means that your religion or lack of it remains your private business. Whether you believe in a Supreme Being is not important in LifeRing. Meetings do not use prayer or discuss theology, pro or con. What *is* important is that each person takes responsibility for their own recovery and is available to give support to others.
- **Self-Help** means that each person develops a personal recovery program tailored to his or her particular background and needs. Other than “Don't drink or Use,” LifeRing does not believe in a prescribed set of steps that everyone needs to follow. Because there is not “One Program,” you do not need a special sponsor to guide you. Instead, they all help each other. Self-help also means that meetings are led by peers, not by professionals.

LifeRing offers a wide variety of online support options, including chat rooms, email lists, e-pals and a bulletin board. If you would like more information on LifeRing, or to access any of these options, please visit www.unhooked.com. You can contact LifeRing by email, service@lifering.org, or you can call them at (510)763-0779 or toll free at (800) 811-4142. The most current meeting list can be found at www.unhooked.com/meetings.html.

RATIONAL RECOVERY

Another alternative to AA is Rational Recovery (RR), which was founded in 1986 by Jack Trimpey. Trimpey was also an alcoholic who disliked AA, so much to the point of attacking AA, and being devoted to political action aimed at ending the recovery movement. As a result, RR may be particularly helpful to those who find AA and treatment downright offensive, rather than not right for them.

This Method does not require belief in a higher power. It does not involve any counseling, therapy, meetings, psychology, or spirituality. RR views these as personal matters that have nothing to do with sobriety. RR believes that the worst way to quit something you love is one day at a time.

The RR program was originally based on REBT, created by Albert Ellis, but has now rejected both REBT and all kinds of “psychological” approaches, such as treatment, counseling or therapy. RR believes that all that is needed to acquire and maintain sobriety is a method of “planned abstinence” using their approach called addictive voice recognition technique (AVRT), based on the experiences of former addicts. According to RR, AVRT is a simple thinking skill that helps addicts recognize and resist the internal “voice” that pressures them to use chemicals for their effect, which is the sole cause of addiction, once and for all.

For more information, please go to the website at www.rational.org/recovery/, or call (916) 621-2667 or (916) 621-4374, Monday through Friday, 8:00 a.m. to 4:00 p.m., PST (Pacific Standard Time). On their website, you will find discussion groups, chat lines, email services and newsgroups. Trimpey also offers a four-day AVRT course in Northern California. For more information, call (530) 621-2667.

PENNSYLVANIA MODEL-MEDICATION PLUS COGNITIVE BEHAVIORAL THERAPY

According to the American Council on Alcoholism, the Center for Substance Abuse Treatment, the Substance Abuse and Mental Health Services Administration, (SAMHSA), and many other research findings, show that medications, such as Naltrexone or Acamprosate, help people who have been abusing alcohol to at least moderate their drinking. "Since craving is a neuro-chemical reaction, it is best treated with medications." (Menziess, Director, Assisted Recovery Centers of Missouri, American Council on Alcoholism, May 12, 2005). The FDA first approved Naltrexone in 1994 under the brand name Trexan for the treatment of opiate abuse. In 1994, the FDA extended its use to include alcohol dependence. Dr. Joseph Volpicelli, of the University Of Pennsylvania School Of Medicine, has been conducting research on Naltrexone use for alcohol dependence since the early 1980s.

Dr. Volpicelli explains that the benefits of this drug are not so much in preventing taking that first drink, but rather in breaking the cycle of excessive drinking.

According to Lloyd Vacovsky, the executive director of the American Council on Alcoholism, the use of Naltrexone, and/or Acamprosate, a newer drug which is approved for the treatment of alcoholism in many European countries and which is likely to be soon approved by the FDA, can be very effective tools, when appropriately used, because they can suppress the intense craving to drink or use. However, medications are not to be used as an unaccompanied treatment, but as a useful addition to a more comprehensive plan.

This brings us to the **Pennsylvania Model of Recovery**, which is the use of medication, such as Naltrexone, *in addition to* Cognitive Behavioral Therapy to address the Psychological and Social parts of recovery. This model is based largely on the research and work of the University Of Pennsylvania School Of Medicine, Treatment Research Center, in Philadelphia, and in particular, Dr. Joseph R. Volpicelli, M.D., Ph.D., also of the University Of Pennsylvania. This Model does not require any acceptance of a "Higher Power" in order for you to recover.

The Pennsylvania Model views alcohol dependence as an acute disorder of the pleasure center of the brain. It is treated as a bio-psycho-social condition, rather than as a lack of character, or as a "spiritual disease." The physical component is treated with the medicine, Naltrexone, which eliminates the physical cravings normally associated with abstinence from alcohol. According to this Model, with the cravings under control, you can now deal with the psychological and social components of the addiction. In other words, you need to learn to change the way you think about certain things and the social habits that you spent your whole life developing. This is where Cognitive Behavioral Therapy (**CBT**) and Rational Emotive Behavior Therapy (REBT) come into play. The Pennsylvania Model believes that using the tools of both CBT and REBT, you will learn to:

- Set and achieve reasonable goals
- Enhance motivation to stay abstinent
- Deal with life's problems effectively
- Prevent lapse from becoming a relapse
- Develop a more healthy lifestyle
- Learn to enjoy life without alcohol or drugs

Assisted Recovery Centers of America (ARCA) was the first in the nation to offer a non 12-step program of recovery from alcohol dependence using the Pennsylvania Model of Recovery. While there is no spiritual component in this Model, ARCA does encourage clients who are inclined to add a "spiritual" component to their recovery to attend AA, or the church of their choice. ARCA now offer an opiate addiction treatment with Suboxone, using this same Model. (Visit www.suboxone.com/suboxone/ for information).

ARCA has four programs to choose from, including one online. This includes a weekly online chat session and private email group, plus telephone access to their counselors and staff. If you would like more information on this Model of Recovery, or ARCA, please visit them at www.assistedrecovery.com. You can also call them at (602) 264-7897 or toll free at (800) 527-5344, for their Phoenix, Arizona location. You can call (314) 645-6840, for their St. Louis, Missouri location, or email them at contactus@arcamidwest.com.

YES RECOVERY

Yes Recovery is both similar to the traditional 12-step programs and different at the same time. While this Program draws on much that has been learned from the Steps and Traditions of 12-step programs, in Yes Recovery, there is *no* requirement in a belief in God (although it's not disapproved of), *nor* are there any authority figures whose rules or therapies must be obeyed.

The YES Recovery Program promotes the strength and authority of the individual, *you*. There are no fees; no rules, no head office, no books, no permission needed, and your beliefs are respected.

Yes Recovery was started in 2000 by an addict, who now has years of sobriety. Since it was started by an addict, the words used are regarding drug abuse, but this Program is for alcohol abuse as well.

All that is needed to start your own group is yourself plus one or more person, and what is called the "YES Recovery Document," and that's it! You can find and copy this document at:

(http://wikisource.org/wiki/YES_Recovery_Document). If you would like more information on existing groups or meetings with other people who have used this method, there is a recovery forum, located at <http://www.acay.com.au/~narcosis/yes.html>.

PART TWO: PROGRAMS DESIGNED BY WOMEN, FOR WOMEN (Adapted now for men, too)

WOMEN FOR SOBRIETY (Also has MEN FOR SOBRIETY)

Another alternative is called, “Women for Sobriety,” or “WFS.” Unfunded by any agency, WFS is a non-profit organization that was started in 1975 by Jean Kirkpatrick, an alcoholic who felt like AA was not right for her due to the male bias of AA. According to WFS, they are dedicated to helping women overcome alcoholism and other addictions through the discovery of self, gained by sharing experiences, hopes and encouragement with other women in similar circumstances. WFS believes that drinking began to overcome stress, loneliness, frustration, emotional deprivation, or any number of other kinds of harassment from which dependence and addiction resulted. WFS believes that this physiological addiction can only be overcome by abstinence, and that mental and emotional addiction are overcome with the knowledge of self gained through this program. Members of WFS live by the WFS philosophy: forget the past, plan for tomorrow, and live today.

As a Program, it can stand alone or be used along with other programs simultaneously. It is being used not only by women alcoholics in small self-help groups but also in hospitals, clinics, treatment facilities, women centers, and wherever alcoholics are being treated. (Since the inception of WFS in 1976, many men began requesting the Program and Men For Sobriety groups have formed around the United States and throughout Canada).

You might be asking why a recovery program was started just for women. Until the founding of WFS, it was assumed that any program for recovery from alcoholism would work equally well for women as for men. When it became obvious that recovery rates for male alcoholics were higher than for females, it was then declared that women were harder to treat and less cooperative than males. WFS came forth with the belief that women alcoholics require a different kind of program in recovery than the traditional kinds of programs used for male alcoholics (The Big Book of Alcoholics Anonymous was written in the 1930's by men, mainly for men.). Although the physiological recovery from alcoholism is the same for both sexes, the psychological, emotional needs for women are very different in recovery from those of the male alcoholic.

So, what exactly is this “New Life” Program? It is based upon a Thirteen Statement Program of positivity and acceptance, which I have listed below so you can get an idea of this Program and determine if it resonates with you.

“NEW LIFE” ACCEPTANCE PROGRAM

- 1. I have a life-threatening problem that once had me.** *I now take charge of my life. I accept the responsibility.*
- 2. Negative thoughts destroy only myself.** *My first conscious act must be to remove negativity from my life.*
- 3. Happiness is a habit I will develop.** *Happiness is created, not waited for.*

- 4. Problems bother me only to the degree I permit them to.** *I now better understand my problems and do not permit problems to overwhelm me.*
- 5. I am what I think.** *I am a capable, competent, caring, compassionate woman.*
- 6. Life can be ordinary or it can be great.** *Greatness is mine by a conscious effort.*
- 7. Love can change the course of my world.** *Caring becomes all important.*
- 8. The fundamental object of life is emotional and spiritual growth.** *Daily I put my life into a proper order, knowing which are the priorities.*
- 9. The past is gone forever.** *No longer will I be victimized by the past; I am a new person.*
- 10. All love given returns.** *I will learn to know that others love me.*
- 11. Enthusiasm is my daily exercise.** *I treasure all moments of my new life.*
- 12. I am a competent woman and have much to give life.** *This is what I am and I shall know it always.*
- 13. I am responsible for myself and for my actions.** *I am in charge of my mind, my thoughts, and my life.*

For more information about this Program, please visit www.womenforsobriety.org. You can also email them at NewLife@nni.com or call (215) 536-8026 to talk with someone in person who can answer any questions you may have, including the locations of meetings.

