

1: Alcohol Alert Number 81

*Exploring the Spiritual Experience in the 12 Step Program of Alcoholics Anonymous--Spirita Contra Spiritum: Spirita Contra Spiritum (Studies in Religion and Society) [Jeff Sandoz] on www.enganchecubano.com *FREE* shipping on qualifying offers.*

Alcoholism is a pervasive and chronic disease that is treatable with specialized programs. One of the most popular forms of alcohol addiction management and recovery support is Alcoholics Anonymous AA , a spiritual Step program. AA has more than 2 million members worldwide in over , locally supported groups. It is a peer recovery and self-help program. AA is spiritual in nature and calls on its members to turn their lives over to a higher power. This concept of spirituality in healing may not work for everyone. AA also expects its members to remain abstinent from alcohol and drugs completely, and this is also a concept that is not ideal for every person. There are several alternatives to the Step AA approach that may work better for some individuals. Five alternatives to AA include: Smart Management and Recovery Training focuses on empowering the individual to sustain recovery. This secular group provides a healthy network of peers focused on remaining abstinent from drugs and alcohol. Women for Sobriety WFS: This nonprofit, abstinence-based program is made up of women supporting each other in recovery. Secular Organizations for Sobriety: This nonprofit network is made up of secular recovery-based groups. This program is not based on abstinence but instead on learning how to moderate and control problem drinking behaviors. Alcoholics Anonymous may be one of the most common support programs out there, but it is by no means the only one available. While AA has been shown to be effective in maintaining sobriety for individuals who actively participate, the Journal of Addictive Disorders publishes, not everyone will feel comfortable with this Step program. Addiction is a personal disease, and recovery can be supported in a variety of ways. It is important to find a program that appeals to the individual in order to support long-term recovery. This means that scientific research and evidence are used to support the techniques and methods that are promoted through this model. SMART Recovery programs avoid labels, such as "alcoholic" and shy away from the disease model of addiction. They focus on methods that use both Motivational Enhancement Therapy and Cognitive Behavioral Therapy components to engender change of self-destructive behaviors. Creating the motivation to change, building on it, and sustaining said motivation long-term Learning how to manage and cope with cravings and urges Finding ways to regulate thoughts, emotions, and behaviors Creating, sustaining, and learning how to live a balanced life SMART Recovery concepts help individuals to recognize that alcohol abuse can be destructive, and it creates problems emotionally, physically, socially, and behaviorally. Techniques aid in the exploration of maladaptive thoughts and unhealthy coping mechanisms, such as problematic drinking, and help to establish new and more balanced mechanisms of dealing with stress and managing difficult emotions. Unlike Step programs, SMART Recovery respects that medications are often part of treatment and recovery for alcohol addiction, and supports the use of medications when deemed medically necessary. Individuals learn how to be in charge of their own recovery and become self-empowered. Studies have shown that SMART Recovery methods can help to decrease problems related to drinking and increase the amount of days a person remains abstinent, the Journal of Internet Medical Research publishes. LifeRing believes that each individual holds their own key to recovery, and it is not necessary to then place control in the hands of a spiritual being. The group works on developing techniques to enhance this version of self instead of the addict self who has previously been in control of all decisions and led to destruction in life. Each person is encouraged to find their own method of encouraging their sober self within a LifeRing program. Peer support is a big part of LifeRing recovery programs, as individuals share advice with other members, and offer support and encouragement in recovery. LifeRing focuses mainly on the present "€" on living a full and positive sober life without dwelling too much on past indiscretions and hurts that may have been the result of problematic drinking. Face-to-face groups meet throughout the United States. The groups are led by moderators, and serve to promote emotional and spiritual growth free from the bounds of alcohol abuse and addiction. WFS uses 13 acceptance statements to support its "New Life" Program that asks members to focus their energies on

