Hope Rehab Thailand was founded in 2013 by Simon Mott and Alon Kumsawad. The Hope method is the result of many years working in the field of addiction, and it has been influenced by different approaches and treatment experts. Hope have brought together the most effective and accessible psychological tools available for treating addiction and related issues.

The general approach is based on the current addiction science of ‘American Society of Addiction Medicine’ (ASAM) and uses the ‘National Institute on Drug Abuse’ (NIDA) treatment guidelines. Hope’s counselling and group therapy model includes Cognitive Behavioural Therapy, mindfulness, 12 Step techniques, and positive psychology.

The program does not just address substance-use issues, it also addresses many of the struggles associated with the human condition. It is often the case that clients self-medicate underlying struggles such as stress, depression, anxiety, and emotional trauma, so these issues need to be addressed. The Hope method is designed to improve general mental health and enhance all areas of life.

Simon Mott says he prefers not to use the term Luxury rehab to describe Hope, however he states “we are definitely a 5 star treatment program, which is a different kind of luxury” – all the experts agree that counselling and group work are the most important considerations when selecting a rehab program, so this is where Hope directs its emphasis.

Hope Rehab is a modern and innovative facility with an international team offering a holistic and eclectic program. The focus is on evidence-based treatment methods from both eastern and western models, including mindfulness-meditation.

An important aspect of the Hope method is encouraging clients to create a healthy structure for their lives that they can continue with once they return home. Many clients have lived a life where self-control was lacking, so it will be important for them to develop discipline and more skillful patterns of behaviour. This is why Hope has a strong emphasis on early morning fitness activities, our motto is “get up before your addiction does”.

Substance abuse, depression, and anxiety create chaos and unhappiness in many people’s lives and it also impacts their loved ones. This program addresses all the key issues clients are facing, and it will give them the best chance at a sustained recovery. It is a voyage of self-discovery, healing and growth.

Simon Mott has dealt with addiction from both sides of the fence. When he eventually got the right help, he was able to break free from his own addiction, and he now helps others do the same with this program.

Hope Rehab Service is fully licensed by the Thai Ministry of Health, as well as an affiliate member of FDAP (Fédération of Drug and Alcohol Practitioners; UK) and NAADAC (Association of Addiction Professionals; US) and accredited by APCB (Asia Pacific Certification Board) and our therapeutic team are FDAP registered practitioners.
The HOPE METHOD

How and Why it Works

Gabrielle Harris
Preface & A Word for Families of Addicts by the author Gabrielle Harris
Foreword by Simon Mott, founder of Hope Rehab Thailand

PART 1: About the Work and Mission of Hope Rehab Thailand
1. Brief Overview of the Hope Approach ....................................................... 1
2. The Site, Accommodations, Thailand, and the Hope Foundation .................. 2
3. Hope’s Ethical Guidelines and Qualifications .......................................... 5
4. Getting Accepted at Hope Rehab Thailand ............................................. 5
5. The Hope Staff and the Hope Management System ................................... 8
6. The Continuous Learning Environment at Hope ....................................... 8
7. The Greatest Challenges for the Staff at Hope ....................................... 12
8. Brief Notes on the Hope Staff ................................................................. 12
9. On Alcohol, Drugs and Rehabs – Yesterday and Today ............................ 14
10. Story of Hope Founder, Simon Mott ...................................................... 16
11. How Should We Understand Addiction? Part 1 ...................................... 19
12. How Should We Understand Addiction? Part 2 ...................................... 21
13. Hope’s Paired Core Therapies: CBT Using a 12 Step Approach ................ 23
14. 12 Step: Group Meetings and the Structuring of the Program Through Essential Step Work ............................................................... 30
15. What Does “Treatment” Look Like in the Hope Program? ....................... 37
16. Hope’s Treatment-by-Learning, in Multiple Ways .................................... 40
17. Positive Psychology and the Reboot of the Spiritual Life .......................... 48

PART 2: From Treatment into Recovery and Post-Rehab Aftercare
18. Face-to-face with Denial of Addiction: Tell me again, why you are in treatment? ................................................................. 51
19. Accountability and the Danger of Slipping into Autopilot Mode ................. 59
20. The ABC Analytical Tool for “Becoming Your Own Counsellor” ............... 61
21. What Does it Mean to be in Recovery? ................................................ 62
22. Relapse Prevention .................................................................................. 63
23. Hope’s Aftercare for Clients .................................................................. 64

PART 3: Stories from the Frontlines of Addiction and Recovery
B’s Story – in his own words ........................................................................ 67
An Interview with B ...................................................................................... 69
K’s Story .................................................................................................... 71
An Interview with K ..................................................................................... 72
The Story of Parice – in her own words – on Starting to Find Me Again – from 2015 ................................................................. 73
Doug’s Story ............................................................................................... 74
The Story of G .............................................................................................. 75
An Interview with G, about her experience at Hope Rehab Thailand ............... 77
The Brief Story of F the night before he left Hope ........................................ 78
The Story of S – in her own words ................................................................ 79
The Story of T .............................................................................................. 82
The Story of J .............................................................................................. 83
The Story of M .............................................................................................. 84
Natalie’s Story ............................................................................................. 86
Firstly, thank you for taking the time to read this book. I hope you get from it whatever it is you are looking for. If you are considering treatment for yourself or a loved one, for example, it may provide insights into why the Hope Rehab program is worth considering.

As the founder of Hope Rehab, I am grateful and proud of this piece of work. It describes what we have to offer while also delving into the more general issues of addiction recovery and treatment. The contributors to this book have made a commendable attempt at capturing our beautiful surroundings in words. I always say that Sriracha is the forgotten jewel in the crown of Thailand – it is an authentically spiritual place – and I hope that you get a sense of this by the time you finish reading.

The main reason we decided to write a comprehensive book is to help increase understanding about how rehab works while also sharing our views on how best to treat addiction. I sincerely hope that anyone who seeks help for themselves, or indeed a loved one, will get a lot out of this.

Hope has been fortunate that Gabrielle Harris, the author, offered her services. I know Gabrielle feels strongly about this project for personal reasons, as she goes on to explain. Regarding the publication of this work, I also wish to thank Karen our publisher, who painstakingly worked on its presentation.

It’s understandable that most people reading this will be unaware of the resources and effort that need to go into running a rehab like ours safely – it’s a huge undertaking. These days, I am caught up at the administrative and organisational end of Hope such as managing the finances that keep our community flourishing. However, one of our greatest achievements is still being able to provide our amazing program at such low rates compared to the rehab charges in Western countries (these often provide far less at a higher cost).

It was a big step when I sold my home in the UK to set up Hope. On one hand, I knew I was taking a risk, however, I also knew that this was the next natural step for me to set up a service that was so desperately needed.

The members of our community, past and present, have all contributed to making Hope Rehab one of the best treatment facilities in the world. We expanded from just 9-beds, when we opened, to 35-beds at the time of writing - five years later on. This was all achieved without affecting the quality of our treatment program. This rapid development occurred because of our clients, and the growing interest internationally for what we had to offer.

As someone who struggled with an addiction for years, I view my mission to establish Hope Rehab as a key part of my own recovery. I have a duty to help other people because other people were there to help me. Unfortunately, I know we cannot help everyone who needs it, but helping those that we do is very rewarding.

So, why did we choose the name ‘Hope’? It reflects the attitude we have on behalf of all our clients until they have it for themselves. Hope is the seed of a positive belief system that will start to grow. Modern psychologists put a great emphasis on developing a positive belief system in order to make changes in life.

– Simon Mott, Founder of Hope Rehab Thailand
Preface

In May 2018, Hope RehabThailand Founder Simon Mott invited me to write a book about Hope Rehab in Thailand. I had been there five years before, when one of my family members was in a crisis and we turned to Simon for help to deal with the situation. Even though it wasn’t a good moment at all for him to do this, as he had just embarked on the new adventure of the Hope Rehab in Sriracha, he stepped up and helped us, anyway.

That sense of mission, kindness and concern, above everything else is clearly still operating today, as I would see after I accepted Simon’s invitation, and spent three weeks on the Hope site during August and September of 2018. The point of writing this book was partly as a public education effort to foster better understanding of addiction, a still much misunderstood problem. The other goal is to supplement the rich array of information on the Hope website for families or individuals looking for help with their addiction, or for more in-depth information on which to base their choice of rehab facility.

I would like to thank Simon for having confidence in my ability to present the Hope operation from a sympathetic but objective point of view, for his patient explanations, and for his hospitality. I would also like to thank all the Hope staff who were so very generous with their time and insights, both in person and during phone interviews. To the Hope clients who were present, I feel extremely grateful for you sharing your stories and allowing me the privilege of watching group therapy in action, in times of both laughter and tears. You all helped me understand so much more about my own late mother’s addiction to alcohol, and I am grateful for that understanding.

Being at Hope is an experience I will never forget.
A Word for the Families of Addicts, from the Author

I have been there. I am a child of an alcoholic, something that shaped my life. Luckily for me, it turned out to be a huge driver of an active, varied and long career. My energy and persistence, my refusal to waste time, my refusal to get in a car with someone who is not sober — it all comes from that root experience of living with two heavy drinkers, one of whom could stop drinking. And the one who could not was originally a brilliant, learned and gifted woman. My mother.

I was the eldest of three girls, and so naturally when my mother was not functioning, which eventually was most of the time, I would be her understudy, and look after my sisters. When things got crazy, I dealt with stuff going down and protected them, starting from when I was around eight years old. My mother had incredible potential but rarely used it — we girls would see that side of her only when she and my father would “get on the water wagon” for the month of January. Once she’d finished with withdrawal symptoms, this other person became intensely creative, whether it was oil painting, knitting, reading poetry or writing short stories. It was actually a shock to meet her. And it was horrifying to know, during this pause, that the moment February 1st rolled around, the sound of popping corks and the infiltration of madness would start again.

Truth is a slippery thing when you are living around an addict, and as a bystander you can find yourself confused about the reality you think you are standing in, especially when you are the child and they are the adults. You can end up thinking maybe your memory is faulty, or perhaps you had a blackout — whatever it is, the version of last night they have doesn’t tally with the one that you got through.

Living under the same roof as an addict, you also never know who you are going to encounter in the guise of your family member. Is she going to be drunk at breakfast, slopping milk over the rims of things? Or is she going to be that kindly, smart and funny person you sometimes see? When you came back from school, was she going to be quietly reading, or will you find her passed out beside the sofa she has fallen off?

Money, like truth, is a slippery commodity. Money just disappears, no matter whether it was set aside for school lunches, a child’s piggy-bank, or whatever. Only gradually do you realize where it’s being drained away.

Guilt is something that people in the orbit of an addict take up voluntarily — perhaps out of their frustration at not being able to explain why beautiful and talented people are drinking and drugging their beauty and talent away. 50 years ago we did not understand addiction — it was the lack of willpower to stop that was the problem, for us. Guilty feelings emerged because deep down, each member of the family felt it was their personal failure to stop my mother’s drinking. You could find and throw away the hidden bottles, every day, but you couldn’t exactly locate and throw out the addiction. Guilt can creep in unnoticed: for example, I remember in my teens thinking that maybe if she hadn’t had children, she wouldn’t have declined like this. I strongly resisted having children until many years had passed, when I finally decoupled the bearing of children with the onset of severe addiction.

To survive the utter unpredictability and non-stop stress, family members need great reserves of strength and resilience. They also need lots of support, and good friends around to talk to — without needing to hide the truth of what the family is going through. Shame was still a big thing in the 60s and 70s, and we tried to hide our problem with the best of them.

In those days we didn’t have a good appreciation for what my mother was suffering from. We did know that she’d had a horrendous childhood, which started out with her mother committing suicide in a canal, with my mother in her arms. Rescued by a stranger, it seems she then proceeded a few years later to convent schools where the nuns were cruel to the children. But our family didn’t link up these things with my mother’s drinking. Luckily, today we have new ways of understanding and dealing with addiction. Family members get dragged into this storm, and they need help, support, and above all, solutions.
About the Work and Mission of Hope Rehab Thailand

You can tell which clients are new. Uniformly they are pale, and they look like they have just seen action in a brutal war, only the wounds are not visible. Curled up, smoking furiously, shuddering, they sit alone, looking lost. As older clients stream up to the main terrace out of their groups and activities, they instinctively approach and welcome the newcomer, who at first, might look a bit startled, as he or she has likely been isolated for a long time. The newcomer is also stressed by the fact that he or she will be detoxing on arrival. The buddy client who has been assigned to show the newcomer around will get to work, helping them with their orientation, schedules, and accommodation, as well as introducing them to their assigned counsellor.

The incoming clients may feel lost and hopeless, but they’re in luck, because Hope Rehab will set their direction for them and teach them disciplines which could save their lives if they are willing to follow the guidelines.

The Hope Rehab Center methodology is a directive approach, which would seem to be at the opposite end of the spectrum from the person-centered approach to psychotherapy. This does not mean that Hope counsellors do not pay attention to individuals, but it does mean that all clients strictly follow the same programming and therapeutic activities.

Directive counselling at Hope works with emotional states and suggests or recommends new ways for the clients to get to more rationally-based thinking. It is not the same as client-centered counselling, where the therapist assists and encourages the patient to speak, and then homes in on what the client hears himself or herself saying. Individual concerns are discussed separately in one-on-one counselling sessions.

At Hope, once they get over the effects of medical detoxing and jet lag, it is the clients who will provide the inputs for later analysis of their cases. And then it is the experienced counsellors and the client’s peers in treatment who will provide feedback and reality checks to each other. Everyone goes through the ups and downs of emotional withdrawal, together. Under this approach, the group of individual clients gradually transforms into an actor in the therapeutic process, under the guidance of the experienced facilitator.

An important driver for Hope is its mission to help as many people as possible get to recovery. For this reason, the design of the programs has been made in such a way that much can be achieved in a single month. However, it is strongly recommended that clients stay at least two or three months if they can, to develop a more stable recovery plan for departure, and to be more resilient and better prepared for the challenges of the world outside.

It was clear to me, as an observer, that a one month-stay meant that by the time clients were done with detoxing and getting into the rhythm of activities, it was almost time to start planning for departure. Pricing is structured to help make it more affordable for those who need to stay longer.

There is a rich variety of treatments and therapies at Hope Rehab, but all of the main therapies of the program have the same goal: to heighten awareness of a client’s own thinking, and to point up where that thinking is diverging from reality.
Mindful meditation and mindfulness, Cognitive Behaviour Therapy, group therapy and elements from 12-Step all help clients reach a greater clarity of mind. As clarity grows through the use of these therapies and the homework done on the exercises and tools, clients start understanding how their basic beliefs have generated, and still have the power to generate, automatic reactions and negative feelings, ultimately expressed in behaviours including using. These therapies involve fundamental mental disciplines and training that will have been neglected during the client’s journey in addiction.

2

The Site, Accomodations, and a few Notes on Thailand

The physical surroundings and plentiful sunshine soothe clients on arrival at the site, with its natural tropical landscape, a sea view, and beautiful traditional Thai buildings for meditation and meetings. Clients’ own accommodations are also thoughtfully appointed to give each room its own style around antique hardwood furniture. The site has been carefully developed, with accommodations built to human scale so that the tropical vegetation and banana trees complement the buildings, keeping a natural sense of proportion. Little shrines and rows of Buddhist statuary help bring a sense of calm and hope to the clients, as they find out about the calm and tolerant Thai culture that surrounds them.

So as you can see, you’ll be working on your recovery in the heart of Southeast Asia. Sriracha has mainly been a port town, a glorious one during the Kingdom of Siam. However, these days Sriracha is a relatively quiet and peaceful town, that has fishing as its major livelihood, and offers many colourful and bustling food markets on the appointed days. The country changed its name from the Kingdom of Siam to the Kingdom of Thailand in 1932. Thailand is the only country in SE Asia that never came under the direct rule of Western countries, though it did give up some small territories to France and England. Today the country is the 50th largest country in the world, with a population of over 68 million people.

Thailand has tended to alternate between parliamentary and military governments since 1932, and it is currently using its 20th version of the constitution. Today Thailand is defined as a parliamentary constitutional monarchy, functioning under a military body referred to as the National Council for Peace and Order presided over by the king.

When you are out and about on excursions with Hope, you will see many framed portraits and posters showing the late and much beloved King Bhumibol Adulyadej, or Rama IX, (of the Chakri dynasty) who reigned from 1946 until his death in 2016. It is important to always be respectful of his memory, as the Thai people are still in mourning for their late king, who was perceived as working for the good of the people. He promoted something he called “Sufficiency Economy” theory, which sought to get more resources directed to building good production conditions for poor farmers, so they could have enough to eat and to thrive. Today, there are still more than 20,000 villages in Thailand doing Sufficiency Economy projects, most of them related to water access, water management, irrigation, and soil building.

His son, King Vajiralongkorn (Rama X) has now acceded to the throne. His coronation in May 2019 was observed across the nation and included a royal procession through the streets of Bangkok as part of a traditional 3-day celebration.
Finding this site in Sriracha was something of a dream-come-true for Simon, who had often talked about the possibility of setting up a new kind of rehab with then-partner Alon Kumswad, when they had worked together elsewhere in Thailand.

All of the kings of the Chakri dynasty have been Buddhists. Buddhism has many different schools, but the dominant practice in Thailand is called Theravāda Buddhism. This religion is believed to have come to Thailand as early as 250 BCE, in the times of the Indian Emperor Ashoka. The language of sacred texts and sutras is Pali in Theravāda Buddhism. This school of Buddhism is known as being closely linked to state power, and it has been this way since the reign of Rama IV, known as King Mongkut (1804-1868). This ruler had himself been a monk, and he made a lot of reforms to the practice of Buddhism in Thailand. Theravāda Buddhism is distinguished for asking all young Thai men to be ordinated as a monk for a short time, something that demonstrates King Mongkut’s tradition of fostering social usefulness in Buddhism. Women can also opt to do this; in fact, the temple that is at the heart of the early-morning Temple Walk at Hope is one where women can take ordination for a few months, or perhaps for a year.

When you visit any temple, it is regarded as a mark of respect for men to wear trousers or pants, and for women to cover their shoulders. Carrying around a light shawl when traveling is handy in Thailand, India and all Southeast Asian countries. Thai people are known for their tolerance and kindness, but small marks of respect are appreciated, especially by older generations.

Simon Mott felt more than ready to establish a new rehab after years in both addiction and recovery, his years of work helping addicts under UK social services, as well as his management of several residential rehabs in England. “I knew how to reach the most entrenched people,” he reminisced. He had become an acknowledged expert in the field in the UK after successfully managing North London criminal justice services. In that job, he devised innovative and cost-effective ways to build outreach and community centers, with a view to engaging high-risk and difficult-to-reach addicts. Based on this experience, Simon advised the All-Party Meeting of the Parliamentary Drug Misuse Group of the UK. His inputs on the use of clean foils resulted in an amendment to the Misuse of Drugs Act, which, in turn, led to an improvement in safety for heroin users.

Simon was shocked at the waste of resources and time that over-regulation and bureaucracy demanded, and when the possibility of the new site in Sriracha came up, he jumped at it. “The public recognition was positive,” he later told me, “but I started Hope to escape the public sector cuts, and I wanted to get away from the maddening, needless bureaucracy of the UK treatment system.”

The first major challenge had been the location of a suitable site for the new rehab that Simon and Alon had dreamed about. They wanted to be near Bangkok airport, but located on the coast – so the small city of Sriracha, east of Bangkok, was a perfect location.

The site of the Hope facility belongs to Dr Sribhumi Sukhanetr, who served Thailand for over 40 years as head of the Thai Transport Ministry and was later appointed as Consul General to the Principality of Monaco. Nowadays, Dr. Sukhanetr is a philanthropist, so he and his wife were eager to help bring modern Western addiction treatment practices to Thailand. “We are extremely grateful to have been awarded the lease of their family holiday residence by the sea,” comments Simon. “It is a perfect location for rehabilitation, and clients feel more at home here than they do at most other rehab institutions. And there are many other benefits beyond cost savings if you come to Hope,” he explains, “we are in an inspiring environment, a long way from old triggers.”

“Thailand may have a reputation for partying,” continues Simon, “but that’s not the Thailand we are in: Sriracha is the forgotten jewel in the crown of Thailand. Because of its commercial ports, it has been ignored by tourism – which is a blessing for us.” Perched on the hill, overlooking the ships moving in and out of the old ‘Port of Siam’, the view from Hope is an incredible sight for clients as they sit on the terrace, watching the sun go down over the sea every evening. “Our Thailand”, says Simon, “is a gentle and spiritual place.”

Ironically, The Hope Rehab Center is located close to the notorious old Golden Triangle of Southeast Asia, known for opium-growing. And so it seems all the more appropriate that Hope is here, helping addicts and alcoholics from all over the world. As Simon reflects, “every day I wake up in paradise, and I’m grateful for that.”
Commitment to Local Community:
The Hope Foundation

Still thinking about the legacy of the Golden Triangle, it was always the wish of co-founders Simon Mott and Alon Kumsawad that the Hope Rehab Center would find ways to help those in the local ChonBuri area who suffer with alcohol and drug issues. To this end, they have set up the Hope Foundation to improve addiction treatment in the public sector of Thailand. The channelling of best practices will be achieved by providing free training to healthcare and rehabilitation professionals, and by promoting addiction awareness among the public.

Asking Simon for examples of Hope Foundation’s activities, he mentioned that “Hope Rehab has already been approached for help. We shared our Western treatment techniques and methods through trainings we gave to health officials from the Ministry of Health.” Another example is the Hope Rehab’s team participation in training sessions in Pattani. Hope has also recently been approached to provide training to the Apakorn Hospital Rehab (a Navy hospital) in Sattahip, Chonburi. “Alcoholism and addiction are a drain on government healthcare resources everywhere,” commented Simon. “Addiction causes so much pain, and often death, for the people affected. Thailand is no exception. Our goal is to help the people and communities affected by alcoholism and addiction.”

While Simon does not want to pander to the market looking for luxurious retreat spaces, he stresses that Hope Rehab Thailand is indeed a five-star treatment program, featuring, among other attractions, a daily array of delicious and nutritious Western and Thai cuisines crafted by local chefs and kitchen staff.

Another distinctively Thai aspect to the Hope Rehab five-star treatment is the dedicated group of Thai Massage practitioners. These are organized under the leadership of Marr, a highly experienced practitioner and healer. Massage sessions are held in the two locations of Hope (next to the meditation room on the main site, and another at Hope of the Sea, closer to the seafort.)

Thai Massage, in its true form, differs from other massage therapies in being a dry massage (no oils) therapy which does not focus on tissue manipulation. Instead, it is practised using deep compressing, rhythmic pressing, and stretching actions. The pressure, tension, and motion or vibrating movements used during massage are designed to improve blood circulation throughout the body. Thai massage aims to correct the energy balance through the body. The basic principle is to start working from the extremities of the body, moving toward the core of the body, and then back again to the extremities. This ensures the positive flow through the energy channels called meridians.

According to Pali Buddhist texts, the founder of Thai massage and medicine is said to have been Buddha’s own physician, 2500 years ago, named Shivago Komerpaj. However, this form of healing massage has since then also absorbed teachings from other Asian traditions along the path of its development. Such additions include Yoga and Ayurvedic medicine from India, traditional Chinese medicine, and several Southeast Asian practices.

It was clear to the author that soothing and energizing massages were extremely important to the clients, especially if they were still detoxing, or if they were in low spirits, or anxious. I never saw a massage booking slot that wasn’t claimed.
### Hope’s Ethical Guidelines and Qualifications

In terms of professional ethics guidelines, Hope is a member of the **Association for Addiction Professionals**, whose mission is to “lead, unify and empower addiction-focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.”

Hope Rehab Thailand is licensed by the **Ministry of Public Health of Thailand**, something that took three years and a lot of work to accomplish. “We were so excited when we finally got this done!” exclaimed Simon, who explained that the process is a lengthy one because it is based on US health and safety protocols applied to all public health services, rather than being tailored to the simpler needs of a rehabilitation center. However, Hope is now certified to be compliant with the ministry’s norms.

**Simon has multiple professional qualifications:**

- Hope as an institution, and Simon as a practitioner, are members of the **Federation of Drug and Alcohol Professionals (FDAP)**. FDAP is the UK-based professional body for the substance-use field, which helps improve standards of practice across the sector.
- Simon has also built a portfolio of completed substance misuse trainings designed by the **Drugs and Alcohol National Occupational Standards of the UK (DANOS)**. DANOS provides the training-related cornerstone for the UK’s substance-misuse workforce development strategy.
- He is registered with the **Asia Pacific Certification Board (or APCB)**. APCB is a multinational body providing the structural framework in credentialing mental health professionals from the Asia-Pacific region. This credential attests to an institution having met ethical, knowledge and skills standards as Certified Substance Abuse Therapists.
- Simon also holds a **Certificate in the Management of Drugs Misuse** from the **Royal College of General Practitioners**.
- Simon is AQA certified in counselling.

### Getting Accepted into Hope Rehab Thailand’s Program

At its core, Hope is a primary addiction rehabilitation center and it is not equipped with psychiatric expertise. Hope therefore cannot accept clients suffering from serious psychiatric problems such as **schizophrenia**, **self-harming**, or **eating disorders**, all of which call for a constant watch to be kept over clients. Therefore, **Hope does not accept applicants who currently have any of these three problems.**

Applications from people who are addicted to substance abuse or addiction behaviours, who also have mental health problems (such as clinical depression, PTSD, anxiety, etc.) will be reviewed on a case-by-case basis. Decisions around these types of admissions will depend on whether the mental health issue is seen by the Hope team of counsellors as being under appropriate medication and management.

Hope staff also often work in collaboration with clients’ physicians to guarantee the best possible treatment outcomes for our residents.

Before Hope can accept a new client, its key admissions staff will run carefully-designed questions to ensure that the potential client is well suited to Hope’s program and committed to his or her recovery. As part of my research, I spoke to Natalie (a counsellor formerly at Hope) and Parice (a former client), who both work with Simon to respond to enquiries and applications. I wanted to get an idea of what the potential client could expect in the way of questions. But first and foremost, I wanted to know what it was like to be in the “frontline” of admissions, talking all day to people who are often distressed and in pain.

“Well, now that I’ve been doing this for two years,” answers Natalie, “I know all the questions and the various drugs and medications back to front, so it generally goes pretty smoothly – but I am listening carefully for anything that would disqualify an individual – such as being self-harming, or having schizophrenia, or eating disorders – in which case I’d be looking for an alternate place for them to get help.”
Decision-Making

“Parice and I do most of the actual assessments over the phone. However, because of his long experience, Simon will often pick up on something he’s detected in the application, and pass on his insights and recommendations,” Natalie continued. “Sometimes, if either Parice or I are individually having trouble coming to a decision, we will confer with each other, and if we are still hesitant after that, we will call in Henk, the Head Counsellor, or Luke, the Counselling Team Manager, to get their reactions and suggestions.”

“Sometimes we’ll ask to speak to another member of the family to confirm something.” One of the rare but trickier situations mentioned by Parice, is where an applicant believes themselves to be so desperate that they say they will kill themselves if Hope doesn’t grant them admission. “We know from our own experiences that all addicts calling us are likely to be desperate,” says Parice, “but we still need to stick by our requirements; in this kind of case, we will offer to speak to them a few days later, at an easier moment for them.” Parice herself has been through the Hope Program and was now studying for a Level 2/3 qualification in CBT counselling at the time of writing.

The admissions team relies on potential clients telling the truth, but they know they are also dealing with desperation in those people they are interviewing. Therefore, the main lever that they can use for dissuading would-be clients whose profile does not fit, is economic – appealing to the self-interest of the applicant. Natalie explains: “The bottom line is that people are not always honest. But we rely on the client telling us the truth, so we are straight-up with them concerning the hard work they will be doing. And we also emphasize the fact that if they have concealed something from us in order to get in, and they disrupt the other clients, they will be discharged, and they will not be getting their deposit back.”

The “Coachability” Requirement

In accepting a place at Hope, the client also accepts the need to be “coachable.” Being coachable means being receptive to new information, advice and direction, and also being willing and ready to get out of their comfort zone. It calls for willingness to do honest and rigorous self-assessments – which will often lead to ego deflation, meaning reducing that sense that we are at the center of everything that matters, or that everything revolves around us. In sum, coachability implies a certain degree of surrender.

In cases where people are on certain medications that make people sleepy or unable to concentrate, this is problematic for following Hope’s intensive program. As noted by Natalie, “If they are on certain anti-psychotics, for instance, they may be too sleepy to participate in group and do the homework.”