16-STEP FOR DISCOVERY AND EMPOWERMENT MODEL

The 16-step empowerment model is a holistic approach to overcoming addiction that views people in their entirety – mind, body and spirit. Created by Charlotte Kasl, Ph.D., this model was based on hundreds of her interviews with counselors and those in recovery treatment programs across the country. From her findings, she believes that people develop addictions for many reasons, and heal in different ways. Dr. Kasl states:

In the traditional 12-step approach to addiction (known as Alcoholics Anonymous), basic assumptions about addiction and addicted people are based on observations, made over 50 years ago, of *100 white, primarily upper middle class, professional men who were alcoholics*. These theories were then adopted, without examination, for a multitude of other addictions and problems, and presented routinely to people of different races and social strata as the *one and only way to overcome addiction*. The 16-step model helps people to develop ego strength which is seen as having a healthy ability to be introspective and to ask oneself the questions: *Who am I? What do I value, believe and want?*" (Kasl, *16-Steps for Discovery and Empowerment*)

In this model, addiction is seen as complex, encompassing social factors, physical factors, pre-disposition and personal history. This method believes that a major task in recovering from addiction is to validate the underlying, positive survival goals for safety, connection, pleasure, love and power that using used to accomplish, and then to find non-addictive and positive ways to meet those needs. This model also addresses issues of cultural diversity and internalized oppression stemming from sexism, racism, classism and homophobia because the steps are all about empowerment.

The 16 steps that follow are published in *Many Roads, One Journey: Moving Beyond the 12 Steps* and in *Yes, You Can! A Guide to Empowerment Groups*. "As you read these steps, remember that models and concepts are just that – models and concepts. They are words and ideas... Just as the menu is not the meal, the 12-steps are not recovery, neither are the thirteen steps of Women for Sobriety, or the 16 empowerment steps I have put together. They are ideas about recovery. They are words written by people reflecting their observations and experiences. So take these 16 steps, experiment with them, change them, skip them, or write your own. Live in the heart in your own life." (Dr. Kasl, *Zen, Feminism, and Recovery: 16 Steps for Discovery and Empowerment*, 2/5/05). These steps are currently in use in an estimated 200-300 groups nationwide, as well as a rapidly growing number of treatment programs. (I have listed the groups and programs in the Appendix).

The 16-Steps:

1. We affirm we have the power to take charge of our lives and stop being

dependent on substances or other people for our self-esteem and security.

– *Alternative:* We admit/acknowledge we are out of control with/powerless over _____ yet have the power to take charge of our lives and stop being dependent on substances or other people for our self-esteem and security.

2. **(New version of this step)** We come to believe that we have the ability to develop our inner resources through a process of learning, exploration, daily practice, diligence, self reflection, and supportive relationships with others.
– **(Old version of this step)** We come to believe that God/Goddess/Universe/Great Spirit/Higher Power awakens the healing wisdom within us when we open ourselves to the power.
3. We make a decision to become our authentic selves and trust in the healing power of the truth.
4. We examine our beliefs, addictions and dependent behavior in the context of living in a hierarchical, patriarchal culture.
5. We share with another person and the Universe all those things inside of us for which we feel shame and guilt.
6. We affirm and enjoy our intelligence, strengths and creativity, remembering not to hide these qualities from ourselves and others.
7. We become willing to let go of shame, guilt, and any behavior that keeps us from loving ourselves and others.
8. We make a list of people we have harmed and people who have harmed us, and take steps to clear out negative energy by making amends and sharing our grievances in a respectful way.
9. We express love and gratitude to others and increasingly appreciate the wonder of life and the blessings we do have.
10. We learn to trust our reality and daily affirm that we see what we see, we know what we know and we feel what we feel.
11. We promptly admit to mistakes and make amends when appropriate, but we do not say we are sorry for things we have not done and we do not cover up, analyze, or take responsibility for the shortcomings of others.
12. We seek out situations, jobs, and people who affirm our intelligence, perceptions and self-worth and avoid situations or people who are hurtful, harmful, or demeaning to us.
13. We take steps to heal our physical bodies, organize our lives, reduce stress, and have fun.
14. We seek to find our inward calling, and develop the will and wisdom to follow it.
15. We accept the ups and downs of life as natural events that can be used as lessons for our growth.
16. We grow in awareness that we are sacred beings, interrelated with all living things, and we contribute to restoring peace and balance on the planet.

If you would like more information about the 16-step model, please visit www.charlottekasl.com or www.addictioninfo.org/content/categories/Help-Yourself/Self-Help-Groups/16-Step-Empowerment-Program/. You can also write to Dr. Kasl at Many Roads One Journey, Inc. PO Box 1302 Lolo, Montana 59847. Also visit <http://redesign.qualityoflife.org/ich/WomenJourney/WomensJourney.cfm>, which is a program that has implemented the 16-Steps. You can find the most current national meeting list by going to www.charlottekasl.com/programs.html.

PART THREE: MODERATION

MODERATION MANAGEMENT

According to the National Institute on Alcohol Abuse and Alcoholism, and many other independent researchers, there are four times as many problem drinkers as alcoholics in this country. Yet there are very few programs that specifically address the needs of beginning stage problem drinkers. By the time people reach serious stages of alcohol dependency, changing drinking habits becomes more difficult. MM believes that this situation needs to be remedied in the interest of public health and human kindness with early intervention and harm reduction programs.

According to MM, nine out of ten problem drinkers today actively and purposefully avoid traditional treatment approaches. MM believes this is because they know that most traditional programs will label them as “alcoholic,” probably force attendance at 12-step meetings, and prescribe lifetime abstinence as the only acceptable change in drinking. Traditional approaches that are based on the disease model of alcohol dependence and its reliance on the concept of powerlessness can be particularly counterproductive for women and minorities, who often already feel like victims and powerless. Outcome studies indicate that professional programs, which offer both moderation and abstinence have *higher* success rates than those that offer abstinence only. Clients tend to self-select the behavior change options which will work best for them.

MM is a behavioral change program and national support group network for people concerned about their drinking and who desire to make positive lifestyle changes. MM agrees with many professionals and researchers in the field that alcohol abuse, versus dependence, is a learned behavior (habit) for problem drinkers, and *not* a disease. MM empowers individuals to accept personal responsibility for choosing and maintaining their own path, whether moderation or abstinence. MM promotes early self-recognition of risky drinking behavior, when moderate drinking is a more easily achievable goal. Seriously dependent drinkers will probably find a return to moderate drinking a great challenge, but the choice to accept that challenge remains theirs.

MM is a 9-step professionally reviewed program, which provides information about alcohol, moderate drinking guidelines and limits, drink monitoring exercises, goal setting techniques and self-management strategies. Here are the nine steps toward moderation and positive lifestyle changes:

1. Attend meetings or on-line groups and learn about the program of Moderation Management.
2. Abstain from alcoholic beverages for 30 days and complete steps three through six during this time.
3. Examine how drinking has affected your life.
4. Write down your life priorities.
5. Take a look at how much, how often, and under what circumstances you had been drinking.

6. Learn the MM guidelines and limits for moderate drinking.
7. Set moderate drinking limits and start weekly “small steps” toward balance and moderation in other areas of your life.
8. Review your progress and update your goals.
9. Continue to make positive lifestyle changes and attend meetings whenever you need ongoing support or would like to help newcomers.

MM’s suggested guidelines below allow for a degree of individual interpretation because moderation is a flexible principle and is not the same for everyone. MM’s suggested limits, however, are more definite.

A Moderate Drinker:

- Considers an occasional drink to be a small, though enjoyable, part of life.
- Has hobbies, interests, and other ways to relax and enjoy life that do not involve alcohol.
- *Usually* has friends who are moderate drinkers or nondrinkers.
- *Generally* has something to eat before, during, or soon after drinking.
- *Usually* does not drink for longer than an hour or two on any particular occasion.
- *Usually* does not drink faster than one drink per half-hour.
- *Usually* does not exceed the .055% BAC moderate drinking limit.
- Feels comfortable with his or her use of alcohol (never drinks secretly and does not spend a lot of time thinking about drinking or planning to drink).

The MM Limits:

- Strictly obey local laws regarding drinking and driving.
- Do not drink in situations that would endanger yourself or others.
- Do not drink every day. MM suggests that you abstain from drinking alcohol at least 3 or 4 days per week.
- Women, who drink more than 3 drinks on any day, and more than 9 drinks per week, may be drinking at harmful levels.
- Men, who drink more than 4 drinks on any day, and more than 14 drinks per week, may be drinking at harmful levels.

The limits used by MM are based on research published in 1995 in the *American Journal of Public Health*, by Dr. Martha Sanchez-Craig, Addiction Research Foundation, Toronto, Canada and other published limits.

After completing the 30 days of abstinence and then starting the moderation part of the program, you may discover that it is more difficult for you to moderate your drinking than to abstain. In this case, MM says to consider a self-management goal of abstinence. Some members of MM who choose abstinence remain in MM; others find an abstinence-only group to attend, such as any of the one’s I have mentioned in the first part of this booklet.

MM is *not* for every person with a drinking problem. If MM proves to be an

ineffective solution, you are encouraged to progress to a more radical solution. To decide if this program is for you, MM suggests that you take into account the severity of your drinking problem, your personal preference, and any medical, psychological, or other conditions that would be made worse by drinking, even in moderation. MM does not provide professional assessment or treatment.