positivity over negativity. Efforts are made to accept thoughts and actions as self-destructive, learn how to cope with the emotions and behaviors that are created through alcohol addiction, and then overcome them. Women are encouraged to go over the 13 acceptance statements each morning and then work through them throughout the day, reflecting on them each night. The 13 acceptance statements walk women through taking responsibility for the disease of alcohol addiction; they state that negative thoughts are destructive, happiness is a choice, the past is in the past, and love and acceptance are important tools for spiritual and emotional growth. Women also take responsibility for their own actions, understanding that each person is in control of their own happiness, and each woman is worthwhile and competent. WFS provides a gender-specific support system for encouragement and growth for women in recovery. Secular Organizations for Sobriety is not one specific program, but rather a collection of programs that are autonomous from each other. SOS provides individuals with alternatives to spirituality based recovery programs. SOS hosts both online and physical face-to-face meetings to help people overcoming any form of addiction, from behavioral addictions to drug and alcohol addictions. These programs offer support and encouragement for people who may wish for a different motivation or foundation than one based on spirituality and relinquishing control. Instead, individuals are encouraged to take on their own weaknesses, learn to accept them, and move forward in recovery. SOS-supported groups are nonprofessional, and offer a healthy network of individuals with the similar goal of sobriety. Instead, MM focuses on helping people to manage problematic drinking and behaviors that are destructive, aiding in encouraging positive lifestyle changes. MM is a peer-support program that acknowledges that behaviors are changeable and that alcohol abuse which differs from dependence is a habit that can be altered. MM understands that there are varying degrees of alcohol abuse and not everyone suffers from the severity of addiction; however, most people can benefit from learning how to change behaviors related to drinking that are problematic. MM holds that problem drinking is not always the same thing as addiction, and in less severe instances, individuals may be able to moderate their drinking instead of abstaining completely. Moderation may not be the best strategy for everyone, MM acknowledges, but it may work well for some. An MM program will ask that its members take personal responsibility for their actions and problem drinking behaviors; understand that self-esteem and self-management are essential for recovery; recognize that people helping others is the backbone of the program; and offer respect and dignity to all members. The Moderation Management Steps of Change program works through nine steps in face-to-face meetings. The MM program and steps ask that members keep a diary of drinking patterns and behaviors, and detail all the issues that have been associated with drinking, both now and in the past. Individuals are then asked to go through day period of abstinence where they stop drinking altogether. During that time, people are to develop coping mechanisms to avoid drinking when its warranted, to cut back on drinking, and to control drinking when they do engage in it. Rules about future moderate drinking should be made while abstinent, and individuals learn to recognize triggers for problematic drinking and how to manage them. Drinking should take a backseat to other habits and activities, and with Moderation Management, problem drinking can be minimized. Individuals may then decide to go back to drinking in moderation, or they may decide to remain abstinent beyond the 30 days. If there is a relapse, or slip of problematic drinking behaviors, after drinking resumes, then individuals participating in MM are encouraged to explore what happened, take steps to resolve the issues, and potentially establish new guidelines. Each individual in MM should establish their own personal goals for drinking or not drinking, as the case may be, and learn how to stay within these rules. Self-management and the elimination of behavioral and other issues associated with problem drinking are key components of the Moderation Management program.

2: 12 Step Spirituality

Steps for Living is an education program that was created in part through the Centers for Disease Control and Prevention (CDC) Cooperative Agreement with continued support from Pfizer Hemophilia. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Mujica went on to become an exemplary president of Uruguay, never sought revenge on his captors. What was the key to the adaptation? These men lived in total isolation. For me, that constant mental confusion was the most important thing to transmit. We started from that source, but our work entailed almost four years of investigation and interviews. My intention was to show the mental universe of people who were robbed of everything that makes them human, and everything they do to maintain themselves as human beings. I asked them the same question. They had immense mental fortitude with which they could find relief and entertainment through thought, the only space which nobody but them could breach. He told me one day: And not only survive, but the way in which they did it – with no thought of vengeance. What visual approach did you take to stress this intimate survival tale? In the end it is a difficult film, but the violence is buried. I wanted the camera to seem as confused as the characters. What were main difficulties in representing total isolation? It was less important to me to describe how those years were than, within the dramatic limits of cinematography, get as close as possible to the experiential. I met with psychologists and physiologists, to investigate life in isolation – which still exists. The brain starts to unravel. Two things are always present in a prison movie: None of this happens here. How should a viewer approach the film? With the desire to go on a journey, not to be a tourist. As a viewer and a director, for me the only worthwhile films are those that try to explore the human condition.

3: right-arrow copy

Twelve-step programs (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Heroin Anonymous, etc.) tend to have a spiritual outlook on recovery. The 12 steps list "God" as a higher power to help you achieve and maintain abstinence.

Are These Programs Confidential? Questions you may have about these programs include: What are some of the nonstep options? Where can I find a nonstep program? Do these programs work? How much do they cost? Twelve-step programs require you to admit that you are powerless over your addiction. Alcoholics and addicts are seen as having no control over their use and will always be addicts whether they are sober or not. Twelve-step programs operate on the basis that addicts have moral defects. These must be admitted and rectified in the recovery process. Nonstep programs tend to revolve around the pursuit of knowledge and self-reliance. These programs foster empowerment through encouragement and education. Nonstep programs may change their approach according to scientific research. Unlike step programs, which follow a consistent approach, nonstep programs are also constantly evolving to adapt to new addiction research. Which Programs Are NonStep? The program evolves as addiction knowledge does, and it uses scientific and psychological research. This program offers support and encouragement for members through empowerment and sharing of experiences. Members discover which strategies work best for them and continue to develop and refine them throughout recovery. A nonprofit organization that helps women achieve sobriety through a statement program focused on positivity and growth. Whether you live in California, Texas, Florida, New York or another state, a nonstep program likely meets in your area. Visit the sites for the following nonstep programs to find a meeting near you:

4: Exploring NonStep Recovery

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Exploring NonStep Recovery Although twelve-step addiction recovery programs are possibly the best-known support programs, they are not for everyone. Since the 12 steps were founded in the s, attitudes have shifted significantly from believing that addiction is a character flaw towards acknowledging it as an illness that can be treated. In this article, we set out some alternatives that are likely to appeal to different types of people who feel more comfortable with a different approach to their recovery program. Some of the questions people have about non step programs include: What is the difference between 12 step and non 12 step rehab centers? What are some of the options for non step programs? Are non 12 step rehab programs effective? This is because the 12 step programs guide members through the process of submitting their will to their higher power and requesting help to overcome their issues. Members are expected to become powerless in the presence of their higher power so as to introduce a level of accountability that has particular resonance for people of faith. Here we set out some basic differences between the two approaches: The therapies involved in SMART Recovery serve to establish the root causes of addiction and the negative thoughts and behaviors driving it. SMART Recovery embraces the latest in scientific and psychological research, making its recovery program work proactively with individuals dealing with all types of addiction. SMART Recovery uses principles of cognitive behavioral therapy CBT to identify negative behaviors and then sets about to alter them so that patients have more positive responses to stressors for substance abuse in the future. SOS recovery groups are based on the theory that there are numerous approaches to treatment and no one specific route that has to be taken. Secular Organizations for Sobriety have been shown to be highly effective in finding recovery solutions for people from all types of backgrounds and with wildly varying beliefs. In this respect, SOS is an excellent resource for people looking for step alternatives to addiction recovery. Women for Sobriety Traditional recovery programs like 12 step are not always effective, particularly for women. This is mainly because women tend to become addicted to drugs or alcohol in response to more emotional reasons than men. Many of them may feel inadequate as mothers or unattractive to their partner and there is usually an element of low self-esteem involved. The organization Women for Sobriety is a gender-specific recovery support group that deals with the very specific issues women with addiction face. Women tend to thrive in non step programs because conversely, they seek to empower them as individuals so that they can assert their wishes better and have their voices heard. In the field of addiction, the holistic approach has been shown to be a highly-effective alternative to 12 step recovery. Holistic practices such as yoga, meditation, aromatherapy and experiential treatments offer people with addiction issues a wide choice of therapies to help them in recovery. Many of the techniques learned in holistic rehab such as deep breathing exercises, can become extremely effective tools to use to cope with triggers for substance abuse in recovery.

5: Exploring Options Sermon by Allegra McGrew, Exodus - www.enganchecubano.com

Unlike Step programs, SMART Recovery respects that medications are often part of treatment and recovery for alcohol addiction, and supports the use of medications when deemed medically necessary. As new scientific methods are discovered and research evolves, so do the SMART Recovery protocols.

Care providers now can prescribe medications to aid people as they work to reduce their drinking. If a traditional mutual-help group model of care does not appeal to a patient, he or she has other behavioral therapy options. And Web-based approaches provide access to therapy 24 hours a day, 7 days a week. Despite these developments, however, the majority of people with alcohol use disorders AUDs in the United States go untreated. Though some people with AUDs do actually recover on their own without formal treatment, some achieve partial remission, and some cycle in and out of alcohol problems throughout their lives, novel approaches and further access to treatment could play an important role in helping people to reduce their drinking. Improving diagnosis is one area under exploration, including screening for alcohol abuse and alcoholism and providing brief interventions in a variety of settings, such as primary care clinics and emergency departments. Scientists are examining the effectiveness of medications for treating patients and preventing relapse to drinking. Research also suggests that a large proportion of people with co-occurring psychological or medical conditions remain underserved by existing treatment systems; greater coordination of care might improve responses to AUD treatment for this group. This Alcohol Alert summarizes the state of alcoholism treatment research, explores its use in a variety of settings, and reviews new efforts for engaging people in treatment. Efforts to improve continuing care for those in treatment and to coordinate care for those with co-occurring disorders also are included. Broadening the Reach of Treatment Although medications and behavioral therapies traditionally have been developed and studied within specialty alcoholism treatment settings, that is beginning to change. Studies show that effective treatment can be administered in a variety of settings and should be considered a routine component of healthcare. As physicians gain experience and comfort with alcohol treatment options, they will be more likely to identify and help people with AUDs and to help them better manage their drinking throughout their lives. Medications Primary care providers are accustomed to prescribing medications for a number of illnesses, but generally are unfamiliar with medicines to treat alcohol problems. Medications marketed for other illnesses also have shown efficacy in treating AUDs, such as topiramate, which is approved to treat epilepsy and migraines for a review of approved medicines and compounds in development, see reference. For example, some compounds targeting certain brain systems are being used for alcohol withdrawal and for relapse prevention. Such approaches include establishing a plan for adhering to the medication, solving any problems that appear, and teaching strategies for self-change. Maintaining contact with patients and emphasizing adherence appear to be key to successful treatment with medications, and these aspects are especially well suited to primary care settings where doctors maintain ongoing relationships with their patients. Many treatment approaches, including mutual-help groups like Alcoholics Anonymous AA , focus on behavioral principles such as reinforcement and behavior modeling for instance, these groups provide sponsors who guide participants through the program to help patients make those changes. Since the mids, therapies have become available that combine behavioral principles of reinforcement and punishment with various therapeutic techniques designed to encourage healthy behavior change. Behavioral therapies are especially effective in encouraging self-change or the ability of some people to quit drinking on their own. These approaches use goal setting, self-monitoring of drinking, analysis of drinking situations, and learning alternate coping skills. Couples and family therapies analyze drinking behaviors and aim to improve relationship factors, such as improving communication, avoiding conflicts, and learning to solve problems that might lead to drinking. Care providers can offer these treatments not only in different settings but in varying doses. For example, brief interventions enable doctors to help patients in identifying high-risk situations when they might use alcohol and discuss skills for coping with those situations without drinking. One study determined that brief physician advice delivered across two doctor visits and two follow-up phone calls resulted in reduced alcohol use and binge drinking for up to 4 years after the