---

Qualities related to “Coachability”

- Open-minded
- Teamwork
- Accountability
- Clear listening
- Creativity and flexibility
- Meet deadlines
- Discipline
- Communication skills
- Self-management
- Receive/Invite feedback
- Invite feedback
- Catch defensiveness
- Follow agreements
- Go beyond your comfort zone
- Accelerated learning
- Respect

Tick 4 ways from above list you can improve your Coachability, then apply each one to a goal on the next page.
Judging “Seriousness”

I asked Natalie how she manages to judge whether an applicant is serious about stopping their using and moving into recovery. “Well”, says Natalie, “the Number One indicator is if they answer the phone – right there is a first sign of seriousness! There are plenty who don’t.” On the other hand, says Parice, “it was a firm No for the girl who was snorting lines of cocaine while on the phone with me, and also No for the person who declared that he had to be allowed to do a 12km run every morning, by himself.”

“Sometimes,” adds Parice, “deeply serious people call from the UK but they can’t afford to come to Hope, in which case we’ll definitely go out of our way to refer them to the more affordable services they can access in the UK.”

Even though the commitments are carefully explained by the admissions team, occasionally individuals fail to honour their commitments; or, it might emerge that, all along, they had been concealing their true situation; or perhaps the applicant was being pushed into feeding the team certain “winning” responses by their families, anxious to quickly get them into a safer environment.

Head Counsellor Henk has made something of a study of these individuals. “Of course, not everyone can adapt to our program – there are those we call ‘complainers’ and those we call ‘visitors’, with all the others being ‘customers’. A complainer,” explains Henk, “is someone who is essentially “stuck in the problem”, someone that it takes a lot of time to convince that they can release themselves from the problem they have. Yes, we can turn this kind of situation around; it just takes a lot of time.”

“Visitors” are the worst, according to Henk’s ranking. “These people,” he says, “don’t have problems, and everything that goes wrong is everybody else’s fault. Very often they will have been persuaded by others to do the Hope program, so they are not personally motivated. These visitors will do things like admit to a cocaine problem, but not to an alcohol problem; or else they’ll flag the alcohol problem but not mention that they also have mental health issues.” When we are faced with lies, mental baggage, and behaviour that is disrupting the other clients, we have to ask them to leave. But this is rare, as we filter the applications very carefully. In the case of a hidden mental health issue, we help place them in a more suitable facility.”

The Application Process

Would-be applicants send us an enquiry from our website. Depending on the time of day, Simon will usually respond to the enquiry and send along more basic information and pricing options, putting Natalie and Parice in copy. Either Natalie or Parice will then email the applicant to set up a phone interview time.

In terms of the basic information that applicants will be asked for, these include:

- Full name of the applicant and age
- In cases of substance abuse, list of drugs recently used, drug of choice, dosages being currently taken, level of dependency; and any prescription meds
- Whether they have been diagnosed with any mental health condition, by type, treatment history; whether they have ever had seizures
- Whether they have been to AA/NA meetings, their views on going to future meetings
- Whether applicants have any criminal history, and if so, for what
- We also check with them whether they suffer from PTSD or anger/panic attacks which can be challenges to manage within the Hope program

Once Hope Rehab Thailand has all this information, the admissions team will generally make a decision about whether there is a good fit within 48 hours; if it’s a go, and if a room is available, Hope onsite staff will start preparing for medical detox and airport pick-up. When room availability is an issue, applicants will be put on the Hope waiting list.
Hope maintains an exceptionally high client-to-staff ratio, one-to-one while this observer was onsite. Staff includes the counsellors and both the local and international support staff. There is also an annual intake of interns, most of whom are students of psychiatry. At Hope, the interns help out the staff as needed, and build up their practical experience during the six-month internships. Support staff who know the languages of the clients assist clients with their written homework, or sometimes just sit alongside to help them get through the tougher exercises. There is always a box of tissues on the homework table.

There are rotations to ensure staff are at the site 24/7, and a manager dedicated to watching over the site at the weekends. As explained by head counsellor Henk, “every day starts with the handover so we all hear the key points of any developments or events that took place the night before. After that we all go through the plan for the activities of the coming day, so everyone is clear about what should be happening. I am always looking to see if there are any gaps in the plan that need to be covered.”

Henk has been with Hope and Simon since the start-up of Hope in 2013. He continues: “The organization of Hope is a lot more complicated than it might appear from the outside. We have so many therapies and so many activities – so it’s also my job to make sure the team is holding together within this complex framework of activities and parts. I could also explain my job as walking around all day constantly having conversations, uncovering issues and helping my skilled and very able team to get them resolved.” There is a lot going on.

As witnessed by the author, the brief for all staff is also to keep a benevolent watch over the clients, for instance looking for tendencies to re-isolate or to grow a dependency on other clients.

At the time of my visit, 70 percent of the counsellors were in long-term recovery, and came to Hope with long experience of therapeutic group work, and 12 Step. Other counsellors, who bring original specialities in psychiatry and energy healing, have gradually built up their counselling and group work skills over time, to the point where they can now fully manage group work and individual counselling.

At any one time there are usually 7-9 counsellors, 10-15 support staff, interns and volunteers looking after an average of 30-odd clients. The maximum capacity of clients at the time of writing was 33 people.

“I’d say that the staff at Hope are pretty much always in training and continuously learning,” says Luke, the Hope Team Manager. Sometimes this has been introduced in a conventional way, when Simon, for instance, has offered to invest in training courses for staff on topics such as TRE® Trauma Release, or the newest “alternative” format to the 12 Step approach to recovery, known as SMART Recovery Training.

The counsellors have all to varying degrees studied Cognitive Behavioural Therapy (or CBT) facilitation, and the rich experience of Simon in CBT was passed down to current staff, including Henk, who has made CBT something of a specialty: “Yes, I got training and certification in CBT, but most of the really practical learning I did was with Simon, who has a vast experience in using CBT with group work. I first
sat in on group sessions led by Simon, and then I started leading group work with CBT under his supervision, and with his support where needed, until finally I could lead groups by myself.” And Henk has passed this practical knowledge on to other counsellors, so that CBT thinking is now part of Hope’s DNA.

Apart from seeking external trainings, there is also a more “organic” way that new learning gets siphoned into the program. Because Hope is so focused on the learning environment for the clients, it’s only natural for the counsellors and staff to also be continuously learning. Luke describes one way that knowledge gets refreshed: “In terms of staying in training, all counsellors have their own personal practices, whether it’s meditation or journaling, and some of the counsellors introduce new practices into the mix, and train us all in that new practice — for instance, our practice of Non-Violent Communication came into the mix that way.”

“I should mention that Simon is the one always watching the horizon for new thinking and practices, going to conferences, keeping up with the field, and with the emerging categories in the Diagnostic and Statistical Manual of Mental Disorders,” added Luke.

Some of the staff in long-term recovery may have started out as clients, or volunteers starting their recovery; and among the counsellors there is a wide range of original experiences and professional skillsets, offering more opportunities for rich exchanges. During my short stay I noticed that it is not unusual for support staff to be promoted to new positions when they consistently demonstrated their capacity to take on more responsibility. So also present in the DNA of Hope is a willingness to bet on success, to take a chance, to have faith that the staff will be able to stretch and grow well into their new roles.

A particularly dramatic promotion had taken place a few months before my arrival. As described by Henk, “These days we also have witnessed the recruitment of one of our former clients – Chris – who is now a full counsellor after going through the Hope treatments himself, spending time at a local Sober House that Hope works with, helping others maintain their recovery and then, ultimately, coming back to Hope to start intensively studying the whole framework, piece by piece. He showed huge motivation and will — and has become a role model and walking evidence that our treatment process works.”

In the early days of Hope, when it was primarily Simon and Henk working on the design of the program, they looked back at the most effective and practical therapies and practices they had known during their own long treatment journeys. As Henk puts it, “we asked ourselves about what had been good in those other centres, and which elements of all those treatments actually helped us? We collected together those things and qualities that we had found positive, and since then we have been steadily adding new activities, ideas and therapies — we are always growing in terms of what we offer.”

“As Luke mentioned, new counsellors often arrive with special expertise that they are happy to share. When we have incoming counsellors, we don’t just train them on our framework — we actively question them about their previous experiences and ask them, ‘What have you got?’ So this program material can only get more and more enriched. The variety of treatments makes it much more engaging, not only for the client working toward recovery, but also for the staff who are constantly learning and reflecting. I can tell you that I have never been to a better or more dynamic rehab facility.”

As I was to find out during my stay, the multiple offerings keep things lively for the staff and clients, but more importantly, the fact that there are so many types of activity or practice means that there are more activities that could spark epiphanies and deeper understanding as clients grapple with recovery and the shaping of their new styles of life.
Hope is supported by over 50 staff
The Working Day at Hope and other Practical Matters

“The clients will have got up at 6am to do sports and activities, which is an important break from their previous habits,” explains Luke. The staff start work at 8am with the “handover” of all the night staff with the day staff. Night staff consist of the two counsellors whose turn it will have been to watch over the Hope site during the night, starting from 17:30.

The handover serves to inform the incoming counsellors of any problems, behavioural issues, or any other issues to resolve. This information then leads to the addition of items on the “run sheet” – which lists tasks to be done, issues to be resolved, decisions to be made, and solutions to be found.” Luke adds that sometimes, operational issues will be tagged as matters to discuss at the weekly staff meeting, whereas arising behavioural issues will feed into group planning. This enables counsellors to discuss these thoroughly as part of group work or bring particular issues into their one-on-one counselling sessions. Responding to the real-time evolution of the group adds to the dynamism of the Hope System. Several of the Hope staff called his kind of awareness of the group mood as their “barometer” or “radar”.

After the handover comes preparation for the day’s group sessions, and then gathering for the group sessions themselves. Groups get split up according to the different strengths of the counsellors leading the different kinds of discussions. Group discussions run from 10:30am to 12:30pm. Counsellors not doing groups that day instead do preparatory and admin work.

In the afternoon there are individual one-on-one counselling sessions for an hour, with clients ideally keeping the same counsellor throughout their stay at Hope. Afternoon activities are arranged and led by support staff, while counsellors work on admin or other management issues until 5:30pm, when the handover again is gone through formally with the incoming night shift counsellors, and the run sheet again updated.

I asked Luke if it is part of his job to make sure that all the team and staff are working according to the protocols and rules set out at Hope. Thinking aloud, he said: “You know, that is a good question. Actually, I can really say that the strong internal structure we have – the run sheet and the two handovers a day, the training program and the feedback we get from clients, from staff, and even from group sessions, really works. Clearly, if we see a negative event and then see a re-occurrence, then we need to actively look for a preventative measure or a new solution, but that is all programmed into the controlling run sheet.”

I next asked Luke about staff planning procedures involved in receiving a new client. “How that works is that people send an enquiry to the admissions center and Natalie or Parice later run some questions by the caller to establish his or her state of mental health, their age, their “drug of choice” and their consumption level, plus some other information.” This information gives the staff a good idea of where the potential client stands – and on that basis, says Luke, the staff pre-assign him or her to a counsellor. After clients have been accepted, they all go through the regular program and do the same work on themselves.

Security and Sobriety Risks

Sriracha in general seems to be a safe and quiet place – and is not a place filled with tourists. “You know,” muses Luke, “there has never yet been an incident – no break-ins, no theft – it’s as though we are invisible. Maybe it’s because the land we are using belongs to a high official.”

“Nevertheless,” Luke continues, we do have support staff watching the gate, and the gate is closed at night.” In terms of sobriety risks, Simon has a deliberate policy of not wanting to run a “lockdown” facility where the gates are locked, and so they are not locked. Whenever clients go out by themselves (usually in groups of three) to go shop for something, they are subjected to a breath analysis when they come back – to check that the most easily purchased drug, alcohol, has not been used.
What are the Greatest Challenges for the Staff at Hope?

“We are doing solution-focused problem management all day. In fact, this is true to such an extent that I call Hope just a giant assembly of solutions.”

– Luke, Team Manager and Counsellor

As with almost any mission-driven organization, the greatest dangers for the staff, especially those with therapeutic functions, are burn-out and exhaustion. The needs are never-ending. New, fragile people are coming in. Clients close to the end of their stay can be fearful about leaving and plunging back into the life outside. The days are long. Emotions go through the group like electricity. Asking Luke about his personal point of view, he said: “The biggest challenge for me is keeping a balance between work and personal time. It is just in the nature of this kind of work – helping a large group of people who are trying to recover together – that there will be a lot to deal with. I call it the ‘invisible chaos.’

Counsellors are concentrating on helping clients get through this confusing time constructively, finding solutions, with them, to get unblocked on the work, or intervening to stop and remedy any given situation that disturbs the group. “The work is fast-paced and while you can run on adrenaline for a while, it’s not too good to be doing that for successive 10-12-hour days!”

Other Mechanisms Feeding into Hope’s Staff Operations

There is not only one kind of “barometer” in use at Hope: the staff themselves take readings of everything going on at Hope at weekly staff meetings that are opportunities to discuss things in more depth than at the two daily handovers. Decisions made about the assignment of a counsellor to an incoming client may be done at this meeting, for instance. Or they might discuss maintenance issue for the site buildings! These are also occasions to slow down for a little while to celebrate birthdays, or to run coin ceremonies for leaving staff or interns.

After the weekly staff meeting, the counsellors stay back and talk among themselves and do some extremely important work called “intervision”, to distinguish it from supervision, something which helps all of them keep a clear perspective on everything going on at the Hope Center. This is the third kind of “barometer”.

Although Hope is not a center for psychological counselling, inevitably addicts going through transformational processes may be subject to behaviours such as projections on other clients or staff as a Mother, Father or Lover figure. It is also “just part of human nature”, says Henk,” that people sometimes really click with each other, and some of those natural ‘clickings’ can be between counsellor and client.

There are certain rules made precisely to avoid such complications, and the counsellors at Hope can help each other pick up on such phenomena, and share observations with the counsellor group. Luke explained, “In this job the counsellors are exposed to a lot of stress; 10 hours daily of exposure to emotions, problems and sometimes, trauma. It can also drive people into bonding, whether it’s interns, staff, or clients. Hope has trained professionals all going the extra mile for the clients, so sure, it’s important that they get feedback in this highly dynamic environment.”

8 | Brief Notes on the Hope Staff

Head Counsellor Henk

Henk has been working as a counsellor for almost 5 years and assumed the major responsibilities as head counsellor almost 3 years ago. Henk says his main responsibility is to sort out problems, run through problems with the team, and to cover any emerging gaps. “It’s my job to give direction to the team’s work – first letting them try to figure it out, and then jumping in if there are problems they can’t resolve by themselves. Another thing I do is to train the staff to deliver the framework of Hope’s recovery program to clients in a consistent way, so clients do not get confused by different messaging. This is very important as we often have new staff joining us. I could also explain my job as walking around all day constantly having conversations, uncovering issues and helping my skilled and very able team to get them resolved.”

Eight years clean, Henk describes himself as having been “a hopeless addict” for 10 years.
Team Manager and Counsellor Luke

Luke is not just a counsellor and manager of the counselling team at Hope, but also an energy healer and trained practitioner of TRE. He had originally qualified as an engineer, but developed an intense interest in energy healing, and set himself up as an energy therapist in Bali, Indonesia. After a couple of years meeting and treating many clients, he says, “they’d come for a one-hour session, feel better and then I’d never see them again. I knew I needed to work with people on a more sustained basis.” After some travel and getting to know Hope, he decided that it would be the right place to achieve that change.

Counsellor Doug

Doug has been a counsellor at Hope since June 2017. He styles himself a humanistic counsellor, having studied Rogerian theory, CBT, Gestalt and transaction analysis. He believes in empowerment to counter addiction. He previously worked at BAC O’Connor Center after volunteering at the award-winning NGO known as Recovery is Out There (or RIOT), as well as in the Criminal justice courts system in the UK and in alcohol centers under the UK’s social services. He was aware of being restless in each position. By chance he saw an advertisement posted by Hope just as he was about to take a higher-paid, more senior position. When Simon asked him, “Are you ready to work for us?” He did not hesitate. He believed “he could get much more satisfaction from really helping people with addiction issues.”

Counsellor Yuriko

Yuriko’s mother is Spanish and her father is Japanese. Yuriko has a strong vocation for helping people. She is a professional psychologist and therapist, as well as progressive educator and holder of a black belt in Karate. The numbers of people she has tried to help are huge, and their difficulties of many different typologies, Yuriko having worked on everything from shelter for migrants, through human rights, LGBTQ issues, youth and gender-based violence to child abuse, suicide hotlines in different countries, abused women and depressed elderly people.

Yuriko’s double heritage spurred her to visit Japan and learn about the culture there, followed by travel in Mexico. When she came back from this trip, “she felt a little bit like a migrant herself,” she says. And while it was not necessarily in her plan to come back to Asia right away, the work being done at Hope in Thailand really appealed to her. Yuriko was looking for a change and a chance to learn about addiction and holistic rehabilitation when she came upon Hope’s website. Being able to learn Muay Thai boxing “was just icing on the cake”. Without specific experience in addiction, Yuriko was willing to work from the bottom, despite already being a qualified therapist. And so she applied to be an intern at Hope, and was accepted. In this way she first learned about how the Hope sites and systems are managed, and she gradually zoomed in on learning Hope’s therapeutic practices in addiction recovery, and finally become a counsellor. At the time of writing, Yuriko is studying to qualify as a SMART Recovery facilitator, and she is sitting in on the ACT groups for graduating third-month clients.

Counsellor Chris

Chris is a qualified counsellor who is in recovery himself. He has amazed the staff with his dedication to learning and his own recovery. Prior to coming to Hope, he worked in 3 treatment centers working in various positions. At Hope, he first worked as a recovery coach: “This position mainly consisted of helping clients prepare to return home, and helping them understand what tasks they will need to do in order to kick off the next stage of their new life”. Chris has been a counsellor at Hope now for over a year, and runs highly engaging groups as well as having meaningful therapeutic relationships with his clients. He also manages the Advanced Program, further helping clients prepare for the return home.

Counsellor Natalie (now the Admissions Manager at Hope)

“This opportunity at Hope came in June 2015, and I am so grateful for it. I love the approach at Hope – 12 Steps, mindfulness, meditation, CBT. Very open-minded which I feel is necessary. We really work on building self-esteem and self-worth, while also providing the tools necessary to stay clean no matter what. It’s a wonderful environment – a beautiful setting and client care is the priority. We have a wide range of workshops, and with our counselling team we have a lot of different angles and approaches to deal with individual cases. I’ve seen some great changes and turnarounds here at Hope and again, this is proof that anyone can get clean and stay clean if you are willing to do whatever it takes. I don’t believe anyone is a hopeless case.”
In Britain and its colonies, drinking was always accepted, though drunkenness was generally frowned upon by society. In the late 1790s, there were several physicians in the UK who advocated abstinence, and some, among them Benjamin Rush, who conducted some of the first research on the consequences of heavy drinking. He concluded that alcohol consumption could lead to a disease that lowered capacity for self-control. Once the Industrial Revolution was underway, alcohol became notorious for the horrific consequences when drunken workers attempted to operate heavy machinery.

In the 1800s, access to opium smoking houses peaked, but then died away again – until the horrors of the First World War combined with the Great Depression turned people in pain and shell-shock back towards opiates and pain killers. The next great wave started in the 1950s with registered opiate addict numbers rising; this wave later converged with the age of drug experimentation by younger generations from the 1960s onward. This was also the age of clinical experimentation by psychotherapists using such substances as amphetamines, barbiturates and benzodiazepines. R D Laing used hallucinogens to see if clients would be more amenable to talk therapies under its influence. These experiments were controversial, especially as many of them were made possible by the underground trading of stolen drug stocks. Dosage and experiments mixing “illicit drugs” with standard drugs were another issue. Addiction numbers kept rising, and unauthorized use of illicit drugs finally led to the passing of the Dangerous Drugs Act (1967) and the Misuse of Drugs Act (1971).

Early outpatient treatments were registering poor results, and plans were therefore made to invest in new residential treatment centers. The main preoccupation with inpatient programs was the length of time needed to get results. By the late 1980s, the time needed had been cut down from 18 months to 12 weeks. The rationale for a reduction in treatment time was forced by the increase in demand, as the number of people addicted spiralled – but also by a significant shift in resources away from residential services and towards harm-minimisation interventions that came into being in the 1980s. After a decade with little change, the emergence of dual diagnosis as a diagnostic category in the late 1990s revitalized this growing industry and brought a strong focus back to recovery.

Meanwhile, in the United States, the big buzzword in the US-based Temperance movement of the 1800s was “abstinence”, or completely stopping the consumption of alcohol. Views in this movement became quite extreme, identifying alcohol addiction as “an agent of decay” in society. This eventually led to the 1920 legal prohibition of alcohol sales, consumption or possession in many US states. Enforcing prohibition and total abstinence was the main strategy until the 1840s, when the movement built its first “sober houses” for men living collectively, away from temptation. Prohibition was repealed in 1933, but the concept of addict rehabilitation continued its development.

Medical doctors and medical science began to supplant the goodwill organizations in the US, and treatment of addicts now moved to hospitals and psychiatric wards. An important legacy of the Temperance movement was the setting up of “fraternal” organizations, which served as early support groups, and these led the way for the eventual development of Alcoholics Anonymous in 1935. A.A was the first formalized support-group treatment program, set up by Robert Smith and Bill Wilson, which gave the world the original 12 Step program.

In the 1970s, the first federal funding for drug treatment appeared under the administration of President Nixon. Betty Ford, wife of President Ford, pioneered the development of privately-funded residential clinics to deal with alcohol and prescription drug addiction. Narcotics Anonymous was formed in 1951, as a new version of 12 Step that was less religiously-based, and more focused on non-alcohol drugs.

Also in the 1950s, new therapeutic tools started emerging from the psycho-therapeutic field. The first such tool was developed by Albert Ellis in the 1950s, and is known as Rational Emotive Behaviour Therapy (or REBT), and this still exists alongside the other version, which we now know as Cognitive Behavioural Therapy, developed by Aaron. T Beck in the 1960s. These two therapies were originally focused on treatment of disorders such as depression and Post-Traumatic Stress Disorder. Their value in approaching recovery from addiction is now universally acknowledged.
Rehabs Today

In Simon Motts’ view, the nature of rehab operations these days depends on whether they were established a long time ago, (i.e. in the 1950s) or after the 1990s. The later group has had much more room to innovate and manoeuvre in than the longer-established institutions, for which change can be a big challenge. Rehabs worldwide are predominantly either those that are run in prison facilities, such as in China, Vietnam and the US, or they are a separate division of medical hospitals – a situation commonly found in Australia, for instance.

Some of the older residential clinics set up to treat alcoholism (including the “Hazelden rehab” model that sparked the explosion of Minnesota-model rehabs) are still in what Simon calls the “blame and punish mode”, or they are “lockdowns” where there is little free movement of clients, even from their room. Other models tried out what were known as “strip the addict down”, methodologies that used confrontational techniques to theoretically “break people down before rebuilding their new clean and sober selves.” An example of this typology was Synanon, a branch of which Simon went to in Germany, many years ago. Simon notes that with healthcare resources scarce in the US and the UK, a change of approach becomes even more difficult to implement. Medical doctors are still in the majority of countries the caretakers of addicts worldwide.

“However,” Simon adds, “there has been a new wave of rehabs created in the past 10 years – and if you are new, you can invent your own program.” Many of these newer programs employ people who have themselves been in recovery for a long time, effectively establishing a new norm. There is a wide variety of these newer rehabs – based on therapeutic community (where addicts help each other), medical and psychiatric models, and new kinds of residential models. These newer rehabs, as in Hope’s case, are using multiple therapies, but most still focus on Cognitive Behavioural Therapy and 12 Step structuring; the big difference is that they ensure their staff keep up with new findings in brain science that relate to addiction.

In the course of my research, I spoke to many of the clients about their addiction history, and the topic of rehabilitation facilities they had been to before they arrived at Hope. I was quite surprised by the numbers of people, both clients and staff members, who uniformly told me, in different kinds of language, that at most rehabs they had tried it was the case that “on admission, it became apparent to them that it was clearly the business model driving the “business activity”, and people didn’t seem to care that much about us, no matter how severe of a crisis we were in.”

Chris, a former client who is now a counsellor, confirmed the existence of this phenomenon: “Well, I went through several detoxes, and also went through what I call ‘rehab mills’ in the US, where you stay for 30 days, and then they send you out of the door with directions to ‘go to meetings’. Well, no, I’m sure they took good care of me, but as with most healthcare in the States, they couldn’t give any one patient all that much attention. They were all essentially 12 Step models – but they lacked depth, and we didn’t do any work on ourselves.”

Many clients and staff that I interviewed about their personal journeys also startled me in their uniformity when it came to their decisions to come to Hope, after having been in other rehabs, or after having “shopped around” for their first and hopefully last rehab experience. K, talking about his precious experience, said “The other rehabs (in the UK) did groups and also had individual counselling, but I didn’t feel like I connected to anyone. I didn’t feel welcomed. There is some kind of “magic” operating here at Hope – a magic that can make you almost immediately feel at home.” Or the very different voice of G, whose counsellor in the UK and her mother had done research and had independently come up with the same recommendation – for Hope. “So Hope was the one, after I had watched a few Hope Youtube videos. I had an interview with Simon around Christmas 2017. I said, “I’m desperate, can you help?” They got back to me right away. Natalie was first and then Parice was really helpful in the way she talked to me.”

Perhaps the most powerful testimony was from C, who shared this narrative with me: “My last month out was heart-breaking. I was on a really bad binge – non-stop shooting meth and heroin. I was absolutely unable to stop. At the beginning of the month, I began to reach out to treatment centers and one of those that I reached out to was Hope. From the first phone call with Simon, I knew something was different there, something special. He was compassionate, understanding, empathetic, and extremely helpful. I’ll never forget a call I made to him during a time I had overdosed and was desperate for help. Even though I wasn’t his client yet, and had no formal plans of coming at that stage, he bent over backwards to help me. I knew it was the place I should be, and two weeks later I was on a plane to Thailand.”
Henk shared his thoughts with me concerning the contrast between Hope and a lot of other rehabs, from a management perspective: “I don’t want to be critical about conventional model-type rehabs, but what becomes clear is that they tend to be driven by their business models more than they are driven by the vocation to help clients to recover.”

“The contrast is clear,” he continued: “here we definitely go the extra mile to make sure we have a stimulating environment for the clients and the staff – which makes for a real engagement. Here at Hope we also don’t believe in the need for severe strictness – clients can be free as long as they stay concentrated on their recovery – it is important not to be cut off from the real world, especially as some people might only be able to stay for 30 days.”

As explained to me, the strategy at Hope is thus to spend time building a strong and varied team of people who give their all to the work. In this way the pool of skills, experiences and knowledge is big, and clients get strong personalized support because of the designed high staff-to-client ratio – as do the staff, from each other.

Henk continued describing Hope’s view: “Taken together, the rich choice of activities, the high counsellor ratio, plus the fact that we cherry-pick our clients – for instance, we do not accept clients sent by their parents, nor do we accept people who are not prepared to do the work – all this makes for a very different kind of rehab. Clients are not feeling like they are in some kind of prison, but instead feeling that they are progressing and growing. If you look at the extension rate (beyond the minimum period of 30 days), it is very high compared to other rehabs.”

I asked Henk for an example of Hope’s “going the extra mile.” He paused, and then said: “As an example of giving our all for the clients, you can just look at the close observation we bring to third-month clients who are preparing to leave, and who are often feeling nervous and fearful about staying in recovery. The fear around this phase can be a trigger. Our staff – including the support staff – are trained to watch for any sign of regression from clients’ treatment goals, and to feed this information into the counsellor and the Hope system.”

As explained to me, this kind of report will alert the Hope staff that they need to reinforce learning on trigger-resistance techniques, either at the counsellor-level, or in the group environment, if appropriate. It struck me that this is important radar to have if you are primarily interested in a client’s recovery, rather than the dollars you might bring in if he or she relapses. I later realized that I had actually witnessed such alerts at a couple of handover sessions.

10 How the Life Experience of Founder, Simon Mott, Shapes the Hope Program and Keeps it Real

Simon told me that there are reasons why the majority of counsellors at Hope are recovering addicts who are no longer using. “They can best understand and help other addicts,” he said, “because they themselves have been on this painful journey and come back.” This reminded me of something that Luke had told me, and which stayed with me: “The bottom line is that you have to know what it is to suffer in order to help our clients.”

