

# One Grain of Sand

## Beit T'Shuvah Best Practices for Integrative Treatment

**Under the Direction and Guidance of**  
Harriet Rossetto, LCSW & Rabbi Mark Borovitz

**Prepared for Beit T'Shuvah by**  
Dr. Charles Blakeney &  
Dr. Ronnie Frankel Blakeney





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# Acknowledgments

This Handbook is the fruit of many years of labor and love. Its roots go deep. It represents the evolution of the treatment program at Beit T'shuvah begun by Harriet Rossetto, and shepherded by her and her husband Rabbi Mark Borovitz for the past twenty-five years. The Handbook is based on systematic observations in groups, therapy sessions, services, meetings and informal gatherings. The data that we gathered includes formal and informal interviews with staff members, residents and alumni, as well as surveys conducted with residents and staff members over the course of ten years. We wish to thank the counselors, spiritual counselors, therapists, interns and supervisors for their generosity, openness and helpfulness in gathering and analyzing the data that support this Handbook.

The Handbook represents the culmination of 12 years of scientific exploration into the recovery of Developmental Integrity among chronic alcoholics, drug abusers and gamblers by the authors. Beit T'Shuvah's Board of Directors sponsored the first stages of the research twelve years ago, and the completion of the handbook this past year. We are honored by their trust. This handbook presents a developmental approach to recovery and builds on the authors' work begun at Harvard three decades ago. The authors wish to acknowledge their mentors in this process: Lawrence Kohlberg, Carol Gilligan, Robert Selman and Robert Kegan.

Director Harriet Rossetto and former Clinical Director, Kathy Marks, are the fire under the Beit T'Shuvah Handbook. They knew that Beit T'Shuvah had a successful approach to treatment and they wanted to be able to share what we do and how we help in a more systematic, comprehensive, useful and user-friendly format. Rabbi Borovitz and the Board of Directors agreed. We are grateful for the opportunity to be of service.

We wish to thank, as well, Yeshaia Blakeney, our son, who is Rabbi-in-training at Beit T'Shuvah and Beni Warshawsky for their helpful insights into the program (YB) and how to organize the data into a succinct Matrix (BW).

Lastly, we would like to acknowledge our granddaughters Eden, Noà, Stella and Ida, who remind us every day about the importance and joy of sharing what we've learned, and of being open to learning from them in turn.

Beit T'Shuvah is a Jewish spiritual community, and this Handbook describes, in part, how a spiritual community heals. As members of this Jewish spiritual community, the program directors and authors encourage others to join us on this path to recovering integrity, passion and purpose.

**"We don't expect you to be perfect.  
We just expect you to be one grain  
of sand better each day."**

**—Rabbi Mark Borovitz**

*“You don’t come here to get sober,  
you come here to become your best self.”*

This Handbook introduces the reader to the Integrative Treatment Program at Beit T’Shuvah Synagogue and Recovery Center. T’Shuvah means repentance, return and new responses. T’Shuvah is the essence of recovery. We’d like to welcome you, too, as our Rabbis welcome new residents each Friday night during Sabbath evening services.

## Welcome to Beit T’Shuvah

“We want to welcome you in. And the first thing I want to tell you is that Beit T’Shuvah is not a rehab. It’s a community. We’re a community. You come into a rehab to get free of drugs, alcohol, gambling, eating disorders, i.e. addictive behavior. You come to Beit T’Shuvah to become a better person...the best “You” you can be. When you come to a rehab, they tell you the rules about how to behave: Do not touch alcohol, drugs, your cell phone, your roommate or the front door. We have those rules, too, mostly. But in other programs, in rehabs, depending on their theory of recovery, after 1, 2 or 5 rule violations you get kicked out. At Beit T’Shuvah, whether you stay, and how long you stay, depends on you; it depends on how you are working on how to be a better you...one grain of sand at a time. It’s an individualized program, because it’s about you being your best You...not some cookie-cutter sober alcoholic, drug addict or gambler. The one thing you have to do, that everybody has to do, is HOLD ON. It’s going to be a wild ride, and nobody does it perfectly. When you come in here trying to be perfect, then we can’t get to know the real you: the part of you that hides in the closet or under the rug—that sleeps in your car and runs from the light. The part of you that takes over and whispers in your ear that you’re not good enough, that you’ll never make it, that you don’t matter. In Hebrew it’s called the Yetzer Ha’ra, the evil inclination. Everybody has one, just as everybody is a pure soul, with good inclinations, the Yetzer Ha’Tov. We all have (at least) two voices, chattering in our heads—a voice that urges us to take the easy way out, that tells us to hide our shame from G-d and other people, a voice that tells us we can’t make it, so why try—that we’ll never be lovable, that we’ll never belong, that we’ll never be worthy or rich enough or thin enough or powerful enough. And there’s a voice that tells us that we, too, are a child of G-d, and that the world needs us, needs our talent, needs our good heart, needs

the contribution we can make, and that we are good, and that we are enough, and that we can be who God intended us to be, and this next step is the next step on our path, and that when we stumble, it reminds us that we, too, are human, a part of the whole, and that we can learn to walk our path, to get up when we fall and to walk through pain and shame and fear and sadness. That when we stray, we can return. That we can let go of frustration, disappointment, anger and rage, and not follow it down the rabbit hole, because we matter. You matter. And each of us is obligated to do our part, to be the letter of Torah we were made to be.<sup>1</sup>

How does Beit T'Shuvah help lost, stuck, broken souls to return, heal, grow, discover their purpose, recover their passion and their integrity, and rejoin the larger community as fully participating members? At Beit T'Shuvah, the path to recovery is through the doorway of a Jewish spiritual community. Beit T'Shuvah is the House of Return.

This Handbook guides the reader through the recovery program at Beit T'Shuvah. Part I relates the history of Beit T'Shuvah, our philosophy of addiction, recovery, Integrated Treatment and Jewish spiritual community, and the Core Values that guide our practice. Part II: Menu of Services, orients the reader to the components and structure of the Integrated Treatment Program. Part III: Five Recovery Tasks, illuminates Beit T'Shuvah Best Practices for working with people at each of five empirically derived Recovery Tasks: Sanctuary, Awakening, Moral Engagement, Recovering Integrity, and Covenant. We present these tasks in a “typical progression” in full recognition that recovery doesn’t proceed in a straight line, and that Beit T'Shuvah’s Integrated Treatment Program is individualized. People come into the program with different experiences, different patterns of being “split” and “stuck” and “disengaged.” Addiction is a chronic relapsing condition, and people work on the tasks of recovery in different ways, have different needs, make use of different aspects of treatment at different times—they have to go backward to go forward, and so on. In Part IV: Tailoring Integrative Treatment, therefore, we describe four regenerative pathways people take as they find sanctuary, awaken, engage with the program, and recover their integrity, passion and purpose. In Part IV we conclude with a summary of the research on which the program and this Handbook are based. Each Section includes extensive reference notes that explain, account for, validate, complement or extend the annotated theme.

1. Yeshai'a Blakeney and Rabbi Mark Borovitz



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# 1

## **PART I.** **PHILOSOPHY AND CORE PRINCIPLES**

### **I. A short history of Beit T'Shuvah**

**THE CALL.** Harriet Rossetto is a woman with a mission. She always knew she had a calling, but until she was 45 years old she didn't know what that calling was. Then one day she saw an ad for a social worker with Jewish background to visit Jewish inmates in jails and prisons. Who knew? She applied, got the job, started visiting inmates and found that she connected. As our rabbis teach us, if you can't find a way to connect with another human being, a lost and holy soul, look deeper. She connected with the inmates, and realized that there was no place for them to go to get their lives together when they got out.

**THE RESPONSE.** She saw the need, heard the call and responded: Hineini. Here I am. She wrote a grant for a half-way house for homeless ex-inmates and opened the house on Lake St., in a barrio in Los Angeles, near the county jail. The first day she welcomed 3 parolees that promptly stole her jewelry, and the next day offered to help her find it. "That's the definition of an addict," she thought: they steal your jewelry and offer to help you find it. Charming and deeply split: they steal to feed their hunger, fill their emptiness, and they care about other people, want to be worthy, loved, want to help. Addicts are deeply split, and Harriet could relate to that split: the part that's passionate about her mission in the world, and the part that wants to hide under the covers and die. She heard the call, what she now knows was a divine call: helping Jews coming out of prison, struggling with alcoholism and addiction, to find a way back, to return, to find authenticity, passion, purpose, wholeness and integrity.



**IS ADDICTION JEWISH?** Just saying the words together in the Jewish Community in Los Angeles was revolutionary: Jews and criminals, gangsters, alcoholics and addicts? Who ever heard of Jewish alcoholics? She created a quiet revolution in the wider Jewish community by talking about the “family secret:” addiction is an equal opportunity disease. Addiction is a Jewish problem, too.<sup>1</sup>

**A SOCIAL WORKER MEETS HER MATCH.** On one of her prison visits Harriet met Mark Borovitz, the prison rabbi’s inmate clerk.<sup>2</sup> She challenged him to come to help her at Lake St., and 18 months later, when he was released, he came. Together they built an integrated addiction treatment program. “Addiction is a problem of being split and hiding,” Harriet says. “There is a hole in the soul where connection and self worth ought to be, and people use ‘something’ to fill the hole.” Addiction is a spiritual dis-ease, Twelve Step programs tell us. Mark says, “that recovery is about doing the next right action, taking direction, nevermind about your feelings. We are all Holy Souls and each of us can and should do T’Suvah, repent and make amends.” Harriet agreed. Soon enough they married, and Harriet convinced Mark, with the help of other rabbis in the larger community (Ed Feinstein, Harold Schulweiss) to go to Rabbinic School. Mark’s brother, the “good son,” was a rabbi. Together Harriet and Mark paired with Gateways Hospital to build a Jewish recovery program at Lake Street. They had AA meetings, groups, counseling, Torah study... and shabbos services, which were in a tent in the back yard. The neighborhood gangbangers looked out for their safety because, as they told Rabbi Mark: “We know, man, that G-d is in this place.”

**MISHPUKHA: FAMILY MATTERS.** One day Harriet heard Elaine Breslow speak out loud about addiction and alcoholism in the Jewish community, and she came to Lake St. to offer to help. She and Harriet saw clients and realized how disengaged they were from their families. Families needed healing too. Addiction grows in families....although usually only one or two family members are “symptomatic,” addiction is a family disease and the whole family system, sometimes over generations,<sup>3</sup> is involved. Elaine Breslow was a one-woman family program for nearly 20 years. The Elaine Breslow Family Program bears her name to honor her memory and her contribution.

**COMMUNITY SUPPORT.** From the first week on Lake St. there weren’t enough beds to meet the demand. Beit T’Suvah is a charity. Fees are on a sliding scale, and no one is turned away because they can’t pay. That meant, and still means, raising money to provide scholarships, and the Jewish community has continued to provide generous support for over 25 years. From a budget of \$50,000 a year, Beit T’Suvah has grown into

an \$8,000,000 program. As one Board Member recently reported: "You give us a place to come where we can be of service, where we can be a part of something bigger than ourselves. Not just giving money, but being involved with the residents and the staff, coming to Services, being a member of the community. Being part of Beit T'Shuvah gives our lives meaning, too. Beit T'Shuvah is our community."

**So when the need for services, for beds, for a home, was too great for even the attic and the sofas and the tent at Lake Street, Beit T'Shuvah, with the bold and courageous support and leadership of Warren Breslow, Annette Shapiro, Jona Goldrich, Sol Kest, and many other generous donors, acquired the present location on Venice Blvd. in West Los Angeles.**

### **FROM MOM AND POP TO A BIG EXTENDED FAMILY.**

From 17–20 residents at Lake Street, Beit T'Shuvah has become a program with 140 residents, with sober living, and independent living and post graduate housing; with an intern program and an extern program; with a music program and a career center; with a special program for problem gamblers and people with eating disorders. From a clinical staff of 2: Harriet Rossetto and Elaine Breslow, the clinical program now employs, trains and supervises more than 30 full and part time clinicians under the guidance and direction of Harriet Rossetto. From a spiritual and religious program of one Rabbi who did Torah study, Shabbos, Holiday Services and spiritual counseling, Beit T'Shuvah now provides spiritual counseling to every resident with a staff of 12 full and part time clergy members and rabbinic interns. Beit T'Shuvah has grown from a counseling staff of 4 recovering addicts to a counseling staff of 30 or more addiction specialists, many of them "home grown." From a family program with a support group for parents and family counseling "as needed," the Elaine Breslow Family Program has grown to include family psycho-education, three multi-family groups and a program for out of town families, in addition to the ongoing family support group and individual family and couples counseling. There are psychiatrists on grounds, neurofeedback on grounds, Talmud and Hebrew on grounds, cognitive behavioral therapy, trauma treatment, surf therapy, and a program of expressive arts therapies.

Beit T'Shuvah offers Prevention services, Alternative Sentencing services, the Smalley Music in Recovery Program; the Leonard and Susan Nimoy Career Center; The Right Action Gambling Program; Freedom Song, the BTS musical; BTS Ventures, our social enterprise arm; BTS Communications, our graphic design arm; The Hal Wiseman Thrift Boutiques and many other programs that you will meet in this handbook.

## TRUE TO OUR CORE BELIEFS.

The program continues to be true to its integrated treatment model, weaving together Twelve Steps, Psychotherapy, Judaism and Jewish Spirituality. Beit T'Shuvah continues to be a family, community and sanctuary for hundreds of people, Jews and non-Jews alike, struggling to recover wholeness, integrity, passion and purpose after a head-on collision with themselves. And Beit T'Shuvah continues to be a vital resource for the Jewish community in Los Angeles, and for families and communities across the country.

## II. Beit T'Shuvah Core Values

The five core values that undergird Beit T'Shuvah's integrative treatment are:

**1. *Everyone matters:*** Each human being is a unique holy soul, worthy of respect, striving for integrity. People's differences enrich us all (both/and). Each of us comes into the world with our own „*gute Neshama*.“

**2. *T'Shuvah:*** All of us are imperfect, we make mistakes, and we can repent, return, change and grow; accept responsibility and become transparent, authentic, and accountable.

**3. *Obligation:*** People need each other and community to thrive. Community implies obligation. Obligation trumps feelings. Communities demand teamwork. Teamwork demands moral engagement.

**4. *Continually Seeking Wisdom:*** Individuals strive for the good, for proper measure; Individuals learn from each other and from experience. As seekers, people make, admit, tolerate and learn from mistakes.<sup>4</sup>

**5. *Keeping Faith:*** Faith is the source of the courage to seek wisdom, make mistakes, return and commit to community in the face of struggles, negative emotions and doubt. Faith is the antidote to despair.

**Beit T'Shuvah's understandings of addiction, recovery, spirituality, awakenings, surrender, amends, service, community and practicing these principles in all our affairs, all flow from these core values. They are further illustrated in the sections to follow.**

### **III. What is addiction?**

Addiction is a state of bio-psycho-social brokenness<sup>5</sup> and moral and spiritual disengagement.<sup>6</sup> When people enter Beit T'Shuvah they are stuck, split, disengaged and hiding.<sup>7</sup> Harriet Rossetto, Founder, Director and CEO of Beit T'Shuvah tells us that addicts are lost souls, detached from their families, communities and often from their Source, their own core meaning. They have lost their moral compass and their spiritual connection. They depend on chemical substances and other destructive behaviors to fill a void, maintain a split, obfuscate the parts of themselves that they cannot integrate, hide from their feelings, and disconnect. We all do. We bite our nails, drive when we could walk, drink too much coffee, lie to our colleagues and ourselves about how we spend our time each day. We hide from our shadows in the shadows. And we are all split in different ways: alienated from ourselves, our Source and our community.

#### **STUCK**

Typically drug and alcohol use begins as part of adolescent exploration.<sup>8</sup> During adolescence people begin to test their own identity and decision-making. As the brain matures people are increasingly able to integrate their feelings and their moral judgments. Young people who are compromised by internal stress (e.g. depression, anxiety, ADHD, aggression); and/or external pressure (e.g. social conditions, severe family dysfunction, poverty, trauma) are less likely than their peers to achieve appropriate developmental milestones.<sup>9</sup> They are developmentally stuck in early adolescence, and fail to develop the tools of emotional regulation, integration of feelings and thoughts in decision-making, and reciprocity in interpersonal relations. Their coping mechanisms fail to mature, and drug and alcohol abuse, preoccupation with body image, gambling and other risk-taking behavior become an integral part of their repertoire. Difficulties in moral judgment, social functioning and emotional regulation lead to drug use, and drug use impairs the development and integration of moral judgment, social functioning and emotional regulation.<sup>10</sup> They are stuck. The harder they try to break the cycle, the more they fail. Addiction means being stuck in the same pattern of behavior. Being stuck also leads to shame and guilt, distancing them from G-d and from other people. The dopamine system that is activated to reward parent-child and partner bonding is hijacked by drug use, further decreasing sources of potential alternative ways out.<sup>11</sup>

#### **SPLIT**

Drug use, particularly early onset alcohol and drug use, compromises neural integrity,

including the mechanisms and neural networks implicated in impulse control,<sup>12</sup> emotion regulation, decision-making, moral judgment and memory retrieval. The affective domain is split off from the decision-making prefrontal ventro medial cortex. Michael may feel angry, afraid or sad, and go use, or gamble, without stopping to think about his family, his work, or the lessons he learned and commitments he made after his prior arrest. Alternately Daniel may calculate that cashing bogus checks to feed his habit doesn't cause harm. In either case: only using his calculating brain, or only acting on feelings, his brain isn't using all the information at hand. Feedback from the environment (e.g. natural consequences) are not integrated. There is no functional learning going on.<sup>17</sup> The same split between affective dysregulation (alternately flooded or numb) and cognitive constriction (e.g. treating people as objects) is evidenced in personality and human interaction: the parts of the self are split off.

## **DISENGAGED**

The relationship between addiction and engagement is complex and self-fulfilling. Many people feel isolated, rejected, abandoned, unworthy and they hide and use, further reinforcing their isolation and shame.<sup>18</sup> Others are overly-engaged with their peer group, not thinking for themselves. Still others are superficially engaged with many people, but don't make or maintain genuine, intimate relationships. Neural and spiritual concomitants of addiction add to the challenges. Addiction compromises empathy and role-taking abilities that are crucial to moral engagement.<sup>19</sup> The experience of exile and deserving punishment dooms people to a role as outcast and to wandering.

## **IV. What is Recovery? From Stuck, Split and Disengaged to Integrity, Passion, Purpose and Commitment**

If we define addiction as stuck, split and disengaged, then recovery means being open to finding wholeness, striving toward integrity, and it means engagement: connecting to community, connecting to G-d, and striving to find our own passion and higher purpose. Beit T'Shuvah's Integrative Treatment is designed to help people bring all of their parts to community, to transform their bad inclinations to the good, and to live their own unique "divine purpose." Harriet Rossetto tells us that one difference between addicts and "normies" is that "addicts think in black and white, either—or. Yet we are all imperfect, like a gem with many facets and many fissures." And Rabbi Borovitz tells us that "spiritual growth is about both/and, not about being perfect, but about striving toward perfection, one grain of sand at a time, just a little better each day." But what does better mean in this context?

## INTEGRATIVE TREATMENT INTEGRATES

T'Shuvah, the basis of the recovery program at Beit T'Shuvah, is the opportunity to return by transforming brokenness to wholeness,<sup>20</sup> by integrating the split-off parts of the self, especially the negative moral emotions.<sup>21</sup> In order to support integration of all the parts of the self, Beit T'Shuvah's treatment program is itself integrative. It's like a challah.<sup>22</sup> It begins with three strands of dough, each with its own integrity: Judaism and Jewish spirituality; Twelve Steps, and psychotherapy.<sup>23</sup> When the strands are braided together, allowed to rise, and then baked at the proper temperature, for the proper length of time, the separate strands are transformed into one substantial whole. Beit T'Shuvah integrates Judaism and Jewish spirituality, Twelve Steps and psychotherapy in many ways in its program of recovery.<sup>24</sup>

**a. Some of each:** Each client is assigned to a spiritual counselor, an addiction counselor, and a psychotherapist, who are either paid members of the staff, interns, or volunteers.

**b. Integrated Treatment team:** Each resident has an integrated treatment plan, with integrated goals developed among the primary (addiction) counselor, spiritual counselor, therapist, management team, family counselor and career counselor (when appropriate), coordinated and monitored by each resident's individual case-managing primary counselor (usually a staff social worker or substance abuse counselor).

**c. Groups attend to both science and spirit:** AA based groups naturally attend to spirituality, prayer and meditation, turning it over to Higher Power. However more traditional psychotherapy groups and approaches, such as attachment-based groups,<sup>25</sup> trauma-informed groups,<sup>26</sup> eating disorder, cognitive-behavioral and gambling groups all also explicitly include the spiritual aspect of life. Check in groups and T'Shuvah groups use psychotherapeutic methods, recovery-specific tools, and spiritual perspectives and teachings.

**d. Torah study:** Residents and rabbis explore together the hard questions about living: What are the lies I tell myself? What are the things I struggle with? Spiritual counselors use Torah text to explore universal questions: Joseph's feelings about being favored by his father, and being sold into slavery by his brothers; Rachel and Leah's positions towards each other and the husband they shared. And Torah study is the basis for examining moral conflicts and ethical lessons: under what conditions should parents turn a disobedient son



over to the authorities? How do we reconcile with our siblings after a breach? What does it mean to place a stumbling block before the blind?<sup>27</sup>

*Integrative Treatment is consistent with increasing attention in the scientific community to the role of faith and spirituality in healing and in explaining the unexplainable.<sup>28</sup> Neuroscience, and particularly fMRI technology, gives us a new way to observe and measure bio-psycho-social-spiritual growth, change, re-integration and recovery.<sup>29</sup>*

## V. How Beit T'Shuvah Core Values guide integrative treatment

### 1. HOLY SOUL

Being a holy soul implies that we are "Both-and," that we embody our splits: fearful and courageous, kind and selfish, mathematician and drummer, parent and professional. From the perspective of Jewish spirituality we each come into the world with a mission, a purpose, a pure soul and a free will. Each of us is an individual.

*Reb Zusya of Hanipol was the humblest of men. The story is told that on his deathbed, he cried, and his students asked why he was crying, Was he not a great tzaddik? A righteous man all his life? And Reb Zusya responded, "I'm not worried that G-d will ask me why I was not Moses. I'm worried because G-d may ask me why I was not fully Zusya."<sup>30</sup>*

This Midrash tells us that none of us is perfect, no two of us are on the same mission, and each of us has a place to be "our own best selves."

Recovery gives people the opportunity to pick up the pieces: even, and especially the hidden parts; and to reweave them into whole cloth, a cloth that includes all the parts of the self. Damage is not done by misbehavior: "miss" behavior is behavior that misses the mark. It is a signpost that points to the places we have to grow as individuals living in a community. Rather, damage to the individual, to relationships and to community comes from hiding, from lying, from not acknowledging and bringing the parts of ourselves into the light. Rabbi Borovitz teaches that the sin, the *avera*, of Adam and Eve in the Garden of Eden wasn't disobedience. It was hiding from G-d and lying about it, after they ate the forbidden fruit. It is shame that keeps us trapped, and separates us from others. Shame and disconnection lead to despair, which, in turn undermines (sabotages)

recovery. Despair is the antithesis of hope, faith and integrity. Being a Holy Soul means discovering, and recovering your true authentic soul, being the best “Reb Zusya,” the best “me” that each of us can be.

## **2. T’SHUVAH**

It is self-evident to say that the idea of T’Shuvah informs the program at Beit T’Shuvah. T’Shuvah means repentance and return. In Jewish spiritual practice T’Shuvah implies a return to the spiritual path, a turn and return for those who have strayed from their Divine purpose. From one perspective of Jewish Spirituality G-d created T’Shuvah, return, before G-d put people into the world, because G-d knew we wouldn’t be perfect. That is, G-d created people with free will so that we could be creative, courageous, could make mistakes,<sup>32</sup> and learn and grow from our mistakes. Knowing we have the responsibility to choose, and therefore the possibility of making mistakes, G-d created a way back, T’Shuvah, return.<sup>33</sup>

*Torah teaches that G-d appeared to Abraham and said “Conduct yourself before me and be whole.” This instruction tells us that if we place G-d always before us, we will be whole, Tamim, including all our parts. It means that G-d accepts all the parts of us, when we present them. Bringing the hidden parts, the shadow, before G-d, is a turn toward wholeness. “It represents a demand for moral integrity.”<sup>34</sup>*

Beit T’Shuvah is a spiritual community that invites people to bring all their parts together, to “conduct themselves before G-d,” and to “be whole.”

## **3. OBLIGATION**

When people ask alumni of Beit T’Shuvah “What is it about Beit T’Shuvah that helped you (get and stay sober/recover)?” the answer, more often than not, has something to do with community.

“For the first time in my life, I felt like I belonged.” “The community accepted me.” “It was here I found faith.” “This community is more a home to me than anywhere else I’ve ever been.” “When I slipped, they took me back.” “I found a place at the table, where I will always be welcome.” “They loved me when I couldn’t love myself.” “This community held me, holds me still, especially in dark times.” “The community, the staff, the residents,

the Board, they believed in me, and they still believe in me.” “This is a place where miracles happen, you just have to hold on.” “I got recovery in this place not because I held on—I ran away—but because they held on to me.”

Community is critical to T'Shuvah, to recovery, to wholeness and integrity because membership in community demands obligation, demands covenant. Membership in community is a core practice in Judaism, and a core pillar of recovery at Beit T'Shuvah. It stems from the covenant between G-d and the Jewish people: “I will be your G-d, and you will be my people.” Torah itself is called Covenant. Torah is G-d's instruction for living. The giving and receiving of Torah engenders covenant, the obligation to “do and to understand.”<sup>35</sup> Obligations, in Judaism, include those between an individual and other people (“man and his fellows”) and those between a person and G-d. For people whose lives have been lost in meeting their own impulsive desires, learning (re-memorizing) that our actions affect others, that we have moral obligations to behave in particular ways is a critical task in recovering integrity.

Community-as-treatment is nothing new in the field of recovery. Fifty years ago “therapeutic communities” were the norm in rehabilitation. They came about to counter the hierarchical top-down “Father Knows Best” medicalized approach to addiction treatment with a therapeutic community based on mutual respect and mutual obligation. Therapeutic communities employed recovering addicts, and affirmed a self-help approach, like those embodied in 12 Step Recovery Programs. They replaced unhealthy communities and isolation, with “helping communities,” fellowship and mutual support. Beit T'Shuvah, too, relies on creating a community of long-term residents and staff. Beit T'Shuvah values staff having “been there” and being in recovery in addition to having professional credentials. Like therapeutic communities, Beit T'Shuvah sees the community itself as a tool for healing.

What is it about the *Minhag HaMakom* (the customs of the place) that make Beit T'Shuvah a holy place for healing and for practicing obligation, replacing selfish impulsivity with covenant? **What is different about the community at Beit T'Shuvah? What makes it such an effective healing milieu?** <sup>36</sup>

Like therapeutic communities, Beit T'Shuvah is a relatively long-term residential community wherein the community itself is seen as a key agent of change. Like therapeutic communities, Beit T'Shuvah helps rehabilitate people who have become socially, emotionally, and spiritually unfit by creating a community in which people help each other to learn or

re-learn, new healthy sober habits of behavior. Like therapeutic communities, the longer people stay at Beit T'Shuvah and "work the program", the more likely they are to be clean, sober, working, and functioning socially one year after treatment.

There are three important things that contribute to Beit T'Shuvah's success, beyond what we find in therapeutic communities.

☆ **First, Beit T'Shuvah is a Jewish spiritual community.** That is, the community embodies a set of values and visions that connect it to a transcendent meaning and purpose, and to Jewish tradition and wisdom. These traditions engender mutual obligations. Residents are not recipients of treatment, healing, teaching. Residents are participants, with obligations to the community, to G-d and to their own holy souls.

☆ **Second, Beit T'Shuvah is not only a healing spiritual community, but it is also woven into the fabric of the larger Jewish community.** Unlike therapeutic communities, which take in new members, help them to heal and mature, and send them back, or at least out—one strong norm at Beit T'Shuvah is to remain a member of the community after one has "completed" the program. As Harriet Rossetto, says, " If you don't come back to visit, you come back to live. In therapeutic communities "membership" is temporary, based on residence (you live there) and current status (recovering drug addict). Beit T'Shuvah, rather, is more than a community. It is a healing culture where membership is not limited to place of residence or status. Membership is based on mutual recognition, acceptance and obligation. Being a member of the culture means co-creating the shared values, beliefs and behaviors of the place.

☆ **Which brings us to the third difference between Beit T'Shuvah and a therapeutic community.** Therapeutic communities are characterized by changing populations and static norms. Beit T'Shuvah, like the ancient Jewish religion itself, is a dynamic thriving culture. Culture itself is defined as a shared set of norms and values, beliefs, behaviors, moral meanings and essential ways of knowing/truths. Maintaining the integrity of its healing culture means that Beit T'Shuvah staff, management, Board and alumni stay true to their vision and their principles, while at the same time being responsive to changing needs, demands and opportunities. In that sense the healing culture at Beit T'Shuvah is more about maintaining a healthy ecosystem than it is about being an efficiently operating institution. Like an ecosystem, Beit T'Shuvah adapts to its environment in ways that allow for the maximum growth and health of all the complex

organisms in the “forest.” This means that there are certain principles and values that characterize the culture, and that at the same time, it can accommodate new species, which in turn contribute to its health. Let us make this more concrete. One core value at Beit T’Shuvah is the belief that each individual human soul has a purpose on this earth. Helping each person to find her/his purpose is one aim of treatment, an important part of growing up morally, socially, spiritually and practically. That is, within Beit T’Shuvah there is space for creativity in line with core values, and yet not everything remains and leaves its mark, except in the stories we tell. And the stories transmit culture and values *L’Dor V’Dor*, from generation to generation.

*Whenever the Jews were threatened with disaster, the Baal Shem Tov would go to a certain place in the forest, light a fire, and say a special prayer. Always a miracle would occur, and the disaster would be averted.*

*In later times when disaster threatened, the Maggid of Mezritch, his disciple, would go to the same place in the forest and say, “Master of the Universe, I do not know how to light the fire, but I can say the prayer.” And again the disaster would be averted. Still later, his disciple, Moshe Leib of Sasov, would go to the same place in the forest and say, “Lord of the World, I do not know how to light the fire or say the prayer, but I know the place and that must suffice.” And it always did.*

*When Israel of Rizhyn needed intervention from heaven, sitting in his chair, head in hands, he spoke to G-d, “I am unable to light the fire. I do not know the prayer. I can’t even find the place in the forest. All I can do is to tell the story and this must be sufficient.” “...And it was sufficient.*

*Remember the story, tell it, pass it on. G-d made man because G-d loves stories.<sup>37</sup>*

For 25 years, the Beit T’Shuvah core principles have been transmitted not by institutional practices, but by the stories members of the community tell:

Harriet Rossetto and Mark Borovitz grew Beit T’Shuvah from a small house on Lake

Street for Jewish inmates leaving jails and prison, to the 140 bed Addiction Treatment Center, Synagogue and valued community resource that is now well rooted on Los Angeles' westside.

There on Lake St., Elaine Breslow began the Beit T'Shuvah Family Program. Hundreds of Beit T'Shuvah families still tell her story, after she's gone. They learned from her that "No" is a complete sentence.

Hundreds of men and women sentenced to prison tell a story, too, about how Carrie Newman got folks out of jail. Nearly two decades ago, Beit T'Shuvah established an Alternative Sentencing Program.

- Remember the counselor who surfed? He created Beit T'Shuvah's successful Mindful Surfing Program. Maybe you've heard the story?
- And what about James Fuchs, Laura Bagish and Cantor Rebecca Mirsky who made music and created the Music in Recovery Program?
- And John Sullivan, a resident who became a graphic artist who helped develop BTS Communications?
- Who tells the story of Joan Praver who has come for twenty years so that Beit T'Shuvah residents could write their stories?
- Who tells the story of Freedom Song? Who knows the Beit T'Shuvah Passover original musical tale of redemption from the slavery of addiction that has travelled all over the nation?
- And Doug Rosen and the young graduates who take the BTS Prevention Program into Jewish schools and youth programs all over the country, and tell the story?
- And the Gambling Program that Kathy Marks built with UCLA? We remember the story. Before Beit T'Shuvah there was no residential program in California for pathological gamblers.

Hearing the stories creates culture and engenders obligation *L'dor V'Dor*, from generation to generation.



## 4. Continually Seeking Wisdom: Judaism and Jewish Spirituality<sup>38</sup>

Jewish spirituality is the foundation of Beit T'Shuvah's recovery program. For hundreds, perhaps thousands of years, people across cultures have observed the connection between spiritual experiences and substances of abuse, i.e. "spirits<sup>39</sup>." The use and abuse of alcohol and drugs is often a wrong turn taken in a quest for meaning.<sup>40</sup> Searching for understanding, meaning and purpose is at the core of what it means to be human and what it means to be a Jew.

### Four fundamental pillars of Jewish wisdom illuminate Beit T'Shuvah's Integrated Treatment Program.

1. Each of us has a Yetzer Hara, an earthly inclination, and a Yetzer Tov, a G-dly inclination.
2. Each of us is given free will and the capacity and the obligation to choose.
3. We have the ability and obligation to do T'Shuvah, to repent, return, transform and transcend.<sup>41</sup>
4. Jewish tradition emphasizes wrestling with life, G-d, Torah, the texts of the sages and each other.

## OUR G-DLY NATURE

According to Torah, we are all created in the image of G-d (Genesis 1, 26). Our holy souls are tripartite by nature: we have an animal soul, a G-dly soul, and a soul that was created a little lower than the angels, that thinks and resolves (moral) conflicts, that has the capacity and the obligation to choose.<sup>42</sup> The animal soul is what allows our bodies to survive, to eat, to mate, to procreate, to protect ourselves and our families, and to house our G-dly souls. The G-dly soul is that which is connected to the Divine and to Divine purpose, the part that strives to be one grain of sand better each day. Within that, we each have two inclinations, the Yetzer Hara and the Yetzer Tov, the earthly inclination and the good inclination. One strives for transcendence and connection, the other may try to sabotage, undermine and resist the Higher calling. We are beings created to make choices, and to hear and see the good and the not-so-good in the world around

us—not that these are distinct: wine, women, and song can both tempt and sanctify. We are given the opportunity and obligation to choose between blessings and curses and commanded to choose life,<sup>43</sup> and sometimes the choice is in how we see something.

Seeking meaning and mystery. When we talk about spirit and spirituality in a Jewish context, we refer, with Rabbi Abraham Joshua Heschel, to those aspects of being and knowing that, “despite all our advances in science to date and to come, remain unknowable, mysterious and awesome.” The experience of awe, of wonder, of mystery, Rabbi Heschel tells us, is built in to human beings in order to sense the transcendent meaning in the world. Awe, he tells us,

*“is more than a feeling. It is an answer of the heart and mind to the presence of mystery in all things, an intuition for the meaning that is beyond the mystery, an awareness of the transcendent worth of the universe.”<sup>44</sup>*

“...all human beings are spiritual by nature and spirituality is the cornerstone of our recovery,”<sup>45</sup> according to Rabbi Dr. Abraham Twerski. A sense of ultimate meaning, that is, an apprehension that the world has meaning, and that one’s own existence has meaning is what sustains recovery.

Spirituality is often defined in terms of a personal quest for a sense of connectedness with the Sacred Other, with Higher Power, or Ultimate Meaning. Spiritual practice includes prayer and intentions, gratitude and the search for connection and meaning. Whether or not people are searching, people have spirit. In Jewish tradition the word for spirit, Ruach, is also the word for wind, an invisible moving force. It is breath/spirit that gives us life and makes us human. According to Chasidic teachers, we are spirit embodied. So it is a matter of seeking, attending to, that part of ourselves. Spirituality is what connects the immeasurable and unknowable mystery to the earthly, material world.<sup>46</sup>

*“There is no essential conflict or struggle in the opposition between mind and emotion, scholarship and faith, intellectual inquiry and simplicity of soul. The right way of life does not require unity in this respect; on the contrary, it makes it obligatory to immerse oneself in the contradiction...the essence of spirituality cannot be localized in either the wisdom of the intellect or the simplicity of the heart, being beyond all these; it can, however, be reached by*

*the constancy of a struggle to overcome the contradiction.”<sup>47</sup>*

In sum, Beit T'Shuvah is an integrative treatment program based on Jewish spiritual teachings. At the core of these teachings we hear that life is not either/or, black/white, good/evil. Life is “both/and.” There is no perfection. We are only obligated to strive each day to be one grain of sand better. This yearning to be better, to do better, to be more connected; the yearning for meaning and purpose is the paradox of our imperfection, our incompleteness.<sup>48</sup> Rabbi Mark teaches the wisdom of the Sages: “G-d brought T'Shuvah into the world before the world was created because G-d knew we would be imperfect, would make mistakes, and would need a way back.” Mistakes are the paradox of our free will. Unlike flowers, which, while beautiful, cannot make mistakes because they lack the free will to make choices, our mistakes make us human: they enable us to strive to be one grain of sand better. The integrative treatment program channels our core values and beliefs into Beit T'Shuvah Best Practices described in Part III: Beit T'Shuvah Best Practices for Five Recovery Tasks.

## **5. KEEPING FAITH.**

Addiction is by definition a bad habit. It is a way of avoiding, or coping with, life's ups and downs without facing life or yourself. Beit T'Shuvah recognizes that sobriety isn't recovery, and recovery isn't all there is to life. Keeping Faith is staying connected with the possibility. Some people do this through connection to “transcendent spirit.” Some people do this through community. At a recent alumni picnic one of the hundred plus alumni who participated reported: “I was sober for 20 years, in AA, working my program....but I never healed...I never knew I was broken, so when I fell, I fell hard. At Beit T'Shuvah, there on Lake Street, I figured out who I was inside. I got in touch with my authentic core and my divine purpose. I wasn't Jewish and they took me in. I didn't have money, and they helped me. I owe my sobriety, my life, my family, my holy soul to Beit T'Shuvah.” Beit T'Shuvah helps people keep faith long after they leave the program. Some people come to Shabbos Services, some come for counseling, therapy or meetings; some sponsor residents, some meet weekly with their Beit T'Shuvah classmates for basketball, surfing, music, Torah Study or Heschel. People give back, helping new residents, being of service. Alumni stay connected with Beit T'Shuvah in a variety of ways because Beit T'Shuvah is family with unconditional love; because Beit T'Shuvah is their community, our community, and because G-d is in this place. You only have to walk through the doors to feel it. Welcome to Beit T'Shuvah, the House of Return.

**The following are norms, behaviors, customs, symbols and rituals that flow from Beit T'Shuvah's core values.**

Core Belief	Norm	Practice
Every human being is a Holy Soul.	We are all created <i>B'Tzelem Elokim</i> in the image of G-d; Individualized Treatment; discovering purpose, recovering passion	*Open admissions *Individualized program *Spiritual advising *Career center evaluation and vocational commitments after 3-4 months
T'Shuvah- people have the obligation, capacity & the right to return, to make amends, change and grow; "Where the Ba'al T'Shuvah stands, even the most righteous cannot stand."	Forums for doing T'Shuvah; shabbos services; yom Kippur; T'Shuvah groups; nightly 10 <sup>th</sup> Step. Daily, any and all times, individually and in groups	Re-admission after relapse, runs. Hiring program graduates Specific counseling tools for amends, return, new responses.
Everybody has both a "dark" and a "light" side, a yetzer hara and a yetzer tov, an evil inclination and a good inclination, animal soul and G-dly soul; Shame and hiding isolate; authenticity, honesty & vulnerability build healing relationships.	Transparency, authenticity; seeing both/and	Encouraging being real, even at the cost of "compliance;" Individual therapy, especially for re-examining and re-weaving an outmoded story of one's past; spiritual advising, especially for examining and amplifying faith, connection, place and vision
People heal and grow through attachment in and obligation to community.	All residents are required to participate in groups, meetings, and "mandatory fun" community wide activities and Service participation, Sabbath and festival observance, music and art that binds and makes place for individuals in community.	Management team on site with doors open; assignment of Chavers (peer counselors); voluntary participation in groups and activities; sanctioning of interpersonal relationships; post graduate housing; connection with other Jewish agencies & congregations....
People come into the world with free will and strive for the good.	People are held accountable for their choices	T'Shuvah groups create a forum for working through "missing the mark" Intensive treatment team meetings prescribed for residents in "pre-lapse" mode. Passes negotiated with individual counselors
Seeking wisdom: Find yourself in Torah. Faith and obligation trump fear Integrity is the antidote to despair.	Torah and Talmud study, as well as prayer, are relevant, real and relational.	Daily Torah study, spiritual advising, groups, counseling & therapy all openly make reference to Torah figures & struggles.

## **Practices**

The structure of the day at Beit T'Shuvah is fairly constant: There is Torah study at 7 AM. There are 4 - 6 groups each day. There are house chores, and room chores, and individual therapy, counseling and spiritual advising. There are meetings, mostly in the evening and on week-ends, and there is mandatory fun. In addition there are certain requirements like writing assignments, meeting with a sponsor, a counselor, a spiritual counselor, and a chaver, a buddy. After 3 or 4 months there is also a job to find and go to, or school and homework to do. Beit T'Shuvah's menu of treatment alternatives varies over time—like in a large household with a creative cooking team, the principles are a healthful, timely, tasty and balanced diet. How that is achieved can be more or less standardized. Among the standards are mandatory groups for residents at levels 1, 2 and 3; relapse prevention; psycho-educational groups; addiction specific groups e.g. for gamblers or people with eating disorders; content specific groups like...

How these groups, and individual meetings with addiction counselors, spiritual counselors and therapists support and guide people on the paths to recovery at Beit T'Shuvah are illuminated in Parts II, III and IV of this handbook.

