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New Hope: 541-485-1577
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National Websites:

Alcoholics Anonymous (AA)
www.aa.org
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

Fall/Winter
2007

Serenity Lane's Alumni Newsletter

Volume 8 , Number 3

Saving Lives and Helping put families back together since 1973

Performance Enhancing Substances: A Kind of Drug Abuse

by: Jerry Gjesvold

As a former high school coach, a recovering alcoholic, and now a chemical dependency professional for more than 20 years, I'm intrigued by the steroid scandal shaking up the sports world. I have yet to see a report that explores the striking similarities between the use of performance-enhancing substances and drug abuse.

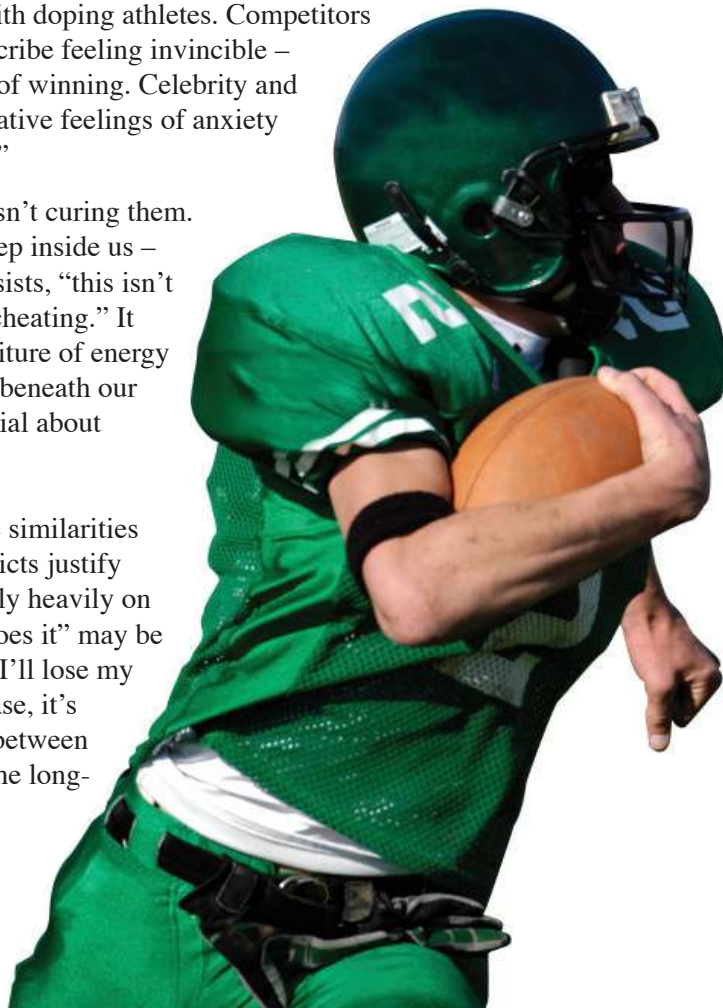
Like alcohol and other drugs, performance-enhancing substances are dangerous foreign chemicals introduced to the body to achieve a desired result. The athlete experiences enhanced endurance, strength, quickness, and/or recovery from injuries. At the same time, he or she has to ignore the potential for damaging, even deadly, side effects. Ultimately, the athlete can become dependent on the physical and mental states created by the drug.

There seems to be a deeper parallel as well. Addicts and alcoholics abuse drugs because they temporarily mask the negative feelings they have about themselves. I suspect something similar often happens with doping athletes. Competitors on these drugs sometimes describe feeling invincible – not even counting the feeling of winning. Celebrity and money can cover up deep negative feelings of anxiety or “never being good enough.”

But covering up the feelings isn't curing them. There is always something deep inside us – we call it conscience – that insists, “this isn't real. This is artificial. This is cheating.” It requires a tremendous expenditure of energy to push that knowledge down beneath our consciousness – to stay in denial about what's really going on.

It's also interesting to note the similarities between how athletes and addicts justify their substance abuse. Both rely heavily on rationalization. “Everybody does it” may be the most popular. Another is “I'll lose my job if I don't use it.” In that case, it's difficult to see the difference between the steroid-using athlete and the long-haul truck drivers who are

Continued on page 5



From your Editor



Season's Greetings Alumni,

I want to start by thanking everyone who attended our annual Alumni Picnic in September at Armitage Park. We look forward to this memorable gathering all year, and it is extremely rewarding to facilitate the reunion of so many of Serenity Lane's alumni and staff members. With a turnout of nearly 300 people, the picnic was a huge success. Even with the sizeable crowd, we were still able to donate leftover food to a men's recovery house in Eugene. All of this would not have been possible without the help of our dedicated volunteers who made the hard work and meticulous planning as fun as the event itself.