On the following page is Simon’s Story, in his own words.
I was in my 30s and I had been using crack and heroin for almost 20 years. I had accidently overdosed yet again. This time, I woke up alone on the kitchen floor with a syringe still hanging out of my arm.

I realised how close to death I had come. If that had been the dose to kill me, my mother would have probably been the one to find me. I imagined her seeing me dead on the floor of my sad, messed-up apartment, which hadn’t been cleaned for months. I knew instantly that such a discovery was something she would never be able to get over, and the thought filled me with fear and shame.

That was the moment I decided to do whatever it took to turn my life around.

I had always been a bit of a wild child. My twin and I got into the early punk scene on the Kings Road, London, in 1977. We started using recreational drugs, such as cheap speed and LSD. I first came across heroin when I was 16. I was at a friend’s squat in Islington and someone produced a brown powder and we smoked it on tin foil.

I was only too willing to try it. It was unlike any drug I had ever taken. I felt a warm feeling wash over me. I was strangely at ease throwing my guts up, without a worry in the world. It was like being in a bubble: nothing could touch me. I was addicted immediately. I was not yet physically dependent - that took some time - but I was totally hooked anyway. It was like falling in love at first sight. Little did I know my 20-year struggle with heroin had just begun.

Nor did I know the incredible lengths that I would go to get my next hit. The relatively colourful world of punk rock was over for me, and the grey twilight world of heroin addiction would take its place.

Why me? I could have been forgiven for thinking that it was simply my misspent youth that had brought me into contact with a dangerous and highly addictive drug. But this is not the root of an addiction that I have come to understand. What I’ve learnt is that I have a disease, a condition that needed medicating. Heroin was simply my drug of choice.

I sometimes joke, ironically, that my parents had no idea of the damage their hippie values did to me. They met at art school and had left-wing sympathies. My father was a university professor and specialised in Marxist philosophy; they both shared the same values as a lot of post-war middle-class parents did at that time, believing that it was constructive to let their kids run free. For many years my parents simply hoped that I was artistic and all my skill and potential just hadn’t been tapped into. But their naive intention to encourage creativity and a free spirit somehow backfired.

At the beginning, I used to smoke heroin and always swore on my life that I would never inject it. When I came back from Israel I walked into my best friend’s flat in Maida Vale and a group of people were sitting around, injecting. It was a bizarre scene. In the six weeks I’d been away, they had moved on from smoking to shooting up. I said, “Oh my God, what are you doing?” However, within two hours my resolve had broken, and I’d asked one of my friends to inject me. It was an overwhelming, instant effect; a euphoric, orgasmic rush.

At the back of my mind I knew I was getting in deep, but another part of me dismissed any worries I had. Looking back, I was totally predisposed to addiction. My family was dysfunctional emotionally, and I had developed all sorts of personal issues. I’m a twin and my twin brother and I had a lot of difficulties, particularly with regard to our mother’s affections. Unusually for twins we were never close; we were highly competitive and always fighting. Deep down, I think we were both constantly fighting for my mother’s love and approval. I resented him and perceived him as getting more of everything at home.

As a child of the 70s, I had undiagnosed dyslexia and ADHD (this was later confirmed by a psychiatrist when I was in my thirties). I also had chronically low self-esteem and I didn’t feel comfortable in my own skin. I was looking for something to fix me because I didn’t feel OK inside. Heroin seemed to work.

My drug use was not glamorous, although it accompanied me around the globe. Arrest and overdose became occupational hazards - along with brief spells in prisons in the UK and Germany.

Such setbacks didn’t stop me for long. I smoked, sniffed and injected brown powder I scored in Kings Cross, China-White in $10 wraps on the streets of New York, and the aptly named Mexican-Mud in Los Angeles. The locations changed, jobs and relationships came and went, but heroin remained the constant in my life.
As the saying goes, “There is no hero in heroin”; quite the opposite. Addicts are pathologically selfish, dishonest and self-centered. They lie, steal, make empty promises and let everyone down. However, for the addict with a progressive disease, losing people and things often just means more self-medicating to deal with the chaos and shame: it is a downward cycle.

I reinvented myself often, as addicts do, manipulating opportunities. I was an expert at talking my way into things and out of situations. I moved from job to job and country to country, but I would always find myself back in the same position, with a needle in my arm. Finally, after being repatriated to the UK from Germany by the charity Prisoners Abroad (due to my regular excursions into Holland for cheaper heroin and getting caught at the Germany-Holland border), I could no longer deny that I had lost control of my life. My case worker back in London gave me the list of local Narcotics Anonymous meetings and sent me on my way. I went to a few meetings but, as always, did not feel like I belonged and, in my fragile state, it seemed like too much hard work. I wanted a quick fix, like the drug itself.

A burden to my family once again, my parents - who had bailed me out so many times before - finally said “Enough is enough, you’re on your own”. At that point, my existence was reduced to a life of methadone and petty crime. Addiction had totally consumed me and my life, as every day I would get up and have to look for a way to make enough money to get the drugs I needed to keep the demons away.

I cringe at these memories. Addiction is a progressive disease: it gets worse and worse over time if not addressed, or if the addict rejects recovery. Every day I became more pathetic. My hygiene was terrible and I got thinner and thinner, and more wasted. But I didn’t care. I became kamikaze, walking into a shop and picking up a TV to sell for drugs and walking out. Looking back, I think I wanted to get caught, as if I subconsciously believed that being sent to prison would mean I would get the help I needed.

I tried to quit, even going cold turkey, but all my efforts failed. I would sweat it out for three days straight but then, as soon as I could walk again, my resolve would weaken. As an addict, it is so easy to relapse. Even having people dying around me made no difference. As someone once said to me, “You learn to step over the bodies.” But that rock-bottom moment when I overdosed with the needle in my arm was the moment the drugs no longer worked for me. Even heroin, the most efficient painkiller known to man, couldn’t kill the fear of imagining my mother finding my body. After that last overdose, I felt utter despair and completely defeated. I begged for help and was given one final chance to go to rehab. That was 23 years ago, and I’ve been clean ever since.

I am so grateful to have woken up from my overdose.

It’s hard to imagine how much suffering my actions caused my family over the years. Families of addicts suffer hugely, and are often powerless to help, whether they know the extent of their relative’s addiction or not. How do you help someone like me? My advice is: never keep secrets, if you can help it. Always be honest and encourage honesty: active addiction thrives on secrets. Don’t be afraid to confront the issue of drug use. And above all, get help. This is easier said than done. Whether they take the “tough love” approach or bend over backwards to help, even parents cannot always stop the all-powerful pull of active addiction.

A mother’s instinct to nurture her children is one of the most powerful drives in any human being. However, full-blown addiction is more powerful, which is something people with no experience of drugs struggle to understand. Working in local authority services, this was one of the painful lessons I learned. I witnessed many parents lose their children as a result of their drug and alcohol use.

I’m 55 now and am fully aware that I lost a good 20 years of my life to my addiction. But I am making up for it now. At first, when I got clean I worked as a gardener, but after about five years I started to work in rehab, helping other addicts and their families.

In 2013, I founded a new treatment project, Hope Rehab Center Thailand. It’s in one of the most beautiful settings in the world and it’s a job that is beyond my wildest dreams. We are helping addicts and alcoholics from all over the globe here.

My life is very different these days, but there are still consequences. I have Hepatitis C as a result of sharing dirty needles. I have a daughter whom I hurt so badly that it’s taken years to gain any trust. Those years can’t be undone. But I’m so thankful that those years are behind me.
**How Should We Understand Addiction: Part 1**

**Part 1: Addiction is a Primary Chronic Brain Disease**

Brain and Neurotransmission Science informs Hope’s best practices on addiction treatment. One of the more difficult puzzles to solve in brain science has been to understand why and how some people are apparently pre-disposed to addiction, perhaps not even showing signs of that potential until the right triggering circumstances present themselves. Here, we will for the moment leave aside the important emotional component of comfort/relief-seeking for old or new pain and concentrate on the physical side of the important explorations made into brain science.

**Role of Dopamine**

It was Parkinson’s Disease that brought a sharp focus onto the role of dopamine among known neurotransmitters. This substance had previously been ignored by many researchers. In relation to their work on Parkinson’s Disease, researchers had found evidence that dopamine was an important part of the mammalian brain, functioning as what is known as an “agonist”. An agonist is a chemical that binds itself to a specific “receptor” to produce a biological response. (So, for example, a dopamine receptor is a protein that receives dopamine chemical signals from outside a cell.) What the researchers found is that low levels of dopamine are associated with Parkinson’s Disease. This inspired other researchers to find out what else low dopamine might be related to, which led to the study of dopamine in patients suffering from acute depression. The conclusion drawn by Hope, based on research and its own practical experience, is that addicted clients and those suffering from depression are likely to have low dopamine production levels.

Hope counsellors call dopamine the “pleasure pathway.” Simon Mott, says that “when we anticipate and experience something ‘pleasurable’ like food or sex, alcohol or drugs, our brain experiences a surge in the level of the neurotransmitter dopamine.” This is known as the “hedonic response,” (a “rush” or a “high”) This response causes the brain to emit a “Go-go-go” signal.

Research tells us that people suffering from a low dopamine production have a problem that can originate from many different kinds of circumstances, aside from addiction. Figuring in this list we can find poor nutrition, broken sleep patterns or insomnia, neglect, trauma and abuse, genetic predisposition, certain anti-depressants, Seasonal Affective Disorder (SAD), prolonged isolation, as well as loss, trauma and grief. Therefore, many people are potentially vulnerable to their own low dopamine levels. This can cause them to unconsciously seek out dopamine-raising drugs and behaviours, and become addicted to them. Hope Rehab understands that all drugs of addiction and addictive behaviours stimulate dopamine release or increase its activity, producing the hedonic response and the related incentive stimulus to repeat. The catch is that drugs that raise dopamine levels “artificially” can further lower the body’s capacity to produce dopamine, leading to a vicious circle of dependence.

“Addiction is a primary chronic brain disease of reward and memory with biological, psychological, social and spiritual manifestations. Addiction is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours which cannot help but manifest themselves in every aspect of a sufferer’s life, whether biological, psychological, social or spiritual.”

– ASAM Definition of Addiction

Helpful clues have come from the study of the nature and function of neurotransmitters, work that took off in the research world starting in the 1950s. Neurotransmitters are of distinct types, composed of different chemical substances produced by the body. The function of neurotransmitters is to transmit nerve impulses across to other nerve fibres, muscle fibres, or other structures.
The Pre-Frontal Cortex

The balancing counter to the dopamine pleasure pathway is the pre-frontal cortex of the brain, known as the “reasoning pathway”: the seat of self-control and impulse resistance. The pre-frontal cortex or higher brain is responsible for executive function and cognitive rational decision making. It evolved over time to help us weigh up the consequences of our choices. It helps us to control impulsive behaviour.

Its signature signal is “Stop (and Think This Through).” However, according to contemporary brain science, precisely because it needs time to assess the information before coming to an informed decision, the pre-frontal cortex is slower to react to a stimulus than is the dopamine transmitter delivery system. When the “reasoning pathway’ is overwhelmed, we start to see a phenomenon that the Hope Counsellors call “the hijacked brain.”

About the Reward System

The brain of humans evolved to maximize the potential for species survival. Survival involves learning to do those things that improve the likelihood of survival – for instance, keeping oneself secure from dangers, eating food, getting shelter from the elements, sleep, nurturing children, having sex, and sustaining positive relationships. These become the desirable motivators, or rewards that the brain circuitry “bookmarks”. Thus we have drivers towards consumption of many kinds.

The brain’s reward system is a group of neural structures responsible for driving motivation and desire, or the craving for a reward and positive emotions, such as joy and ecstasy. Any stimulus, object, event, activity, or situation that has the potential to make us approach and consume it is by definition a reward,” according to Professor Wolfram Schultz of Cambridge Neuroscience.

So how does the brain’s reward system get hijacked? Anything that attracts us to consume it can set off the reward system. And in a case where we have been attracted not by something for survival, but by a “chemical pay-off” provided by the addiction substance, then the hijacking can begin, disrupting the hierarchy of the very survival needs that the reward system was designed to promote.

In simple terms, in this situation, the “Stop” signal from the upper brain or pre-frontal cortex becomes overwhelmed by the dopamine-related “Go” signal, as addiction takes hold. The addict’s brain may become so completely taken over by the craving for the reward system’s neurotransmissions that he or she may experience being on “autopilot”, meaning totally powerless.

Hope counsellors refer to this as a design in the reward system that has backfired and can become dangerous. Use of the substance then starts to happen at the expense of what otherwise would promote happiness and long-term survival, and usually results in depression and isolation before death, if there is no intervention.

“The brain’s reward system is a group of neural structures responsible for driving motivation and desire, or the craving for a reward and positive emotions, such as joy and ecstasy. Any stimulus, object, event, activity, or situation that has the potential to make us approach and consume it is by definition a reward,” according to Professor Wolfram Schultz of Cambridge Neuroscience.
Part 2: Addiction can originate from some sense of isolation or trauma, often from a young age.

When we read in Part 1 concerning the nature of addiction, we cast aside outdated thinking and mythologies. We established that addiction is not a failure of morality or willpower, but instead a biological phenomenon with huge implications for the addict’s psychological, social and spiritual state.

If you listen to enough life stories told by people in recovery, you will find that most of them have a common strand – that originates in some sense of “non-belonging”, “non-fitting in”, a traumatic event, or of something being “missing” in themselves, and often from a young age – giving rise to self-loathing, misery, and a nagging need for something comforting, or at least numbing. In some cases, an addict’s genetic heritage may have predisposed them for addiction.

Sometimes the solace for a person is food, for other people it may be alcohol or narcotics, gambling, addiction to gaming or pornography, or any combination of these to feed the need. It might end up materializing as compulsive-obsessive behaviours or eating disorders. On the surface, these may all seem highly dissimilar, but they have similar origins. And it should be pointed out that sometimes a person reaches no understanding as to why he or she became addicted; in Hope’s view, it is ultimately more important to concentrate on getting recovery treatment than it is to pursue this kind of quest.

As noted in Part 1, the American Society of Addiction Medicine (ASAM) defines addiction as “a primary chronic brain disease of reward and memory with biological, psychological, social and spiritual manifestations.” This is the first part of the definition. Using the word “primary” in medical terms means that this brain disease is the main disease, and other illnesses and symptoms the person may have will be secondary. In other words, the addiction is running the show – and it’s chronic, so it runs the show most of the time.

What does it mean to be a disease of reward and memory?

To answer this, let’s step back for a minute: the definition above has established that addiction is the province of the brain. We generally conceive of our thinking as originating in the brain. According to the understanding of Hope CBT counsellors, thoughts drive our feelings, and feelings drive our behaviours and actions. Thoughts, feelings and behaviours can be positive or negative, creative or destructive.

Now we can go back to this brain disease called addiction. Let’s say that someone as a child, perhaps even as a baby, at some point perceived that he or she did not fit in with their own family. (Some people believe that even tiny babies can read stressful environments as a sign of non-love.) So these children could
not make friends with their peers and felt excluded and unloved in that context; or maybe a person suffered a traumatic event such as an accident, or abuse. These remembered feelings of unhappiness can become an ultra-painful memory lodged in the brain.

So let’s imagine that later, this young person goes from one geography to another, moves from one school to another but still cannot seem to belong, and cannot heal the open wound that is his or her sense of “non-belonging”. He or she at some point finds something – could be in any shape or form – that brings him or her relief from this pain for the first time in their life. The “something” quickly and subtly becomes a self-appointed reward, justifiable in the face of the original and chronic pain. And this may lead to cravings, dependence and beyond …

The ASAM definition goes on to say that this phenomenon “is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours, behaviours which cannot but manifest themselves in every aspect of a sufferer’s life, whether biological, psychological, social or spiritual.”

This view is very different, of course, from the ways that people have thought about over-consumption and lack of control in the face of alcohol, narcotics and prescription medications. Views on the causes of addiction have swung like a pendulum since the problem was first debated in the 17th century in the West. At one end of the swing was the religious view of addiction as a moral problem involving sin; at the other, a view of addiction as a disease requiring medical help; and in the background, never-ending debates questioning whether it was the substances that caused the addiction, or the pre-disposition of the addict that led to becoming uncontrollably hooked.

Addictive substances have been around for thousands of years, but alcohol became widely available only after the end of the hunter-gatherer period, with the adoption of agriculture. The next wave of addictive substances came from the China opium trade of the mercantilists, followed by new drugs created by pharmacists from the mid-19th century on – the shopping list could from then on include amphetamines (1887), the early version of what we now call ecstasy (1912), and ketamine (1962).

The popular view of addiction as a moral failing, a failure of the will to stop using, or as a social problem, prevailed until 1939. In this year, what came to be known as the “Big Book” – the breakthrough publication of the book of Alcoholics Anonymous, was published. This book stressed the helpful power of working with others, and of being supported by others with similar drinking problems. Its teachings pointed up the usefulness of recruiting, or even just visualizing, a separate “higher power” to spark hope and help the addicted person to reach and maintain sobriety. The higher power could be anything, as long as it was not part of the vulnerable self. And the book definitively described addiction as a disease, for the first time.

These were some important first clues to solutions, but many people, including many addicts themselves, persist in believing that addiction is a moral or social failing of some kind, or something that addicts have consciously chosen as their path. For Hope Rehab, such a view is understandable, but Simon Mott says that “this is a dangerous mistake.”

The stark closing paragraph of the ASAM definition, something lived and experienced by Hope clients and many of the staff prior to long-term recovery, reads like this: “Addiction is characterized by inability to consistently abstain, impairment in behavioural control, craving, diminished recognition of significant problems with one’s behaviours and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”
What is Cognitive Behavioural Therapy?

Practitioners of Cognitive Behavioural Therapy (or CBT) hold certain principles to be true. Below is a summary of the major principles that underlie this discipline. Later in this chapter, we can try to understand how, through careful customizing, these truths work together to make a framework for helping people in addiction recovery at Hope Rehab.

- You feel the way you think, and how you feel will affect how you behave. As a client progresses in CBT practice, he or she will eventually be able to think what to feel in response to a negative event or trigger.

- Everything depends on the thoughts of the person in recovery – this thinking may be helpful, healthy and constructive, or unhelpful, unhealthy and destructive (and all shades in between). A good start in navigating observation of one’s feelings is to identify and name them.

- CBT encourages consciously identifying and analysing thoughts and meanings (under guidance), especially when a person feels emotionally disturbed.

- Habituated “automatic reactions” can lead to emotional disturbance. To slow down automatic reactions, it helps to learn how make a small “gap” of time – between the events that trigger unhelpful ways of thinking – and the reaction. This gap in time allows the client to regain perspective by naming a thought, and to pause before assigning any meaning to an event, and before automatically reverting to unhelpful habits.

CBT helps clients identify certain patterns or tendencies found in their faulty thinking. Some major examples include:

- A tendency to often see circumstances as catastrophic, and often predicting bad outcomes
- Deciding, without any factual basis, that one can accurately read what is going on in the mind of another person
- Other ways of acting and reacting based on feelings that are not based in reality
- Making global conclusions about things when not appropriate
- Ceaselessly comparing or rating yourself against others
- Insisting that things should be done a certain way, not being flexible
- Filtering information so that “facts” end up being what you believe, etc.

CBT encourages a “scientific” approach to catching and examining the links between toxic or negative thoughts and the emotions that they spark. Hope Rehab has developed a customized set of tools and a workbook that channel scientific enquiry into the self and what that self is thinking. These tools and workbooks are based on CBT best practice, as well as long years of experience focused on discovery, capture, naming, and countering of the negative and toxic. The scientific approach also colours therapy, encouraging clients to “test” ideas and thoughts that arise in them, to systematically check whether they make sense, and whether they are appropriate to a situation.

CBT practitioners also believe that for those with fears, phobias and anxiety disorders, the “scientific examination” approach is useful. By accompanying clients while they attempt to do something they usually fear to do, and later inviting them to reflect on how the “experiment” went, they can often gradually realize that the fears they held were misplaced. Through this experience and reflection, the client can gradually become more tolerant of ideas, images and actions they had previously feared. At Hope Rehab, this technique is called “contradictory activities” or “exposure therapy”; this has multiple uses in the process of addiction recovery.
Akin to this “contradictory activity” idea was the advice of Aaron Beck and CBT therapist Dennis Greenberger, who noted that if you can turn a counter-productive strategy on its head, you are well on your way to a real solution. This means that by doing the complete opposite of their usual coping strategies, clients can recover from their problems.

CBT holds that avoidance of fears or treating fears as taboo subjects merely reinforces anxiety around the taboo subject. Trying to avoid them brings them even more of your attention focus. Any thought that you don’t enjoy may pop up, but a key CBT truth here is that a thought is only a thought. You don’t have to agree, accept or act on it.

In the last few decades, CBT has been deliberately linked with the practice of mindfulness meditation as part of general CBT training on paying attention, concentrating, and re-training awareness of what we choose to focus on. In this context there are two main ideas that arise:

- No matter how upsetting and dark, your thoughts are not the real problem. The problem is the meaning you attach to those thoughts.
- When we are emotionally disturbed, our thought sometimes leads us to attach “meanings” to particular aspects of ourselves, meanings on which we then tend to “over-focus”, possibly to the exclusion of everything else.

CBT combined with Mindfulness training slowly builds skills to focus attention away from oneself, and to re-direct this attention to the external environment. With practice, a client will eventually be able to control where his or her focus is directed. This skill is particularly useful when an addict suffers from anxiety and fear. Mindfulness practised by a client who is learning CBT automatically gets him or her into the habit of consciously observing what thoughts and feelings arise, and consciously letting them float up and away without judgement.

One of the particularly useful lessons in CBT is learning when not to listen to yourself talking to yourself, something known among CBT practitioners as “self-talk”. Self-talk can be either positive or negative. In the case of negative self-talk, it is healthier to consciously stop listening to what is arising in you, and instead to understand and identify these negative thoughts as the output from an emotional state. Guided differentiation between healthy, well-grounded thoughts based on reality, and unhealthy thoughts, helps break recurring negative and baseless self-talk cycles.

Some clients may suffer from deep worry or anxiety if they feel they cannot control their physical circumstances. Such deep anxiety often occurs in obsessive compulsive or post-traumatic stress disorders. These clients will often have difficulty dealing with uncertainty without resorting to safety behaviours. (Safety behaviours are coping behaviours used to reduce anxiety and fear when an anxious person feels threatened.) The CBT approach in such cases works on reducing the amplification of fear by anxiety, and then steadily building the client’s ability to imagine/believe that he or she could, in fact, stand up and face the former “threat” and adversity, without harm.

How does Hope use CBT principles to help clients move out of addiction?

Hope’s program doesn’t just address substance-use issues; as a center of holistic treatment, it must also address the human struggles and challenges of clients, any of which may have led them into addiction.

As we have seen in the first section, CBT is a wide-ranging therapy that can be applied to almost any human problem. However, there are certain elements of this therapeutic system that are foundational for the work that Hope counsellors do with their clients.

Perhaps most important of all is that counsellors use CBT to help clients get clear on the relationship between their thoughts, feelings and behaviours. These types of clarifying exercises form the core of the comprehensive workbooks that the Hope clients receive on arrival. These adapted workbooks were shaped by the personal experiences of Simon Mott and certain counsellors now working at Hope Rehab, using CBT and the Minnesota 12 Step Program as structural support. The booklet includes exercises and a useful guide to negative thinking patterns, as well as positive and actionable affirmations to counter them. All of this programming helps to reveal the power of words to create positive beliefs and refreshes the client’s attitude to the client’s life, one day at a time. The exercises in the workbook are said to be “like homework, only the subject is yourself”.

24
It’s true that we rarely think about how we behave unless we bump up against an experience that forces us to look back on how we just acted. Many of the first Hope exercises train clients to actively notice their own behaviours, and to catch those times that they are running on “auto-pilot” – meaning acting and reacting to things in an automatic way, out of habit. Once they have started examining their own behaviours, including their past substance abuse, then clients can move on to thinking deeply about setting their own treatment goals. These goals can drive their motivation to work hard and stay on course for recovery. On deep reflection, a person may discover that they have multiple treatment goals, and progress toward (and away from) those goals will become the clients’ practical measure of personal progress.

Another important element from CBT that is critical to the Hope Rehab Program is the use of Contradictory/Paradoxical Tasks and Exposure Therapy – getting rid of taboo subjects and limiting negative self-talk and fears, or gradually exposing oneself (with guidance) to what had previously been anxiety-generating activities, as previously mentioned. As this therapy goes along, the world of the addict becomes less constricted, and a little wider. He or she is becoming less fixated on the past and slowly going into recovery mode, starting with visualising and planning her or his treatment. At this point, Hope counsellors will introduce clients to a set of exercises called the Acceptance Commitment Therapy matrix (ACT Matrix). In very concrete ways, the ACT Matrix encourages people to think about their treatment goals—which is not such a simple task when one has been living in the haze and time warp of addiction. A sequence of questions starts gently helping the client clear away the haze, and getting the client to start thinking about what could improve their lives, and what actions could bring them closer to better outcomes? And which other kinds of actions are likely to pull them back from “developing a balanced life with meaning and purpose?”

These kinds of therapies can help a person get “unstuck” from their frozen or inflexible state. They may even start to tentatively move out of what Hope counsellors call the addict’s “bubble”, which means the bubble of self-obsession in which the addict lives, oblivious of the outside world. This brings a greater degree of personal freedom to a client whose addiction had isolated them from normal daily life, and had cut them off from sources of inspiration or challenge. Even as surrender is consciously felt, self-empowerment builds as the client learns to catch his or her negative thoughts and behaviours, and either disempower them, or correct them.

The process of getting clear as a prelude to staying clean is a process that can be tough at times, and Hope counsellors are trained to sensitively accompany and support Hope’s clients as they move through this process. As Hope’s head counsellor Henk puts it, “We want them to feel comfortable – bearing in mind some have come out from severe abuse situations, or were smoking crack last week – but we also need to gently take them out of their comfort zone, because if they stay there, they will not be able to see their own behaviours, assumptions and thought patterns.”

In the nurturing atmosphere of Hope Rehab, group members or “peers” actively watch for times when comforting and support are needed for their peers going through difficult stages of detox and grief. They also learn with counsellors to provide a spontaneous but gentle reality check if a peer speaks in a way that clearly does not conform to reality. Given that some clients may only be able to stay at Hope for the minimum 30-day stay, this peer feedback speeds up discovery and naming of behaviours and assumptions.

“To learn more about Hope’s approach to CBT, Contradictory/Paradoxical Tasks Exposure Therapy and ACT, refer to sample exercises on pages 26-29.
The ABC’s of CBT Example Exercise from the Hope Workbook

The ABC exercise is designed to build a positive belief system by using Cognitive Behavioural Therapy. The originator of this form of therapy was the Psychologist Albert Ellis with his Rational Emotive Behaviour Therapy – REBT. Later the Psychiatrist Aaron Beck developed what is now called CBT, Cognitive Behavioural Therapy, which is used to treat every type of disorder.

A is Activating events or triggers. Basically speaking most human beings have two primary goals, to survive and to be happy. Events can activate negative thoughts and feelings that lead to behaviours that threaten these goals.

Not all people will develop the same thinking and reactions around the same events. Why? Because all have different thresholds, which are mainly based on our biological make-up, environment, culture, life experiences, levels of education and so on.

B is Core Beliefs & self-talk. Beliefs are about what you consciously and unconsciously believe about events in your life and your subjective interpretation according to your viewpoint. They manifest as assumptions, automatic thoughts, and rigid personal life-rules.

E.g., you may lose a job or a relationship, so in order to make sense of it you may interpret it as an act against you. I.e., “It’s because you or others are bad.” This can lead to negative self-talk, getting angry, depression, acting out, drinking and so on. Remember: Our belief system is laid down during our early development and we need to know if our beliefs are...

Beliefs can be rational or irrational

Rational: flexible realistic, undemanding and objective, or
Irrational: rigid, unrealistic demanding and subjective.

We find our beliefs by listening to and working through layers of our thoughts we call self-talk.

C = Consequences are emotional & behavioural. As stated earlier, the way we “feel and act” after experiencing an activating event will heavily depend on our personal interpretation and our beliefs about our interpretations.

Psychologists talk about two kind of problematic emotions (Toxic). For addicts these can be internal triggers to use. We suggest working on these emotional reactions.

1. Healthy ‘negative’ emotions: e.g., sadness, concern, healthy anger, regret, disappointment, and concern.
2. Unhealthy ‘negative’ emotions: depression, anxiety, rage, shame, jealousy, envy.

If our fight or flight physical defense mechanism is triggered, then our negative thinking about the event makes it worse; we tend to act out.