If you want to learn more about this program, please visit www.moderation.org or call MM at (212) 871-0974. To find out if you are considered to have a low, medium or high dependence on alcohol, take MM's short alcohol dependence data questionnaire at www.moderation.org/Questionnaire.shtml. See Section Two for therapists who provide training in moderate drinking. The list is current as of March 14, 2005. You can find a MM meeting in your area by going to www.moderation.org/natl2f.shtml. This meeting directory is current as of May 23, 2005.

THE SINCLAIR METHOD: MEDICATION PLUS EXTINCTION OF LEARNED BEHAVIOR

The Sinclair Method is based on some of the scientific findings made over the past 25 years by Dr. David Sinclair in his research at the National Public Health Institute in Finland. Dr. Sinclair was born in the United States, but has lived and worked in Finland for the past 30 years. He was one of the first researchers to question the disease concept of alcoholism, and to document through experiments and animal studies that the act of drinking is, in fact, a learned behavior, and *not* a disease, that becomes progressively stronger with repetition and experience.

According to the Sinclair Method, drinking tends to be learned slowly, over a period of years. The brain produces natural opiates when alcohol is consumed and it is the act of releasing these natural opiates that produces the “high” or feelings of enjoyment. The brain begins to crave more and more alcohol. In other words, too much drinking leads to the production of too many natural opiates, so that over a period of time, it takes more alcohol to produce those same feelings of enjoyment that you had in the beginning. The brain begins to crave more and more alcohol. Sinclair believes that this process of drinking and craving can be reversed partly or wholly through the process of extinction.

Dr. Sinclair was also one of the first to recognize how the use of Naltrexone can lead to an extinction, or elimination, of the craving for alcohol. Neurons in the brain release endorphins when alcohol is present. Certain prescription medications are now proven to block the reinforcement from endorphins. In other words, extinction occurs when alcohol is consumed while the reinforcement (the “high”) is blocked. So, according to Sinclair, by following this method, drinking and craving are extinguished, and this method can be used whether your goal is to moderate your drinking, or to stop drinking completely.

If you want to learn more about the Sinclair Method, please visit www.sinclairmethod.com. Or if you are interested in a treatment center that offers the Sinclair Method or the Pennsylvania Model, depending on which one you feel is best for you, please visit www.newerahealthcenter.com. Or you can email them at clinical@newerahealthcenter.com or call them at (305) 227-5668. You can also get in touch with Neurobehavioral Medicine Centers, which also uses the Sinclair Method. Their website is www.sinclairmethod.com or call them at (941) 330-2929. Both centers are located in Florida.

PART FOUR: HARM REDUCTION THERAPY

Harm reduction therapy, HRT, is a motivational approach to increase people's desire for greater health and well-being. It does *not* believe that addiction is a disease, but rather a biopsychosocial phenomenon. In other words, one must look at biological, physiological, psychological, emotional and social factors in such a way that each person's relationship with drugs and alcohol is completely unique. Presented by Patt Denning, Ph.D. and Jeannie Little, LCSW, both psychotherapists and addiction specialists, HRT is a combination of proven effective treatment methods developed by other specialists in the fields of mental health and substance abuse. Treatment is tailored to the individual, *not* the individual to the treatment.

This approach starts where the person is at in their struggle with drugs and alcohol, and works from the principles of acceptance and empowerment. Instead of the goal being abstinence, it is improved quality of life, in such areas of mental health, homelessness, incarceration, employment and disease transmission. Research has shown that many people reduce the harm by learning more about drugs and alcohol and by developing strategies to manage their usage.

HRT claims to be particularly well-suited to those who have tried abstinence-based approaches and found them to be ineffective or undesirable, relapse frequently, and have other emotional or psychological problems that do not get sufficient or well-integrated treatment, and/or prefer an alternative way of thinking about addiction.

If you would like more information on harm reduction therapy, please visit the harm reduction coalition's website at www.harmreduction.org. HRC is committed to reducing drug-related harm among individuals and communities by initiating and promoting local, regional and national harm reduction education, interventions and community organizing. HRC fosters alternative models to conventional drug treatments and believes in every individual's right to health and well-being as well as in their competency to protect and help themselves and their loved ones. Feel free to email them at their east coast office hrc@harmreduction.org or call them at (212) 213-6376. Their west coast office email is hrcwest@harmreduction.org and their phone number is (510) 444-6969. (See Harm Reduction Therapy Center in Third Section for Outpatient Services.)

SECTION II-WHAT WORKS? WHAT DOESN'T?

Reid Hester and William Miller have conducted the most exhaustive review of the treatment literature, and while they concluded that there was no single treatment that was superior to the others, they did find that individualizing treatment is crucial, and that there were many effective approaches now available. Interestingly, some of the most effective treatments are the most difficult to find and the least well known, while the least effective are the most commonly used. As you will see, the list under the least effective treatments will sound all too similar to the kind of care that the majority of people with substance abuse problems now receive.

What Works:

Hester and Miller's Top Ten Alcohol Abuse Treatments with the Most Research Support

1. Brief interventions
2. Motivational-enhancement therapy- MET)
3. GABA agonist-Acamprosate (medication)
4. Community reinforcement approach
5. Self-help manual (CBT based)Behavior contracting (another behavioral approach)
6. Opiate antagonist-Naltrexone (medication)
7. Behavioral self-control training (another CBT approach)
8. Behavior contracting (CBT based)
9. Social-skills training (a type of cognitive and behavioral therapy- CBT)
10. Marital therapy-Behavioral

The treatments with the best research support are almost all cognitive/behavioral approaches. This means that rather than looking at substance abuse as a disease, it is something that is learned, and therefore, can be *unlearned*. When comparing CBT and MET to a 12-step approach, they are all about equally effective. When choosing a treatment, research shows that people do better when given a choice about their options. Therefore, you should go with the one that you feel most comfortable with.

What Doesn't Work

Hester and Miller's Bottom Ten Alcohol Abuse Treatments with the Least Research Support

1. Anxiolytic medication
2. Unspecified milieu therapy
3. Antidipsotropic-metronidazole (a medication)
4. Antidepressant medication (non-SSRI)
5. Videotape self-confrontation (usually using video to show people their bad behavior)

6. Relaxation training
7. Confrontational Counseling
8. Psychotherapy
9. General alcoholism counseling
10. Education (tapes, lectures, or films)

What's really interesting about this list is what is not readily seen. If I would have listed the top 12 of the least effective treatments, you would have seen 12-step facilitation, and the next one you would have seen as alcoholics anonymous. What was also found is that traditional psychotherapy is not useful in treating someone with a substance abuse problem, and that unless a person has received training in one of the effective techniques, such as CBT or MET, they are not going to be of much help. Unfortunately, most of the "professionals" at the traditional treatment centers are not required to get such credentials.

Now that you have an idea of what works and what doesn't, you will have more knowledge of the options that are now available and which one you feel will work best for you. You will also have a better understanding of what the treatment programs are offering. If you would like to see the complete list, it is available at www.behaviortherapy.com/whatworks.htm.

**SECTION III-TO THE REHABS, SOBER LIVINGS, & OTHER INSTITUTIONS
MANDATING 12-STEP PARTICIPATION
LEGAL BASIS FOR EXPANDING KNOWLEDGE OF ALTERNATIVES-TREND
FOR RECOVERY IN 21st CENTURY**

Numerous cases, including *Griffin v. Coughlin* (New York, 1996), *Kerr v. Farrey* (7th Cir. 1996), *Arnold v. Tennessee Board of Paroles* (1997), *Warner v. Orange County Dep't of Probation* (2nd Cir. 1997), and *Rauser v. Horn* (3rd Cir. 2001), are decided each year, ruling AA and other treatment programs based on AA's 12 steps "religious".

In all the cases, state agencies sentenced or otherwise compelled probationers or inmates to participate in such programs, which, according to the case decisions, violated the First Amendment's separation of church and state. In other words, it was *unconstitutional* to mandate participation in AA because it was found to be "unequivocally religious." (*Griffin v. Coughlin*). This was a landmark case that immediately affects all fifty states, in the sense that anyone can petition their state courts for declaratory relief from laws and regulations supporting mandated 12-step participation.

AA advocates have tried to state that their program is actually spiritual, *not* religious. One of AA's steps is to turn themselves over to a "higher power" as part of their recovery, but they state that the higher power can be anything, including a door knob! Whatever terminology AA wishes to use, courts disagree with their analysis and call a spade a spade, finding reference to God or a higher power in six of the 12 steps, to be, religious. The courts have also found that it is not only that most meetings begin and end with prayers, but that the fundamental nature of turning oneself over to a higher power is a religious concept.

So far, it appears that the two states that have been the most affected are California and New York. "In a 1994 case in federal court (*O'Connor vs. Orange County and the State of California*), AA was found to be "religious," and the State of California must now offer alternatives to 12-step programs in any state-funded or mandated program." (Trimpey, *AA: America's State Religion?*)

It has been made quite clear by the actions of New York's courts- the highest court in *Griffin v. Coughlin* and the federal appeals court in *Warner v. Orange County Dep't of Probation*- that state funded programs may not compel AA attendance. This ruling was extended even further in the 2nd Circuit appeals court in *DeStefano v. Emergency Housing Group et. Al* (2001). This court ruled that even though this program did not require clients to attend AA, the mere supervision of AA meetings by the program staff and reliance on AA literature was enough to be a violation of the First Amendment, and therefore, unconstitutional. "Based on *DeStefano*, New York's Office of Alcohol and Substance Abuse Services issued a bulletin to all government-funded providers stating that AA attendance could not be compulsory, treatment staff must not supervise AA meetings and programs could not require use of AA materials." (Peele, *Is AA's loss psychology's gain?* 2004)

Over the past ten years, there has been a consistent trend in the courts to identify AA as religious, based on the content of the program and using *The Big*

Book and Twelve Steps as exhibits. Yet standard treatment programs, even in New York and California, have been slow to adopt the law laid out in *Warner* and *O'Connor*. This is because AA and the 12-step program are so ingrained in the American treatment protocol that many programs and counselors cannot even imagine alternatives. However, as I have previously mentioned, there *are* alternatives. “Eventually, a class action, a Supreme Court ruling, or both, will end the reign of the steps in America...” (Trimpey, *AA: America’s State Religion?*) It is crucial that you are aware of the legal issues, and in light of these issues, it is imperative that you gain a better understanding of the alternative programs that are available.