<b>Purpose of Groups</b>	<b>Sample Practice</b>
Relapse prevention	General Cognitive-Behavioral Relapse Prevention Addiction Specific: Gambling, Eating Disorder, Alcohol/Drugs Anger Management Maintaining Motivation Step Study Sober Coaching
Psycho-education	Neurobiology of Addiction Gambling and the Brain Healthy Relationships Psychopharmacology Domestic Violence Career Guidance Finance Workshop Big Book (12 Step study)
Spirituality	Spiritual Guidance Freedom Rocks Heschel Study Ethics (perkei Avot) Spiritual Maturity and Life Skills Mussar: Moral & Character Development: the Jewish Path to Spirituality Talmud
Creative art therapies	Writing Theater Junkies Art therapy Music Dance
Mindfulness, mind-body practice	Yoga Meditation Mindfulness Surf therapy Guided imagery Pilates
Process groups	Exploring feelings Exploring families of origin Exploring parent child relations Music and its meaning Gambling Men Women Grief and Loss Trauma Week in Review
Content groups	Problem Gambling Body Image & Intuitive Eating Relationships: Couples Transition Group: preparing for the world of work Collage/Narrative Life Philosophy & Wisdom Tenth Step Young People's Group Adoption
Level Groups	Levels 1, 2, and 3



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- 22 Challah is the traditional egg bread made for the Sabbath. The dough is divided into strands and braided; a bit of dough is sanctified to the Source of the wheat, our hands and the commandment to bless the bread and set some apart; and it is blessed by the family/community before it is shared.
- 23 There was a time in the not too distant past when psychotherapists refused to work with people who were actively "using"—being taught that sobriety was a prerequisite to psychological healing/development. It is no small accomplishment that Beit T'Shuvah has managed to recruit and train a cadre of psychotherapists: marriage and family counselors, social workers, psychologists and psychiatrists to work with a motley crew of lost souls in a faith-based addiction-treatment center, and has become a competitive placement choice for local graduate training programs, including UCLA, USC, Antioch, Loyola and others. Traditionally psychotherapy focuses on the antecedent and concurrent dynamics that underlie habitual dysfunctional (mis)behavior like those that get people to Beit T'Shuvah: alcohol and drug use, pathological gambling, eating disorders and so on. Psychotherapy attends to the structure, function and process that gives rise to and maintains self-defeating and self-destructive action in the assumption that awareness of the underlying dynamic (bringing process to consciousness) is necessary for reconstruction, i.e. creating a new more functional way of knowing and being in the world. Twelve step approaches, on the other hand, focus more on behavior: doing the next right thing, taking the next right action. Rabbi Mark says: "I don't want to hear about your feelings—just do it". These approaches are not as incompatible in this sense as it would at first seem, in that the Twelve steps include steps 4-6, taking a fearless moral inventory; and steps 8 & 9: making amends, doing T'Shuvah. The moral inventory is in fact akin to the process of psychotherapy in reflecting on and transforming "character defects," and problems of process. The major difference, here, is that 12 steps are avowedly a self-help fellowship, "remaining forever non-professional," whereas psychotherapy demands years of training and certification including course work, internship training, clinical supervision and personal insight-oriented psychoanalysis/ therapy.
- 24 This may not seem unusual on the surface—research supports the relative efficacy of each of these approaches in returning lost souls, in recovery and addiction treatment, yet rarely are the three approaches integrated in one program. Stepping back from each member of this trio, we can see the potential for antagonism. On the one hand, there is the ongoing, uncomfortable conversation between spirituality and science that underlies the tension between faith-based treatment and science-based psychotherapy. Psychotherapy is interested in mechanisms, proof, and evidence-based, manualized programs. Faith is interested in individual souls as members of a community of belief. Both the standards for and source of proof are too often at odds here. Science and religion come from two different wisdom traditions. For faith communities, it is enough that the disease is healed—thanks can be given to the Ultimate for guiding the surgeon's hands, for providing an earth rich in healing medicines, and so on. For the scientist the "cure" must be replicated, outside sources of potential healing must be ruled out, the treatment must be a necessary and sufficient condition to account for the recovery. It is no small feat, then, that Beit T'Shuvah values both faith and evidence. How do we accomplish this? It would be a simpler thing to say, as Rabbi Borovitz does, that we offer both/and—a two track program: Science and spirituality. But that is not the case. An apple and an orange are two fruits, but are not "integrated."
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- 28 cf. Richard, A.J., Bell, DC. & Carlson, JW. (2000). Individual religiosity, moral community and drug user treatment. *Journal for the Scientific Study of Religion*, 39, 240–246.; cf. Blakeney & Blakeney "Delinquency & Spirituality," op cit ; Miller, WR. & Thoreson, CE. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58, 24–35.; Taub, S. (2013) *God of our Understanding* Jersey City, Ktav.
- 29 Kapogiannis, D. Barbey, AK. Su, M. Krueger, F. Grafman, J. (2009) Neuroanatomical Variability of Religiosity. *PLoS One* 4 (9) e7180; McIntosh, R., Breakspear, M., Friston, K., et.al. ( 2003) Network mechanisms underlying

cognition and recovery function in the human brain.

30 this story is repeated in many texts. Cf. Estelle Frankel, Sacred Therapy; Kurz et al spirituality of imperfection;

31 cf. Maimonides Hilchot Teshuvah "The Rules of Repentance"

32 Steinsaltz, op.cit.

33 Rabbi Mark reminds us regularly, BTS CD, from Midrash Bereishit Raba 1:8

34 Samson Raphael Hirsch (1984) Jewish symbolism. NY: Feldheim

35 When G-d gave Moses the Ten Commandments at Sinai, Moses reported G-d's instruction, and the people responded: Na-aseh, v'nishma: we will do and we will understand, that is, we learn by doing, not the other way around.

36 We extract and observe the norms, values and principles of the culture (Minhagim Ha Makom) in the stories told by staff, residents and community members. Culture can be defined as "a group of people with shared norms and values, a shared understanding of expected behavior and beliefs; shared practices, goals and a shared system of meaning". Cultures create institutions and rituals that support their beliefs and goals, and through shared symbols and shared collective memory, transmit norms and values inter-generationally. In Hebrew, l'Dor V'Dor, from generation to generation. While cultures transform over time and across space, (Jews in America rarely worship in tents or slaughter lambs these days), the core beliefs, norms, values, behaviors and underlying system of meaning remain recognizable, and when the group strays too far from them, there is usually a correction, a return to the core beliefs—otherwise, the culture per se disappears. While cultures may contain structures that support them, and systems that act to maintain them, cultures are different from structures and systems in that they are organic and dynamic and maintain the integrity of a set of core beliefs. A system can operate effectively to achieve its designated function regardless of the relative value of that function. A motor can power a leaf blower, a lighthouse, or a washing machine. Systems are defined by their function. And sometimes an efficient system is doing an irrelevant or even a destructive thing. Culture is defined not by its function, but rather, by the values and meaning-making that it embodies. Culture is dynamic in that it is shaped by and in turn shapes the human beings who are members of the culture. Culture adapts under pressure, and yet maintains the integrity of its norms, values and beliefs. Cf. Fowler, B. (1997) Pierre Bourdieu and Cultural Theory: Critical Investigations, London, California and New Delhi: Sage Publications.

37 This Chasidic tale is often told and retold, sometimes with different conclusions. cf. Elie Weisel; Jewishstorytellers.com; Kurtz and Ketcham, op.cit.

38 One thing that is critical to understand about how residents come to find faith, passion and purpose at Beit T'Shuvah is to recognize that people come in with varying amounts of, and orientations toward (or away from) faith to begin with. First of all, although Beit T'Shuvah is a Jewish Recovery program, and most (but not all) residents are Jewish, only 30% of the residents think of themselves as "religious." Another 30% define themselves as spiritual, but not religious. And the rest are either open or closed to the possibility of faith in G-d or a Higher Power. This mirrors one of the most common challenges to "buying into" Twelve Step programs named by newly recovering addicts, one of the perceived stumbling blocks in "coming to believe." There are two aspects of "religion" that contribute to health and well being: spirituality (prayer, faith in G-d/Higher Power; connection to G-d/Higher Power); and social community (support networks, rituals, services, normative community). Beit T'Shuvah integrates both aspects of religious tradition into its Integrative Treatment. This meets the developmental needs of different people on different recovery paths (see Part IV).

39 Jung, C. Letter to Bill W. cf. Kurtz & Ketcham, op.cit.

40 Blakeney & Blakeney, Delinquent spirit, op.cit.

41 cf. Rav Kook, Birth Pangs of Redemption. (ravkook.net) and R. Soloveitchik: "On repentance in the thought and Oral Discourses of R. JB Soloveitchik (Al-Ha-teshuvah) ef. P. Peli Jerusalem: 1980

42 cf. Tanya

43 Deuteronomy, I have placed before you good and evil, life and death, therefore choose life that you and your children may live....

44 Heschel, AJ. (1955) God in Search of Man. NY: Farrar, Strauss and Giroux.

45 Twerski, op.cit.

46 cf. Heschel, op.cit.; Frankel, op.cit. Twerski, op.cit. Kurtz & Ketcham, op.cit. Steinsaltz cautions that: "modern spirituality is somewhere between the psychedelic and psychopathic" ....which gives spirituality a bad name.

47 Adin Steinsaltz, Thirteen petalled Rose, p. 106-107

48 Cf. Abraham Twerski; Kurtz & Ketcham;

# 2

## **PART II.**

### **BEIT T'SHUVAH MENU OF INTEGRATIVE TREATMENT SERVICES**

In Part II we describe many of the groups and programs that Beit T'Shuvah offers, as a point of reference for the reader, to illustrate the way they work together in people's lives in the subsequent sections: Parts III and IV, which illustrate how the Beit T'Shuvah philosophy and core principles inform Beit T'Shuvah Best Practices. More detailed descriptions of particular groups are offered as an appendix. Part III outlines Best Practices for normative culture, groups, counselors, psychotherapy and spiritual counseling at each of five recovery tasks and Part IV outlines four different paths to recovery at Beit T'Shuvah. Part II, the menu, is a reference point for the Five Recovery Tasks and the Four Pathways.

#### **A. Community as Healing Culture**

The generating milieu of healing, growth and recovery at Beit T'Shuvah is the moral and spiritual community. It is a sanctuary for lost souls; a second family for people who have lived in exile; a group where everyone can bring their whole selves and belong; and a community where people can find faith, passion and purpose, can learn and practice moral engagement and commitment, and recover their integrity. The community holds, heals and grows through individual connections, group work, group activities and religious rituals and observances. These are detailed in the following section.

## **B. Integrative Treatment Team**

Beit T'Shuvah is an Integrative Treatment Program. Each resident is assigned to a team that includes at least a primary counselor, a spiritual counselor and a therapist. The team works together to formulate, monitor and modify individual treatment plans. All three strands work individually with each resident, bringing in psychiatric, neurological, family and career professionals, as well as members of the management team, as needed. This insures that we attend to the whole person: body and soul; brain and behavior; feelings and thinking; every day social engagement; the world of work; faith, spirit and the moral imagination.

## **C. Level System**

Beit T'Shuvah is committed to individualized treatment, honoring each Holy Soul as an individual. Nevertheless, there is a loose system of Levels that mark goals and transitions in the course of treatment. The levels run parallel to the recovery tasks and identify readiness to move from one task to another. There are four levels in the course of Primary Care.

Level One: Sanctuary. Freedom is restricted when residents first enter, for the sake of safety and bonding. Program choices (groups, individual counseling, meetings, chores, activities) are prescribed and required for each hour of the day. Sometime between 30 and 60 days clients request "leveling up." Clients' progress is reviewed and a decision is made for each client by the treatment team in a weekly meeting.

Level Two: Surrender, Awakening. Days are still structured however the focus shifts to self-reflective activities and the completion, with the primary counselor, of "30 questions." At Level Two clients are granted more individual freedom, e.g. to go for walks, for coffee, with peers and family on Passes.

Level Three: Moral Engagement. Level Three engagement demands more individual choice. Clients are expected to begin to choose for themselves, in consultation with their team, which groups, activities and meetings will best further their recovery and the ways that they can be of service to others. They also are expected to begin to think about their own futures.

Level Four: Recovering Authenticity, Integrity, Passion and Purpose. Level four is the transition to Sober Living. Level four people typically move “upstairs” and are no longer required to attend mandatory groups, religious services, chores, etc. Typically at Level four people have a job, an internship or are back in school and are expected to contribute to their rent and treatment. In practice people at Level Four are engaged in the community in selective ways, including by working within the community, participating in services, in music, in outreach/prevention, in sponsoring others, etc.

## **D. The Role of Faith Community in long term recovery.**

Faith communities (e.g. churches, salvation army, spiritual fellowships like AA) have historically provided lasting support for people in recovery, people trying to live a good life.<sup>1</sup> Beit T'Shuvah is a full service synagogue as well as a recovery center. The faith community at Beit T'Shuvah is a Jewish religious community with Sabbath and holiday services, a choir, Torah study, performing weddings, bar and bat Mitzvah, funeral and memorial services. We have formal and informal ties with many other congregations and Jewish organizations within the larger Jewish community. Beit T'Shuvah thus provides lifelong spiritual support and connection for families and individuals both in, and not in, recovery.

## **E. The role of 12 step work in long term recovery.**

Twelve Step approaches have long been a backbone of addiction treatment in America. Rabbi Dr. Abraham Twerski pioneered the integration of Twelve Step spirituality and traditional Judaism. Beit T'Shuvah residents attend 5 – 7 Twelve Step meetings each week, including outside meetings, as well as those hosted at Beit T'Shuvah. Beit T'Shuvah hosts Criminal and Gangsters Anonymous and Overeaters Anonymous meetings, as well as AA, NA, and GA meetings. Residents are expected to find sponsors and outside home meetings. Many residents find sponsors among Beit T'Shuvah alumni and later, themselves sponsor newer residents. Sponsors as well as addiction counselors help residents work their steps. The Twelve Steps are compatible with and support the Recovery Tasks at Beit T'Shuvah. Residents work the first three steps (see appendix) during Sanctuary and Surrender with support from their primary counselors and their spiritual counselors. Many residents report spiritual awakenings in the course of religious services, and others in the context of caring counselors who have “been there.” Steps 4 – 7, the moral inventory, are supported by therapists guiding a backward examination of



the past and by spiritual counselors guiding an exploration of character and faith. Steps 8 – 9, amends, are the heart of the Beit T'Shuvah program. The program includes many opportunities for making amends including weekly T'Shuvah groups, nightly 10th Step amends groups, weekly T'Shuvah during Sabbath services, and at least twice yearly guided "Heshbon HaNefesh," cleansing of the soul in connection with Yom Kippur, the Day of Atonement, in the Fall, and with Pesach, commemorating the liberation of the Israelites from Egyptian slavery, in the spring. The last three steps of the Twelve Steps are practiced at Beit T'Shuvah by our emphasis on covenant: making and keeping commitment, and being of service.

## **F. Torah Study as Treatment.**

Each morning at 7 AM one of the Rabbis or Rabbinic interns begins the days' Treatment with Torah study for women and for men. They use the Torah portion of the week to help residents to wrestle with hard questions about their own lives: When do I hide from G-d like Adam and Eve? What part of me is jealous like Cain and Leah? Who is the pharaoh within that keeps me enslaved? What does it mean to be like Noah, righteous in our time? How do I stand up for myself like the daughters of Zelophehad? In daily Torah Study residents explore the struggles of our ancestors as they inform the paradoxes in their own lives, paths, and struggles.

## **G. Spirituality Informed Treatment.**

Psychotherapy at Beit T'Shuvah lets spirituality out of the closet and into the room. Although psychotherapy groups and individual psychotherapy do not promote religion or spirituality, neither do they ignore the spiritual dimensions of human striving. This allows therapists to explore, for example, a conflict between feelings and yearnings. Beit T'Shuvah Best Practices see "Disclosure" in therapy as mutual healing, mutual respect, and mutual opportunities for growth. For example, we have psychodynamic process groups that specifically address spirituality in the context of interpersonal and family dynamics. Jewish practices like morning gratitude blessings (modeh Ani) may be integrated into cognitive behavioral therapy; Jewish prayers for recovery are chanted as part of Yoga and mindfulness practices.

## H. Attachment Informed Treatment

Disengagement is a characteristic of addiction. Engagement is an ABC developmental process. It begins in early childhood with (A) Attachment in the family. It evolves in adolescence to (B) Belonging in the peer group. In adulthood engagement includes (C) Commitment in community.<sup>2</sup> The Beit T'Shuvah community creates a milieu where people who have become disengaged can rework the ABCs of healthy moral engagement, from re-attaching to primary "caretakers" to a sense of Belonging in the peer group, to Commitment as a valued member of the community. Early attachment benefits from attunement.<sup>3</sup> The individualized program at Beit T'Shuvah facilitates attuned attachments, wherein "good enough parenting" guides treatment decisions and interactions between multiple potential attachment figures and clients. In Beit T'Shuvah Best Practices (see Part III) this means that we emphasize the holding environment<sup>4</sup> in which we seek to understand the client's underlying feelings, perspective and moral claims and err in the direction of caring when it conflicts with e.g. fairness or equal enforcement of rules. Caring means holding boundaries until clients can hold them themselves. Healthy attachment also means learning to separate and individuate. This too is built into the program structure. Through the recovery tasks and level system clients turn from being primarily held by the staff to finding belonging in the peer group, including joining particular activities like surf therapy, theatre junkies and Freedom Song. Tasks favoring individuation alternate with tasks favoring attachment until people are able to freely commit to community.

## I. Multiple Potential Attachments: Individual Counseling

Each resident is assigned three personal counselors. This not only affords multiple possibilities for a good, attuned match, but also allows for attention to different aspects of addiction: body/behavior, psyche/psycho-social story, and spirit.

**Primary Counselors.** Primary counselors at Beit T'Shuvah are case managers. They have responsibility for monitoring, supporting and encouraging residents in their day to day recovery. They teach new skills, and offer new tools for daily living. For some this includes how to make a bed or write a schedule. For some it includes managing feelings, coping with craving, developing healthy relationships. Counselors motivate clients to hold on, to take the next right step, do the next right action, so they can be the self they are trying to become. They help clients work the Twelve Steps. Primary Counselors also

coordinate their clients' individual treatment plans with therapists, spiritual counselors, family counselors, the management team, techs, psychiatrist. They have responsibility for supervising passes, medication, meeting participation, family contact, and progress with the Five Recovery Tasks. They are addiction and recovery specialists, generally trained and certified as either addiction counselors or social workers.

Spiritual counselors. Spiritual counselors are advocates for the soul. They attend to, guide, encourage, nurture and stimulate moral and spiritual growth. They ask big questions to help residents focus on "the bigger picture:" character development (Mussar), spiritual connection, the meaning of life, holiness, and the big questions of meaning, purpose, life and death, G-d, creation, suffering, good and evil. And they deal with small questions as well, to help people see "both/and"—they speak aloud the words of the still small voice within. Spiritual counselors are generally rabbis, chaplains, cantors or Rabbinic interns.

Individual Therapists. Individual therapists help residents to explore and reweave the pieces of their lives, making new sense of old pieces, building new muscles, experiencing, understanding and integrating their feelings, biographies, relationships and sense-making. They are generally MFTs, MSWs, Psychologists or Interns.

## **J. Trauma Informed Treatment**

Recent research suggests that two out of three addicts coming into treatment report experiencing trauma either as a precursor or concomitant of addiction. Trauma is defined as the experience of terror and helplessness that occurs under conditions like war, political repression and domestic violence. Where there are lasting effects of the experience even after it is over. Trauma and addiction each have long term neurological impact on memory, the experience and processing of emotions, neural integration, cognitive functioning, moral judgment and learning. Beit T'Shuvah integrates Best Practices for treating people with traumatic stress into the program structure itself as well as in specific groups and therapy tailored for people who have prolonged and severe trauma. The program structure follows Best Practices identified by (e.g. Judith Herman, Bessel van der Kolk<sup>5</sup> and Jean Knox) in creating sanctuary in the context of relationship first, then creating openings for release, reinterpretation and reweaving of past (trauma related) memories, and finally guiding reinterpretation and reintegration, finding new meanings and practicing them in the world. Beit T'Shuvah also offers many expressive arts, non-verbal therapies that are part of Best Practices for Trauma work

(see expressive arts therapies, below). Beit T'Shuvah offers closed manualized treatment groups for survivors of prolonged, repeated trauma. Groups offer a powerful sense of validation and support during the first task of recovery. The group maintains its primary focus on the task of establishing safety. Severely traumatized residents also benefit from neurofeedback, accompanied by psychotherapy to rebuild disintegrated neural pathways and reconnect fragmented, dissociated memories.

## **K. Group counseling**

The heart of integrated treatment is group counseling. In Appendix A we describe 100 groups currently offered at Beit T'Shuvah. (see Appendix A: 100 Doors to Recovery). Some are mandatory for all residents. Some are voluntary for any resident. Some are mandatory for some residents and voluntary for others. All are coordinated and monitored by counselors. The following illustrate the types of groups offered.

I. Level Groups. Level groups are mandatory check in type groups facilitated by addiction counselors that focus on issues generally targeted to particular recovery tasks.

II. Process Groups, including psychodynamic, object relations, and trauma guided groups

Process groups, facilitated by therapists or counselors, look at various topics through the lens of how people process (experience, respond to, make sense of, feel about, discuss) a range of topics related to addiction, recovery and living as a mature, connected, responsible, authentic individual, an individual with integrity and purpose. Appendix A offers a sampling of 20 process groups including Grief, Body Image, and Family biography.

III. Psycho-education, Skills Groups, including Cognitive-Behavioral Groups: Many groups at Beit T'Shuvah are designed mostly to provide information including teaching new skills and new perspectives. These groups include things like the Neurobiology of Gambling, Relationships and Relapse Prevention. Even these groups, of course, have an interactive, spiritual and process component. Appendix A offers a sampling of current psycho-education groups.

IV. Spiritual groups: Some groups at Beit T'Shuvah take G-d, Judaism and spirituality as their topics. Typically, they begin with a reading from a relevant text, and proceed to dissect, digest and discuss it. Appendix A offers a sampling of current spiritual groups

facilitated by the spiritual team including, e.g. Mussar, Heschel, Ethics and Finding Yourself in Torah.

V. Mindfulness Groups (including mind-body work): Mindfulness, mindful awareness, meditation and related practices have long been recognized as a powerful tool for relapse prevention, especially after early sobriety.<sup>6</sup> Meditation is captured in the Twelve Steps as Step 11: “sought through prayer and meditation to improve our constant contact with G-d. Meditative practices are also part of traditional Jewish observance.<sup>7</sup> Prayer itself is mindfulness that can be practiced alone or in community. Mindfulness groups include, Meditation, Yoga, and Mindful Surfing/Surf therapy.

VI. Expressive Arts Therapy: Creation, creativity, making something from nothing, is a spiritual event, a spiritual experience.<sup>8</sup> Expressive arts create something from nothing; it lets residents draw it out, express something immaterial in the material world. Many residents, particularly early in treatment and also at times of stress and transition/transcendence, are too emotionally dysregulated to benefit from “talk” therapy, and too flooded or numbed or disengaged to benefit from groups. Further, many people learn and grow through alternate modes.<sup>9</sup> We offer a range of expressive therapies, that are described in Appendix A: One Hundred Doors. These include such ongoing groups as Men’s Writing; Art Therapy, and Theater Junkies.

## **L. The Right Action Gambling Program**

In recent years pathological gambling has been recognized as a serious and prevalent addictive disorder.<sup>10</sup> Beit T’Shuvah was a pioneer in the residential treatment of people addicted to gambling as part of our commitment to working with each holy soul as a whole person. Several years ago the state of California also began to be concerned with an increase in pathological gambling, and the absence of resources to address the problem. Partnering with UCLA, Kathy Marks, Beit T’Shuvah’s clinical director, formally launched the Right Action Gambling Program, setting aside a particular number of beds and targeting particular groups and goals, to work with pathological gamblers and their families. Residents’ whose primary addiction is gambling participate in most mandatory groups, can join voluntary groups, and have a specific parallel program designated for pathological gamblers (see appendix).

## M. Religious activities

Religious activities and observances organize the Jewish calendar and inform Beit T'Shuvah's practice as well. Particular observances are illustrated in the Five Recovery Task Best Practices. Here we summarize what, why and how.

Daily Torah Study  
Sabbath Evening Services  
Sabbath Morning Services  
Havdalah Drum Circle  
Rosh Chodesh Torah study with music

Significant Holiday and festival observances including Rosh Hashonah, Yom Kippur, Sukkot, Simchat Torah, Chanukah, Purim, Pesach, Shavuot, and Tisha b'Av.

At Beit T'Shuvah religious observances are participatory. Residents are encouraged to write and share personal meaning of traditional prayers, new poems, songs and music that express, integrate and inspire. Rabbi Borovitz tells the congregation each week that: "We don't do services to you, we do services with you." Most holiday observances have special meaning in the yearly cycle of the Jewish week. Meaning is emphasized over form in the Beit T'Shuvah observance. For example:

☆ **The Sabbath** sanctifies time. According to Rabbi Abraham Joshua Heschel the sabbath is a palace in time. It teaches people that time is sacred and it is important to separate activities according to time, in order to honor it. It also teaches that the stress of the week may accumulate, and yet regardless of what is going on in our lives, "shabbos" comes.

☆ **Rosh Chodesh** teaches that each month there is a new moon, and that we, too, can begin to connect again with the Divine Power of the Universe and our own divinity.

☆ **The month of Elul, preceeding the High Holy Days, where we do the work of preparing for the new year, for T'Shuvah, Redemption and Return with the High Holiday Repair Kit. (available from Beit T'Shuvah)**

**The Ten Days of Awe**, from Rosh Hashonah to Yom Kippur, teach us that we are not perfect, that we can make amends, be forgiven and commit ourselves to new responses. Over and over the congregation chants the thirteen attributes of G-d's mercy. According to recent research, people who have created much wreckage in their lives are uplifted and transformed by the reminder that G-d is (also) merciful.

☆ **Sukkot**, the harvest holiday, asks us to practice gratitude for G-d's bounty. We build a temporary shelter (sukkah) to remind us how dependent we are on G-d's grace, as well as how we are cared for. We invite the sages and our ancestors into the "sukkah" to honor our connection to our past.

☆ **Chanukah, Purim, and the minor festivals**, are celebrated with traditional foods, stories and song. We are reminded on these holidays of the ways that our ancestors were oppressed and threatened, the times we nearly lost our spiritual way, and how faith and footwork restored our ancestors. These struggles parallel the struggles of addicts working on recovery, depending on G-d and community and doing the next right thing.

☆ **Pesach** honors the Jewish people's liberation from Egyptian slavery. We ask ourselves: What are we enslaved to? What will it take to be free of our slaveries? What miracles has G-d performed for me? What is enough? How do I learn? How do I include myself in the community? In the stream of my story?

☆ **Shavuot**, 49 days after Pesach, celebrates G-d's giving of the Torah from Mount Sinai. It celebrates the law, the instruction, the gift and the covenant between G-d and the Jewish people. It is the moment when we witness transcendence as a community, when, with fear and awe and trembling, we come face to face with the Divine. At Beit T'Shuvah there is an all night study session, with traditional and non-traditional foods, cheesecake and coffee. Residents, staff and members of the community spend the night in the sanctuary sharing words of Torah that inspire and raise us up, preparing us for revelation, receiving Torah at dawn. For many residents the intensity of the praying and learning parallel their own dark nights of the soul, and they see that in community with G-d at its heart, there is the possibility of redemption and of grace.

☆ **Tisha b' Av**, commemorating the destruction of the Temples in Jerusalem is a holy day of mourning and consolation. At Beit T'Shuvah we grieve for the ways we have caused destruction, and for the bad things that have befallen us. Grieving and mourning are



parts of life and are honored in Jewish practice. On Tisha b'Av we are commanded to be sorrowful and mourn, and We are also comforted by prophetic readings on consolation and the promise that after destruction, there is rebuilding.

### **N. Elaine Breslow Family Program**

Beit T'Shuvah recognizes that addiction is a family disease. A family is like a river, channeling the flow of all within it. It provides a vital environment for the hatching and rearing of young; a place for them to learn to swim, find food, make friends, choose mates and begin the cycle of life again. A family, like a river, both holds and carries forward. Addiction is like a dam in the river. It stops the developmental flow, sometimes causing the river to overflow its banks, displacing the inhabitants, and sometimes slowing the flow downstream so that other creatures in the river are no longer sufficiently nurtured. We do not say that either the addict/identified patient or the family CAUSED the family and its members to get stuck, to cease providing a nurturing environment, we only note that the family is stuck and misaligned.

At Beit T'Shuvah we offer programs that help families dismantle old dams and get the river flowing within its banks again. Different families have distinct needs when a family member begins recovery. Some families are seeking repair, T'Shuvah, return to the original structure, the status quo ante. This may be the case where the resident is a husband or wife, maybe with children, where the couple wants to work toward restoring the marriage. This may also be the case for the families of younger residents (18 – 22 or so), where the (immediate) goal is family “reunification.” For another set of families, perhaps the majority, the goal is to find new ways of being-in-relation with a sober adult daughter, son, brother, sister, mother, father, husband, or wife —learning how to disentangle and find new ways of communicating, understanding one another, trusting, respecting (including respecting one another’s boundaries) and loving. This sometimes means recognizing a fork in the river and bringing careful attention to the tributaries.

The Elaine Breslow family program at Beit T'Shuvah includes the following. Please See Appendix C for a fuller description of the Family Program.

Psycho-education (six weeks)

Multi-family process groups (ongoing, typically 3 - 6 months);

Multi-family process group for families of gamblers.

Family support group for relatives of residents (ongoing);  
 Individual Family therapy  
 Adjunctive therapy for family members (as needed);  
 Family Torah Study  
 Family Week Intensive Family Program for out of town families  
 Sabbath & Holiday Services

### **O. Smalley Music in Recovery Program**

The Music in Recovery program includes the Beit T'Shuvah Band, the Beit T'Shuvah Choir and High Holy Day Choir, Freedom Song; the Beit T'Shuvah musical; and opportunities and support for playing, writing, recording, and sharing music that is both sacred and worldly. Beit T'Shuvah has released several CDs, and is honored to participate regularly in Jewish musical events around the city and beyond. There is a sound studio, there are Talent Shows, and there are network opportunities for making music.

### **P. Medication**

Residents are screened on entrance by staff and adjunct psychiatrists, in cooperation with UCLA and with additional support from Cedars Sinai Medical Center. Appropriate psychiatric medication is prescribed and monitored by the psychiatric team and dispensed by trained members of the clinical staff.

### **Q. The Susan and Leonard Nimoy Career Counseling Center**

The Career Counseling Center provides the transition from sanctuary and healing to a turning toward the outward path. The Career Center offers vocational counseling, support services, training in job search, resumes, interviewing, etc. It also screens interns and externs and supports placements. The Career Center helps younger residents match their passion and purpose to a job they can do in the world, and helps them to identify and take the necessary steps along that career path. For mid-career residents, sometimes there is the work of returning to the job market after years of "wreckage" and for some there is the opportunity and challenge of finding a new path and taking the necessary steps to move forward, including, for example, re-training.

### **R. Work opportunities**

Beit T'Shuvah offers many residents opportunities for work as well as internships within the program itself, and in its adjunct enterprises. The maintenance team, the counseling staff, the technical support team, the Prevention Team, employees of the Thrift Stores, the sound team, directors of the music program, the career center, the BTS Communications

Graphic Arts and Design Team, Alternative Sentencing, the Family Program, spiritual counselors and therapists all provide opportunities for training and for internships, and all include program graduates.

### **S. Sober Living**

Beit T'Shuvah provides beds for sober living, for people who are working or going to school and getting back on their feet, and who continue to benefit from the support of the program. They pay "rent" for sober living, based on a sliding scale.

### **T. Independent Living**

Through a generous community donation, Beit T'Shuvah is able to offer subsidized Independent Living units in a supportive community nearby, particularly for graduates who are employed at Beit T'Shuvah, and available for other graduates with space permitting.

### **U. Prevention**

Partners in Prevention: (PIP) is a program which encourages open discussions amongst parents and children about life's pressures and relentless pursuit of perfection, which has unfortunately become standard in today's society. PIP uses the Torah as a road-map to self-acceptance and intrinsic worth. If Jewish learning can help individual's recovery from addictive and self-destructive behaviors, why can't it be just as useful in preventing it? The program is a fully developed 6-module curriculum, which includes workbooks for students ages 12-18, a parent's journal and a facilitator's guide. The Prevention staff is a multi-disciplinary team of Jewish educators, mental health professionals, recovering addicts, and recovering parents. Together they take the students through the workbooks and interactive exercises, designed to encourage honest discussion about life's pressures and the relentless pursuit of perfection, which has become a cultural standard.

### **V. BTS Ventures**

BTS Ventures is the Social Enterprise arm of Beit T'Shuvah. It oversees the Thrift Stores, BTS Communications, and other "enterprises" that are developed from time to time. BTS Ventures generates and supervises internships and externships for residents who are ready to move toward independence through a strong network of business and professional relationships, including those provided by committed Board Members and supporters, and outside agencies like Vista del Mar and the L.A. County Sheriff's Department.

**W. Twelve Step Meetings**

Residents attend outside Twelve step meetings nightly, either supervised by counselors or in smaller groups with transportation provided by senior residents and alumni. Beit T'Shuvah also hosts a range of Twelve Step meetings including AA, GA, CGA, OA, Al-Anon and others.

**X. Neurofeedback**

In connection with BIE Partners Beit T'Shuvah offers neurological screening for all residents and a program of 20 neurofeedback sessions on the grounds at BTS for those who can benefit.

**Y. Community wide activities**

One thing that forges community at Beit T'Shuvah is the support for activities and events throughout the year that involve residents, staff, members of the congregation, the Board, and outside community supporters. Among other community activities the Beit T'Shuvah LA Marathon Team: Run to Save a Soul, which is becoming well known, and is a source of great pride .

**Z. Alternative Sentencing**

The Beit T'Shuvah Alternative Sentencing Office helps potential residents get treatment at Beit T'Shuvah as an alternative to all, or part of, a jail or prison sentence. The efforts of the Alternative Sentencing Staff have gotten many drug addicts and gamblers released into the program, where they can recover their integrity, learn to live well, find their passion and purpose, and be reintegrated into the larger community.

## **NOTES FOR Part II: Menu of services**

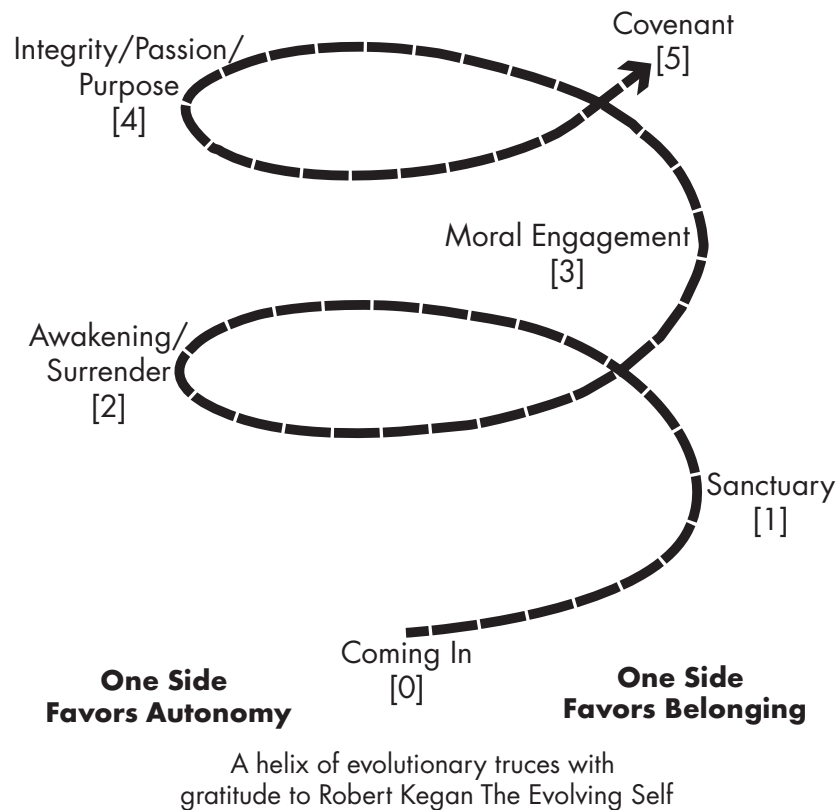
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- 8 cf Heschel, G-d in search of man, p. 143
- 9 cf. Gardner, H. (1983) *Frames of Mind: The theory of multiple Intelligences*. Cambridge: Harvard University Press.
- 10 Korn DA, & Shaffer, H. J.: Massachusetts Department of Public Health's Practice Guidelines for treating gambling-related problems. Boston: Massachusetts Council on Compulsive Gambling, 2004; 1-60; Rosenthal RJ: Distribution of the DSM-IV criteria for pathological gambling. *Addiction* 2003; 98(12): 1674 - 1675 (2). Blakeney, Rihs & Blakeney, op.cit.
- n.b. Gamblers whose tuition is paid by the state are not required to participate in religious aspects of the program, although in practice most do, and report important benefits whether or not they have Jewish roots.

## 3

**PART III.  
FIVE RECOVERY TASKS****How Beit T'Shuvah Best Practices Guide and Support Integrative Treatment**

At Beit T'Shuvah we have identified five Integrated Recovery Tasks that most residents work through on their paths toward T'Shuvah: toward recovering their authenticity, integrity, passion, purpose, connection and commitment. Typically the tasks weave together the two intertwining strands of human development. Call them freedom and constraint,<sup>1</sup> separation and attachment,<sup>2</sup> autonomy and belonging.<sup>3</sup> Call them detached and connected; isolated and engaged.<sup>4</sup> Each of us strives to become a person true to ourselves: a person of integrity with our own unique passion and purpose, our own autonomous path. And each of us strives for acceptance, belonging, intimacy, love, connection and commitment. We long for spiritual connection and a glimmer into our divine purpose.<sup>5</sup> The spiritual community that is Beit T'Shuvah honors these two strands and creates a community, a structure and a process within which people who are lost, hiding, stuck and in despair can discover meaning and purpose, recover integrity, hope, faith, and commitment. In working through the five recovery tasks staff and residents focus on and actualize the five Core Values described in Part I: Holy Soul, T'Shuvah, Obligation, Seeking Wisdom, and Faith.

In this section of the handbook we describe Beit T'Shuvah's Best Practices for helping residents accomplish Five Recovery Tasks. The tasks can be summarized as follows:



### 1. Sanctuary:

Core Value: Holy Soul. People come in to Beit T'Shuvah from the exile of addiction seeking shelter and sanctuary. They have usually hit a spiritual-moral-psycho-social crisis: a head on collision with themselves. They are desparate, disconnected, and disintegrated.<sup>6</sup> The first recovery task for a new client is to feel safe. The first Recovery Task for Beit T'Shuvah is to create a safe enough, welcoming enough, predictable enough, warm enough and flexible enough environment so that a range of clients with varying needs can find shelter — a safe harbor in which they can begin to imagine attaching.<sup>7</sup> Sparking the moral imagination during Sanctuary means reminding residents of the Core Value: You are a Holy Soul; You matter. In Jewish tradition, the Israelites, newly freed from slavery, are commanded to build a sanctuary so that "G-d will dwell among them."<sup>8</sup> Like the Israelites in the desert needed to create a "Mishkan," (neighborhood) a place where G-d could dwell among them, so the Beit T'Shuvah community creates a temporary "cover" for newly recovering addicts, where G-d is in their midst, until clients are able to recover themselves, to "spark the smoldering coal buried in the ashes."<sup>9</sup> Consistent with



physiological detox, the first Recovery Task typically takes about 3 - 5 weeks.<sup>10</sup>

## **2. Spiritual Awakening, Surrender:**

Core Value: T'Shuvah. Addiction by definition means being stuck in a bad habit: doing the same thing over and over and expecting a different result.<sup>11</sup> The second Recovery Task for a client who feels safe enough to begin the work of recovery is awakening and surrender: the recognition that something has to change. About a third of our clients report an explicit spiritual awakening or surrender to a Higher Power.<sup>12</sup> For others the surrender and awakening feel more emotional or social than spiritual. For some the recognition is an "aha" moment, for others it comes more gradually. Across the board, for those who recover their integrity, passion and purpose there is recognition that he or she can't do it alone, by force of self will.<sup>13</sup> "A person may be great, wise, and full of the most excellent virtues...but the essence of holiness comes to him only insofar as he is connected to G-d, the source of the Holy...Higher still is a man's ability to surrender himself, to relinquish his own will and being to G-d's will...in different ways, according to his spiritual capacities."<sup>14</sup> This means joining my will to G-d's will. Re-connecting my will and G-d's will heals the spiritual split. That is, each of us is a Holy Soul and we don't realize our full potential by "self will alone" but rather by (re)connecting with our Source. Awakening and surrender means making a turn toward Truth. That is the Core Value of T'Shuvah, return, turning it over. The Task for the program is to provide a container, connections, a map, and a toolkit to hold and guide the individual during these difficult explorations. Typically this task takes at least a couple of months (the first time). We look for signs of awakening and surrender at approximately 45 days into the program.<sup>15</sup>

## **3. Moral Engagement:**

Core Value: Obligation. Addiction is characterized by moral disengagement. The third recovery task focuses on re-engagement. Clients working on the third Recovery Task come to see themselves as members of a community of equals<sup>16</sup> with G-d at its center. This addresses the developmental task of "belonging," developing a sense of "we," others with whom one shares mutual responsibility, a social group or institution where one is accepted and valued, warts and all. It addresses the spiritual task of fellowship, being "counted" as part of the "minyan." It actualizes the Core Value of Obligation. In contemporary society the norms and values of social groups are too often exclusionary as well as arbitrary. The Jewish spiritual community of Beit T'Shuvah is inclusive

with core principles that have thousands of years of history, and that respect each person as a unique spark of the Divine. For the program, the third recovery task demands a shift from Mandatory to Voluntary engagement, a shift toward returning moral agency to the client as both an individual and as a member of the spiritual community. The third recovery task consolidates connections to counselors, therapists, spiritual counselors, the peer group and the community as a whole. We see this typically within three or four months.

### **4. Healing the Split, Recovering Authenticity, Integrity, Passion and Purpose:**

Core Value: Seeking Wisdom. Addiction is characterized by bio-psycho-social and spiritual brokenness<sup>17</sup>—hiding, denial and dishonesty. The fourth recovery task demands courageous deep structure exploration. In 12 step programs this begins with the work of “taking a fearless moral inventory.” A resident needs to feel attached enough, and valued enough in the group, held by the staff, feeling his or her own “sparks beneath the ashes”<sup>18</sup> in order to dig out and “remember” the past. This task is rarely smooth and often includes relapse. Even the Jews who had witnessed the miracles that freed them from Egypt built a Golden Calf in the desert, waiting for Moses to bring down the word of G-d. The program applies the Core Value of Continually Seeking Wisdom to provide the resources for residents to accomplish this task of reintegration— including working through relapse— through the combination of therapists working on biography, counselors working on behavior, spiritual counselors working on character development, spiritual connection and forgiveness, and groups where people share stories of those explorations, normalizing the challenges. Typically residents work on this task between 4 and 8 months into the program.

### **5. Covenant:**

Core Value: Faith. Addiction is a chronic relapsing condition characterized by relapse into fear and disconnection.<sup>19</sup> Covenant implies a commitment to self and other. It implies keeping faith in the face of fear. What do we mean by faith? According to Rabbi Abraham Joshua Heschel faith is loyalty to an event and loyalty to a response. Faith is different from belief. Faith is memory of revelation, that incurs an obligation to act. The fifth task in recovery is a commitment to the self as a Holy Soul; to G-d or Higher Power; and to Community and relationships with others within and outside that community, a commitment to “practice these principles in all our affairs,” a commitment to daily spiritual practice, and a commitment to Divine Service. The promise of the program is that Beit

T'Shuvah too, will hold on and provide opportunities for residents and alumni to continue to be of service, to be a valued member of community and to give back. As individuals, we are like individual vertebrae of the spine. As a community, we are united by our common purpose of supporting the body.<sup>20</sup> In the Spiritual Community that means being an active participant in services and celebrations, including music. In the Recovery Community it means jobs and internships for alumni. In the therapeutic program, it means ongoing individual and family therapy for former residents and their families. In the larger community it means finding and doing work in the world that utilizes one's own unique gifts to serve G-d and serve the community. Covenant is the active practice of the Core Value of Faith.

*We have said that Beit T'Shuvah is a healing moral and spiritual community. As such there are certain features of the "culture" that are particularly useful to accomplishing each task. Many features of the culture (e.g. groups, activities, attachment figures/teachers, an integrative treatment team, management, religious practices, mindfulness, and career counseling) are helpful for various tasks in different ways. In this section we describe how these resources work together to support each task.<sup>21</sup> We illustrate the use of these specific resources with case examples. The section begins with a matrix to guide the reader through the five recovery tasks from the perspective of various strands of our Integrative Best Practices: Norms, spiritual, counseling, groups and psychotherapy.*

## **THE FIRST RECOVERY TASK**

### SEEKING SANCTUARY

*"The core wound of the addict is shame—I am defective, unworthy, less than others. The teaching that "You Matter," you are a Holy soul grants worthiness as a birthright. One's worth is intrinsic, a spark of the Divine, not conditional or comparative. Also, individualizing the program reinforces the belief that uniqueness is also a birthright. You just have to be all of yourself." Harriet Rossetto.*

#### **Roadmap to Sanctuary.**

In this chapter we describe Beit T'Shuvah's Best Practices for Creating Sanctuary. First we summarize the characteristics of addiction that must be addressed in the first days and weeks of recovery including withdrawal, cravings, being stuck, addiction memory, negative emotions, dysregulation and exile. Next we describe the resources in the integrated treatment program that create a sanctuary for beginning recovery. We outline how the program structure, the Jewish spiritual community, Integrated Treatment, the counselors, spiritual counselors, therapists and management team work with individuals, with small groups, with Twelve Steps, and with families to create safety and facilitate basic attachment. In this chapter you meet basic Beit T'Shuvah Best Practices like Integrated Treatment; naming the Yetzer Hara and the Yetzer Tov and Mandatory Fun.