D = Disputing our thinking: At this stage you will start to identify your core beliefs, so you need to test them to see if they are rational, healthy and up-to-date. Use Socratic questioning by being your own detective and looking at the facts and evidence. Check your character defects and types of distorted thinking.

Disputing

Empirical: You ask yourself, where is the evidence that shows that my beliefs are true?
Logical: Am I turning desires into demands?
Pragmatic: Have my beliefs helped me so far?

E = New effective philosophy. This kind of therapy is not a quick fix. In order to feel the therapy’s full rewards, you will have to work on yourself by using this tool daily.

We also take action known as paradoxical behaviours. We don’t try stopping negative behaviour; we force ourselves into new positive behaviours by practicing what we call exposure therapy, facing our fears.
## Core Beliefs

*Below is a list of common negative core beliefs; tick the ones you can identify with.*

<table>
<thead>
<tr>
<th>Addict’s beliefs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I can’t live without it – I need it</td>
<td>☐ I’m unimportant........ if I don’t get my way</td>
</tr>
<tr>
<td>☐ I am weak – I must avoid pain</td>
<td>☐ I’m weak or a loser........ if I don’t defend myself</td>
</tr>
<tr>
<td>☐ It helps me – There’s something wrong with me.</td>
<td></td>
</tr>
<tr>
<td>☐ I don’t have any choice – I can’t say no.</td>
<td></td>
</tr>
<tr>
<td>☐ I will never get better – Addiction is a chronic disease.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Security</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I can’t trust anyone – People are untrustworthy</td>
<td>☐ I am a fraud – If you really knew me, you wouldn’t like me</td>
</tr>
<tr>
<td>☐ I have to be alert for danger – The world is unsafe</td>
<td>☐ I am confused – I don’t know who I really am</td>
</tr>
<tr>
<td>☐ I am afraid – I should not be afraid.</td>
<td>☐ I am lost – There is something wrong with me/the world</td>
</tr>
<tr>
<td>☐ Bad things I have done are unforgivable, people don’t trust me</td>
<td>☐ I am a loser</td>
</tr>
<tr>
<td>☐ No one will protect me – People will always let me down</td>
<td>☐ I am unattractive – I don’t like how I look</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Helpless</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am Helpless – My unhappiness is caused by things outside my control</td>
<td>☐ I’ll never live up to my parents’ expectations – I must have their approval</td>
</tr>
<tr>
<td>☐ I need to be in control – My life is out of control</td>
<td></td>
</tr>
<tr>
<td>☐ I am a victim – No one cares about me; life isn’t fair</td>
<td></td>
</tr>
<tr>
<td>☐ I can’t change – I am trapped</td>
<td></td>
</tr>
<tr>
<td>☐ I can’t cope – Life is full of stress.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low self-esteem</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am disrespected</td>
<td>☐ Things must be the way I want them – Life should be fair</td>
</tr>
<tr>
<td>☐ I have nothing to offer – others won’t like me</td>
<td>☐ I should always get what I want – The world owes me a living</td>
</tr>
<tr>
<td>☐ I am inadequate, ineffective, and incompetent</td>
<td>☐ I should be able to release all my anger how I choose</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Belonging</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am unwanted</td>
<td>☐ My needs are not going to be met if I have to depend on others</td>
</tr>
<tr>
<td>☐ I don’t fit in</td>
<td>☐ People are evil, greedy, out to get me</td>
</tr>
<tr>
<td>☐ I am all alone – No one cares about me</td>
<td>☐ I won’t succeed, so why bother trying?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not good enough</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am unlovable, and worthless – I don’t like myself</td>
<td>☐ I must be perfect – If things don’t go perfectly, it’s a disaster</td>
</tr>
<tr>
<td>☐ I am stupid – I must never get anything wrong</td>
<td>☐ I have to have all the answers – Things are either right or wrong.</td>
</tr>
<tr>
<td>☐ I am guilty – it’s always my fault</td>
<td>☐ I’m better than others – My way is the best</td>
</tr>
<tr>
<td></td>
<td>☐ Every problem should have an ideal solution</td>
</tr>
</tbody>
</table>
This is another way to set treatment goals and tasks. People with addiction problems and people who experience difficulties with depression/anxiety often find themselves stuck. They continue with self-defeating behaviours consciously or unconsciously, and cannot summon the strength to help themselves change. At Hope you can use the following concept to set treatment tasks.

Dr Albert Ellis, the grandfather of Cognitive Behavioural Therapy embarked on an experiment in his early adolescence. Dr. Ellis had no choice but to make the most out of a difficult childhood. Spending much of his childhood very ill and in hospital he experienced feelings of loneliness and isolation. As a result, Albert Ellis suffered with severe social anxiety particularly with the opposite sex. He decided to embark on beating his own anxiety with this experiment. He walked around the local park and politely spoke with random women, some dismissed him and some engaged him. By the end of summer Ellis had made great progress dealing with his social anxiety.

**Contradictory/Paradoxical Tasks Exposure Therapy Example Exercise from the Hope Workbook**

Exposure Therapy: Doing the opposite behaviour/facing your fears

Paradoxical Behaviour: By doing the exact thing that you most fear you are telling the old neurons in your brain to go away to create newer, healthier ones.

1. What behaviours do I want to change?
2. How are these behaviours holding me back?
3. What will help me to move forward in recovery?
4. Who can help me gain awareness of my behaviours?

<table>
<thead>
<tr>
<th>ACTION</th>
<th>BEHAVIOUR (S)</th>
<th>EFFECTIVE WAY FORWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting up late in the morning.</td>
<td>Isolation/Lazy</td>
<td>Get up early &amp; make your peers coffee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ACT Matrix (Goals) Acceptance Commitment Therapy**

Example Exercise from the *Hope Workbook*

Goal setting helps improve your motivation. This is how to set a clear treatment goal using the ACT Matrix model.

ACT helps us focus on our behaviour as we rarely stop to think about actual behaviours. By looking at our automatic-behaviour (like substance use) and starting to use the pause button (mindfulness) we can change negative behaviours. See the questions below:

<table>
<thead>
<tr>
<th>Autopilot behaviours</th>
<th>you or your peers have identified recently, list 3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

**Humans spend around 70% of the day on autopilot, for example:** if you were to write down all the separate behaviours that go into taking a shower you would come up with 20 plus.

**Long-term direction:** Without a clear direction or goal, we are less likely to change the unwanted behaviour. Can you think of something that could improve your life?

**Towards behaviour:** taking you towards your long-term direction/goal. Please identify a behaviour that has taken you towards achieving your long-term direction.

**Away behaviours:** taking you away from your long-term direction or goal. Please identify a behaviour that has taken you away from your long-term direction/goal:

**Not wants:** Pick three feelings, thoughts or physical pain that you did not want to feel in the last week.

| 1.                   |                                                     |
| 2.                   |                                                     |
| 3.                   |                                                     |

**Fix Its:** how did you fix these feelings or how would you have fixed these in the past?

| 1.                   |                                                     |
| 2.                   |                                                     |
| 3.                   |                                                     |

**Challenge:** pick a challenge that is going to take you towards your long-term direction and is measurable whilst staying at Hope. A challenge can run over a month and is about developing a new behaviour that would make a significant difference in your life.

Developing a balanced life with meaning and purpose is what *ACT Peer Recovery* is all about.
12 Step: Group meetings and the Structuring of the Program through Essential Step Work

During my research at the site, one of my objectives in spending time at Hope Rehab Thailand was to understand which parts of the program were either 12 Steps or were related to the 12 Steps. Looking at the website, I could sense that 12 Step was mixed into the foundational structure of the program, but I had to actually be present to see the program in action in order to answer my own questions.

First, it may be helpful as a reference to the reader to see or review all the basic steps laid out in the “big book” originally put together by Alcoholics Anonymous. These steps have been adapted over time to suit different manifestations of addiction, such as drug abuse, overeating, gambling, etc, but the steps below are the original alcohol-centered steps. It’s interesting to note that during their history, the 12 Steps were often used cyclically over the life of an addict, over and over again. Individuals can in different years derive different learnings from the same text, the changing situation of the reader changing his or her perspective on that text. In this way, it becomes a continuous learning process.

The 12 Steps

Step One
We admitted we were powerless over alcohol — that our lives had become unmanageable.
This is shorthand for “you cannot do it alone”. Basic Interpretation: The essence of the First Step is to admit that you cannot control your addiction and that your addiction is making it impossible to manage your life.

Step Two
Came to believe that a Power greater than ourselves could restore us to sanity.
Shorthand for “Someone else can help us.” Basic Interpretation: You need to believe that there is a frame of reference, a higher power, that is larger than your own addictive mentality. You have to believe that it exists and become willing to search for it.

Step Three
Made a decision to turn our will and our lives over to the care of G-d as we understand Him.
Shorthand: In step 1 you said “I can’t!”; in step 2, you said “somebody else can” and in step 3, you say: “I’m going to let them!”

Step Four
Made a searching and fearless moral inventory of ourselves.
You must be willing to challenge the misperceptions and mistaken beliefs that you hold. Even if it hurts, you must get to know who you really are in both your strengths and weaknesses. This rigorous honesty forms the foundation of recovery. Basic Interpretation: The first Three Steps took care of denial. But now the person must break an even more deeply engraved form of denial — the denial of who they really are and what they really need to be happy.

Step Five
Admitted to our G-d (or Higher Power), and to another human being, the exact nature of our wrongs.
It is only by confronting yourself in a dialogue with another human being that you can truly come to terms with what has happened to you, and who you have become as a result of your addictive experiences. Terence Gorski, an expert in 12 Step interpretation, notes the need for great care in choosing the listener: “There is no wrong or right way to hear a Fifth Step, as long as the conversation is based on a deep sense of respect and love. It is this love that one recovering addict feels for another that drives the healing process of A.A.”
Step Six
Were entirely ready to have G-d/Higher Power remove all these defects of character.
By working Step Six, you live with a conscious awareness of the character defects that you discovered in Step Four. Basic Interpretation: The work of the Sixth Step is to make people willing to give up the character defects that are making their lives miserable in sobriety. Character defects make sober people continue to relate to others who drink, and make them act like “dry drunks”.

Step Seven
Humbly asked Him to remove our shortcomings.
Asking for the courage and strength to give up your defects facilitates an internal change, so you can begin repairing your life outwardly. Basic Interpretation: A primary goal in recovery is to become centered in yourself, so that you can build a foundation of enduring values, and love yourself first: you decide what you have — or need to have — that is truly worth living for.

Step Eight
Made a list of all the persons we had harmed, and became willing to make amends to them all.
You acknowledge that you must make amends. Basic Interpretation: “The point is to find out what you have done to hurt others so you can repair the damage and be free of it.”

Step Nine
Made direct amends to such people wherever possible, except where to do so would injure them or others.
Physical, monetary and verbal amends. Basic Interpretation: You don’t make amends simply to avoid pain. The goal is to pay the price necessary to get free of the past, so you can live to your fullest capacity.

Step Ten
Continued to take personal inventory and when we were wrong, personally admitted it.
This frees you to make your primary focus that of spiritual growth in your recovery. Basic Interpretation: Step Ten tells you to watch yourself carefully. You develop a format for completing a daily inventory that reviews both your strengths and your weaknesses. It needs to be a forever habit.

Step Eleven
Sought through prayer and meditation to improve our conscious contact with G-d as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
Basic Interpretation: You can learn to become still and listen to that quiet, yet powerful voice within you that connects you to your true values in life.

Step Twelve
Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practise these principles in all our affairs.
You begin to feel changed because you are thinking differently, managing your feelings differently, and acting differently.

12 Step & Group Elements in the Hope Program
Simply speaking, the components of the 12 Steps are peer community (or therapeutic groups), and the set of 12 Steps. (See above for original definitions.) These two elements provide the basis for reflection and discovery throughout the changing circumstances of an addicted person’s life. The people who arrange and attend these 12 Step meetings all over the world are known as the A.A (or NA) Fellowship.
The use of the peer therapy group was not invented by Alcoholics Anonymous, but regular group meetings did become the engine of the A.A Fellowship and its global work. At Hope, therapeutic group meetings are used daily for Cognitive Behavioural Therapy revolving around reflective readings or specific issues. They are also used for “checking in” with all members during what are known as “process groups”, where each member of the group reflects on what they have learned or how they have noticed, changed or improved their behaviours over the previous week.
Apart from the daily groups with Hope counsellors, there are also two A.A or NA weekly meetings attended by the clients. Hope counsellor Doug, who has deep personal experience with the 12 Steps, says that this helps clients familiarize themselves with the format and conventions of these meetings, held all over the world. “This clearly puts 12 Step in play; and aside from that, Hope clients are asked by their counsellors to conduct a thorough treatment of Steps One and Four, which is about as much as can be attempted during a one-or two-month stay.”

The powerlessness theme dominating Step 1 is intensely reinforced in the workbooks, but is also at the center of early conversations with the client’s counsellor, who functions in this context as a kind of sponsor or mentor. If the client can successfully get through this foundational step, then next up is the work of Step Four. This is the duty to carry out the fearless search and moral inventory of oneself, a laying-bare of one’s weaknesses and strengths, and a listing of the harms someone may have caused in their life.

By the time clients leave Hope, they should clearly have got the message that recovery is a life-long work, profoundly dependent on attending meetings, getting a sponsor, and continuing step work.

Counsellors also need to be vigilant during step work, as Doug explained: “we counsellors have to keep ourselves well aware of what is going on with the clients at Hope, using our “barometer” so that we can plan the themes for each week’s psycho-therapeutic group sessions. Then, at the individual level, we will customize what we pick as the week’s task for individual clients, to help them through their particular issues.” Many of the tasks may well be part of step work.

Witnessing Getting Clean, Getting Clear
Process Group 1 - detox stage, a few days in

Counsellor: Feel your feet on the floor, hands on knees, eyes closed, deep breaths, let’s re-center ourselves ... and now let’s check in with each other. How are you doing? What have you learned in the past week?

I'd like to say that the people have been really great and made everything bearable. I have hidden my problem for so long, so I learned that telling and sharing is something really refreshing to do ... I have been so confused I feel like I am in a haze, I have anxiety attacks.

Counsellor: The first two weeks, you are bound to feel like you are in a haze. Meditation helps with the anxiety. Sharing can help us tune down our feelings a little. If you have negative experiences, at least you can learn from them.

The main thing for me this week has been accepting that the infatuation I developed with XX person had to end, it was taking away my concentration on my recovery. I now understand that I was behaving that way to fill the emptiness left by the drugs.

Counsellor: Good on you for identifying that pattern and for reaching that understanding.

I got upset because I talked on the phone with my business partner and despite the way I wanted to talk to him, I got really angry again, five minutes into the call, I was in a rage about all we are going to lose, I triggered right away!

Counsellor: We all need to remember that there may be many, many things we have lost because of our illness, so there is a lot to be sad about and to grieve over. It’s normal. Sometimes rage is needed to break the dam of all our blocked emotions.

Me, I started recognizing that I do tend to make everything seem like a catastrophe. I am learning to tone things down, cool things down. But another thing is that I’m having problems with my memory -- I feel so bad about my family, they all have different reactions to me being here and I’m getting so confused...

Counsellor: When you are getting off benzo’s, that memory loss can happen. But you’ll be OK later. Concerning family inputs being confusing, there’s really just one thing you need to remember: It only matters what you think.

I have been experiencing weird mood swings and sudden losses of energy (60 days)

Counsellor: Cocaine and alcohol withdrawal is an emotional roller-coaster. Cocaine is so euphoric – which makes it especially hard to come off.

I don’t know if I can do this, I am so used to being “up” all the time, I am so exhausted. I can’t imagine my brain ever feeling OK. I’m used to being social, and the community is great here, but the social thing can be distracting. But I also know that I can’t fix things if I leave.

Counsellor: The thing to remember is that if you stay here and do the work, you won’t have to go through this again.

Our process group here is all about connecting, talk about what is going on. As you know, we need to be patient, we need to remember that we don’t have to get everything done today. The bottom line is that this is an illness that never goes away, but you can manage it, and you need to be gentle with yourselves. Thank you, everyone, for sharing.
After getting the consent of the groups, the author was privileged and humbled to sit in on several group sessions. During these sessions, she could observe that even the newest members of the group would almost immediately follow the lead of the facilitator (usually a Hope counsellor) and adopt non-inflammatory and respectful language and a gentle tone of voice as the accepted way to communicate, no matter how forthright they needed to be with their peers. And she witnessed the rapid building of what Terence Gorski has called “group conscience” – meaning a group united in working for all group members’ recovery.

Once a group has reached that level of unity, then that group can function as the members’ first and immediately accessible higher power.

The constraining factor at any rehab is that most people cannot stay for long. This contrasts with the A.A Fellowship, where a person seeking recovery from addiction can take as long as required to “work each step” and is indeed encouraged to do so. As mentioned, Step work at Hope rehab can only focus on the most crucial foundational steps given all the other therapies in the program, unless clients plan to stay longer than three months.

However, what became clear to the author was that each person leaves Hope with a new skillset for positive and incisive communication with his or her future group peers; they have also, at minimum, come out of their own “bubbles” to the point where they are strongly focused on their peers and what they are saying, even just a few days after medical detox. And, vulnerable themselves, they are sensitized to the pain of the speaker. Processes and learning have to move fast if clients can only be in this program for four or six weeks. Members also come to understand that a well-led group offers a lot of objectivity, but also a tremendous support and comfort to its members. They are given the opportunity to experience its power as they work some of the most fundamental 12 Steps, something that can be continued and maintained post-rehab.

Vinny’s Story

It works, if you work it. So work it.
You are worth it.

A client called R, who I had to come to know a bit due to our common interest in art, one day around the middle of my research visit asked me if I was going to Vinny’s Talk. Vinny is the Weekend Manager at Hope. With absolutely no idea what kind of talk this was going to be, I went down to one of the meditation spaces and asked Vinny if it would be okay for me to audit his talk. Ever gracious, he invited me to join the session. There were all generations of clients sitting around the perimeters of the sunny room.

Vinny started out telling us that what he was about to say to us was his personal opinion only, based on his experience of working with addicts caught up in the court systems and attending prison-based rehabilitation centers in Thailand. “The recovery rate is about the same.” His point being that no one, from whatever background, having gone to whatever kind of rehab, can “alone be strong enough to stop themselves picking up drugs again once they have become addicted. The more you try, the more you fail,” he continued; “and I should know, because I am one of you. We are not bad people trying to be good; we are ill people trying to get healthy! And it is so often the encounter with a particular substance that triggers sudden relief of old unresolved pain – and ends up with addiction to that or another substance to rid yourself of that pain – for some people, an encounter with just one glass of beer could do it!”

Vinny then moved into a kind of free-association monologue, communicating his beliefs partly for himself, and partly for the listeners who were now all paying him close attention, watching him as closely as if they were watching a dramatic performance on stage. Which, in a way, they were.

“We all became so selfish: I am all I think about; we are ego-maniacs, self-obsessed. We have this disability which tells us that we cannot tolerate even a moment of discomfort. Stopping our drug of choice seems
impossible; we and our drugs or our drink have become symbiotic. Anybody who stands in our way will be collateral damage. We addicts are disturbed people – who have a great need to be loved – and if we don’t find the love we need, then we go to our drug of choice in order to feel whole. Some of us strive for perfection in our work as a substitute, and this might work for a while, but ultimately this will be recognized as empty."

“But every so often,” continued Vinny, “there is something that I think of as a kind of “boredom-spiritual disconnect” that makes us suddenly unable to take in any more information, drives us to some kind of silent screaming point. Nothing is working for us, everything is wrong or does nothing for us. This moment is called the gift of desperation. It’s generally a short-term window of opportunity, a crack in the “business-as-usual façade” that is available to you for just a short time, while you can still hear.” (This struck me as being the same phenomenon described in the 12 Steps when you “are sick to death of being sick to death.”)

“During this short opportunity to hear, you got clean, but this didn’t make you feel happy. No, you are feeling miserable. Why do I feel like this, you may ask yourself. How can I get the power to stop and stay stopped in terms of drinking or drunking? Where can I find this kind of power? Certainly not within myself. So the good news is, that you get to choose your own spiritual power! You can get this power! You can be in conscious contact with this power source.

Just imagine this time at Hope, breaking the cycle: are we going to check into institutions all our lives? Are we going to carry on forever mumbling our mantras of ‘I’m not enough,’ whistling in the dark, and asking why we were ever born?

I’m here today to tell you, and to remind myself, that there is a way to get to a place of happiness. It might even eventually be as happy a space as you thought you had through drugs and drink! But through Working the Work, doing the Work of the Steps that you all know about, it is possible to get to this place of happiness. But you can’t wait for some kind of “white light to shine down on you and correct everything…” you may think you have plenty of time to get this stuff in order, but you really don’t have time to wait for revelation and the gift of desperation. If you don’t do the work, the step work in meetings, you will keep wandering around being what is called a ‘dry drunk.’ Dr. Jung tried to help people make spiritual connections — it was important to him because spiritual connection was the answer to many of his patients’ problems, but it’s so very hard to get there. Remember: ‘By myself, I am helpless.’

When we are in the company of others in the same basic situation, it helps us. We see that what can work for you could work for me. We know that the steps call for a certain discipline, and action, yessir!” (Vinny salutes the room.) “But when I faced this myself at the beginning, I was afraid. I was afraid I had to do all the work by myself. We are not up to the task. Put up a vision of who and what kind of a person you want to be, and who knows, maybe you’ll actually turn out to be that person. Stop the negative blocking behaviour, the faulty vision. You might have created yourself a strategy of safety, so you don’t step out of your usual perimeter, your comfort zone — you need help from others to pull you gently out from your usual space.

Then one day, after doing the work, hey, you feel good enough, you realize you don’t actually need to do bad behaviours. Sure, ideas around bad behaviours might come up again as they still arise in your thoughts, but you can deal with them, just as you can make amends for previous bad behaviours.

Your problem has been that you’ve been wearing the wrong glasses, or you’ve been having a vision problem, you haven’t been seeing clearly… but the good thing is that each day that you do the maintenance, your eyesight improves, or your glasses start working — it’s a reprieve that comes with the maintenance work! Yes, one day at a time. The thing to know and the thing that I have had to painfully learn to stay in recovery, is that if you don’t do the maintenance, the vision problem, the faulty thinking comes back! A good guide is to be aware if you start having a problem, or feeling especially uncomfortable, or anxious: it’s more than likely that there is something wrong with your perception that is making you feel that way. Try to check the reality. What is triggering this? A useful diversion I used to try out was to think about the other people with me, and do something for them, instead of worrying about myself. Could be something as simple as asking them if they would like a cup of coffee! Doing something for somebody else feels good and can help us move along the range of feelings I like to call the ‘Desperation-to-Passion-Spectrum.’ We have to relearn how to move on this spectrum. We need other people, such as the people at meetings, to “cradle us” when we are down on our knees, fearful of what we just escaped, and help us move from desperation toward our passions, which leads to a sense of fulfilment.”

We filed out of that sunny room, recharged and ready for battle.
A Side-Note on Communication Skills for Groups and Meetings

Hope trains clients in Non-Violent Communication (NVC) so that going forward, they will always know how to communicate in ways that show respect and avoid emotional escalation. This skill is particularly important for clients who have experienced much violence in their lives, and who may have a habit of automatically communicating defensively.

NVC is based on the idea that all human beings have the capacity for compassion, and that they only resort to violence or behaviour that harms themselves (and others) when they do not know more strategies for meeting needs. Habits of thinking and speaking that lead to the use of violence (social, psychological and physical) are learned through culture. NVC proposes that people identify shared needs, revealed by the thoughts and feelings that surround these needs, and collaborate to develop strategies that meet them.

Tracking Group Work Progress

Knowing that I hoped to understand the evolution of groups, Henk gave me the Hope home-grown framework of reference to help me follow and interpret what I was seeing in the groups. “We say at Hope that we have four levels of activity in group, “ he began. “The first is storming, observing and bringing out the problems; the second is norming, where the group members, now knowing much more about each other, begin to relate to one another; even starting to work together; the third stage is performing, which means putting what is being learned into action, catching one’s own unhelpful thinking and consciously replacing or amending it. Fourth is the leaving stage, where the major effort of the counsellors and group leaders is to help clients re-imagine their lives after their stay at Hope. There is much modelling of behaviours and pointing to role models who have successfully made the transition. Henk says this is “printing this possibility in their heads” so that they might believe in it and make that leap of faith. Sometimes, at this stage, clients elect to start helping newcomers at Hope (under supervision), reinforcing their own learning, and understanding how far they have come since the beginning of the journey – something which is in itself encouraging and empowering for the leaving client.

As a researcher at Hope Rehab, I sometimes found it difficult not to get caught in the contagion of strong emotions running in the group. It was hard to watch strong young women and men break down in pain and numbness as the drugs washed out of their systems; it was also difficult to hear the stories of the clients and draw close to them just before they were due to leave, feeling nervous about being alone again with themselves. Would they be strong enough? Would they resist cravings? Had they run through their trigger distractions thoroughly enough? Could they find such a good group again to work with? Do they dare to go back home? They have been in a place where temptations were minimized; what will happen when they go out of the gate? I too felt all these questions and fears for them. I can hardly imagine what it must be like to be working at this emotional pitch every day, day-in and day-out. It takes huge commitment and caring. But that commitment and caring produces a rare energy on the Hope site.
What Does “Treatment” Look Like in the Hope Program?

“In conversation with Simon at his house one day, he reflected on some unexpected observations he’s made since the launching of Hope five years ago. Staring out of his kitchen window, he tells me that there are new kinds of problems to be treated at rehabs these days - reflecting generational role changes. “There is this need to somehow ‘re-parent’ adults who didn’t get parented when they were children.” I ask him to describe what he means, but he goes on to list another phenomenon, also occurring with adults. “There’s what we at Hope call ‘brat-itis’, a syndrome that has resulted from bad habits never corrected by parents – such as expectation of instant gratification all the time.” “These children somehow never became self-dependent”, continues Simon, “and instead developed unhealthy dependencies, which may have come to include the substances they use. So here we are at Hope, trying to undo some of this damage, hence the re-parenting – providing long delayed approval, distributing responsibility and accountability for things they did or failed to do – in a process that somehow never happened 15 or 20 years ago, when they were children.”

“Looking back,” says Simon, “we understand so much more about addiction these days. For instance, the American Society of Addiction Medicine generates solid research, but also produces a user-friendly guide to what addiction and recovery really are. In a nutshell, the big change from the old days is that addiction is now classified as an illness that compromises the ability to reason – in other words, to make healthy choices. Addiction can simply have a life of its own and call the shots, literally. An addict does not need a reason to feed the addiction. The addiction is in control.” Addiction produces the compulsive behaviour known and felt as ‘powerlessness’ by recovering addicts. And so, a different understanding demands a different treatment.

For Simon, what is new about the Hope Rehab program is to offer something he calls “recovery coaching” or “exposure therapy”. Instead of keeping clients cocooned, as per the traditional rehab model, he employs people in long-term recovery to take clients out and about, so they can experience life safely, in the real world, with the backdrop of colourful Thailand, its gracious people, and its spicy restaurants. The team has woven this modern approach into a traditional CBT and 12 Step treatment program, “making Hope Rehab Thailand rank as one of the best treatment centers in the world,” says Simon. “Keeping contact with what is outside the Center prepares addicts and alcoholics better for their upcoming sober life, something especially important – because at Hope, most people stay only two or three months, and so will quickly have to be prepared for their re-entry.”

Hope counsellors talk about treatment at Hope being “holistic” because it deals with clients’ addiction problems on so many planes: the psychological plane with Cognitive Behavioural Therapy and personal counselling; the social plane with therapeutic group peers sharing with each other and delivering feedback, and also re-developing social skills with their peers after years of isolation focused only on the next fix. The physical plane is treated with the activities and sports programs and with the excellent nutritious food; and the spiritual self is given all kinds of opportunities to regrow and flourish through meditation, rituals, gratitude work and learning about mindfulness.

“We treat doctors, fighter pilots, SAS men, successful business people, and high achievers from all professions. Getting a doctor to be a patient, or a commando to surrender, or a pilot to let go of his control is not easy, but it is possible. I am in awe of them when they do.”

— Simon Mott
As mentioned, Hope, by design, offers a rounded and eclectic range of treatments, therapies and tools. This is because counsellors find that clients will respond differently to different kinds of treatments. Variety enhances engagement, and also increases the likelihood that the clients will find activities that give them a boost or bring insights.