For this special holiday issue of our newsletter, we have compiled articles from our expert clinicians containing advice and inspiration as we approach the end of the year. The holidays are often associated with added stress and anxiety, which increases the risk of relapse, but this is also a time for generosity and community. Those in recovery have a strong and supportive network to share in the joy of the season, while coping with its potential difficulties.

Organizations like AA and NA are instrumental in strengthening these connections and enriching each member's commitment to maintaining sobriety. Many people experience their happiest holidays in recovery, and this is a great opportunity to create new, positive family traditions. During this time of year, I encourage you to remember the blessings in your life and extend yourself to the people around you.

Enjoy the spirit of the season!

Shely Rahimi

Alumni Coordinator

Newsletter Committee:

Angie Delaplain.

Mary Daniels,

Neil McNaughton

& Shely Rahimi.

2

Outpatient Happenings

Roseburg:

The new building is almost complete! Move in date is Dec 1st, with services to begin Jan 1, 2008. Our Recovery Support groups have been really active all summer and fall. They held a Family BBQ and had their first annual Recovery Support Family Camp at Broken Arrow on Diamond Lake. There was a total of 25 campers and 10 dogs. It was wonderful to see folks laugh, take risks and RELAX. Many of the folks that participated had NEVER been camping "CLEAN AND SOBER" and some hadn't EVER been camping before. There was bike riding, fishing, swimming, badminton and games that went on all weekend. Children and parents were both discovering life TOGETHER, and it was really a blessing to be able to be part of a MIRACLE IN ACTION. The "activity committee" is planning a "Serenity Lane Bowling League" for group members and a Fall/Halloween Family Party took place. There were mummy wrapping games, doughnut eating contests and "guess who I am" games for patients and their families. A feast of SPOOK-TACULAR treats, both hot and cold, were brought and awards were given out. The night was a huge success and we're now planning A GRATEFUL FEAST AND FAMILY TALENT SHOW! We'll report next time on how it went.

HAPPY FALL TO ALL OF YOU from the Roseburg Outpatient team.



Stress Management In Recovery

by: Kara Litwiller, M.Ed., LPC

Individuals new to recovery have frequently been warned, “The first year is really tough!” When treatment providers remind patients or families to keep this in perspective, although well-intended, it is likely to increase feelings of anxiety or discouragement. At the same time, patients are reminded to “take one day at a time” as one of their tools to manage stress and anxiety, decrease emotional overwhelm and adjust to all the changes in this “really tough” first year. They are also frequently reminded to “go to a meeting,” “call your sponsor,” or “read the big book!”

Patients who have completed residential treatment at Serenity Lane have also been introduced to an additional set of coping skills with the Relaxation and Meditation Class. In this class, patients are taught the basic methods for deep breathing, stretching, and simple Yoga positions. They learn how to use visual imagery, meditation, and other cognitive exercises in order to reduce and manage symptoms of stress and anxiety. Patients also discover effective ways to redirect unhealthy or negative thinking patterns and eliminate distractions to their “in the moment” or “mindful” experience.

According to patient comments and surveys post class, the most frequently identified benefit from learning the tools in the Relaxation and Meditation class is an immediate reduction in perceived stress level and symptoms of anxiety. Additional benefits of significance identified by patients are: an ability to feel deeply rested and relaxed, reduction of negative thoughts, an ability to redirect negative thoughts, reduction in feelings of depression, reduction of pain and stiffness for chronic pain sufferers, an ability to break an insomnia cycle, improved feelings of self-esteem, a sense of inner peace, increased tolerance to feelings of distress or emotional overwhelm, increased ability to redirect and control emotions and attention, increased positive emotions about self and others, an ability to eliminate distractions to the recovery process, an increased ability to focus on a spiritual program, and an ability to redirect urges to use alcohol or chemicals.