intervention. Although no such patterns have yet emerged from research, core components of effective therapies have been identified that may prove useful in helping a care provider decide which treatment is best for a particular person. These components include enhancing social support, working with the patient to develop goals and to provide ideas for obtaining those goals, modeling and rewarding good behavior, and reviewing ways to cope with the triggers that lead to drinking. Matching a patient to therapies that address an area where he or she shows the greatest need may prove most effective. Asking the single question of how often the patient exceeded the daily maximum drinking limits in the prior year is one reason for the popularity of MHGs may be their inherent flexibility and responsiveness. Often, people can attend MHGs at convenient times, like evenings and weekends, when they are at higher risk of a relapse to drinking. MHGs also are more cost effective than formal treatment. For example, patients can attend AA at no cost, which translates into about 45 percent lower overall treatment costs than costs for patients in outpatient care while achieving similar outcomes. AA participants in a year study did as well in achieving abstinence at the 8-year mark as those in formal treatment approaching 50 percent, and a group that participated in both AA and formal treatment performed better than formal treatment alone at years 1 and 3. Also, people can have access to this support for as long as they need it. Thus, MHGs remain a staple treatment tool and provide a good alternative for physicians to consider when counseling patients. One method doctors use to encourage patients to try MHGs, called twelve-step facilitation (TSF) therapy, dispels myths and encourages patients to attend meetings. Studies of TSF^{19,20} show that if physicians actively refer their patients to MHGs by making arrangements for them to attend meetings or setting up introductions to group members, patients do become more involved. Patients who receive TSF also have shown higher rates of continuous abstinence than those receiving some other behavioral therapies. Internet and computer-based technologies are infiltrating many levels of AUD care, from screening to recovery. Early evidence suggests that they improve access to services and promote treatment effectiveness. It enables a patient in a rural setting to access much of the same care as those in urban settings, provided he or she has Internet access. Using Web-based therapy, patients can compare their drinking patterns with those of people like them or take a test that indicates the severity of their drinking concerns. These tools are cost-effective ways of engaging people in treatment. For those who want to reduce their drinking, Internet tools can provide drinking diaries, goal-setting exercises, and relapse-prevention techniques. These may prove useful for patients most interested in self-help. While the tools have most often been studied under circumstances of face-to-face contact with a care provider, some studies of online versions of the tools suggest that people who use them do reduce their drinking. Known as the Alcohol-Comprehensive Health Enhancement Support System (A-CHESS), the program uses smartphones to provide patients with information, adherence strategies, decision-making tools, reminders, and social support services in easy-to-use formats. Involving health care providers such as psychiatrists, psychologists, and social workers also may help. Even still, these measures may not be enough. Studies suggest that the majority of those with alcohol problems recognize the problem as much as a decade before they seek treatment, which implies there may be an opportunity for reaching patients earlier. Characteristics of Treatment Seeking Only 15 to 25 percent of people with drinking problems seek help from doctors, treatment programs, or MHGs. Other barriers to treatment include a belief that the problem is not serious enough to warrant treatment. The consequences of heavy drinking—particularly social consequences—do drive people to seek help. Programs are making services more user friendly and attractive by providing convenient appointments, parking, and childcare. They also can offer treatment goals that do not necessarily require abstinence in the near term but allow for more gradual approaches to change. CSOs receive training to change their interactions with the substance-using person, reducing their enabling behaviors and improving their communication strategies. Some of the same concerns that prevent people from entering treatment make them especially reluctant to continue with care. Generally, patients in AUD treatment begin with intensive outpatient treatment of two to three sessions per week lasting between 30 and 60 days, followed by a continuing care phase when patients are encouraged to attend self-help meetings. Yet, alcohol problems typically are chronic, involving cycles of abstinence, relapse, and treatment. This has led researchers^{42,43} to design approaches that provide a continuum of care, blurring the traditional distinction between intensive initial phases and followup with MHGs or individual therapy. That research