#### **Characteristic of Addiction Ground state addressed.**

The Yetzer Hara in Sanctuary. When residents come in they have usually hit a bio-psycho-social-spiritual bottom. They are in exile, disconnected from community and from their own holy souls. They are often hopeless, ashamed, in despair, hyper-vigilant and neurologically as well as morally disintegrated.<sup>22</sup> They are lost souls, isolated from family and community. They are mired in a belief that they are not good enough, not acceptable, not lovable or worthy, that they don't belong...anywhere. The early weeks of recovery are colored by bio-psychosocial-moral and spiritual withdrawal. Although many residents enter Beit T'Shuvah after a period of chemical de-tox, the body, brain, mind, spirit, and moral world of the addict requires a much longer period of time to "detoxify."<sup>23</sup> Increasing research on the neurobiology of craving illuminates the alterations

in the dopamine system that accounts for the perverse and long lasting effects of drugs and alcohol on the reward systems of the brain,<sup>24</sup> such that even months or years after a person has stopped “using” the sight of a needle and spoon, the corner where she “copped,” the flashing lights of a casino, the smell of beer on sawdust, or a white line on a mirror can initiate an insatiable biochemical craving for the drug-of-choice.<sup>25</sup> In animal studies, white mice starve themselves to death pressing a cocaine lever, rather than press a nearby “food pellet” lever.<sup>26</sup> Craving is one of the challenging targets of integrative treatment at Beit T’Shuvah—beginning with the task of Sanctuary.

At Beit T’Shuvah cravings are understood as the voice of the Yetzer Hara, the evil inclination, the voices of temptation, the sabotage and resistance that try to draw us away from our spiritual path. Our sages tell us that man has both an animal soul and a G-dly soul, parts of ourselves that strive toward the good and the holy and parts of ourselves that lean toward “base” urgings. What constitutes the yetzer tov, the good inclination, and the yetzer hara, the evil inclination, is not always easy to discern. Harriet Rossetto reminds us that wine, women and song can be seen as and used for the sake of both temptation and sanctification.

## Neurological impact of addiction on memory

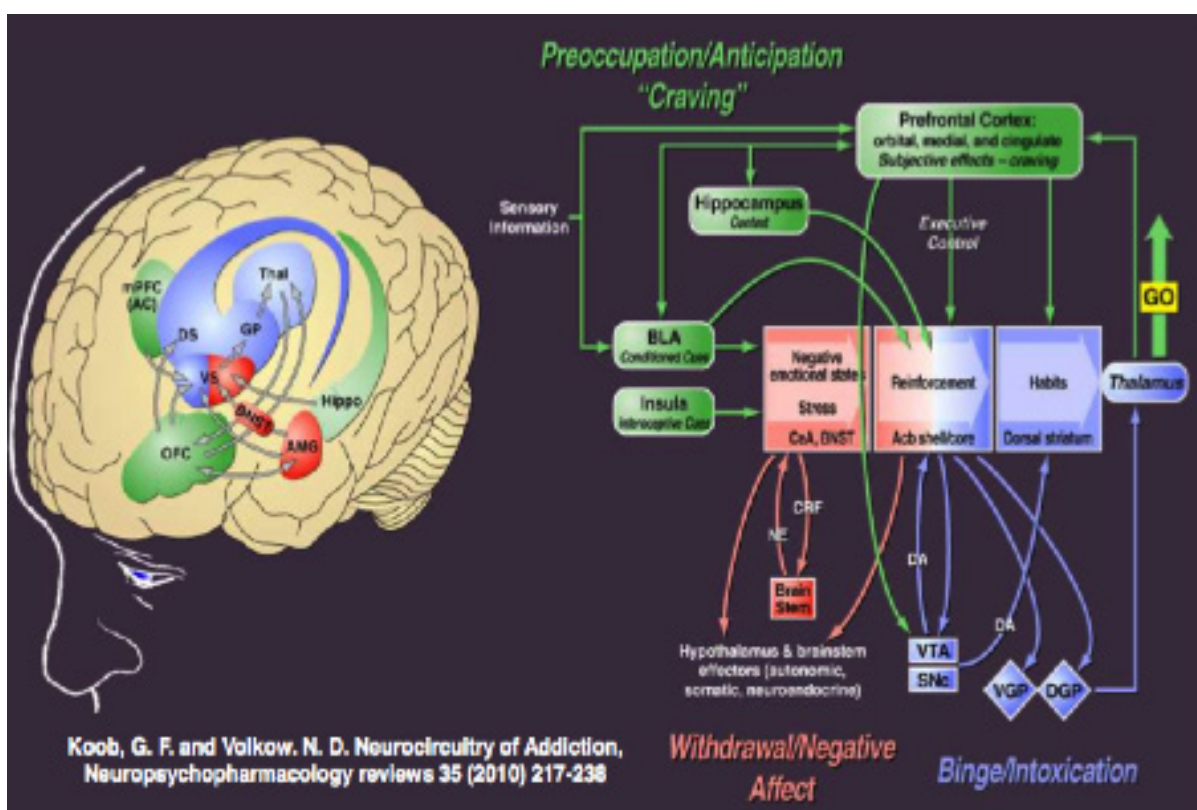
### **Experiences of addiction are stored as sensori-emotional memory.**

Addiction owes much of its lasting impact on behavior and adaptation to its effects on memory.<sup>27</sup> The brain processes experience from short term sensory memory to long term memory, where it is stored in several forms: declarative memory, which includes episodic (narrative) memory and semantic (facts & figures) memory; as well as non-declarative memory, including procedural memory, skills, habits, emotional responses and conditioned reflexes. Unlike everyday experiences, which are remembered as a story, or a set of episodes remembered through words, and symbolically retold in words and coherent pictures, addiction memories are stored in the amygdala, as raw, basic emotions—the narrative details of the episode may or may not be coherent, but what is present, what is re-called in addiction memory is the emotional charge and the sensory experience in the body, the fright, the flight, the fight response, the powerlessness, and the panic. The memory comes back not as a narrative, but as a somatic, physiological memory, a craving—the body goes right back to the experience. And somatic memories trigger craving.<sup>28</sup>

Sensori-emotional memory activates craving. Addiction memories often bypass declarative, narrative memory and are stored in (and retrieved from) the emotional,

somatic, sensory parts of the brain. This means that addiction memories don't obey the laws of logic —nor are they accessible to the pre-frontal ventral medial cortex (executive function) for moral decision-making. Actions taken based on the spontaneous activation of addiction memories are, by definition, raw, emotional, physiological and unmediated reactions, rather than conscious, thoughtful, planned choices. Just as the traumatized soldier ducks (or shoots) at the sound of a car backfiring, and the rape victim runs (or screams) at the sight of a strange man approaching, sensori-motor memories are activated for addicts by the lights and sounds of a casino, the smell of a favorite nightclub, the sight of a crack pipe or works. Further, the body memories in addiction are likely to be the experiences of euphoria, and/or ` release.

**Cognitive moral judgments and sensori-emotional experience are stored in separate parts of the brain.** Memories of guilt, shame and self-recrimination are stored in declarative memory, they are subject to the story we tell ourselves, which can be transformed through an act of will and conscious choice in the executive function. And, most importantly, they are trumped in terms of time and salience; by the immediate, primitive adaptive fight-flight message we get from the amygdala.



brain, and compete for control of the brain's decision-making,<sup>29</sup> just as the Yetzer Hara and the Yetzer Tov compete for control of the spirit and the choice of which action to take (see below). Further, since there is limited neural integration, there is no feedback loop. Without a feedback loop, the ability to learn from mistakes, i.e. from negative natural consequences, is also compromised.<sup>30</sup>

Of course this is adaptive under conditions of immediate threat, in the survival sense. Our ability to react instantaneously to a threat to our survival, or the acquisition of that which is necessary for survival in the moment is critical for the individual and for the species. Because certain drugs of abuse short-circuit the HPA axis, memories related to use are processed as if we were threatened by the loss of something necessary for our survival. Thus craving can be a powerful and perversely adaptive force.

In recovery this means that even though at moment "A" we know better, that all good logic and judgment tells us that using is a bad choice, it is not the executive function that is "choosing"—rather, it is the untrained and untrainable primitive reactive memory that "motivates" craving, "going out", "using", "lapse" and "relapse".<sup>31</sup>

Once we recognize that addiction memories are not stored in nor retrieved from declarative memory, we can have more compassion for our own vulnerability. We can understand why new behavior, new responses, cannot be taught in the traditional sense. In the task of Sanctuary, Beit T'Shuvah illuminates this process and provides multiple opportunities to discuss, name and tame cravings, especially by having people to talk to about withdrawal and cravings who provide tools for "urge surfing."<sup>32</sup> Being able to tolerate the feelings, the cravings, the impulses, name them and not act on them, is a fundamental tool for early recovery.



## Beit T'Shuvah Best Practices For Sanctuary

**Core Value: Holy Soul**

**Addiction characteristic addressed: Exile, disconnected, disintegrated, craving**

Treatment Strand	Best Practice Focus
Integrative Program	Focus: Hold on, You Matter. Individualized Program; Flexible Boundaries; Multiple potential attachments; mandatory groups, mandatory meetings, mandatory chores; primary counselor; cognitive-behavior therapy; open doors; next right action.
Spiritual Practice	Orientation: Build a sanctuary where G-d can dwell among you. Shabbos & Shabbos services. Welcoming in. Torah study. Create and name safe haven. Remind residents of their holy souls. You matter. Name conflicting parts: Yetzer Ha'Ra and Yetzer Tov; Listen for & draw out G-d talk (positive or negative). Prayers as talisman for safety; Use Text Talk to discuss still-sensitive themes. Name yearnings for connection if/when they come up.
Individual Counseling	Orientation: Next Right Action; Guide, advise, cajole, lead, tempt, convince clients to take the next right action (get up, make bed, shower, go to group). Be a temporary moral compass. Be practical, predictable; understanding; encouraging participation; Individualized program; mandatory groups, outings. Meetings & fun. Name challenges, triggers, cravings; strengths, needs, feelings, Yetzer Ha'Ra and Yetzer Tov.
Group Counseling	Orientation: Next Right Action; Acknowledge, affirm, confirm; create safe space for sharing by managing process; check-in groups; guided practice (themes chosen by counselor/facilitator); free writing; body image; monitoring attendance, practical suggestions.
Individual Therapy	Focus on creating safe space: Active empathic listening; understanding; Assessment: Core issues, emotional maturity, emotion regulation, clinical-developmental posture, default relationship-construction; habitual defenses. Challenge: Showing Up
Family Work	Psycho-Education. Family education including ideas of addiction as a family disease; family systems; enabling; boundaries; family roles; developmental challenges and opportunities; family healing; The role of faith and community in growth and healing. Shabbos and holiday services.
Mandatory Program Activities	Mandatory groups; multiple attachment figures: individual therapist, counselor, spiritual counselor; mandatory fun; mandatory individual and house chores. Mandatory assessments. Mandatory 12 step meetings. Random Drug checks.

### BEST PRACTICE INTEGRATIVE TREATMENT PROGRAM

## STRUCTURE FOR SEEKING SANCTUARY

Residents come in to Beit T'Shuvah seeking sanctuary, a place where they can be safe and feel safe, go through withdrawal while they get their bearings, drug free. Sometimes they are actively seeking safe harbor, other times they come in stumbling, oblivious. Like a storm tossed sea creature, they have to attach to some stable, nurturing structure before they can begin to recover. The first cultural resource Beit T'Shuvah has to offer is a safe harbor, a sanctuary. The Shabbos Welcoming In ritual is the beginning of how we teach them about attachment. The congregation exhorts each new member to do one thing: Hold On. Beit T'Shuvah provides safety and the opportunity for primary attachment in many ways:

**The basics.** There is plenty of healthy, well prepared food. New male residents come in to a room with several other new residents. New female residents are assigned to a roommate with more time. Residents are expected to clean their rooms, make their beds and do an assigned house chore. They are also expected to temporarily give up their cell phones and other devices for outside contact (laptops, cars) and to use the phones in the counseling office for contact with family and close friends. This provides basic limits, without cutting people entirely off. The Management Team, consisting of Rabbis and Clinicians, has an open door policy so that new residents feel welcome to come in.

**Structural Norms enhance safety and primary attachment.** The norms at Beit T'Shuvah balance structure and accountability with flexibility and individual attention. On the one hand, all new residents are subject to census checks, active supervision, check-in, accountability to counselors doing rounds; house and room chores, mandatory meetings, mandatory fun and drug testing. On the other hand, there is a non-punitive moral atmosphere, and a Pass system, so residents can get out, go to outside meetings, go out with their families, and participate in mandatory fun, minimizing the need to "break out." There are no locks on the doors, so a resident can, theoretically, leave at any time. On the other hand, there are random room checks, and random drug tests, which enhance the sense of safety.

**Immersion.** One day each month is Immersion Day when all clients and all staff spend the day together reiterating and expanding Beit T'Shuvah principles, norms and values in large and small groups. Staff members from different departments including Finance, Alternative Sentencing, Prevention, Maintenance as well as the departments that have

daily direct client responsibilities like the clinical staff, counselors, techs, therapists, clergy and management all present ways that their departments and individual jobs put Beit T'shuvah principles into practice. Residents and staff are involved in collaborative decision-making on Immersion days, as well, as elaborated below.

**Individual attachment figures/teachers.** New residents are assigned to a counselor, a therapist and a spiritual counselor, with whom they meet at least 1-2 times weekly. They are assigned to a Chaver (a peer counselor) and are screened by a staff psychiatrist. The management team also facilitate groups and see clients. The richness offered by multiple potential attachment figures and teachers maximizes the likelihood of a good match with at least one primary attachment figure.<sup>33</sup> For people who have a history of feeling outcast and misfit, people who feel unworthy of belonging or feeling accepted - which is true of most people who become addicted<sup>34</sup> - interpersonal relationships are tricky, and getting close to people, being vulnerable, is a trigger. The multiplicity of potential relationships lessens the intensity of the potential threat of any one relationship, while at the same time preparing the soil in a number of fields where the seeds of a deeper relationship might grow and flourish later in the recovery process. Our sages tell us: Take for yourself a teacher. Attachment to a fellow human being is a pathway to a connection with our Source.

**Re-setting Circadian Rhythms.** During active addiction days and nights are governed neither by natural rhythms nor by imposed order. Resetting the biological and socio-moral clock is an important task in establishing sanctuary. Duties and obligations that are bound by time are a traditional tool in Jewish practice for defeating the Yetzer Hara. At Beit T'Shuvah the day is structured by time.

**Structure of the Day.** The day starts with Torah Study at 8:15 AM for all residents and ends at 10:30 PM with a 10th Step meeting to review the day. There are room checks, and check-in for groups, and bed checks to foster accountability and safety. New residents are required to attend group activities designed for Level 1 & Level 2 residents. These include structured "content" groups like Relapse Prevention and Cognitive-Behavioral Therapy, which teach skills and tools for overcoming cravings, as well as psycho-therapeutic Process groups, check-in groups and Spirituality groups. In addition to the morning groups, required of all residents, the Integrative Treatment

Team also creates a program of specific afternoon groups for each new resident, as part of the individual treatment plan, depending on individual needs, inclinations, situation and path. These include groups like Women's Collage, Men's Writing, Body Image, Grief and Loss, Spirituality, Gambling, Eating Disorder, Surf Therapy, Family process, Nutrition, Theater, Art, Music, Yoga, Mindful Meditation, Relationships, Heschel Study, Neurological aspects of addiction, etc. As we have said, people come into the program with different gifts and different challenges, and they benefit from different kinds of program engagement to work through each Recovery Task. Individualized Treatment Plans take into account individual differences, and make concrete the Torah teaching that each individual is a unique Holy Soul: Treatment Plans are not designed to help everybody become Moses or Miriam. They are designed to help "Reb Zusya" to become more fully Zusya.<sup>35</sup>

**Mandatory Spiritual engagement.** In addition to meeting with a Spiritual counselor weekly, and Torah Study daily, new residents are required to attend Sabbath services on Friday evening and Saturday morning, and to participate in holiday observances and celebrations as they arise in the calendar (e.g. Rosh Hashonah, Yom Kippur, Purim, Passover, Shavuot, Simchat Torah).<sup>36</sup> These requirements, at least in the beginning, serve minimally as structure for the newcomer, and provide direct access to the next recovery task: Awakening and/or surrender.

**Mandatory group activities.** Mandatory Activities create an authoritative cultural norm.<sup>37</sup> Fulfilling expectations is not an end in itself, but rather a means of providing a safe, predictable environment and a way to attach to community and to G-d. Jewish tradition, Jewish theology and Jewish practice all value action, even over "intention."<sup>38</sup>

*When the Israelites were freed from Egypt and received the Ten Commandments at Mt. Sinai they responded: "We will do, and we will understand."*

Scientific research is consistent with Torah on how people learn: First they act on their environment, and then they reflect on their activity, creating memory traces and building neural pathways.<sup>39</sup> New residents are required to attend a minimum of 5 groups per day, plus mandatory program-wide meetings including House Meeting, Ethics, etc. In addition, for new residents under 28 years old there are mandatory T'Shuvah groups (see below) where staff and residents address ways that each resident has "missed the

mark” in the previous week. The structure of the day includes room chores, house chores, mealtimes, meetings and so on. New residents are required to sign in to meetings and groups, and counselors and senior members check chores, etc.

**Assessment.** Residents coming in who have hit a bottom are not only morally and spiritually dysregulated, they are also neurologically and sometimes psychiatrically disorganized and fragile. Professionals in each department, psychological, spiritual, counseling, and psychiatric assess each new resident. Health concerns are coordinated through the primary counselor. New residents are evaluated by a staff psychiatrist who prescribes and monitors psychiatric medication as necessary. Medications are locked, dispensed, and controlled by counselors. Neurofeedback is available to help clients modulate emotions, and (re)build neural pathways damaged during the using years.

*In the following section we describe Beit T'Shuvah Best Practices for individual and group work in the spiritual, counseling, psychotherapeutic and family counseling areas. For clarity we present Best Practices by department, however in the Integrative Treatment model there is much overlap, communication and coordination. For example, many groups are co-facilitated by a counselor and a therapist or a counselor and a spiritual counselor; a counselor and a Rabbinic intern co-facilitate Surf Therapy, and a Board Member facilitates "Men's Writing."*

## JEWISH SPIRITUAL BEST PRACTICES

**Welcoming In.** Each week new residents who have entered the program in the prior week are welcomed in to the community during Sabbath Services. The Rabbi explains that Beit T'Shuvah is more community than “rehab.” And the community has G-d at its center. Each of us is a Holy Soul, and Beit T'Shuvah is a community where we bring all our parts: the parts that we want people to see, and the parts that we've hidden. Beit T'Shuvah encourages authenticity and transparency —“being real.” The hidden parts are the parts of ourselves that need healing.

*The sin at the Garden of Eden, the Rabbi tells us, was not eating the fruit, but hiding from G-d, being ashamed, and blaming others.*

In the welcoming-in ritual, the Rabbi, those who are taking cakes for their sobriety birthdays, and the whole Beit T'Shuvah congregation welcome in new residents with a traditional prayer.<sup>40</sup> New members are reminded that none of us is perfect. We just

strive to be One Grain of Sand better each day. Each new resident is asked to respond individually, in front of the congregation<sup>41</sup> to let each new member know that “You Matter.” This gives people a name and a place in the community. They no longer have to hide from G-d and be ashamed. Then the congregation exhorts new members to do only one thing correctly: **Hold On.**

**Spiritual counselors.** Spiritual counselors are advocates for the soul. At Beit T'Shuvah rabbis, rabbinic interns, the cantor and chaplains serve as spiritual counselors. Spiritual counselors are an active part of the integrative treatment team. They meet together with counselors and therapists for weekly planning and training, as well as monthly Integrative Treatment Team meetings. They carry a caseload of individual clients, co-facilitate groups relevant to their areas of expertise, do Torah study with residents each morning, and co-conduct Sabbath and Festival services and observances. They are supervised and guided by the chief rabbi. Each client is given a spiritual counselor. They meet with their spiritual counselor, typically, 1-2 times per week for a half hour or more. Together, the spiritual counselor and the Holy Souls they are guiding address questions to lift them up. In Sanctuary, clients wrestle with questions like:

*What are the lies you tell yourself?*

*What are you oblivious to?*

Spiritual counselors use texts from the Jewish tradition, writing assignments, and discussion<sup>42</sup> to provide a sanctuary where residents can recover their Holy Souls. Some clients find the relationship to their spiritual counselor, who brings G-d into the room and into their lives, to be a safe haven, and Beit T'Shuvah is a haven for lost souls. For some people seeking sanctuary, the spiritual counselor is a guide, shining a light on the tangled jungle of decision points in early recovery. For others, including atheists, agnostics and rebels, the spiritual counselor is a sparring partner, somebody to stand in as an opponent as he or she wrestles with his or her beliefs, understanding of, or connection to G-d or Higher Power. Sometimes the spiritual counselor is a beacon shining through the darkness, illuminating and expanding the horizons of the possible. Sometimes the awareness of the potential for a deepening relationship with a spiritual counselor creates some safety, especially for those who long to have G-d, a Higher Power, in their lives.

## **BEIT T'SHUVAH BEST PRACTICES FOR CREATING SANCTUARY IN INDIVIDUAL SPIRITUAL ADVISING**

**1. Spiritual assessment.** Spiritual counselors use the first few meetings to assess the “state of the soul.” They ask about the clients conceptions of and connection to G-d (Higher Power); about their Jewish or other religious practices; about their moral convictions and character traits; and their thoughts or feelings about ultimate meaning, purpose, etc.

**2. Bringing G-d into the conversation.** Best Practice Spiritual counselors make it safe to talk about spiritual and moral themes. Using Active Listening to “hear” client’s ideas and intimations of G-d, Higher Power, spirit, energy, meaning, purpose, nature, The Good. Spiritual counselors illuminate and confirm talk of spirit and connection.

**3. Spiritual Toolkits.** Spiritual counselors use simple texts to suggest spiritual or moral foci for practice, e.g. a prayer or a focus to use in times of stress, or craving; a reminder of one’s Holy Soul: that you matter.

**4. Text-talk.** Spiritual counselors use texts to explore or create sanctuary as a way to de-personalize/distance sensitive and difficult topics and at the same time to concretize otherwise vague yearnings for connection and meaning without being too intimate in this early task.

**5. Holy Souls.** Spiritual counselors help new residents with the first recovery task by reminding them that they are holy souls, that G-d loves and needs them. That they are worthy and that without them, the world is passul, missing something that it needs. Spiritual counselors may offer a particular prayer or reading to help new residents to feel safe, to hold on one more day.

**6. Mooring.** Torah is a mooring for residents seeking safe haven. Spiritual counselors explore stories, midrash and Torah characters together with their clients. They read together, and ask clients to apply story themes to their own lives, to begin to connect to, and find pieces of themselves in Torah. This normalizes their struggles and locates their “failures” as mistaken steps along their own personal journey:

*What part of me is Jacob, wrestling, struggling, persevering? When am I like Joseph, favorite of my father, spurned by my brothers, arrogant and forgiving? How am I like Jonah, running away from my calling? Can I be forgiven, like David?*



## BEIT T'SHUVAH BEST PRACTICE FOR CREATING SANCTUARY WITHIN THE SPIRITUAL COMMUNITY:

**1. Welcoming in: You Matter.** Formal Welcoming In during Friday night Shabbos Services, as described earlier, acknowledges each individual not as a “newcomer”, “new resident” “client”, “recovering addict”, etc., but rather acknowledges each person as a new and valuable member of the Beit T'Shuvah community, a spiritual community.

**2. Torah study.** Each day begins with Torah study for men and for women. For new residents seeking Sanctuary the ancient words and stories may themselves offer sanctuary. The ritual of early rising associates a new habit with study. Torah study is designed as a discussion, so those who are oppositional can argue. New residents can bring their glimmer of hope as well as their despair and their secrets to Torah study, and maybe find comfort in King David's temptation, misdeeds, recovery and faithfulness; In Miriam's exile and return; in G-d's promise never to destroy the world again.

**3. Mishpukha.** Mishpukha means family. Jews share ancestors, so everybody is part of the family. The predictable ritual of “Shabbos set-up,” Shabbos, and “shabbos clean-up” each week is a soothing ritual. New residents, too, have a role to play, a job to do, in preparing for Shabbos. Residents prepare the House for company—set up the chairs and prayer books in the sanctuary; prepare the dishes and silverware for a dinner for 350 people; the sound of the band and the choir practicing fill the air; the smells of chicken and brisket roasting fill the house with shabbos smells. For Jewish residents the familiar rituals may ease fears of the strangeness of being in residential recovery. For residents without a Jewish background, the newness of the rituals may engender a safe curiosity.

**4. Holidays, Holydays.** Observing Jewish holidays and festival celebrations through out the year provides particular opportunities to use traditional teachings to illuminate and normalize addiction and recovery. For example:

**+ Yom Kippur** is an opportunity for making T'Shuvah, asking for forgiveness from those we have harmed in our addictions, throwing away our sins: casting them on the waters, and asking for and experiencing G-d's mercy and forgiveness; the opportunity to close the old book, and open a new book.

+ **Passover**, the holiday that commemorates the Jews being freed from slavery in Egypt, is observed as the story of how people enslaved to addictions are freed from each of our own personal “Egypt.” This message echoes throughout the year as residents and alumni perform “Freedom Song,” Beit T’Shuvah’s traveling musical production about Passover, all across the country. (see below).

+ **Shavuot** is the opportunity for revelation, connection and covenant on our journey in the desert—our journey toward recovering connection with G-d, Higher Power; and recovering integrity and meaning. The all night study session where residents and rabbis, staff and community members teach and learn is consistently reported as a “peak” experience. (see Awakenings, below)

+ **Rosh Chodesh**, the marking of the new moon, is traditionally observed by women. At Beit T’Shuvah women and men gather on Rosh Chodesh to study texts together, texts that bring new meaning to renewal and to fellowship within community.

**5. Study groups.** Throughout the week there are elective groups that focus on Jewish subjects and texts. There is Talmud study, G-d, Heschel study, Spirituality, Mussar, and Hebrew. Residents who have never made bar or bat Mitzvah can learn with the rabbis and the Cantor, and become bar or bat Mitzvah (son or daughter of the covenant).

## **COUNSELING BEST PRACTICES**

**Individual Counselors.** Counselors at Beit T’Shuvah typically are trained in social work or in addictions counseling. Counselors have four main tasks.

**1. Motivation and supervision.** Individual counselors perform the daily functions of motivating residents to progress toward recovery. They help with everything from regulating sleep cycles to coping with craving.

**2. Group facilitation.** Counselors facilitate most of the 100 groups offered at Beit T’Shuvah each week. They are encouraged to develop curriculum for groups that match the needs of given residents (which changes from time to time) with their own gifts and interests. (see group offerings for examples).

**3. Primary Counseling.** They serve as primary counselors for (6-8) residents, meeting with each client individually several times each week, making and monitoring daily decisions in the implementation of individual treatment plans. They have primary responsibility for approving and coordinating passes, family visits, and work opportunities.

**4. Case Management.** In the Integrated treatment team, individual counselors serve as case managers for the people on their caseload. Many members of the Counseling staff at Beit T'Shuvah are in recovery themselves. At times, more than half the staff at Beit T'Shuvah are alumni. This offers residents a reasonable expectation that they will be understood and accepted for who they are. They don't have to hide in fear. For many clients, the day-to-day contact with counselors who help them with the concrete steps to recovery, and who themselves are often in recovery is a safe place to attach, without becoming too vulnerable. Primary Counselors advise, cajole, lead, tempt, convince, and threaten clients into taking the next right action: getting up, making their beds, doing their chores, making friends, going to groups, respecting their body, sticking to their program, taking direction, getting in the van for meetings, believing in themselves, etc. The counselor relationship creates safety, especially for clients who have lost (or never developed) their moral compass. Counselors offer practical tools for breaking old bad habits and building new good ones.

## BEIT T'SHUVAH BEST PRACTICES FOR CREATING SANCTUARY IN INDIVIDUAL COUNSELING

**1. Short, frequent, focused sessions.** Best Practice Primary Counselors use short, frequent, focused sessions, sometimes 20 minutes, 3- 5 times per week, recognizing that people newly in recovery often are cognitively disorganized and reactive.

**2. Motivation.** They use Motivational Interviewing tools to bring ambivalence to conscious awareness: "I get it. Part of you wants to be here and part of you just wants to run."

**3. Naming.** Counselors help clients feel safe by naming patterns they observe. Naming gives clients a way to organize their thinking about a behavioral pattern,

and it creates a shared language between client and counselor that becomes a communication bond. Counselors name

- a. potential stumbling blocks, "routine is difficult for you."
- b. triggers: "Thinking about that girl is a trigger for you."
- c. areas of strength: "you like things to be organized (writing music, reading; drawing; helping others; working out; talking to counselors)"
- d. resources: "For you, writing (working out, making music, talking to friends...) is a great way to deal with anger (sadness, boredom, fear, anxiety, loneliness)"
- e. areas of need: "you'd like to be able to sit through a meeting (develop patience; be more self-confident, loving, firm, balanced; have better habits, better work skills, better communication skills, be more self-reliant, healthy, strong)."

**4. Understand.** Counselors confirm feelings to create understanding: "I hear you. It's hard getting up in the morning, (falling asleep, going to groups, putting up with your roommate, not talking to your old buddies...)" "That's frustrating." "It makes you angry." "Thinking about that makes you feel sad."

**5. Teach a person to fish.** Counselors offer practical tools for doing the day, walking through challenges and coping with cravings: "Do you want to try working out in the mornings, before Torah study?" "Could you write ten things that you're grateful for before bed?" "Maybe you could try it for just five minutes today." "There's a practice called SOBER breathing that might help you with your visit with your Dad." "Is there someone you could call to bring you back if things don't feel safe for you?"

**6. One grain of sand...** Counselors break behavioral challenges into bite-sized, observable, doable tasks.

**7. Moral compass.** Counselors help their clients to identify what's right to them, to listen to their Yetzer Tov, and to figure out what motivates them. They help clients to figure out what might be an incentive for them, individually, for replacing old bad habits with new habits: "what could you give yourself or do for yourself if you managed to get up on time for 3 days in a row?"

**8. Boundaries.** Primary counselors implement treatment team boundaries and limits for residents until they are able to establish safe boundaries for themselves. This means that they do room checks, group checks and drug tests. They make sure new residents are where they are supposed to be when they are supposed to be there, and the use natural consequences to help individual residents to build up their

own moral muscles, and exercise their own good judgment, as well as to maintain a healthy moral atmosphere with transparent norms and respect for each individual as a holy soul walking on their own path.

## GROUPS

Counselors facilitate most mandatory and voluntary, elective groups.<sup>45</sup> New residents generally are required to attend mandatory groups in the mornings and elective groups in the afternoon. Mandatory groups have at least two functions in helping residents with the first recovery task. First, they normalize the challenges of sobriety and recovery, like facing the day sober, feeling feelings, developing daily routines, making friends, facing past wreckage, dealing with cravings, etc. Other new residents share their feelings: fear and hope, anger and frustration; their experiences: hitting bottom, losing everything, facing themselves and their past. People begin to laugh together and feel less alone, less frightened, less dispirited and hopeless. Groups also provide a way for newly sober residents to structure their time, and a focus for thoughts, feelings and behavior to replace the absence of routine that governs life in addiction, which is organized around chasing: finding, getting, using drugs, gambling...getting high, crashing, etc.

## BEIT T'SHUVAH BEST PRACTICES FOR COUNTERING CRAVING IN SANCTUARY

**Naming and the split between intention and action.** In traditional Jewish teachings the sages describe two “competing” inclinations: the Yetzer HaTov and the Yetzer HaRa. The Yetzer HaTov is the inclination to Good, the inclination to elevate and purify ourselves. The Yetzer HaRa is the earthly inclination, the tempter, the saboteur, the doubter, the “Inner Adversary.” The Yetzer HaRa is the resistance we experience to doing good, to doing the right thing. It tells us we are not good enough, we are undeserving. We can’t follow our good intentions because there are ferocious lions on the road.<sup>46</sup> In early recovery spiritual counselors and primary counselors and the management team teach residents to recognize and name the urges, the Yetzer HaRa, without having to act them out. In Jungian terms we talk about the shadow and the persona. In the First Recovery Task residents learn to separate the cravings, the inclination, from the action.

To name it, Harriet Rossetto teaches, is to tame it. Residents learn not to condemn themselves for having the craving. Hiding from the craving is part of the cycle of addiction, part of the shame.

Beit T'Shuvah Best Practice to counter craving is to create an environment where it is safe to feel and to name cravings, without having to act on them. Here the practice of talking about urges and impulses, inviting the Yetzer Hara into the group, is limited and contained by the structure, and by specific practices. It is important, in early recovery, not to ignore the Yetzer Hara, the craving; and it is important not to give it too much space to grow. Specific tools are taught to quiet, defeat, and even to transcend the Cravings, to recognize them as a bodily desire that doesn't need to be fulfilled. People have the free will to choose the good, not to give in to their sensori-motor cravings, to the voice of the Yetzer Hara.

## **BEIT T'SHUVAH BEST PRACTICES FOR CREATING SANCTUARY IN MANDATORY GROUPS:**

*Predictability, boundaries and understanding are critical to creating sanctuary in early recovery.*

**1. Predictability.** Groups begin and end on time and in the same place, with expected rituals for opening and closing. These can be as simple as an opening question: "How's everybody doing?" or a reading; and closing with e.g. the serenity prayer.

**2. Flexible Boundaries.** Rules about confidentiality are particularly important in establishing sanctuary. Unlike AA meeting shares or clinical process groups, counselors manage group discussions. They:

- a. make sure that everyone who wants to speak has a chance to share;
- b. that each person's emotional reactions are allowed;
- c. that emotional responses are named and limited: "You really have a lot of feelings about that, huh?"

**3. Convey Understanding.** Beit T'Shuvah Best Practices create safety by naming and confirming residents' shared experience. To convey understanding, Counselors listen for and mirror the "sensory-perception" terms that clients use:

"I hear you saying that...."

"I see that that's hard for you."

"You really felt angry about that..."

"You think this will work for you..."

Counselors may mirror body posture, leaning in when a client leans in, leaning back when a client leans back, and so on.

**4. Create new habits of perceiving and reacting:** Group facilitators also work to expand each clients' habitual orientation to experience. This practice brings limited, narrow habitual process to consciousness. Used judiciously this helps clients to feel known and understood, and therefore safe, as well as shining a light on a path of growth and paving the way for (re)building new neural pathways.

For a client who uses the thinking/judging mode,<sup>47</sup> a counselor reflects an underlying feeling:

"Judging" Client: "She shouldn't be allowed to sign out after what she did."

Facilitator reframes naming parallel feeling: "It makes you mad when things seem unfair."

For a client who habitually uses the impulsive/feeling mode, a counselor reflects a parallel thought:

"Feeling" Client: "It made me so mad that she got to sign out after what she did."

Facilitator reframes naming parallel cognitive judgment: "You think people should be treated equally."

**5. Redefine Fairness claims.** Clients hide behind claims of unfairness to justify using and not becoming their best selves. Harriet Rosetto reminds us that "The Fair is in Pomona" (site of the Los Angeles County Fair). Fairness is defined as a question of equity, not equality, meeting each individual where he or she is, and treating each person according to her or his individual needs.

**6. Mindfulness.** As clients tell their stories, complain, share, think through challenges and frustrations and fears in group, the counselor —sometimes aided by other group members— identifies and names the places where the client is stuck, the places or problems where they are "doing the same thing over and over and expecting a different result." In 12 step language this honors the dictum that "Awareness" comes



before acceptance and action. Naming, awareness, bringing process to consciousness, paying mindful attention begins to build new neural pathways between the HPA axis and the executive function.<sup>48</sup>

**6. Raising spiritual questions.** Counselors frame confusion and frustration in spiritual terms: “What is your Higher Self telling you?” This reminds clients seeking sanctuary that they are a Holy Soul.

## **BEIT T’SHUVAH BEST PRACTICES FOR CREATING SANCTUARY IN ELECTIVE GROUPS**

Elective, individualized groups are available to all residents, working on the range of Recovery Tasks. They are less structured, and less facilitation driven. For new residents, Sanctuary is achieved when the other, more senior residents, make it safe to participate.

**1. Voluntary Participation.** New residents are allowed to sit on the sidelines, listen and absorb—not joining in the theater games, not volunteering to present a collage, not sharing about their family or relationship issues until they themselves are ready to share.

**2. A safe, welcoming place.** When new residents do share, facilitators acknowledge their willingness and courage in sharing or participating, without probing. They offer a welcome “I’m glad you’re here.” “It takes a lot of courage to ....” “Thank you for trusting us.”

**3. Expressive Arts.** Many new residents can benefit from expressive arts. For some residents early in the detox phase, all the talking is a lot - maybe too much - to process. For them, expressive arts are a particularly important Sanctuary. Clients who can barely sit through morning groups, therapy, etc. are assigned to Art Therapy, Music, Writing, Theater, Games, etc. as ways to regulate their physiological and neurological systems, and open the possibility of a spiritual connection. In those groups, residents mostly “do” on an assigned or free choice topic for 30-40 minutes,

and then share and process their production for 20-30 minutes. Facilitators are also engaged in the activity.

**4. Cognitive-behavioral and psycho-education groups.** Some new residents are flooded with emotions and need containment. For them, cognitive behavioral and psycho-educational groups are a sanctuary that provides order and structure and instructions.

**5. Spiritual Study.** Some new residents are flooded with shame and remorse. For them, spiritual study groups (e.g. G-d, Judaism, Heschel) provide a glimmer that there is a compassionate, merciful and forgiving G-d who wants them.<sup>49</sup>

**Mandatory Fun.** Counselors plan and supervise group activities for residents. New residents are required to participate in outings like movies, plays, beach, jogging, basketball, golf, etc.....Learning to have fun without being high is not only a matter of finding new things to do, but also learning how to have enjoyment while being sober.<sup>50</sup> This is not only consistent with Jewish traditional teachings, but is also an obligation: *Ivdu et Hashem, b'simcha: Serve G-d with joy.* Residents learn that *there is no contradiction between religiosity and joy.* According to Estelle Frankel: *"The Hebrew word for oneness, Echad, has the same root as the word for joy, Chedva." ...the central aim of all Jewish spiritual healing is to restore a sense of unity, joy and connectedness in a world in which brokenness seems inevitable"*<sup>51</sup>

Mandatory fun is designed to bring joy, to counter the anhedonia that is a long term companion in early recovery. Experiencing joy, in turn, facilitates hormonal shifts, restarting long shut down neural pathways, recently hijacked and supplanted by the artificial stimulus of drugs, gambling, etc.<sup>52</sup> For new residents who are not yet attached, mandatory fun is also like an open door, space to breathe outside the intensity of what they are facing, as well as time to bond with fellow residents and counselors. New people need something to hang on to, and for some, finding a buddy they can laugh with on a sober outing is enough.

## **BEIT T'SHUVAH BEST PRACTICES FOR CREATING A SANCTUARY FOR MANDATORY FUN**

In early sobriety outings balance freedom, fun and containment.

**1. The movable Sanctuary.** Parks chosen for picnics and basketball are family parks, not those where dope is openly or habitually sold or used. Similarly, beach outings are planned away from the main dope-selling areas, e.g. (Venice Beach). This requires knowledge and planning on the part of counselors and the management team, to insure that residents working on Sanctuary feel safe, and are not unduly or inadvertently tempted or triggered.

**2. Check-in.** Freedom to explore is coupled with informal and interpersonal check-in.

**3. Accountability.** Drug testing is normalized by its regularity and its randomness so that if there is any question on return from an outing, drug testing is not a question of interpersonal trust, but rather, a way that the clients learn how to be accountable.

**4. Connecting.** Peer support and alliances are encouraged by games, walks, hikes, etc.

## **THERAPY**

**Individual therapy.** Each Beit T'Shuvah resident is assigned an Individual Therapists. Individual Therapists at Beit T'Shuvah include staff social workers and marriage and family counselors; psychology, social work and marriage and family counselor interns, and volunteer therapists from the larger community. They typically see clients for one hour per week, more if needed. They are supervised individually and in groups by senior therapists on the team. They participate in the Integrative Treatment Team meetings and trainings, as well as co-facilitating groups. The therapeutic relationship at Beit T'Shuvah is privileged within the normative structure, because unlike the counselors, with whom clients can develop a close relationship through daily contact, clients see their therapists only in the sacred space of therapy, and most of the staff therapists have no "line" functions. Therapists are not involved in the day-to-day decision-making, although they are involved in treatment planning and in the Integrative Treatment Team, so many clients feel "safer" to unburden their shameful feelings and their secrets in the sanctity of therapy as a first step. Residents may use their therapist as a dumpster for discharging all the feelings they cannot contain during Moral detox.

## BEIT T'SHUVAH BEST PRACTICE FOR CREATING SANCTUARY IN INDIVIDUAL THERAPY

Best Practice Therapists establish sanctuary in part by making therapy a sacred space and time, and in part by attending to the resident as a holy soul. During the first recovery task therapists assess, accept, name and understand how clients construct their world.

### 1. **Assessment.** Best Practice Therapists:

**a. Issues and themes.** They listen for High Profile “focus” issues, and note hidden themes as well. They pay attention to “split off” parts of the self, in Jungian terms, the shadow, the hidden longings; in Jewish tradition, the Yetzer Hara—as well as the presenting self.

**b. Emotional Regulation.** They note how the client regulates feelings: what feelings come up most often and in what contexts? When is the client flooded with emotions? When is their affect flat or muted? What mechanisms do they use to ward off, manage, cope with or regulate feelings? What are their patterns of denial?

**c. Cognitive Development.** Therapists listen for cognitive-developmental levels. (When) Does the client live in a sensori-motor world of sights, smells, sounds, detailed images? (When) Does the client live in a concrete world of narrative? (When) Does the client live in a world of patterns and abstractions? Does she/he use different developmental levels under different circumstances to process or report on different issues?

**d. Relationships.** Therapists observe how the client constructs relationships. They ask themselves: Who am I to the client at this phase? What are they projecting onto me? How are they reporting relationships among the residents? Between themselves and other staff members? In their families of origin?

**2. Active Listening.** Therapists Listen, Listen, Listen; They Listen Actively; They listen empathetically. This promotes the safety necessary for later sharing.

**3. Confirming, naming.** Therapists helping clients find Sanctuary pay attention to feelings that arise most often and name them. They confirm and name all the parts of

the self that the client brings into session without raising the contradictions. This helps clients feel understood, and therefore held (contained), and safe.

**4. Accepting.** In the first recovery task, therapists establish the boundaries of what will happen in therapy, and within those boundaries, they accept whatever the client wishes to share. Therapists accept and acknowledge all the parts that the client brings: the client's persona, as well as their shadow.

## TWELVE STEPS

Twelve Step philosophy, principles, practices, slogans, readings and language are an integral part of Integrative Treatment at Beit T'Shuvah. Twelve Step principles are entirely consistent with traditional Jewish teachings about T'Shuvah: redemption, amends, return, as will be explicated in each of the recovery tasks outlined below.<sup>53</sup> Counselors, therapists and spiritual counselors all integrate twelve step language and concepts in their day to day interactions with clients like, "What does G-d, Higher Power, want of you?" "Suit up and show up," "Surrender" "Inventory" "Amends," and "Being of service." The concrete, practical steps of AA and other Twelve Step programs provide clear direction and boundaries for many Lost Souls seeking Sanctuary.

**Mandatory Twelve Steps.** In addition to integrating Twelve Step ideas into, for example, process groups, there are explicit Twelve Step meetings at Beit T'Shuvah for gamblers, criminals and gangsters, overeaters, and even nicotine addiction. Twelve Step meetings in the greater community are mandatory for Level 1 & Level 2 residents 5-6 evenings each week. They attend these meetings in groups, with transportation and supervision provided by Beit T'Shuvah.

## BEIT T'SHUVAH BEST PRACTICES FOR CREATING SANCTUARY IN OUTSIDE 12 STEP MEETINGS

Staff select various meetings that offer a range of participants and formats so that residents can find particular meetings where they will feel “home” when they complete the recovery task of sanctuary, and move into voluntary participation. New residents may be required to stay near staff during meetings, as is appropriate per client. Twelve Step programs have a spiritual foundation, although they are avowedly not religious. The practical concreteness of the steps, the fellowship, the shared language, and the spiritual core of the “care of G-d, as we understand G-d” reinforces the teachings and experiences provided at Beit T'Shuvah.

