Contact Numbers

Serenity Lane
Alumni Office
2133 Centennial Plaza
Eugene, OR 97401

Information:
Shely Rahimi
541-284-8620
alumni@serenitylane.org
www.slalumni.org

Serenity Lane offices:

Albany: 541-928-9681

Bend: 541-383-0844

Coos Bay: 541-267-5081

Eugene: 541-687-1110

New Hope: 541-485-1577

Portland: 503-244-4500

Roseburg: 541-673-3504

Salem: 503-588-2804

National Websites:

Alcoholics Anonymous (AA)
www.aa.org or
www.alcoholicsanonymous.org

Narcotics Anonymous (NA)
www.na.org

Cocaine Anonymous (CA)
www.ca.org

For Family & Friends:
Al-Anon & Alateen:
www.OregonAl-Anon.org

Adult Children of
Alcoholics (ACA)
www.adultchildren.org

Serenity Lane…
1-800-543-9905
www.serenitylane.org
www.slalumni.org

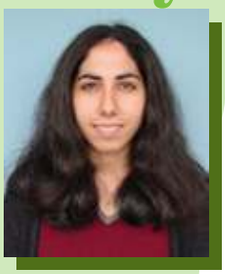
Stepping Together

May
June
July
August
2007

Serenity Lane's Alumni Newsletter *Volume 7 , Number 2*

Saving lives and helping put families back together since 1973

From your Editor



We are all connected through our involvement with Serenity Lane, held together by a strong spirit of fellowship. From the collaborative efforts of our patients and staff members, we have created an environment of hope and healing that will uplift the community for generations to come. Although we may not have names or faces to correspond to the thousands of individuals who comprise this network, over 30 years of Serenity Lane's history converges each year during our Alumni Picnic.

The picnic provides an opportunity to reminisce with old friends, as well as form new relationships with the numerous people who give life to our mission. As always, there will be delicious food on the grill, entertainment for the children, and lots of amusement and camaraderie. I encourage you all to join us for this celebration.

If your schedule or geography prevents you from attending our event, there are still ways to keep in touch with your fellow Alumni. The Alumni website contains a message board for you to post comments and engage in a dialogue with other members. You may also wish to communicate on a larger scale by sharing your experience, strength and hope in an article for publication in a future issue of the newsletter. If your voice reaches just one person, the rewards are innumerable.

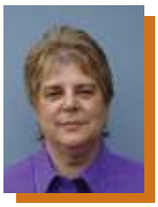
I can personally attest to the impact of this medium after receiving a heart-warming letter from a reader in Pennsylvania commending our last issue. I was overwhelmed with gratitude for his feedback, and I welcome all of you to share your comments, both positive and negative. If you would like to view a portion of his letter, please visit our Alumni website at www.slalumni.org under the heading "Sharing."

Sincerely,
Shely Rahimi
Alumni Coordinator

Newsletter Committee:
Shely Rahimi,
Angie Delaplain,
Mary Daniels,
& Neil McNaughton

Outpatient News

Coos Bay Serenity Lane Update
from Clinic Coordinator Christine Justice:



The Coos Bay office is growing so much that we have moved into a larger facility. We occupied our new quarters on July 2. Currently, we have 18 participants in our Recovery Support groups, increasing to over 30 when family members are in attendance monthly. On that night, we extend the meeting for a two-hour potluck, giving families the opportunity to stay connected.

The Coos Bay alumni are swelling the ranks of the AA meetings here on the South Coast, and AA groups are pleased that our alumni are staying sober and are consistently participating in AA activities and events. Occasionally, alumni drop in with their family members, and it's like a homecoming at times. Lots of laughter and sharing of how recovery is working for everyone. We are a small but powerful family!

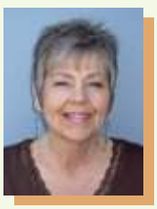
New Address:

490 N. 2nd , Suite B, Coos Bay
541.267.5081

Portland Serenity Lane Update
from Director and Program Manager Karen Willock:

Our new Portland East office is hosting an Alumni AA meeting every Friday from 6 to 7:30 p.m. at 12780 SE Stark Street, Building B. The meetings are organized by Jim O'Rourke and friends and include a 50-minute AA meeting, followed by a 30-minute open forum. They also hope to get together for coffee afterward. Anyone who has completed IOP at one of our Portland locations is welcome to attend. We look forward to seeing you there!