Not surprisingly, research supports the positive benefits of relaxation and meditation techniques in a variety of settings, populations and circumstances. Tacon A. M., et al (2003) found that “Mindfulness Meditation” reduced anxiety symptoms and hypertension in patients diagnosed with Cardiovascular Disease. Additionally, Tacon, A.M.,

Caldera, Y. M., and Ronaghan, C., (2004) studied the effects of meditation techniques on breast cancer patients and found that meditation resulted in the reduction of anxiety, perceived level of stress, and patient’s reported symptoms of depression. Other research appears to indicate empirical support for meditation and in particular “Mindfulness Meditation” techniques as an effective component in the treatment of substance abuse, chronic pain, depression, anxiety disorders, eating disorders, and thought disorders.

Physical symptoms of stress may include muscle tension, headaches, chest pain, upset stomach, diarrhea or constipation, high blood pressure, racing heartbeat, cold clammy hands, fatigue, profuse sweating, rashes, rapid and shallow breathing, shaking, jumpiness, poor or excessive appetite, weakness or lethargy and dizziness. Emotional signs of stress might include anger, low self-esteem, depression, apathy, irritability, fear responses, difficulty concentrating, guilt or worry, anxiety, and agitation. Some behavioral signs of stress might include increased smoking, abuse of or increased use of alcohol or drugs, disrupted sleep, over-eating or reduced appetite, memory loss, confusion, and isolation from others.

Relaxation and meditation techniques are helpful in reducing stress not only in the first year of recovery, but also throughout the long-term recovery process. These techniques are shown to be effective and powerful “coping” or “self care” tools for stress reduction and management. Of most importance for individuals in recovery, relaxation and meditation techniques can be something to complement and support their 12 Step, spiritual program. From taking a yoga class to treating oneself to a massage, from listening to a relaxation tape to participating in a “Mindfulness Meditation” workshop or seminar, the options for non-medicinal methods of stress reduction are numerous.

SUGGESTED RESOURCES:

There are a variety of resource materials available at book stores or online. A good resource for more general information is the American Psychological Association website: www.apa.org/publicinfo. Contact your local Serenity Lane office for a list of referrals or professionals in your area. For a catalog on relaxation and meditation tapes and resource materials:

www.impactpublishinginc.com and/or
www.potentialsunlimited.com.

Recovery & Relapse

Part 2: Partial Recovery

by: George Spurny



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 and is actively working in teaching relapse prevention skills with all of the ExSL patients.

This is part two of a three-part series on Recovery and Relapse. The areas addressed 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.

Partial Recovery

Partial recovery occurs when we get stuck in recovery. This usually is identified as a Stuck Point. A stuck point can occur at any point in the recovery process, but usually happens at the transition point from one stage of recovery to another. A stuck point can be described as an event in which a disruption occurs in the recovery process. These events can be problems caused by job, relationship, legal, financial, or health issues or the belief that we do not need to work a recovery program. Gorski has described this process as a normal part of the recovery and relapse cycle. It is how the alcoholic/addict handles these events as to whether they will remain in recovery or fall back into relapse. People who continue to recover cope with the stuck point through a process that can be remembered by using the acronym

RADAR.

The first **“R”** stands for recognize. This means that the alcoholic/addict is aware of the problem or issue and is stuck in this process.

The first **“A”** stands for acceptance. The alcoholic/addict accepts that it is normal to have a problem and can get stuck and that they may need help in working through the problem.

The **“D”** stands for detach. The alcoholic/addict needs to learn to let the problem go by using the program and using a Power greater than themselves to back off and gain perspective.

The second **“A”** stands for accept help. This happens when the alcoholic/addict makes the decision to reach out to others, including their Higher Power, and ask for help.

The second **“R”** stands for respond with action. Ignoring the problem or issue will not make it go away. The alcoholic/addict needs to take action to resolve it and become unstuck.

The alcoholic/addict who does not resolve stuck points usually isolate from other people. When problems are denied and evaded, it is described by the acronym of **ESCAPE.**

The first **“E”** is for evasion and denial of the stuck point or problem.

The **“S”** is for stress. This happens because the alcoholic/addict is experiencing a problem that they do not want to deal with.

The **“C”** is for compulsive behavior. Stress can lead to behaviors that distract the alcoholic/addict from uncomfortable feelings.

The **“A”** is for avoidance of others. Because of the increased stress and behaviors, the alcoholic/addict remains isolated and alone.

The **“P”** is for problems. New problems occur as a result of stress, behaviors and isolation.

The second **“E”** is for evasion and denial of new problems. This starts the cycle of the relapse dynamic.