CONCLUSION

It is my intention that this publication has given you a lot to think about, and more importantly, a lot of hope. Since AA's founding in the 1930s, it has helped many people overcome their dependency to alcohol and drugs. Since it has been so helpful, many other offshoots of the program have been developed, such as NA and CA. For many other people, however, viable options are desperately needed. As you can see, there are numerous alternatives to 12-step Programs. So whether you are having problems with the spiritual aspects of the 12-step program, you want to start taking responsibility and credit for your own life, you want a more positive program, or you simply have been in and out of AA for years, yet can not seem to stay sober, I encourage you to take a look at what I have researched to find out what resonates with you. Many of the Programs are not mutually exclusive with AA, or with each other. You now have more than one choice to form your own recovery plan; one that works for you, whether that ends up being moderation or total abstinence. The days of, "*Get AA or die*" have now come to an end. It is about time since unfortunately, there have been way too many people who have come before you, taken that route and the outcome, tragic.

While no one treatment approach has been proven more effective than another in *all* cases, particular approaches are more effective in *individual* cases. This is why it is so important to know about the alternatives that do exist, so that if one does not work for you, you can try another. Research is showing that if you are given a choice to pick the method that best suits you, and when you pick the goal, abstinence or moderation, that you believe you can reach and maintain you have a better chance for recovery than if you were forced to adhere to a particular method. In other words, **"You are more likely to succeed with a program that appeals to you personally; therefore, choosing a program you like is the best predictor for success."** (Addiction Resource Center Inc.)

In our current system, many people are confronted with this dilemma: either accept the 12-step model, even though you are not committed to it, nor may it be the most appropriate program for you, *or* be stigmatized as being "non-compliant" with treatment or "in denial." This labeling is commonplace in rehabs or sober livings where 12-step meetings are mandatory, and they are the *only* "treatment" offered. This will hopefully be a clue to rehabs, sober livings, and other institutions on how to best serve their clients in the future.

It should be noted that I have not covered *all* of the alternatives presently available. That is simply beyond the scope of this book. But for now, this is a beginning. If you have a problem, or know someone that does, please read this and spread the word! In our quest for freedom from addiction, we also need freedom of choice on the paths we take to get there.

Again... is the goal to get as many people into AA as we can, or is it to get them the help they really need? The choice is up to *us*... the individuals, the families, the therapists and psychiatrists, the rehabilitation centers, the sober livings, *and* the 12-step programs.

The next part of this book is devoted entirely to getting you the help that

you may want or need for yourself, or a loved one. In the next section, you will be able to find an individual, licensed professional in your area, that is registered either with SMART, or who can provide moderation training. If you are unsure of what your goals are, meeting with one of these professionals can be a good place to start because they will be aware of the many alternatives available, and would be able to help you formulate what your next steps should be, i.e., whether a residential treatment program is necessary or desirable.

This is where the last part of this book comes in. It is a directory of treatment centers, both within the United States and abroad, which offer cutting-edge, scientific based alternatives to treatment. Some of the treatment facilities that are listed do still offer the traditional 12-step approach, but they are only listed here if they combine it with other treatment modes as well. Others listed do not offer the 12-step approach at all. I have all of that information listed, as well as what kind of help is offered, i.e., detox, residential, outpatient, etc., in addition to the facilities' location and contact information. I hope this makes everything a little less overwhelming for you at this crucial time in your life.

Disclaimer: I do not endorse or oppose any of the recovery options mentioned in this book. I am simply supplying information about such groups. I am in no way affiliated with any of the following treatment programs, philosophies, methods, etc. and make no claim to be.

I do not recommend that anyone who has successfully maintained sobriety through one program should take it upon himself or herself to change treatment goals without first seeking professional assistance.

SECTION IV-LICENSED PROFESSIONALS

PART ONE: TREATMENT PROVIDERS REGISTERED WITH SMART

Note: The following have completed the registration form in Appendix G of the Coordinator's Manual. SMART Recovery® has made no effort to verify the accuracy of what these providers have reported to use. Nevertheless, they do report offering treatment that "is broadly based on the scientific findings on which SMART Recovery® is also based."

The reason I included this list is for people who might feel more comfortable working with someone, one-on-one, rather than going to meetings. Even though these providers are registered with SMART, it is likely that they can evaluate your individual situation and needs and be able to help you formulate a treatment plan using any number of alternatives.

Jean Alberti, Ph.D. – (Glen Ellyn, IL)

Phone: (630) 858-6977

Email: jalberti@mindspring.com

Jeffrey M. Brandler, EdS, CAS – (Mountain Lakes, NJ)

Phone: (973) 402-2647

Email: j.brandler@att.net

Website: www.changeispossible.org

Doug Braun, MSW, CADS, MAC – (Naperville, IL)

Phone: (630) 548-2435

Email: Doug10767@aol.com

Website: www.thefamilyconnection.net

Douglas Culbert, Ph.D. – (Chicago & Evanston, IL)

Phone: (312) 467-1519

Email: d-culbert@uchicago.edu

Rich Dowling, LPC, MAC – (Morristown, NJ)

Phone: (973) 984-8244

Email: tte@thethoughtexchange.biz

Website: www.thethoughtexchange.biz

John G. Gardin II, Ph.D. – (Albuquerque, NM)

John G. Gardin II and Associates

Phone: (505) 344-1776 ext 227, Cell/Pager: (505) 710-2871

Email: drjohngardin2@mac.com

Linda Goldsmith, LPC, CADC, OTR/L – (Highland Park & Evanston, IL)

Phone: (847) 477-3921

Email: lrgoldsmith@comcast.net

Steven Goldstein, MFT – (Sacramento, CA)
Phone: (916) 648-9659
Email: Stevie8838@aol.com

Reid K. Hester, Ph.D. – (Albuquerque, NM)
Behavior Therapy Associates
Phone: (505) 345-6100
Email: rhester@behaviortherapy.com
Website: www.behaviortherapy.com

Marc F. Kern, Ph.D. – (Los Angeles, CA)
Addiction Alternatives
Phone: (310) 275-LIFE, or (888) 22-HABIT
Email: habitdoc@AddictionAlternatives.com
Website: www.AddictionAlternatives.com

Pamela Wilson Laub- (Pahrump, NV)
Pahrump Counseling Center
Phone: (775) 537-1722
Email: pahrumpcounselingcenter@yahoo.com

Martha M. Manger, MA, LPC, NCC, CCMHC- (Red Bank, NJ)
ProCounseling, LLC
Phone: (732) 741-0777
Email: Procounseling@optonline.net

Ralph D. Raphael, Ph.D.- (Baltimore, MD)
Phone: (410) 825-0042
Email: Ralph-raphael@erols.com

Frederick Rotgers, Psy.D.- (Manasquan, NJ)
Phone: (215) 871-6457
Email: fred_etoh@yahoo.com

Michael S. Shear, Psy.D. – (Peoria, IL)
Resolutions Unlimited
Phone: (309) 673-9385, Direct Number: (309) 673-9445
Email: REBT2@mtco.com

Henry Steinberger, Ph.D. – (Madison, WI)
Alternative Recovery Options at Capital Associates, LLC
Phone: (608) 238-5176
Email: steinberger@sbcglobal.net
Website: <http://home.earthlink.net/~hsteinberger>

Margaret Tana, LPC, LCADC – (Kinnelon, NJ)

Phone: (973) 838-7265

Email: MAT6210@yahoo.com

Website: www.margaret-tana.com

Sam Young- (Charlotte, NC)

Director of Americas Center for Change, Inc.

Phone: (704) 281-2106

Email: syoung@carolina.rr.com

PART TWO: PROFESSIONALS PROVIDING MODERATION TRAINING

Note: I obtained this list from the website www.behaviortherapy.com. These are therapists that have responded to postings and announcements in a number of professional discussion groups and journals that invited them to have their names published on this list. The site, and myself, make no guarantee about the competence of these therapists or the results you might achieve with them.

Even though these therapists are on a list for moderation training, it is likely that they could help you formulate a treatment plan using any of the alternatives listed in this book. This list is current as of March 14, 2005.