shows that interventions with a longer duration i. Treating Patients with Co-occurring Disorders Although engaging and keeping people with AUDs in treatment are essential areas for improvement in service delivery, another dimension that can add significantly to the success of treatment is improving care for those with co-occurring psychological or medical disorders CODs. More than half Researchers have proposed several ways to approach COD treatment. For example, is it better for separate providers to treat one disorder at a time? Or is it more advantageous for a single clinician to treat both disorders simultaneously? Unfortunately, to date, few studies have yet been able to make recommendations about the effectiveness of one strategy versus another. What is clear is that primary care settings offer a promising environment for incorporating both AUD and mental health services, as this is where the services would be less stigmatized and potentially reach more patients. Considering Financing Methods of reimbursement, such as fee-for-service versus fixed-budget, create incentives that influence the accessibility, quantity, and quality of care—sometimes negatively. Patients cite lack of insurance coverage as a reason they do not enter AUD treatment. Additionally, insurance reimbursement often does not pay for extended follow-up care. The setting for treatment services and the amount of services a patient can receive largely depend on what insurance companies and public payers such as States are willing to finance. Conclusion People with AUDs differ in their degree of severity, in their co-occurring conditions, and in the social systems that support either their recovery or their continued abusive drinking. Emerging technologies likely will make these goals easier and perhaps more cost effective. Simultaneously, changes in policies and insurance coverage can help create new, more flexible systems that reflect the latest research findings. Drug and Alcohol Dependence Advances in Alcoholism Treatment. Using neuroscience to guide the development of new pharmacotherapies for alcoholism. Effectiveness and safety of baclofen for maintenance of alcohol abstinence in alcohol-dependent patients with liver cirrhosis: Randomised, double-blind controlled study. Efficacy of a combination of flumazenil and gabapentin in the treatment of alcohol dependence: Relationship to alcohol withdrawal symptoms. Journal of Clinical Psychopharmacology 29 4: Dose-dependent reduction of hazardous alcohol use in a placebo-controlled trial of naltrexone for smoking cessation. International Journal of Neuropsychopharmacology 12 5: Neuronal nicotinic acetylcholine receptors as pharmacotherapeutic targets for the treatment of alcohol use disorders. Medications for unhealthy alcohol use: Behavioral therapy across the spectrum. Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Medical Care 38 1: Helping patients who drink too much: An evidence-based guide for primary care clinicians. American Family Physician 80 1: Office of Applied Studies, Self-Help Organizations for Addictions. Cambridge University Press, The role of mutual-help groups in extending the framework of treatment.

6: NonStep Options: 5 Alternatives to the AA Approach

If you wish to explore additional treatment options or connect with a specific rehab center, you can browse top-rated listings, visit our homepage and browse by state, or visit SAMHSA. This Facility is www.enganchecubano.com Verified.

Most of us know someone who was saved from a serious drinking or drug problem by Alcoholics Anonymous AA or a group based on its 12 steps such as Narcotics Anonymous. However, such groups existed long before AA was established in 1935, as noted by William White, author of *Slaying the Dragon*: Today, although most people have heard only of AA and similar step mutual help groups and this approach is included in some fashion in programming of the majority of U.S. Of course, attendees do commonly go to meetings for a few months, drop out, and then come back at some later time. There are more than a few longstanding choices with very different philosophies that exist nationwide. Some AA Alternatives Support Groups Faces and Voices of Recovery offers a comprehensive, easy-to-use listing directory, from step to secular to youth-focused. Note that in addition to face-to-face meetings, many of these groups hold meetings in jails and prisons, and a good number have on-line meetings. The following are some longstanding national abstinence-based groups statistics are included for those that shared numbers of face-to-face meetings. Women for Sobriety Women for Sobriety WFS was founded in the mid-1950s by Jean Kirkpatrick, a woman with a doctorate in sociology who had a severe alcohol problem that she ultimately overcame herself by changing her thoughts when she was lonely or depressed. Kirkpatrick felt that women with drinking problems require different approaches than men and began this abstinence-based program for women, taking the position that drinking begins as a way of dealing with emotional issues and then evolves into addiction. Members are encouraged to learn how to better manage their issues by sharing with and encouraging one another. A major emphasis is on substituting negative, self-destructive thoughts with positive, self-affirming ones. WFS uses 13 statements or affirmations that emphasize increased self-worth, emotional and spiritual growth, not focusing on the past, personal responsibility, problem solving, and attending to physical health. WFS averages 100 meetings per week in the U.S. It also incorporates motivational interviewing concepts. Unlike some support groups whose principles remain static, SMART Recovery maintains a philosophy of evolving as scientific knowledge evolves. Although it is an abstinence-based program, SMART Recovery welcomes those who are ambivalent about quitting substance use. Its 4-point program guides participants in the following areas: He used these tenets in founding SOS, which advocates taking responsibility for problem drinking and handling it as a separate issue, distinct from any religious or spiritual beliefs. SOS has no structured program, but it has some suggested guidelines for sobriety. LSR has three fundamental principles: It has eight recovery principles based on the biblical beatitudes, each translated into a principle of personal recovery, and provides a Christ-centered, Bible-based recovery program. We admitted we were powerless over our addictions and compulsive behaviors. That our lives had become unmanageable. For I have the desire to do what is good, but I cannot carry it out. However, the organization did not confirm this number or send any new data. In 2007, a report on addiction treatment in the U.S. Eventually, on her own, she explored alternatives to AA and found Women for Sobriety to be the best fit. Note, too, that a mutual-help group called Moderation Management, which has 30 face-to-face groups, is available for people with drinking problems but who are not addicted to alcohol and want to reduce or stop their drinking and make other positive lifestyle changes.