## FAMILY WORK

**Family work creates sanctuary.** Addiction is a family disease. Family members of people who come into Beit T'Shuvah are all individuals with their own stories, and they all have been part of the downward spiral of addiction. Many have suffered their own trauma along with the addicted loved one. Many of the family members who come seeking help and understanding are themselves enmeshed, enabling and co-dependent. They, too, are lost. They, too, have lost their equilibrium in the chaos, rage, sadness and fear of their loved ones active using years. At Beit T'Shuvah we take a dynamic family systems approach to helping families recover their integrity, authenticity, passion and purpose. We create sanctuary for families of new residents by offering education, community and individualized support. There is a six week Family Psycho-Education Program to introduce the families of new residents to relevant topics of addiction, recovery, detachment, enabling, and so on. During the first six weeks of recovery, families are invited to attend Sabbath services, and we allow limited family visits, but do not encourage family therapy. Rather, while residents work on finding sanctuary and attaching at Beit T'Shuvah, we encourage families, too, to take time to recover. The Elaine Breslow Family Program at Beit T'Shuvah provides sanctuary for the family members while the residential program provides sanctuary for the residents.

## **BEIT T'SHUVAH BEST PRACTICES FOR CREATING SANCTUARY FOR FAMILIES**

**1. Multi-family Psycho-education Course:** Psycho-education groups last six weeks and cover topics that include an introduction to Beit T'Shuvah and its Integrative Treatment approach; what to expect of addiction and recovery, Jewish Spirituality, Imperfection and recovery, family systems and addiction, detachment and enmeshment. While meetings are mostly educational, they also provide a forum for families of residents to raise questions, express feelings, find mutual support, and discuss the process of their own parallel recovery.

**2. Weekly Family Support Group:** Family support group is offered for parents, siblings, spouses and adult children of residents. Residents do not participate. The support group is ongoing, it offers support and guidance for family members struggling with their own (co-dependent) issues and challenges. Some families continue to participate long after their "resident" has "graduated" or left Beit T'Shuvah. The family Support Group is different from, and compliments, Al-Anon or other 12 step programs for family members. Family Support Group is guided by a staff therapist and encourages mutual exchange, support, "processing" of ideas, the sharing of Jewish spiritual teachings, as well as "keeping the focus on ourselves."

**3. Individual therapy sessions for family members as needed:** During the first two months of residence family therapy is, as a rule, discouraged.<sup>54</sup> There are many times, however, when a "facilitated conversation" will move treatment along. In general, the decision to have one or two family sessions early in treatment is taken at the request and behest of the resident, and limits are set with the family who may be eager to "get things on the table" before the resident is stable in the second or third recovery task.

**4. Individualized family visits, mostly on campus or nearby.** Residents and their families are allowed to visit with one another in small doses, consistent with providing sanctuary for the resident. Cutting residents off from their families all together is likely to be counterproductive. Residents request a pass from their primary counselor and then process "dinner with Dad" with their counselors



before and after the Pass so the experience can be monitored by the Integrative Treatment Team —so that the resident can integrate, make sense of and understand new experiences in a healthy way. “We will do and we will understand.”

**5. Consultation:** Families are invited to call the Family Program Director and the resident’s counselor about any questions that are troubling e.g.: What do we do about wine at Passover? What do we tell old, sick grandma about our resident? What do we tell our resident about old grandma’s sickness?

**6. Chavera, a social group for family members of current and former residents:** Chavera is a friendship group. Many larger synagogues have such social groups of people who live near each other, and who get together in each others’ homes or other local spots for fun. People with family members in recovery are often cut off from their traditional social circles, or feel a need to leave their own and their family members recovery at the door when they enter. In a Beit T’Shuvah Chavera, family members can bring their whole selves to the party, brunch, shabbos dinner, or bowling alley.

**7. Family participation in Sabbath and Festival observances:** Family members are invited to join the community and the congregation for Friday night Erev Shabbat services and dinner from the beginning of an inpatients’ or outpatients’ stay.<sup>55</sup> They are also welcome to join the community for seasonal festival observances (Rosh Hashonah, Yom Kippur, Sukkot, Purim, Pesach, Shavuot and so on). If residents wish distance from their families their wishes are respected.

## INDICATORS OF SANCTUARY

*What are the Indicators that a resident has accomplished the first recovery task, i.e. experiencing Sanctuary?*

There are informal, yet observable indicators of a sense of safety and primary attachment. These include: smiling, making friends, mentioning friends, getting involved, asking questions, e.g. about the program, engaging (as contrasted with just attending), hanging out in the counselors office, reaching out to new members, asking interns about

their positions, beginning to confront, asking where they have to go next, and where they are supposed to be. For those who relapse, this includes giving Gratitude at Shabbos services.

In individual therapy, when residents feel safe, they begin to ask about bringing up difficult or sensitive topics. They ask about confidentiality, and begin to take risks with what they share.

With their Spiritual counselors, if they show up and argue that they don't need or want to be there, that they don't believe in G-d (or that they already believe in G-d, and don't need to learn or study,) sign. Spiritual engagement is often a struggle at first.

In groups, talking about cravings and the desire to use, talking about "not being ready," as well as talking about "being done" are all signs of feeling safe enough to share. Identifying with other peoples' shares, and sharing about a feeling or memory associated with the past, or especially the present, being at Beit T'Shuvah, in recovery, are all indicators of finding sanctuary. For those who are withdrawn and closed off socially, just talking in a group is a sign of feeling safe. For those who use their busy mouths as a distraction, or as a means of self/other control, being quiet and listening to others is an indicator of feeling safe. For some people, whose feelings have been frozen, tears are a sign. For some people, whose physical agitation is extreme during biochemical and moral detox, being able to sit through a group is an indicator of safety.

With chores, beginning to make your bed, clean your room and shower are indicators of "settling." And for those who are compulsive, unpacking is a sign. For many residents who have had a long downward slide, house chores, especially cleaning the kitchen; doing pots and scrubbing floors, is somehow soothing and a means of expiation.

With activities, willingness to engage and participate, to get in and out of the van on time, to play ball or board games, or take a turn at charades, to "suit up and show up," is an indicator of having found sanctuary. Getting dressed for services, smiling while serving guests, volunteering to work on the thrift store truck, are also indicators of putting one's toes in the waters, trying Beit T'Shuvah on.

### **Indicators of missing the mark (resistance)**

*Not* demonstrating the above: i.e. not smiling, not making friends, not engaging or asking questions is an indicator of missing the mark. If people seeking sanctuary are not asking questions or confronting the structure, the norms, the expectations and recovery itself, it is an indication of being closed. Not being open to the possibility of change greatly diminishes the likelihood of feeling safe enough to come out of hiding, and to let go of the old certainties.

When people stop participating in Program Activities, and start sleeping through mandatory groups and house chores, they are retreating. The counselors start hearing excuses for not showing up or doing the work. "I don't have to; Let the newcomer do it." If the resident shows up for appointments at all, the therapists hear a lot of blaming others, blaming the program.

*Spiritual counselors note...an unwillingness, a dulling of the spirit. Residents whose spirits are flagging generally fail to show up for scheduled appointments.*

In groups and on the patio, peers begin to give the resident feedback about slacking. The resident stops or slows down in his or her commitment to Twelve Step work. Younger residents stop doing their assigned T'Shuvahs, which is supposed to help them with areas of missing the mark.

When staff see these indicators of withdrawal, the treatment team and/or the management team meet to formulate a "pre-lapse" plan. The discussion can take place in weekly staff meeting, in the integrative treatment team meeting or in a special purpose (sometimes impromptu or even urgent) meeting. Extra strength meetings with the resident are scheduled involving several members of the treatment team. The goal in meeting with the resident is to assess progress toward Sanctuary; to agree on concrete steps to be taken; and to encourage and elicit new commitments.

Even with extra planning and attention, some residents leave before the first month is up, without ever having found sanctuary.

## NOTES FOR SANCTUARY

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- 10 Bartels, C., Kumbert, H-G....Krampe, H. (2007). Recovery of Hippocampus-Related Functions in Chronic Alcoholics during monitored long-term abstinence. *Alcohol and Alcoholism*, 42, 2, 92-102. Haas-Koffler, C. L., & Bartlett, S. E. (2012). Stress and addiction: Contribution of the corticotropin releasing factor (crf) system in neuroplasticity. *Frontiers in Molecular Neuroscience*, 5(91). Fingelkurts, A. A., Kähkönen, S., Fingelkurts, A. A., Kivisaari, R., Borisov, S., Puuskari, V., ... Autti, T. (2008). Reorganization of the composition of brain oscillations and their temporal characteristics during opioid withdrawal. *Journal of Psychopharmacology*, 22(3), 270-284.
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- Kohlberg, L. (1971) Cognitive-developmental theory and the practice of collective moral education, in: M. Wolins, and Gottesman (Eds) Group Care: An Israeli Approach (New York, Gordon and Breach).
- 17 Friston, K.F. (2005) Disconnection and Cognitive Dysmetria in Schizophrenia *Am J Psychiatry*; 162:429-432. doi: 10.1176/appi.ajp.162.3.429. see also Raichie, M.E., MacLeod, A.M., Snyder, A.Z., Powers, W.J., Gusnard, D.A., & Shulman, G.L. (2001). A default mode of brain function. *Proceedings of the National Academy of Sciences U.S.A.*, 92(2), 676-682. on the disconnection hypothesis; cf Randles, D, Tracy, J.L. (in press) Non verbal displays of shame predict relapse and declining health in recovering addicts. *Clinical Neuroscience*, on shame and hiding.
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- 35 Chasidic tale from the Magid of Mezeritch
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- 38 Of course performing the mitzvot, the commandments, with intention, with Kavanah is important, but kavanah without action is not fulfilling the commandment, whereas doing the action (e.g. giving charity, honoring Sabbath) even without "good" intention is still putting good into the world, and coming closer to G-d.
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- 40 May the door of this house be wide enough....
- 41 Nelech be ohr be shem adonai (may you who have come be blessed in the name of G-d).
- 42 G-d wrestling
- 43 see William Miller, Motivational Interviewing....for further instruction, see also appendix for lessons used at Beit T'shuvah that are particularly useful with our client population.
- 44 Thanks to counselors focus groups and feedback, including cognitive behavioral therapy training offered by Nessa Feinstein, among others.
- 45 There are also groups that are facilitated or co-facilitated by members of the management team, therapists, including volunteers, and spiritual counselors.
- 46 Cf. Morinis, A. (2008) *Everyday Holiness: The Jewish Spiritual Path of Mussar*. Boston, London:Trumpeter
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- 48 Tomasi, D., Volkow, N.D., Wang, R., ...Goldstein, R.Z., (2010) Disrupted Functional Connectivity with Dopaminergic Midbrain in Cocaine Abusers. *PLoS One*, 5, 5. Koob GF: (2003) Alcoholism: allostasis and beyond. *Alcohol Clinical Exp and Research*; 27: 232-243. Christofel, D.J. Golden, S.A., Dumitriu, D., ...Russo, S.J. (2011) Kinase Regulates Social Defeat Stress-induced synaptic and behavioral plasticity. *Journal of Neuroscience*, 31, 314-321 doi: 10.1523/JNEUROSCI.4763-10.2011
- 49 We are taught that G-d created human beings because G-d desired us...not that G-d "needed" us, but rather, that each of us was and is continuing to be created because G-d wants us (c.f. Taub, 2011). The traditional practice of reciting the thirteen attributes of G-d's mercy in many Beit T'shuvah festival celebrations reinforces this message: G-d is merciful and You Matter, to G-d and to the world that G-d created.
- 50 Anhedonia often accompanies early sobriety. Not only new learning is required, but also, re-connecting the neural pathways that have been hijacked through dopamine released secondary to drug use and gambling. Cf.



Stevenson, J. R., Schroeder, J. P., Nixon, K., Besheer, J., Crews, F. T., & Hodge, C. W. (2009). Abstinence following alcohol drinking produces depression-like behavior and reduced hippocampal neurogenesis in mice. *Neuropsychopharmacology*, 2234(5), 1209-1222. doi: 10.1038/npp.2008.90; Hatzigiakoumis, D. S., Martinotti, G., Giannantonio, M., & Janiri, L. (2011). Anhedonia and substance dependence: Clinical correlates and treatment options. *Frontiers in Psychiatry*, 2(10), 1-12. Kelley, AE, Berridge, KC (2002) The neuroscience of Natural Rewards: Relevance to Addictive Drugs. *Journal of Neuroscience*. 22 (9) 3306-3311.

51 Frankel, op cit. p. 22

52 The bio-chemical detox and restoration takes months, if not years (cf. Crews, F. T., Buckley, T., Dodd, P. R., Ende, G., Foley, N., Harper, C. ...Sullivan, E. V. (2009). Alcoholic neurobiology: changes in dependence and recovery. *Alcohol: Clinical and Experimental Research*, 29(8), 1504-1513 and Sullivan, E.V., Fama, R., Rosenbloom, M.J. & Pfefferbaum, A. (2002). A profile of neuropsychological deficits in alcoholic women. *Neuropsychology*, 16, 74-83). In some cases restoring the integrity of the brain is not possible. See PT IV Regenerative Pathways.

53 Cf. Twerski, A. (1997). *Addictive thinking. Understanding self-deception*. 2nd edition. Center City, MN: Hazledon. and Taub, S. (2011). *God of our Understanding: Jewish Spirituality*

54 Obviously, since Beit T'shuvah's Integrative Treatment is an individualized program, there are many exceptions—e.g. a couple where there are young children;

55 We haven't mentioned Day Treatment before. Day Treatment was created to meet the immediate needs of our ongoing waiting list. There are often people who want to come in and who are ready to come, and there are no available beds. For many people on the waiting list, there is the possibility of beginning the treatment program (9-5; 7-7; 7AM – 10PM) and living in a nearby sober living house with which Beit T'shuvah has informal ties.



## **THE SECOND RECOVERY TASK**

### **AWAKENING, SURRENDER**

*"T'Shuvah is the Jewish equivalent of the 12 steps, particularly Steps 4, 5, and 6. Knowing that you can be forgiven allows you to accept your imperfections, take responsibility for your mistakes and make amends to those you have harmed. The power of T'Shuvah mitigates the power of the Shadow self, re-enforcing integration of the opposing parts of the self."*

*- Harriet Rossetto*

#### **Roadmap to Awakening and surrender:**

In this chapter we elaborate the concepts of being broken, stuck and split, that characterize addiction, and then describe what we mean by awakening and surrender, the second recovery task. The body of this chapter outlines Beit T'Shuvah Best Practices that spark, witness, and sustain awakenings and surrender. First we show how Jewish spiritual practices and Jewish spiritual advising create opportunities for, and frame, spiritual awakenings. Then we lay out the respective Best Practices of counselors and counseling groups, therapy, Twelve Step work, Family Work, and adjunct opportunities like the Music Program and Surf Therapy that have demonstrated their effectiveness at inspiring an awakening, a turn and return. The chapter concludes with observable indicators of surrender and awakening.

#### **Characteristics of Addiction addressed:**

Feeling safe enough and attached enough to begin to look around and reflect on one's life is a hallmark of the transition to the second Recovery Task: Awakening and Surrender. The second Recovery Task addresses two central characteristics of addiction: Being stuck and being broken.<sup>1</sup> Addicts habitually use drugs, alcohol and destructive

behaviors to hide from the parts of themselves that are intolerable. William James noted 100 years ago that people who are stuck in addiction have “divided souls.” This echoes the teachings of Rabbi Isaac Luria, over 500 years ago, who taught that we are all reflections of G-d’s shattered vessel.<sup>2</sup> Recent research in neuroscience confirms the neural equivalent of James’ divided soul and Luria’s shattered vessels: —emotional recognition and emotional regulation are disconnected from moral judgment in the pre-frontal cortex of chronic alcoholics.<sup>3 4</sup> Habitual patterns of misbehavior have also been associated with developmental splits between emotion and cognition in moral problem-solving.<sup>5</sup> After two years of abstinence chronic alcoholics recover neural integrity.<sup>6</sup> After 14 months of developmental intervention, seriously troubled teens recover developmental integrity.<sup>7</sup> It stands to reason, then, that if chronic alcohol and drug addicts are characterized by neural and/or developmental splits, they, too, should be able to recover integrity. Integrity speaks to strength of character, consistency between judgment and action, behavior and ultimate meaning.<sup>8</sup> It implies being able to integrate the parts of the self, and to change, adapt and grow based on integrating feedback from the environment. The potential to recover bio-psycho-social-moral and spiritual integrity implies the possibility of T’Shuvah, repentance and according to our Rabbis, - a return from willful obliviousness.

The second task in recovery is becoming aware of the splits, the gaps, the places people are stuck in, and letting go of the certainty, the compulsion, the need to control staying in that place. Awakening and surrender imply taking stock of where you are and beginning to make a turn.<sup>9</sup> It means letting go of old ways of being that are not working, recognizing brokenness,<sup>10</sup> the gap between how we are and who we are, and, as they say in Twelve Step programs, taking the first step: —Admitting we are powerless over our addiction and that our life has become unmanageable. Awakening and surrender actualize Beit T’Shuvah’s Core Value of T’Shuvah, i.e. return. It is important to distinguish the two aspects of this task: Awakening and Surrender. Then we describe how Beit T’Shuvah’s Best Integrative Treatment Practices help people to accomplish the second Recovery Task.

Awakening is a new awareness, an opening to something that may have been there all along, but now it is known in a new way. People describe it as “revelation,” “seeing the light,” “a dawning,” “a moment of clarity.” At Beit T’Shuvah 1 in 3 residents report an experience of “awakening,” an “aha moment.” Another third don’t experience

the “aha” moment perse, but in hindsight they can identify places where they changed direction, and turned in their path. Among the others, some report multiple “ahas” and some don’t experience awakenings at all.<sup>11</sup> Variations in the velocity and patterns of various regenerative paths will be described in more detail in Part IV: Tailoring Integrative Treatment. Awakening is an opening to the possibility of growth and change. It implies remembering the past and imagining a future.<sup>12</sup> A glimpse into an alternative to staying stuck doing the same thing over and over; the possibility of being raised up. The sages tell us that we are commanded to, “place these words upon our hearts.” That is, we are not commanded to place them in our hearts, but rather upon our hearts, so that when our hearts are open, the words can drop in.<sup>13</sup>

Jonathan had a difficult time with the concept of G-d, even of “Higher Power,” and especially the idea of surrendering to a power greater than ourselves. Then suddenly one day “some thing” came to him. And, that had been happening more and more: —“some thing told me not to go down that street.” And, “some thing made me walk into that coffee shop just at that time.” I realized that every time I said some thing, it was a hint from my Higher Power. So for a long time I called G-d “Something.” Something that wasn’t me, and that was guiding me.

Surrender is one of the most difficult concepts and challenges for addicts coming in to recovery. For many people, addiction is the price, paradoxically, of trying to exercise control.<sup>14</sup> The idea of “surrender” is associated with quitting, losing, and giving up control. In Jewish traditional teachings, however, surrender implies letting go of both illusions e.g. of control, and of outmoded, stuck ways of being. Surrender in Judaism means admitting you don’t know everything. It means becoming open to being teachable. Our sages tell us, “Make for yourself a teacher and take for yourself a friend. “There is delusion and there is the task.”<sup>15</sup> Surrender doesn’t mean giving up; it means accepting connection, connection with one’s Source (The Almighty), community, and one’s highest and best individual potential. Chassidic thought is replete with metaphors.

The Maggid of Mezerich taught; “Nothing can be transformed from one thing to another unless it first loses its original identity. Before an egg can become a chicken, it must cease completely

to be an egg...only when it is brought to the level of Ayin, Divine nothingness, can it become something else.”<sup>16</sup>

A seed has to disintegrate in the soil before the plant it was designed to be can emerge.<sup>17</sup>

The second task includes letting go of illusions and delusions. Director Harriet Rossetto tells us, “Either you’re in recovery, or you’re in denial.” The second task means recognizing knowing again in a new way,<sup>18</sup> the need to dig in and do the work of recovery, —of building a life. This may be accompanied by a sense of relief, of beginning to let go of the false sense of power and responsibility, of the divided self, —the hidden parts of the self; the denial, the burden and fears of carrying all the weight that one has dragged around during the drinking and using days of disconnection and isolation; letting go of negative moral emotions.<sup>19</sup> Awakenings and surrender mark the beginning of the discovery, recovery and (re) integration of self—all the parts of the self, and of connection, connection to a Higher Power, connection to G-d, and connection to community... but this is just the beginning.

Then comes the footwork.

On average, at around 45 days,<sup>20</sup> residents wake up to the task of Awakening and Surrender, of facing life, sober, with all its messiness. Here is Caleb in a process group, at nearly 60 days.

*“I kind of messed up this week. I didn’t go to all my groups and stuff. I’ve been isolating in my room. My homeboy got shot last week. We buried him Sunday. I’m kind of glad I didn’t have my phone. I don’t know what I would have done. I don’t really have any family. I’ve been on my own since I was 16. And the guys, my homies, they were like family to me. He was like my mother, my father, my brother. I don’t know what to do. But I know it hurts, and I know I don’t want to go back, don’t want that life anymore. I won’t go back there, but it hurts. It was my life, and they were my family.”*

For somebody whose recent life trajectory has created wreckage, “schmutz”, this wake-up call isn’t easy.

## **Beit T’Shuvah Best Practices for Awakening and Surrender**

**Core Value: T’Shuvah**

**Addiction characteristic addressed: Stuck, split**

<b>Treatment Strand</b>	<b>Best Practice Focus</b>
Integrative Program	Focus: Arousing spirit. Spiritual Community; Sabbath & Holiday services; multiple opportunities for T’Shuvah, creative arts therapies, music; spiritual counseling, Surf Therapy, Twelve Steps, Torah study, multi-family groups, hearing/telling stories, confrontation with self.
Spiritual Practice	Orientation: Turning toward the light (within and without). Ask New Questions, amplify, name and clarify “transcendent” experiences, Frame difficulties in the context of a spiritual journey: Free will, my will, G-d’s will. Practice T’Shuvah.
Individual Counseling	Orientation: Openness to change. Help clients work Steps 1-3; Point to and frame new perspectives and new responses, normalize change, uncertainty, transition, giving up old certainties, and encourage reflective writing practices (30 questions), confirm feelings & courage to share, normalize experience, encourage empathic sharing in group. T’Shuvah and 10th step practice.
Group Counseling	Orientation: Openness to change. Invite peers or use texts to share experiences of awakenings and surrender, point to & frame new perspectives and new responses. Normalize change, transition, uncertainty, giving up old certainties, frame change as an opportunity for growth & T’Shuvah, confirm feelings and courage to share, encourage empathic sharing. T’Shuvah and 10th step practice. Group focus on AA Steps 1-3, Good groups are Reflective: mindfulness, writing, artistic expression, Yoga, Surf Therapy, Theater, Trauma.
Individual Therapy	Name and Frame: revisit, recollect, name, reframe, retell memories from before and during active addiction in relational context. Name and frame: shadow parts, Yetzer Ha’Ra & Yetzer Tov. Challenge: Sharing feelings in context of therapeutic relationship.
Family Work	Multi family groups: Illuminating awareness of historic, destructive or counter-developmental patterns, recovery of family strengths, faith, and openness, building, and testing, the possibility of change and growth. Individual family work as indicated. Family-in-community: Family Support group, Shabbos, and holiday services.
Mandatory Program Activities	Mandatory groups: intensify expectations of participation, and of showing up. Multiple attachment figures: individual therapist, counselor, spiritual counselor, mandatory fun, mandatory individual and house chores. Mandatory 12 step meetings. Random Drug checks. Passes available with approval of primary counselor, including family visits.

Typically, between 45 and 60 days into treatment, after they are physically “de-toxed,” residents feel safe enough and attached enough to begin to awaken parts of themselves that have been dormant during the using years... and begin the work of recovery.<sup>21</sup> Certain contexts in the Beit T’Shuvah program are particularly designed to facilitate awakenings and surrender. These include spiritual advising, Shabbos and Holy Day Services, individual therapy, as well as working the first three of the Twelve Steps, the music program, family work, surf therapy and hearing others’ stories. Below we summarize these contexts and then describe Beit T’Shuvah Best Practices in each strand of Integrative Treatment.

**1. Spiritual Program.** In spiritual practice, for many but not all the residents, there is a spiritual awakening. Almost anything can spark a new light. One particular resident said, “I didn’t know an angel could come roaring up behind me on a motorcycle disguised as a California Highway Patrolman.” Residents see where they have been, where they are now and what or Who has saved them, —brought them to this point and this place. The second Recovery Task means both letting go of the fantasy of control and accepting the possibility of a “Power greater than myself.” Jewish spiritual practices, Torah study, Text Study, the Ten Steps (appended), spiritual counseling, and sacred music all offer the opportunity to spark or accompany awakening. More than thirty percent of residents report the experience of awakening as a result of participation in Shabbos and holiday services...and there are many other opportunities.<sup>22</sup>

**2. Psychotherapy.** In individual and group psychotherapy awakening and surrender means beginning to look at the shattered vessel: re-collecting pieces of the past, maybe reliving a past trauma, maybe owning the wreckage of the “using years”, maybe seeing the contradictory, paradoxical, shameful parts of ourselves. <sup>23</sup> For many, there is some disconnect, some distancing from my “self” and my “story.”

**3. Twelve Steps.** Awakening and Surrender, the second Recovery Task, is something like the first 3 steps in Alcoholics Anonymous (NA, GA, CGA, etc.)

Step 1. We admitted we were powerless over our addiction —that our lives had become unmanageable.

Step 2. We came to believe that a Power greater than ourselves could restore us to sanity.

Step 3. We made a decision to turn our will and our lives over to the care of God as we understood God.

**4. Counseling Group work.** Beit T'Shuvah is mindful of the bio-psycho-social character of addiction, of addiction memory, and of recovery. Awakenings and surrender are bio-psycho-social-spiritual events and tasks. Group work to facilitate and support awakenings and surrender create safety as well as tools for new understandings and perspectives. To this end there are specific groups that use manualized trauma-informed treatment.<sup>24</sup> Some of these groups are closed and time limited to maximize a sense of safety. There are also trauma informed practices integrated into daily level groups, where experiential memories are gently subjected to cognitive re-appraisal and people are encouraged to tell their stories and get feedback from others so that they can begin to see themselves and their stories in new ways.<sup>25</sup> Often body work, sculpting, yoga, dance, and postures are effective in releasing the somatic memories for observation and naming.<sup>26</sup>

**5. Sacred and Secular Music.** Some residents are awakened by and even surrender to the music. It raises them up. Whether their minds are so busy, tangled and closed that they can't be reached through logic, intellect or stories; whether they are specifically sensitive to, attuned to music, or whether the sounds of the soul touch their spirits, many residents experience transcendence through the music, both as participants in Shabbos services, and eventually through participation in the choir, the band, or Freedom Song, the Beit T'Shuvah musical. Beit T'Shuvah offers opportunities to write, produce, perform and record both sacred and secular music. There are Talent Shows, Open Mike nights, a recording studio on grounds, and more. While music allows for spiritual and emotional release,<sup>27</sup> ongoing participation in Beit T'Shuvah's Smalley Foundation Music in Recovery Program also facilitates Engagement, the Third Recovery Task (see below).

**6. Stories.** For many residents hearing other peoples' stories, and telling their own stories are a way to see themselves from a new perspective, stepping outside their own story to see that a) they are not unique—the only one to have suffered this way, to have done these things, to be the way they are or in the predicament they are in; b) their situation is not hopeless—others have gotten help and have changed; c) they are not alone—there are others with whom they can identify, and to whom they feel connected. This opens the possibility of being known and accepted.



**7. Extra-curricular sparks.** Beit T'Shuvah provides a range of special activities which can inspire and ignite an opening. Seeing a play about the Holocaust, hearing a particular musical performance, hosting an internationally reknown speaker, being welcomed into another congregation, surfing the perfect wave, witnessing a birth, going to Israel on a Sober Birthright trip, hearing somebody share on their sober birthday, Surf Therapy...all can illuminate the darkness or lighten the load.

**8. The role of bio-chemistry in awakening.** For some people the neurological and psychological damage done leading up to and during active addiction creates patterns of intractable emotional dysregulation and/or chronic depression. Dopamine and cortisol are implicated in maintaining addiction, in withdrawal and in craving.<sup>28</sup> Depression is a bio-chemical as well as an emotional reaction to withdrawal. For at least 30% of Beit T'Shuvah residents depression is marked not in the first thirty days of treatment (Sanctuary) but rather, around 45 days into treatment, accompanying the task of Awakening. Further, there is increasing evidence that alcohol and drug use are co-incident with mental health issues. Recent studies report that more than 50% of alcoholics, drug addicts and pathological gamblers coming into treatment meet criteria for Axis I and Axis II diagnoses, especially anxiety disorders, depression, bipolar disorder and ADHD, as well as the personality disorders.<sup>29</sup> Beit T'Shuvah Best Practices acknowledge the usefulness of psychiatric medications, neurotherapy, prayer and meditation, and other therapies directed specifically at jump-starting or reconnecting neural pathways and regulating emotions. Beit T'Shuvah offers psychiatric services, neurotherapy, prayer and meditation on grounds as part of individualized integrated treatment. Such jumpstarts and reintegrations establish the conditions for awakenings and surrender.

The following section elaborates a sample of Beit T'Shuvah Best Practices to witness residents experience of T'Shuvah as they work through the task of Awakening and Surrender.

## **BEIT T'SHUVAH BEST SPIRITUAL PRACTICES FOR ACCOMPANYING AND SUSTAINING AWAKENING AND SURRENDER**

As a Jewish spiritual community, Beit T'Shuvah's norms and structure revolve around opportunities for awakening and surrender to a Higher Power, to the G-d of our understanding. Jewish tradition structures the day, the week, the month and the year with obligations for connection to the Divine.

### **Daily Torah Study**

Each day begins with Torah study wherein residents are encouraged to find themselves in Torah and wrestle with the text. For many residents, learning that our Biblical Heroes, our forbearers, made mistakes, were exiled, and were forgiven, taken back, gives them an opening to believe that they too are redeemable. Even Miriam, who rescued her brother Moses from the Nile, who led the Israelites in song when they crossed the Sea of Reeds, who found water in the desert, gossiped about her sister in law and was stricken and sent outside the camp. Her brother asked for G-d's mercy, and she was healed and returned. Maybe we too can ask for G-d's mercy and be forgiven. Torah study opens a window.

### **Shabbos, holiday services**

Residents participate in Shabbos services on Friday evening (erev Shabbos) and on Saturday morning each week. Beit T'Shuvah also observes the Jewish holidays and festivals: Rosh Hashanah and Yom Kippur; Sukkos and Simchas Torah; Chanukah, Purim, Pesach and Shavuos.

### **Shabbos**

Friday night services, as we have described, are open to the larger community, with family, community members and guests filling the sanctuary to standing room each week. For two hours participants sing, pray, welcome new members, celebrate sober birthdays and hear stories of miracles, gratitude, T'Shuvah and recovery. There is music, there are inspirational teachings, there is fellowship, and there is dinner for 350 people each Friday night. Many residents, and also many family members, report that shabbos services transport them to another place. The music, and the community singing and chanting together, the inspirational lessons from Torah and from our Sages, hearing others share about their gratitude and their recovery move residents from being stuck in their own world, and connect them to "Something" greater than themselves. For some, there is an intimation of Divine love and protection. For others, being held within a

community that carries an ancient tradition gives them a surge of meaning. Whether it's spiritual or social lifting, services are often reported as a vehicle for being held and lifted, for experiencing grace.<sup>30</sup>

Services begin with the community chanting and singing a wordless melody together to "let go of the schmutz," all the mess we accumulate in our bodies, souls and minds during the week.

Listen to 34 year old Jessica

*"I've been going to Temple all my life, but I never felt anything. When I came and got welcomed in that first shabbos I was numb. And I just showed up for weeks. But little by little I began to hear the music, and it began to sink in. Now I know I just have to be here and listen and the music will call me. It calls me out of myself, out of my darkness."*

And listen to 45 year old Mary.

*"I grew up Irish Catholic. But when I'm here each week, in these services, for the first time in my life, I feel like I belong, like I'm a part of something bigger than myself. I sense that I'm worth it, I matter. It lifts me up and carries me through the week."*

Residents most frequently report four aspects of Shabbos and Holy Day services in relation to their own awakenings:

1. Feeling a part of Community
2. Sacred Music
3. Being moved by others' stories, experiences, prayers.
4. Experiencing release (e.g. feeling love, forgiveness, opening, letting go).

It should also be noted that the Rabbi, Rabbi-in-training, the Cantor, the choir Director and most of the choir and music department are all themselves in recovery and most are Beit T'Shuvah alumni.

**Shacharit, Shabbos morning services.** Shacharit services on Saturday morning are an opportunity to observe how spirituality in the context of community releases and transforms negativity. On Saturday mornings, the residents come together in community to chant the traditional Saturday morning service, albeit many with new rhythms and new translations. Residents sleepily stumble and shuffle in, “hoodies” pulled over their faces, coffee cups in hand. Young clergy members lead the service, beginning slowly with the welcoming prayers. Residents in the front rows echo the chorus: Mah Tov—how goodly are your tents. As the clergy lead the congregation through blessings for the body and blessings for the soul, residents in the middle rows join in, swaying and responding to the chants. In the back rows, heads are still nodding, or folks are chatting in whispers...the occasional flash of light from someone texting or maybe surreptitiously playing games on a cell phone. By the time the service goes through the boldly rock versions of the song of Shabbos, Mizmor shir, and Ashrei: Happy are those who dwell in Your House, Beit T’Shuvah, the House of Return, is on its feet. The sleepy have awakened. The dulled have brightened. Souls in despair are singing songs of praise. Even from the back rows, young and old alike come forward to help lead “Hallelujah,” the chorus that means “Praise G-d.”

*This week a 21 year old Moroccan girl, Chantal and a 56 year old Australian man, Avital, caught our attention. For weeks they sat dazed and alone, in services, as well as in groups. They spent a lot of time alone in their rooms, and even when they came outside to smoke, they sat alone on the patio. But this morning, as the service proceeded, they were drawn in. When the young Rabbi asked if anyone had been afraid, like Pharaoh and like Moses, Avital raised his head. When she asked if anyone had had the courage to face those fears, Chantal raised her hand. “I faced them.” She said softly. “Rabbi Mark told me I was worthy. Nobody ever told me that before. I believed him. I believe him.” The young man sitting beside her, a second-timer himself, squeezed her hand. She smiled. A smile we had rarely seen in the nearly four months she’d been at Beit T’Shuvah. Minutes later, when the Rabbi invited people who had “walked through fear” to come up to the Bima for a blessing, these two immigrant Jews, a recovering heroin addict and a recovering pathological gambler,*

*these two holy souls who had been lost, who had been hiding, stood up. They encouraged their neighbors to join them, and they walked up to the Bima to recite a blessing. Their chant calls the congregation, and the congregation echoes in response. They have awakened, surrendered, and encourage others in their return, their own T'Shuvahs.*

Beit T'Shuvah is a generating milieu for rebirth where people like Chantal and Avital accept their own Holy Souls, their unique potentials. In this context, they can walk through their negativity. They can put down and shove away their defensive, negative shields. The second task is waking up to the possibility of life and meaning, surrendering the negativity that we have used to justify and hold on to our own self-destructive patterns. In order to let go of that negativity, to surrender our defensive posture, we have to believe that the community and G-d will support us, because without our negativity we feel naked and vulnerable. Letting go of that negativity and experiencing the support of the community, in turn, prepares us for the next task: Moral Engagement.

**Holy Days and Festivals.** The Jewish Calendar is marked by many holidays and festivals that have special meaning for Jews everywhere, and especially for Jews in recovery. Here we describe how Yom Kippur facilitates awakening and surrender. Later we hear how the holidays serve to facilitate moral engagement and restore integrity.

The High Holy Days have a very special meaning at Beit T'Shuvah. The month of Elul, when Jews prepare for the days of Awe,<sup>31</sup> and the High Holydays themselves, are a time of introspection. Jews ask and offer forgiveness. Souls are cleansed of the accumulated "schmutz" from the past year, and people focus on pray for, and commit to transforming themselves in the New Year, to turn, and make T'Shuvah. The Jewish spiritual practices are designed to help people refine their character, change their behavior, connect with other people and with G-d. The days of Awe are a time to make a commitment to try to be "one grain of sand better"<sup>32</sup> each day. At Beit T'Shuvah this intense time of transformation is a very serious and meaningful part of the recovery process. Rabbi Borovitz has developed a widely used and available High Holiday Repair Kit to guide people step by step through the process. Because the High Holy Days are a time of spiritual transformation, letting go, turning it over, inventorying our past year, making amends and asking forgiveness—they are a time when the 12 steps of AA are given special meaning, especially steps 4 – 9, because these steps precisely

recapitulate the traditional prescription for spiritual work at this time of year (early autumn). Jewish rituals emphasize T'Shuvah. The whole congregation gathers at the ocean and names and admits to its missteps and, with pieces of bread, casts them upon the moving water, reminding ourselves of G-d's attributes of mercy and forgiveness.

Yom Kippur, the Day of Atonement, is the culmination of the 10 Days of Awe when Jews everywhere, for the past 4000 years have cleansed their souls, made amends to G-d and our fellow human beings for ways that we have missed the mark, for sins of omission and commission during the previous year. We commit ourselves to do better and be better in the year to come, praying that our name will be inscribed in the Book Of Life for the coming year. T'Shuvah, return, repentance, forgiveness, and amends are the core philosophy of recovery at Beit T'Shuvah, and the core of restoring ourselves to G-d and community on Yom Kippur.

A month after Yom Kippur, 43% of residents reported a spiritual awakening during services; 15% reported a spiritual transformation; 18% let go of negativity, and 10% reported a sense of release from the past as a result of participating in Beit T'Shuvah High Holy Day Services.

## **BEIT T'SHUVAH BEST PRACTICES TO SPARK AND SUSTAIN AWAKENING AND SURRENDER ON YOM KIPPUR**

**1. Jewish spiritual community.** Residents, alumni, staff, and family members are invited to prepare interpretations of the traditional prayers: What does it mean to me when the prayer says "ahava raba" We are loved? What does it mean when the prayer says "shema" Hear? What does it mean when it says G-d separated light from darkness?

**2. Music and tradition.** The choir chants the traditional service, and participants (usually upwards of 700 people) recite their sins, the way they have missed the mark.

**3. G-d's Mercy.** The Rabbi exhorts the congregation to pray each other through. Participants chant and plead and exhort G-d (Higher Power) by reciting the Thirteen attributes of G-d as kind, loving, merciful, forgiving, etc. People ask and experience

G-d's forgiveness and mercy through the repeated chanting of the 13 attributes of G-d's mercy.

**4. Fasting.** People fast on Yom Kippur in order to focus on spirit instead of body.

**5. Gratitude.** In the afternoon, there is a gratitude meeting. People share how they have been able to let go of their self-hatred, their sense of being outcast, and not being good enough. And how they have let go of anger and resentments, shame and guilt, —the negative moral emotions.

**6. Amends, Forgiveness.** People ask and grant forgiveness to one another, make amends to G-d, and commit to new responses.<sup>33</sup>

## **SPIRITUAL COUNSELING WITNESSES AND SUSTAINS AWAKENING AND SURRENDER**

Spiritual counseling uses the Jewish wisdom, tradition, and traditional texts to help clients to re-frame questions when they are working on the second recovery task. Spiritual counselors look for a sign that a shift is beginning, that what was once opaque is becoming transparent; that what was once closed may have some opening.

When the time is right for an individual to “awaken” or “surrender” (typically, around 6 weeks into treatment) almost anything can be the catalyst: an experience in surf therapy or in the music program, hearing someone else's story, learning about a friend who has overdosed and died, hearing something new in family therapy, feeling supported by a peer or counselor, looking into the eyes of a child, or reading a prayer or poem. The point is that the individual may have been present to similar events for a long time, but this time they know it in a new way. The discussion of awakening and surrender has to come from the client, usually looking back on the narrative that they've been telling themselves about themselves for years. To the client the world and the future may have looked impassable, and then something melts or gives way. “A way is open, heavy with risk, but open.”

When clients are working on the second recovery task, Spiritual counseling is like coaching: The Spiritual Coach

1. Listens for cracks, looks for chinks in the armor, an opening to learning and



- growing.
2. Stands on the side of the “light”, the possibility for T’Shuvah, return and connection.
  3. Shines a light on the next possible steps.<sup>34</sup>
  4. Speaks for the Yetzer Tov, the Good inclination. Says out loud the client’s positive inclinations, their “higher” self, and their holy soul: in terms of character; and/or in terms of connection to G-d (Higher Power).
  5. Like Miriam playing the tambourine at the far side of the edge of the Sea of Reeds, the spiritual counselor welcomes the newly awakened Soul, encouraging the growth of the spirit, making it safe to turn into the new path.

The following practices are useful.

**1. Standing at the Shore.** Residents seeing the possibility of T’Shuvah, of Return, of “homecoming”<sup>35</sup> are like the Israelite people, newly freed from Egyptian slavery, at the shores of the Sea of Reeds. They hear the pounding of the Egyptian slave masters chariots behind them. Before them is a seemingly impassable expanse of rushing water. Do they turn back and wait for the slave masters to reclaim them? What does it take to step into that Sea? The spiritual counselor names and frames this phase of the journey as a step toward the process of growth, growing closer to G-d, seeing the holy soul within, feeling the connection, stepping into the water is an act of faith. One step at a time, a new path emerges: What would your old self have seen? Thought? Said? Done? And now?

**2. A place in time.** Spiritual counselors encourage client’s resilience by framing being “stuck” as a starting point on a journey of transformation. In a traditional psalm that gives thanks for healing, (Psalm 30), King David recalls that he once said “I shall never be moved,” but then he realized that “weeping may tarry for the night, but joy cometh in the morning.” Residents come to see that they too can change. They don’t need to remain stuck nor trapped. Recognizing impermanence is a key to resilience.<sup>36</sup>

**3. Surrender.** Traditional teachings on bittul (nullification), the negation of self will, name and frame a new task, a new way of being. It’s not so much “giving up” as it is recognizing a reality, the reality of one’s own limitations, lack of control, that bring a new opportunity for a change of course and direction, for growth and connection. Martin Buber teaches: “There is delusion, and there is the task.” Spiritual counselors help residents see through their delusions, to let go, and move on to the task ahead.

Stepping into the waters.

**4. Reflective practice.** Rabbi Nachman of Breslov teaches going inside one's self as a way to recognize the power of G-d and one's own connection.<sup>37</sup> Beit T'Shuvah best practice includes reflective writing assignments, and guided attentional practices e.g. to observe and meditate on sunrise, sunset, the breath.

**5. Wrestling with the paradox of nothing and matter.** Residents begin to wrestle with the paradox: "I am dust and ashes" and "For my sake the world was created." How can I be both "nothing," selfless, and a critical matter in the universe? Helping residents to struggle with such paradox is Best Practice in the task of surrender and awakening.

**6. Connecting.** Addicts in the active phase are like isolated systems. Without connection there can be no transformation. As residents awaken, spiritual counselors help them imagine the possibility of a connection with a loving G-d (Higher Power).

"I had a gradual awakening. It came in how I see G-d. Through spirituality I sought a connectedness to get rid of that loneliness I always carried. I guess what changed is that I found G-d, and I can turn to G-d for help."

Accompanying an awakening is like teaching someone to ride a bike. The spiritual counselor stands alongside, making it safe to try to peddle, encouraging and being there to catch the new rider "just in case," and in general helping the rider to find and feel secure in their own balance, so they can go forward on their path. Most importantly for accompanying the second recovery task: knowing when the time is right a) to begin teaching; and b) to let the rider go on her/his own.