The central goal of treatments, as this book has mentioned, is to heighten awareness of a client’s own thinking, and to point up where that thinking is diverging from reality. Therefore all clients work the Cognitive Behavioural Therapy exercises, where getting feedback and reality checks from their group and counsellors is the core treatment. However, as I myself witnessed, these core cognitive processes can be enhanced and even facilitated by the other therapies and activities. Breakthrough insights and ahah! moments seemed equally likely to arrive while meditating on the flame of a candle, or while rolling on a Pilates ball, working the 12 Steps, or while swimming laps in the pool.

At Hope, there is an emphasis on consciously “hearing oneself”, because catching negative self-talk is a critical skill. As many people can attest, we humans can become so used to repeated negative messaging from ourselves, about ourselves, that we barely notice it. But in addiction and recovery treatment, this stream needs to be interrupted, and at least paused, for interrogation. Treatment therefore includes learning to hear and catch one’s own negativity, and practising pulling up new arguments to counter, and hopefully disprove, those negative messages to oneself. Group work helps this process as each member become sensitized to negative talk in their peers, and eventually, in themselves.

The Hope Workbook offers basic education in brain science and a rich selection of helpful tools and exercises. The explanations help clients get a sense of how substance abuse can change the brain’s chemistry and alter communications pathways, to generate the powerlessness that they have until recently endured. The explanations give clients a clear picture of what addiction is, and where cravings come from. Perhaps the most important take-away for clients is that given that their brain changed once before, it can change again. The brain can gradually repair itself under the right circumstances, such as the long-term cessation of using. As the Hope Workbook states, “Recovery, like addiction, relies on brain plasticity.”

The Hope Workbook

Once the brain science of addiction is clear, it is time to understand what treatment looks like, and to frame the goals that a client will want to set for him- or herself, or for the group, during that treatment. This setting of goals is crucial to keeping motivation high for clients working their own personal, and often difficult transformations. Goals give them a yardstick by which to measure progress, or to help them see what blocks or setbacks have slowed their progress. Goals could be related to any part of a client’s life – physical goals, assignment work, resolution of outside issues, or therapeutic goals. Any goal that supercharges their will and hope for moving out of addiction is useful.

If we were to try to break down the rich contents of the main Workbook by basic function or topic, the list might look like a rich word cloud.
“Recovery, like addiction, relies on brain plasticity.”

– Hope Workbook
I asked Henk how the work of treatment gets done, and how this makes this process different at Hope. “Well,” he answered, “we like to keep the teaching at the highest level, to make sure the clients are engaged, instead of pushing them into things – frankly these courses would be good for people not in recovery, too!”

I asked Henk whether it would be correct to assume that CBT is the core therapy. His answer was that he personally takes CBT as the key of what Hope calls the “Four Pillars”: CBT, mindful meditation, physical activities (or Wellness) and 12 Step. However, he added, “the fact is that the combination of the four is just so much stronger than any one of the therapies by itself; and in fact, we see a kind of exponential growth in effectiveness from this combination of CBT with the other three.”

Mindfulness meditation helps the client to attain a calm state, something very helpful for the process; CBT helps the client find more helpful explanations for their behaviour; the physical exercise under the “Wellness” umbrella makes the clients feel so much better in themselves; and lastly, the selected elements of 12 Step help the client to keep track of their progress in the work.”

We have already learned about the principles of CBT and the path of a client working parts of the 12 Steps; on the following pages are some more detailed explanations about the remaining pair of pillars.

Note: We asked Paul Garrigan, the Mindfulness and Meditation Lead for the Hope Rehab team, to write some content for inclusion in this book. Paul is very learned in Buddhism and practises meditation daily.

About Paul

I joined the team at Hope Rehab soon after it opened. I’d worked as a freelance writer with a particular focus on mindfulness and addiction issues. I had also written a book describing how I’d finally escaped my own two-decade addiction to alcohol at a Thai temple.

Even though I had benefited from going to rehab in the past, I was more interested in other approaches to recovery. I kept sharing my views on addiction because I wanted people to know about these alternatives. The treatments offered in the West hadn’t provided the solution I needed, but every time I had asked for help, I kept on being directed back to these same treatments. I saw rehabs as being at least partially responsible for promoting this ‘one-size-fits-all’ attitude. I moved to Thailand in 2002 to find other options. I had no interest in getting a job at a rehab, so I was a bit surprised to find myself working in one.

I was doing some writing for Simon (founder of Hope), so I would pop down to Sriracha to see him. I got to meet clients, and it was obvious that Hope didn’t fit my somewhat narrow view of rehab. For one thing, it was obvious that Simon was open to any approach that worked. I was also impressed that so many of the staff had a personal history of overcoming addiction. It was a much smaller community back then, but there was such a nice vibe about the place that I looked forward to my visits. When Simon suggested that I start teaching mindfulness, I didn’t hesitate.

This book attempts to capture what it is that makes Hope such a special place. This is no easy task. In these chapters you will get different perspectives on what it is like to go through the program. Much of this work has been done by Gabrielle Harris – a writer who was invited into the community to provide an ‘outsider’ perspective. She does a fantastic job. You will also get the perspectives of clients who have gone through the program, and those who have worked there.

— Paul Garrigan
Mindfulness Meditation

Mindfulness in Thailand by Hope Rehab Team

Buddhism is believed to have been introduced to Thailand somewhere around the 5th century. The core of this tradition is the Eightfold Path which includes the development of mindfulness (satipatthana).

Over the centuries, a variety of approaches became popular in Thailand that use mindfulness as a path away from suffering. The program at Hope is influenced by the most successful of these paths including Vipassana, Thai Forest Tradition, and the Mahasati technique of Luang Por Teean.

Vipassana (Insight) is an approach that is greatly influenced by a Buddhist text called the Visuddhimagga (The Path of Purification). This is an ancient meditation manual that provides instructions on how to practise meditation in order to gain insight. For centuries, it was usually only monks who engaged in these practices, but by the nineteenth century, it became more common for laypeople to also follow this path. This movement of “mindfulness for everyone” initially took off in Myanmar, but it soon spread to neighbouring Thailand.

The Forest Tradition was an attempt by monks here in Thailand to get back to basics. Ajahn Mun is credited with being the inspiration behind this movement. After ordaining as a monk (near the end of the nineteenth century), Ajahn Mun took to the forests where he put all his effort into meditation. He was soon joined by other monks who favoured his approach over that of the city monasteries where the primary focus was on learning from texts. The Thai Forest tradition promoted the idea that studying the mind was the most important thing for people who were serious about awakening.

Luang Por Teean practised meditating rigorously while still married with children and holding down a job. He would go on retreats, and it was during one of these periods of intensive practice that he began using hand movements as a form of meditation. He was amazed by the results, and by the end of that retreat he felt liberated from the suffering. Luang Por Teean later ordained as a monk, and devoted the rest of his life to showing other people this technique which he called mahasati (great mindfulness).

Clients entering the war against their addictions and suffering through the detox process are also anxious and in turmoil, and can greatly benefit from a practice that gradually tunes down the anxiety.

In the language of the Sutra of Mindfulness (Anapanasati Sutra), mindfulness frees us from forgetfulness and mind dispersion, and makes it possible to live fully every moment of a life. To quote imagery used by Thich Nhat Han: “Breath is the bridge which connects life to consciousness, which unites your body to your thoughts. Whenever your mind becomes scattered, use your breath as the means to take hold of your mind again …”

However, there is much more to it than simply that, because it develops mindfulness as one’s meditation practice reaches different levels. Once you have found a stable and comfortable meditation position, the only focus is on the breathing being drawn in, and being exhaled, for the space and time of many such breaths. Any thoughts that come up while you are breathing are thoughts you can acknowledge, and then let go of. The implication of this is that you can learn to accept thoughts that come up without needing to follow them, or their suggestions. At some level, therefore, you can start to monitor what messages and meanings your mind is concerning itself with. This feedback will become useful later, when linked up with other disciplines and therapies in the Hope Program.

A conversation on Thai practice with Paul Garrigan

“The way I practise came to me through the teaching of one of my most important teachers, a monk who had studied with Luang Por Teean, (who died in 1988);” Paul Garrigan explains: “Luang Por Teean believed in the effectiveness of repeated structured movements and mindful walking for getting grounded.” Paul, or Mindful Paul as most people at Hope know him, has been living in Thailand for 18 years and he has been teaching mindfulness at Hope for the past several years.

“You know, since well before the 1950s, when Westerners started discovering addiction treatment in Thai temples, there has been a tradition of mindfulness addressing addiction in the temples of Thailand – in the 1990s this got quite a bit of media attention, and people who were not helped by the Western-style rehabs with their “one-size-fits-all” methodology, came here. And I’d have to say, mindfulness therapy worked well for a surprising number of people. The thing to bear in mind is that Hope is not just a Western rehab that happens to be in Thailand – it’s really doing both Western and Thai Buddhist therapies, only in a more comfortable setting than you’d get in a temple.”
“So, here at Hope I lead the structured and repeated movements with which we open our mindfulness classes, such as the Mahasati (a rhythmic set of movements of the arms, that gets repeated) that we do while we focus on the physical sensations we get from doing these movements.

With second-month clients we will sometimes do some mindful walking, because if they will be with Hope for a longer period, we can introduce some additional practices. In some ways this would also be helpful for new entrants who can struggle with a sitting practice. “It’s a distinctly Thai practice to do structured movements: even my 11-year-old son was being trained in this practice at his school, at the age of four.”

I like the ideas of Buddhadasa, who advocated for a natural form of mindfulness which takes people into Nature and asks them to look really actively at everything they see, using their eyes to focus in on what they see, an exercise we can do in the grounds here at Hope. This is a natural way to become more aware of your thoughts once you are grounded in yourself. It’s also a way that a client can reach out and feel connected to something external and alive. But you can do it anywhere, really. For instance, I always tell the clients to take advantage of the Hope trip to Koh Si Chang island to “really be there on that boat,” and “really be there on that sand.”

Thai monk Luang PorTean used to teach about two ways of thinking. These he calls “deliberate thinking” and “sneaky thinking.” Deliberate thinking is when you are consciously thinking about what you want to think about or contemplate, whereas sneaky thinking involves arising thoughts that “sneak in” when your attention is passive, and these thoughts, often negative, can “hijack” you. The goal is to recognize the sneaky thinking rather than trying to distract ourselves from it. We can deliberately direct our attention to something (e.g. physical sensations) which just makes it easier to identify sneaky thinking.

“I can see that their thoughts are being hijacked by negative thoughts, and so I challenge them, asking ‘whether these are the thoughts that the person would choose to have?’ This helps clients understand that they can choose not to identify with those thoughts and can choose to see them as just sneaky thoughts. The goal is to recognize that these thoughts are non-self, so we don’t identify with them.

All practices are about gaining insight. We see the world according to how we are, so as we get grounded in ourselves and clear, our view of the world will change – as our insights grow.

Addiction seen through a Buddhist Lens

The Buddhist worldview offers clues for dealing with the causes of addiction, taking what are known as the Three Characteristics of existence as a core source of practical learning, centering on impermanence (annica), ignorance (dukkha, which is also translated as attachment and grasping), and non-self (anatta).

“One of the false beliefs that addicts hold is that we are fixed in our existence, and that how we are now, in this situation “is just how we are.” In the Buddhist view, what we are is instead “a collection of habits, habits that can be changed”, says Paul Garrigan.

As is also pointed out in CBT practice, rigidity of thinking is a problem for recovering addicts. Paul’s teachings touch on different Buddhist concepts around “grounding” by their attention focus on the five senses, and healing oneself through the expression of kindness and what he calls “friendliness or the sense of welcoming to the world.”

These practices can give extra support to those trying to maintain their recovery, especially if they have occasionally experienced a “slip” or short-term lapse in their sobriety. “It’s so easy for a client to go into a downward spiral of anger and self-hate/blame, becoming super-anxious – pretty much guaranteed to get him or her using again.”

From the Buddhist point of view, much more constructive after a slip is to refrain from blaming and shaming oneself, and to treat the slip gently, and with self-forgiveness, while making all efforts to get back on track. As the author knows from her interviews with clients who have had numerous treatments, this teaching is of great comfort and has helped them avoid going into a tailspin of despair when a “slip” occurs. Paul notes that Sneaky Thinking, if permitted, may convince someone fighting their addiction that “there is something fundamentally wrong with them” – as if the person involved were not capable of lasting change.
Something else that Mindful Paul notes is that it is very difficult for addicts to “be with their emotions and suffering.” The Buddhist answer to this is to develop one’s ability to be compassionate to oneself. This builds resilience and trains a person to recognize the negative messages in one’s head as the “ignorant, grasping voices that cause suffering”. Once a person in recovery recognizes, first, that these voices are something generated separately from their core being, that they belong to the realm of anatta (non-self) and, second, that the voices are something from which they can distract themselves, then the negative voices tend to lose their power over a person; regular practitioners often find that they simply stop being tormented by those negative voices. Once people find that centered peace through mindfulness practice, their cravings often subside. “The Buddha himself said that he could just offer his followers one thing: the assurance that there is an escape from craving.”

The core of mindful meditation as a practice is to become able to focus your attention. Being able to focus your attention means that when you need and want to draw your attention away from something non-desirable such as a craving for drugs, or your memories of fear, you are actually able, with practice, to do this.

In certain training classes, mindful meditation can be used to help people break out of their constricting old “bubble”. Trainings on loving kindness, for instance, may start simply enough with you mindfully sensing how your feet feel touching the floor, but could well end with a “meta” meditation, beaming health and peace out to all beings in the universe. I attended such a session led by Paul one sunny morning in the beautiful Thai-style meditation space, and found the sense of “positive connection” with everyone on the planet both palpable and powerful.

How can mindfulness be complementary to CBT practice?

As mentioned in the section on Cognitive Behavioural Therapy (CBT), has already been teamed with mindfulness meditation for a few decades. Its basic uses have been to raise a person’s capacity to pay attention, to re-learn to concentrate, and to re-train awareness to life in the present moment.

In the context of rehabilitation from substance abuse, mindfulness has a general calming effect on clients, and trains them to accept without judgement their passing thoughts, thus short circuiting negative self-talk. It can help re-focus attention away from cravings, fears, self-absorption, and the past.

That said, the experienced Hope counsellors have also found more nuanced and sophisticated applications. In certain cases, mindful meditation can help a client with visualization of topics that are too hard or upsetting to describe verbally, as noted by Hope counsellor Jamie: “Mindful meditation can be helpful in fishing out deeply-entrenched patterns, by noting arising feelings and then, under guidance, putting images to those feelings, and possibly following through to a point where images can tell a person their own stories.”
Alon Kumsawad
Alon, the co-founder of Hope, is key to many of the physical activities, being both a yoga and meditation teacher, as well as a fitness and dance trainer, taking clients through their paces in the disciplines of Tai Chi and Pilates and two levels of Yoga. Being Thai and a Buddhist, she has her own practice that she shares with her clients.

About Alon Kumsawad – Hope co-founder

Alon is a graduate of the Chiang Mai Rajamangala University in Liberal Arts and Administration and is a qualified fitness instructor. She also holds qualifications in Yoga and Pilates.

From the age of 16, Alon served the mandatory two years among the students doing the Territorial Defence course, but then she elected to continue serving for another two years while she attended university, which gives her an army ranking of Acting Sub-Lieutenant. Subsequently Alon decided to deepen her training and do intensive survival training with the army. I asked Alon how Yoga practice fits into this profile she had just given me. “The Yoga path is something that I found during my first two years at university. What got me started was the wish to improve my health. I continued with this practice until I graduated, and then I wanted to teach Yoga. So I attended the Thai Yoga Institute in Bangkok to become a certified Yoga instructor.” Inevitably, I then asked her to explain her transition to getting involved with helping people suffering from addiction. She explained: “the first job I took on was at The Cabin. (a rehab in Chiang Mai, in Northern Thailand) I worked there from 2010 to 2013, and I started to understand addiction. I decided to bring my Yoga practice as a lifestyle that might help cure addiction.”

I asked Alon to tell me a little about her Buddhist practice. She kindly shared with me the elements of her daily practice of the Morning Ritual:

**Morning Meditation to purify the mind**
- praying or chanting to surrender to my higher power and pay respect as I am deeply grateful for the wisdom and insight of the Buddha teaching
- I study the heart of the Buddha teaching:
  - the four noble truths
  - the noble eight-fold paths
  - the four immeasurable minds

“Clients come to Hope to re-connect their minds to their bodies. Through yoga, bike-rides, or working out at the gym, they begin to love their bodies and themselves, as the people they are.”

– Alon Kumsawad,
Co-founder of Hope
Wellness: Moving Again, and Rebuilding Physical Strength – Sports and Fitness

Clients coming off long-term using of alcohol or narcotics will often be afflicted with anxiety, irritability or abnormal tension, or they may be actively angry. Sports activities can help release tension and anxiety, be an outlet to anger and rage, and eventually improve clients’ self-confidence.

Sports Coach Adam, who enthusiastically uses the sports facilities himself, comments that “it helps mould it all together.” By this, he means that when an addict takes up an activity, it can help overcome many problems for clients trying to transform themselves through sobriety. “A sporting activity, or the building of capacity and skills can help a person struggling with their changing sense of identity, and it can certainly help a person emerging from addiction with their low self-esteem and low self-valuing issues.”

Simon is a big believer in the research work of psychologist John J Ratey, whose work confirms that a person working up a sweat and increasing their heart rate to somewhere between 60 and 70 percent of its maximum

Simon said, “Number 1, your mental health will improve; Number 2, your general health will improve: studies show that regular moderate exercise mixed with vigorous physical exercise helps prevent the onset of chronic diseases such as diabetes, arthritis, and even Alzheimers.”

Physical Strength – Sports and Fitness

In terms of going on extended bike rides, Thailand is a great country for this, offering good roads and many different kinds of terrain; and it so happens that there are a couple of nice routes for mountain biking in the vicinity of Hope. Team sports and games such as football (soccer) or basketball are regarded by Hope staff as particularly helpful activities for people in recovery. They explained to me that many people coming out of reliance on drink or drugs can have trouble with social interaction, or lack basic relationship skills, especially if they have been isolating. Being in a team competing with another team can really shift these behaviours as people learn to put team needs above their own. Or games can give individuals a chance to visibly develop their skills and knock out negative self-talk habits, or they may suddenly find their own latent leadership skills popping up and surprising them!

Simon is a big believer in the research work of psychologist John J Ratey, whose work confirms that a person can lift their mood, improve their memory, sharpen their concentration, and even repair damaged neurons by working up a sweat and increasing their heart rate to somewhere between 60 and 70 percent of its maximum.
When Hope staff want to summarize the benefits of fitness training to our clients, they give them this list of resulting benefits from exercise:

- It lifts moods out of dark spaces
- It builds self-esteem and self-confidence
- It can boost your immune system
- It improves sleeping patterns
- It alleviates stress and anxiety
- Prevents muscle loss and wasting;
- Boosts energy and endurance;
- Improves balance and coordination
- Research shows it can prevent onset of metabolic dysfunctions.

“What it means is that you have the power to change your brain. All you have to do is lace up your running shoes.”

— John J. Ratey

The instructors at Hope are trained to help Hope’s clients develop and establish their personal fitness goals. “And like all good coaches,” says Simon breaking into a smile, “they will keep you accountable.”

Hope lists out what it calls the “essential building blocks” for optimising health outcomes, these are:

1. cardio-respiratory
   (or cardio for short)
2. muscle strength
3. muscle endurance
4. flexibility, body composition
   (proportional percentages of muscle tissue, fat, water, bone, etc.)

Aside from fitness activities, Hope programs offsite leisure activities for the clients, to let them feel like they can be part of local life going on outside the rehab center and enjoy the sights and sounds of Thai culture. Every Friday night, for instance, all the clients go out to a local restaurant after walking around in Sriracha’s well-known Health Park, where locals go to do some limbering up. Or there is the Sunday excursion to the beautiful Koh Si Chang Island, a 45-minute ferry ride away from Sriracha. There, the clients can relax or play on the beach after a busy week of work on their recovery, alongside local bathers swimming, kayaking, or playing water-frisbee.

Trauma Release Therapy

Another physical exercise of a different kind, for a different goal, is the therapy known as TRE®, short for Tension, Stress and Trauma Release Exercise. It is also sometimes thought of as an alternate treatment for PTSD. The idea is that there are specific exercises that assist the body in releasing deep muscular patterns of stress, tension and trauma. The exercises activate a natural reflex mechanism of shaking or vibrating that releases muscular tension, calming down the nervous system. These exercises should be conducted with a licensed practitioner as they can sometimes send people back to re-living the memories that caused the trauma. Hope clients can sign up for classes (run by Luke, at the time of writing) if they feel that such a therapy might help them. Many of the clients who have found it most helpful may have been abused as children or have been in other traumatising situations they could not get away from.

I spoke to Luke, who is not just a counsellor and manager of the counselling team at Hope, but also an energy healer and trained practitioner of TRE. He had originally qualified as an engineer but developed an intense interest in energy healing and set himself up as an energy therapist in Bali, Indonesia. After a couple of years meeting and treating many clients, he says “I knew I needed to work with people on a more sustained basis.” After some travel and getting to know Hope, he decided that it would be the right place to achieve that change. We moved onto the therapy itself. “A great way to start understanding TRE would be to read Peter Levine’s book called Waking the Tiger.” Essentially, Levine discovered that humans, like other animals, are subject to fight, flight or freeze reactions when they are threatened, and their bodies will be sending out nervous stress, distress signals and physical responses to this threat. All animals can successfully discharge the tension and the extra “shock energy” caused by the threat – by shaking and shivering – a process called “normalizing activation”. This will often occur once the shock and fear is over. Dogs, for instance, naturally shiver quite obviously after being attacked or under stress. But there are some humans, says Luke, whose systems fail to discharge this energy from their reactions, or perhaps they suppress them, due to some kind of cultural norm.

“David Berceli, working together with Peter Levine, discovered that it is possible to induce what is known as a ‘natural tremor’ in a person’s leg by working certain muscles, particularly those that join the leg to the upper body – such as the psoas muscle.” (The psoas major is a long muscle located on the side of the lumbar region of the vertebral column and brim of the lesser pelvis.) Luke demonstrated the action for me on the floor of his office – where he set his body to be literally in automatic movement. Getting back up, he explained: “Discharge of tension through the thigh – known as the ‘tremor pattern’ – can help a client become more grounded, and less tense. However, it can also, at some points, cause dis-association and “un-groundedness” as this process can bring up frightening memories, which is why it must be done with a trained practitioner.”

The goal of this therapy is both relief from tension, and the building of resilience in the client – so the practitioner is encouraged to gradually become more forceful as the number of sessions grows, to help build the client’s future resilience under stress. As explained by Luke, TRE teaches you the language of your body – but the most primitive parts of your physical system – such as lizards have as part of their ‘automatic system’.
The drugs have been taken away, the comfort zone has been given up, and tendencies to denial have repeatedly been caught by counsellors and peers, and refuted. Is entry into sobriety nothing but loss and sacrifice, then? By no means, and in any case, what is being given up is only what was going to kill you, as Simon Mott knows only too well from his own story.

As this book mentioned earlier, the founders of Alcoholics Anonymous referenced G-d (as we may understand him) as a source of external power for those made powerless by their addiction. These days, the more comfortable reference is likely to be to a “higher power,” “helping power,” or “Inner Power” to bring hope and faith to the powerless despite uncertainty and setbacks. Whether we call this building of an outside force “spirituality” or “positive psychology”, the goals are the same. At Hope Rehab, clients learn that it is perhaps easier to identify what constitutes a lack of spirit than it is to define spirituality. Signs of a low spiritual level can be a lack of interest in anything outside the self, lack of connection, selfish pursuits, a sense of meaninglessness, failure to connect and develop insights in the external world; or it could manifest in the shutdown of intuition, and a loss of joy. The interpersonal radar is broken, there is no positive energy flowing. No matter what you call it.

We probably all know plenty of non-addicted people who have apparently chosen to dwell in the negative, choosing to see the rainclouds rather than the blue patches in the sky. In the case of people who have become caught up in drugs, they probably had not anticipated that their world would shrink down to a small “bubble” filled with negative thoughts and cravings, or that their personal radar would shut down. They would notice these changes only once they got sober. But once sober, that bubble can be burst; and close peer group work is a powerful force that helps reactivate these pre-addiction capacities.

Drawing on the local surrounding culture, and the many talents of co-founder Alon Kumsawad, Hope Rehab has developed various ways of sparking a sense of connectedness and spirituality in clients. Some of these “sparks” are experiential rituals, unlike the core therapies that rely on verbal communication. The practice of rituals is a universal tendency, allowing for quiet communication with one’s spirit in designed “sacred” or “spiritual” times, spaces and activities, and adding to the blend of Western and Eastern practices. These experiences can be especially calming and soothing for those at the shaky beginning of treatment. Lighting candles, learning mindfulness and meditation, listening to inspiring readings, prayerful thought, and making personal affirmations, or even ritually burning a representation of your old hates and resentments, can all contribute to the sense of cleansing and calming. The “payback” from these activities, taken together, can be the generation of faith, new insights, and optimism. They can help reinforce the sense of accountability and improve a client’s relationship with him- or herself. According to Hope counsellors, it can also reduce the degree of self-preoccupation, as a person reaches out to other people and spaces beyond the membrane of their old “bubble”.

The inter-disciplinary nature of Hope’s treatment program influences the use of tools: for instance, in the workbooks, it is suggested that clients can use their new scientific enquiry skills (from CBT) and apply them to their budding spiritual problem-solving practices to identify their individual style. Is it your way to look back on something that happened and search for meaning? Or do you prefer to defer to others when there is discussion? Are you someone who likes to work things out collaboratively? Or do you surrender to the general view? Discovery of the sober self can also be a spiritual adventure.

Of course, the positive effects of what Hope’s treatment offers can only go so far without the clients opening up their minds, throwing off artificial personas and ego constructs, and being willing to break...
down barriers that could block their growth during their treatment. One of the most important skills they can develop is “noticing” things about themselves, but also about others, and about their surroundings and eventually the world they inhabit. Some of what they notice may provoke them to feel gratitude, a powerful counter of self-absorption and isolation.

**Gratitude Work**

Practising gratitude is another powerful way of feeling a benevolent personal connection with the universe. The Hope program introduces gratitude lists and journaling, a daily short but intense piece of work, starting just at the moment where a client feels that they have done nothing but give up things since they arrived. The work is now to look back over their lives, right up to the present moment, and scan the horizon to find the things for which they feel gratitude. Some people also use their gratitude statements to build reinforcing affirmations.

Two main outcomes are hoped for in this listing/journaling practice: first, that the summoning up of positive events and gestures of kindness might remind the client that he or she knows happiness when he or she sees it. This process can also remind him or her about which kinds of events and kindnesses can generate a sense of happiness for their new reality-based life. Second, medical research has established that focusing on things one is grateful for, during just a short time each day, actually tends to make people a little more patient and a little less focused on immediate self-gratification.

Finding positivity and optimism is super-important for client recovery. Optimism powers the leap of faith needed to do the work leading to sustained abstinence, and to persuade clients that long-term recovery is within reach. At different moments, that faith needs external bolstering by a group, by meetings, or later by a client’s growing capacity to rely upon spirituality to generate the positive mental, emotional, and spiritual state of mind, known in 12 Step as “serenity”.

**Hope’s Coin Ceremonies**

The idea of coin ceremonies is said to have started with shipbuilders and sailors, who would put a couple of coins under the keel block (a fundamental piece of the ship’s architecture to prevent capsizing) for their launching, and to bring good luck to all who sailed with the vessel. Air force trainees also get airmen’s coins on their graduation. Being at sea and being airborne, perhaps for later battle, are two potentially risky scenarios. The founders of 12 Step saw a kindred riskiness as a person launched his or her new sober life and recovery, and so AA, NA and others have adopted this tradition of marking milestones in a recovering addict’s life.

Some of the most moving ceremonies I attended were the coin ceremonies of the clients who were getting ready to leave Hope to launch their new lives. The best ones inspire peers, many of whom have formed strong friendships, to talk about what positive changes they have perceived in their friend who is now leaving.
From Treatment into Recovery and Post-Rehab Aftercare

18 | Face-to-face with Denial of Addiction: Tell me again, why are you in treatment?

After detoxing, it is time to face the person who has been powerless in front of the disease, and compulsive because of the disease. The client. Yourself, perhaps. Hope’s program breaks down for clients the reasons why they find themselves in treatment. And to make sure that reasoning sticks, that denial will be weakened, and that client’s story of addiction will be the keystone that will hold him or her up during treatment, Hope counsellors set a task: they get clients to count the many kinds of costs their addiction has brought to them. Hope counsellors ask the clients to dig down and narrate their particular damages and losses in an exercise conducted soon after the detox side-effects have faded. This exercise is called a “timeline” presentation.