As we all know, service is a key component of Recovery. One of the goals of our Portland office is to establish contacts in the community to introduce 12 step meetings to new patients in the Portland area and help build their support network.



If you are interested in opportunities to offer service, please call Karen Willock at 503-244-4500.

Gamblers Roll the Dice with Addiction

by: Jerry Gjesvold, Straight Stuff Column #127

Once a year, I head to Reno with a group of old friends. We play golf, and we do a little gambling. When we sit down for blackjack, we'll take most of a table, socializing while we play. We generally lose more than we win, but that's not the point. It's entertainment. We do it for fun and enjoy it.

As much fun as gambling may be, it's something to be treated with caution. Because I'm recovering from chemical dependency, I know I have to be careful. I know how addictive and compulsive behaviors can take control of my life. I don't want that to happen with something I enjoy from time to time.

Sadly, there are people experiencing that kind of devastation right now. For them, gambling is clearly a kind of drug. It's a mood-altering activity as powerful as crack, methamphetamine and heroin are to the drug addict.

To be sure, compulsive gambling affects only a small percentage of those who play. Most people handle it fine. Still, the damage done can be very serious, affecting many people in addition to the gamblers themselves.

Like alcoholism or drug addiction, this disease doesn't respect age, class or ethnic background. I remember a dealer telling me that they always know when the college loan checks come in, and gambling among retirees is a growing concern as well. People regularly lose their homes, jobs, and families to it.

Many of the symptoms of problem gambling are similar to those of chemical dependency. It moves in a well-known progression, requiring more and more time and money to get the same "high." When the game stops, the person experiences withdrawal symptoms like irritability, restlessness and depression – symptoms that can only be alleviated by time or more gambling. There's little or no pleasure in the game. It stops being fun.

One major red flag is borrowing money to play. (Casinos actually encourage this by loading up their facilities with ATMs.) Problem gamblers lie to themselves and others about their wins and losses, or only talk about their wins. They are constantly trying to "get back to even." They fantasize about gambling as a way to avoid uncomfortable feelings – they feel better just thinking about when they'll play again. And it's not unheard of for people to use drugs like methamphetamine to "keep the game going."

Fortunately, there is hope and help for the gambling addict. The public is now aware that this problem exists, and that in itself is a big step forward. There are now treatment options, both inpatient and outpatient, for this addiction, and 12-step groups like Gamblers Anonymous, particularly combined with psychotherapy, can be very helpful. (For more information, see the Oregon Department of Health and Human Services website at www.oregon.gov/DHS/addiction/gambling.shtml or Google "Oregon gambling.")

Because gambling addiction is understood to be chronic, progressive and incurable, those who have progressed to the later stages of the disease may well have a stark choice to make. They have to take responsibility, choosing between giving up gambling for good – one day at a time – or losing everything that matters to them.

But admitting they have a problem, entering treatment if indicated, working the 12 steps and getting the help they need offers an effective, very real alternative. It's a proven way to shift the odds in their favor for good.

This is Jerry's 127th column published in the Register Guard. He celebrated his 30th recovery birthday in June. Many celebrated with him on his anniversary in Serenity Lane's Albany office.

Happy Anniversary Jerry!

The Sedative Trap

Part 2

by: Dr. Rick Caesar, SL Physician

In the previous Alumni Newsletter I described "The Sedative Trap" as a delicate and potentially dangerous situation particularly for those in early recovery. During that period our bodies have only recently begun to stabilize in the aftermath of years of artificial sedation (as with alcohol, opiates, tranquilizers, marijuana and others) and/or the wildly chaotic biorhythms of stimulant abuse (cocaine, methamphetamine, etc.). The insomnia that so frequently emerges leaves the newly sober person vulnerable to the quick fix, the "easier, softer way" of utilizing drug sedation for sleep. Advertisements with dreamy butterfly motifs, with comfy sleepers awakening refreshed and happy in the morning, contrasts vividly with the nighttime tossing and turning of early recovery. Temptations, "short cuts to sleep" are all around.

Critical to remember, falling asleep can be fraught with psychological issues. Whatever we see as helpful for sleep can quickly become a psychological dependency even if not a physical one. It is all too easy to become convinced there is some chemical "out there" that I need to put "in here" in order to fall asleep.