## BEIT T'SHUVAH BEST COUNSELING PRACTICES ECHO AND SUSTAIN AWAKENINGS

Counseling offers myriad opportunities to spark individual awakening and arouse others as well. About half of Beit T'Shuvah residents report an awakening, a kind of "aha" response that occurs between 45 and 60 days into treatment. Some can identify and report a particular moment—being a conversation with a counselor or a peer. For others, the awakening is more gradual (see "Regenerative Variations" in Part IV: Tailoring Integrative Treatment, below)<sup>38</sup> About 20% report that hearing another person's story touched them, helped them connect with their own story and open up feelings which

had been long silent. Hearing other people's stories when they share in groups and in meetings helps some people surrender the sense of loneliness, uniqueness, isolation and distance from others. They are able to recognize something in themselves, when they hear the stories of others. This, too, is a kind of Awakening. For some people, interpersonal connection is the pathway to Awakening and Surrender in this second task (see Part IV: Tailoring Integrative Treatment).

Twenty-five year old Thomas was ready to leave the program. He'd done his court time. He was ready to go back to his wife and family, 100 miles away. He was pretty sure he could stay sober, stay away from the friends he'd been in trouble with, stay away from his old gang. He was strong, strong minded, and could do it. He'd seen a sparkle, a glimmer of something else inside him with the help of his spiritual counselor, but his sense of obligation to others was stronger than his curiosity or desire to pursue that light. A couple of days before he was scheduled to leave, he heard Catherine tell her story in a Criminals and Gangsters Anonymous meeting in the sanctuary.

*Catherine is a strikingly beautiful 48 year-old, who some days looks 30, and other days, 60. She told the group that after her parents' divorce, she and her mother struggled financially, moving into increasingly seedy neighborhoods. Catherine got tough in order to survive school and the streets. By the time she was 11 years old, she was stealing to dress like the other kids and to have what the other kids had. She stole things for her mother too and mom didn't ask questions or she accepted her lies. By the time she was 13 a friend introduced her to the easy money of prostitution. She numbed herself to do what she felt she had to do to earn a living and provide for her mother. Fast forward through the high living, hard-using years, the marriage and two kids double-life years, to the decline in health and fortune, and the slide into despair. Fast forward past ODs and suicide attempts, and the arrest that finally led her to treatment. After 7 months at Beit T'Shuvah, she reported, she had recovered her soul, the innocent child who wanted to be good, to do good, who was smart enough and caring enough to figure out how to help others in need. She was working on getting her kids back, they were proud of her now, and she was back in school for the first time since 9th grade. She knew that she knew*

*how to be hard, to be tough, to lie, cheat, and steal. She knew she didn't want to live that way, ever again.*

The next day Thomas confessed to his counselor that he didn't know what he wanted to do. Maybe there were other choices. Maybe he didn't have to go back to his old neighborhood and tough it out. "Listening to Catherine last night, I almost started to cry. Right there in the meeting, in front of all those tattooed gang-bangers, I could feel her. All of a sudden I could see myself in her: I was that lost kid, in that bad neighborhood, trying to take care of myself and my mom. I realized that I was still doing that, being hard, not looking at my soft side, just trying to take care of my girl and the family. I don't know, maybe I should stay and try to figure it out. I could always leave tomorrow."

## **PRIMARY COUNSELORS' BEST PRACTICES SUSTAIN AWAKENINGS AND SURRENDER**

Counselors, in their individual sessions with clients in groups, or after Twelve Step meetings, can spotlight and amplify parts of the stories, the connection between storyteller and listener, and the meaning of the story and/or the connection.

Working with a primary addictions counselor provides an opportunity for some residents to recognize and acknowledge awakening. Having built a sanctuary in the context of the primary counselor relationship allows the counselor to raise questions about day to day sense-making and behaviors that begin to chip away at long held (mis)perceptions, defenses and lies we tell ourselves. The counselor helps the client to take the blinders off and move toward "honesty, open-mindedness and willingness."

"That's how I've always been," Devorah told her counselor. "Lying is how I protect myself from getting hurt." "How's that working for you? Aren't you hurt now?" Lying and hiding from self and others is a characteristic that maintains addiction. In the intimate daily context of contact with a primary counselor, residents like Devorah come to see the damage that lying and hiding do to relationships and begin to question their habitual way of being. "I lied when I asked for the pass. I said I just wanted to go down the street for a pack of cigarettes, but I knew I was going to Yogurtland. I didn't think you'd let me go, so it was easier to lie than to get turned down. Now I see why you don't trust me. I violated that trust. I always do that...but how else do I get what I want?" Being able to recognize what isn't working, and being willing to ask for help in finding another way is a sign of awakening, the seedpod is turning toward the sun, it's opening and a green shoot is sprouting.

### **30 questions...**

Part of the process at Level I and Level II, during Sanctuary and Awakening, is to have residents work with a Chaver, a peer counselor, with the guidance of their primary counselor, to reflect on and write about 30 questions mostly derived from 12 step readings on the first three steps. Questions like: "write a history of your addiction and how you've tried to control it; write and reflect on the concept of insanity; create a balance sheet with two columns: reasons for believing in G-d and reasons for disbelieving." Reflecting on ideas heretofore taken for granted can precipitate awakening and even sometimes surrender.

"I suddenly realized that I'd been sittin' on the sofa smokin' weed and playing video games for the last 8 years, from 12 or 13 to 20 or 21 ...and I thought I was running things. Who was I to think I knew better about how to run my life than the Creator of the Universe? I surrendered right then. Ok G-d, it's your show."

## **BEIT T'SHUVAH BEST GROUP PRACTICES FOR SPOTLIGHTING AND AMPLIFYING AWAKENING AND SURRENDER**

Residents are likely to share a "moment of clarity," an awakening, with their counselors, or in one of the many group sessions at Beit T'Shuvah. They also may experience that moment of clarity, something transcendent within the context of that counseling relationship or listening in groups. Some groups at Beit T'Shuvah use texts or particular themes that focus on awakening and surrender, including those which encourage self-reflection by raising questions to reason about, both individually, for example through writing exercises or the making of a life-story collage, or through discussion and clarification of thoughts, feelings, beliefs and experiences.

Group facilitators increase the resonance of awakenings and surrender when they:

**1. Restate reports of "Aha" moments, focusing on and amplifying the experience of surrender or awakening, e.g.**

"it gave you a whole new way to look at things."

"It sounds like that encounter really changed how you think about...."

"And how has that insight affected the way you see your past overall (your family overall, your competencies, sense of self, relationship with G-d, etc.)?"

"So I guess that experience made you feel differently about a lot of things."

**2. Extend the summary of the experience, inviting echoes from other group members.**

"Has anybody else come to see things differently, like Jonathan, because of a particular experience?"

"Have others of you had kind of mystical experiences, like Susie just shared?"

"Sometimes people have private experiences, where they feel like they heard G-d, or felt like they were being taken care of, protected, but then, don't ever really talk about it, 'cause, well, 'cause folks don't usually talk about that stuff. And then the memory kind of fades, and you wonder if it ever really happened, if you ever really felt it. Has anybody had one of those experiences, but never shared about it?"

"Sometimes people suddenly figure something out or see something that they never figured out or saw before, but then, we're embarrassed that we were like blind till then. Anybody figure something out, kind of like a revelation, that made you see a lot of stuff in a new way?"

Residents working on the second recovery task also begin to share feelings and self-awareness in group. Best Practice Group facilitators:

**1. Confirm the feeling.** Interpret up: "You're scared. It takes a lot of courage to admit that, even to yourself."

**2. Normalize.** "It's natural to wonder (worry about) how things will go. This means a lot to you. It's tough to let go."

**3. Encourage empathy in the group.** "Has anybody else gone through what Samson is going through? How does it land on you when you hear Samson admit that a big guy like him can be scared, too?"

The ability to share a reflection, to make oneself vulnerable in front of another is an

important indicator of surrender: Surrendering the front of invulnerability, omnipotence and control that characterize the using years.

Groups are an opportunity for residents to help each other make the connections between intentions and actions that lead to letting go of their own denial.

21-year-old Zvi set fire to a ping pong ball to watch it flame through the air. He told the group that he didn't think about it being dangerous, until others told him that it might have started a fire. "I never thought it would hurt anything. I just wanted to see how it looked. I thought it would be fun."

Facilitator: "I wonder if that's what you tell yourself about using drugs, as well, 'I never thought it would hurt anything, I thought it would be fun?'"

Zvi: "Maybe, but I never set a fire before, except one time when I was eight and I almost burnt the house down with fireworks. I never thought about that before. Yeah, maybe."

Peer: "Hey, we could help Zvi by letting him know when he's doing something dangerous, so he could be aware."

Zvi: "I think that would help, 'cause I don't really know what I'm doing a lot of the time."

## **PSYCHOTHERAPY WITNESSES AWAKENING**

### **Individual therapy**

When residents begin working on the second recovery task with their staff therapists there may be a lot of tears and a lot of rage. Once they find Sanctuary in the context of the therapeutic relationship they begin to look back. They tell and retell their own stories: the childhood pieces, the adolescent pieces, the years before, during and after active addiction. On the one hand, with the help of their therapist, they can begin to reframe pieces of their stories. On the other hand, they can also let go of the defenses, the pieces of the story that they held on to just to get by.

### **BEIT T'SHUVAH BEST PRACTICES WITNESS AWAKENING IN INDIVIDUAL THERAPY**

*Josie saw herself as tough, strong, self sufficient, and capable. She put herself*



*through school; supported her kid; and she also lived on the streets for years on her own. Working with her therapist she came to see that she was also soft, scared and vulnerable. She cried over the loss of her mother to addiction, to cancer, to her career, and then she cried for her own lost childhood. She let go of the weight of carrying her story: the story that she was tough, strong, invulnerable, and allowed herself to awaken to the possibility that she could be both strong and vulnerable, capable and intimate.*

*Jonathan rebelled against his parents' expectations and their hypocrisy. They wanted him to be successful, competent, to make them proud. Yet they themselves were so hypocritical. On the outside they were conventional, proper professionals, but at home things were a mess. His mother was fragile, and his father weak. In therapy, Jonathan felt safe enough to look at his parents as whole human beings with strengths and frailties, and to revisit the painful moments of his childhood, and rage and cry over his powerlessness.*

Surrender and awakening are the second task in trauma work, too. Once people feel safe enough, feel like the therapeutic relationship has created a strong enough vessel to hold their experience, they can tolerate re-visiting, and retrieving the (traumatic) memories associated with their prior lives. The second Recovery Task includes careful, slow revisiting of the memories, and then attaching a coherent narrative in words and symbols to the sensori-motor, emotional and somatic memories. That is, the somatic memories have to be taken out of storage in the context of a safe therapeutic environment and a safe relationship, the pieces laid out and put together so that they make a whole concrete picture. The story is rehearsed, and re-told until the somatic memories can be named and re-stored in declarative memory, lessening their force and intensity in somatic memory. Naming is an important feature of this phase. Just as 2-year-olds feel powerful and competent, even joyful, at being able to name and claim things in their world (red balloon, papa's hat, apple juice) — naming feelings and sensations that have heretofore flooded and overwhelmed or ambushed the decision-making domain, allow those feelings and memories to be transformed into tools for healing, for reclaiming choices. Clients come to see their memories as something they've experienced, and later, in the third or fourth Recovery Task, they may realize that they can tell their story in another way, from another perspective. They don't have to be stuck, mired, drowned, trapped by the way they have always seen their past. Eventually, they can reframe victim

into survivor. They can reframe wandering into exploring. They can transform guilty into forgiven. "Failure" can become "learning, being teachable, open to learning and growth." As Rabbi Mark teaches, they can "turn curses into blessings."<sup>39</sup>

## **Beit T'Shuvah Best Individual Therapy Practice for Witnessing Awakening**

When residents feel safe enough in the therapeutic relationship to begin to share their experiences of their stories (as contrasted with the narratives themselves), therapists move from creating sanctuary to Witnessing. Witnessing affirms the experience of awakening, and provides a container, a vessel, for surrender. "I been in jails, mental hospitals and in the streets. I would surrender, but I don't know who to surrender to." In order to witness awakenings and surrender therapists:

**1. Sit in, tolerate and honor silence.** In order to create a space and time for clients to share awakenings and surrender, therapists sit silently.

**2. Listen for cracks or sparks.** Sometimes in the second recovery task there are long periods of "same old same old," including lots of "blindness" and unrecognized contradiction. Therapists listen without comment or visible reaction—and are aware of their own internal reactions, being careful not to take on the discomfort of the residents, to allow them to sit with their own potential discomfort and confusion.

**3. Be prepared.** As the old defenses give way, when clients become aware of their own bottom, their brokenness and stuckness, there may be big emotional reactions. Therapists are emotionally prepared for an explosion or for the bottom to drop out.

**4. Ground big emotions.** When the client is ready, the therapist asks about other related memories, particularly sensori-motor memories: things the client saw, heard, smelled, felt, etc. This grounds the emotions in the body.

**5. When traumatic memories accompany awakening:** Eventually, after somatic experiences or "secrets" have been revealed, in the second recovery task, therapists:

**a. Comment on the process,** of awakening to and surrendering<sup>40</sup> the

experience—not commenting on the story itself. E.g. It must have been so hard for you to talk about this; Wow, that was a lot to share (get out, remember). How do you feel now that you talked about all that? Have you shared that stuff before?

**b. Tolerate rebound, reaction, relapse and withdrawal.** Awakenings are often accompanied by emotional release: sobbing, silence, retreats, and sometimes explosions of anger or relapse. Clients working on the second recovery task are likely neurologically, interpersonally, and emotionally un-prepared for re-integration. Therapists normalize this.

**c. Frame shared experience of awakening and surrender.** Therapists are prepared for a new level of connection and relationship after a shared experience of awakening and comment on that process, relating it to the shared experience. E.g. You know, since we talked about what you remembered about (the shooting, suicide attempt, rape) it feels like our work together has become...

By reminding the client of what was shared the last time or earlier, we remind them that “They Matter.”

## TWELVE STEP WORK FACILITATES SURRENDER

### Step work

For those who are working the twelve steps, the second recovery task is accomplished or aided by working the first three steps.

The first three of the twelve steps are designed to facilitate “surrender.” Surrender may in turn accompany, be accompanied by or precipitate awakening. The first step “admitting we were powerless over alcohol and that our lives had become unmanageable” is a very difficult step for many people to take. Alcoholics, drug addicts, pathological gamblers, and other people stuck in self-destructive behavior patterns do a lot to avoid, deny or put off admitting that they have a problem. Letting go of denial and admitting their own powerlessness is a BIG deal. People often wind up in treatment at Beit T’Shuvah either from jail, the streets, home or psychiatric hospital without having “surrendered.”

"I'm just here to do my time. It's better than jail."

"I don't really have a drug problem. I was busted for dealing, not using."

"I'm here for gambling. It's OK if I drink."

"I just need to chill for a minute, get my life in order, get my priorities straight for a minute. Using isn't a problem for me."

"I'm just here 'cause my parents sent me; to get my wife back; to get my kids back; to get my health back."

For them, the first surrender comes with "admitting." It's not easy to own that you have a problem, a "dis-ease," and especially one which you are powerless to address on your own. For some people it's easier to admit that things had become unmanageable, than that they have a disease, or that they are alcoholics, addicts, or pathological gamblers.

Young people are often resistant because facing an entire lifetime sober is daunting at 20 or 23.

Sometimes it's even harder for older residents, who have to own the wreckage they've created over years of denial, running, avoiding, or chasing losses.

## **BEIT T'SHUVAH BEST PRACTICES FOR BRINGING TWELVE STEP AWAKENINGS INTO THE PROGRAM**

Twelve Step work is an integral part of the Beit T'Shuvah Program. Primary counselors are addiction specialists and bring Twelve Step philosophy, principles, language, and practices into their day to day work with clients.

**1. Groups.** Many groups throughout the day use Twelve Step language and concepts to encourage surrender to a Higher Power; "Letting Go and Letting G-d," and spiritual awakening.

**2. Hosting Meetings.** Beit T'Shuvah hosts several Twelve Step meetings each week (CGA, AA, NA, OA, GA) open to the larger community. These give residents an opportunity to share their spiritual awakenings with others on their own home

ground, thereby reinforcing the strength of their experience, making them more real.

**3. Outside Meetings.** Residents are required to attend 5-7 outside meetings each week, giving them the opportunity to hear others' experiences of awakening, turning and surrender.

**4. Who's your Higher Power?** Counselors and Spiritual Counselors, as well as 12-Step Program Sponsors, help individual clients struggling with "surrender." The concept of G-d or Higher Power is a stumbling block for many residents working on the second Recovery Task. Counselors and Sponsors often provide alternatives to "belief in G-d"—E.g. Let the group be your Higher Power or borrow mine for now.

**5. Sponsorship and working steps 1-3.** Residents working on Awakening and Surrender often do so with a 12 Step sponsor. Residents choose sponsors from among Beit T'Shuvah alumni as well as among others they meet and hear in outside meetings. Sponsors specifically help residents to 1) admit that their lives had become unmanageable; admit their powerlessness; 2) search for, find, and come to believe that "a Power greater than themselves" can restore their sanity;<sup>41</sup> and 3) humbly ask for G-d's (Higher Power's) help—i.e. surrendered, turned it over.

## FAMILY WORK

### BEIT T'SHUVAH BEST PRACTICES FOR FAMILY WORK TO SUPPORT AWAKENING AND SURRENDER

When residents have been in the program 6 – 8 weeks and have achieved basic Sanctuary and family members have completed the six week Family Psycho-education course, residents with involved families are invited to join a multi-family process group. These groups are ongoing and typically include 6 – 8 families. Families are assigned to groups based in part on the age of the resident and the families' relationship. There is also a separate group for families that include pathological gamblers. Multi-family groups allow and encourage residents and their family members to uncover and deconstruct entrenched, counter-developmental patterns of relating and communicating characterized by denial, co-dependence, enabling, abuse, neglect, boundary problems, and fixed stereotypic roles. Typically when residents and family members feel safe

enough to open up, take some risks, and begin to explore how they are stuck and how they can move forward, they are cautious, protective of their fragile attachments, and often still full of feelings of guilt, shame, confusion, betrayal and so on.

In the multi-family groups, facilitators (family therapists) use the spontaneously arising issues of family members to assess, illuminate, discuss and restructure destructive, self sealing (stuck and split) family patterns to help families become more aware of their family traps, to teach new tools for communication, new methods of relating to one another, and to create openings for further development as a family whose dynamic is changing and growing (with or without the “addiction” or the recovery). Family groups facilitate Awakening and surrender by focusing on and naming the patterns.<sup>42</sup>

**Stuck in family roles.** Multi-family Groups facilitate Awakenings and Surrender by identifying and naming the existing patterns of relating and communicating that unconsciously keep family members trapped in outmoded roles.<sup>43</sup> The resident is typically the Identified patient. Other family members may be identified as Hero, Rescuer, Victim, and so on.

**Co-dependence.** A second step of awareness is helping each family member see their own role in the dynamic that maintains addiction. How did you respond when Hannah was so far behind in her car payments? (When her grades started slipping? ...she lost her job? lost her apartment?) How do you feel when you hear your father talk about how angry (scared, sad) he was when you disappeared? So you were the perfect student, and your brother here was the mess-up? How do you think you’ve enabled Sam?

**Boundaries.** Multi-family groups help members to identify alliances and boundaries (or lack of the same) between and among members. This may come, for example, by identifying where people position themselves in relation to each other, including noting distance (or lack of the same) among members. Does the resident sit between the parents, along side one or the other parent, or at some distance?

**To spark awakenings,** the facilitator uses the group to bring process to consciousness and asks questions of the families that help them to identify and claim their own dynamics.

**Surrender**, on the other hand, demands helping family members to accept that the way the family has been working – at least during the recent past – is not working for anybody. For some families it means letting go of unhealthy entanglements and enabling behaviors and dependences. For some families it means letting go of illusions about the past and unrealistic expectations of the future.

In a multi-family group, the group is used to encourage awakening and new perspectives. The facilitator asks the group to share their observations: What does anyone see about what's going on here?

Abe, 22, and his mother Pamela, 45, sat entwined on one of the sofas in the Family Group Meeting Room. Abe perched on the arm of the sofa, twirling his mother's long hair around his finger. Pamela leaned on his narrow chest, and stroked his knee. When the facilitator asked Abe a question, Pamela answered. When the facilitator asked Pamela to please let Abe answer the question, Abe jumped to his mother's defense.

Facilitator: Abe, how would you like the relationship with your mother to be?

Pamela: We want to be able to communicate better. We're close, really close.

His Dad died and we're all we have.

Facilitator: With all due respect, Pamela, right now I'm asking Abe how he would like to see the relationship.

Abe: She can answer for me. We're close. My father was an ass to her.

Another Mother shares: "Well, it looks like Pamela isn't giving Abe any space to grow up. Like there's no distance between them. I think that probably feels pretty good. My husband and I, we have like walls, maybe oceans between us and our son. It's kind of the opposite of Abe and Pamela."

With these two observations out in the open, the group begins to discuss their own and each others' patterns of entanglements and boundaries. The facilitator asks families who have identified themselves as enmeshed to practice tossing a ball of yarn back and forth, and not catching or reacting; and asks families who have identified themselves as walled off from each other to practice holding on to one end of the yarn ball and tossing the ball to another member, until a loose web emerges.



## **WAKE UP AND HEAR THE MUSIC: THE SMALLEY MUSIC IN RECOVERY PROGRAM FACILITATES AWAKENING**

Devorah, 26, is the only daughter of a well respected public figure whose long illness and eventual death at 50 was also quite public.

*"After my mother died, I didn't want to live anymore. I became almost mute. I isolated and I was scared to get close to anybody for fear that they, too, would die. I felt like I was poison. When I first started singing in the choir I felt like I was singing in my own bubble. The singing let me feel my feelings that had been shut down for so long, to feel them and let them out. The music kind of defrosted the parts of me that were frozen. Singing in the choir gave me a voice. When I sing on Shabbos I can let my soul fly. I've recovered my voice."*

## **BEIT T'SHUVAH BEST PRACTICES FOR MAKING MUSIC TO FACILITATE AWAKENING AND SURRENDER**

Music facilitates awakening in recovery because:

1. Residents are encouraged to use music as a means of expression by writing music—putting words, rhythm and sounds to feelings.
2. Staff, especially the music department staff, cantor, choir director, etc., help residents use musical expression to capture, identify, channel and transform feelings from anger and sadness to longing, desire, peace, joy, and love.
3. Residents are encouraged to reflect on and discuss their experience of making music, especially in groups and among their peers.

The music program offers multiple channels:

Sabbath Services Music/Band: this includes writing new words and new music for traditional prayers as well as playing in the band and singing in the choir.

High Holiday Choir

Freedom Song: the traveling Beit T'Shuvah musical theater.

Semi-annual Talent shows where residents and staff prepare and present their own work

A recording studio on grounds

*Music inspired awakenings and surrendering the schmutz resonates throughout the program. In a group meeting, Kevin recommended making music to a newer resident who'd gotten into several angry arguments. "Well, you could go to the Anger management group," he suggested, "Or you could write music, like me. When I get mad and want to fight, I write a rap. I get all the feelings out without making the situation worse. Then I can look at what I wrote and let it go. Works for me...maybe it'll work for you, too." This, too, suggests the resonance of music-making as a mode of "letting it go." Residents sharing tools is evidence that a Best Practice Norm has been established.*

Jeremy was a talented, passionate teenage musician and heroin addict. He stayed nearly a year the first time he came in to Beit T'Shuvah. He got involved in the music program, got well, got sober, got in touch with his Judaism, reconciled with his family, joined a sober Birth Right trip to Israel, and went back on the road with his music. After 6 years of touring, writing and playing music he hit another bottom and flew back from Europe to come back into Beit T'Shuvah.

*"Playing music, doing music, I get to that place of revelation, that place where I can see and feel my connection to my Higher Power. But you can't sustain it. You try chasing that revelation. Sometimes you really feel it lifting you higher when the band is on it together, but it just goes away. I know what I want. I know what I need. I need that sense of being able to touch something Higher and Truer. But now I know you can't live in that moment. The music*

*takes me there, where I can see a truer way. Now I have to work on staying on that path."*

Staying on the path after the inspiration, revelation, letting go, and touching something Higher and Truer is the next recovery task: Moral Engagement.

## **BEIT T'SHUVAH BEST PRACTICES FOR AWAKENING AND SURRENDER THROUGH MINDFUL SURF THERAPY**

Beit T'Shuvah's Mindful Surf Therapy project epitomizes the creativity of integrative treatment. The project itself is fairly simple: twice a week an addiction counselor and a member of Beit T'Shuvah's clergy team (a spiritual advisor and/or rabbinic intern) take a group of men and women to the nearby Venice Beach. They work together to load the equipment into and out of the van, they pray and meditate together on the beach before taking the boards into the water. They do their best to find a flow with the power of the waves that allows them to stand, move with and over the waters, and learn to accept a power greater than themselves. For people working on Awakening and Surrender surfing is an exercise in (1) having the courage to change, just getting up on that rickety platform, (2) humility, learning you can fall and still be OK, (3) faith, popping back up when you feel like you're drowning, and (4) trust that peers are there to help, guide and pull you back out when necessary. Perhaps most importantly, Mindful Surfing is an opportunity to be conscious of the experience of transcendence and footwork working together, to be able to feel in your body when it's working, when you, the board, the water and your Higher Power are One.

*"I never thought I would do it. I'm from Cleveland. I weigh 240 pounds and was always a klutzy kid. I wear glasses. Back then I was having a hard time sleeping and a hard time getting up for Torah study, so in T'Shuvah group when Jonah offered to get me up at 5:30 to go surfing, I thought, OK, I'll try it. That first day I didn't even try to stand up on the board, I just wanted to get out there. And I slept better that night. The second time I got up, and the wave took me and I sailed, wind and water, I could hardly see, and I knew that was G-d, right there, that brought me in to shore. Ever since then, I look for G-d to bring me to shore every time I stand up...and not just when I'm surfing."*

## Indicators of surrender and awakenings:

When residents are working on the second Recovery Task they are more self reflective and better able to share their self reflections. This can be evidenced in reflective writing including the expressive writing class, poetry, their written responses to Peer Questions, Spiritual counselor questions, Step Work, and contributions to Tikkun Olam (the “school” paper). It is also evident in individual therapy and spiritual counseling where residents begin taking risks. In therapy they begin to open up, sharing something of their past, their fears, their dreams; and in spiritual counseling, they begin to ask questions. There is a sense that the task ahead is monumental: “I can’t get past this.” “Look at the damage I’ve done to my body. I’ll never recover.”

In family group we hear residents reflect “I didn’t really realize, while I was using, how I hurt my family, how I hurt you, Mom, Dad. I was only interested in getting high. I didn’t think. I didn’t care.” In Shabbos Services we begin to hear expressions of gratitude to Beit T’Shuvah. “I’m grateful to Beit T’Shuvah. They saved my life. I don’t know where I would be...most likely dead in an alley somewhere.”

Most striking, when residents have accomplished feeling safe within the Sanctuary and are actively working on surrender and awakening—letting go—they begin to share in groups.

“I’m going to see my parents next week and I’m scared. I didn’t think I could admit I was scared of anything, but I heard Joe admit he was scared and he’s a tough guy. So if he can admit it, maybe I can too. I haven’t seen my folks in half a year. Not since before I came here, before I went to jail. They didn’t want to see me when I was using. I don’t know if they’ll believe that I’ve changed. That I’m changing. So I’m scared. That’s all.”

One measure of the effectiveness of Beit T’Shuvah Best Practices is the resonance throughout the normative culture across the integrative treatment program.

Sam, who had been a resident for about 5 weeks and hadn’t yet begun to work on the second recovery task, shared in group that he was struggling with getting himself to show up for groups, house chores, and meetings.

“I just don’t get anything out of those meetings and stuff,” he announced. Gabriel, who’d come in about 6 weeks before Sam and who felt good about his own awakenings and beginning transformation, tried to encourage him.

“Sam, did you talk to your spiritual about it? My spiritual told me it’s about asking what G-d wants of you? What kind of a person do you want to be? What kind of a person does G-d want you to be? Just think about that. G-d gave us free will so we

could choose to do the right thing. You got choices, man. You just gotta make the right choice.”

### **Missing the mark (resistance to surrender, resistance to letting go)**

What are the indicators that residents are missing the mark in the second Recovery Task? As with any phase of recovery, disengagement is an indicator of getting off track. Here, however, there is also an increase in blaming others for the past and for their current situation. This can be on a daily basis: “If you all didn’t have these f...in’ rules” “If this group wasn’t so F—in’ boring...” “If the counselor was on her job...”

Blaming others, not being able to admit mistakes or to ask for direction are indicators of resistance to Awakening and Surrender. Residents who stubbornly cling to their old ways of knowing and being don’t necessarily disappear or stop showing up. They do more of whatever they were doing before: being loud and belligerent, being obsequious, being slick and cunning...Jeremy didn’t get up and go to groups when he first came in. After 6 weeks he’s in bed even more often. Joshua, bright, funny and verbal, tried to hijack every group from his second week. After eight weeks he still uses groups as his personal “Joshua Show.” Judith volunteered for every unpopular task there was: cleaning the kitchen floor mats, getting the girls up for Torah study, Fridays at the Thrift Store...after eight weeks she is still reporting other residents for not being on their job, still volunteering for extra outside responsibilities, and still avoiding day to day ordinary expectations of every member of the group, still avoiding the possibility of a disequilibrating confrontation with herself.

When people increase the frequency and intensity of their old habits, they are resisting awakening. We expect to see “small relapses” in this resistance and habits of minimizing and justifying misbehavior.

## NOTES FOR AWAKENING AND SURRENDER

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4 In research at Beit T'shuvah (see Blakeney, Reich & Blakeney) Addicts see themselves as: kind, caring, loving, loyal, a good son, a good friend AND, at the same time: mean, selfish, thoughtless and cruel. Two sides of themselves are not integrated. In Jewish teaching the Yetzer Hara is known as the "inner adversary," a part of the self that comes disguised, and often remains undetected. Addicts address the moral problems in their lives by either calculating the costs and benefits, mechanically, without access to or regard for their own or other people's feelings—or they just jump in and make an impulsive decision, based solely on their feelings at the moment, without regard for or access to cognitive processing. Learning to process and manage feelings is a life long task. Healthy children growing up in responsive environments learn to "conserve" their feelings over the course of the first 5-8 years of life. That is, they learn to feel frustrated without hitting, to feel exuberant without jumping out the window, to feel desire and still wait till after supper for their ice cream. How do they learn this? On the one hand, their neural apparatus matures so that they can experience the impulse in the amygdala, and send a signal to the prefrontal cortex that allows them to process the charged energy that is emotion, and make an "executive" decision about what to do with the feeling. On the other hand, there is the learning that goes on, both in the context of attuned relationships with care-taking adults, where process can be slowed down and kids can feel safe to experience their emotion, and to wait to act on it. This has two facets: 1) the context of attunement in a securely attached relationship; and 2) the process of learning itself. That is, one component of emotional development is maturity, and one component is learning. Thus, when children reach adolescence they are more and less consciously aware of feelings; more and less in the habit of thinking about feelings before they act; and more and less capable of managing their feelings. It is not until the corpus collosum that connects the right and left hemispheres of the brain becomes connected at about age 14 that even healthy kids from "good-enough" environments have the capacity to somewhat consistently think about impulses and consequences to themselves and others when they make a decision about what to do under conditions of mild stress or conflicting claims. Most people at Beit T'shuvah began "using" on average at age 14. Drugs, alcohol and gambling hijacked their brains' ability to perform its normal developmental task of integrating feelings, thoughts, moral judgments, identity and behavior. Immature brain integration further influences immature decision-making in individual and social contexts. Finally, the typical developmental tasks of adolescence: a quest for meaning, identity and belonging, is subsumed to the addictive quest for more of the substance or behavior that fills those needs in the moment, in part because the immature, disintegrated brain lacks the developmental capacity to delay gratification or weigh potential consequences.

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6 Mon, A. Delucchi, K, Durazzo, TC, Meyerhoff, DJ. (2011) A mathematical formula for prediction of grey and white matter volume recovery in abstinent alcohol dependent individuals. *Psychiatry Research* 194(2): 198-204. Sullivan, E.V., Rosenbloom, M.J., Lim, K.O. & Pfefferbaum, A. (2000b). Longitudinal changes in cognition, gait, and balance in abstinent and relapsed alcoholic men: relationships to changes in brain structure. *Neuropsychology*, 14, 178–188. Bartels, op.cit. Fein, (2003) op.cit.

7 Blakeney CD, & Blakeney, RF(1990) *Reforming Moral Misbehavior*. *Journal of Moral Education*; 19: 101-113.

Blakeney RF, & Blakeney, C.D. (2006) *Delinquency: a quest for moral and spiritual integrity?* In: Benson PL, Roehlkepartain, E.C., King, P.E. & Wageners, L., ed. *Handbook of Spiritual Development in childhood and adolescence*. Thousand Oaks, CA: Sage,

8 cf. Cox D, La Caze, M., Levine, M.,: (2001) "Integrity" In: Zalta EN, ed. *The Stanford Encyclopedia of Philosophy*, URL = <http://plato.stanford.edu/archives/sum2001/entries/integrity/> ed. Palo Alto: Stanford University.

8 After the euphoria, the "pink cloud" of getting sober, letting one's breath out and not having to feel paranoid and on guard all the time, the movement toward awakening and surrender is often a let down. Like the reality of day to day parenting after the surreal experience of giving birth, the second Recovery Task is frequently accompanied



by depression There may be a physical let down, loss of energy and direction. Beating yourself up, negative self-talk, doubt, shame, guilt and demoralization can all accompany this task. cf. Stevenson, J. R., Schroeder, J. P., Nixon, K., Besheer, J., Crews, F. T., & Hodge, C. W. (2009). Abstinence following alcohol drinking produces depression-like behavior and reduced hippocampal neurogenesis in mice. *Neuropsychopharmacology*, 2234(5), 1209-1222.

9 As it is said: G-d is near to the broken hearted ( cf. Psalm, 147); and "There is nothing so whole as a broken heart" (Rabbi Menachem Mendel, the Kotzker Rebbe); Steiner, AP, Redish, AD. (2012) The road not taken: Neural correlates of decision-making in orbitofrontal cortex. *Frontiers in Neuroscience* 6: 131.

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12 Cf. Cramer, SC, Chopp, M (2000). Recovery recapitulates ontogeny. *Trends in Neuroscience* 23(6) 265-71. Berntsen, D., & Jacobsen, AS. (2008). Involuntary (spontaneous) mental time travel into the past and future. *Consciousness and Cognition*, 17(4), 1093-1104; Addis, D. R., & Schacter, D. L. (2012). The hippocampus and imagining the future: Where do we stand? *Frontiers in Human Neuroscience*, 5(173), 1-15. doi: 10.3389/fnhum.2012.00173; Prochaska JO, Velicer, W.F., Rossi, J.S., Goldstein, MG, Marcus, B.H., Rakowski, W., Fiore, C., Harlow, LL., Redding, CA., Rosenbloom, D. & Rossi, SR.: Stages of change and decisional balance for twelve problem behaviors. *Health Psychology* 1994; 13(1): 39-46.

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17 cited in Shais Taub God of our Understanding, op.cit. Also see Rabbi Manahem Azariah of Fano, Italy.

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30 Neuroscientist and Psychiatrist, MacArthur Fellow Arnold Mandell describes the pruning of unused neural pathways. Cf. Mandell, A.J. (2005) *The Nearness of Grace: A personal science of spiritual Transformation*.

31 The ten days from Rosh Hashanah to Yom Kippur

32 Rabbi Mark

33 Research at Beit T'shuvah confirms the power of the High Holydays to uplift, cleanse and connect participants as a way to kindle a turning toward the light, illuminating a new path and direction.

34 That is, we "sow seeds of light" for the righteous, to indicate the pathways to righteousness.

35 see Maimonides treatise on the Laws of Teshuvah for a fuller exposition of the process.

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37 The practice known as Hitbodedut, Holy aloneness. Cf. Frankel, op.cit.;

38 for more on Awakenings cf. William James; also Blakeney, Soravia and Blakeney, op.cit.

39 Balak was sent to curse the Jewish people, and instead he praised them: We remember this when we sing his words each time we enter a sanctuary to pray: Mah Tov, How goodly are thy tents oh Jacob...

40 Remembering hidden or unconscious, disconnected pieces of one's story is itself like an awakening, a revelation; sharing them out loud with a counselor, therapist or spiritual counselor indicates a surrender, the willingness to let go of the meaning of one's story.

41 Here, of course, the work of sponsor dovetails with the work of spiritual counselors.

42 Much of the family work flows from the traditional systems work of Salvador Minuchin, (S Minuchin, HC Fishman (1981) *Family Therapy Techniques*. Cambridge: Harvard University Press). among others.

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## Third Recovery Task

### MORAL ENGAGEMENT

*"If I am not for myself then who will be for me, but if I am for myself alone then who am I?"*  
R. Hillel,  
Pirkei Avot

*"Accepting the obligation to do the next right thing trumps self-will and what you "deserve." Becoming a member of the community supports obligation to an entity greater than oneself and a sense of belonging."*  
Harriet Rossetto

#### **Roadmap to Moral Engagement:**

Moral disengagement characterizes addiction. In this chapter we clarify the ramifications of moral *dis*engagement for cognitive processing, emotional development, empathy and bonding, demoralization, isolation, long term depression, and living in exile. After defining moral engagement, we describe Beit T'Shuvah Best Practices to facilitate moral (re)engagement. Here we pay special attention to normative features of the program structure (Minhagim ha makom) that foster a moral atmosphere characterized by trust, authenticity, transparency, which struggles for truth and shared values.<sup>1</sup> These include (a) the practice of T'Shuvah itself; (b) a custom that privileges needs-driven dynamic change consistent with core principles, over maintenance of static systems and structures; and (c) a discussion-based integrative treatment team decision making practice. We then outline Best Practices for the task of Moral Engagement that emphasize a shift from mandatory to voluntary engagement both in the house, and, increasingly, in outside activities as well. We describe changes in Best Practices for individual spiritual counseling, addiction counseling and psychotherapy. Finally we list observable indicators to assess moral engagement.

#### **Disengagement and Addiction**

Moral disengagement is a core feature of addiction. Sometimes disengagement

precedes substance abuse, almost always accompanies active addiction, and, in the form of isolation, is a common consequence of addictive struggles. Moral disengagement is related to problems in cognitive processing, emotional development, empathy, and especially in integrating feelings, judgment and behavior in the social context.<sup>2</sup> Moral disengagement is exactly what we mean when we say that addicts are Lost Souls.

**Cognitive Processing.** Scientists studying addictive thinking, soldiers at war, scam artists and others who seem oblivious to the consequences of their action have identified the most common cognitive distortions that support splitting off moral responsibility from sense of core self. These include (a) denying, defusing or displacing responsibility, (the devil made me do it; the car went out of control), (b) minimizing or ignoring the consequences, (they can afford it; he didn't care); and (c) dehumanizing or blaming the victim, (he's an evil bastard; she asked for it).<sup>3</sup> This pattern of addictive thinking allows addicts and other people to disengage from their social environment, from taking responsibility for the consequences of their choices and from their own integrity.

**Emotional Development.** Most Beit T'Shuvah residents began their addiction at about age 14.<sup>4</sup> Their emotional development, on average, is stuck at the developmental age when they began using. Emotional development occurs first in the context of primary relationships, then in the context of peer relationships, and later in the context of the larger community. Disturbances in any of those contexts of relationship hinder emotional maturity. Emotional immaturity, especially in the absence of strong social ties, creates a vulnerability to substance abuse. Further, a storehouse of negative moral emotions: shame, guilt, rage, resentments, fear, etc. compromise healthy moral engagement.

**Empathy and bonding.** Empathy is the ability to see, think and feel oneself as the other. It is the basis of, "Love your fellow as yourself,"<sup>5</sup> and, "Do not do to others what is hateful to yourself."<sup>6</sup> Neural pathways that support empathy develop in the give and take context of attuned primary relationships.<sup>7</sup> People are social creatures whose interdependence with others evolves throughout life. We can imagine a continuum of engagement that begins with the umbilical cord, transforms through hugs, touch, and eye contact to the use of words and sounds; from physical belonging to social engagement; from involuntary through voluntary to committed engagement. Disengagement leaves a hole. People who were neglected as children are prone to addictive disorders.<sup>8</sup> They use some "thing" (alcohol, drugs, gambling, hoarding, food, sex) to try to fill the hole where primary relationships belong.<sup>9</sup> Addicts' empathy, the ability to love your fellow as yourself, is compromised by emotional dysregulation, compromised neural connections,

negative self-judgments, a sense of insatiable craving, and frequently, by problems in early attachment.

**Lost Soul.** We say that addicts are lost souls because they are disconnected from their spiritual self, from their own holy souls, from the community, and from the Divine. In Judaism, every soul is a spark of the Divine. Being a spark of the Divine means that we have the ability to create, to choose our own path. Being a lost soul, then, means being disconnected from our own essence. Since each of us is a spark of the Divine, we are all fragments of a whole. Thus, in order to reconnect with our own holy soul we have to “bond with the greater whole.”<sup>10</sup> Martin Buber describes this intimate connection as an I-Thou relationship. Abraham Joshua Heschel tells us that when find G-d, we find ourselves. Such I-Thou bonding, with G-d, with our own Higher Selves, with our peers, requires the work of engagement. For this task we are given free will, the ability to exercise moral agency and make good choices.

*The cognitive, affective, empathic, relational and lost soul aspects of Moral Disengagement pose three challenges for recovering addicts.*

**1. Awareness and acceptance of the self are necessary to “love your fellow as yourself.”** This includes awareness of the parts of the self that are hidden, in Jungian terms, the Shadow; in Jewish teachings, the inner adversary. Moral engagement demands letting the shadow, the *Yetzer HaRa*, out of the closet and becoming vulnerable. This demands an accepting moral atmosphere and trusting relationships. Beit T'Shuvah Best Practices include a focus on Mussar and middot, refining one's character traits to facilitate moral engagement and a connection to the Divine, Twelve Step practices that focus on the fourth through sixth steps, Moral Inventory, as well as practicing honesty and authenticity.

**2. (Re)integration of feelings and judgment are necessary for perspective-taking.** The rational decision-making part of the brain is often disengaged from the emotional part of the brain. This means that addicts are either calculated in *their* decision-making; solving socio-moral problems as if they were mathematical problems, not taking their own or other people's feelings or perspectives into account, *or* they are impulsive; acting directly on feelings (either their own or others') and not stopping the impulse to check in at the rational decision-making pre-frontal ventro-medial cortex (see Regenerative Trajectories, below). Moral engagement demands dealing with negative emotions. Beit T'Shuvah Best Practices focus on identifying

patterns of response, especially under stress, in counseling and in therapy. Working through negative emotions is facilitated by: a) a larger spiritual frame for understanding in which to hold the emotional experiences including the contexts in which they arise; and b) making amends for past harm (e.g. 9th Step work).

### **3. Moral choice demands openness to feedback in the context of social relationships.**

Addicts have been called “isolated systems.” They alienate themselves from others and are closed to feedback from their environments<sup>11</sup>, so there is little input or impetus to change and grow, —to modify their habits of thinking, feeling, and acting. This mechanism, detaching from the Other as a fellow human being, allows addicts not to learn from their mistakes, and instead to continue to harm those they love<sup>12</sup>. Moral engagement means taking the risk to trust and be vulnerable in the context of ongoing relationships. Beit T’Shuvah Best Practices create contexts for trust in ongoing and evolving attachment relationships, and in voluntary groups, activities and meetings.

#### **Beit T’Shuvah Best Practices for Moral Engagement**

The recovery task of Moral Engagement works to rectify these problems. Moral engagement helps isolated individuals to engage with others in such a way as to take their perspectives so that residents begin to integrate feedback from others, and integrate their own feelings and judgments so that they practice responsible decision-making as moral agents, as holy souls who take responsibility for their choices. By the time residents have been in the program 3-4 months most of them understand that they aren’t and don’t need to be perfect: we all make mistakes and can make amends. They understand that mistakes are an opportunity to look inside oneself and grow. At this phase residents need a supportive moral and spiritual community with which to engage, where they can bring their whole self, warts and all, and within which they can become a contributing member,<sup>13</sup> a community conducive to healthy moral engagement.