7: If Not AA, Then What? Five Step Group Alternatives | Drug Rehab Options

Support is available for people seeking options beyond the 12 steps, and proponents believe recognition will grow with future generations' exposure to different approaches. People trying to overcome addiction have a variety of experiences in treatment. They may receive outpatient, intensive.

View The 3-Step Process What is step rehab? The Step philosophy pioneered by Alcoholics Anonymous is used by about 74 percent of treatment centers. The basic premise of this model is that people can help one another achieve and maintain abstinence from substances of abuse, but that healing cannot come about unless people with addictions surrender to a higher power. The Step movement can be a force for good for many people, but some struggle with what they interpret as a strong religious element of the program. Many addiction treatment programs offer alternatives to Step methodology for those who prefer a more secular foundation for treatment. One of the most well-known and commonly used types of recovery support is the Step model. Just about everyone has heard of these meetings or of the organization that originated the idea – Alcoholics Anonymous. Twelve-Step programs remain a commonly recommended and used treatment modality for various types of addiction. The History of the Step Program Alcoholics Anonymous AA originated the idea for the Step model in 1935, when founder Bill Wilson wrote out the ideas that had been developing through his experience with and vision of alcoholism. He wrote about the positive effects experienced when people struggling with alcoholism shared their stories with one another. Wilson wrote his program in what has become known as the Big Book. As explained in historical information from the AA site itself, the steps were developed through synthesizing concepts from a few other teachings he had encountered, including a six-step program espoused by an organization called the Oxford Group. In their original form, the 12 Steps came from a spiritual, Christian inspiration that sought help from a greater power as well as from peers suffering from the same addiction struggles. It has since been adopted as a model for a wide range of addiction peer-support and self-help programs designed to help drive behavioral change. Free Cost Assessment The Step Practice The basic premise of the Step model is that people can help one another achieve and maintain abstinence from the substances or behaviors to which they are addicted. They can do this through meetings in which they share their experiences with one another and support each other in the ongoing effort of maintaining abstinence. In research, as seen in a recent article from the journal *Addiction Research and Theory*, abstinence practices as supported by Step programs can account for high levels of what experts call flourishing, which is positive mental health and can contribute to longer-term recovery. In the study, those who maintained abstinence were more likely to flourish in the long-term, with The Step model gives people a framework from which to surrender their addiction, process their experience, and move forward into new patterns. As described in an article on Psych Central called *Recovery Using the 12 Steps*, following the model assists an individual by helping build the following mental and emotional transformative practices and tools: As a result, it can help individuals who wish to overcome addiction to find a path to recovery. Many groups, like Narcotics Anonymous, use the steps exactly as they were conceived by AA. Others have modified the steps to fit their own needs and cultures. For example, a Native American group has combined the 12 Steps with the Native American concept of the Medicine Wheel to create a program designed specifically to help indigenous Americans who struggle with alcoholism and addiction, the Medicine Wheel and 12 Steps program. Others have come up with similar ideas to integrate the basic ideas of the 12 Steps into a cultural framework that makes sense for members of that culture. Another variation comes from the fact that some people are uncomfortable with the specific, religious aspects of the Step program. As stated above, and as evident by the steps themselves, the Step model originated from a Christian point of view. Those who are not Christian have modified the steps to refer to their specific religious or spiritual practice as a way to connect more with the structure of the Step program. A Research-Based Guide, short-term residential programs developed the idea of using a modified Step approach to provide a shorter stay in treatment that included follow-up through a Step fellowship. This is seen as a way to provide the important post-treatment structure that helps people maintain long-term recovery. Other programs have also incorporated the 12 Steps, both by

encouraging clients to attend Step fellowship meetings, and by incorporating Step ideas into their practices. In addition, certain treatment centers base their model for service around some of the ideas promoted through the Step program. These centers can offer research-based services and promote a more scientific understanding of addiction treatment, but they incorporate some of the spiritual, psychological, and practical practices that the Step program promotes. This results in an encompassing model of care designed to support clients through rehab and to give tools that they can use after treatment to maintain their recovery for the long-term. Working with an addiction treatment professional is a good way to find the treatment modality that is appropriate for each person, leading to the best path to recovery. Last updated on November 5, T