The relapse dynamic will be described in the last part of the series.

*Continued from page 1:
Performance Enhancing Substances*

hooked on methamphetamine.

Another common justification we hear from athletes is “I’m not hurting anyone else. I’m in charge of what I put in my body.” This is one of the arguments we hear from people when we do drug interventions. It’s also common in discussions about legalizing drugs like marijuana, crack and heroin.

I don’t deny that the temptation to use these substances is intense. Imagine saying to an alcoholic, meth or heroin addict, “we’ll pay you millions of dollars if you’ll just drink/snort/shoot up all the time and let us watch what you do afterwards.” We’d have to have enormous strength of character to resist that successfully. Most of us would probably fail.

I suspect that knowing that, and our vicarious pleasure at the athletes’ performance are in part to blame for our looking the other way. This problem exists because somewhere under the surface, we all want it to. We want our teams to win.

But there are actions we can take. We can expand testing and levy heavy fines. Sports teams that have a player test positive could be forced to forfeit all the games in which that player participated. That would immediately take away the incentive to win through chemical means – in effect, to force others to risk their health, even their lives, to win.

Like a drunk who’s gone on one too many binges, this problem in the sports world has society’s attention. The danger to our favorite athletes and teams is becoming much clearer. We can come out of denial, stop making excuses, and face the truth about how we all participate. We can level the playing field.

Jerry Gjesvold has been writing monthly articles about alcohol and drug related issues for the past eleven years.

He is a popular public speaker who weaves his own personal experience of addiction and recovery into his presentations.



**“You have to
give it away
to keep it.”**

This is something talked about often in the AA and NA communities, but what does this mean? After 20 years in the 12 step programs, I have come to appreciate this simple concept as one of the cornerstones of recovery.

In my early years of recovery, my goal was to not use, no matter what. To accomplish this, I did all of the things that I was told to do, such as getting a sponsor, working the steps and getting into service work. Looking back on this period of my recovery, it is apparent today that the service work was as important as the step work that I did. The service work gave me a sense of belonging: I became friends with other people in recovery, and my social network expanded. At conventions today, I see old friends from 22 years ago – the friends who were doing service work when I was first introduced to NA.

“Giving it back” is also about sharing my recovery at meetings and through being a sponsor. When I am asked by someone about how I personally overcame my character defects and how I worked the steps, I have the opportunity to re-examine myself once again. It helps me to keep track of who I am and where I came from. This keeps me grounded and grateful for the gift of recovery, which was shared freely by those who came before me.

**Don Z., Alumnus
Recovery date: 5-7-85**



Problem Drinker... or Alcoholic?

Know the difference.

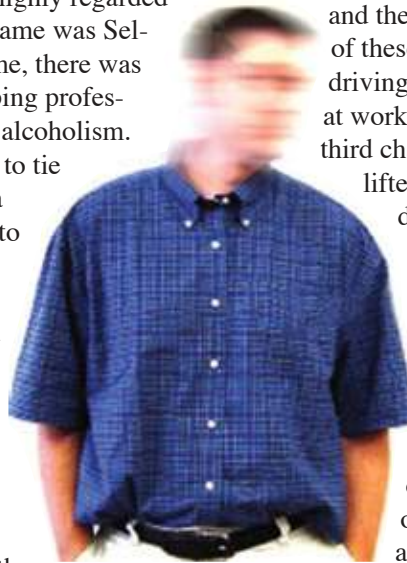
by: Neil McNaughton, MSW

This question is often asked by patients and family members alike. A scholar at the University of Rutgers came up with a highly regarded answer in the 1960's. His name was Seldon Bacon, Ph.D. At the time, there was great controversy in the helping professions about the definition of alcoholism. Too many in society wanted to tie the definition to how much a person consumed. This led to all kinds of confusion because the "tea totalers" left over from the prohibitionist movement thought that even one drink was too many. There are really four groups of people in our society: those who don't drink at all, those who are social drinkers, the problem drinkers and finally the alcohol addicts.

Seldon said the inclusive definition of an alcohol addict was threefold: first, the individual drank more or more frequently than what was customary in his social or peer group; secondly, as a result of drinking the person had problems in some area of his life (personal, work-related, marriage, or health); and thirdly, the use of alcohol was increasingly beyond his rational control (once the person started drinking, they usually drank until drunk assuming enough supply and non-interventions by others). In my experience, this is a certainty, especially when you view the person's drinking experi-

ences over a period of time.