Creating and maintaining a normative culture that is conducive to moral engagement demands, first of all, Integrative policies and practices across Beit T’Shuvah, a range of creative projects in which people can engage, and a shift in the tone and direction of Best Counseling Practices. In this section we first define moral engagement, second, describe the program structure, policies and practice that foster moral engagement, third, we suggest some of the creative alternatives for resident engagement, and finally, we describe the changes in focus in counseling, spiritual advising and therapy that support moral engagement.

#### **What is moral engagement?**

Moral engagement has two parts: moral and engagement.

**Being Moral.** To be “moral” means using one’s G-d-given intellect, free will and connection to the Divine, to choose the Good. Our sages teach that human souls differ from animal souls because G-d gave us free will, and commanded us to choose. “I have set before you this day the blessing and the curse, life and death, therefore choose life that you and your children may live.” Morality demands the ability to feel feelings, and take perspectives.<sup>14</sup> It is not only that we are given “agency,” the capacity to choose; but also, unlike animals, we are obligated to choose: to choose to behave each day One Grain of Sand better than the day before. Being moral means making choices that recognize that we are both Holy Souls and that we are part of community: our actions affect our relationships with other people, as well as our own well-being, our own recovery and our relationship to the Divine. So our sages also teach that ten people are minimally necessary for Divine Service, to remind us that each of us counts, and that none of us can do it alone. There is an old Yiddish parable about the “tzaddik in a pelz”, the righteous man in a fur coat. The story warns us that even if we ourselves are “warmed” by spirituality and a connection to the Divine, righteousness can’t be achieved if you are the only one in the room who is warm. So at this phase in recovery, people have to turn their focus from their own recovery from drugs and alcohol to becoming a whole person, a person of integrity, and this demands engagement.

**Engagement.** Engagement means more than just showing up. Engagement means being an organic part of the whole. Righteousness comes from doing good deeds, deeds of lovingkindness, from engagement with others in community. This is also, not surprisingly, the basis for the “fellowship” of AA and other 12 step programs, which spell out the traditions for maintaining fellowship.<sup>15</sup> At Beit T’Shuvah, 40% of the residents find comfort in the “social” aspect of religion.<sup>16</sup> Further, increasing fMRI research illuminates the neural mechanisms that explain the biochemical changes, e.g. a reduction in stress hormones and an increase in cortisol that occur in the presence of interpersonal relationships and community.<sup>17</sup> Loving human touch and words of loving kindness, it seems, do indeed heal.<sup>18</sup> We can think of engagement like the gears on a bicycle. A bicycle is designed so that each gear has its own grooves. The rider can only move the bicycle forward when the gears come together in the proper proximity, each propelling the other in its own course. Thus, engagement means connecting in such a way as to maintain one’s own integrity and path and at the same time creating something new and greater than the sum of its parts. Engagement signifies intensity

of participation “He is fully engaged in his work these days.” Engagement implies more than temporary proximity in order to achieve a particular end. It also implies a commitment and an obligation. Recovery at Beit T’Shuvah demands engagement: an intense commitment to working together to make a change, to move forward.

Engaging in treatment, in the process of recovery, is the single most important predictor of successful recovery: you have to want it, to try, to “suit up and show up.”<sup>19</sup> Engagement in the spiritual aspects of the program, at Beit T’Shuvah as well as in other faith-based programs and Twelve Step programs, is a predictor of “Holding On”, which in turn predicts to long-term recovery.<sup>20</sup>

## Beit T’Shuvah Best Practices for Moral Engagement

### Core Value: Obligation

### Addiction characteristic addressed: Disengaged, Self-will

Treatment Strand	Best Practice Focus
Integrative Program	Focus: Healthy relationships. Peer group activities; voluntary groups & meetings, passes, Choir, Freedom Song, career center, internships, special tracks/ groups, house chores, shabbos & set-up, Marathon, Birth Right, Picnic, Holidays, guided relationship practice, Thrift Store, BTS Ventures.
Spiritual Practice	Orientation: If I am not for myself who will be for me? And if I am for myself alone, What am I? Social aspects of faith community; Mussar, middot; What does G-d want of me? Use of Midrash to explore Calling & Connection
Individual Counseling	Orientation: teamwork. “Negotiation” and partnership e.g. in choosing groups, meetings, voluntary group activities, etc. Encourage participation in community wide events; what feels good AND does good. Encourage We perspective; tell the truth, be transparent; help clients shape & share their narratives. Counselors engage in community. Focus on norms and impact of behavior on the group.
Group Counseling	Orientation: “We” teamwork. Groups build “We” perspective & mutual support based on common struggle & goals. Focus on making and maintaining healthy interpersonal relationships. Evaluating thoughts, feelings, experience and dilemmas in line with what feels good AND does good. Groups emphasize truth-telling & transparency. Help clients shape & share their narratives. Focus on norms (minhag) and impact of behavior on the group. Good Groups build engagement: Theater, music, Talmud, Heschel, adoptions, family, T’Shuvah.
Individual Therapy	Paradigm: Deepen and explore therapeutic connection as exemplar for examining the quality of engagement; use reminders of “Holy Soul” and T’Shuvah’ to transform “tests” of relationship (relapse, shocking revelations) into opportunities for growth. Use exploration of ins and outs of therapeutic relationship to practice new ways of being together. Challenge: Trust
Family Work	Individual family work as indicated. Family practices new ways of balancing and integrating autonomy/boundaries (gevurah) with Love and connection (chesed) Family-in-community: Family Support group; Shabbos and holiday services.
Voluntary Program Activities	Practice moral agency and commitment. Residents work with counselors, spiritual counselors and management to create and commit to individualized program including choosing groups, meetings, work, internship, service commitments.



## BEIT T'SHUVAH INTEGRATIVE TREATMENT PRACTICES SUPPORT MORAL ENGAGEMENT

We can measure how well the moral atmosphere at Beit T'Shuvah creates conditions for thriving by examining: a) moral obligations and norms, b) social values; particularly trust, and c) social networks; especially membership and participation in voluntary associations.<sup>21</sup> When people in a given society or community share norms and obligations, trust one another, and engage in voluntary association, people thrive. In the absence of shared norms, trust and engagement, addiction, crime, sickness, poverty and alienation increase. Let us describe, then, how Beit T'Shuvah promotes healthy normative obligations, trust and voluntary engagement.

**Minhagim: The customs of the place.** Normative expectations and obligations are built in to Beit T'Shuvah practices in order to foster trust and, when the time is right, moral engagement. Among the customs at Beit T'Shuvah that build trust and moral engagement are:

1. Open Doors. Residents have the ability to leave at will.
2. Individualized Treatment with flexibility depending on circumstance (e.g. residents who have children may be permitted to use their cell phones to maintain contact, even very early in treatment).
3. Individualized consequences for "missing the mark."
4. Hiring from within; Many staff members in a range of positions are "home grown." This gives residents a sense of the potential for and commitment to moral engagement.
5. Transparency; Honesty, authenticity and disclosure are favored over privacy, privilege and traditional hierarchy-protecting boundaries.
6. T'Shuvah; Nobody is perfect. We all make mistakes. Staff as well as residents have the custom of admitting mistakes and making amends.
7. Internships and externships supported by the Career Center and BTS Ventures.
8. Community within community; Beit T'Shuvah is both a recovery center and a synagogue that are embedded in the larger Jewish Community.
9. Open admissions; Beit T'Shuvah doesn't turn people away based on ability to pay, and actively partners in Alternative Sentencing.
10. People are asked to leave the program only after myriad alternatives are exhausted. Even then, they are offered the possibility of return.



## **Beit T'Shuvah Best Practices build Trust and shared social values.**

The Integrative Treatment Program changes the expectations for participation in order to build trust and shared values. Mandatory groups, chores and activities that created safety and attachment for sanctuary are largely replaced with elective participation for moral engagement. Residents and their counselors begin to identify particular groups to, meet individual developmental needs. Voluntary choices of and commitment to particular groups, activities and chores, become part of, the practice of moral agency. Sign outs are negotiated with counselors, building trust. Residents begin to choose which AA meetings they attend in the evenings, sometimes with the group, sometimes with their peers of choice. Responsibilities for house maintenance and supervision are offered and chosen. Peer groups become supportive and voluntary; voluntary group activities like Freedom Song, Surf therapy, Theater Program, Music-in-recovery, Prevention, social media, graphic arts, thrift store, maintenance and having fun in sobriety all become arenas for building comradeship, belonging and moral engagement.

Honesty is an important element of any healthy community, and even more so in a community designed to counter addiction-ogenic environments. In the environments where addiction thrives, information is often kept secret, hidden, denied and distorted. For recovering people, especially those who have been traumatized,<sup>22</sup> the ability to speak the unspeakable and to trust that what is spoken is true, is a critical challenge to engagement. At Beit T'Shuvah forums exist at every level for information sharing. This does not mean that there is no confidentiality, for example, about information shared in counseling sessions, but rather, it means that norms established for privacy and confidentiality, favor respectful requests to share, rather than automatic application of boundaries. This has profound implications for the healing community. Four examples are common.

1. Staff disclosure
2. Respectful Sharing
3. Transparency and sharing: antidote to Splitting
4. T'Shuvah
5. Psycho-education

**Staff disclosure.** In contemporary psychological practice, the therapist is taught to “keep” her professional boundaries, e.g. by not sharing her personal life with clients. When a client asks, for example, about the therapists family, the therapist is trained to respond by turning the question around to the client’s meaning-making system: e.g. “What would it mean to you to know how I got along with my mother?” or “What do you imagine my relationship with my husband is like?” At Beit T’Shuvah, even Harriet Rossetto, the CEO shares her experience with clients and families when to do so would be helpful, e.g., in normalizing experience. “We are all split souls, with hidden parts.” And then she may go on to share something of her childhood, her work experience, or her marriage in order to illuminate some principle. This cultural norm means that staff members have to be willing to recognize and own their own weaknesses, as well, “I’m fooled by the pretty ones.” This process (more formally it includes the analysis of the transference) is ongoing among staff members, and yet is kept in check by the existence of structural opportunities for individual and group clinical supervision, (see Part IV) and by the information-sharing norms themselves, whereby people let each other know when it’s “not about them.”

**Respectful Sharing.** One of the most powerful and helpful practices in place at Beit T’Shuvah (like many other 12-step based programs) is sharing personal stories. This serves the developmental function of giving some shape to a chaotic narrative, and allowing the teller, in social interchange, to give meaning to the narrative, i.e., find a moral to the story (see below). Our research at Beit T’Shuvah suggests that hearing and telling stories not only serves a developmental function for individuals, it also serves an important community building function: sharing stories creates an avenue for openness that builds trust. Mutual feedback among peers and staff allows people to practice being open to feedback, learning and growth, and to activate their moral imagination and find new ways to see and hear their stories. People build trust by making themselves vulnerable before others.<sup>23</sup> This is true in the myriad groups residents attend daily and weekly, and it is true in the individual sessions they have with counselors, therapists, spiritual counselors and peers. Giving and getting feedback shows respect. It demonstrates faith that the Other, “Thou,” can change, grow, and become one grain of sand better.

**Transparency and community discussion: the antidote to splitting.** Many rehabs are plagued by “splitting.”<sup>24</sup> Addicts seem particularly adept at telling

different people different stories in order to get their needs met, in order to hide, in order to maintain their addiction and to maintain their own split. This isn't so different from the child who goes to Father for permission to stay up late, have a second scoop of ice cream, or paint her room black right after Mother said "No." Or to being complacent at work and a bully at home (or vice versa). How do so many therapists and counselors and staff members maintain confidentiality and build trust and at the same time maintain a stream of open communication? At Beit T'Shuvah counselors do not agree to maintain confidentiality, especially when it comes to issues of safety for the individual or the group. In their admissions agreements, clients agree that staff members share information important to treatment, just as doctors and nurses do. Further, counselors ask permission (or at least inform) clients that they would like to, or will share information, and with whom and why. Ultimately, the non-punitive practices at Beit T'Shuvah mean that people can disclose a good deal of information that they otherwise might keep hidden, keep silent about, because of the expectation (see above) of amnesty and the possibility of T'Shuvah (see below).

**The role of T'Shuvah in Community.** Beit T'Shuvah is founded on the principle that people can "return", repent, make amends for their errors, and return to their true, G-d-given path. Rabbi Borovitz tells us that the most difficult 5 words in the English language are "oops, I made a mistake." And that is exactly what staff, management and residents are encouraged to do: admit errors and make amends. This is consistent with the tenth step of AA: "continue to take personal inventory, and when I was wrong, promptly admitted it." At Beit T'Shuvah this normative practice is supported by several rituals:

## **BEIT T'SHUVAH BEST PRACTICES FOR DOING T'SHUVAH**

Shabbos T'Shuvah On Friday night at Shabbos services, people are encouraged to make T'Shuvah, i.e. amends, out loud when they have wronged someone. These pronouncements of T'Shuvah often take the form of previously unspoken expressions of gratitude. "When you stay in gratitude, you won't need to make T'Shuvah."

Nightly Tenth Step The second ritual is a bedtime tenth step meeting, wherein people review their days behavior, impulses, experiences, feelings, accomplishments, and make amends where they have fallen short of the mark in terms of their own and others'

expectations for them.

Weekly T'Shuvah Groups Each week groups of residents meet together with counselors, spiritual counselors and therapists to discuss ways that each member of the group has "missed the mark" that week. The group works together as a community to agree on T'Shuvahs: ways that members can make amends, return and make new responses when they have missed the mark: these T'Shuvahs become part of the individual's integrative treatment plan.

**Psycho-education.** Psycho-education is one important aspect of group and activity offerings at Beit T'Shuvah. Residents are provided information through these groups that is typically seen as "too sophisticated" or "professional" for clients. Examples range from information about Post Traumatic Stress Disorder and relapse triggers to courses on the neurobiology of gambling addiction and psychopharmacology.

## **BEIT T'SHUVAH BEST PRACTICES FOR MAINTAINING NORMS AND SANCTIONS**

Beit T'Shuvah is a dynamic community. This means that things change and grow depending on changing needs. For example, Beit T'Shuvah began as a men's program. When there was a woman who otherwise met admission criteria, and for whom there was no comparable program, Beit T'Shuvah started a women's program. When there was a rise in the number of young people in need of drug treatment, Beit T'Shuvah started its Partners in Prevention Program. When there was a need for residential placement as an alternative to sentencing, Beit T'Shuvah began its Alternative Sentencing Program. When recovering criminals and gang members became a part of the population, Beit T'Shuvah began to sponsor CGA meetings. When it was evident that families of residents needed support and recovery, the Family Program was introduced. When there were pathological gamblers for whom there was no other residential treatment program, Beit T'Shuvah started a Gambling Program. When increasing numbers of clients were admitted with dual diagnoses, Beit T'Shuvah increased its clinical internship program. When we began to see eating disorders accompanying other addictions, Beit T'Shuvah developed eating disorder programming. When more and more people met their "beshert", their soul mates, in the recovery program, programming evolved to meet the needs of couples-in-relationship. When the waiting list for empty beds became "a shonda" (a shame) Beit T'Shuvah initiated a Day Treatment Program so that people waiting for a residential

placement could begin treatment sooner. When we saw how music lifted the spirits and created community, the Music in Recovery Program went from a dream to reality. When it was clear that younger residents needed more initial containment than the historic Beit T'Shuvah population, new expectations were developed. When residents needed help to transition into, or back into the world of work and school, the Career Counseling Center became an integral part of the Program. As staff and resident populations grew larger, more formalized Integrative Treatment Teams were introduced. Program evolution and decision making has always been based on norms that flow from core principles, rather than from rigid rules and systems whose maintenance otherwise can become an end in themselves. Needs based program evolution serves the mission of returning lost souls to themselves, their families and the community.

### **Community forums support flexible boundaries**

Within Beit T'Shuvah there are many regular forums for information sharing and decision-making. There is a weekly Housemeeting for staff and residents where treatment decisions, schedule changes, etc. are discussed. Each week the Rabbis hold a mandatory Ethics meeting, after the model of *Pirkei Avot*, the wisdom of the sages. In Ethics rabbis and residents examine current moral or ethical dilemmas within the house or on the larger plane of life-choices. Staff meetings, Treatment Team Meetings, Weekly staff trainings and the multiple settings for clinical supervision are designed as guided information-sharing and consensus building. One example from the weekly staff meeting agenda is when the Director of Alternative sentencing presents cases of people ready to come out of prison and jail who are on the waiting list for entrance into Beit T'Shuvah. The counselors, therapists, spiritual counselors and administrators discuss how different people on the waiting list might impact the current population, given the current moral atmosphere of the house, and who the current constitution of the House could best integrate and help. Likewise, the team discusses recommendations for moving residents from primary care to sober living, and brainstorm about how to help people in a pre-lapse mode, or who are stuck in a particular recovery task. Here counselors can argue that Jonah's belligerence is undermining their authority or the moral atmosphere of the group, therapists can share that Jonah is working through some difficult stuff in therapy, and spiritual counselors can advocate for his Holy Soul on its particular journey. Together the team searches for particular actions, challenges, opportunities and measurable indicators to offer to Jonah for doing two and both: working through the hard stuff and working his program.

**Community Immersion Days.** Once each month there is a half-day

Community Immersion process for all residents and staff. Community Immersion is designed to keep residents and staff connected to living Beit T'Shuvah's core values. In Community Immersion members of the management team go over Beit T'Shuvah's history and core values and engage the community in discussion of a presenting core issue in light of Being Beit T'Shuvah. A presenting core issue might be how people are treating each other (e.g. gossip, harmful speech), neglect of house and room chores, or asking someone to leave the program. The community discusses the issue and seeks solutions and commitments. One example might be a contentious and potentially divisive relapse.

*Simon, a well liked, even well loved, brilliant, giving, caring musician had not only relapsed (again) but had shared heroin with another resident in order to buy his silence. Residents and staff members voiced their concern with the violation of the sanctuary necessary for everyone's recovery, and especially the new comers. AND they voiced their concern with Simon's potential for recovery and for making a contribution. They voiced their observations of Simon's contribution to the community in terms of writing spiritual music, helping others, inspiring groups, AND their observations of how Simon avoided the basics, hid behind his specialness. They argued that norms had to be maintained, for the sake of the House and Core Values, AND they argued that Beit T'Shuvah is an individualized program and for Simon, repeated relapse was the part of his path that he came to work on.*

The point here is not what conclusion the group came to, but rather, that in the Community the voices of newcomers and seasoned staff are heard and respected. This transparency and vulnerability is the antidote to splitting...it is the embodiment of "both/and."

**Beit T'Shuvah Best Practices for Exercising Moral Authority support norms of openness.**

The role of the management team and the Board of Directors is critical to the health of the normative culture. In Twelve Step language, Beit T'Shuvah places principle above personality in decision-making. In traditional Jewish teachings the Rabbi is not an administrator, but rather, Rabbi means teacher. Traditionally, a Jewish community has authority by reason of its adherence to Torah, and disagreements are resolved by discussion. Beit T'Shuvah Best Practices, like Jewish Halacha (laws) generally, evolve

not from adherence to a written word, but rather, by respect for the historic dialogue among learned people of differing perspectives and conclusions, and then, ultimately by consulting those identified as “learned.” In practice this means that counselors, “techs,” therapists, spiritual counselors and residents are all involved with management in making decisions about program changes, the direction of treatment for an individual, assessing individual progress, asking someone to leave, medications, crisis intervention, policies and procedures, and responses to, for example, an increase in acting out, i.e. sex, drugs, rock n roll. The treatment team operates as a consultative decisions-making body. Deliberative discussion is made possible because of ongoing Staff Development, wherein each week all staff are required to engage in a series of education and training classes/workshops. Staff members are also invited, in this forum, to share their own areas of expertise.

## **BEIT T’SHUVAH BEST PRACTICES FOR VOLUNTARY ENGAGEMENT IN THE LARGER COMMUNITY**

Residents working on the third recovery task take pride in the Beit T’Shuvah community at community and citywide events. The Beit T’Shuvah Marathon team proudly sport T-shirts that announce: “Run to Save a Soul.” Residents working on the third recovery task begin to volunteer more within the community at large, and begin to take new residents under their wing, as well as to confront other residents about “how we do things here.” Residents working on moral engagement in the community are more aware of their own issues, and are working on elevating their holy souls, making themselves better by participating in (not just attending) group and individual activities.

*“Me and Judah, we don’t really have to come to groups, ‘cause we’re working, but it’s important for us, so we can help the new guys.”*

*“I try to do my part, like giving back. I drive people to meetings and doctors’ appointments and stuff. I’m glad somebody did it for me when I was new.”*

*“I sponsor a couple of new guys. I get a lot out of it, too.”*

Mandatory Activities. When residents begin to work on moral engagement it is important for them to freely choose participation. It is also important that we hold on in return. Thus, even after 90 to 120 days most residents are expected to attend morning groups



(usually Level 3 groups) unless they are working. House chores and room chores are still mandatory, as is participation in house meetings, in ethics, in Shabbos and its set-up, in tenth step meeting, and outside meetings in the evenings. Residents are expected to meet with their therapist, spiritual counselor and counselor, although the length and frequency of these meetings may change.

Free choice group activities. Voluntary, free will participation is critical to this recovery task. Residents can choose which afternoon groups they want to participate in, often in consultation with their counselor or treatment team. Afternoon groups are designed to help residents deepen their sense of connection to one another (Girls Game Group, Theater Junkies) and/or their emotional or spiritual needs for reflection (Meditation, Process, Spirituality, Yoga, Writing).

Free choice outside activities. Residents working on the Moral Engagement Task can choose to get passes on the week-end or can participate in mandatory fun activities with the group. They are encouraged to plan sober activities with other residents, from going for walks or jogs, to shopping and the movies. They can go to 12 step meetings with the group, in the van, or they can make their own arrangements, choose their own 12 step meetings, with other residents who have driving privileges.

Free choice outside relations. Residents working on Moral engagement usually have their own cell phones (returned). They are typically moving into Level 3 (see Level system) and may get passes to spend time with their family on the week-ends, if appropriate (particularly important for older residents, with partners and or children, and periodically for younger residents when their families are at some distance). Couples are offered couples counseling individually or in groups to support healthy (re)integration.

### **BEIT T'SHUVAH BEST PRACTICES IN SUPPORTING FREE-CHOICE INSIDE RELATIONSHIPS.**

Residents working on their Third Task are likely to seek, and sometimes find, boyfriends or girlfriends among the residents in the house. Conventional wisdom in Recovery is that relationships in early recovery put recovery at risk. At Beit T'Shuvah, however, we have found that residents will seek relationships in any case, as they also seek friendship, and that in general, both contribute to a sense of membership in a community, a sense of belonging.<sup>25</sup> Forming partnerships and friendships is a necessary task of adulthood, and forming such relationships openly,



in the context of the Beit T'Shuvah community offers an opportunity to practice, try on, new ways of being and of relating. No longer do people need to hide, which invites the Yetzer HaRa in. Counselors, therapists, spiritual counselors and peers all offer support for working through typical challenges in any relationship or friendship.

Beit T'Shuvah offers groups specifically designed to address developing and maintaining meaningful, mature relationships, including a group for couples in the house who are in "committed" relationships.

*"Some of the guys wanted to go to a movie, but they didn't want X to come. X is a friend of mine, and I didn't want to lie, but I really wanted to go with the group."*

*Counseling staff help residents think through their experiences and their decisions, helping them make better decisions "one grain of sand at a time."<sup>26</sup>*

*"I really like him, and I feel comfortable with him, but I'm not ready to make a commitment, and he wants a commitment from me." Therapists have the opportunity to help residents explore their resistance to commitment, for example.*

*"We have an open relationship. I am free to sleep with anybody I want to. Man is a sexual being and needs sex to survive. That's what it means to be human." Spiritual counselors may help residents explore what it means to be human, with both animal bodies and holy souls and holy bodies and animal souls.*

Special purpose groups (e.g. adoption, gambling, parenting, body image) build supportive peer regiments in the culture. Supportive cohorts maximize the likelihood of recovery for more members of the group, i.e. there are periods of time when the numbers of those who hang on and who recover are higher, and there are periods when the groups are more fragmented, decreasing the likelihood of recovery for members of that cohort. Special purpose groups appear, disappear and may reappear, depending on the needs and motivation of a given "cohort." Eventually some groups become constant features, normative expectations, and even give rise to new programs. The Women's Program, the Right Action Gambling Program, and the Eating Disorder track all began as Special Purpose Groups.

Among the special purpose groups are body-awareness groups including yoga and mindfulness-informed groups that help to quiet the mind and increase awareness of somatic states, making them available for cognitive and affective processing. Writing groups and art therapy are designed to give shape and narrative continuity to untethered emotions, often related to trauma. Relapse discussion and relapse prevention groups focus specifically on recognizing triggers in the environment and in the body before they can hijack the decision-making brain, and offer specific tools to recognize and “ride the waves” of craving.<sup>27</sup> Special purpose spirituality-based groups help to refocus questions from powerlessness, judgment and isolation to questions of higher meaning: What is being revealed to me through this particular struggle? Through stories of Torah heroes and heroines people on a recovery path begin to locate addiction stories in their struggle for deeper connection with the Divine.

For example, the story of Jacob wrestling with the Angel before he is to confront his brother Esau, whom he had long ago aggrieved, provides a paradigm.<sup>28</sup> Jacob’s apparent struggle with an earthly adversary becomes a symbol of his internal struggles “with the part of himself he had always projected onto Esau.” Reconciling these parts of himself (metaphorically, the-self-using-and-abusing and the self-on-a-path-of T’Shuvah) is transformative. Jacob is injured, he retains a limp, *and* he is given a new name, a name that captures his spiritual strivings.<sup>29</sup> Spiritual Group discussion transforms craving from a temptation or compulsion to “re-lapse” into a call for deeper connection with the Divine and with Ultimate meaning. Recovery, T’Shuvah, is a homeopathic antidote to the long term, demoralizing and isolating effects of addiction. Wrestling with cravings in the context of moral engagement in community can become an encounter with one’s Divine Purpose, and the “doorway to a richer, more meaningful life.”<sup>30</sup>

### **Opportunities for creative engagement**

Beit T’Shuvah offers a range of programs, described in part II, that serve as sub-communities for practicing moral engagement. These include the Music in Recovery Program, the band, and the choir; they include Freedom Song and Surf Therapy; the Marathon and Partners in Prevention. Religious services also demand engagement: Shabbos set-up, clean up and the participatory nature of the services themselves including poems, meanings, and interpretations of prayers.

## BEIT T'SHUVAH BEST PRACTICES FOR RELIGIOUS ENGAGEMENT

The value of moral engagement for long-term recovery is particularly evident when we examine participation in Jewish religious services and Torah study in the third recovery task. Longitudinal research at Beit T'Shuvah demonstrates that people who are more engaged in the religious practices of the program during the Third Recovery Task (i.e. on average 4-6 months) grow in faith during the next recovery task, and are more likely to have recovered integrity, authenticity, passion and purpose over time. Engaging with texts like Heschel and Talmud in spiritually based groups that grapple with a search for truth further promotes moral engagement. Increased faith, in turn, reduces despair and is associated with lowered or better controlled negative moral emotions.<sup>31</sup>

## BEIT T'SHUVAH BEST PRACTICE SPIRITUAL COUNSELING TO FOSTER MORAL ENGAGEMENT

Residents come into Beit T'Shuvah with a wide range of experience and with orientations toward (or against) religion in general,—specifically Judaism and spirituality. Some Jewish residents grew up in traditional orthodox families and communities; some grew up as secular Jews, maybe going to synagogue twice a year. Most grew up with something in between. There are those who appreciate their roots, and those who have chosen to cut themselves off. Thirty percent of residents consider themselves “spiritual, but not religious.” There are residents who are not Jewish, and residents who consider themselves atheist or agnostic. Beginning with the resident’s experience and orientation toward G-d, religion, Judaism and spirituality, Spiritual counselors help residents work on moral engagement by raising questions and providing texts that help them explore their middot, their character traits, their emotions, including the part of them expressed in chesed, lovingkindness, and the part that is drawn to gevurah, strength or boundaries. Spiritual counselors helps clients find these things in proper measure. They use stories from Torah, from the rabbis, from midrash, to offer ways that our ancestors have struggled with similar questions. This provides a frame for discussing the ways we struggle with who, and how, we are called to be holy and to connect. The story of Jonah, for example, allows residents to explore what happens when a person runs from and fights against what he or she is called to do.

*Hilda had spent 20 years alternating between taking care of her mother and doing her own self-destructive thing. When she was*

*drowning in her addiction, she would wake up and say, "I can't do this anymore, I have to be there for my mother...she'd clean herself up and become a good daughter, taking care of her mother. When she was drowning in her mother's needs, she would start sneaking off and using; "I have a right to get my needs met, too" she'd reason—never in the 20 years of cycling between her needs and her mothers needs did she ask herself the question her spiritual counselor asked her, "What does G-d need of you?"*

### **BEIT T'SHUVAH BEST PRACTICES FOR MORAL ENGAGEMENT THROUGH PSYCHOTHERAPY**

Residents working on moral engagement use the context of the therapeutic alliance productively in two particular ways: 1) to replay, test and transform the quality of interpersonal connections; and, 2) to reweave feelings and judgments about their own story.

Clients who have shown up to therapy for 3-4 months begin to test the relationship. They often set up relationships to replicate their earlier experiences, including the relationship with the therapist as well as others. If they felt held too tightly, say, in the transition to adolescence, they push back in therapy. This may be overt, e.g. arguing, defiance, resisting suggestions, when before they seemed complacent; or it may be covert: coming late or not at all, not bringing current challenges into session: (e.g. acting out/missing the mark in program; problems in current relationships). *These behaviors pull the therapist to engage even more strongly, (either with warmth or limits) thus replicating their earlier experience, repeating the cycle instead of breaking it and learning something new.* If they felt abandoned or neglected, alone in their earlier struggles, they may push forward in therapy. This may take the form of overtly announcing that they don't need therapy or the therapist anymore, or covertly, closing down emotionally, lying, especially about craving and using. *These behaviors push the therapist to disengage, thus replicating their earlier experience, repeating the cycle instead of breaking the old habit and doing something new.*

To help clients to practice moral engagement Beit T'Shuvah best practice therapists

- a. Use their reactions to client withdrawal, rejection, clinging, activation, etc. as a clue to the relational patterns constructed by the client.
- b. Raise questions or observations about the meaning of misbehavior in the context of the construction of relationship.
- c. Explore the resonances of the constructed pattern in other places and times of the client's life.
- d. Activate moral imagination to perceive and practice alternate patterns of engagement.
- e. Agree on ways to practice and test new patterns in everyday interactions and moral engagements (e.g. how could you respond differently when she says that, you feel that, etc.?)

When clients working on moral engagement bring material to session, Beit T'Shuvah Best Practices teach us to help the client connect their ways of knowing. If they habitually experience the world through their emotions and impulses, to slow them down to give cognitive evaluation to their emotional experience: You felt helpless. What were you thinking? If they habitually experience the world through a lens of judgment, we help them to step back into themselves and connect the judgment to their emotions: You thought that was unfair. How did you feel, in your body? This process helps to rebuild neural networks and the habit of internal integration that leads to integrity.

Persistent negative moral emotions are one of the major impediments to moral engagement.<sup>32</sup> Basic emotions like anger, fear, joy and sadness are adaptive for individual survival. Moral emotions, likewise, are adaptive in terms of species or group survival. Moral emotions include hatred, love and disgust. They also include the range of negativity: resentment, sadness, fear, anger, anxiety, rage, shame, embarrassment, guilt, indignation, pity, regret and indifference. When residents see the world as threatening and withholding; when they are full of rage, resentment, shame and guilt, they can remain disengaged. Moral emotions are tied to normative judgments: what is considered disgusting, unjust, cruel, etc. varies by culture because moral feelings emerge in relation to norm violations. Moral feelings around incest, infanticide and sending the old folks off on an ice floe are examples.<sup>33</sup> Feeling less than, judged, excluded, denigrated, devalued, inadequate, unworthy all are accompanied by shame, anger, fear and resentment and all are characteristic of people with addictions. When we ask Beit T'Shuvah residents Kohlberg's moral dilemma about whether a person should steal a medicine they can get no other way, in order to save their dying spouse, nearly half of the Beit T'Shuvah

residents justify a decision to steal by reasoning that the druggist who invented the medicine is greedy, and or that the legal system is designed to protect the rich. That is, when residents come in to Beit T'Shuvah, their view of the world is colored by negativity, by the assumptions of greed, unfairness and lack of transparency. This, in turn, justifies their own "split" and disengagement. On the one hand, they judge greed, selfishness, lying and unfairness to be wrong, on the other hand, they practice it everyday in their addiction. Beit T'Shuvah Best Therapeutic Practices help residents come to view the world and themselves through a much more nuanced lens. No longer is the world black and white, all good or all bad. There are colors and shades and perspectives and choices. And no longer do they have to hide from their negative feelings and negative self-judgments. Beit T'Shuvah Best Therapy Practices honor both/and: the positive and negative. Accepting the negative moral emotions allows the client to make choices about what to do in the face of the negative moral emotion, rather than being caught unaware, or feeling compelled to act in a particular way.

*Therapists help residents work on the third recovery task by examining the connection between their current fears, where they are stuck, with their own biography. Frequently at this phase residents feel safe enough, and maybe desperate enough, to look at the lies they've told themselves about who they are and how they got to be who and where they are. For example*

*Saul thought of himself as a strong, resourceful and independent kid. He took care of himself and his younger sister after his parents divorced, both when they lived with their alcoholic mother, and later, when they went to live with an aunt in another town. So long as he continued to idealize his mother ("she tried really hard after the divorce, to take care of us alone. She was a great mom, always there for us with cookies when we came home from school") he didn't have to see himself as wounded, he could cling to his image of himself as invulnerable. Being invulnerable, he couldn't admit that he needed help, so he stayed stuck, mired in his 14 year old self, selling drugs to take care of the family. His therapist helped him to let go of this old picture, and to slowly look at his past in a more detailed, nuanced way, that let him be both strong and vulnerable and let him begin an authentic engagement—with his therapist, with his family and with his peers.*

## COUNSELING

The counseling relationship is especially privileged in working on the third recovery task. The relationship between counselor and client is both private and public. On the one hand, the client and counselor have built a relationship where they have been able to share with each other, to make themselves vulnerable, to build and test trust. In this sense, the counselor has remained by the client's side throughout the tasks of early recovery. On the other hand, the counselor stands in for management, parents, teachers, Beit T'Shuvah and other authority figures. Counselors have set boundaries for the client (gotten them up for group, in the shower, in the van) and held them when they felt they couldn't hold on. Counselors have a delicate and critical job to do in moral engagement. They have to help the client become less dependent while at the same time recognizing that the goal is not independence but self-chosen engagement, commitment, and obligation.

One way to grow the relationship, to help the client to integrate the "standing beside" with the "standing for" is to reframe negative moral emotions, interpret up, locate a comment in the context of the ongoing relationship. For example:

Resident: "The house set us up."

Counselor responds, and interprets, in the context of a history of growing together: "You used to hate it when we set limits, and now you've come to rely on us for boundaries."

Resident: "The counselors didn't supervise."

Counselor responds, and interprets, emphasizing nuance: "Sometimes you like it when things are predictable."

Resident: "The ones that relapsed should be kicked out."

Counselor responds, and interprets relationally: "You have an even stricter moral code than me."

Resident: "I didn't relapse, I was good."

Counselor responds, interpreting the "both/and:" "Maybe you were tempted and yet you exercised good judgment."

Increasingly in the Third Recovery Task counselors and clients use their interpersonal

relationship, their own moral engagement, to negotiate, plan, reflect on and learn from the day to day exercise of moral agency, suiting up and showing up, and the practice of moral imagination, “what do you imagine the week-end will be like, with your sister coming home from school?.”

In sum, counselors, like parent hawks, teach their fledglings to fly, to return and check in, so that when they are ready—they can soar.

## **INDICATORS OF ACCOMPLISHING THE THIRD RECOVERY TASK: MORAL ENGAGEMENT**

**Language.** One of the first indicators of a sense of membership comes in a shift in language. We hear the use of the personal pronoun “We” meaning the Beit T’Shuvah community. There is an increase in the use of “nicknames;” and residents begin to adopt, and even become fluent in, the language of the culture.

Jody told a new resident in group: “That’s the way we do things here. T’Shuvah’s are not meant to be punishment; they help us grow.” She thus adopted the “we,” the “way,” the cultural norm, and the “us.” She is firmly planted in the third Recovery Task of moral engagement. After three months, when residents are feeling “a part” they start referring to the program as, for example, “The Tshuv.” They take ownership referring to the program as “the House” or “our House.” Residents also start referring to Beit T’Shuvah as “home.” When there is a culture of engagement, residents may develop and share their own codes: “missing the mark,” “process,” “how does it feel to feel that feeling,” “that’s your Yetzer Hara,” “You matter, dude.” Inside jokes and codes are an indicator of belonging. Staff members can facilitate and encourage a shared language, as this facilitates the evolution of cohesiveness and adherence to the group norms.

**Participation.** A second indicator of Engagement is voluntary engagement. Here we see active participation increasingly supplant “presence.” In the early Recovery Tasks there may also be active participation, but it is sporadic, and dependent on meeting the individual needs of the particular resident. This could include helping others, but mainly from a position of preaching, judgment, and knowing better. As a member of the community, residents participate out of caring and connection: caring about other residents, especially newcomers, and caring about and participating in the community as a whole.

“I see what you mean, man. I understand why you did it. We all get those feelings. But, man, can’t you see how that affects the house? I mean, what about the new residents? What will they think? See, when you do that, it reflects bad on the whole house, and,



not meaning any disrespect, but it puts all of our sobriety at risk.”

Residents who have owned their membership feel comfortable enough to invite their family and friends, for example to Shabbos services and dinner or to family events...or to make a decision not to invite them, to set boundaries around “their” community, “our” house.

## **Resistance to Moral Engagement**

*After 90 – 120 days in the program there is sometimes a resurgence of a stubborn resistance to change, a resistance to recovery. It often manifests in “I hate this place.” “I hate my counselor.” “I need a new spiritual counselor, therapist, roommate.” This signals the conflict between a healthy asserting of will, of moral agency, and some attachment to the context of the program itself. That is, wanting to change conditions within the program implies the integration of autonomy and belonging: making the place my own.*

We know that residents are missing the mark, not accomplishing the task of moral engagement, are not engaged in joining the community when:

- They are still in bed when they ought to be in group or at Torah study.
- When their attendance in groups declines, and
- Residents start missing appointments with their spiritual counselor or their therapist.
- They are avoiding house chores
- They are becoming invisible
- They start making excuses

These are all good indications that they need some extra strength treatment, a planned intervention or a group conversation. They are in pre-lapse mode. A group intervention is designed by the treatment team and is often conducted in cooperation with one or more members of the management team, in order to help them and us, find a way to hold on, to engage in community. Sometimes this results in a recommitment. Sometimes it results in a program “time-out” where the resident is asked to leave for a period of time and then reapply. Sometimes this results in a specific treatment activity plan with time limits (e.g. commitment to Freedom Song, choir, becoming a Chaver for 30 days). Sometimes this confrontation, this supportive intervention takes place spontaneously when other residents, especially those in the same cohort, confront the resident, with the kind of choices they are making (or not making) as they begin sliding away from the community.

Gabrielle confronted Tim in group. "I don't know about you," she said, "but for me, I had already decided to relapse way before I did it. The relapse started when I started thinking about it. It wasn't doing it, copping, or shooting up. It was the decision to be sneaky. I think you knew you were gonna go out when you decided not to turn those pills in to the staff. It wasn't when you started taking em. It was before, way before. Now you gotta decide if you want to live or not. If you want to live, then you have to get honest."

There is a real risk in the third recovery task that for whatever reason, residents are unwilling or unable to make the commitment to engage in community that is needed to continue on the recovery path. Sometime between 90 and 120 days there is a lull.

### **Relapse may test moral engagement.**

Residents who have mastered the third recovery task often look back and report that they relapsed at about that time...and when they were taken back, accepted it, and were allowed to continue on the path. When "we," that is, the Beit T'Shuvah community, hold on, we can begin to work on another level. For many residents there is the idea that they are OK, acceptable, as long as they are good. The fear is that when others know who they really are, they will be cast out again. The developmental task of belonging to a community, being accepted and valued with all your parts, is a critical task of adolescence, and one which many people with addiction problems didn't manage to achieve. (This could be a precipitant of drug use, feeling unwanted, unloved, a misfit.... This leads to joining a delinquent peer group, and/or is a consequence of being loaded during adolescence, and not mastering the age appropriate tasks.)

Relapse at this phase in some way asks us as a community, to accept the person even if she or he is imperfect. Therapists note that a relapse after 3 or 4 months in the program often changes the course of therapy. A person who was kind of stuck begins to open up and explore new material, a new level of trust seems to happen. Counselors report that their clients start asking more for advice and guidance, they're more open and vulnerable.

## NOTES FOR MORAL ENGAGEMENT

1 Kohlberg and generations of followers working in Just Community Schools and prisons have consistently demonstrated the connection between the moral atmosphere of an institution and the potential for growth and moral engagement. Power, Reimer & Higgins; op.cit. Althof, W. and Berkowitz, M. W. (2006). Moral education and Character Education: their relationship and roles in citizenship education. *Journal of Moral Education*, 35 (4), 495-518.

2 Increasing fMRI research confirms and clarifies a generation of psycho-social research on moral development and moral disorder. Cf. Viens AM. (2007) Addiction, responsibility and moral psychology. *Am J Bioeth.* 2007 Jan;7(1):17-20. ; J Moll, R Oliveira-Souza, J Mourao-Miranda, I Bramati, FT Moll, AR Henrique ... (2001) Dissociable brain networks subserving social apperception and emotion. *NeuroImage* 13 (6), 446-446; Blakeney CD: Moral Judgment Disturbance and Moral Misbehavior. Harvard University; 1984.; Antonovsky A: The moral and the healthy: identical, overlapping or orthogonal? *Israel Journal of Psychiatry & Related Sciences*, 1995; 32(1): 5-13.; Bandura A, Caprara, G. V., Barbaranelli, C., Pastorelli, C. & Regalia, C.: Sociocognitive self-regulatory mechanisms governing transgressive behavior. *Journal of Personality & Social Psychology*. 2001; Vol 80(1): 125-135.

3 Bandura, A. (2002) Selective moral disengagement in the exercise of moral agency, *Journal of Moral Education*. Bandura, A., Barbaranelli, C., Caprara, G. V., & Pastorelli, C.,. (1996). Mechanisms of moral disengagement in the exercise of moral agency. *Journal of Personality and Social Psychology*, 71,, 364-374.; Blakeney CD (2007) Mechanisms of transformation in the loss and recovery of developmental integrity. Paper Presented at the International Conference of the Association for Moral Education, New York University. Baez S, Rattazzi A....Ibanez A (2012) Integrating intention and context: Assessing social cognition in adults with Asberger's syndrome. *Frontiers of Neuroscience* 6:302. Levine, D. (2004) Angels, Devils, and sensors in the Brain. *Complexus*. 2.

4 Blakeney, Blakeney & Maeillo, op.cit.;

5 R. Akiva

6 R. Hillel

7 Thoma, P., & Bellebaum, C. (2012). Your errors got me feeling —how empathy relates to the electrophysiological correlates of performance monitoring. *Frontiers in Human Neuroscience*, 6, 135. Eslinger PJ, Moll, J. and Oliveira-Souza, R. (2002) Emotional and cognitive processing in empathy and moral behavior. *Behavioral Brain Science.*; Shirtcliff E., Vitacco M. (2009) Neurobiology of Empathy and Callousness: Implications for the Development of Anti-social Behavior. *Behavioral Science Law*. 27(2): 137-171

8 Insecure attachment & lack of attunement in early childhood are related to vulnerability to substance use and abuse. In the presence of other (e.g. community) risk factors, secure attachment is protective against drug and alcohol abuse, as well as delinquency. Marsh, P., McFarland, F.C. Allen, J.P., McElhaney, K.B. & Land, D. (2003). Attachment, autonomy, and multifinality in adolescent internalizing and risky behavioral symptoms. *Development and Psychopathology*, 15, 451–467. Allen JP, Hauser, S.T., & Borman-Spurell, E.(1996). Attach-

ment theory as a framework for understanding sequelae of severe adolescent psychopathology: An 11 year follow-up study. *Journal of Consulting and Clinical Psychology*; 64: 254-263. Insel, T. R. (2003). Is social attachment an addictive disorder? *Physiology & Behavior*, 79, 351-357. Alink RA. Cicchetti, D. (2012) Longitudinal associations among child maltreatment, social functioning, and cortisol regulation. *Developmental Psychology*. 48(1) 224-236.