8: "Exploring 12 Step Spirituality" Workshops - Minnesota Recovery Connection

For individuals & families seeking recovery: Both medication and Twelve-Step approaches can be valuable components of an addiction recovery www.enganchecubano.com exploring non-hospital-based residential and outpatient treatment programs, ask if there is a physician on staff and if medication is offered.

AA program participants follow a set of recovery steps to achieve and maintain abstinence from alcohol. Many people use a sponsor to help them through the process. The program uses a spiritual approach that includes a belief in a higher power. Members define that higher power in their own wayâ€”it does not have to be God. Meetings are often held in public spaces such as churches or schools. Some meetings are open to anyone who wants to attend, while others are only for alcoholics or prospective AA members. Becoming a member is free. The only requirement is a desire to stop drinking. You must be an alcoholic to join AA. But anyone can attend open meetings. [Learn More About Karen Read](#) more Alcoholics Anonymous is an international organization of individuals who have struggled with drinking at some point in their lives. AA is supported and organized by its members, and it operates independently of any outside funding. It is not affiliated with any religious or political group. All AA members remain anonymous. The anonymity removes the stigma of identification and recognition and allows participants a more comfortable experience in recovery. Alcoholics Anonymous is open to all persons regardless of age, gender or ethnicity. The only requirement to become a member is the desire to stop drinking. [What Are the 12 Steps of AA?](#) [Is Alcoholics Anonymous Religious?](#) AA originally focused on religion as a means to sobriety. But the program has since adopted a more spiritual focus rather than a God-centric one. We admitted we were powerless over alcohol â€” that our lives had become unmanageable. Once they acknowledge that they are unable to stop on their own, the recovery process can begin. [Learn more about Step 1.](#) Came to believe that a power greater than ourselves could restore us to sanity. AA believes that people with an alcohol addiction need to look to something greater than themselves to recover. Those working the steps are free to choose whatever higher power works for them. [Learn more about Step 2.](#) Made a decision to turn our will and our lives over to the care of God as we understood Him. For this step, the alcoholic consciously decides to turn themselves over to whatever or whomever they believe their higher power to be. With this release often comes recovery. [Learn more about Step 3.](#) Made a searching and fearless moral inventory of ourselves. This step requires self-examination that can be uncomfortable, but honesty is essential in this process. The key is to identify any areas of past regret, embarrassment, guilt or anger. [Learn more about Step 4.](#) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. This step involves admitting to past poor behavior. Often, alcoholics will share what they wrote down during the previous step with their sponsor. [Learn more about Step 5.](#) Were entirely ready to have God remove all these defects of character. The alcoholic admits that they are ready to have their higher power remove the wrongs they listed in Step 4. [Learn more about Step 6.](#) Humbly asked Him to remove our shortcomings. Every person has character defects, whether they come in the form of impatience, anger, apathy, criticism or negativity. The recovering alcoholic is not strong enough to eliminate these defects on their own, so they ask their higher power to do so. [Learn more about Step 7.](#) Made a list of all persons we had harmed, and became willing to make amends to them all. Alcoholics write down all of the people they have wronged through their alcoholism. The wrongs could range from large to small â€” from stealing from them to buy more alcohol to talking negatively behind their backs. [Learn more about Step 8.](#) Made direct amends to such people wherever possible, except when to do so would injure them or others. Many alcoholics work with their sponsor to figure out the best way to complete this step. Making amends could include writing a letter to a person or sitting down face to face with them. [Learn more about Step 9.](#) Continued to take personal inventory and when we were wrong promptly admitted it. This step involves a commitment to monitor yourself for any behaviors that may be detrimental to yourself or others and to admit when you are wrong. [Learn more about Step](#) Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out. Step 10 requires you to commit to some kind of spiritual practice. That

practice could be anything from prayer, to meditation, to reading scripture. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. This step encourages members to help others in their recovery. Many members become sponsors once they have completed the 12 steps. These traditions serve as guidelines for living and working together both within AA and outside the program. AA accepts people of all faiths, even atheists and agnostics. AA welcomes non-religious people even though the program takes a spiritual approach to treatment. However, nonreligious people may find themselves more comfortable in a secular Step alcoholics support group or a nonStep addiction recovery program.

How Did AA Start? Alcoholics Anonymous was founded in , two years after the end of Prohibition in the United States and during the Great Depression. The co-founders, Bill Wilson and Dr. Bob Smith—both alcoholics—had a chance meeting that year.