These damages and losses need to be faced and worked through thoroughly because, according to the American Society of Addiction Medicine, addicts experience “diminished recognition of significant problems with one’s behaviours.” These lists of damages and losses need to be revisited and reinforced in the program over and over again, because denial and short-term memory loss make that necessary, according to the Hope counsellors. As noted by Vinny, one of the Hope managers who is himself in recovery, “the timeline is like bringing the rock bottom of your life up for review.”

As Hope counsellor Sharon told me before I sat in on a particularly disturbing timeline exercise, “part of our job at Hope is to gently re-awaken the client’s conscience. It can take a very long time to get to personal accountability and lead away from denial.” A deep and detailed timeline can help speed up the process and give the narrator the courage and strength to surrender, and to stop denying the reality of his or her situation. This is why denial is understood to be the opposite of surrender.

On Denial and Positive Denial

Before we explore the timeline, let’s understand why it is such an important tool. If we go back to our study of the brain/mind in chapter 11 where we looked at the Reward System, we remember that this was originally “designed” for survival at an early stage of our evolution. The desire for the reward was a motivator for actions enhancing the chance of survival. However, as mentioned earlier, the system got hijacked by what we call “chemical pay-off”.

“Terrible things may have happened as a client cruised toward rock bottom … even as he or she blamed the world for the damage that resulted from it. It’s as though they shut off the ‘conscience switch’ in order to pursue harmful behaviours.”

– Vinny, Hope Manager
There is another complication: there is a defence mechanism known to medical doctors as Positive Denial. Positive Denial helps us all manage pain, anxiety and stress in illness by tuning down sensitivity to pain, or anxiety about illness, or an injury. In the presence of addiction, however, the helpful capacity of Positive Denial is again hijacked – or corrupted – so that it minimises the sense of harm that should be operating in the presence of addiction, and thus presents a grave threat to sobriety. Positive Denial protects the addiction instead of the addict.

The result of the hijacking, according to Simon Mott, is that “there is conscious denial, lying and hiding, and many other kinds of unconscious denial types or blind spots. If recovery is to begin, absolute denial and denial of denial have to be dealt with before any cycle of change can start.”

### The Addict’s Denial System Example Exercise from the Hope Rehab Workbook

To explore and understand the Addicts Denial System further, clients are asked to identify denial in their lives and how it may be affecting their sobriety.

**Give examples in the spaces below**

<table>
<thead>
<tr>
<th>HFA – High functioning alcoholic/addict: I can function at work, so I am OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>PED – Performance-enhancing drug or alcohol use: It helps me.</td>
</tr>
<tr>
<td>Denial of the relapse cycle or process: Autopilot; it just happened; I cannot see my part.</td>
</tr>
<tr>
<td>Euphoric Recall: nostalgia, glamorizing, or romanticizing our using or ‘war stories’. Focusing on excitement rather than negative aspects; type of mental filtering.</td>
</tr>
<tr>
<td>Progression Denial: I can return to the good old days when it was fun, or I stopped once without help so I can do it again.</td>
</tr>
<tr>
<td>Avoidance: not accepting help or “I’ll talk about anything but my real problems.”</td>
</tr>
<tr>
<td>Geographical denial: If I move, change jobs or girlfriends, my problems will go away.</td>
</tr>
<tr>
<td>Spiritual denial: My spiritual awakening means I am cured and no longer need to work on my recovery.</td>
</tr>
<tr>
<td>Spiritual bypassing: the use of spiritual practices and beliefs to avoid confronting uncomfortable feelings, and withdraw from ourselves and others.</td>
</tr>
<tr>
<td>Flight to Health: Feeling better (physically) means that I’m cured; emotional reasoning and super-optimism.</td>
</tr>
<tr>
<td>Minimizing: playing down; “my problems aren’t that bad.”</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Rationalizing: If I can find good enough reasons for my problems, I won’t have to deal with them; legitimizing and justifying.</td>
</tr>
<tr>
<td>Magical thinking: inaction; sitting back hoping it will somehow be ok</td>
</tr>
<tr>
<td>Why me: This always happens to me; victim state.</td>
</tr>
<tr>
<td>Control Fallacy: I manage my life; I can manage my addiction.</td>
</tr>
<tr>
<td>Harm minimization/substituting: trying to control or changing one substance for another or one behaviour for another.</td>
</tr>
<tr>
<td>Humor: Jokes; making light of it; focusing on the fun memories.</td>
</tr>
<tr>
<td>Hiding: self, symptoms, drugs, or alcohol.</td>
</tr>
<tr>
<td>Blaming: If I can prove that my problems are not my fault, I won’t have to deal with them. Type of Faultfinding.</td>
</tr>
<tr>
<td>Strategic Hopelessness: Because nothing has worked, I don’t have to try; “It’s a permanent condition. Feeling overwhelmed.” – T. Gorski.</td>
</tr>
<tr>
<td>Compare and despair: Showing that others are worse than me proves that I don’t have serious problems, e.g., comparing a drug to alcohol.</td>
</tr>
<tr>
<td>Flight to Health: Feeling better (physically) means that I’m cured; emotional reasoning and super-optimism.</td>
</tr>
<tr>
<td>Minimizing: playing down; “my problems aren’t that bad.”</td>
</tr>
<tr>
<td>Rationalizing: If I can find good enough reasons for my problems, I won’t have to deal with them; legitimizing and justifying.</td>
</tr>
<tr>
<td>Magical thinking: inaction; sitting back hoping it will somehow be ok</td>
</tr>
<tr>
<td><strong>Why me:</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>Control Fallacy:</strong></td>
</tr>
<tr>
<td><strong>Harm minimization/substituting:</strong></td>
</tr>
<tr>
<td><strong>Humor:</strong></td>
</tr>
<tr>
<td><strong>Hiding:</strong></td>
</tr>
<tr>
<td><strong>Blaming:</strong></td>
</tr>
<tr>
<td><strong>Strategic Hopelessness:</strong></td>
</tr>
<tr>
<td><strong>Compare and despair:</strong></td>
</tr>
<tr>
<td><strong>Recovery by Fear:</strong></td>
</tr>
<tr>
<td><strong>Democratic Disease state:</strong></td>
</tr>
<tr>
<td><strong>Cultural denial and family denial:</strong></td>
</tr>
</tbody>
</table>

*Terence T. Gorski is an internationally recognized expert on substance abuse.*
Hope’s vigilant programming is therefore designed to catch any re-emergence of addiction denial, in whichever of the many forms it manifests. Vigilance is reinforced by Step work and the documentation and witnessing of an addicted person’s Timeline, one of the most powerful and searing tools combatting future denial or the glossing over of traumatic harm.

**The Timeline – a Rite of Passage**

People who come to Hope Rehab Thailand wanting to finally find a way out of addiction are frequently unlikely survivors of their own life stories.

One of the most challenging tasks – or rites – is when Hope counsellors ask clients, as soon as they feel ready, to write up their own case study, the timeline. This exercise, often the first time that someone has shared this information with others, can be deeply upsetting and requires the support not only of the counsellor, but also of the narrator’s peers, who should therefore be well acquainted with the narrator by the time he or she tells the story.

**Example of a Hope Timeline**
The timeline lists all significant events in the client’s life, and additionally monitors (according to memory) the progression of substance abuse as the events unfold. Clients will often re-remember forgotten episodes and details during the telling, even though they have spent days preparing this exercise. In the timelines the author experienced, the authors went into a state of numbness for a few days after writing up their case studies.

**Anonymised Timeline: Damage Done and Recording the Escalation of Using Witnessing – Timeline Case Study A**

1975
I am born into a family in Ireland. I don’t know it yet but almost every member of my family is an alcoholic. I have one sister but she is also a drinker, and we are distant from each other. We do have one thing in common, though – we both dreaded being home on a Sunday to face the tension caused by our mother and father.

1982
My memories start when I’m about seven years old. My mother was on tranquilizers and was seriously depressed. My sister and I would come home from school and have no idea where our mother was, or what mood she was in. It was so bad that my sister and I set the clocks in the house an hour earlier so we could get out of the house to go to school earlier. At some point my mother started to beat me for reasons I couldn’t understand, and then she started to abuse me verbally all the time: “Don’t you dare even look at me,” she would say, “you remind me of your father!” My father had left us and lived with another woman, Sarah. Later I got a present of a puppy, and I was so happy. The neighbour built an especially big kennel in his garden for this dog and so I could lie there with him. But after a while, my mother suddenly got rid of this dog without telling me.

1986
This kind of treatment went on and on, and by the time I was 11 or 12 you could say I had no relationship with my mother. At this point I was starting to get some eating disorders, frequently vomiting up my meals and this continued into my 20s and 30s. At 14, I started drinking and taking tranquilizers. One day my sister and I just snapped with my mother; we held her down and I punched her for all I was worth before leaving the house forever.

1989
I got myself into a vocational training as a hairdresser and did well. I got back in contact with my dad, who drank a lot at night. I got a job as a hairdresser at 16 and moved into a shared house, working by day and clubbing and drinking at night. I got involved with a really lovely man called John who was also a drinker. At some point I cheated on him but we tried to keep going anyway. We went to Portugal for a holiday with John’s father, but were lots of drunken fights, and we had to leave.

1995-1998
That was when I found out that I was pregnant with twins. But I miscarried, and because of all this, John and I parted ways, it was just too much. Between the ages of 23 and 28 I got together with some business partners to set up a couple of shops, and these were quite successful. In the meantime, I was developing serious back problems. Then I met Fred, a quiet man who was also a drinker. I fell pregnant again and six months into the pregnancy Fred and I moved in together and I continued drinking like fish despite my being pregnant. Keith was born by C-Section and my back was so bad after that I couldn’t even walk. A friend came over to help and I was so jealous that she could walk around and bend over my baby, even though she was there to help me. Later I found out that Fred was into all kinds of sex clubs and prostitutes – seems it was common knowledge for everyone but me. We fought about it and Fred at one point threw himself out of a window; we got ourselves arrested by the police; and another time Fred slit his wrists and was sent off to rehab. I was now alone again and had to find ways to support Keith. I went back to hairdressing at first, and then found a job at a property agency. My drinking got heavier.

2000-2015
Fred stayed in touch with my son Keith. In the meantime there was something very wrong with the company I was working for. Cheques were bouncing and there were problems with returning tenants’ deposits. This job ended. I took part-time jobs. Keith was doing well at school. In 2013 my beloved grandmother died. My father fell ill. In 2014 my mother, who I had not seen for 21 years, also died. I had a sense of joy that my mother was gone but this was all too much for me, and I went on
a 3-month drinking binge. Despite previously doing well and being a student achieving A and A+ scores, Keith started failing at school – maybe he started drugs – though he appeared to be observing the rules on doing homework and keeping his room tidy. He decided to leave school and he took a job in a pub, washing dishes.

**2016-JULY 2018** Keith seemed to be confused about his sexuality, even trying to have sex with me, his mother. He got arrested for attacking his father with a screwdriver. He burned his hands deliberately on a hot grill. His poor hands will have scars for life. When he came back from that he was acting really strangely – taking showers constantly, not turning off the water – to the point of flooding the kitchen. He started hearing voices and then he tried to kill his father. I just had to get him sectioned. I was drinking really badly now and I kept on drinking for the next 3 months. My boyfriend at the time had been sober, and now relapsed. Keith was moved to the assisted living facility at the YMCA, where I could visit him once a week. That was okay for a while, but then I got a call from the Lifeguards at the beach telling me that that Keith was walking in and out of the water, going deeper and deeper. He was sectioned again at a higher level and then put into a psychiatric hospital, where he still is. I went into a bad state, staying in the house to drink, finding excuses. Even breaking promises to my son about visiting. I’m so ashamed of breaking those promises.

**AUGUST 2018** I said to myself, “I have to deal with this, starting with stopping drinking.” And so here I am, sober at Hope.

```
recovery starts with

HOPE
```

Ideally, as this process goes along, the client will experience a growing recognition of the harms they inflicted on others during their addiction, growing their sense of personal accountability, even in the midst of grief. As can be seen from the example above, this narration exercise can be extraordinarily upsetting and close to shock-inducing. The group’s response is to surround and comfort the teller of the story, and the Hope counsellors also watch over the narrator carefully during this time of great fragility and vulnerability. Once the story is told and witnessed, denial becomes more difficult to sustain. In making it through the Timeline, the client has also done a lot of the 5th Step, which calls for telling another person about one’s journey in addiction, and the harms caused during that journey.
DENIAL

Addict’s Belief System

Protecting/rotating
Supply.

Substituting
I see the patterns of my
Addicts Belief System

Secret using

Justifying

Auto-pilot

Accountability and the Danger of Slipping into Autopilot Mode

Once denial has been dealt with and is no longer tolerated by either group peers nor by oneself, it becomes possible to plan treatment and define goals associated with that treatment. For many people this entails the whole re-imagining or re-visioning of their lives. It’s getting another chance.

The Hope Workbook provides exercises related to setting of treatment goals for Hope clients, so as to keep their motivation high for the work to come. And along the way, these exercises can provide measurements of progress in recovery, and the distance left to go to accomplish those goals. All clients will initially set themselves “one-month challenges” that can bring them closer to achieving these goals under the framework previously mentioned: the ACT Matrix model.

Clients who stay longer than a month will re-encounter ACT (Acceptance Commitment Therapy) in the later stages of their stay. There are thus two phases, with the second serving as a refresher course prior to leaving Hope for the continuation of recovery outside.

This book has looked into denial, into its many guises, and the need to identify when we are backsliding into denial. When a person has thoroughly dealt with the denial they arrived with, vigilant and conscious personal accountability becomes the key. However, the Hope Program allows for the existence of an unconscious factor in behaviour, and this factor is the focus of Acceptance Commitment Therapy (ACT).

What is called for in ACT is vigilance over the start of automatic thinking and any tendency to “run on autopilot”. Everybody does automatic thinking, and most of us run on autopilot for a good part of the day, especially when performing routine tasks. But when someone has a substance abuse problem, or a habituated behavioural problem, their default automatic thinking is to move themselves, unconsciously, back to thoughts and memories of their old drug or activity of choice.

With Hope’s support and that of their peers, clients are encouraged to fight back, to be on their guard, and refuse be taken hostage again. According to counsellor Jamie, it’s once again all about “noticing” and not allowing the bubble to cloud their vision again. “They are learning by doing the work, and as they work, they may notice how they might drift into auto-pilot. Only by noticing, will they make a real change, so noticing is the pre-condition for change and direction-setting.”

We could think of this training as a kind of conscious “settings reset” or “stop” button ready for those times when we notice that we are reverting to old behaviours, pulled along by unasked-for thoughts. As previously mentioned, the conscious acceptance of the real need for our own treatment assumes a certain level of “surrender”, as well as commitment to doing the prescribed work. Gradually, and sometimes assisted by meditation practice, the client learns how to focus on their behaviour, especially on their “automatic behaviour”, and to train their focus away from triggers and other dangerous distractions, using some of the tools and practices mentioned in this book.

The Hope approach to ACT also gets clients to notice how they behave when they are confronted with feelings they do not want to have, for instance, when something triggers cravings, and get the opportunity to observe what “automatic” reactions and behaviours pop up while the client is still in the safe space of Hope. This is part of becoming aware of the behaviours that take a person away from their intended direction and goals. Only by noticing our negative behaviours can we get cues to push the “stop” button rather than keep looping the old soundtrack.

An ACT sample exercise can be found on page 29
Accountability Mind Map from the
Hope Aftercare Manual

Know your accountability:

- Sleep Hygiene
- Sponsor
- Meetings
- Positive Behaviour
- Newly Learned Tools
- Emotional Health
- Affirmations

Explore your beliefs about your Accountability using this mind-map.
The ABC Analytical Tool for “Becoming Your Own Counsellor”

It became obvious to the author that this one tool is a life-saver for those in early recovery — when a client got upset or flustered about something at lunch, in group, or at the gym, his or her go-to resource was this exercise. When I asked clients how this helped, they told me that the ABCs exercise gives the client a space in which to break down an event’s triggers, his or her emotional response, the underlying beliefs that prompted that response, and possible counters to those beliefs or possible alternate reactions to the trigger to bear in mind for the next exposure.

The point of the ABCs exercise is to gradually build up a positive belief system by using CBT. Hope Rehab CBT practitioners confirm that “we find our beliefs by listening to and working through the layers of our thoughts that we call self-talk”. If our beliefs are distorted or founded on the wrong assumptions, we need to be able to analyse and correct these, after testing them. The ABCs in Hope’s customized workbook provide a handy and adaptable tool for doing this work, they told me.

Without going into too much detail, the ABC exercise recognizes that events that trigger negative thoughts in certain people can present opportunities. Using the ABCs, they can immediately analyse why such a reaction is occurring. The exercise calls for the conscious effort of a client to catch such opportunities, and home in on how his or her own mind is “speaking” after being triggered, revealing core beliefs and self-talk. Once trained by Hope Counsellors to do this listening and recording, a graduating client can use ABCs to be his or her own counsellor!

The A stands for Activating event (or trigger); the B is for core Beliefs about what a person consciously or unconsciously believes about events in his or her life, depending on their subjective interpretation. Negative thoughts or reactions based on core beliefs might be assumptions, negative thinking, or taking the event as an affront to a person’s rigid personal life rules, and these reactions could degenerate into anger, depression, acting out, or even relapse.

The C stands for emotional and behavioural Consequences, which practitioners class into two categories:

- Healthy negative emotions: meaning sadness, concern, healthy anger, regret, disappointment
- Unhealthy negative emotions such as depression, anxiety, rage, shame, jealousy and envy.

There are a couple more letters to the set; predictably enough, this involves the letter D for Disputing our thinking (it could equally mean being your own Detective). Disputing means we will dispute or at least test whether our core beliefs hold water, but also to check whether they are rational, healthy and up-to-date, based on the evidence. Disputing calls for us to be on the alert for character flaws and distorted thinking – which needs objective guidance at the beginning. A longer practice with this tool may involve the last letter of the set, yes E, standing for new Effective philosophy. Into this E category Hope would place longer-term therapies such as the Paradoxical Behaviours described in Chapter 12 that are designed to help a client face their fears through gentle exposure therapy.

The Hope program includes guidance to the many possible cognitive distortions that can warp peoples’ reactions to events without our even being aware. The Hope Workbooks provide dozens of other tools and exercises for helping clients get a clearer understanding of their reactions, behaviours, and the beliefs underlying those behaviours and reactions. This understanding builds greater resilience to triggers once clients are working on their recovery, outside the safe Hope environment.

“The ABC tool recognizes that events that trigger negative thoughts in certain people present opportunities for those affected to delve into why such a reaction is occurring.”

— Hope Workbook
Recovery is a developmental process which goes through different stages. It is also an active practice calling for action. It is a stage further on than abstinence, which can be defined as stopping using, and then transitioning to learning what to do to get and stay healthy in all areas of life. Addiction counsellors in the AA Step system actually lay out specific stages of this process. Transition is the journey between “I don’t have a problem with my substance”, to the realization that “I can’t control my substance use”. Stabilisation is the phase during which addicted people, as per the AA & NA tradition, “learn to stay away from drugs and drink, one day at a time.”

The next stage is Early Recovery, known as a first phase of internal change, as we gradually become able to deal with our problems without turning to our old props - drugs and drink. Following this comes Middle Recovery, which is all about repairing past damage done, and finding a new balance in our lives, leading to Late Recovery when we finally have the inner strength to get over the pain, problems and perceived obstacles that may have haunted us since childhood, and deal with these in our new sobriety. Maintenance, the last stage, is more of a conscious recognition than an action. It expresses itself as: we now know we need continued growth and development as people, that we can never safely use alcohol or drugs, and that we need to practise a daily recovery program to keep addictive thinking from returning.

In the Minnesota model, it is considered normal and natural to periodically get stuck on the road to recovery. It is not whether you get stuck that determines success or failure, they say: it is how you cope with the stuck point, that counts.

At Hope Rehab, the expectation is to not to accompany clients all the way through to recovery after a period of abstinence, but to set guidelines, boost their resilience, offer long-term support, and to equip their clients with all the tools they need to be successful in continuing their journey through the process of recovery.

One day, I asked Henk about Hope’s claim that discipline and structure are transferable from the rehab program to clients’ new lives in recovery, Henk responded this way: “So what we do here is to work on radical change to client perceptions, and introduce new behaviours, such as getting up early in the morning to exercise. Those who do not do that, and do not try out new behaviours, may stay stuck as a child.” This is where offering multiple activities and therapies become important. “However, teaching things like positive affirmations, denying negative self-talk and other therapies can help a person make progress in other ways. The different possible responses to one situation can change the outcomes, and the clients can see this for themselves.”

Henk continued describing Hope’s efforts to help clients maintain abstinence and progress in sobriety, and the stark alternatives. “In terms of transferring discipline and structure into the life of our clients, we give them all the tools they need to be successful and safeguard their sober lives. But that implies that they need to respect the guidelines we have built for them – including that they will never again drink, take drugs or use their drug of choice, or any gateway to their drug of choice. If they do as we have advised them, then it is guaranteed that they will stay clean in recovery. We tell them that every decision they make can lead to progress in recovery and the life they are rebuilding, or to relapse.”

“In recovery, we move from a destructive dependence on alcohol or other drugs toward full physical, social, and spiritual health. When we stop using chemicals, we begin to heal the damage done to our bodies, minds, relationships, and spirit.”

–Terence T. Gorski
If you are a client who stays for 3 months or more, you are entitled to have a Recovery Coach assigned to you a few weeks before you leave Hope. The idea is that, together, you and the coach can identify potential problem areas for the time when you will return to your home, work venue, or re-enter the social environment. Together you will think about how to deal with these scenarios. The goal is to minimize stress areas as the client re-adapts to his or her old life, and to locate local support groups for continued recovery support.

Recovery coaching also deals with the practical side of re-entering life with a new sense of direction and purpose. Chris, a counsellor who also manages recovery coaching, said: “Being the recovery coach mainly consists of helping clients get ready to leave, and helping them understand what tasks they would need to do while still at Hope to kick off the next stage of their new life. We want to avoid making them feel overwhelmed by the complexity of tasks, such as applying for a study program, or starting a new career. We break down big tasks into their smallest components.”

The ACT focus sharpens as longer-term clients approach the end of their stay at Hope, with their recovery plan being part of the vital preparation for re-starting their lives outside. There will be many questions asked. Have they developed viable short-term and long-term goals? Have they made some kind of plan for their lives? Is the plan realistic? Do they still need to be startled out of “auto-pilot” or are they living in the present and appropriately focused on the changes coming up? Have they developed new habits to pass time that are not necessarily going to help them with re-entry into their lives? Did they passively lay out their plans as “homework,” and is the content of the plan real, or just theoretical? What exactly are they committing to?

The ACT group members try to spot any weaknesses or inconsistencies in the presented recovery plan – also noting any apparent contradictions between what the presenter has said in casual conversation, and the plan. It’s time for challenges and a facilitation style that pokes around unpredictably to make doubly-sure that no one is answering questions on autopilot.

Sober House option

For clients who are struggling to decide what they want to do after they leave Hope, or who do not feel quite ready to re-enter their new life, it is possible to win a little more time for reflection and decision-making by first going to a halfway-house facility that works with Hope clients. Sober House is a secondary treatment center one hour away from Sriracha. According to Chris, who did take this option a few years ago, “Sober House is where you can go into town for shopping, kind of dip your toes into life outside while attending three group meetings a week and with support staff around to watch over how people are progressing.”
Post-Rehab Aftercare

As a long-term client you will be able to stay engaged with the Hope aftercare groups and counsellor support. Apart from this kind of personal contact, clients are also welcomed to Hope’s weekly online video meetings between members of the secret and private Facebook group for Facebook Alumni.

Simon Mott and the Hope staff know only too well how very important it is to have strategies to keep control of your mind. They also know the value of tools to counter triggers and negative self-talk that can undermine personal resolve.

With this in mind, aside from the many analytical tools and exercises in the workbooks, Simon Mott has compiled a new document known as the Aftercare Action Plan for former clients.

The Aftercare Manual and Action Plan

Just before I was to wrap up my onsite visit at Hope, Simon produced a draft of a document he had personally written to help all graduates from Hope Rehab. His purpose was to support those clients who could not stay for the recommended period of at least two months, clients who will not have had enough time to create their own robust and comprehensive recovery plan.

Written from personal experience, the Aftercare Manual selects practices and tools from the Hope Workbook, but gives more explicit explanations about how these tools help the person in vulnerable early recovery. Simon highlights the many kinds of challenges that are likely to come up, ranging from triggers to financial worries; Simon wants to set expectations at a realistic level. His point is to underline, in view of the oncoming challenges, how crucial it is to make a plan, stay with it, and to keep working it, because, as an old “sobering” saying puts it, “Anything we put before our recovery, we will lose.”

Graduates are encouraged to stay in touch with Hope, and not to wait until they are facing an issue to get in contact. For the author, this is something that really demonstrates the total sense of commitment and care at this facility. Feeling isolated and disoriented while adjusting to being back with family, says Simon, “is a real test of recovery.” So it starts right away, and he wants Hope’s recent graduates to be prepared for this possibility.

The Aftercare Manual goes on to give a comprehensive rundown of to-do items, from quickly seeking local support groups to advice on keeping recovery motivation high, and plenty more practical exercises and advice on goal-setting, setting up “objective” people you will be accountable to, and cultivating a spiritual aspect to one’s life to bolster recovery efforts.

The completed Aftercare Manual is now available for download from the Hope Rehab Thailand site.
HOPE
REHAB Thailand
My life began in 1989. I was a gigantic baby boy to two loving parents. They didn’t have a whole lot of money, but they loved me very much. I had quite a normal life growing up. When I was 2, my sister was born and we were destined to be great friends. The one thing I can really point out about my childhood was that my family moved around every 3 or 4 years. There were parts of this I liked and parts I didn’t like. It was very difficult to make new friends, but I did enjoy the change in scenery. Because of this though, I always was quite the outcast. I had friends, don’t get me wrong, but never really any close friends. This made me quite prone to the habit of doing anything to fit in. In the 5th grade I remember doing ridiculous things to get attention, things like blowing my nose really loud to cause a disturbance in the class, jumping off of small buildings to the point of getting hurt, and eating things that were gross. I didn’t know at the time, but these types of things actually outcast me even more, so I continued to do them.

I guess things really took a turn when I was 14. We had just moved up to NYC so that my sister and I could pursue a career in modelling. Up until this point, my parents always seemed very close and very supportive of each other, but for reasons I can only speculate about they split up, and I moved in with my father. When high school came along, I was still acting out and attention-seeking to a large degree, and it’s not surprising that I fell in with the people who did drugs. I began drinking occasionally, and smoking weed regularly. Weekends became weekday, and soon I was smoking weed before, during, and after school. I was a regular in detention, and almost every year was in summer school. I somehow managed to graduate and move onto college, where I was able to pursue my passion of becoming a pilot.

I went to college but didn’t really do as well as I had hoped. While I excelled in actually flying, my studies came up very short. I took immediately to the party crowd, drinking very regularly. I scraped through my first year and was able to come back a second year. This year was much worse though. I began using more and more drugs; smoking weed, using psychedelics, and other party drugs. I ended up dropping out of school very quickly because my only focus was drugs. I began to work menial jobs and take to stronger drugs, namely prescription opiates, and that’s where things got nasty. I took them every day and quickly became dependent on them. Shortly after this, I decided to get clean and went back home, but a year later the drugs crept in again, and this time switching over to heroin.
Addiction took hold of me very quickly. Within a year I had degraded into using every day. I would use any means necessary – stealing from my friends, family, and strangers, shoplifting, selling drugs – you name it, I did it. Somewhere in the middle of the madness I tried to get clean. Even though I went to treatment, I wasn’t ready. I refused to take on advice, I made no attempt to go to meetings, and no attempt at my recovery once I left treatment. It’s obvious to say, but I relapsed very quickly, and I went straight back to using, and it was even worse than before.

The next few years were much the same. Simply trying to find money to get drugs, any way I could. At one point I tried to get away from the USA and moved to China. My thought behind this was that I could escape my addiction by changing the people, places and things around me. Unfortunately, I still brought myself along, and very quickly began using in China. After a year of using hard drugs in China, I had had enough, and began to look at ways of changing.