9 Primary attachment occurs in the first months and years of life, and includes a relationship where both nutrition and nurturing are provided. Psychoanalytic theory and attachment theory, among others, posit that where there is insecure attachment to the primary caregiver substances can substitute for positive regard and become self-soothing. Securely attached children and insecurely attached children even develop different neural pathways for processing emotions. Cf. Hyde, L. W., Shaw, D. S., & Moilanen, K. L. (2010). Developmental precursors of moral disengagement and the role of moral disengagement in the development of antisocial behavior. *Journal of Abnormal Child Psychology*, 38(2), 197-209. Raine, A., & Yang, Y. (2006). Neural foundations to moral reasoning and antisocial behavior. *Social Cognitive and Affective Neuroscience*, 1(3), 203-213. Majdandžić, J., Bauer, H., Windischberger, C., Moser, E., Engl, E., & Lamm, C. (2012). The human factor: Behavioral and neural correlates of humanized perception in moral decision making. *PLoS ONE*, 7(10), 1-13.; Dodge, K. A., & Rabiner, D. L. (2004). Returning to roots: On social information processing and moral development. *Child Development*, 75(4), 1003-1008. Narvaez D. *Triune Ethics and Moral Personality*. (2009) . In D. Narvaez & D.K. Lapsley (Eds.), *Moral Personality, Identity and Character: An Interdisciplinary future* (pp. 136-158). New York: Cambridge University Press

10 Steinsaltz, op.cit. p.52

11 Twerski, A. op.cit. *Addictive Thinking*.

12 Mordecai Nisen, (1985) *Limited morality - A concept and its educational implications*. In Berkowitz, M. and Oser, F., (Eds.), *Moral Education: Theory and Practice*, pp. 403-420, Hillsdale, N.J.: Erlbaum. Nisen found that Israeli soldiers could and did “dehumanize” their Arab neighbors in order to participate in armed interventions. Likewise Haidt and Greene, (cf. Greene JD, Sommerville, R.B., Nystrom, L.E., Darley, J.M. and Cohen, J.D. 2001: An fMRI Investigation of emotional engagement in moral judgment. *Science*; 293: 2105-2108.) in a series of convincing experiments, have shown the relationship of perceived distance to “other” and the ability to deviate from one’s own moral code, the phenomenon we call “splitting.” Likewise, perceived distance, otherness, affects cross-racial role taking in every day moral decision-making (should you steal or return a purse you find on a desk? Intervene or not intervene in an unfair fight). Cf. Blakeney, CD., and Blakeney, RF. (1991). *Pluralism and the dilemma of discordance among Blacks and Jews*. In D K Lapsley, FC Power (Ed.), *The Challenge of Pluralism* (65-102). Notre Dame, Ind.: Notre Dame University Press.

13 Participation in a moral or spiritual community is consistently associated with both prevention of drug and alcohol abuse and sustained recovery from abuse. (C.f. Richard, A.J., Bell, D.C. & Carlson, J.W. (2000). Individual religiosity, moral community and drug user treatment. *Journal for the Scientific Study of Religion*, 39, 240–246.) Regular attendance in either

the fellowship of AA or a church/synagogue is predictive of maintaining sobriety. (Blakeney & Blakeney (2006) *Delinquency and Spirituality*, op.cit. ; Hirschi, T., & Stark, R., (1969). *Hell-fire and Delinquency*. *Social Problems*, 17, 202-213.; Tonigan, JS (2003). *Spirituality and AA Practices Three and Ten Years After Project MATCH*. *Alcoholism: Clinical and Experimental Research*, 26, (5, supplement). 660A; Angres, D. (2010) *The temperament and character inventory in addiction treatment*. *Clinical Synthesis*. 8: 187-198.

14 Heinzelmann, N., Ugazio, G., & Tobler, P. N. (2012). Practical implications of empirically studying moral decision-making. *Frontiers in Neuroscience*, 1-14. Harenski, C. L., & Hamann, S. (2006). Neural correlates of regulating negative emotions related to moral violations. *Neuroimage*, 30(1), 313-324. Gibbs, JC (2003) *Moral development and Reality: Beyond the theories of Kohlberg and Hoffman*. Thousand Oaks, CA: Sage Publications; Selman, R. L. (2003). *The Promotion of Social Awareness*. New York: Russell Sage.

15 cf. Twelve traditions in Twelve and Twelve

16 Blakeney, Reich & Blakeney (2006), op.cit.

17 Soravia, LM. and de Quervain, D J-F. (2012) Cortisol, in *Psychobiological Approaches for Anxiety Disorders: Treatment Combination Strategies* (ed S. G. Hofmann), John Wiley & Sons, Ltd, Chichester, UK.

18 Aragona BJ, Liu Y...Insul TR, Wang Z. (2005) Nucleus accumbens dopamine differentially mediates the formation and maintenance of monogamous pair bonds. *Nature: Neuroscience*, 9: 133-139.

19 AA participation predicts continued sobriety and recovery. Tonigan, et.al. 2003, op.cit. found that engagement is the most important predictor of recovery. On the simplest level, in a multi-site, multi-treatment program evaluation continued participation was the strongest indicator of long-term recovery. Showing up to AA predicts staying sober. Further, the best predictor of recovery from cocaine abuse among 18 year old cocaine abusers is being married by age 30. That is, young people who married were much less likely to continue cocaine use than those who did not. The authors suggest the importance of commitment in a relationship to continued sobriety. The direction of causation is not implied. At BTS we found that program engagement, particularly active engagement in the spiritual aspects of the program, (Blakeney, Reich, & Blakeney, 2006) predicts the recovery of faith, hope and integrity.

20 Blakeney & Blakeney in "delinquent spirit" concluded that church, synagogue, temple, mosque attendance and participation was especially protective in communities that are otherwise disorganized, both when kids participate with their families and when kids participate, say, in youth groups on their own. It works both because of shared norms, and, mostly, because kids feel accepted and acknowledged, with all their warts and flaws. The caveat to this rule is that when a) kids are severely traumatized and b) the religious community with which they engage is fundamentalist in that "we" are the good guys and "they" are the bad guys, the traumatized child's fear and rage may be channeled or transformed into a potentially dangerous zealotry. (c.f. Benda, B. B., and Corwyn, R.F. (1997). A test of a model with reciprocal effects between religiosity and various forms of delinquency using 2-state least squares regression. *Journal of Social Service Research*, 22, 27 -52.)



21 The theory and research (unfortunately) referred to in English as “social capital” measures the extent of access to, and engagement in, civil society’s institutions as a predictor of both individual and societal well-being. For further reading about this approach see, for example: Putnam, RD.: Bowling alone: America’s declining social capital. *Journal of Democracy* 6 1, 64-78; Inglehart, R (1995) Trust, well-being and democracy. In: Warren, M (ed.): *Democracy and Trust*. Cambridge: Cambridge University Press 1999, 88-120.; Bourdieu, Pierre: The social space and the genesis of groups. *Social Science Information* 24 (1985b) 2, 195-220. Luhmann, N: Familiarity, confidence, Trust: Problems and Alternatives. In: Gambetta, (ed.): *Trust: Making and Breaking Cooperative relations*.

22 Research suggests that most addicts have been traumatized either prior to active addiction, or during the active phase (cf. the extensive work of Bessel A. van der Kolk, e.g. in van der Kolk, Hart, O. Burbridge, J. 2002, *Approaches to the Treatment of PTSD* in: S. Hobfoll & M. de Vries (Eds.), *Extreme stress and communities: Impact and intervention* (NATO Asi Series. Series D, Behavioural and Social Sciences, Vol 80). Norwell, MA: Kluwer Academic; Essex M., Shirtcliff E. (2011) Influence of early life stress on later hypothalamic-pituitary-adrenal axis functioning and its covariation with mental health symptoms: a study of the allostatic process from childhood into adolescence. *Developmental Psychopathology*. 23 (4) 1039-1058. Norman, SB, Tate, SR Anderson KG & Brown SA. (2007) Do trauma history and PTSD symptoms influence addiction relapse context? *Drug and Alcohol Dependence*, 90(1): 89-96.

23 Rossetto, H (2012) op.cit. see also Brenne Braun

24 splitting is a term used in psychology, and especially in treatment when clients divide the staff, so that the staff quarrels over the client, e.g. some argue that the client is manipulative, some arguing that the client needs nurturing. This is generally seen as the client projecting his or her own split onto the staff to avoid having to recognize, reconcile or integrate their own split, their own shadow, their own yetzer Ha’ Ra and Yetzer Tov.

25 Blakeney & Blakeney; Mâte, op.cit.

26 Rabbi Mark

27 Mindfulness based relapse prevention, cf. Marlatt, et.al. calls this “urge surfing”...at BTS we teach residents early on to be aware of the emotions, sensations and stimuli that are triggers, and to sit with them, breathe through them, talk through them, paint through them, write through them, etc, until the cravings subside.

28 cf. Estelle Frankel, op.cit.; In *The Beginning of Desire: Reflections on Genesis* (NY: Doubleday, 1995) Avivah Gottlieb Zornberg explores the psychodynamic, cultural and theological conflicts in the “family story” with particular depth and resonance for this exploration.

29 Israel, one who wrestles with God and man, and prevails

30 From the Beit T’shuvah “welcoming in” ritual

31 Blakeney & Blakeney, 2006, op.cit. Cole, B.S. & Pargament, K.I. (1999). *Spiritual surrender: A paradoxical path to control*. In W.R. Miller (Ed.), *Integrating spirituality into treatment* (pp. 179–198). Washington, DC: American Psychological Association. Fein & Fein (2012) op.cit.

32 A plethora of evidence suggests that negative emotions continue long after “withdrawal” and contribute to relapse through the influence on memory retrieval. Positive emotions are an indicator of resilience and counter negative emotions. The difference in worldview between resilient people and those who get stuck in despair can be measured, in part, by such nuances

in perception. When a resilient girl hits a bump in the road and falls off her bicycle into the mud she thinks, “I wasn’t looking where I was going.” Or “this street has a big pothole”. When a girl who is stuck in negativity hits a bump and falls off her bicycle into the mud she thinks: “I’m always so clumsy (distracted, accident prone, fat, unlucky). Why does bad stuff always happen to me? Now I’ll never .....” or “this city doesn’t care about the citizens (bike riders, immigrants, poor folks). They always leave these roads unpaved just to keep us from getting where we’re going.” That is, resilient people see themselves and the world as changing and changeable. People stuck in despair see themselves and the world as immutable.

cf. Tugade, MM, & Fredrickson, BL. (2004) Resilient Individuals Use Positive Emotions to Bounce Back from Negative Emotional Experiences. *Journal of Personality and Social Psychology*. 80, 2, 320-333. ; Ma, N., Li, N., He, X., Sun, D., Zhang, X., & Zhang, D. (2012). Rejection of unfair offers can be driven by negative emotions, evidence from modified ultimatum games with anonymity. *PLoS ONE*, 7(6), 1-6. Holtzheimer P. Mayberg H (2011). Stuck in a rut: rethinking depression and its treatment. *Trends in Neuroscience*. 34(1) : 1-9.

Recent research suggests that conscientiousness, a measure on the Big 5 personality inventory, can be construed as a stand in for our measure of integrity and is an effective counter to negative emotions. Cf. Javaras, KN, Schaefer, SM, van Reekum, CM...Ryff, CD & Davidson, RJ. (2012) Conscientiousness Predicts Greater Recovery from Negative Emotion. *Emotion*, PMID: 22642343

33 Moral emotions occur in the context of socio-cultural norms. Their adaptive function is to organize, regulate and sustain a particular set of norms that in turn give rise to institutions and sanctions that hold socio-cultural groups together. Guilt, shame and pride for example, encourage people to avoid stealing, cheating and being rude. Norms vary by culture: Dropping one’s drawers in public would be shameful in one group and a prideful boast in another. Joshua Greene has conducted a body of research that ties the cultural and ecological functions of morality to the neural relationship between moral emotions and moral judgment, including, especially, when the two are disconnected, in our terms, split, and its influence on decision-making in important contexts (e.g. politics and war). For starters see, Greene, J., Nystrom, LE, Engel, AD...Cohen, J.D. (2004) The neural bases of cognitive conflict and Control in Moral Judgment. *Neuron*, 44, 389-400



## **THE FOURTH RECOVERY TASK:** **RECOVERING INTEGRITY, PASSION & PURPOSE**

*"There is no integrity without integration of the self. Becoming authentic is a process that requires daily practice, along with the courage to risk hurting or disappointing others, and possible rejection."*

Harriet Rossetto

### **Roadmap to Recovering Integrity, Passion & Purpose**

In this chapter we outline Beit T'Shuvah Best Practices that address learning the practice of living with integrity within the program and in the world outside of Beit T'Shuvah. First, we elaborate the fundamental characteristic of addiction that is addressed in the Fourth Recovery Task: Being Split. Second, we outline the tasks that are demanded for recovering integrity: dealing with negative moral emotions, healing the neurological, psychological and spiritual splits – and learning to live life well, with passion and purpose. Third, the bulk of the chapter, illustrates Beit T'Shuvah Best Practices for beginning to recover integrity.

**Recovering Integrity demands integrity.** There are new demands on staff when they work to help clients integrate their splits, deal with negative emotions, and imagine and make good choices about a future. Helping the "whole person" to become more transparent and recover their integrity requires attention to our own split off parts and negative emotions; where and how we set professional boundaries. It makes demands on our integrity as human beings and challenges us to grow. Each member of the treatment team helps residents look inside and outside to uncover their passion and purpose, to "transform curses into blessings," and to cultivate the discipline to "turn away from evil and do good." The Fourth Recovery Task describes Beit T'Shuvah Best Practices for uncovering and re-integrating the split off parts of the self in preparation for leaving "home" and re-integrating into the wider world of work, love and independent living.

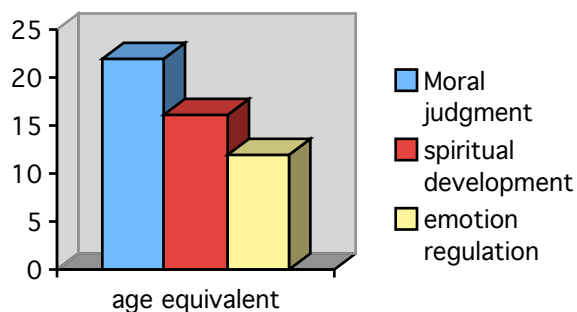
### **A man walks into a casino...**

*Esai came into the gambling program when he was 42 years old. He grew up in the home of family members who traveled a good bit for work. Living in different countries and with different families, Esai learned to adapt, to smile, do what was expected, work diligently and achieve his practical goals, yet his silent yearning to be known, loved and accepted for who he was left a deep hole. By the time he was in his late twenties he had achieved all the developmental milestones and yet he was empty. He drank some, did some drugs, but nothing filled the hole until one night he found himself in a casino. In short order, his brain, his soul, and his life were hijacked. It took several years before he lost his business, his home, his wife and his kids, and another couple of years on skid row before he came to Beit T'Shuvah. For the first month he did the program, without much hope of turning his life around. Then, one morning in Torah study he heard the story of Jacob and Esau. Jacob, like him, seemed never to get what he really wanted: He never got his father's love or approval, he had to run away from home, he got the wrong wife, he had to work 20 years for a wicked stepfather, his favorite wife died young and he wrestled (with an angel) to find his true self, to feel OK about himself... to get a blessing that was uniquely his. Esai reported that in Judaism (he grew up in a Muslim family) he found that people could commune directly with G-d and that nobody was expected to be perfect. Return, transformation, redemption, and acceptance are all possible. For the next couple of months (the second recovery task) Esai withdrew from social interactions in the community. He showed up to groups and therapy, counseling and meeting with his spiritual counselor, and using their instructions he began the work of digging out from under the layers of deceit. After about 100 days in the program (the third recovery task) he felt ready to leave, but his treatment team encouraged him to re-engage with the community, to try out his emerging self in everyday social engagement. Rather quickly younger and newer members of the community learned to respect Esai's quiet wisdom, and he made a place for himself in the community. He made friends, hooked up with a woman who was already 14 months sober, and began to work in earnest on recovering his integrity.*

*In the Fourth Recovery Task the management team at Beit T'Shuvah put Esai's quiet, observant, confidence to work in the counselor-intern program. He was very brittle when clients didn't conform. When resistant clients lied and manipulated it raised long buried negative emotions: shame, rage, fear, and grief over the loss of his parents, and over his own lost childhood innocence. At first Esai found it challenging to be creative with clients, and to exercise moral authority, yet one grain of sand at a time he became more confident and more capable. After a two month internship, Esai was hired as a tech and he moved into Beit T'Shuvah's independent living program. He paid attention to the issues and feelings that came up for him in his difficult interactions with clients, with colleagues and with management. He used therapy, supervision and spiritual counseling to begin to heal his own core wounds, to examine the split off parts of himself, and to find his own voice. He practiced being authentic in all his encounters and became a valued member of the staff and the community. Esai continues to work at Beit T'Shuvah as he applies to medical schools where he can pursue his dreams of healing.*

### Characteristics of addiction addressed

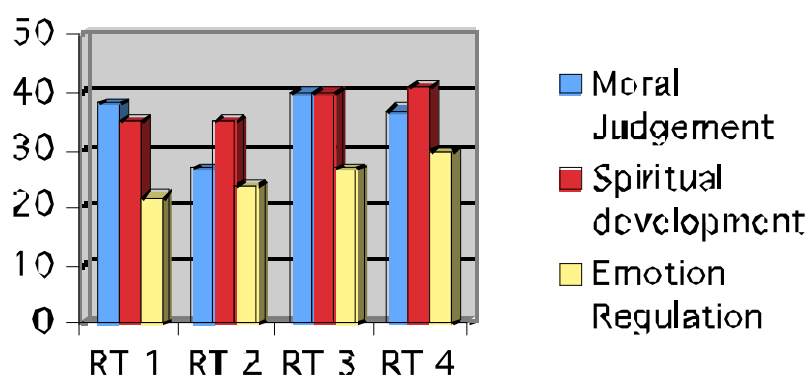
We have said that being "split," (broken, disintegrated) is a characteristic of addiction addressed in the Fourth Recovery Task. Recovering developmental integrity, the potential for healing the split, includes two sub-tasks: dealing with negative emotions; and imagining, practicing, and making choices about a future.



Addicts are developmentally disintegrated. In early research at Beit T'Shuvah we found that 65% of residents had stopped growing in some domain(s) but not in others.

For some people mature adult cognitive moral reasoning was coupled with childlike emotion regulation. Other people have rich spiritual lives and yet make immature, ego-centric moral decisions. Either as cause or consequence of addiction, some part of the self has stagnated and split off, while other parts continue to mature, maybe even excel to compensate. Addicts typically have good intentions and yet they act badly. When they come into Beit T'Shuvah, on average at age 34, 70% use moral reasoning equivalent to typical college educated American adults, and yet nearly 50% are emotionally stuck at the development equivalent of age 12-14. And 30% have a split between the moral domain and their spiritual development.

Over time in recovery, the developmental domains become increasingly equivalent, enabling "cross domain" integration. The following graph shows the developmental "splits" between the developmental stage scores in moral judgment, spiritual development and emotion regulation across Recovery Tasks (RT1, RT2, RT3, RT4).



Here we see that when residents come in to Beit T'Shuvah (average age 34) on average the developmental split between their moral judgment and their emotion regulation moves from an average 30% difference (equivalent to having the moral judgment of an average 20 year old and the emotional regulation of an average 13 year old) to a split of less than 10% (about a 2 year difference). Taken together with complementary growth in spiritual development by the Fourth Recovery Task, developmental integrity integration across domains, becomes possible.

Typically, people use their strong suit as a default for functional every-day decision-making in the best of times. For example,

**Feelings:** \*Some people are emotionally attuned and empathic, finding ease in

social relationships, yet are limited in making mature moral judgments and therefore get trapped by their impulses and their desire to please others, or

**Judging:** \*People use sophisticated moral judgments to justify decision-making, but are divorced from their own emotions and from fellow-feeling, and are limited in their faith in a Power greater than themselves, and therefore get trapped by compulsive self-will and an inability to process feedback from their environment (natural consequences), or

**Intuition/Faith:** \*People have faith in a Power greater than themselves, but don't feel worthy of G-d's love, grace or forgiveness, and therefore lack motivation to connect with other human beings or take the next right action.

In each of these splits, the inability to integrate the domains is like operating on two cylinders: It works as long as you're coasting, but not in the face of life's uphill climbs.

**How developmental splits emerge and maintain addiction.** In this section we summarize how developmental splits emerge in the presence of addiction. It is important to reiterate here that developmental splits are likely to precede addiction, may accompany psychological disorders or adaptation to traumatic stress, and certainly accompany addiction, lingering long beyond sobriety. New neurological evidence confirms years of psychosocial, developmental and religious evidence that demonstrates that chronic addiction causes long-term damage. The neural network, especially the processing of feelings and rewards, is hijacked during addiction, and new habitual neural pathways that bypass either judgment or feeling "direct" behavioral choices long after sobriety is achieved. Importantly, with the advent of new technology, we are now able to observe that neurological integrity can be recovered after a fairly long period of sobriety (up to two years) in the presence of actively working a program of recovery. At Beit T'Shuvah developmental integrity begins to recover after about six months. Neuroscientists at Stanford, at UNC, Yale, University of Wisconsin, UCLA, USC and elsewhere have confirmed two important challenges to recovering integrity: negative moral emotions and imagining the future.

**Negative moral emotions.** We have said that emotional maturity and the related ability to experience empathy are often stunted in addiction. Even intelligent, educated people in their thirties, forties and fifties hold on to a 12 year old stage of emotional regulation. This means that emotional experiences are processed and stored in the more primitive limbic parts of the brain, and are thus implicated in the

impulsivity that is associated with addiction in its early stages. Further, withdrawal is characterized by the emergence of negative emotions (dysphoria, anxiety, irritability). Negative moral emotions seem to recede in the early recovery tasks. But they have not disappeared. As people face the new tasks of integrating what they've learned about themselves and how to be in the world, with imagining going forward, "old bones:" resentments and negative moral emotions including hatred, disgust, guilt, shame and pride seem to emerge unbidden. Negative moral emotions like indignation, rage, pity, regret, feeling less than, unworthy, judged, denigrated, devalued, inadequate are all activated in the day to day social context of belonging and responsibility and fairness. All these negative moral emotions are the every day bread and butter of people with addictions. And all of them are split off, denied, unconscious or projected on to others in early recovery. Counseling, therapy and spiritual counseling provide an opportunity to examine and evaluate these feelings, these old bones, and to let go, reintegrate or transform them.

*Esai was cognitively aware of his sense of abandonment by his parents, who died when he was four. He had material security in the home of his uncle, but he knew, consciously, that he would never experience being loved or valued for himself. He believed he had mastered his negative emotions as a child: his fear, rage, and sadness, by being very good, very smart, polite, respectful, helpful, and studious. He made good executive decisions. He mastered four languages and could switch their use appropriately in different situations. Like many successful people, he dammed up his negative moral emotions and cultivated cognitive skills and independence to compensate. When Esai sensed the threat of a flood of feelings, he gambled. He made a bold, risky move in his business, worked late hours, stayed away from his wife, from home, and tried to exercise control in an area where he had often been successful before. Once he started gaming, losing, and chasing losses, the split took hold. When he lost, he sensed shame and guilt, fear of abandonment, rage at the machine. To avoid feeling the feelings, he gambled, which lit up his amygdala...until he began losing again. In other words, the potential solution to not feeling the feelings precipitated the negative moral emotions that emerged. There was no way out. When those feelings re-emerged after 6 months in treatment, when he faced leaving Beit T'Shuvah, he had enough faith, enough confidence in his own inherent worth, and enough connection*

*to staff and other residents to explore the negative emotions as they came up, instead of acting to avoid them.*

Rabbi Borovitz teaches us, in the name of Rabbi Abraham Joshua Heschel, that indifference to the sublime wonder of life is the root of all negativity. Indifference is something like numbing, it's a way of not feeling feelings. Rebbitzin Rossetto explains that addicts can't tolerate their feelings. They never learned how to feel them. Rather, addicts use substances of abuse or addictive behaviors to hide from their feelings, especially the negative moral feelings of shame and guilt. But in the second and third recovery tasks residents brought those feelings to consciousness. In the Fourth Recovery Task, in order to become whole, people like Esai have to figure out what to do with all those feelings. How do people learn to let go of, transcend or transform negative moral emotions at Beit T'Shuvah? How do they begin to heal their moral and spiritual splits?

**Healing the splits.** One challenge to becoming whole, then, is acknowledging and integrating the parts of the self that have been hidden from self and others, the parts of the self about which we are oblivious, willfully blind, including negative moral emotions. We have said that we all have, for example, urges and temptations of which we are not proud, times when the Yetzer HaRa has convinced us to judge ourselves or others as too good or not good enough to be a part of something, to ask for help, or to live up to our own calling. There is a midrash that tells of "The Lion in the Road." The midrash explains that the Yetzer HaRa whispers that we shouldn't leave the house now, to go study with our teacher because "there is a lion in the road." The lion in the road is our sensible excuse (judging divorced from feeling) for not doing what we know all too well that we should do. In the face of conflicts and challenges in our everyday life we try to take the simple or most acceptable way, ignoring the warring sides within. We pretend we are ambitious when we are also lazy. We tell ourselves that we are indifferent when we also care. We tell ourselves that we are victims when we are also perpetrators, and vice versa. We deny our secret wishes for all the ice cream or none of the responsibility. We don't live life in proper measure. Recovery in the Fourth Task demands finding a way of being human that integrates both/and: both feelings and thinking; both judgment and intuition/faith, both faith and emotions.

**Integrating past, present, and future.** Often, the early tasks of recovery clean out sludge, and awaken parts of the self that have been dormant (e.g. faith, feelings,



or good judgment). One major stumbling block to long-term recovery is being able to own and integrate the past. This includes a new way of understanding the story that one told oneself about how they came to addiction, and a new way to understand and live with the story of the addicted years. In order to continue growing, to recover one's integrity, the past has to be integrated with the present and future, the parts of the self that have been hidden have to be owned, examined and integrated. In the Fourth Recovery Task staff are all more direct in confronting the client when he or she is lying to him or herself. The program itself, and each treatment strand, helps clients imagine, practice, and make good choices about a future that takes into account the whole self and one's whole story as we now understand it.

## **BEIT T'SHUVAH BEST PRACTICES FOR RECOVERING INTEGRITY, PASSION AND PURPOSE**

Sometime after about four or five months in the program, there is a lull. Residents are safe, sober, reasonably well engaged in the community, and reasonably healthy and stable. They kind of look around and say: "OK, I can do this. I can stay sober. Sobriety, recovery, living righteously isn't too bad....and/but...is this all there is? What does this mean about the rest of my life? I guess I'd better get on with it." There is a need for an act of moral imagination, reframing the story you tell yourself about yourself, and beginning to reconstruct your own life narrative looking forward, imagining a future, instead of being imprisoned by the old narrative. It also often requires making amends, repairing the damage one created during the shipwreck days, and finding ways to deal with negative moral emotions so they can heal their neural, psychological, socio-emotional, moral and spiritual splits.

And for many there is a nagging pull that creates crisis and opportunity: This pull could be

- a) back to the life you just left: the good old days that you've turned your back on... forever. Like longing for the single days after making a commitment to marriage, or the college days after a commitment to a profession. Or it could be
- b) into the swim of the future as it is currently perceived, knowing that your view is limited by the vantage point. Or it could be
- c) anywhere but going deeper inside to figure out who you are and how you can

relate to the world —it may be away from commitment to community or away from commitment to authenticity, getting and staying real, or away from a commitment to the Divine, to staying on the path determined by your higher self.

### Back to the Future

*Lawrence did his six months. He made progress getting in touch with some feelings in therapy and in groups. Learned the tools of AA and of staying sober with the help of his counselor, meetings and working the steps. Developed a connection with his Higher Power and got a glimpse of the Holy Soul within him. He began to walk a spiritual path. So he left and went back to Cleveland, to be of service to his family and his aging grandparents, and to make amends for the pain he had caused others in his addiction. He called somebody in the house almost everyday. He couldn't figure out what to do with his life. "I can stay sober. Stay away from the drugs, from the old crowd, but, what then? What do I do next? What's my purpose? After six weeks, he returned to Beit T'Shuvah. He was ready to do the work of discovery: Who am I and what am I doing here? Lawrence is ready to recover integrity, passion and purpose.*

*Jennifer was a gambler. During her marriage, after the children started school, gambling lit up and occupied her days. Eventually the gambling and her failing marriage became oppressive burdens. She neglected the children and everything else. From her first month at Beit T'Shuvah she worked hard to change her behavior, to control her thinking and her habits. After four months she felt like she had put herself back together. Although she didn't repair her marriage, she was reclaiming responsibility for her children and her life. But it didn't work. She couldn't prop the front up without the program support, in part because she hadn't done the work of reconstructing the internal structure. After five months, she began in earnest to work on her spiritual connection. She opened herself to transformation and forgiveness, joined the choir, began to study texts with her spiritual counselor, and she began to smile, to experience hope and joy and to connect to the community. After she, paradoxically, grounded herself in the spiritual, she felt safe enough to cry for herself, and to do the work of mourning in therapy. Jennifer is on the path to recovering integrity, working the Fourth Recovery Task.*

## Choosing a path of transformation and integrity.

The first recovery task requires a sense of sanctuary. The second task requires letting go of self-will, giving over some moral agency, some responsibility, to a “Higher Power” (G-d, Program, Group). The third task requires active engagement with community. Lawrence and Jennifer each found sanctuary, surrendered to the program, and engaged with the community, felt as if they belonged. Now, in the Fourth Task, they have to figure out how to live with integrity, passion and purpose; how to integrate and balance judging, feeling and faith.

Recovering integrity doesn't mean being perfect. Integrity isn't static. Integrity means making the choice each day to be one grain of sand better. It means seeing ourselves and each other, honoring our connection with the Divine, with each other, and with our own holy souls —and it means striving for wholeness, wellness and meaning. This is a tall challenge. It includes the challenge of learning to deal with entrenched negative moral emotions; the challenge of integrating past, present and future into a coherent, truthful life narrative, and the challenge of figuring out what our job is here, in this life. The Fourth Task may require another leap of faith: imagining an unknown future. For many there is resistance to going forward: —a sidetrack, halt or regression; a lapse or a relapse before beginning to recover integrity (see Part IV: Tailoring Integrative Treatment for more on variations in regenerative trajectories). Beit T'Shuvah Best Practices include programs that support the way forward and resources for times when residents resist and struggle with the challenge of beginning to recover integrity. In Best Practices we share some of the programs resources that support going forward with passion and purpose. Then we share some examples of how each program component (1) addresses negative moral emotions, (2) helps clients integrate the story they tell themselves about who they are, and (3) uses resistance, lapses and relapse to help people move forward, discover their purpose and recover integrity.

## **BEIT T'SHUVAH BEST PRACTICE RESOURCES FOR DISCOVERING PURPOSE AND RECOVERING PASSION**

Each resident's treatment team works directly with residents to focus their attention on finding their own place, honoring their whole selves and their connection, and finding ways to lift themselves up. Most residents come into treatment with challenging work histories. Young ones may have little or no work history. Older ones may have spotty

work histories, punctuated by periods of no work, or many job changes. Others may have worked long years at jobs that were ultimately unsuitable. The Integrated Treatment Team, in conjunction with the Career Center, helps residents to see work not only as an obligation for material self-sufficiency, but also as a way to contribute to a better world, raising up the material world toward holiness, and sanctified the material world by our actions within it. Thus, at Beit T'Shuvah the Fourth Task process integrates finding work with finding meaning, but does not confuse the two. This process is both individualized and coordinated with the treatment team. Below are some of the Best Practice Resources that the Beit T'Shuvah Program offers for recovering passion and purpose in the world of work.

**The Susan and Leonard Nimoy Career Guidance Center.** An important, perhaps critical, cultural resource for recovery in the Fourth Task is the Career Counseling And Guidance Center. The program at the Susan and Leonard Nimoy Career Center is part of "Leveling up." In order to move to Level 3 and Level 4 residents must complete certain tasks at the Career Center. These include a vocational interest assessment, process groups, and psycho-education/vocational preparation groups for residents. Vocational counselors, including those who work in conjunction with Jewish Vocational Services, help residents to identify their passions and skills, and the practical path from passion to practice to purpose. Residents learn how to prepare a resume, perform a job search, fill out applications, deal with critical questions about their past and their status, including jail time and gaps in their work histories. They use this process to learn how to be aware of and balance feelings, faith and judgments so that they aren't sabotaged. Special attention is paid to the range of resident needs from young people with little stable work experience to older people with needs for mid-career re-entry or career-change needs, and those with erratic job histories, including jail, prison and psychiatric hospitalizations. The Career Center also provides placement, supervises and supports a range of internships and externships within the Beit T'shuvah community (see below).

**Beit T'Shuvah Ventures.** In conjunction with the Career Center, BTS Ventures creates and supports business ventures, internships and externships for residents working on the Fourth Recovery Task. This program is supported by an outside grant from the Jewish Community Foundation, and generous donations of time and office space.

**On-grounds internships.** On-grounds internships include counseling and “Tech” internships working directly with residents. Residents can work at one of the Beit T’Shuvah Thrift Boutiques which includes training in merchandising, warehousing, pricing, cashiering, customer service, marketing, etc., traineeships in construction, grounds and maintenance, including painting, plumbing and electric. Others can work at Beit T’Shuvah Communications including graphic design, writing, photography, videography, web design, layout, social media, marketing, etc., as well as administrative office traineeships; including clerical, accounting, development and administration. At times, 60% of the counseling staff are comprised of former on-grounds interns who have gone back to school and completed degrees and certificates in addition counseling, psychology, social work, and marriage and family therapy.

**The externship program.** The externship program finds job placements in the greater Beit T’Shuvah support network wherein the first six months of employment are paid for and supported by grant money through Beit T’Shuvah ventures. These have been in the music business, advertising, property management, children’s services, recovery, culinary arts, and design, among others. The range of job placement, internship and externship possibilities provides a wide net of opportunities for discovering and practicing one’s purpose and passion.

## Finding Passion and Purpose in work

**Bo** came from a family of high-powered, well-connected, philanthropic attorneys and accountants. Drug experimenting caused him to drop out before the end of his first year at an Ivy League school. Bo was just 18 when he came to Beit T’Shuvah. After six months he found his passion and purpose in repairing electrical and plumbing problems in a Beit T’Shuvah maintenance internship. After a year working with his hands, learning a trade and loving it, Bo became an important part of the Beit T’Shuvah community, welcoming guests on Shabbos, helping the design team, being available for emergency leaks and power outages. Bo continues to work in the maintenance department at Beit T’Shuvah and is also back in school studying electrical engineering.

**Caitlin** won an Emmy for costume design in her high flying days. Mid career,

*with more work requests, more money, and more recognition than she had ever dreamed, she moved from alcohol to methamphetamines. By the time she was 40 she had crashed and burned, had lost everything, including her teen-aged son, and then came to Beit T'Shuvah. Caitin didn't unpack for 6 weeks. After six months she tearfully emptied her old storage shed and moved into Beit T'Shuvah's Independent Living. She started taking up sewing and again, little by little she found courage and a business partner to open a tailor shop where she now employs and trains Beit T'Shuvah interns.*

**Joshua** was a teacher before his gambling problem and drug use caught up with him. His parents were both teachers, but Joshua had a taste for business. It's what at first attracted him gambling: figuring out systems for winning. After six months at Beit T'Shuvah he was offered an externship managing an apartment building of a Beit T'Shuvah Board Member. He quickly demonstrated his skill and is now part of the management team of a real estate company and is engaged to marry a woman he went through the program with.

**Leah** was an attorney, and now works in Beit T'Shuvah's Development Office. **Rebecca** played guitar on street corners and now directs Beit T'Shuvah's music department. **Mathew** was a tattoo artist in and out of jail who now heads the Graphic Design department at BTS Ventures. **Yeshiaia** was a rapper who is now training to be the next head rabbi at Beit T'Shuvah.

*All of them come around Beit T'Shuvah all the time. They come for Shabbos services, they help new residents feel comfortable and find hope. They mentor others who are looking for their own passion and purpose.*

**Partners in Prevention.** Partners in Prevention provides internships and jobs for residents working on their passion and purpose to give back, be of service, and become part of a team that works to prevent other young people from heading down the wrong path. Many younger residents working on their fourth (and fifth) recovery task find passion and purpose in helping other young people and their families. They develop curriculum, lead prevention workshops and courses in junior highs and high

schools, synagogues and youth groups across the nation. They help young people identify their feelings, their (sometimes harsh) judgments, and to find faith.

**Housing.** Housing is often a stumbling block in transitioning from residential recovery to living well in the wider world. Beit T'Shuvah offers a range of subsidized housing alternatives in and around the Beit T'Shuvah main campus. This includes sober living for residents working on the Fourth Recovery Task, as well as Independent Living in a nearby Residential Compound that was generously donated to Beit T'Shuvah.

**Kadima.** At a certain point, usually between six and fourteen months, the treatment team makes a decision that it's time for a person to move on, to move forward. There is a ceremony on Friday nights, Erev Shabbat, when the entire congregation honors their progress and accomplishments, and blesses them on their journey. It is called Kadima, going forward. Spiritual and Clinical management present residents with a book and a certificate of Kadima, and the Sisterhood gives them a symbolic Key to their own Recovery. Kadima encourages people not to get stuck doggy paddling in the pond, but rather, to try to balance themselves on new ground.

As we said, the journey of recovery isn't always, or even usually, a direct path. Addiction, like life itself, is something like a chronic relapsing condition. We struggle most days to be one grain of sand better than the day before. In the remainder of this chapter we illustrate each treatment strands' Best Practices for helping clients begin to Recover Integrity.

## BEIT T'SHUVAH BEST INTEGRATED TREATMENT PRACTICE FOR ENCOURAGING INTEGRITY: ASKING NEW QUESTIONS

**Spiritual counselors:** Instead of giving Lawrence, Jennifer, Caitlin or Bo direction, their spiritual counselors helped them to reframe the questions they asked themselves in terms of morality and their connection to a G-d of their understanding. When they faced a decision, for example about a relationship, or taking a certain job, instead of asking themselves: "What does this get me?" "What's in it for me?" they learned to ask themselves: What's the right thing to do in this situation? Will this bring me closer to G-d? How can I apply what I've learned since I've been here about how to deal with this situation? How can I bring faith into the equation?



**Primary counselors:** And their counselors helped them to reframe the question in terms of recovery: What's the safest decision for my recovery? How will this aid my recovery? Am I acting as my best self: —the self I want to be, or my old self, the self I want to leave behind? Am I using all the parts of myself to make decisions that are one grain of sand better each day?

**Therapists:** Their therapists, along with their counselors and spiritual counselors, gave them new language, therapeutic, helpful, hopeful, sacred and healthy language, with which to reconstitute themselves. What negative emotions are coming up in this situation? Where do they come from? How did you react in the past? What other choices do you have for dealing with those feelings now? Their therapists' questions helped them experience and contain their negative emotions, the feelings that came up about their pasts when they faced the future: the blaming, shaming, sad and scared voices that haunt them when they try to move forward. They learn to integrate and transform their emotions, pay attention to their intuitions, and monitor their judgments.

**Twelve Step Sponsors:** Their sponsors helped them make lists of those they'd harmed, (Step 8 in the Twelve Steps) and begin to do T'Shuvah, make amends to those they had harmed (Step 9), helping them process feelings that come up, monitor negative self-talk, go forward with faith and courage.

With each of their primary workers (spiritual, counseling, therapy, sponsors) they began to see their past from a new vantage point, a place that could help them release the pieces and relocate the present moment not as the end of a bad trip, but as a transition, a place from which one might grow. Approaching this Fourth Recovery Task the program and the community to which one now belongs, provides the container for retelling one's narrative. That which disintegrated is now ready for reintegration. The team helps the client to re-locate the locus of control: they can choose to be the authors of their lives. While self will and moral agency declined in the second recovery task, awakening and surrender reemerges in the fourth recovery task to energize the Tchhoosing. Three out of four residents enter Beit T'Shuvah with a paradoxical sense that they are in control. Most of those who accomplish the Second Task come to see that G-d (Higher Power) is (also) in charge. Yet to move forward, in the Fourth Task, requires a new partnership: G-d and me. I and Thou.

*Jennifer and Lawrence were ready to make use of the Beit T'Shuvah Career Counseling program to identify their passions and begin to do the practical work involved in training (Lawrence) and career transition (Jennifer). By the end of the Fourth Recovery Task Lawrence was back in school, finishing up a bachelor's degree in history and doing a part time externship in videography, and Jennifer was learning management working at the Beit T'Shuvah thrift store. Jennifer sings in the choir and spends weekends with her children. Lawrence's family came to see him perform in Freedom Song when Beit T'Shuvah was invited to perform in a Midwest city near his hometown.*

## **BEIT T'SHUVAH BEST SPIRITUAL PRACTICES FOR RECOVERING INTEGRITY, PASSION AND PURPOSE**

Two core Jewish teachings are most useful in the task of Recovering Integrity. First, as we have noted, the wisdom of our sages teaches that people have two warring ideals: an earthly pull and a sacred pull. Second, people have the right and the obligation to return, to make amends, and to be forgiven. Recovering integrity in the Fourth Recovery Task requires the spiritual work of (1) transforming negative moral emotions into opportunities for healing spiritual splits; (2) learning the practice of forgiveness: forgiving others for harm they have done to you (and letting go of resentments); Forgiving yourself for the harm you have done to others, including by blaming them for who you are and what you've done; and accepting the amends of others; and (3) searching for your own unique calling, your passion and your purpose, bringing all the parts together. The religious program at Beit T'Shuvah offers opportunities for practicing these tasks and spiritual counselors guide individual growth and healing.

### **Beit T'Shuvah Best Religious Practices for Recovering Integrity**

The practice of doing T'Shuvah, repentance and return, making amends, is The Core Teaching at Beit T'Shuvah. It is integrated into the Jewish religious program and into the community norms, *the minhag ha makom* in many ways that we have mentioned: Offering T'Shuvahs and gratitude at Shabbos Services; Weekly T'Shuvah groups that examine how people miss the mark and agreeing on how they can repair the damage done (to self, others, community); Admitting mistakes and asking for forgiveness among

and between residents and staff. Yom Kippur cleansing and the High Holy Day Repair Kit; Pesach cleaning out the ways we are puffed up; Shavout renewing our commitment to connection with the Holy One...all are especially meaningful for those working on the Fourth Task.

**Congregation Beit T'Shuvah is an active congregation.** Rabbi Mark says, "we don't do shabbos services to you or for you, we do shabbos and holiday services with you." Writing reflective prayers and interpretations of traditional prayers, sharing personal reflections on stories of redemption, e.g. on Shavuot, creating new music for old prayers, all are ways that residents begin to heal spiritual splits and alienation from the Divine.

Spiritual Counselors also help Fourth Task clients to reconnect with their past practices, the parts of Judaism that were meaningful to them before their addiction, or the parts that they rejected or didn't connect with; to examine the whys and hows; and to create the possibility of connecting to different aspects of religious practice within the program: e.g. Tefillah (prayer), text study, Tzedakah (e.g. being of service) meditation.