Raymond Anderson, Ph.D. – (Santa Fe, NM)
Life Link, Inc.
Phone: (505) 820-7605
Email: carollink@aol.com

Patricia Bellucci, Ph.D. – (New York, NY)
St. Luke's/Roosevelt Hospital
Phone: (212) 787-3985

Thomas H. Bien, Ph.D. – (Albuquerque, NM)
Phone: (505) 883-4759
Email: tom@mindfulpsychology.com

Tony Cellucci, Ph.D. – (Pocatello, ID)
ISU Psychology Clinic
Phone: (208) 236-2129
Email: Cellanth@isu.edu

R. Trent Codd, III, Ed.S., M.A.E., CCMHC, NCC – (Asheville, NC)
Phone: (828)712-1319
Email: rtcodd@behaviortherapist.com
Website: www.behaviortherapist.com

George H. Davis, Ph.D. – (New Haven, CT)
Phone: (203) 787-3070
Email: george.davis@snet.net

Patt Denning, Ph.D. – (San Francisco, CA)
Harm Reduction Therapy Center
Phone: (415) 252-0669
Email: atapatt@earthlink.net
Website: www.harmreductiontherapy.org

William J. Dubin, Ph.D. – (Austin, TX)
Psychological Assessment Research and Treatment Services

Phone: (512) 343-8307
Email: bill@psycharts.com

David F. Duncan – (Providence, RI)
Brown University Medical School
Phone: (401) 863-2923
Email: dduncan@brownvm.brown.edu

Chad Emrick, Ph.D. – (Aurora, CO)
A Clinic for Self-Management Inc.
Phone: (303) 290-0575

Bruce Fischer, Ph.D. LP, LMFT – (Minneapolis, MN)
Core faculty Addiction Psychology Capella University
Phone: (612) 871-5829
Email: bfischer@capella.edu
Website: www.capella.edu

Arthur Freeman, EdD, ABPP – (Philadelphia, PA)
Chair, Dep't of Psychology, Philadelphia College of Osteopathic Medicine
Phone: (215) 871-6442
Website: www.artcbt.com

Sharon Morgillo Freeman, Ph.D., MSN, APRN-CS – (Philadelphia, PA)
Dep't of Behavioral Medicine, U. of Pennsylvania Inpatient Addiction Services &
Addiction Assessment Center
Phone: (215) 662-9440
Website: www.artcbt.com

Monda Freeman, LICSW – (Boston, MA)
Phone: (617) 527-9426
Email: priorco@aol.com

Raymond Hanbury, Ph.D. – (Manasquan, NJ)
Phone: (732) 223-1242

Kerry P. Heffner, Ph.D. – (Indianapolis, IN)
University of Indianapolis
Phone: (317) 788-6126

Reid K. Hester, Ph.D. – (Albuquerque, NM)
Behavior Therapy Associates
Phone: (505) 345-6100
Email: reidhester@behaviortherapy.com

Arthur T. Horvath, Ph.D., ABPP – (La Jolla, CA)

Center for Cognitive Therapy
Phone: (858) 455-0042

Phillip Keddy, Ph.D. – (Oakland, CA)
Phone: (510) 655-8824
Email: info@drkeddy.com
Website: www.drkeddy.com

Scott Kellogg, Ph.D. – (New York, NY)
The Cognitive Therapy Center of New York
Phone: (212) 221-1818
Email: kelloogs@mail.rockefeller.edu

Richard J. Kelliher, Psy.D. – (Santa Barbara, CA)
A Center for Cognitive Therapy
Phone: (805) 687-8021

Marc F. Kern, Ph.D. – (Los Angeles & Santa Ana, CA)
Addiction Alternatives-A Division of Life Management Skills, Inc.
Phone: (310) 275-5433; (714) 550-9311,
Email: habitdoc@addictionalternatives.com
Website: www.addictionalternatives.com

Laura M. Krum, Ph.D. – (San Francisco, CA)
Phone: (415) 509-3979
Email: lkrum@aol.com

Stephen A. Lisman, Ph.D. – (Johnson City, NY)
Susquehanna Psychological Affiliates
Phone: (607) 797-1652
Email: slisman@binghamton.edu

Gloria M. Miele, Ph.D. – (New York, NY)
Phone: (212) 721-1880
Email: gmm23@columbia.edu
Website: www.whpnyc.org

Lisa Najavits, Ph.D. – (Belmont, MA)
Proctor House III-McLean Hospital
Phone: (617) 855-3718
Email: lanais@hms.harvard.edu

Stanton Peele, Ph.D. – (Morristown, NJ)
Phone: (973) 538-0430
Email: speelee@earthlink.net
Website: www.peele.net

Robert Rhode, Ph.D. – (Tucson, AZ)

Phone: (520) 615-7263

Email: Rrhode@U.Arizona.edu

Amanda L. Rosenberg, RCSW – (New York, NY)

Phone: (212) 678-9084

Email: arosenberg@nyc.rr.com

Harold Rosenberg – (Bowling Green, OH)

Psychology Dep't-Bowling Green State University

Phone: (419) 372-2540

Email: hrosenb@bqnet.bgsu.edu

Frederick Rotgers, Psy.D. – (Manasquan, NJ)

Phone: (215) 871-6457

Email: fred_etoh@yahoo.com

Edward (Ned) M. Rubin, Psy.D. – (Milwaukee, WI)

Health Psychology Associates

Phone: (414) 962-5850, ext. 25

Email: erubin@facstaff.wisc.edu

Jeffrey A. Schaler, Ph.D. – (Silver Spring, MD)

Phone: (301) 585-5664

Email: jschale@american.edu

Website: www.schaler.net

Lynn E. Simons, Psy.D. – (Midland, MI)

Behavioral Medicine Assoc. of MidMichigan, P.C.

Phone: (517) 832-9161

Linda Sobell, Ph.D. – (Fort Lauderdale, FL)

Guided Self-Change Clinic at Nova Southeastern University

Phone: (954) 262-5968

Email: gsc@cps.nova.edu

Mark Sobell, Ph.D. – (Fort Lauderdale, FL)

Center for Psychological Studies at Nova Southeastern University

Phone: (954) 452-7201

Email: sobellm@cps.nova.edu

Henry Steinberger, Ph.D. – (Madison, WI)

Capital Square Associates

Phone: (608) 238-5176

Email: hsteinberger@earthlink.net

Andrew Tatarsky, Ph.D., CSAS, CAS – (New York, NY)

Phone: (212) 633-8157

Email: Atatarsky@aol.com

Coco Wellington, MA, LMHC, CAS, CADAC – (Chestnut Hill, MA)

Phone: (617) 232-7307

Henry Wright, M.S. – (Wilmington, NC)

Henry Wright & Associates

Phone: (910) 792-0022

Providers of DrinkWise Training (see Drinkwise in next section):

Donna Dotson – (Ann Arbor, MI)

University of Michigan Hospital

Chad Emrick, Ph.D. – (Aurora, CO)

A Clinic for Self-Management Inc.

Phone: (303) 290-0575

Jim Goldman – (Iowa City, IA)

Manager Faculty, EAP at University of Iowa

Email: jim-goldman@uiowa.edu

Daryl Minicucci – (Manlius, NY)

Phone: (315) 682-9825

SECTION V-TREATMENT PROGRAMS

PART ONE: TREATMENT CENTERS IN UNITED STATES WHO OFFER CHOICES BEYOND 12-STEP APPROACH

Addiction Alternatives – (Los Angeles, CA)
(310) 275-LIFE
www.addictionalternatives.com

Provides non 12-step based medical/behavioral program, individually tailored to meet each client's needs. Clients may choose abstinence or moderation, and services include brief or intensive in-person or telephone cognitive-behavioral sessions, groups and family sessions. Brain wave testing is also offered for objective neurological assessments.

Alcohol & Drug Abuse Counseling – (Marble Falls, TX)
(830) 798-2734

Believe that it is a patient's choice which modality to follow; 12-step and secular options available; LifeRing meetings on site. Offer outpatient services.

Alternative Treatment International – (Clearwater, FL)
(800) 897-8060
www.alternative2rehab.com

Non-12 step individualized recovery for substance abuse and dual-diagnosed. Use Perception Therapy®, relapse prevention, nutritional counseling, yoga and more. Offer residential, extended care and aftercare.

Americas Addiction Treatment, Inc. – (Charlotte, NC)
(704) 281-2106
SRYoung111@aol.com

Offers full range of outpatient treatment with main interest in cognitive-behavioral, existential and humanistic approaches.

A Positive Alternative: Women's Recovery Center and Men's Recovery Program – (Seattle, WA)
(206) 547-1955
www.apositivealternative.com

Offer outpatient program, with separate groups for men and women. Believe that recovery is based on client's sense of empowerment and choice.

Assisted Recovery Centers – (various locations & online program)
(800) 527-5344 (main number)
(314) 645-6840 (Phoenix, AZ); (702) 248-2061 (Las Vegas, NV)
(888) 570-6391 (Savannah, GA)
www.assistedrecovery.com

Believe that addiction is a brain-based disorder that is medically treatable, and for the first time in nearly 50 years, a medication has been approved for the

treatment of alcohol and opiate dependence. Offer detox, outpatient, intensive outpatient, accelerated program, confidential executive program and alcohol harm reduction program.

Azure Acres Treatment Center – (Northern CA & online program)

(866) 762-3766

www.azureacres.com

Since 1954, they have been providing a broad range of treatment options, for adults and adolescents, for drug and alcohol abuse and gambling addiction. Detox, outpatient, and aftercare available.

Bay Recovery Centers, Inc. – (San Diego, CA)

(800) 375-7263

www.bayrecovery.com

Provides blend of medical, social and psycho-educational models of treatment to address substance abuse and pain disorders. Licensed buprenorphine and suboxone services, dual-diagnosis system management, relapse prevention, denial therapy, nutrition education and 12-step model. Offer residential, outpatient, continuing care and family programs.

Bayside Marin – (San Rafael, CA)

(800) 757-7131

www.baysidemarin.com

Emphasize individually tailored approach, including relapse prevention, mood management, family groups. Expose clients to many self-help programs, such as 12-step, SMART, LifeRing and Women for Sobriety. Provides intervention services, detox, inpatient, outpatient and continuing care.

Beau Monde: Programs of Distinction – (Newport Beach, CA)

(800) 866-2948

www.beaumonteprograms.com

“Exclusive, specialized intensive retreat program for executives, professionals, entertainers, athletes and other high functioning, successful individual struggling with substance abuse, addictions, compulsive behaviors, burnout, stress & other issues.” Provide intervention, inpatient and aftercare services.

Bradford Recovery Systems- (Bradford, PA)

(814) 362-8502

www.bfdmed.org

Specialize in dual-diagnosis. Therapists meet one-on-one with clients to formulate an individualized treatment plan. May include group therapy offering information on health issues, life skill, women’s issues and family group sessions. Also, weekly SMART Recovery support group meeting. Offer detox, inpatient and intensive outpatient.