The vast majority of people in early recovery are much safer if they take no medications for sleep. For some, this means tolerating the first few days, sometimes even a week or more, of reduced sleep without panicking ("What if I can never fall asleep? What if it's always this way? How can I function tomorrow?") This is the kind of reactive "catastrophizing" that often drove us during our drinking and using days. Patience with one's mind and body and reassurance that this is a temporary period of discomfort are essential.

It is well documented that most everyone who complains of insomnia actually sleeps significantly more than they realize. Sleep studies have shown that patients who report being "up all night" have actually slept for as many as two to three hours or more but understandably may not have accurate recall. Even so, if significant insomnia has persisted for 10 to 14 days without signs of improvement and has

begun to impact other areas of one's life, a temporary course of medication may be appropriate. This would occur only when other measures described in the previous article have been taken (e.g. No caffeine! Regular exercise and regular bedtime. No napping. Comfortable sleep environment). In general, over the counter sleep aids are to be avoided. Most of these contain Benadryl (diphenhydramine or similar drugs) as found in Tylenol PM, etc. along with other antihistamine products which cause drowsiness but usually result in poor quality, unrestful sleep. They also cause severe drying of the mouth, nose and airway, and while rendering one unconscious, one then awakes groggy and unrefreshed.

On the other hand, most of the prescription sleeping pills (see list on next page) unfortunately are quite addictive. They invariably require larger and larger doses to achieve the same effect and create extremely distressing side effects when abruptly terminated. These same medicines are also "depressants" and often adversely effect mood and energy level even during the day after the patient has used them. This same large group of drugs also generates psychological dependence—an initial sense

of relaxation inevitably followed by rebound anxiety and insomnia, requiring a continuation of the drug and eventual increase of the dose.

Unfortunately, many doctors are completely unaware of the dangers this whole class of medications poses to people in recovery. Uninformed about so much of addiction, physicians and other health care providers often make no distinction between patients without chemical dependency (for whom these drugs are not dangerous), and patients with addiction history.

At Serenity Lane, we use low doses of prescription medications for as brief a period as possible and only when absolutely necessary.

Trazodone, once a popular antidepressant, can be helpful at initiating sleep. Amitriptyline (Elavil) and Imipramine (Tofranil) are other older antidepressants that, at lower doses before bedtime, help bring on sleep without euphoria or dosage escalation. Seroquel, a medication used at much higher doses for certain other psychiatric conditions, can at lower doses be quite helpful for severe insomnia.

Ambien (zolpidem), when initially released, was touted as a nonaddictive alternative to benzodiazepines such as Valium, Xanax and Klonopin. Unfortunately, Ambien has shown itself to be just as addicting and if anything more problematic in creating amnesia of the pre-sleep state (when people have been known to sleepwalk and even drive their cars in a total blackout!) Withdrawal from Ambien is also just as severe as for Valium and the other benzodiazepines.

Lunesta (eszopiclone) appears to have significant abuse potential, especially at the higher doses required to generate sleep. It is not recommended for those in recovery at any stage. Rozerem (Ramelteon) works with melatonin, and like melatonin itself, seems to create fitful and unrefreshing sleep and is also not recommended.

Worth restating is the fact that any sleep aid runs the risk of psychological dependence, where one feels unable to fall asleep without a particular medication even if that medication does not cause physical dependence. If the decision is made to use sleep medication, we recommend refraining from using it at least every third or fourth night to allow the body to fall asleep on its own and to remind and reassure us we can still sleep naturally.

Insomnia has been rightfully called “the royal road to relapse” for those with chemical dependency. We in recovery need to consider any reasonable nonmedical intervention to aid in sleep. We need to be skeptical of advertised claims for both over the counter and prescription drugs, and remember that many physicians remain uninformed about the danger of many drugs for their patients with chemical dependency.

ADDICTIVE Tranquilizers, Sedatives, Sleeping Pills, Muscle Relaxants, ETC.