What Happens at an AA Meeting? AA meetings can take place anywhere. But often they are held in public, accessible buildings with lots of parking, such as churches, schools, coffee shops and restaurants. Occasionally, members hold meetings in correctional and treatment facilities. However, public spaces are the more common setting for AA meetings.

Types of Meetings The basic meeting format and rules depend on the type of meeting. AA members share their experiences with alcohol abuse, how they found the program, and about their recovery through the program. This type of meeting focuses more on sharing and listening than interaction. One member speaks briefly about their own struggles with alcohol, then leads a discussion about recovery with AA and any drinking-related issue that another person brings up. This type of meeting is much more interactive than a speaker meeting. Everyone discusses one of the AA 12 steps. Watch this video on what happens at a typical AA meeting.

Closed Meetings AA meetings can be open or closed. Open meetings mean that anyone is welcome: This is the best way to learn more about AA—what it is, what it does, and whether or not this recovery program is for you. Speaker meetings are often open, and discussion meetings are sometimes open. Closed meetings are only for alcoholics or prospective AA members. Discussion meetings are sometimes closed, and Step meetings are usually closed. This ensures a tight-knit support community specifically for alcohol abuse recovery. AA programs want members to feel comfortable with sharing and growing together. But they also recognize that everyone does this at his or her own pace. The program focuses on abstinence. This means resisting the urge to drink and take other psychoactive or illicit substances. However, prescribed drugs such as antidepressants and other medications are permitted while in the AA program. A sponsor is a fellow AA member who has made some progress in the recovery process. The sponsor shares his or her experience in the recovery program on a person-to-person basis with another alcoholic who is working on sobriety through AA. The sponsorship aspect of the program can provide continuous, individual support for both the sponsor and the person being sponsored.

9: Alcoholics Anonymous | Learn About The 12 Steps of AA

Fiorentine concluded that people used Twelve Step groups and outpatient treatment as "integrated recovery activities," not mutually exclusive options. When clients combine treatment and Twelve Step groups, they experience a powerful advantage over using treatment or groups alone.

Sermon explores Moses leading the children of Israel. Because of our fear, and the uncertainty of what will happen if we act, we do nothing, we sit in stagnation, and we settle. Too afraid and unable to stretch out on the faith that we claim to have, we sit. To illustrate this, I take you to Exodus, primarily the 14th Chapter. The Israelites are being led out of Egypt, out of their slave status, out of their bondage, away from the source of their heartache and disappointment, their unfair treatment. The Israelites were nonetheless afraid, they felt that they had no other choice but to stay and be bound by the Egyptians, stay and be under the rule of Pharaoh. The Israelites felt like this, but God did not see this as an option for them. God was aware of the fragile state that the Israelites were in, and because of this he made things easier for them, but, the Israelites still had to make the 1st move. God made it easier for them because, he knew that the quickest route was through the Philistine country, but, if they went through the Philistine country, they would have faced war, and God knew that being faced with war may have been enough to change the minds of the Israelites and frighten them into returning to Egypt. But, returning to Egypt was not an option for the Israelites, and God steered them in the other direction. You may remember from your reading that Israel was "armed" for battle, they were equipped with spears, bows, and slings, and they marched as a unit. But, you see, God knows all, and God knew that the Israelites were not "mentally" prepared for war. The fact that they were dressed for war was so that the Israelites would start to visualize themselves as a free nation, belonging to him alone. You see, the people of Israel did not know it, but God was working on them, even as they marched through that wilderness, feeling alone and afraid, even during this time God was right there, working with them. Even in your darkest hour, God is there with you. The Israelites told Moses in the 12th verse of Exodus that they would have rather stayed and served the Egyptians than to die in the wilderness. They had gotten to the point where they were facing the sea, they wanted to turn around and run back to Egypt, to return to the very slavery that they cried out to God about. But, going back to Egypt was not an option that God had for the Israelites. Now that the Israelites had taken the 1st step, God was about to intervene and take the other steps necessary to deliver his people out of their bondage. The Israelites had to get to the sea on their own, but once they took the 1st step and got there, only God could take over from there. God parted the waters of the sea, and the Israelites went through the sea on dry ground. A wall of water on their right, and a wall of water on their left. I say to you today, staying in your hopeless situation, is not an option, remaining in your stagnation, in that situation that you have asked God to bring you out of, is not an option. God has a plan for your life, make the 1st step, no matter what that 1st step is, no matter how afraid, and unsure that you are, no matter how you feel defeated, make that 1st step and God will bring you out of that situation. God will bring you out of your personal bondage, your unhappiness, your helplessness, whatever the problem is, go to the rock, ask him for the strength to make the 1st move, and be faithful, be assured, be certain that God will not leave you nor forsake you. Doing nothing, is not an option that God has for you, make the 1st step and God will proceed from there to deliver you to that point where you need to be.

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