Brookside Institute – (Southern California)

(877) 277-1700

www.brooksideinstitute.com

Scientific, medical approach goes beyond traditional 12-step models while simultaneously treating emotional and behavioral disorders. Uses mainly Pennsylvania Model. They have detox, residential, outpatient, and sober living accommodations.

Casa Palmera – (Del Mar, CA)

(888) 230-5433

www.casapalmera.com

Offer a truly individualized treatment program, aiming to not just treat the symptoms, but to identify the underlying causes of the problem. Treatments range from 12-step and cognitive-behavioral to oxygen and drum therapy, and everything in between. Residential, outpatient and extended care are available.

Challenges – (Fort Lauderdale, FL)

(888) 755-3334

www.challenges.com

Specializes in chronic relapse and dual diagnosis. Committed to providing individualized and goal oriented treatment. Offers residential living, outpatient and aftercare.

Clearview – (Los Angeles, CA)

(800) 573-0770

www.clearviewtreatment.com

Believe in individualized treatment plans, combining traditional 12-step with diet and nutrition assessment, fitness, life stress coping skills, yoga, vocational assessment, relapse prevention and more. Offer inpatient, day and evening outpatient and aftercare.

Cloverdale Recovery – (Los Angeles, CA)

(800) 905-7655

www.cloverdalerecovery.com/index.shtml

Sober living environment that utilizes combination of bio-neurofeedback therapy, meditation therapy and addiction counseling with traditional 12-step.

Custom Your Care at the Sea – (Laguna Beach, CA)

(800) 281-5133

www.executiverehab.com

Believe in individualized, holistic treatment plans, combining the best in modern treatment with alternative healing. Offers intervention services, detox, inpatient and aftercare.

De Paul Treatment Center – (Portland, OR)

(503) 535-1151

www.depaultreatmentcenters.org

Create fully individualized treatment plan based on strengths in key life areas and stage of recovery. Use motivational and behavioral therapy. Offer residential, intensive outpatient and continuing care for both clients and their families and separate teen program, ages 12-18.

Desert Canyon Treatment Center – (Sedona, AZ)

(888) 811-8371 x21

www.desert-canyon.com

Provides a highly personalized, comprehensive and integrated experience that focuses on building self-esteem, enhancing life-skills and helping people create a satisfying and non-addicted life. Includes repairing bio-chemical damage by drugs and alcohol, career and life program, stress reduction techniques, family program, and much more. Do not believe that addiction is a disease. Offers detox, inpatient and aftercare services.

DrinkWise – (nationwide)

(888) 816-2736

www.med.umich.edu/drinkwise/

Brief, confidential educational program to help client eliminate drinking problems by reducing drinking or stopping completely, depending on what client chooses. The program is for people with mild to moderate alcohol problems, not for those who are severely dependent. See end of part 2 for therapists providing DrinkWise training.

Guided Self-Change Center at Nova South Eastern University – (Fort Lauderdale, FL)

(800) 541-6682 x5968

www.nova.edu/gsc

This program was established in 1984 in Canada by Drs. Linda and Mark Sobell. Offers outpatient services based on motivational, cognitive-behavioral modality, for people concerned about alcohol, drug, or tobacco use, gambling, weight or other life style concerns. This motivational intervention has been evaluated positively in the US, Canada, and Mexico, and emphasizes helping people take major responsibility for guiding their own change. Services in English & Spanish. Free for students and staff.

Gulf Coast Recovery – (Treasure Island, FL)

(800) 461-0641

www.gulfcoastrecovery.org

Offer wide variety of services, depending on needs and goals of individual. Combine 12-step with Bikram Yoga, good nutrition, herbs and muscle testing. Provide intervention services, residential, outpatient, sober living and aftercare.

Health Recovery Center, Inc. – (Mount Pleasant, SC & Minneapolis, MN)

(888) 988-6889

www.healthrecoverycenters.com

“HRC has pioneered a powerful addition of biochemical repair and restoration.” This is done by medical appointments, lab tests and nutritional counseling, and is combined with Rational Emotive Therapy. Claim 74% success rate for grads at 1-3.5 years. Offer intensive, 6-week program, or can get *Seven Weeks to Sobriety* by Joan Matthews-Larson for self-treatment program.

Hemet Valley Recovery Center – (Hemet Valley, CA)

(800) 493-0930

www.hvrc.com

Provide individualized treatment and patients participate in the development of their plan. Utilize 12-step, cognitive therapy, relapse prevention, educational presentations and program for the family. Also have a separate program for older adults. Offer detox, inpatient, residential, outpatient day hospital and partial day programs.

Island Grove Treatment Center- (Greeley, CO)

(970) 356-6664 ext 1179

dbrothers@gateway.net

Believe chemical dependency is a bio-psycho-social illness, and therefore, treat the “whole” client. Registered with SMART, but also offer 12-step approach and relapse prevention. Offer detox, residential and intensive outpatient.

Journeys – (Omaha, NE)

(402) 898-4135

Elissaw@ccomaha.org

Program specifically for adolescents. Follow a cognitive model of treatment and has individualized treatment planning for both youth and families. Offers residential, intensive outpatient treatment and aftercare.

La Frontera Center, Inc. – (Tucson, AZ)

(520) 741-2351 x221

www.lafrontera.org/admire

An integrated, intensive program for people who are dual-diagnosed. Provide a multifaceted, client-centered approach.

Life Matters – (Singer Island, FL)

(866) 858-9478

www.lifematters.biz

Explores the 12-steps using The Recovery Bible and integrates Bible based learning with the steps. Offer an intensive partial hospitalization/ outpatient program.

Malibu Horizon – (Malibu, CA)

(877) 338-6964

www.malibuhorizon.com

Drug addiction is treated as a brain disease, so successful treatment methods seek to change brain chemistry or correct its imbalance, which perpetuates drug use and relapse. Detox and Dual Diagnosis specialists. Provides inpatient and aftercare.

Manchester Harmony- (Bedford, NH)

(603) 668-5200

www.harmonyfirst.com

A medically run, outpatient program. Use the latest available medical techniques to deal with symptoms of withdrawal. Provide group therapy, introduction to various self-help groups, stress and anger management, relapse prevention tools and family groups. Offer detox and intensive outpatient program, either in morning or afternoon.

Motivational Recovery- (Hermosa Beach, CA)

(310) 717-3138 or (310) 372-1490

www.motivationalrecovery.com

Individual chooses own recovery program and goal, from moderation to abstinence, and motivational recovery trained licensed therapists work with client in private, one-on-one sessions to achieve that goal. Provide DrinkWise program, relapse prevention, stress management, relationship counseling, hypnosis or traditional 12 step, if that is what client wants. Offer intensive outpatient.

Mountainside Treatment Center – (Canaan, CT)

(800) 762-5433

www.mountainside.org

Upon intake, each resident is assessed to create individualized treatment, including motivational, community based, adventure, and 12-step modalities. Offers inpatient and optional sober living environment after treatment.

Muscala Chemical Health Clinic- (Edina, MN)

(952) 920-1351

<http://therapistunlimited.com/rehabs/US/MN/Minneapolis/Muscala+Chemical+Health+Clinic>

Specialize in dual diagnosis and registered with SMART (you have to call for more info). Offer inpatient and partial hospitalization/day treatment.

My Way Out- (Anchorage, AK)

www.mywayout.org

New, integrative therapy blending medication, self-administered hypnotherapy, nutritional supplements and a light exercise program. Targeted medications and herbs, including Topamax, Naltrexone and kudzu blunt neurotransmitter activity in the brain to reduce craving for alcohol. Hypnotherapy promotes positive behavioral changes in behavior. Easily administered by

primary care doctor. Offers support online at discussion board. Also offers many supplements online directly from website.

Narcanon Treatment Program – (Battle Creek, MI)

(800) 420-3147

www.narcononstonehawk.com

“Recognized throughout the country as the leader in residential treatment of alcohol and drug addiction.” Clients learn new life skills; alcoholism is not viewed as an illness or disease. Offers **non-medical** detox, inpatient (usually 4 to 6 months).

New Era Health Center, Inc. – (Miami, FL)

(305) 559-8838

www.newerahealthcenter.com

Offers Sinclair Method and Pennsylvania Model, from intensive partial hospitalization to monthly medication management.

New Leaf Treatment Center – (Lafayette, CA)

www.nltc.com

An individualized, medical approach and behavioral therapy in treatment of addictive disease and pain management. Intensive 12-week outpatient program for adolescents and adults.

New Opportunities: Substance Abuse Treatment Program For Professionals – (Thomasville, GA)

(229) 225-1380

Newopps@rose.net

Utilize several treatment methods, including SMART and 12-step. Offer inpatient and outpatient.

North Central Health Care- (Wausau, Antigo and Merrill, WI)

(715) 848-4540; (715) 623-2394; and (715) 536-9482 respectively

www.norcen.org

Offer individualized treatment plan to meet client’s needs. Provide information, education and therapy to help clients learn to make positive changes in everyday life. Groups offer opportunities to improve communication, handle stress and prevent relapse. Provide detox, inpatient and day treatment.

Oasis Mountain (“OM”) – (Lake Wylie, SC)

(828) 669-2331

<http://newfrontier.com/om>

Diverse alternatives to 12-step techniques, including medical and nutritional evaluation, yoga and acupuncture, and stress management techniques. Offer inpatient and some aftercare.

Our Hope – (Grand Rapids, MI) (Women only)
(616) 451-2039

www.ourhopeassociation.org

Develop individualized treatment plans based on bio-psycho-social-spiritual assessment. Combine 12-step with relaxation techniques, nutrition and assertiveness training. Offer residential and intensive outpatient.

Passages to Recovery – (Loa, UT)
(866) 625-8809

www.wildernessrecovery.com

Wilderness, holistic treatment program incorporating conventional 12-steps and therapy with experiential journey, including backpacking, sweat lodges and a vision quest. Offer inpatient, sober living and aftercare.