Seldon realized that some people who are social drinkers will drink more when they are experiencing undue stress, and their problems may increase as a result. Some of these individuals end up getting arrested for drunk driving or have extreme problems in marriage and at work. But the problem drinker does not have the third characteristic of "losing control." If the stress is lifted, it may be possible for him to return to social drinking again or if he prefers, abstinence. If a problem drinker continues using in response to stress and other factors, he could cross the line into addiction. Once this happens, there is no turning back to problem or social drinking again. Abstinence is the only alternative. What causes "loss of control" is unknown-it probably is a combination of both physical and psychological factors. It has been observed in other addictions. For an alcohol addict entering rehab, the hope is often that treatment will allow a return to social drinking again. Dr. Bacon says it is very unlikely; treatment experts say it is impossible. ■



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The following tips can help make the holidays more enjoyable.

1. Accept that the holidays are stressful. Don't anguish over them.
2. Put together a holiday plan.
3. Establish a support system - and don't wait until December 24.
4. Set realistic financial expectations and talk about them.
5. Take good care of yourself.
6. Use these basic rules for surviving a party.

First, if you just don't want to attend a party because there is going to be a lot of drinking, don't go. Just because you think you should go to a party during the holidays doesn't mean it's in your best interest. You have the right to say no to a situation that won't be fun for you - much less one that might put you or someone else in danger.

If you decide to go to one or more parties, these rules can help:

- Be clear with yourself why you are attending the party.
- Stay less than an hour if you find the party uncomfortable. Usually an appearance is enough anyway.
- As soon as possible, greet the host and hostess and begin to circulate with others.
- If you're in recovery, don't act like you're drinking. Go to the bar and get something other than alcohol to drink.
- If someone offers you alcohol, simply say "no thanks." No matter what anyone says to you, no explanations are necessary.

Remember, holiday pressures are difficult. When we use these guidelines, family and friends are often grateful because doing so reduces pressure on them too. And with lives literally on the line during the holiday season, what's more important than taking a few simple steps?



Better Than Eggnog (non alcoholic)

Ingredients:

- 3 large eggs
- 1/8 teaspoon ground ginger
- 1 quart orange juice
- 2 quarts vanilla ice cream, softened
- 1/4 cup lemon juice
- 1 quart ginger ale
- 2 tablespoons sugar
- 1/4 teaspoon ground cinnamon
- dash ground cloves
- ground nutmeg

Directions:

Whisk the eggs in a large bowl until frothy. Mix in the orange and lemon juices, sugar, cinnamon, ginger, and cloves. Spoon the ice cream into a large punch bowl; stir in the egg mixture until combined. Refrigerate if not serving immediately. Before serving, pour in the ginger ale. Sprinkle the top with nutmeg.

COMMENTS: Ginger ale, spices, and citrus juices enliven old-fashioned eggnog, making a fabulously refreshing and lighter variation.

- This recipe makes 18 (6 ounce) servings

Source: "Season's Greeting" by Marlene Soroskyz

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Inside:

- **Performance
Enhancing Substances**
- **Stress Management**
- **You have to give it
away...**
- **Recipe**
- **Making the holidays
more enjoyable**

The Tale of the Nail

Submitted by Fritz D.

When someone hurts me, it's as if they've driven a nail into my chest. Once it's there it is my nail and no one else's. I then get to choose what to do with my nail.

Of course it hurts and it hurts a lot, so the obvious choice would be to remove the nail. But that is not what most people do. Most people choose to wait for the person who put it there to remove it. That doesn't happen very often. So the nail just sits there. Since it hurts so much I've got to tell someone about my pain. So I tell the story of the nail and how it got there, and I tell a lot of people. I tell my story so often that people get tired of hearing about it. But by then I've got more nails to talk about.

The original pain, the nail, gets buried under the skin, sometimes for years. Then, hopefully, a sponsor, counselor, therapist or someone comes along with a verbal scalpel and digs down to the original wound, the original nail and pulls it out. Then I can talk about my pain in a healthy manner.



Of course there is a deep wound that needs to be healed.

Whenever there is a deep wound, it has to be packed and drained, packed and drained until it is all healed. There will always be a scar to remind me of the original wound and that scar will be bigger than it would have been if I'd removed the nail in the first place.

I hope that you have the courage to find your original nails and share them with someone that you trust to really listen to your pain and help you work through it rather than only notice it in passing.