- **Valium (Diazepam)**
- **Librium (Chlordiazepoxide)**
- **Klonopin (Clonazepam)**
- **Xanax, (Alprazolam)**
- **Halcion (Triazolam)**
- **Restoril (Temazepam)**
- **Serax (Oxazepam)**
- **Dalmane (Flurazepam)**
- **Ambien (Zolpidem)**
- **Soma (Carisoprodol)**
- **Barbiturates (Seconal, Nembutal, others)**
- **Chloral hydrate**

Recovery & Relapse

Part 1: The Recovery Process

by: George Spurny

The Recovery Process starts with the alcoholic/addict making the decision to try controlled use. When drinking and/or using are out of control, the alcoholic/addict makes a decision to change their behavior. Gorski describes this as the transition phase of the recovery process. Many people will try to control their use until they identify the need for help and at this point will make the choice to enter into treatment. Gorski identifies this as the stabilization phase.

The next phase is early recovery, as the alcoholic/addict engages in the recovery process. The primary task that occurs in this process is being fully able to recognize the addictive disease, and this occurs for many patients when they are in residential or intensive outpatient treatment. The primary focus of this task is recovery by developing a sobriety-based value system through the use of 12 Steps Meetings and a Sponsor as well as prayer, meditation, and reading recovery-related lectures.

Once the alcoholic/addict makes it through this phase, they begin to work on the middle recovery issues. In this phase, the alcoholic/addict starts to address the issues of repairing the damage their addiction caused and trying to establish a balance in lifestyle. As these tasks are being completed, the alcoholic/addict moves into the late recovery phase. During this phase, the alcoholic/addict starts addressing any unresolved family of origin and childhood problems. The alcoholic/addict also makes a complete change in lifestyle and is actively working a recovery program and recovery tasks.

As alcoholics/addicts complete this process, they move into the final process, which is the maintenance phase. In this phase, alcoholics/addicts maintain a well established recovery program and have the skills necessary to adapt and cope with the transitions of daily living. As long as the alcoholic/addict moves forward in this recovery process and works on all of the assigned tasks that are necessary to ensure a strong and solid recovery process, this will keep the alcoholic/addict from the partial recovery or relapse dynamic. This will be described in the next part of the series. Remember recovery is a process and not an event, and relapse is a process which leads to an event. ■

This is part one of a three-part series on Recovery and Relapse. The areas addressed will include the Recovery Process, Partial Recovery and the Relapse Dynamic. All of the information is based on the work and research of Terence Gorski. More specific information will be included at the end of the series.

George Spurny is the Director of Clinical Services and is an Advance Relapse Prevention Specialist with over 16 years of experience working with relapse prevention. George is actively working in teaching relapse prevention skills with all of Serenity Lane's ExSL patients.

The child within us all...

*by: **Tita Evans-Santini,** M.A. Children's Program Facilitator*

Children are all around us and even (surprise) inside of us. In M. Scott Peck's book, *Further Along the Road Less Traveled*, he writes, "We psychotherapists know that most people who look like adults are actually emotional children walking around in adult's clothing." So true, so true.

I work with children and their parents, and I have found that little children are less skilled at hiding their wounds and pain, and that is why they are great to work with. The children walking around in adult clothing are much more complicated and thereby take more finesse and patience. However, the work is the same: To be gentle and kind, to listen and acknowledge and to remind them that they are filled with beauty and goodness, no matter what.

Be thoughtful with your inner emotional child. Be kind. Seek support. Acknowledge that she/he exists somewhere in there and can provide you with an unvarnished perspective into your core wounds. It is a gift to understand the complexity and the simplicity of one's emotional building blocks. Take the gift, as a child, and say, "Thank you." This gift is for your growth.

Patient Testimonial

At the ripe old age of 53, I had hit bottom. No, actually, I think I landed lower than the bottom. After 37 years of hard drinking, multiple divorces, eight children, failed business opportunities, lying, hiding……I was up to two fifths per day of Ever-Clear. Suicide was constantly on my mind. My health was deteriorating quickly.

An intervention pushed me into Serenity Lane. No sweat. Three weeks of treatment, behave for a few weeks thereafter, and I could get on with the drinking. That was the plan. My wife screwed it up. She became familiar with Serenity Lane's ExSL program, created for cases like me, and insisted I enroll immediately after my initial three-week program.

Erroll Long and Fran Coughlin, my ExSL counselors, didn't buy my program for a second. Their years of experience have exposed them to people every bit as sick, physically and emotionally, as me. Their "TOUGH LOVE" approach was excruciating. I couldn't wiggle out of the program without confronting myself and my issues. The energy they expended daily, while working with us, was enviable. Their comment years later was that I saved my life. No……**they** saved my life when I was too sick to save myself. They provided me with the tools to walk slowly and successfully through each day.