Pat Moore Foundation – (Southern CA)
(800) 864-2027

www.patmoorefoundation.com

Offers low cost treatment for people with limited or no insurance coverage. Treatment plan is individualized, including 12-step, cognitive-behavioral and motivational modalities. Also offer Christian focus program. Have detox, inpatient and outpatient programs.

Pavillon International – (Mill Spring, NC)
(877) 392-9973

www.pavillon.org

Individualized treatment plans based on bio-psycho-social assessment. Combines traditional 12-step with educational presentations, physical wellness, equine therapy and experientially based psychotherapy. Offer intervention services and residential.

PharmaTox – (Fairfield, CA)
(800) 742-1112

www.pharmatox.com

Inpatient, outpatient and transitional living facilities in San Joaquin and Solano County, using client-centered cognitive-behavioral and motivational interviewing approaches.

Practical Recovery Services – (San Diego, CA)
(858) 453-4777

www.practicalrecovery.com

Offers customized, non 12-step treatment for any type of addictive behavior. It views addictive behavior as a bad habit, not as a disease. Both moderation and abstinence are supported goals. Though based in La Jolla, CA, it provides long-distance counseling services by email or phone.

Reason for Recovery – (Raleigh, NC)

(919) 782-6554

www.reasonforrecovery.com

Follow a learned behavior model of substance abuse and features REBT, Motivational Enhancement and SMART Meetings are available. Do not believe in disease concept of addiction. However, clients may be encouraged to attend 12-step meetings if could be helpful or if has been helpful in the past. Offer structured outpatient treatment program.

Recovery Resource Center – (Cincinnati, OH)

(513) 761-7353

www.rrci.net

Work to promote choice in recovery from alcoholism, drug abuse and other forms of addictive behaviors by holding variety of meetings, such as Women for Sobriety, SMART and LifeRing. Offer outpatient, client-centered program.

Renaissance Malibu™ – (Malibu, CA)

(888) 619-8500

www.maliburecovery.com

Believes in holistic treatment, “utilize many kinds of therapeutic approaches ranging from traditional psychological and 12-step models to alternative methods long proven to assist people in their quest for greater health, happiness and abundance.” Offer inpatient program.

Rutgers – The State University of NJ; Program for Addictions Consultation & Treatment (PACT)/Women’s Treatment Program – (Piscataway, NJ)

(732) 445-6111 x4

www.alcoholstudies.rutgers.edu/clinical/clinprograms.html

Believe that each client is unique so treatment is planned according to needs of each individual and clients have an active role in planning of their treatment. Both SMART and 12-step meetings are available.

Schick Shadel Hospital – (Seattle, WA)

(800) 272-8464

www.schichshadel.com

Has provided alternative treatment since 1935 using aversion therapy. This treatment “helps patients maintain healthy, productive lifestyles, free of the craving for alcohol or drugs. Give us 10 days and we’ll give you back your life!”

Sierra Tuscon – (Sonoran Desert, AZ)

(800) 842-4487

www.sierratuscon.com

Use Sierra Model®, which integrates practices from medical, psychological, therapeutic and self-help communities and family systems theory. Individualized treatment program, which may include relapse prevention, 12-step meetings, Equine Therapy, EMDR, acupuncture, cognitive-behavioral therapy

and dual-diagnosis specialty groups. Offer inpatient and alumni networking resources.

Solutions For Recovery – (Dana Point, CA)

(800) 784-4791

www.solutions4recovery.com

Don't believe in "one size fits all" attitude or approach to recovery. Offer individualized treatment for inpatient, intensive outpatient and sober living environment.

Spencer Recovery Center, Inc® – (Laguna Beach, CA)

(800) 334-0394

www.spencerrecovery.com

Offer holistic approach and treatment plans are tailored to the individual. Use therapy, relapse prevention, exercise, meditation and good nutrition. Offer intervention services, inpatient, sober living, continuing care and intensive outpatient teen program.

Starlite Recovery Center – (San Antonio, TX)

(800) 797-6237

www.starliterecovery.com

Provides broad range of substance abuse treatments to adults and adolescents who suffer from alcohol and drug abuse. Offer residential, continuing care and online drug and alcohol treatment services.

St. Joseph's Rehabilitation Center, Inc. – (Saranac Lake, NY)

(518) 891-3950

www.newyorkrehabilitation.com

Provides intervention, inpatient, outpatient and residential treatment to impoverished men and women. Offer individualized treatment plan based on complete biopsychosocial evaluation.

St. Jude Retreat House – (Hagaman, NY)

(888) 424-2626

www.soberforever.net

A residential social/educational model of alcohol & drug addiction recovery. Jude Thaddeus Program has 85% permanent success rate. "Alcoholism is not a disease."

Summit Centers – (Malibu, CA)

(866) 589-0505

www.summitcenters.net

Combine 12-step program with scientifically proven treatment methods, such as cognitive-behavioral therapy, relapse prevention, mindfulness-based stress reduction, and more. Residential and aftercare provided.

Support Systems Homes, Inc. – (Northern CA)
(800) 811-1800

www.recoverythroughsupport.com

Offers individualized programs to fit client's needs (not clear if they require 12-step or if optional) Detox, inpatient, outpatient and sober living services.

The Alexander Group – (Plane, TX)
(214) 495-7505

www.tagthealexandergroup.com

“Our 3-day workshop is dedicated to helping people free themselves from addiction and recovery programs or emotional issues. There IS recovery from recovery!” Earns 71% success rate.

The Harm Reduction Therapy Center – (San Francisco, CA)
(415) 863-4282

www.harmreductiontherapy.org

Believe that addiction is not a disease. Treatment is tailored to the individual, taking into account each person's biological, psychological, emotional and social issues. There is no demand for abstinence as a condition of, or necessarily as a goal of treatment. Help person evaluate his or her problems and plan for the right solution for themselves. Offer outpatient services.

The Jude Thaddeus Home Recovery Program – (Nationwide)
(802) 426-3000

www.homerecovery.net

Offers a social/educational model of alcoholism and drug addiction recovery. Alcoholism is not a disease. Can do this program at home or at St. Jude Retreat House in New York.

The Meadows – (Wickenburg, AZ)
(800) 632-3697

www.themeadows.org

Multi-disorder facility specializing in treatment of trauma and addiction. Use combination of behavior modification, cognitive therapy, acupuncture, yoga and 12-step program. Offer detox, partial hospitalization and aftercare.

The Ranch – (Nunnally, TN)
(800) 849-5969

www.recoveryranch.com

Believe in holistic approach, combining 12-step with ancient Toltec wisdom, which means “to support each person in embodying love in every decision, every thought, every action, every moment.” Offer inpatient.

The Sand Island Treatment Center- (Honolulu, Hawaii)
The Kline-Welsh Behavioral Health Foundation

(808) 841-2319

www.sandisland.com

Individualized treatment planning, which may include cognitive-behavioral therapy, anger control group, dual-diagnosis, women's group, parenting or criminal justice group, family services, to name a few. Also provide pre-employment and transitional counseling, job search assistance, re-socialization activities and relapse prevention. Offer residential, partial hospitalization, day treatment, outpatient, sober living, after-care, follow-up services and alumni refreshing services.

The Sundance Center – (Scottsdale, AZ)

(800) 658-4880

www.thesundancecenter.com

Believe that for programs to be successful, must be tailored to meet specific problems and concerns of the individual client. Offers inpatient, outpatient, transitional living, internet counseling and 2 years of free aftercare.

TLC – The Living Center – (Shoreline, WA)

(800) 719-6604

www.tlctx.com

Use TMS®, Transition, Motivation and Stabilization, a type of education and therapy, relapse prevention, plus encouragement to attend either 12-step group or other sober support group. Offer intensive outpatient.

THE THOUGHT EXCHANGE® Center for Personal Achievement-

(Morristown, NJ)

(973) 984-8244

<http://thethoughtexchange.biz/index.htm>

Encourage personal responsibility through self-reliance. Provide information and techniques to assist clients in changing their thinking, through this thought exchange method, to create a happier and healthier life.

Treatment Research Center at U. of Pennsylvania – (Philadelphia, PA)

(215) 222-3200 x126

Pennsylvania model. Pharmacological and bio-psycho-social treatment, non 12-step.

Twin Town Treatment Centers – (various locations, CA)

Los Alamitos (562) 594-8844; Torrance: (310) 787-1335

North Hollywood: (818) 985-0560; Orange: (714) 532-9295

www.twintowntreatmentcenters.com

Outpatient programs emphasize abstinence, relapse prevention, disease model education, problem solving skills, stress management and family counseling.

Weyland Consultation Services – (Walnut Creek, CA)

(925) 945-7816 x41

www.weylandservices.com

Offers individualized chemical dependency treatment programs, matching the approach to the patient's values and beliefs. Offers detox acupuncture, intensive or brief outpatient programs, and adolescent program.

PART TWO: TREATMENT CENTERS OUTSIDE U.S. WHO OFFER CHOICES BEYOND 12-STEP APPROACH

A Home Away – (British Columbia, Canada)

(866) 337-3324

www.ahomeaway.org

Offer full complement of programs, individually tailored to clients needs, including individual and couples counseling, stress management, recreation, 12-step and aftercare workshops.

Alcohol & Drug Treatment Centre – (St. Catharines, Ontario Canada)

(905) 685-5425

www.adtconiagara.ca/index.htm

Use LifeSkills® model as a reference, where individuals are assisted in identifying areas of their life that are problematic, and in formulating goals to resolve those issues. Offer intensive outpatient, dual diagnosis program, aftercare and a relapse prevention program, which is an individual counseling option.

Behavioural Health Foundation, Inc. – (Manitoba, Canada)

(204) 269-3430

www.bhf.ca

Offer holistic approach that deals with the contributing factors which lead to addictive behaviors. "We do not incorporate 12-step programming as it contradicts our belief that addiction is caused by many factors and is not an illness or disease." Provide long term residential treatment for men, women, dependent children and adolescent programs.