When I got to Hope, I was a right mess. I was completely emaciated and in a deep state of psychosis. Years of drug abuse had thoroughly caught up with me. Apart from my physical issues, I was in a really bad mental and emotional place. After emerging from 3 days of sleep, I began acting out really badly. It had been years since I had any real contact with other human beings. I would pass people on the street, and interacted with people at work, but for the most part I was in total isolation. Because of this, I didn’t really know how to interact with people, and there was a huge hole in me that the drugs had previously filled. I tried to dominate people to make myself feel better, I was dishonest because if I thought that people knew the real me, they wouldn’t like me.

Fortunately, one of Hope’s strongest assets is the group. People immediately started expressing concern for my behaviour. At first, I was very shocked that they could see it, and began to think about how long I had been acting like this. No wonder nobody ever wanted to hang out with me before! But the seeds were planted, and as I recognized my behaviour more and more, I made a conscious effort to change.

One of the deep-rooted issues in why I was acting the way I did was my thinking. I would constantly attack myself, assume situations, and just generally have really distorted thinking. Thankfully another of the strong suits of Hope is Cognitive Behavioural Therapy (or CBT). I began to bang out ABC’s (one of the tools in the CBT toolbox), doing one a day. Very quickly, I began to see my distorted thinking disputing itself. I continued to use these tools and slowly over the next few months, I noticed my negative self-talk had taken a major shift.

While I learned some awesome things about myself, and some great tools and coping mechanisms, there was one thing that helped me more than anything else; for the first time in 10 years I felt loved. I always had a supportive family, but I had pushed everyone away because of my addiction. For the first time I was surrounded by people who were just like me, and we cared for each other through good times and bad times. It was critical to my recovery because I saw that I could stay clean, be loved, and above all, be happy.

Once I had finished my time at Hope, I knew I wasn’t ready to go home. Instead I decided to go to the Sober House. When I got there, I was all fresh from Hope and excited about my recovery, but I was very naïve, and thought I could get away with not using the tools I had learned over the previous two months. Instead of focusing on my recovery, I focused on having fun and developing friendships. While those things are good to do, I lacked balance, and paid no attention to my recovery. After a month I found myself in a really difficult position. The friends I had really put all my time into turned their back on me, and just as I was when I first arrived at Hope, I was lost. Fortunately, the staff at Sober House was excellent at catching me and bringing me back to my feet.

I began to use the tools I had learned and to give recovery my best efforts. Instead of looking to other people to make me feel better, I turned to step work and support groups. I got in touch with my feelings and began to clear away the wreckage of my past.

I had initially signed up to the Sober House for 1 month, but 3 months later I was still there. After I was a client, I began to work there as a volunteer. At first, I was just hanging out with clients and being a positive...
role model. I worked up slowly and began driving, taking clients out to meetings, and just generally giving back what was given to me.

One thing that stands out during this time was discovering things I used to love — namely music. During my addiction I only wanted to find drugs, but now that I was clean, I could go back and look at some of my loves that I had lost through it all. I began getting really into music and the messages behind it. When I was nine months clean, my favourite band was playing in Bangkok, and I got a few tickets. It was amazing, for the first time in longer than I could remember, I was having a blast, without the use of drugs. The spark I once had was re-awoken, and I knew I needed to be closer to my music.

When I got back from that trip, I instantly began to look for a way to move closer to Bangkok and be around the music scene. I started reaching out and looking for a way to move there, and finally found it. When I was a little over a year clean, I moved to Bangkok. It was amazing — I was able to go to shows a few times a week, go to meetings and support groups, and build my social circle. I made friends who cared about me, who wanted to me to hang out with them. It was really cool.

During this time, I also began one of my life-long dreams, to join a band. I had always been way too petrified and self-doubting to be able to do it, and while it was still difficult, I overcame those doubts. It’s amazing — after we play I just feel a tremendous sense of calmness, like nothing else matters. I’m at total peace. After a few years in recovery, I reached out to find a job at Hope and was welcomed. It’s a job I love and I feel extremely fulfilled at, and I’m able to give back. I’ve since started an aftercare program as well as a recovery coaching program in order to help people as they go back into the world after treatment. It hasn’t all been easy. There have been tough times too, but knowing about the tools of recovery, I’ve been able to get through them without picking up drugs, and at the end of the day, that alone is a success.

The word “outcast” hits me hard in your story — would love to hear you describe what you mean by that, how it felt, so I can try to capture this idea, especially in the way it can affect a child.

“Well, we moved when I was 4 years old, when I was 9 years old and again when I was 13 years old; that last one right was around the transition to high school. This was due to my father’s job with a large chemicals company. I should say that I was never really an ‘outcast’; it’s more that I didn’t feel like I was part of things, and it didn’t help that I didn’t have extended family around me — there was no connection. I would be with friends, in a group, but was always searching for a link. Later on, I stopped wanting to try to connect and I actually wanted to be an outcast, comfortable by myself — something I now see as giving up on myself. I sought to draw attention by doing crazy things — and the payoff was everybody laughing.”

B, you have noted that you didn’t have really close friends and also that you would do anything to fit in. Is this something you were conscious of at the time, or is it through working through the Hope program that you now realize this?

In the last years of high school I finally made a true friend, important to me to the point that we designed our study timetables to be the same time — everything was good, except for the fact that we smoked way too much weed all the time. I had a good relationship with my sister, who is two years younger than me. That relationship was destroyed by my addiction, but we’re back in touch now.
You had the double hit of moving again AND your main support structure (your parents) split up. In hindsight, how do you think that impacted you? And were you aware of those impacts at the time?

In some ways I was relieved, and the fact that I was being supervised by only one parent meant fewer controls for me.

You seem to have used your schools as theatres for attention-getting – but did you also study?

I did the minimum you could do and still graduate high school. I would spend my nights playing video games (often flight simulations) till 5 in the morning, then get up for school at 7. I had always wanted to be a pilot – and got my pilot’s license at 17. But I didn’t graduate. After that I had to get a regular job, at an Apple store. I was feeling guilty and ashamed about not completing the aviation courses, and now I had to work, I had to conform to what was expected on such a job. This is where I started using Oxycontin, to numb myself and not care so much.

You said: “My only focus was drugs.” Did you realize at the time, as you cascaded from weed to psychedelics to opiates to heroin, later meth and heroin, that your world was becoming so small?

My last month out was heartbreaking. I was on a really bad binge – non-stop shooting meth and heroin. I was absolutely unable to stop. At the beginning of the month, I began to reach out to treatment centers and one that I reached out to was Hope. From the first phone call with Simon, I knew something was different there, something special. He was compassionate, understanding, empathetic, and extremely helpful. I’ll never forget a call I made to him during a time I had overdosed and was desperate for help. Even though I wasn’t his client yet and had no formal plans for going there at that stage, he bent over backwards to help me. I knew it was the place I should be, and two weeks later I was on a plane to Thailand.

In your story you have said “It had been years since I had any real contact with human beings,” and you also mentioned that “I tried to dominate people to make myself feel better, I was dishonest because if I thought that people knew the real me, they wouldn’t like me.” Perhaps we can talk a bit about isolation as a spark for using, and then the using itself accelerating isolation? This seems to be pretty key all the way through this story?

Acting out is acting primitively like a child – to see what I could get away with. Later I came to understand that this was really a kind of attempt to hide my vulnerability – acting out and at the same time showing an intellectual dominance.

So what happened when you went to Hope’s group therapy and got called out on the acting out?

“Initially I was really shocked and surprised that they could see it – meaning they could see what I was doing. Initially I became angry at myself, but at the same time was so grateful to the group for gently and skilfully homing in on this behaviour.”

You said that “I would constantly attack myself, assume situations, and just generally have really distorted thinking.” What kinds of things did you do to get out of these habits?

In the 12 Step programs you are supposed to do 90 meetings in 90 days at the beginning of recovery – so I adapted this and did one CBT exercise each day – in this way I learned to become more aware of the negative self-talk I was doing, always attacking myself. The exercises gradually gave me a better idea of what was really going on, as opposed to my previous mode, which was to rely on my feelings and assumptions to make judgements about what was going on. It is hard to step out of that behaviour and change the way you react to things. Of course, I still sometimes rely on my feelings for some situations.

Apart from the CBT exercises, did you do the mindful meditation classes? Were they also helpful in your, as they say, “holding your mind?”

To be honest, this is still very hard for me, so I tend to do less meditation, but even now use CBT to work on any issues that come up. That’s the beauty of Hope – it shows you so many kinds of recovery tools, and this increases the chances of finding the right one in the recovery toolbox.

Have you done any trauma therapy, such as TRE®?

“When I was at Hope as a client, there was no TRE therapy. But now, while I’m working at Hope, I can do this therapy, which helps me lose tension and calls me to physically being in the present moment. The initial exercises help the person doing them to be physically grounded in reality. For someone who has been on hard drugs, there is bound to be trauma – the places you go to buy drugs, the things you see happening to people, the things you have to do in order to get drugs, all of these can be traumatic.”

In your narrative you mentioned that “For the first time I was surrounded by people who were just like me, and we cared for each other through good times and bad times. It was crucial to my recovery because I saw that I could stay clean, be loved, and above all, be happy.” I would like to understand what that little word “happy” means to you now.

For me this was an absolute revolution – being and interacting with people who were “just like me,” and getting caring feedback from them about my behaviours. So “happiness” these days means being content with myself, loving myself, happy to be at the place I’m at. Being in a position to start bringing back the things that I really enjoyed, like music. And I’m thinking about taking up flying again.

How long did you do treatment at Hope?

Two months. After Hope, my gut feeling was that I had a lot more I needed to work on – two months is not a long time after 10 years of addiction, and I still needed to do more work on myself, especially in terms of my tendency to rely on other people to help me feel okay about myself. So this was Step work under Narcotics Anonymous and doing Smart Recovery.

So what do you feel you gained from this work?

As I put it my story, “Instead of looking to other people to make me feel better, I turned to step work and support groups. I got in touch with my feelings and began to clear away the wreckage of my past.”
My mother and family had to work really hard after they settled in England. They were always busy and so my younger brother and I were mostly looked after by my gran. I was very close with my grandmother. My own father had lost his father when he was young, when my grandpa died aged 50. While it wasn’t clear to me when I was growing up, my father had developed something of a taste for alcohol at our constant and never-ending lifecycle events which always involved alcohol, and then it seems that the drinking became a regular part of his life. I later learned that he had already gone to The Priory rehab twice. My mother was good at hiding his problem from the family, and although I had a sense that there was something not quite right going on, I didn’t learn the truth until later. My mother and father got divorced.

When K was 14 years old, he sensed that he was developing a crush on a man who often travelled between London and Cyprus, but neither the man nor K did anything to engage in a deeper relationship until K, at the age of 18, travelled to Cyprus. K had never had a sexual relationship before this journey, and while he was “romantically engaged”, he was not ready for a full-on sexual encounter with an older man. In pain, K asked his partner to stop, but he wasn’t heard, then romance turned swiftly into rape.

Shortly after this traumatizing episode, his world fell apart with the sudden death of his grandmother during a minor liposuction procedure. He moved into behaviours that he would later identify as becoming love- and sex-obsessed after the trauma and this terrible loss. From now on, he would be on a quest to find different kinds of pain-relieving substances and behaviours: “I just wanted the pain to go away.” The first substance he used was cannabis, but after six months on this, he was seeking stronger pain relief. One night, K and a friend decided to try out MDMA (ecstasy) and go clubbing. Apart from relieving him of pain, this drug made him actually feel happy, and he later found himself swallowing these tablets like sweets. “It was way too much. I’m really surprised that I’m not dead,” he recalls. “It got deeper. It got to the point where I was sitting alone at home taking them during the day.

When K was 23, he had a full-on relationship with a Turkish Cypriot. Although he and this Turkish Cypriot friend were inseparable, the relationship did not last long. K made other random sexual connections. When he was 27, he was diagnosed as HIV positive, something he had not known much about, and this came as yet another shock. He changed professions and became a flight attendant, still clubbing. It was while clubbing that he learned to use cocaine. “Have a line, babe,” the people would say, as I prepared to go back home with my head reeling from the MDMA, “it will help you sober up.” It worked.

After one year of using cocaine, K’s family could see that K was different – he was leaving substances around the house and finally his mother insisted that he go to rehab for the first time. He went, but he didn’t stay long because he didn’t feel welcome, especially after the administrator told him that he would room alone, unlike all the others, because of his HIV positive status. He left rehab and carried on at his job as flight attendant. When he was 29, he put himself into another rehab facility but only lasted a day because he had, again, not made any connection.

At 33, I was still trying to feel engaged with a rehab process. It was becoming more urgent because I had had to call ambulances on two occasions in the last year because my heart rate was being affected by the cocaine. And my therapist warned me that I was getting too close to death.

K’s Story
K is a slight and lively 33-year-old man with azure blue eyes, who comes from a Greek Cypriot family in North London. His parents were very hard-working and made good. His extended family is large and there are always life-cycle events going on – christenings, marriages, etc.
An Interview with K, about his experience at Hope Rehab Thailand

How did you find out about Hope Rehab Thailand?
My addiction therapist gave me three recommendations for what she considered to be the best rehabs outside the UK. Hope was one of these recommended rehabs.

Is Hope Rehab the first rehab you have come to?
No, I had previously been to two rehab facilities in Essex, in the UK.

If Hope is not the first rehab you attended, how does the experience compare?
Well, they were different. I would say they were not as holistic – they didn’t have the wide range of therapies and activities that Hope offers, and they were pretty much focused on 12 Step. The other limitation was that they only offered 4-week treatments, which meant they didn’t have enough time to go down deeper into and beyond 12 Step. They did groups and also had individual counselling, but I didn’t feel like I connected with anyone. I didn’t feel welcomed.

What were the deciding factors that made you decide to apply to Hope?
Well as soon as I got the recommendation from my therapist, I looked at the Hope website and then watched the several videos that Hope has put up on YouTube. I was desperate to find something that could work – as I was pretty sure this was going to be my last chance at getting clean.

Is Hope what you expected?
No, it’s way better than I expected. I never expected it to be like this.

What does that mean, K?
It means that there is some kind of “magic” operating here – a magic that can almost immediately let you feel at home. It starts with the buddy system that the staff put in place to guide you during the first days – my buddy was actually also from North London! He was there to help me keep track of activities, find my locations and answer any questions. It was really effective in helping me settle in. And the Hope groups – I used to dread meetings at other rehabs, and wondered what I was going to say, given that I didn’t feel like I connected with anyone there. But here at Hope, the staff really do lots of preparation, are careful to introduce newcomers and make them feel welcome, and set the tone for the groups, who naturally become like caring family. Being at Hope has really made me determined to join meetings when I go back to London – now I know I really love and need those meetings.
Nearly 11 weeks at Hope, and I am sitting on a Thai bus travelling back from a few days at the sober house. I used to struggle getting a bus in the UK alone. I hated to be alone. I'd be anxious and it would trigger me to use. Yesterday, I walked around Nong Nooch (tropical botanical garden) on my own. I was buying soft drinks from drink stalls that were also selling a range of alcohol drinks. A few months ago, I would have said f**k it. I'm alone and I can get away with it, but I am doing this for me now; I choose not to drink because it creates a happier life for me.

I do not have to use today and I am not missing it, I missed me more and I am starting to find me again.

Seeing Things Differently

I look back over the last 11 weeks and I do see a big change. Hope is different from my last rehab. That time, I didn’t face myself. I just worked hard to manipulate and pass the days, so I could go back to my relationship. My dishonesty remained, and I didn’t own my behaviours. At Hope, I am doing the steps and they have given me a chance to lay out my emotions, resentments, and my life. I’ve seen the powerlessness of my drug use, and I am owning my actions – yes, they were not okay, and yes I’ve hurt a lot of people, as well as myself, but that’s my past and my actions have shaped me into the person I am today. At first, I was so anxious I’d walk into groups and fall apart. My guilt and shame was too much for me. I was a broken little girl. I was using drugs to create a blanket for my emotions.

Before Hope

At home, I couldn’t and wouldn’t face my emotions. I was weak. I was trapped. I’d sit in my room for weeks using cocaine and drinking to excess, not eating, self-harming and hurting anyone who tried to stop me. I was running and I couldn’t pick my feet up of the ground. Nothing was enough, no one could help or stop me, and I couldn’t save myself.

I couldn’t see the light at the end of the tunnel. Rehab hadn’t worked for me. Before, I got the money to go to one from gambling but that just enabled me to use more. I was searching and searching looking for answers. My using was just increasing, and I was just hoping I’d have a heart attack and die.

I never want to forget my rock bottom I do not want another I am so scared of my addiction. It controls me and takes over my life and I only have one, and I can’t lose it again.

So how am I now...

I’m smiling, I’m happy, I’m being told by new people that I am an inspiration and a positive influence (ha ha – how crazy is that?). When I arrived my negativity was so strong, but I arrived willing. I didn’t wanna die. I do daily gratitudes now – before the word gratitude wasn’t even in my vocabulary. I do ABC’s to challenge my negative triggers, and I say positive affirmations to myself which I’m starting to believe, I am a strong, intelligent, beautiful being.

Buddhist principles are amazing to me I try to follow them daily. I want to be an honest, giving, loving and non-judgmental person. Yeah, I am no guru. I’m not perfect but that is what makes life beautiful I get to know myself more daily.

I now meditate, I’m mindful and I ground myself. When I have a bad day, I don’t have to use, I can face it. I never used once before I arrived and last week I took a meditation group.

I have faith I have a loving higher power now; that in itself is mad.

Before I decided to come to Hope, I checked out other rehabs in the UK, and they were 12 Step and did no forms of exercise so I crossed them off my list. I came to Hope because it had a range of everything, and exercise was part of the program. Now I exercise at 6.30am daily and pray day and night. Before I came here I exercised once every month, if that!
The Story of Parice (con’t)

Doug grew up in the Orkney Islands in Scotland. He developed a relationship with alcohol from a young age. Finding island life a bit claustrophobic, he spent a lot of time travelling in his youth, spending much time in various parts of the UK, Israel and Amsterdam. In Amsterdam he added cannabis and crack cocaine to his primary drug of choice, alcohol. In 2004, he started attending 12 Step meetings in a bomb shelter in Tel Aviv, he ran out of money and joined a kibbutz on the Sea of Galilee.

In October 2004 he returned to Orkney and began to focus on 12 Step work, relapsed, started going to meetings and finally managed to stay clean for two years. The next scene D shared was something out of a spy movie only without the spy. “I turned off all means of communication with or from the outside world, I knew exactly what I was doing. I said to myself, ‘Go for it!’ and proceeded to open the evening with a highball glass of Gin and Tonic, a few beers and 4-5 glasses of wine.” This relapse occurred in late 2009 through early 2010. D doesn’t tell me anything much about what sparked this despite my asking him. He moves onto the next scene, where he goes to stay at the BAC O’Connor rehab in Burton-on-Trent, which he says has an ethos very similar to that of Hope.

“I wasn’t really doing the work,” says Doug, “I was hiding in 12 Step. I felt safe in the rehab environment and had intensive therapy for 14 weeks, and then a guided preparation for long-term recovery – we actually drew up a five-year plan for this.” D took some part-time Access courses – one of which was on psychology. He also began volunteering with a peer support recovery charity with the name of “Recov – Recovery Is Out There (RIOT): which is an award-winning group of recoverees who also attended the BAC rehab. Once out of rehab, he spent a year volunteering before he started paid employment with RIOT as a Volunteer Coordinator – during this time he also functioned as an Alcohol Liaison worker with the NHS. “This really helped me get a sense of purpose,” says D.

He applied for and was accepted to study Psychotherapy at the University of Nottingham. While studying part-time over four years he also worked full-time. He was offered a position as a junior therapist at BAC O’Connor.

The junior position at BAC O’Connor was extremely useful for Doug, helping him build a strong foundation in therapy, but also becoming much clearer and stronger in his own recovery. He liked the work but did not want to become dependent on any institution, a situation, D says “which can easily happen in recovery.” Moving on, Doug worked for a while as an Alcohol Practitioner in an alcohol center under Social Services. Later he worked for a year in Scarborough’s criminal justice system “a period in which I accumulated all the ‘desirable worldly goods”, on a good salary etc…, but he realized that he was still feeling restless and unsatisfied despite working within a great team doing great work. Eventually, he would find he could get much more job satisfaction from directly helping with addiction recovery issues, at Hope Rehab Thailand.

Update to 2018

Parice is now working for Hope Rehab doing assessments leading to admissions along with Natalie and Simon. She told me there are some advantages in doing these assessments externally. “I love doing this work, helping people to get help, but it is intense and involves intense listening and being alert. And some individuals who get on the phone might be mentally unwell or clearly not telling the truth – but they are the exceptions, and I generally look forward to talking to them. It certainly helps a lot that I myself have gone through treatment at Hope.”

At the time of the conversation, Parice had already passed her level 2 examinations in CBT counselling and Psychotherapy and was about to take the 3rd level exam.

Doug’s Story

Doug grew up in the Orkney Islands in Scotland. He developed a relationship with alcohol from a young age. Finding island life a bit claustrophobic, he spent a lot of time travelling in his youth, spending much time in various parts of the UK, Israel and Amsterdam. In Amsterdam he added cannabis and crack cocaine to his primary drug of choice, alcohol. In 2004, he started attending 12 Step meetings in a bomb shelter in Tel Aviv, he ran out of money and joined a kibbutz on the Sea of Galilee.

In October 2004 he returned to Orkney and began to focus on 12 Step work, relapsed, started going to meetings and finally, managed to stay clean for two years. The next scene D shared was something out of a spy movie only without the spy. “I turned off all means of communication with or from the outside world, I knew exactly what I was doing. I said to myself, ‘Go for it!’” and proceeded to open the evening with a highball glass of Gin and Tonic, a few beers and 4-5 glasses of wine.” This relapse occurred in late 2009 through early 2010. D doesn’t tell me anything much about what sparked this despite my asking him. He moves onto the next scene, where he goes to stay at the BAC O’Connor rehab in Burton-on-Trent, which he says has an ethos very similar to that of Hope.

“I wasn’t really doing the work,” says Doug, “I was hiding in 12 Step. I felt safe in the rehab environment and had intensive therapy for 14 weeks, and then a guided preparation for long-term recovery – we actually drew up a five-year plan for this.” D took some part-time Access courses – one of which was on psychology. He also began volunteering with a peer support recovery charity with the name of “Recov – Recovery Is Out There (RIOT): which is an award-winning group of recoverees who also attended the BAC rehab. Once out of rehab, he spent a year volunteering before he started paid employment with RIOT as a Volunteer Coordinator – during this time he also functioned as an Alcohol Liaison worker with the NHS. “This really helped me get a sense of purpose,” says D.

He applied for and was accepted to study Psychotherapy at the University of Nottingham. While studying part-time over four years he also worked full-time. He was offered a position as a junior therapist at BAC O’Connor.

The junior position at BAC O’Connor was extremely useful for Doug, helping him build a strong foundation in therapy, but also becoming much clearer and stronger in his own recovery. He liked the work but did not want to become dependent on any institution, a situation, D says “which can easily happen in recovery.” Moving on, Doug worked for a while as an Alcohol Practitioner in an alcohol center under Social Services. Later he worked for a year in Scarborough’s criminal justice system “a period in which I accumulated all the ‘desirable worldly goods”, on a good salary etc…, but he realized that he was still feeling restless and unsatisfied despite working within a great team doing great work. Eventually, he would find he could get much more job satisfaction from directly helping with addiction recovery issues, at Hope Rehab Thailand.
The Story of G

G dresses as if she’s always ready to do a hip-hop video performance; what I hadn’t realized before asking to interview her, is that her whole life had been run on something of a hip-hop gangsta video template. She was born to people who could not keep her, she was in foster parent care for six months, and though she has never met her birth parents, she has found out some details about the people who gave her life. She is black and her adopted parents are both white academics. Whenever I had seen her at Hope, she was the life of her own party, except when she was tired. But on the day of the interview, she was quiet and thoughtful.

I interviewed her a few days before she was graduating to Sober House, one hour away. G took the floor, and I made notes.

“Yeah, I think I resulted from a “fling” — when I was younger, I tried to find my birth parents, but both of their surnames were so common — it was just an impossible thing to find them, needle in a haystack kind of thing. But I remember thinking that finding them might complete me.” G is 40.

I smoked weed from the age of 10 on. The darkness came later. The way that happened was that my adopted parents, especially my mother, always wanted for me to have lots of multicultural experiences, let the cultures mingle when me and my brother was kids. (My brother was not from the same birth parents as me.) In the neighbourhood where I lived there was a mixed couple down the road — a white woman with a Jamaican husband, and my mother encouraged me to play with their children.

I guess at that time Mum and Dad were a little naïve. There was a park nearby and our rule was that we could play in the park, but we needed to check in with my mother every half hour. Well, a lot can happen in 30 minutes. The other children were into all kinds of things I hadn’t known about — pornography, weed (this is how I started on this) and all kinds of games of a sexual nature that, out of ignorance, I took to be something normal. Playing Mummies and Daddies, Nurses and doctor games … all kinds of sexual abuse that I only learned about later. These kids also led me into what we called “sports” — anything that could get us a rush of adrenaline — getting chased by cops for small hooligan kind of stuff. “Playing with them,” I said to myself, “was a way of fitting in. They were kind of my mentors.”

I am close to my adopted mother — she is in her 70s now. And while at the time I thought my mother was naïve, I changed my mind about that later. She is so intelligent and so loving. I know she loves me.

So, I was getting older and began to notice that there were a lot of gangsta types in the neighbourhood — I could see that they were cool but they were also scary. They would look at me like I was a white girl — tough enough but not really fitting in. I was not doing well at school: I didn’t know it at the time, but I had both ADHD and dyslexia. In our neighbourhood a big fight happened where there was a “rushing” — where many people jump on one person and sometimes kill with a knife or at least injure them. I started getting really scared for my mum. I realized that I would have to be tough to protect her — she wouldn’t be able to protect herself — she and my dad are real statistics experts, would be well accepted at Oxford University or anywhere else. They are well known.

I was still having abandonment issues, and this was the time I found out that my real father was a crackhead from Jamaica. This was also the time that an old-school gangster moved in next door to us. I met him and his boys and he would talk to me, helped me build my confidence. We girls had formed a girl gang on the street for protection and to protect people, and I was selling small amounts of weed to my friends at that time. I had never got off the weed — here at Hope this is the first time I have wanted to come off weed.
During my years in high school, my mother had given me 3-5 pounds each day to buy lunch. I would want to buy my weed, but I also wanted to have lunch, so if I wanted to buy weed the only thing I could do was to use my birthday money in order to have lunch. One day, my gangsta neighbour took me aside and asked me about my trades and how I might sometimes give stuff away, saying “how do you do your trading, how much is left over for you?” He changed my ideas and after that I wanted to find ways to scale up. I finished high school and started getting into alcohol, but it somehow was never enough. By this stage, having left school, I needed to make money. My parents had no idea that this was going on. So I started buying larger quantities and selling them, I could make a good living from this, better than good.

In the meantime, I was beginning to get into the party scene now that I was 18 and could legally drink. Took me a while to find the right music, but once I found Garage and House music, that was it. Around the same time at the raves I began to try ecstasy and speed. Speed really didn’t agree with me.

Then like a bolt out of the blue I realized that I like girls – I literally had had no idea. It was very confusing, culturally, because in the Gangsta Black culture there were loads of songs about attacking gays. I just didn’t know where to put myself. If I got into a relationship, it would have to be kept secret in my neighbourhood. I did fall in love with someone, other girls wanted her but she came to me, but it had to be really secret. We would go away to fuck each other. I would take care of her, pay for her things, you could say I was being the guy.

Her family could not understand, and what happened was that suddenly this woman literally disappeared, she was gone. I was devastated. I was broken and so depressed. After a long while I found my way to the gay scene. I was making huge, ridiculous amounts of money selling — and I added coke to weed and E now. I had now started doing gigs as a DJ — straight gigs and gay gigs were separate. Friday nights would be alcohol and E and Saturdays would be Pills and Cocaine. I was making too much money and was getting more and more unhappy. For four years I was what I called a “Empty Heartbreak Wreck”. But my attitude got bigger and bigger, really tough. I had more influence in my neighbourhood now, I was more respected, but I was conflicted because I was devastated. I wore a mask for four years. Had some girlfriends, some of which I really liked, but for some reason I kept cheating on them. Then I had a girlfriend I quite liked — her diary was lying around one day and I found she was actually cheating on me!

It was around then that a friend asked me to keep some of his stock of cocaine and crack at my place. I said sure, I didn’t seem to attract the attention of the cops for some reason. Around the same time we had more violent rushings going on among the gangs — I remember jumping out of a window when one of them happened. I looked around the corner and there was a guy with his innards just spilling out. Things were really seriously violent.