Serenity Lane's ExSL program is a masterpiece created by professionals after years of experience. In my opinion, there is no finer program. Couple ExSL with a few years of Serenity Lane's aftercare program and you have a REAL opportunity at RECOVERY.

Bob A.
Beaverton, Oregon

Address Changes/Deletions

Help us keep our mailing list current: clip and send this form to:

Serenity Lane Alumni Office
2133 Centennial Plaza
Eugene, OR. 97401
or email us at: alumni@serenitylane.org

Change ☐ Add ☐ Delete ☐

Name _____

Address _____

City _____ State _____ Zip _____

Email: _____

Changes in ExSL

The ExSL Program has moved into a brand new building, just across the street from our main campus in Eugene. The beautifully appointed Schley Apartments consists of seven townhouse style units, counselors offices and a large community room for group therapy sessions and recreation.

…Giving Back

Internship Program

Serenity Lane's Intern Program has gone through some changes that we thought you'd like to know.

For some years now, the internship has been a non-paid training program, and as such, has been a barrier for some potential enrollees. To enable more people to take advantage of this unique opportunity, **we have instituted a $5,000 stipend and in addition offer a $5,000 low interest loan.**

Hopefully this will bring more interns to Serenity Lane and allow us to hire many of them as counselors after graduation.

Serenity Lane/Stepping Together
2133 Centennial Plaza
Eugene, OR 97401

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Inside:

- **Annual Picnic**
- **Gambling**
- **Sedatives Part 2**
- **Testimonial**
- **ExSL Changes**
- **Intern Information**

& More...

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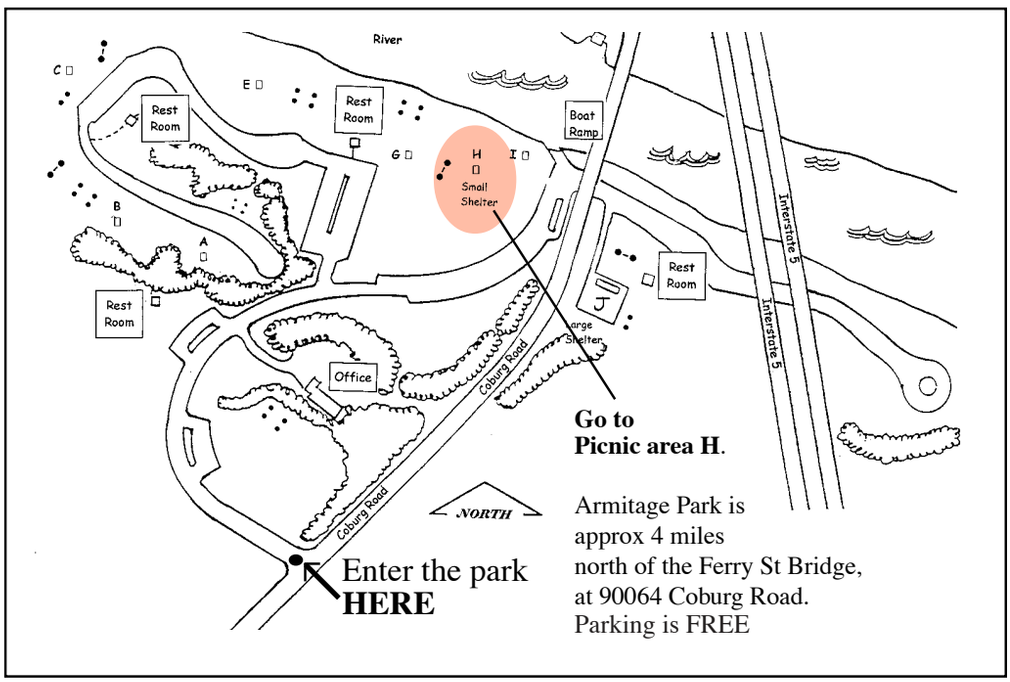
Annual Picnic • Armitage Park • Sept. 9, 2007 1-4 pm, Site H

Food • Prizes • Games • Fun



Delicious Food • Buttons the Clown • Softball • Music