Broadreach House – (Plymouth Devon, United Kingdom)

www.broadreach-house.org.uk

"If you choose to come to Longreach, you will participate in developing your own individually tailored treatment plan, taking into account specific underlying issues." All of their treatment methods are evidence based, such as motivational therapy, relapse prevention and support for developing practical skills for independent living. Offer detox, residential and aftercare.

Center for Addiction and Mental Health – (Toronto, Canada)

(800) 463-6273 or (416) 535-8501

www.camh.net/index.html

Largest mental health and addiction organization in Canada and is fully

affiliated with the University of Toronto. Client-centered approach recognizes everyone is different and each person has individual social, physical, emotional, spiritual and psychological needs. Care provided incorporates the preferences, needs, aspirations and cultural beliefs of individual into each treatment plan. Offer brief early interventions, residential programs and continuing care.

Clear Haven Center – (Chertsey, QC Canada; close to Montreal)

(877) 465-8080

www.clearhavencenter.com

Respect the rights of each person to make choices, especially giving them input into their own recovery program. “Using a multi-disciplinary approach and community-oriented support model based on current, well-tested and scientifically sound techniques and professional experience, these individualized programs address each client’s physical, emotional, social and spiritual needs.” Offer residential and aftercare

Heritage Home Foundation – (Quebec, Canada)

(866) 330-9818

Design personalized plans for each person using traditional approaches, such as cognitive-behavioral, and non-traditional, such as native healing and meditation.

Island Drug & Alcohol Service (IDAS) – (Newport, Isle of Wight England)

044 1983 526654

[Email: Sue.sheer@iow.nhs.uk](mailto:Sue.sheer@iow.nhs.uk)

Program supports both abstinence and harm reduction approaches and primarily uses cognitive-behavioral method. Offer medical detox, including methadone and buprenorphine. SMART meetings available, along with an acupuncture clinic. Outpatient services funded by National Health Service so no cost to client.

New Port Centre – (Port Colborne, Ontario Canada)

(905) 834-4501 ext. 2524

www.newportcentre.on.ca

Encourage clients to empower themselves and be more autonomous, courageous and responsible and so they allow individual to choose treatment plan that is best. Have general recovery skills tract which focuses on how thought influence feelings and behavior, 12-step tract and women’s tract. Offer short-term residential, outpatient and have recovery enhancement week twice a year for people who have had previous treatment experience.

New River Cove – (Belize, Central America)

(866) 850-2683

www.newrivercove.com

Individualized treatment plans developed to help each resident achieve mental, emotional and physical harmony. Blends traditional 12-step with

progressive treatments, such as nutritional counseling, equine therapy and relapse prevention. Offers inpatient, extended care and comprehensive aftercare services.

Peace Arch Community Services – (British Columbia, Canada)

(604) 531-6226

www.pacsbc.com

Program supports both abstinence and harm reduction approaches and primarily uses cognitive-behavioral approach. Offer outpatient services, such as individual therapy and relapse prevention, funded by government, so no cost to client.

Sefton Park – (Somerset)

Phone: 01934 626371

www.sefton-park.com

Integrative approach based on individual's needs. Use various therapies, including person centered, cognitive-behavioral, solution focused and directive therapy as well as introduction to 12-step. Offer inpatient and aftercare.

The Buttery Incorporated – (Binna Burra, Australia near Byron Bay on NSW North Coast of Australia)

(02) 66872399

www.buttery.org.au/index.php

Believe that progress in recovery from addiction is a function of development of healthy adaptive means for handling feelings. Utilizes a cognitive-behavioral approach, living skills instruction, stress management training as well as orientation to 12-step philosophy. 12-step meetings are voluntary. Offer detox, residential therapeutic community, an outreach treatment service and an outreach gambling problem service.

The Sanctuary Byron Bay – (Byron Bay, Australia)

Phone: 61-2-6685-7555

www.sanctuarybb.com

Specialize in dual-diagnosis. Believe in individualized treatments, which may include naturopathic consultation, yoga, meditation, acupuncture, therapy. 12-step participation is optional. Offer detox, residential, extended care and aftercare.

The Victoria Program – (Malaga, Spain)

+34 605-686539

<http://www.addictionresourceguide.com/listings/victoria.html>

Offers a ten day intensive therapeutic treatment, and is non-12 step.

Villa San Jose – (Costa Rica, Central America)

011 (506) 267-7061

<http://www.villasanjose.com/mission.htm>

Provide individualized treatment plan. Specialized in dual-diagnosis in adolescents and young adults. Mainly use a cognitive-behavioral approach, but there is some exposure to the 12-step modality.

William Hitt Center- (Tijuana, Mexico)

(888) 671-9849

<http://www.williamhittcenter.com/>

Uses neurotransmitter restoration (NTR), which consists of an intravenous solution of particular amino acids, to rebuild the damaged areas of the brain. „The brain can then function again much more normally, cravings disappear, stress levels become much more normal, and clarity of mind is restored.‰
Claims to have a success rate of over 80% for long-term abstinence. Typical NTR treatment is 10 days.

APPENDIX

Website Resources:

Please note: I have listed these resources in order to help you get further information regarding treatment and websites regarding various topics on alternatives to 12-step programs. I am not affiliated, nor do I endorse any of them... they are for informational purposes only.

www.addictionalternatives.com

Provides large amount of information, including “tool box for change,” links to AA alternatives and to Dr. Kern’s free 15 minute consultation (See www.habitdoc.com).

Addiction Intervention Resources

www.intervene.com

National addiction consulting organization that can provide intervention services, escort services to and from treatment facilities and individual mentoring.

Addiction Resource Center Inc.

www.arcinc.org

Provides links to many different alternatives, and puts them into categories, according to their belief models, such as whether or not they believe it’s a disease or not, spiritual, or not, etc...

Addiction Resource Guide

www.addictionresourceguide.com

Can help you find treatment facility that best suits your needs.

Alcoholism: The Cause & The Cure

www.aaaacheers.com

Book on how to cure the bio-chemical root cause of alcohol addiction. “Bring the holistic detox center to you!”

American Council on Alcoholism

(800) 527-5344

<http://www.aca-usa.org>

Provides information on alcohol and drug use, treatment information, and links to various articles and websites.

www.doctordeluca.com

Has many links to various articles.

Drug and Alcohol Recovery Network (DARN)

www.darnweb.com

Has searchable national database, including variety of treatment types.

www.habitdoc.com

Provides free 15 minute consultation with Dr. Marc Kern, licensed clinical psychologist with over 30 years of experience or Dr. Stanton Peele, a trained addictions expert *and* attorney. Also has F.A.Q. and numerous links to other sites.

www.habitdoc/Search.cfm

The Addiction Treatment Alternatives Provider Database provides detailed information to help you live an addiction-free, healthier life. You can find individual therapists, clinics and other professionals providing both 12-step and non-12-step therapy, plus a wide range of science-based alternative approaches and complementary medical support services.

Joint Commission on the Accreditation of Healthcare Organizations-

(Oakbrook Terrace, IL)

www.jcaho.org

Website includes searchable quality-check database, so you can put in name of center, and its status and info will be located. (Facilities for alcoholism/addiction are under category "behavioral health.")

National Alliance of Methadone Advocates- (New York, NY)

(212) 595-NAMA

www.methadone.org

Website includes lists of methadone providers, links to websites; good place to start for methadone information.

Nine Step Pagans

<http://ninesteppagans.faithweb.com>

Initiated as Pagan-friendly, but not other-exclusive, alternative to Judaeo-Christian oriented recovery groups, internet e-group support group, with online chat meetings.

The Drug and Alcohol Prevention Network

www.drugnet.net

Has links to many other pages for treatment, self-help groups, etc.

The Orange Papers

www.orange-papers.org/orange-effectiveness.html

Numerous essays written by an ex-AA member portraying, in great detail, the "lies" of AA, including *Religious Roots of the 12 Steps*, *The 12 Biggest Secrets of AA*, *The Funny Spirituality of Bill Wilson and AA* and much, much more.

www.positeatheism.org

A huge amount of articles, mainly regarding the trends of courts finding it unconstitutional to mandate sentencing to 12-step programs, deeming them “undeniably religious.”

www.peelee.net/lib/index.html

Extensive collection of articles written by Stanton Peele.

Penn & Teller’s show “Bull ****” on Showtime

www.sho.com/site/ptbs/topics.do?topic=12

Penn & Teller devoted this show to what they called “12-step Lies.”

www.unhooked.com/sep/index.htm

Reading list with links to many articles.

Recommended Reading - Books and Articles

Barrett, Clarence, JD. *Beyond AA: Dealing Responsibly with Alcohol*. Greenleaf, OR: Positive Attitudes, 1991.

Browne, Gerald J. *Treatment Doesn't Work*. Scotia, New York: Baldwin Research Institute, Inc., p. 16-34, 1991. (See www.baldwinresearch.com for other articles and links)

Bufe, Charles. *Alcoholics Anonymous: Cult or Cure?* San Francisco: See Sharp Press, 1991.

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Christopher, James. *Unhooked: Staying Sober and Drug-free*. Buffalo: Prometheus Books, 1989.

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Claiborn, James, Ph.D. & Pedrick, Cherry, R.N. *The Habit Change Workbook*. New York: New Harbinger Publications, Inc., 2001.

Daley, Dennis C. *Kicking Addictive Habits Once and for All*. San Francisco, OH: Jossey-Bass Inc., Publishers, 1991.

DeLuca, Alexander F., M.D. *Abstinence vs. Harm Reduction: a False Dichotomy*. www.doctordeluca.com/library, August, 2000.

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Dorsman, Jerry. *How to Quit Drinking Without AA*. Tuscon, NY: Three Rivers Press, 1997.

Ellis, Albert, & Velton, Emmett, Ph.D. *When AA Doesn't Work For You*. New York: New Harbinger Publications, Inc., 2002.

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