I was in a right state when I got back, and I remember looking at the bag of crack, even saying to myself as I opened it that “I am going to be ruined by crack.” I was right, I was instantly addicted. I stopped dealing. I turned into an ogre, I started being careless, I was getting beaten in fights for the first time. I started getting the cops paying attention to me. I could not control it. Finally asked my mother to get me to a rehab — this was Hampton Court, which was not a 12 Step program.

But the urge was stronger than me and I got back on crack at the first opportunity. I started getting arrested. It went on like this for five years. Then I went to a 12 Step type program (Providence in Bournemouth). I did the steps with a woman counsellor and got onto “Spice”, a kind of synthetic cannabis. But then I came off that, came out that rehab and started smoking heroin again. Now it really escalated. Appealed to social services and got a flat, got on some anti-depressants — I needed to be alone. They put me on the heroin service which is authorized to prescribe alternative meds like methadone — though what they gave me was ineffective.

I checked into something called Uxbridge-Blenheim Rehab and stayed clean for about 6 months, along with 12 Steps. They gradually reduced the methadone and I could function enough to be able to get myself accepted into uni and enroll for a course in film production — but then the idea of actually doing this freaked me out, and the negative talk started up. I had a therapist who suggested that maybe I should do some more rehab time away from the UK and defer the course at university. This planted a seed in my mind. Later I was checking out some YouTube films about Hope, and I asked her to tell me again what rehab she had recommended to me — and she said Hope! I took it as a sign to move on it.
An Interview with G
about her experience
at Hope Rehab Thailand

So Hope was the one. I had an interview with Simon around Christmas 2017. I said, “I’m desperate, can you help?” They got back to me right away. Natalie was first and then Parice was really helpful in the way she talked to me. It took me a while to get here (I arrived in May 2018). I had to make sure that I could keep my flat and keep getting my benefits. As the time crept up to go, I stated getting really nervous, and actually manic. I was so scared of failure.

How did you feel once you arrived?
There was something very disorienting that happened to me practically on arrival. The day after I arrived at Hope, the mother of one of my more serious girlfriends died. I had been close with her, and this was a terrible shock. On the very same day a cousin of mine (that I didn’t know well) was shot dead. Of course, I couldn’t go to the funeral of my girlfriend’s mother and I begged to be allowed to go somewhere special so that I could in some sense be “present”, at least in time. When I got to the temple I really tried to pray and to find G-d. I felt peaceful.

But then I got another call telling me that the daughter of my old girlfriend had died of an asthma attack in the car on the way back from the funeral. This was too much. I lost the sense of peace. But I have not forgotten Hope’s kindness in making those arrangements.

The first counsellor assigned to me wasn’t quite the right person for me, and then Doug took me on. Just after all this I came down with some kind of really terrible Thai flu. It took ages to come back from that and then when I was up and about again, I find myself getting into really bad tempers and rages. I started to remember why I took drugs. Other clients would comment on my behaviour, and sometimes provoke me, such as the time I went to a meeting of the prayer group and they called me “selfish and self-centered.”

I had never heard of tools such as the ABCs, NVC and I would talk about them a lot with different counsellors. I still wasn’t feeling well and much later I was diagnosed with acute withdrawal syndrome. My immune system was very much weakened. Before I was diagnosed and at the beginning when I was hit with the three shocks and detoxing I feel that people did not check on me much.

So once you settled down a bit, which therapies at Hope were most helpful to you?
Group work, and I guess also CBT because this is a lot of what we do in group – even though we don’t always realize that we are actually working on the ABCs, etc. I think this was a good way of using it, instead of talking and talking in big, unfamiliar words about CBT in ways we wouldn’t have understood. Hope does groups very well. Lots of times I have been frustrated by not understanding what counsellors were talking about but Hope breaks things down in ways that are easy to understand. I also liked Refuge Recovery and the TED Talks that were shown – this was all new to me.

How did these therapies help you?
I had never before heard of tools such as the ABCs, or NVC, and I would talk about them a lot with different counsellors. These therapies really helped me with my aggression and rage when communicating in anger. Groups always had a way of being right on point about whatever I was going through at any given moment. Like when I was raging, and the next day there would be a session on NVC; or when I was struggling with relationships or with particular women – and then next group subject was dependency. Group was also so helpful in areas like resentment about past losses, and relapse prevention.

I loved the delicious food and the Thai staff, who always made everything look so immaculate – not like other rehabs where you had to clean up after yourself. They work really hard. Something that was so good was forming a women’s group where it was so much easier to talk more easily about sex and other things not so appropriate to talk about with the men. If there were enough people, would be great to form a gay group, or if not, to do one-on-ones with Yuriko.

Are there other activities or therapies that were helpful to you?
Well, the one-on-ones with Doug. I also found that other counsellors were willing to have mini-sessions with me if I asked them – all I needed to do was ask them. This was amazing. I found that the more honest I was with them, they more they could help me. I listened to their feedback and tried all their suggestions. Luke, for instance would analyse my nightmares and set me work to do – leading the themes of the nightmares to change! In one case, dreams around death and guns changed into nightmares about being thrown out of rehab and using for two weeks. Seriously! Another guiding hand came from Yuriko, who helped me with my aggression and my issues with women – she was always there with a calm voice of reason and advice, or ways to stop raging and calm down. Chris would
talk to me and help me with my ABCs where Henk’s specialty was “rough and tough” but he would also quietly help me with the ABCs and sent me work to get me through issues. Sharon was a great resource for understanding the British system, to understand my rights there, guide me on how to write letters and generally prevent me getting too stressed about these things. The sports activities were a swell way to start the day but the “go-go-go” programming was hard when I was physically unwell. I found the meditation more difficult as time went along, maybe because of ADHD? Better for me was visualizing, such as visualize certain kinds of scenery. My mind was just too busy. The mindfulness learning went to a higher level where I found it hard to follow. But I can see its relevance.

I loved meeting people from all over the world, and I also loved the beach day on Sundays, it was a great opportunity to relax after the hard week of learning and the go-go-go activities. I loved it that there was a pool and I loved being challenged. I loved it also that as trust progressed over time we could be allowed to go to temples and churches.

I found really helpful knowing that some of the staff are addicts in recovery – and we could talk about it openly. This is a huge thing that other rehabs I experienced in the UK didn’t seem to do. It was inspiring to be around them and very helpful.

The Brief Story of F

the night before he left Hope

Well, so I live in London (where I was on cocaine) and I’ve lived in Spain (where I was on heroin) and also in the US, where I was on crack. I started out with heroin and Ketamine. Never went to rehab.

I originally lived on the Isle of Wight, which was really boring, nothing to do except join a gang that liked to create excitement by doing things like throwing rocks through windows and letting tyres down. By the time I was 13 I had already tried speed and acid. My father regularly abused me, I won’t say he raped me but there were other ways. He was cruel. To give you an example, he killed our family dog Baloo with an axe in front of us. Now in therapy it has come to the point where just in order to talk about emotions, I have to talk about them as if they belonged to a “third person”.

My mother, who was herself an orphan who wanted to be a ballerina, left me and my siblings when we were very young. My father was a well-known sculptor, trying to look after the four children by himself. I had no one to talk to – and I suffered from anxiety and low self-confidence. I do remember once being in a field with my siblings picking magic mushrooms – I remember tripping – it was like heaven to me.

I recently have been going through a crisis – I had to sell my business, and that felt like I had no identity anymore; I also lost 40,000 pounds sterling while I was in the middle of renovating my flat. I had been on 6g to 8g of cocaine daily! I went into psychosis after doing a kind of reality check on myself – a test which showed me that I could not stop. I’ve done time in plenty of prisons – pull of the drugs, mostly. But I had never before reached the point that I actually couldn’t stop. I had been isolating in London, probably 99% of the time; drugs were my best friends.

Here at Hope I’ve had to stop isolating, I have been forced out of it. I’ve had to learn, as I mentioned, to find ways to talk about emotions -- because now I understand that if I can explore and allow myself to show my vulnerability (in this safe group space), it helps me grow each time. This is not easy for me because of the bullying I got and my own years and years of lying. What has been really helpful has been my ABCs and the physical exercise. The other factor was my counsellor. When I met her and heard her story, it stunned me. If she could be as strong as she is today having been born in a prison and endured all kinds of abuse, then surely I should be able to get clean and stay clean. I don’t feel so alone now – I feel a real progress has been made in the groups, doing role play and getting the straight-up peer analysis. I plan to be the proof in the pudding that this program works.
The Story of S
– in her own words

My name is S and, for one reason or another, I turned to drugs at a very young age. The best way I can describe it is ‘a dis-ease’ with myself. My father left my mum and I when I was 6 years old and she then found another partner. I never got on with him and I never felt like I belonged in that family. At the age of 11 I started smoking cannabis and staying out late at night. At the age of 16 my best friend started going out with a boy who was using heroin. I started seeing his friend and, before long, I was smoking heroin myself. I always associated heroin use with a needle, so I didn’t even think that using this way could become addictive.

By this time my mum had found another partner and started a new family with him. I had two much younger sisters and I was largely left to my own devices. I began seeing an older man, probably because I wanted someone to take care of me. He was also using heroin and I began using with him. I started working in a factory and ended our relationship shortly afterwards. Suddenly, I was overcome with aches and chills. I didn’t realise until that moment that I had a habit and was suffering withdrawal. That was when my addiction really took off. I began scoring my drugs myself and found a much older boyfriend who was my caretaker. He enabled me to use as he accepted and funded my drug taking.

Although I pretty much tried every drug, heroin and crack became my passion. At 16 years old I was hooked, and at 19 years old I realised I needed some help and went into detox for the first of many times. From then on it was over a decade of battles and misery. I was caught in a complete cycle of chaos, shame, insanity and desperation. I was in and out of detox facilities only to pick up again and again.

I attended a rehab for five months at the age of 23, only to relapse months later. At the age of 30 I gave up the battle and the detoxes and plunged head-first into my using. This was the last five years of my using before I found Hope and the most painful, lonely, desperate time. I was caught in a complete cycle of chaos, shame, insanity and desperation. I was in and out of detox facilities only to pick up again and again.

I went into what should have been a 5-day detox, but they over-medicated me, and I ended up in a mental ward where I had to have 24-hour care and was basically just dribbling. The authorities tried to stop my partner seeing me, as I was in such a state. Less than two years later I was back on a script and back in there. This was the complete insanity of my using.

By the time I was 35, everyone had turned their backs on me. I was injecting in my groin, on a methadone script and taking stupid risks with my safety and my life. I was in a desperate mess. My house had been smashed up by dealers. I had no heating or hot water for 9 months as I had not paid my bills. I was constantly getting caught for shoplifting. My partner, who was a dealer himself, dumped me as he was fed up with my stealing. I was caught in a cycle of overdoses and my life was slowly unravelling. I knew this way of life was going to come to an abrupt end one way or another. I was scared and I knew I had to ask for help and make a drastic change or else I was going to die. I did not really know or have any expectations on what my life would or could be; I just knew I did not want to die and I wanted to stop using. I had the gift of desperation.
This is when I was blessed enough to find Hope and make contact.

I had read a story in a newspaper about a celebrity successfully going through treatment at Hope. It spoke of Hope as an ‘affordable rehab’. To this day, I don’t know what made me reach out, but I made contact with Simon and told him I wanted to get clean. I also told my partner how scared I was, but he helped me to find the deposit. A huge part of me wanted to just carry on smoking crack, but there was enough of a spark there that truly wanted recovery. Just before leaving for rehab I left my house in complete chaos for my family to take care of. I was rushed to hospital on the Friday after an overdose and flew to Thailand on the Monday.

Arriving at Hope was very surreal and now sometimes looking back feels like a dream. When I arrived, I was in shock and couldn’t believe I was there. It was night when I arrived so I couldn’t see the view. The next day I just soaked in the panoramic sea view and felt like I had escaped from a war zone. I could not believe that I was alive in such a beautiful and tranquil place.

The love, support and compassion I found at Hope was something I had never experienced. I was not an easy client at times, but the staff saw beyond what I now know to be my personas, defects, masks and old behaviours. These had served me well in my using but were no longer needed in recovery. They showed me patience and gave me tools for living clean. They gave me the confidence to accept myself for who I truly was.

Before coming to Hope, I really had no idea who I was as I was so full of shame that I could not accept myself and feel comfortable in my own skin.

After finishing two months of treatment at Hope, I moved to the Sober House but came back to volunteer and help other addicts. To my amazement, I found I was actually really good at supporting people through the recovery process. My experience was actually of value to someone else. Other people also saw my talent for this line of work and Simon offered me a support worker position after I completed my time at the Sober House.

This was such a great opportunity for me, and I felt privileged and blessed doing something I was passionate about, in such an amazing place. I was also able continue my own recovery as well as building my confidence and growing and changing as a person; I can honestly say it was one of the happiest times of my life. Hope is such a special place. The setting, along with the people, just make it such a safe place for healing and starting the journey of recovery. I was finally being true to myself and people liked me for who I really was. Most importantly, I liked me for who I was. I thought I had finally cracked it.

After nearly a year I decided to return home. I felt I had enough knowledge and tools to keep me safe. I was going back to England to nothing; homeless, jobless and alone after being with my partner for 17 years, but I wanted to build a new life for myself in England so I had to return at some point. A couple of months before this, I was involved in a car accident. Dealing with this was incredibly stressful and I began to feel overwhelmed.

I returned home and before too long, reality hit. I felt my family should roll out the red carpet on my return, but they were busy living their own lives. I floated round different parts of the country, staying with people I had met at Hope, trying to decide where I was going to start this new life. The tools we learn at Hope are invaluable, but it is up to us to practise them, nurture them, and use them on a daily basis. Looking back, I did none of this! I allowed fear and resentments to creep in, I became dishonest in meetings and with myself. My defects came to the forefront and I lost my faith in the program, in myself and in other people. I inevitably picked up.

They say it is the first drug that causes the damage and it really was, the shame and disgust in myself was all consuming. I reached an emotional rock bottom straight away. I felt so lost and alone, right where my addict wants me! Something I had not lost was my connection with my Hope family so, although it took
a lot of courage, I reached out and told someone honestly what had happened. The non-judgemental love, compassion and understanding I had received before was still there and I returned to Hope, my safe place, my sanctuary.

So, after leaving Hope as a member of staff, I was now back as client. My pride was battered and I felt a little broken, but I did not care about that. I was desperate to learn from what had just happened. I was trying to learn and change and there is no shame in that! Also, the odds had totally changed as I had found out one day before my return that I was now expecting my first child. It was no longer only about me. This was something I had desperately wanted for a long time, but my past life had meant I was never in a position to be a mother. I was so irresponsible and chaotic, I could not look after myself let alone a baby. This changed everything and made my recovery even more important.

I was so grateful to be back at Hope. I was welcomed with open arms and big hugs. I became humble and open to learning more about what had led up to my relapse. I was able to lick my wounds, mend my pride, build myself back up, find my spark for recovery again and grow a little stronger.

I decided to return to England to have my baby. This time I had no fairytale in my head, but I did have a massive incentive and something to focus on. My baby gave me a reason to put all that I had learned into practice. I made sure I did things differently this time, really taking responsibility for my own recovery. I knew I wanted to be in my hometown, and I had contacts to help me get somewhere to live. I just decided I was gonna do my best each day to work towards getting my home and establishing my support network. I had a renewed faith that it could be and would be okay if I practised and took responsibility for the knowledge and tools I had been given at Hope.

It has not been easy. I was homeless, pregnant and I had social services involved with my unborn baby. After 20 years of my chaotic using life, they needed me to prove (rightly so) that I was capable of the challenge of being a mum. There have been lots of ups and downs and tests of my character and recovery, but I know for certain that without the totally life-changing experiences I was privileged to receive at Hope, I would never ever be where I am today.

It is now nearly three years since my first encounter with Hope, and I am 2 years clean from my relapse. I have such great love for Hope, how it works, what we can gain there and the people I met along the way. I will always have a massive place in my heart for this special place. My first baby is now over 1 year of age and we have no social services involvement, I used my program to give me the strength to keep doing the next right thing and proved myself to be a great mum. I now have my own home, which I have built up for myself and my family from nothing, and I am massively proud of this. I have a loving healthy relationship with my partner and we are expecting another baby and getting married later this year. I work 2 days a week as a support worker at a local community rehab project. All of this is really beyond my wildest dreams and I know none of this would have ever happened to me without Hope.

I also know that if I don’t continue to learn, change and grow and prioritise my recovery, I will lose all these gifts that I have gained. I use and share the tools I learned at Hope and I stay connected with my Hope family whom I love and am very grateful for. I know I would not be where I am, or have what I have today, without finding Hope. I am finally proud of who I am. Today I accept myself, the good and the bad, and I have faith for the future.
In my life I have worked hard, and I have played hard. I joined the US military at the age of 22 and signed myself up for the US Airforce program. This program was known as the Survival, Evasion and Resistance and Escape Program (or SERE Program.) I married three times and divorced three times – I originally had 7 children.” Questioned about his original family, he speaks in a quieter tone: “I have a family, but it is pretty loosely knitted. I kept my distance. I have two blood sisters and an adopted brother but when I was 11, to me it seemed that my family all just disappeared … I was just a latchkey kid, like so many others. My father had issues, and my mother also had issues.

I really enjoyed my job teaching survival skills to young recruits. I was based in the Middle East but my family were mostly in the States – except for one period of five years when the kids came over. Like many working in the military, I had always drunk a fair amount of alcohol, especially when I would go on 3 or even 4-day binges between training sessions. As time went on, though, I started losing control over my drinking, but because I had lots of stamina and I felt bound not just to keep up with my peers, but to actually outdo them; I always had to prove myself.” He would also drink at home on leave. In 2006, two of his boys, Tim and Mitch, were driving a truck they had no permission to drive, over to a party on a rainy night. Mitch, very drunk, was driving. They never made it to the party and Tim died on the spot. Mitch lingered on for another six years but was too overwhelmed by what he had done to live longer. Mitch was not the only one: “My kids had seen me drunk drive plenty of times,” remarks T.

“When I was coming up for 26 years in the military service, my senior trainer and teammate, a wise older officer, gave me an ultimatum when I failed to show up for a particular operation – and the ultimatum was to clean up my drinking, or risk being thrown out. I took myself off to rehab, the last time being at the Cabin in Chiang Mai. My counsellors, including Simon Mott, were really good – providing me guidance and their leadership. Alon was also at the Cabin at that time, and taught me key skills to keep calm.”

Several of the remaining 5 children (all under 20 at the time of writing) have issues with substance addiction, and one of them is in prison. T’s youngest daughter came to the Hope Rehab for treatment – which is how he got to know about the new facility.

When he had been sober for about 2 years, he moved into a new career in the private oil and gas sector. This involved working at the corporate office of a Houston-based oil and gas company, supporting drilling operations in Saudi Arabia in 35-day shifts, punctuated by time off. His job is to support the staff in the land-drilling and offshore operations, ensuring quality of trainings and materials. In Dubai, where he is based, he can find fellowship groups quite easily for meetings, but he says he would rather spend his holiday time at Hope to “ground” himself and see how he can make himself useful. One day, he says he would like to become a counsellor. He would also like one day to follow his passion and teach sky-diving or deep-sea diving to young people, to help them discover their inner potential – “because so many kids today seem to be lost in some kind of haze.” In the army he had witnessed the powerful transformative power of physical training. At Hope, T is helping prepare induction for interns, writing out the standard operating procedures. Asked whether he considers Hope Rehab to be one of the best rehab operations in the world, he responded, “Let’s put it this way – I wouldn’t want my daughter to go to any other rehab. I like the approach which involves so many different kinds of therapies; but what I really like is the fact that there is no condescension toward the clients like you can find in other rehabs. Hope’s counsellors act and speak with respect to their clients. For sure Hope Rehab is not what they call a rehab mill, nor is it operated like a prison, like some rehabs in the US.”
The Story of J

J is a softly-spoken young woman with an English mother and a Lebanese father; she has a gentle gracefulness in her way of speaking, but in group she was highly perceptive and used her skills to deliver hard-hitting observations, gently.

She is the eldest of three children. As had happened with others, her words flooded out in a rush when I asked her for her story.

“How did I get to Hope?” I guess if my parents were to answer that, it would be that I got here because I was not functioning as an adult. I was depressed, and I was using hash to mask that. When we still lived in Lebanon I went through a psychotic break, probably brought on by smoking Spice (synthetic marijuana).

In the background to all this was the eventual divorce of my parents in 2013. I think we all felt better that they were separating — we were having constant dramas going on until then — but what we hadn’t anticipated was that he would not give her any funds at all at the divorce, because in his mind, he was the “offended” party. My mother had not lived in the UK for most of her life, so she has had to start again from scratch. All this drama and the arguments made me anxious, and that is when I turned to hash.

I was at the University of Lebanon, and I had elected to study history. In the final year, I had just had to complete my thesis after showing a draft to my professor, and I could graduate. But what happened is that when I showed my professor the draft, he said my writing was plagiarism. I was sure he was wrong, and I was extremely shocked by this accusation! It shocked me so much that I never did finish the thesis and so I also failed to graduate. I gave up. I went to hash for solace, buying myself a good stash for my birthday.

My father seemed to renounce his Arab background, and he moved to Thailand. From there he still supports his three children, and we also still have the house in Lebanon. He also has another two children from a previous marriage. He regards himself as having failed in keeping his marriages together.

What have you found to be most helpful therapies and activities here at Hope?

I came to Hope to break the addiction. I was not really joining in with everything to start with — but I have to say that the counsellors at Hope — a wide variety of personality types and cultures — all of them really bend over backwards to get you out of your shell.

The most useful tools for me were group therapy and the meditation, and learning to be mindful, living in the moment. I also think that Hope has a good balance when it comes to the fitness program — they want you to keep moving, but they are flexible about what you do. Doug is my counsellor — and he is really quite firm about what needs to be done and by when, but it’s also clear that he is firm because he is very caring and wants the best outcomes for his clients. I also work with Luke on trauma related therapy, and he’s also wonderful. I find a nice male/female balance among the clients and the staff.

Will you go back to university and finish your degree?

Yes, I am going to finish my degree, I am determined to do so, especially as I had pretty much finished everything required until I sabotaged myself.
The Story of M

M is a young 27, one of two children born to a pair of busy professionals. Sober, he is a bright-eyed, engaging individual given to speaking in strings of swearwords when he gets excited.

His mother, he says, is an angel; and his father, in his mind, spent most of M’s early life escaping to work, so he did not need to be at home.

He used to live in Alaska but moved to Florida when his mother retired.

This short interview was done on his ninth day of sobriety.

Where do you come from, M?
I was born in Alaska, but now I live in Florida, with my mum.

That’s quite the contrast! How did you like living in Alaska?
Well, it’s OK, but between the long dark hours and the cold, there tend to be lots of drugs and a lot of alcohol all around you, anything from benzos to painkillers, acid, heroin and alcohol. I never want to live there again.

How was your family life?
Well my general memory is of a life where in my family, my mother always seemed to be anxious, and my father was almost always absent, so I never had any kind of male role model. My mother had looked after my grandmother, who was mostly bedridden and something of a pill-popper herself; her husband (my grandfather) was the military type, very strict. There really was a lot of tension in the house. I have a sister seven years younger than me, so I essentially grew up alone.

When did drugs start being a factor in your life?
Well my main memory is that my mum got into some kind of disagreement or fight with my soccer coach and had me taken out of the soccer program. I remember being pretty upset. Right after that, in some kind of rebellious mood, with a friend, we tried some weed for the first time. It felt really good and it was so much fun! We would smoke together, which made me feel less isolated, but after a couple of years, we fell out with each other and then it emerged in the family that I was not doing well at school. So when I was 17, I was sent to the kind of 50-day “wilderness” school program where you spent the first nights on a mountain ridge shivering while the wind kept blowing away your tent. It was a shock, but I got used to it, eventually, and got talking and joining up with other people, and I did end up feeling more confident in myself.

When I came back from that program, I was sent to an exclusive and expensive boarding school—this cost $200,000 a year! The first night there, the new students slept in the main hall with supervisors, so that no one could slip away. That night, I could hear the supervisors talking among themselves, and it was easy to understand from their talk that the main point of this school was to get a lot of money from the parents. I quit that, couldn’t bear for my mother to spend so much on me. I came back home.
How was your relationship with your sister?
Couldn’t really be that close since she was seven years younger than me. But towards me, she was mostly resentful. And when I was going through a difficult time of unclear sexual orientation, she would tell me to “just shut up,” and throw playing cards showing naked men into my face.

So what happened after you left the boarding school and came back home?
Well so by now I was 18 and new to Florida. I was living in a kind of haze. I did odd jobs and sold weed – enough to feed myself at least to some extent, but mostly I was doing a kind of tour of substances. During this time, I was discovering Xanox, doing ecstasy and cocaine at the clubs, taking pain pills, meth and shooting up heroin – once only. (It felt so incredible that I knew that if I did it again, I would never be able to stop.) I’d go to parties in Tallahassee where I’d isolate in the crowd. As time went on, I could see that everything seemed so barren. I had no plan, not even a clue about what a plan could be, and things were getting worse each day. I’d wake up in someone’s house in a T-shirt that belonged to someone else, splattered with someone else’s blood, my phone would be gone, and I would have no idea where I was or how I got there. I was lost.

OK, so how did you get to be here, at Hope Rehab Thailand?
M: Well it turns out that my mother (who is an angel), had already found out about Hope Rehab Thailand, and we’re close, so she guessed that this might be the right kind of place for me to come; but she also knew by now that I would personally have to be ready to get to the rehab stage. So about 18 months after she had not only found Hope but had actually talked to the admissions people, we agreed that I was done, that I could not go any further down that track, so I arrived here. My mum is the best and she is so excited about my being here.

And now do you have any idea what you’d like to do later?
Not sure exactly, but I know that what I want to do is help others – I have been so selfish and taken so much from my mother.

(I note that a few days after this, M revealed in an ACT group that he had decided that his path and purpose would lead him to some form of medical research and he was actively looking for information on how to bring this about)
Natalie’s Story

Natalie (originally from London), had battled with addiction for many years before getting clean. Her path of recovery took her to a mindfulness-based recovery community in the north of Thailand, which is where she and her husband B met. After spending a year there working on themselves and helping other people, they made the decision to contact Simon and come to Hope.

“I’m going to be five years clean and sober in January, and my life has changed so much in this time. When I first walked into the rooms of Alcoholics Anonymous in January 2013, I couldn’t see beyond just getting to bed that night without picking up a drink or a drug. I really didn’t think it would be possible but I kept at it – one day at a time. I didn’t have any dreams other than just not picking up. My life had become such a mess, the last 10 years of my using were simply miserable, and I was out of control and so depressed. When I got into recovery, things really did begin to change for me. I found people who not only accepted me without judgement but who were just like me. Some of the stories may have been different, but the feelings, the shame, the negative self-talk, all the inside stuff, that was the same. I found home.

I had always had dreams of travelling and living abroad but could never get it together while I was using. At 9 months clean, I moved to Australia and spent a year living in various parts of that amazing country. It was really tough at times, and I honestly think being in AA saved me. It gave me a way to meet people everywhere I went, and it was somewhere to go to be real. I knew it was a risk travelling that early on and made a vow to myself that my recovery would always be my priority. I knew that without it, I may as well have been dead.

After 11 months in Australia, I went to New Life Foundation, a recovery community in the North of Thailand. It was there I learnt how to open my heart and face my past. Even though I was already clean, I spent 3 months there as a client. I firmly believe that in order to help other people, you need to have gone on your own journey too. This was my time and I loved it there and learnt so much about myself. This was also where I met Brian, he had already been there 8 months, and we decided to stay on and help other addicts and people working on themselves.

In June 2015, we decided it was time for us to leave New Life. Although I had always been adamant that I wouldn’t want to work in a typical primary rehab center, I contacted Simon. I knew that I didn’t want to work in a clinical setting, what was important to me was to be somewhere that clients are respected and heard, and where it’s not just a money-making machine which unfortunately is typical of many rehabs these days. However, I had spoken to Simon when I first got clean about getting help for myself, and had really liked the way he spoke to me and the concept of Hope – which was why I reached out to him.

I feel so lucky today that I’m an addict and that my path has bought me on this journey. Through recovery I’ve learnt so much about myself, and no longer need to live in the despair which held me for so long. My own recovery is still my number one priority and with it, I’m able to deal with whatever life throws at me. I can honestly say I love my life today.”