## **Healing Spiritual Splits**

George Vaillant reminds us that two particularly human capacities are necessary for forgiveness: empathy and the capacity to envision the future. Both of these capacities are compromised in addiction and even in early recovery. In the Fourth Recovery Task residents grow their capacity for empathy, for taking the perspective of others; and kindle their moral imagination, their ability to imagine a future with purpose and meaning. This makes them ready to forgive and to be forgiven. It is important to note that research on forgiveness demonstrates that forgiving is developmentally, emotionally, spiritually, socially and morally of more benefit to the forgiver than to the forgiven. The practice of spiritual counselors in the Fourth Recovery Task includes shining a light on the possibility, the necessity of forgiveness: Letting go of negativity that sucks them into the past, and instead, focusing on the future, and especially on forgiving themselves. One major impediment to going forward is fear: fear from the past, that one is unworthy or unable; fear of the future...the same. Forgiveness is an act of faith

that helps to tame fears, and frees us to create a meaningful life. Spiritual Counselors use Psalm 118:22, for example: "The Stone that the builders rejected becomes the chief cornerstone." The spiritual counselor reminds her client that the moments of our lives that we previously judged and rejected as "bad" or shameful can come to "inform our lives in beautiful, life-enriching ways."

The act of forgiving takes courage, and spiritual counselors are there to challenge and to encourage, especially through imagining stories of forgiveness and amends: Does Adam forgive Eve for tempting him to eat the apple? What happens when Cain doesn't forgive Abel for being favored by G-d? Can Sarah forgive Abraham for selling her to Pharaoh to guarantee his own safety? Can Isaac forgive Abraham for binding him to the stake? How do Jacob and Esau make peace after Jacob steals Esau's birthright? Joseph's brothers don't forgive him his arrogance, or his being favored by their father, Jacob, so they throw him in a pit and sell him into slavery. How is Joseph able to forgive his brothers for throwing him into the pit? And on and on and on. It does not escape our notice that forgiveness implies that even our biblical heroes have not been perfect: Even Moses struck out in anger and killed an Egyptian before he fled to the desert and saw the burning bush. Our "family history" is full of harm done to others, repentance, learning from mistakes, transformation, forgiveness and reconciliation. Spiritual counselors help clients to apply the lessons learned to everyday situations. Four traditions inform Spiritual Counselor Best Practices in the Fourth Recovery Task

**Tzeddakah.** Tzedek means righteousness. It is a commitment to living righteously, to practicing justice, to righting wrongs. Making amends, doing T'Shuvah, includes finding ways to be of service, to right the wrongs that I have committed. Tzeddakah is a path to T'Shuvah. This is another focus of spiritual counseling in the Fourth Task. What can I do to repair the damage I have brought to the world? How can I use my gifts to bring light to the world? What can I give to the world today? Here spiritual counselors help clients find ways not only to give of their gifts, but also to finding meaning and value in their ability to contribute, to be righteous.

**Tikkun.** Tikkun means repair. Repair of relationships (making peace between man and his fellows) and asking for and accepting forgiveness are daily mitzvot (obligations) in Judaism. Forgiveness is a key to T'Shuvah, return, redemption...the core philosophy

at Beit T'shuvah. Carrying out the daily mitzvot of making peace and doing T'Shuvah are considered part of being righteous. Spiritual counselors working on the Fourth Recovery Task help clients find their own unique ways to heal, to repair: to heal damaged relationships; to heal their own spiritual rifts; to heal their relationship to the Divine; to take action to right wrongs; and to find their own purpose in healing the world.

**Tefillah.** Tefillah is prayer. Healing spiritual splits may come through prayer, meditating on the words and their personal meaning. For example the traditional prayer, recited morning, afternoon and evening includes the commandment: "You shall love the Lord, your G-d with all your heart, with all your soul and with all your might." This requires us to bring all the parts of ourselves together to serve G-d: healing the spiritual split that allowed us to compartmentalize G-d to Holy Days and fox holes...if we acknowledged G-d at all.

**Text.** Jews are called the people of the book. There is a tradition of relying on the teachings of the sages to inform our day-to-day decision-making: The Talmud, Chasidic tales, contemporary writings (e.g. Heschel; Dorff; Mishle; Frankel; Feinstein; Morniss). Texts that have been studied before, are now applied in new ways, especially as they are relevant to facing fears about going forward, to work, or to returning to family.

## **BEIT T'SHUVAH BEST COUNSELING PRACTICES FOR RECOVERING INTEGRITY, PASSION AND PURPOSE**

### **Beit T'shuvah Best Practices for Group Work supporting recovering Integrity Passion and Purpose**

People working on the Fourth Recovery Task often talk in groups about their negative moral emotions; their resistance to going forward; being tempted to let go, losing faith; and their lapses and relapses. T'Shuvah group is designed to help residents illuminate the connection between feelings, thoughts, behavior and being your best self. Facilitators and group members help each other by highlighting behaviors that

“miss the mark” in order to identify habitual sabotaging negative moral emotions, foster integration and, potentially, spark transformation. Pre-lapses, lapses and relapses in the Fourth Task provide the ground for self-reflection and healing a split in much the same way as expressive arts and writing therapy do—only more concrete and immediate. That is, the group takes a behavior, with its attached feelings, function and meanings, and locates it outside the body for inspection.

Fourth Task work takes into account all the prior conditions:

1. A space of sanctuary, where residents feel safe
2. An awakening or surrender to previously unacknowledged connections (to G-d, Higher Power; split off parts of the self)
3. Moral engagement: a commitment to a path of *menschlichkeit*, and to membership in community.

Thus, in the following session we witness residents’ sense of safety in their ability to make themselves vulnerable and discuss shameful things. We witness some confidence or at least hope that healing, wholeness, and forgiveness are possible. And we witness a caring and fair engagement with one another within the context of the group.

*Jeff is 24. He came to Beit T’shuvah buffed up, angry and restless after four months in jail. Beit T’shuvah was offered to Jeff as an alternative to completing his sentence in jail. Before he was arrested, he’d been supporting himself and his family by hustling, both in and out of his gang, since he was about sixteen. He completed his “sentenced” time, and made a commitment to stay and get his life on the right path. About five months into his recovery, a more settled, open and smiling Jeff got a challenging phone call from a former resident that shattered his confidence in his ability to stay on his newly chosen path.*

**Indicator of Sanctuary:** In group, Jeff, a former gang member, feels safe enough to make himself vulnerable and share his fears.

*Facilitator: Jeff, are you doing ok? Do you want to talk about what happened*

*this week-end?*

*Jeff: "He called me, and I just heard the sounds of the street. He sounded like one of the guys back on the street. I sat for five minutes, then went up to my room and changed into my street fight clothes, and went on out there. I couldn't hear anything, see anything else. Just his voice in my head, and I couldn't get it out. I don't know if it was pride or ego or what. I like went black. It was kind of like a CGA relapse."*

**Reflecting prior awakening:** Jeff describes the pull of his old way of being almost as if it were an alien being taking over his body and brain. Others describe: "the feelings just took over, and it was too late." "I was like a boulder being pushed down the side of a mountain." The difference between a Fourth Task relapse and an earlier relapse is that the resident is more consciously aware of the process. ("I couldn't hear anything, I couldn't see anything else....I don't know if it was pride or ego or what.") There is an "observing ego," "a G-dly soul" who knows what's happening, but is not (yet) able to put the brakes on the train hurtling out of control through the city. Jeff has re-membered the sensori-motor "seeing, hearing" and is searching for meaning in the pattern. The Best Practice for recovering integrity is to bring that process to consciousness, and to offer tools, strategies and support for bringing the train to a safe halt. Sometimes this comes from counseling staff. Even better, in the Fourth Recovery Task, if it comes from fellow residents. This strengthens moral engagement.

**Indicator of moral engagement:**

*Caleb: "That happened for me, kind of, too, like that...only mine was heroin, not gang banging,...and a girl, not a guy. When I saw her with that other guy, it was just like that other time. And I thought I could handle it. And I did for a few days, maybe a couple of weeks, and then I just thought F... it. And I went back out there. But it was different this time. I stopped myself before I got all the way out there. I came back here."*

The process and moral atmosphere in the group encourages members to share similar experiences, as well as to give feedback.



*Jeff: Yeah, me too. It's like I thought that was behind me, like I chose this new way, and I like who I'm becoming, but one phone call, and I could be right back out there. I was. Just like that. I came that close to blowing it, blowing everything. (shaking his head).*

Facilitator names feelings, bringing the split off part of the self to consciousness: helping with the Fourth Task of integrating past with present and future.

*Facilitator: Kind of scary, huh? You just stopped thinking, like you said, went black, and the old feelings took over. You were like the old you, how you were before, not how you've been here, these last few months.*

*Jeff, dropping his head in his hands: Yeah. Like, I didn't know...I just thought...*

*Facilitator: Like you're still vulnerable. The recovery is still new and fragile. You don't feel secure in it yet.*

*The Facilitator locates the incident as a place in time: "still new" "not yet" implying a temporary state, not a permanent condition. This offers hope, and locates the "slip" as part of the process.*

*Jeff: Yeah. Like I still got work to do. A lot of work. (smile, laughter, observable loosening of the posture).*

*Caleb: Yeah, man, but you're on the right track now. Don't beat yourself up about it man. You didn't actually do anything. When I went back out, man I went back out. But now you're on the right track.*

*Jeff: Thanks, man. I'm trying. I know I got a long way to go, and I'm right where I need to be.*

Group support and acknowledgment, as in any treatment program, is important for moral support, "normalizing" and encouraging the struggle toward developmental integrity. It also reinforces a sense of belonging (the third task) and makes it safe to bring your whole self, all your parts, out of hiding.

*Ben: Ok, Ok, I got a confession to make. I just got to get this off my chest. I relapsed, like seven weeks ago. I went out and had a beer and a burger. Just a beer and a burger. I'm a heroin addict. I was never addicted to alcohol, so I thought it would be OK. But then it started weighing on me. I don't know.*

*In spiritual counseling we're working on honesty. Somehow I knew it wasn't right. Part of me said: well, I'm not an alcoholic, so it's OK, but part of me knew better, part of me knew I was lying. I don't like being a liar. I don't want to hide and lie and cover up any more. I did enough lying when I was using. Especially to my mother. I mean I told my room mate, we're close and I knew he wouldn't say anything. But, still I didn't feel right. It didn't feel right. So I need to fess-up and start clean. My sobriety date will be from that next day. I told everybody that would be my sober birthday cause I came off the methadone, but that's not true. I came off the methadone two weeks before.*

The resonance of Jeff's "split," how fragile his recovery was, touched Ben. Even though Ben's "slip" was about 90 days into his recovery, he didn't really recognize or own its meaning for recovering his own integrity until nearly two months later, when the discussion with Jeff and Caleb triggered his own "split off" memory. He knew he had to reconcile the conflicting voices inside him that said "It was OK, cause it was only a beer" AND "I lied about it and covered it up." Caleb, a senior member of the group, who supported Jeff in his struggle, provided the context for Ben's "confession" and his T'shuvah.

Staff then led a group discussion on the difference between "ratting" and helping. With several residents sharing what they did when they knew that others were using or about to use. This increases the "toolkit" for dealing with relapse as part of recovery.

### **Beit T'shuvah Best Practice Counseling for recovering memory, discovering patterns, and recovering integrity.**

Counselors work with their clients behavior to encapsulate an incident, put a fence around it, and use the experience as an opportunity for integrating past, present and future; body, mind, biography and spirit.

Residents often turn to their counselors to help them process and learn from their experience, including missteps, conflicts, feeling negative feelings, lapses and relapses. Best Practice counselors ask them to focus, successively, on four developmental layers of knowing: Sensori-motor; Concrete narrative; Abstract patterns; Complementary lessons learned.

Shoshanna used a pass to visit her family to spend the night with an ex-boyfriend.

When she returned, she reported to her counselor that she had gotten high. Below are some of the questions Shoshanna's primary counselor used to help Shoshanna learn from her experience.

### **1.Sensori-motor knowing:**

*Before:* How did your body feel before you used? E.g. did you feel tension, excitement, numbness, agitation, tightness? Where in your body did you feel it? What do you remember seeing, hearing, smelling, tasting, feeling...try to recall the sensations just before you went to use (gamble, crime, hurt yourself, etc.)?

*During:* Now again, staying with your body and your sensations: What can you recall about what you could see around you as you were using, or when you were high? What did you smell, recall the sensation of smell? What were the feelings on your body, the air, the warmth or cold as you made connection with the environment around you? What did you feel as you were using, in your body? What were the sensations on your skin? What sounds do you recall from when you were high, recall the sounds around you and within you? Now, focusing on the feelings of your body, what did your body feel like when you were using? When you were high? As you came down? How did it feel in your body? Your feet? legs? Arms? Hands? Head? Neck? Back? Belly? Your lungs? Mouth? Nose? Your pelvic region, your bottom? What did you feel in your body?

*After:* Now, turning to the time just after you used, when you came down, and maybe as your returned. What did you feel in your body? Where, specifically in your body did you feel it? How did your back feel? Your stomach and digestive organs? Your head? Eyes, ears, nose, mouth, throat, tongue? Your limbs? What were the feelings in your body? How did you experience the world around your, physically? What colors did you see? What sights? What smells and sounds do you recall as you were coming down from the high?

### **2.Concrete knowing: the level of narrative biography, of story.**

*Before:* What was going on just before you left? What were you doing, what were others doing, that lead up to your decision to use, to go out. What were you thinking, what was going through your mind? Here the counselor attempts to get details in order to see the picture clearly, in action, and to help the client to integrate events into

a coherent story. This may include asking questions like: What was your roommate doing at that time? Or, How long after you spoke to your father was that? or: was your girlfriend, (the job interview, the concert, the upcoming event, the news about your friends OD)...involved in any way with this incident? With your decision?

*During:* Now, from the time you made the decision, or took the first steps in that direction, tell me what happened. What you did, who else was involved, what they did? Here we want a connected timeline that integrates the steps and helps the "teller" to increasingly use I statements in telling her his story of using: e.g. I packed a bag and went out to the steps. I called my friend and asked him to meet me. This facilitates accepting responsibility, ownership of the story, and fosters moral agency, the ability to choose to take particular actions. So you got to the place, got the stuff, then what? And then? Where did you go? What did you do? And after that? and then?

*After:* Now, looking back on the time when you were coming down, and when you decided to come back, tell me how that has been? Where were you when you started coming down? What were you doing? Who was around? What were you thinking? What did you do then? And after that? And then? So what did you think about coming back here? And what do you do then? Here the counselor tries to help the client connect thinking in the moment and behavioral choices. Sometimes it helps to go back and forth, concretely: So what did you think? And what did you do? And then what did you think about that? And what did you do next?

### **3.Abstract, formal knowing: the patterns that connect.**

*Before:* So, thinking about what we've talked about so far, do you notice any patterns in what you sense, feel, think and do just before you go out to use?

*During:* Now, thinking about what we've talked about so far, do you notice any patterns in what you sense, feel, think and do while you are using?

*After:* Now, thinking, once more, about what we've talked about so far, do you notice any patterns in what you sense, feel, think and do after you've used?

#### **4. Complementary Knowing: lessons learned.**

So finally, overall, what conclusions can you draw? What lessons have you identified when you bring all these things together, about your body, your feelings, your thinking, your actions, your spirit, your past, your present and your future.

### **BEIT T'SHUVAH BEST THERAPY PRACTICES FOR RECOVERING INTEGRITY, PASSION AND PURPOSE**

#### **Individual therapy: uncovering the Moral meaning of the misbehavior.**

Individual therapy following a relapse or a reported "near miss" provides an opportunity not only for exploring the meaning of the relapse in the individual's self system, but also for exploring the therapeutic relationship. Therapists report that sometimes the "real work" only begins after a late-stage "slip". When a client who is working on the integrity task comes to therapy to talk about a relapse or a "near miss", it is an opportunity to help the client re-member and integrate their parts. According to the Ba'al Shem Tov "Remembering is the source of redemption. Exile persists as long as one forgets." The acting out of an old pattern is an opportunity for remembering in the context of a safe relationship in a sacred space.

#### **Beit T'shuvah best practice for individual therapy around resistance to recovering integrity, passion and purpose**

**Attitude of Gratitude:** The therapist carefully monitors her/his attitude, posture, internal experiences in hearing the story of a current relapse or other disturbing disclosure. When a client brings the story, the experience, of a shameful happening into the therapy room, he or she is bringing a sacred trust, offering a gift that honors (and tests) the relationship.

*I know it takes a lot of courage to talk about this here with me. I'm honored that you trust me. Thank you.*

**Re-parenting Posture:** For the client to face the therapist with blueberry pie all over her/his face presents the therapist with the challenge of not responding in the ways the clients (judgmental, neglectful, rejecting, abandoning, condemning, shaming,

blaming, fearful, rageful) parents responded to mistakes. Beit T'shuvah Best practice demands a posture that focuses not on the story or the misbehavior, but rather, on the client's experience of re-membering and re-telling the relapse story.

*What is it like for you here and now, talking about it?*

*What comes up for you, when you remember like this?*

### **Risks for the therapist:**

*Don't* be judgmental about the behavior, no matter how horrible. Rather, Beit T'shuvah Best Practice therapists remain mindful of what's coming up for them as they listen,

*What resonates in their own lives?*

*What the feelings are in their own bodies?*

*Which of their own moral sensibilities are offended?*

Beit T'shuvah Best Practice therapists listen to the rhythm and perhaps the details and experience of the relapse, and then, after the session, they write about the feelings, thoughts and resonances, or process them in clinical supervision.

Best Practice therapists are aware of both their own and the clients facial expressions, body posture and tone of voice. Best Practice therapists keep in mind that some stories of relapse include reprehensible things that the client did, and horrible things that may have happened to them while they were using. Being aware of one's own issues allows Best Practice Therapists to be accepting of the story, without "approving" or sanctioning it.

*Do* accept the story as story.

*"So you left with the guy." "So you just went blank." "And there you were."*

*"And when you found yourself under the bridge..."*

*Don't* attempt to understand the client to death. In the early Recovery Tasks, therapists use a lot of confirming: (It really hurt you; You're kind of ashamed) and interpreting up (You wanted to be a better son; You were trying to take care of yourself). In the fourth Recovery Task, the client is beginning to forge her/his own integrity. Confirming and

interpreting up excuse the client from making sense of and taking responsibility for their own choices. Therefore: "I know, it must have been hard for you when you found your girlfriend in bed with your best friend; when your grandfather died, when you lost the job" only excuses the client, when the client no longer buys that excuse her/him self. Do name the feelings and identify the patterns.

*"Sounds like that old "I'm not good enough" thing came up for you again"*

*"Hmm, have there been other times when something like that has come up for you?"*

**Transference:** Discussing a late stage relapse or "near miss" presents an opportunity to talk about the client's historic relationship to mistakes and misbehavior. Beit T'Shuvah Best Practice Therapists pay attention to the client's expectations of the therapist's response. Did s/he expect the therapist to reject her/him? Chastise? Accept lovingly and baby? What are the client's experiences after previous runs? What is he/she trying to re-do and make come out better? The therapists' careful awareness of their own "Whole self," their own shadow, prejudices and process are crucial here. What issues are being awakened? What buttons pushed? What is the therapist avoiding or denying? Our sages remind us that connecting with and helping another demands digging deep into our own souls to find the part of ourselves that we see in the other. Dr. Garrett O'Conner reminds us that we have to be able to find the Eichmann within.

As with Awakening revelations, late stage relapse presents an opportunity to deepen the therapeutic work, this time with the focus on recovering integrity: How is this behavior related to the way you see yourself now?

### **Beit T'shuvah best practice 12 step work and the Fourth Task: Amends**

Integrity can't be recovered in a swamp. Clients working on the Fourth Recovery Task often find themselves facing the daunting task of making amends to those they have harmed. People working a Twelve Step program typically work the eighth and ninth step with a sponsor from "the program." Working the 8th and 9th step during the Fourth Recovery Task helps provide practical, one step a time tools for getting rid of the schmutz and moving on with one's life. Inevitably "making a list of all those we have harmed, and getting ready to make amends to them" is a painful and difficult process.



*55 year old Marco, a long time gambler, described how it was for him. "I sat in family group week after week and listened to the parents talk about how hurt they were by their kids' using, gambling, by their lying and their deceit. And every week I thought: I'm a parent and I'm an addict. I did this to my own children, and to my parents: I stole from them all. I borrowed money and didn't repay it. I lied whenever I had to, and even when I didn't. I had to feel the pain of the other parents, walk through it, practice it, know that I created that pain, I did it, and they, my family, felt it. It took me maybe 8 months before I could begin to make amends. I worked with my sponsor to make a list of all those I had harmed. My kids were always at the top of the list, and I just couldn't face them. My sponsor suggested I start small, practice with other people I had harmed first, so I did. Even then, you can only ask for forgiveness, you can't make them accept you back. My daughter talks to me now, which is something. But she still can't forgive me, and I don't blame her. I can't forgive me either."*

Four months later, when Marco was preparing to take his one-year sobriety cake, he despaired of having both his young adult children present for him. He worked with his sponsor doing his footwork: inviting them, and letting go of the result. At first his daughter said OK, but his son refused. When it came time to take his cake, however, both children showed up, and as he again asked, in front of the congregation, for their forgiveness, they wept together as the congregation crowded round to offer support. T'Shuvah, amends, and healing the splits: repairing relationships and holy souls, is what this place is all about.

In sum, each of the pieces of integrated treatment from the structures for finding meaningful work and finding meaning in work, to the therapeutic work of digging out resistant patterns of hiding and defense, to the daily practice of doing the next right action, to the spiritual work of finding meaning, connection and forgiveness, Beit T'shuvah works to help people in the later tasks of recovery to integrate and balance feeling, judging and faith in ways that prepare them to live meaningful lives.

## NOTES FOR THE FOURTH RECOVERY TASK

1 Fein and Fein (2012) op.cit. present convincing evidence of the way in which negative affect is processed in the addictive process. Heilig, M., Egli, M., Crabbe, J. C., & Becker, H. C. (2010). Acute withdrawal protracted abstinence and negative affect in alcoholism: Are they linked? *Addiction Biology*, 15(2), 169-184. Shen W., Liu Z., Li L.,...Zhou W. (2012) Negative moods correlate with craving in female methamphetamine users enrolled in compulsory detoxification. *Substance Abuse Treatment, Prevention and Policy*. 7:44, DeSousa Uva M., Luminet O., ...De Timary P. (2010) Distinct Effects of Protracted Withdrawal on Affect, Craving, Selective Attention and Executive Functions among Alcohol-Dependent Patients. *Alcohol and Alcoholism*. 45(3): 241-246.

Harenski and Hamann, op.cit. Ochsner, K. N., Ray, R. D., Cooper, J. C., Robertson, E. R., Chopra, S., Gabrieli, J. D., & Gross, J. J. (2004). For better or for worse: Neural systems supporting the cognitive down- and up-regulation of negative emotion. *Neuroimage*, 23(2), 483-499. Cortisol and the glucocorticoid system that responds to stress has also been implicated in alcoholic drinking in that it becomes dysregulated in the presence of addiction, such that instead of alcohol being used to make you feel good, it is used to prevent feeling bad. See, for example the work by Koob and colleagues on the role of the HPA axis in addiction and negative mood. Vendruscolo LF, Barbler E, Schlossberg JE,...Koob, GF. (2012) Corticosteroid-Dependent Plasticity Mediates Compulsive Alcohol Drinking in Rats. *The Journal of Neuroscience*. 32(2): 7563-7571.

2 Research on dendritic and synaptic pruning explain how habitual neural pathways grow stronger, while less-used pathways fall away, in the same way that children develop or lose, for example, early language learning. Research in the laboratories of Malenka in the US and Lüscher in Switzerland are particularly useful in explaining these processes that underlay addiction, i.e. getting stuck in an old dysfunctional mode of reacting to environmental stimuli. Cf. Hyman, S. E., & Malenka, R. C. (2001). Addiction and the brain: The neurobiology of compulsion and its persistence. *Nature Reviews Neuroscience*, 2, 695-703. Tan, K.R., Brown, M., Laboue, G., Yvon, C., Creton, C., Fritschy, J.M., Rudolph, U., Lüscher, C., (2010.) Neural bases for addictive properties of benzodiazepines. *Nature* 463,769-774. Ekdahl specifically examines not only of regenerative capacity, but also of later life (re)integration of neuronal glia. Ekdahl CT. (2012) Microglial Activation—Tuning and pruning Adult Neurogenesis. *Frontiers of Pharmacology*. 3:41. For cognitive gains in early recovery see also Bates ME., Voelbel, GT., Buckman, JF., Labouvie, EW. Barry, D. (2005). Short term neuropsychological recovery in substance use disordered clients. *Alcohol Clinical Experimental Research*. 29(3): 367-377.

3 A substantial body of international neuroscientists have accumulated a large body of support for the “split brain” explanation for addiction, bringing together several compelling hypotheses, all of which conclude the same thing, although they each have different explanations for how the split occurs and what maintains it. Cf. Adolphs, R., Tranel, D. & Damasio, A.R., (2003). Dissociable neural systems for recognizing emotions. *Brain and Cognition*, 52(1), 61-69.; J Moll, R Oliveira-Souza, J Mourao-Miranda, I Bramati, FT Moll, AR Henrique (2001) Dissociable brain networks subserving social apperception and emotion. *NeuroImage* 13 (6), 446-456; Changeaux, JC; Lou, HC, (2011) Emergent pharmacology of conscious experience:

new perspectives in substance addiction; *Journal of the Federation for the American Societies of Experimental Biology* 2011 Jul;25(7):2098-108. Review. Rangaswamy, M., & Porjesz, B. (2008). Uncovering genes for cognitive (dys)function and predisposition for alcoholism spectrum disorders: A review of human brain oscillations as effective endophenotypes. *Brain Research*, 1235, 153.; Volkow, N. D., Wange, G., Fowler, J. S., & Tomasi, D. (2012). Addiction circuitry in the human brain. *Annual Review of Pharmacology and Toxicology*, 52, 321-336. Miller, Gazzaniga et.al. found similar splits in moral reasoning among patients with severe brain damage (split callosotomy). Cf. Miller MB., Sinnott-Armstrong W., ...Gazzaniga MS., (2010) Abnormal moral reasoning in complete and partial callosotomy patients. *Neuropsychologia*. 48(7): 2215-2220.

4 In studies among long term alcoholics and other drug addicts the “split brain” is shown to have the capacity for regenerating white matter, brain volume and for recovering neural integrity after approximately 2 years of abstinence. It is important to note that some patients achieve partial recovery, and some remain split even after many years of sobriety. Further some neural systems (e.g. language) seem to be more resilient than other neural systems (e.g. spatial transformation). cf. Sullivan Pfefferbaum, A., & Sullivan, EV. (2005). Disruption of brain white matter microstructure by excessive intracellular and extracellular fluid in alcoholism: Evidence from diffusion tensor imaging. *Neuropsychopharmacology*, 30, 423-432. Durazzo, T. C., Tosun, D., Buckley, S., Gazdzinski, S., Mon, A., Fryer, S. L., & Meyerhoff, D. J. (2001). Cortical thickness, surface area and volume of the brain reward system in alcohol dependence: Relationships to relapse and extended abstinence. *Alcohol: Clinical and Experimental Research*, 35(6), 1187-1200. Hashimoto, J. G., Forguer, M. R., Tanchuck, M. A., Finn, D. A., & Wren, K. M. (2011). Importance of genetic background for risk of relapse shown in altered prefrontal cortex gene expression during abstinence following chronic alcohol intoxication. *Neuroscience*, 17, 57-75. Bartels, C., Kumbert, H-G....Krampe, H. (2007). Op.cit.

5 Crews, F. T., & Nixon, K. (2003). Alcohol, neural stem cells, and adult neurogenesis. *Alcohol Research & Health*, 27(2), 197-204. Rosanova, M., Gosseries, O., Casarotto, S., Boly, M., Casali, A. G., Bruno, M., ... Massimini, M. (2012). Recovery of cortical effective connectivity and recovery of consciousness in vegetative patients. *Brain*, 13, 1308-1320. Shackman, A. J., Salomons, T. V., Slagter, H. A., Fox, A. S., Winter, J. J., & Davidson, R. J. (2011). The integration of negative affect, pain, and cognitive control in the cingulate cortex. *Nature Reviews Neuroscience*, 12(3), 154-167. Viamontes, G. I., & Beitman, B. D. (2006). Neural substrates of psychotherapeutic change part i: The default brain. *Psychiatric Annals*, 36(4), 225-236.

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of ego development and its relationship to the cognitive developmental approach. In P.M. Westenberg, A. Blasi & L.D. Cohn (Eds.), *Personality development* (pp. 13–26). Mahwah, NJ: Lawrence Erlbaum. Lapsley DK, Power, F.C.,: *Self, Ego, and Identity, Integrative Approaches*. NY: Springer, 1988.; Kegan R: *The Evolving Self*. Cambridge, MA: Harvard University Press, 1982.

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18 in Hebrew, tikkun, repair. In Twelve Step programs this is the Ninth Step: making amends to those we have harmed.

19 CGA = Criminals and Gangsters Anonymous; On recovery from trauma related to relapse see also Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2011). Executive function and PTSD: Disengaging from trauma. *Neuropharmacology*, 1-9. And Aupperle, R. L., Allard, C. B., Grimes, E. M., Simmons, A. N., Flagan, T., Benrooznla, M.,... Stein, M. B. (2012). Dorsolateral prefrontal cortex activation during emotional anticipation and neuropsychological performance in posttraumatic stress disorder. *Archives of General Psychiatry*, 69(4), 360-371.

20 Criaud, M., Wardak, C., Hamed, S. B., Ballanger, B., & Boulinguez, P. (2012). Proactive inhibitory control of response as the default state of executive control. *Frontiers in Psychology*, 3, 59. Gruber, J., Harvey, A. G., & Gross, J. J. (2012). When trying is not enough: Emotion regulation and the effort-success gap in bipolar disorder. *Emotion*, 12(5), 977-1003. Harenski, C. L., & Hamann, S. (2006). Neural correlates of regulating negative emotions related to moral violations. *Neuroimage*, 30(1), 313-324. Wimber, M., Bäumi, K., Bergström, Z., Markopoulos, G., Heinze, H., & Richardson-Klavehn, A. (2008). Neural markers of inhibition in human memory retrieval. *Journal of Neuroscience*, 28(50), 13419-13427.

21 Ivey and other developmental counselors in the Piagetian model see pattern making in a search for meaning as a higher, more integrative developmental stage. Cf. Ivey, A. *Developmental Therapy* (1986) San Francisco: Jossey Bass. This is compatible with the work of Loveinger and Erikson in ego development. See also Vaillant (2012)

22 Where other members' sharing is not spontaneously forthcoming, e.g. in a newly formed group, or when there are lots of new members so that the normative atmosphere of sanctuary is not yet established, Facilitators call on other members of the group, who are or who have worked on, the Fourth Recovery Task, with its challenges of rigorous self inspection and self reflection.

23 Resilience is associated with construing events, feelings, conditions, etc. as temporary and malleable (cf. Seligman, M. (2002). *Authentic happiness*. New York: Free Press;). Rigidity: stagnation, getting stuck, on the other hand, is associated with believing that things are permanent and immutable (cf. Frankel, E. op.cit. Elie Wiesel, Viktor Frankl, et.al.). Recovering integrity is a function of being able to bounce back, to be resilient (Blakeney & Blakeney).



Despair is a function of hopelessness (cf. Erikson, op.cit.). Crews, F. T., Buckley, T., Dodd, P. R., Ende, G., Foley, N., Harper, C. ...Sullivan, E. V. (2009). Psychobiology and molecular genetics of resilience. *Alcohol: Clinical and Experimental Research*, 29(8), 1504-1513.; Curtis, J. W., and Cicchetti, D. (2003). Moving research on resilience into the 21st century: Theoretical and methodological considerations in examining the biological contributors to resilience. *Development and psychopathology*, 15, 773-810.

Feder, A., Nestler, E. J., & Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *Nature Reviews Neuroscience*, 10(6), 446-457.

24 This process is reported with special thanks to Nessa Feinstein, who adapted it from Allen Ivey's developmental counseling and therapy, op.cit.

25 This idea of a post formal stage is explicated beautifully by Helmut Reich (2002). *Developing the horizons of the mind. Relational and contextual reasoning and the resolution of cognitive conflict*. Cambridge: Cambridge University Press.

26 Research on the short and long term effects of the Truth and Reconciliation Counsels in South Africa and Rwanda are priceless resources in understanding the role of forgiveness in moving forward. See also, Vaillant, G. (2008) *Spiritual Evolution: A scientific Defense of Faith*. NY: Broadway Books.

## The Fifth Recovery Task

### COVENANT

*"Covenant is the decision to have faith. It is a commitment to place principles above personalities...and, if you don't come back to visit, you come back to live."*  
Harriet Rossetto

*"We do not have to discover the world of faith; we only have to recover it." R. Abraham Joshua Heschel, God in Search of Man.*

**Roadmap to Covenant.** In this last of the Five Recovery Tasks we first define covenantal commitment and suggest how it is related to recovering integrity. Second, we identify the characteristics of addiction as a chronic relapsing condition that are addressed by accomplishing the task of Covenant. Last, we illustrate Beit T'Shuvah Best Practices for facilitating this last task. The Best Practices that we emphasize focus on how the integrative treatment program fosters autonomy, commitment and faith.

Covenant. We began the exposition of the five recovery tasks by indicating that recovery, like human development itself, is a double helix. One strand favors autonomy, individuation, agency, boundaries, *gevurah*. The other strand favors attachment, belonging, engagement, commitment, *chesed*. A person is recovering integrity when the two sides are integrated, when a person can be *both* autonomous *and* connected; agentic *and* committed; boundaried *and* loving.<sup>1</sup> Integrity by definition is dynamic. It demands openness to feedback from the environment, because having integrity means doing the right thing in the face of stressful, difficult choices.<sup>2</sup> Integrity means standing for something.<sup>3</sup> Integrity means having faith and turning toward the future. After 6 months at Beit T'Shuvah people who recover their developmental integrity have a significant increase in faith, and balance their sense of moral agency with their commitment to others.<sup>4</sup> Covenant actualizes Beit T'Shuvah's core principle of faith. It integrates the principles of Holy Soul (*bezalel Elohim*) T'Shuvah, Seeking wisdom (*da'at*), and obligation, (*mitzvot*).

Addiction as a chronic relapsing condition: seven out of ten people who have

struggled to overcome alcoholism, drug addiction and pathological gambling relapse,<sup>5</sup> according to conservative estimates. Some surveys report even higher rates of relapse. Alcoholics, on average, die about fifteen years younger than their peers.<sup>6</sup> Once people get sober in recovery, in twelve step language: make a decision to turn their lives around, to turn their will and their lives over to the care of a G-d of their understanding; once they have brought all the pieces of themselves together and learned to be real, have found some passion purpose, and meaning in their lives, how do they sustain it? What lessons, perspectives and tools do people take with them when they leave Beit T'Shuvah that help them to walk through life's trials: trouble on the job or finding a job, in relationships or growing a healthy relationship, loss of parents, birth of children, accidents, illness, fire, floods and cars, computers, climates and economies that breakdown? What helps people who leave Beit T'Shuvah keep the faith and maintain their integrity, not give up, go back, pick up that next drink?

## Beit T'Shuvah Best Practices for Covenant

### Core Value: Keeping Faith

### Addiction characteristic addressed: Wandering, Afraid

Treatment Strand	Best Practice Focus
Integrative Program	Focus: promises. Synagogue-based rehab; community within Jewish community; Outside meetings inside BTS; Work-connection; Recovery community connection; connections to other congregations; Services open to community; Sponsorship; volunteer work (e.g. graduates doing groups, Talmud study, decorating;) Community wide activities; Maintaining social relations
Spiritual Practice	Orientation: Practicing Faith. Individually chosen Commitments to practice (e.g. mitzvot, prayer, Services, shabbos, service, continually seeking, studying Torah, connecting, raising up).
Individual Counseling	Keep coming back. Possibility for continued individual counseling; growth together framed in context of journey together
Group Counseling	Orientation: Promises. Keep coming back. Alumni Group; L'Chayim; sponsoring, facilitating groups, mentoring, giving back.
Individual Therapy	Summing up: Examining therapeutic and relational process as chapter, as turning point. Long term planning, transition, developmental separation.
Voluntary Commitments	Keeping faith by being of service, making T'Shuvah by contributing to community, joining Services, using resources.

**Community.** In contrast to a retreat, a hospital or a treatment center where folks go to “recover”—and then leave to re-connect with the larger community from which they came, Beit T’Shuvah is a lifelong community.<sup>7</sup> Further, Beit T’Shuvah is a community within a community, a Jewish island within a larger Jewish community, not limited by space or time. It provides the context for a continuous mature adult commitment, even a mutual, covenantal relationship. Mature adult engagement is not just a matter of belonging. It takes the form of commitment. “Belonging” is more like trying on a peer group for the purpose of finding yourself within it. It’s like going into a dressing room to try on a new outfit and looking in the mirrors at yourself, from a variety of perspectives, to see if the outfit, or the life-path, suits you. While adolescent belonging is about figuring out who you are in the context of a community of equals, adult commitment demands knowing yourself and bringing your whole, true self to ongoing committed engagement, not limited by time, space or situation. This is true of a commitment to marriage, to a job, to family, to G-d, Higher Power or ultimate meaning. It is true of community, and even more importantly, it is true of a commitment to who I am as an individual human being in the world, and to what I stand for. These commitments are themselves made in the context of community. Adult engagement implies finding a passion and purpose; living a life of integrity, a commitment to act on my own best judgment, to reduce the divide between intention and action. Moral engagement in adulthood implies having found a purpose for being in the world, a particular mode of moral engagement with family, with community, with G-d, Higher Power or ultimate meaning, —a spiritual connection and a commitment to life. Beit T’Shuvah Alumni remain connected to Beit T’Shuvah and to the Jewish community in many ways.

**How people stay connected to Beit T’Shuvah.** In a survey of Beit T’Shuvah alumni we found that alumni stay connected in many ways that reflect Beit T’Shuvah’s integrated treatment program and spiritual community. The four most common ongoing commitments are:

1. T’Shuvah: Giving Back e.g. by volunteering time within the community or donating money (*tzedakah*) (75%);
2. Religious and spiritual commitment: coming to Shabbos and holiday services (60%);
3. Belonging: maintaining friendships, social networks and social support with people they met at Beit T’Shuvah (40%); and
4. Continually seeking growth: using Beit T’Shuvah staff, program and groups for developmental guidance (30%).

We can see that commitment may take different paths for different people, yet in each act Beit T'Shuvah alumni manifest their covenant to live by the Core Values they learned at Beit T'Shuvah: Holiness, T'Shuvah, obligation, continually seeking wisdom and faith.

People told us that they give back by volunteering to do groups at Beit T'Shuvah, give rides to new residents, sponsor people, sing in the choir, participate in prevention. They train residents, and hire them, and help new graduates start businesses and find work. They take new residents to play basketball and teach them to surf and to have fun in sobriety. Many work or have worked at Beit T'Shuvah. Alumni show up to services, give Drashes (teachings) on the holidays, take their sober birthday cakes at Beit T'Shuvah, and bring friends and family to celebrate Shabbos. The cantorial, rabbinic and spiritual staff all include in their number grateful alumni. Many alumni also maintain close, often daily contact with people they went through the house with. They make life long friendships, become roommates, start businesses, bands and basketball teams together, find spouses among their "classmates" and start families together. And 30% continue to call on their counselors, therapists, spiritual counselors, family therapists, and Harriet and Rabbi for advice, support, consultation, contemplation, a hard question, a hug or "that look."

### **How alumni keep the faith**

We also asked people who had been out of the program from one to 17 years how they kept the faith. Most found staying connected in some way to be most helpful in keeping the faith: reaching out to inspirational people, staying connected, coming to Shabbos, going to AA meetings. Many reported that being of service kept them humble, others used daily prayer and meditation, especially grateful blessings (*Modeh ani*). Several told us that believing in and depending on G-d was itself a daily act of faith, and many keep the faith by remembering how it was, and the times G-d saved them, or found solutions when they were willing to open their eyes. One alumni, who left the program in 2000 exemplified how long termers keep the faith:

"I remember what my life was like and how G-d led me out of slavery. I know that I am not alone and I always have my BTS family to guide and support me. I pray often, and meditate when I am really struggling."

## **Beit T'Shuvah policies facilitate commitment.**

1. Beit T'Shuvah has a policy of taking residents back after a relapse or even an "expulsion." T'Shuvah means return, and every soul has an opportunity to make T'Shuvah until the day before they die.
2. Beit T'Shuvah has a policy of letting folks stay a long time, and making opportunities for growth and graduation within the system, within the community. Among those who stay long enough find Sanctuary (the first 30 days) the average length of stay is more than 6 months.
3. Beit T'Shuvah has a policy of finding jobs and places to live either within or connected to BTS, including offering sober living houses, independent living and post graduate housing on a nearby campus.
4. Beit T'Shuvah offers a range of internships and supported externships so that people can remain engaged and committed as they transition to a life of purpose.
5. Contrary to conventional wisdom in rehab, Beit T'Shuvah acknowledges that people in recovery are likely to seek and find sober companionship among fellow residents. The Beit T'Shuvah policy is to monitor, supervise, and guide those relationships that do occur (see below). In practice, this has resulted in many long term healthy marriages and friendships among members of an ongoing Beit T'Shuvah community and congregation.
6. Alumni and their families continue to participate in community and in the congregation through, for example the music in recovery program, the Beit T'Shuvah Band, the choir, Freedom Song, Partners in Prevention, joining the staff, volunteering, participating in community wide events like the marathon and the Picnic, celebrating Jewish holidays in the community, joining the Sisterhood, donating time and money, attending services regularly, taking their sober birthday "cakes" at Beit T'Shuvah, sponsoring current residents, joining the alumni program, coming for Torah study, working for BTS Ventures and BTS Communications, donating money, joining the Board, etc.

At an alumni picnic, we asked alumni participants to write down five words to describe their lives today. People's lives were varied, of course, as varied as their length of sobriety: from 20 months to 20 years; and their drug of choice: heroin,

methamphetamines, alcohol, gambling, and gang-banging. Some described their lives as stress free and some as stressful. Some described their lives as spiritual, connected or contented. Three descriptions came up over and over again.

### **The Lives of Beit T'Shuvah alumni today**

Two out of three respondents described their lives today as full or fulfilling; more than half mentioned gratitude, and one in three described themselves as growing, improving, learning. Fullness and wholeness replaced emptiness, meaninglessness and brokenness. Gratitude replaced resentment and entitlement. Gratitude implies someone or something to be grateful to and something to be grateful for —that is, gratitude implies a connection. Growing and learning is the antidote to being stuck, that is, to addiction. In short, from lives of brokenness and exile, negativity and despair, Beit T'Shuvah alumni experience their lives today as whole, connected and meaningful. Instead of being stuck in despair, they have recovered their integrity.



## **NOTES FOR THE FIFTH RECOVERY TASK**

1 J Moll, R de Oliveira-Souza, GJ Garrido, IE Bramati, EMA Caparelli-Daquer ... (2007); The self as moral agent: linking the neural bases of social agency and moral sensitivity. *Social Neuroscience* 2 (3-4), 336-352; Reyna, V. F., & Brainerd, C. J. (2011). Dual processes in decision making and developmental neuroscience: A fuzzy-trace model. *Journal of Developmental Review*, 31 (2-3), 180-206. Marsh, P., McFarland, F.C. Allen, J.P., McElhaney, K.B. & Land, D. (2003). Attachment, autonomy, and multifinality in adolescent internalizing and risky behavioral symptoms. *Development and Psychopathology*, 15, 451-467.

2 Lander, N. R., & Nahon, D. (2010). Integrity: A way in and out of the existential abyss. *International Journal of Existential Psychology and Psychotherapy*, 6(1). See also, Miller, W. R. (2012). MI and psychotherapy. *Motivational Interviewing*, 1(1) where Bill Miller refers to Mowrer's work in the 40s in suggesting Integrity as a goal of addiction treatment.

3 Rabbi Mark challenges residents not to be arrogant and stand against everything, but rather, to choose: to choose to stand for something.

4 Blakeney, Reich & Bakeney (2006) op.cit. Blakeney, Blakeney & Maiello (2003) op.cit.

5 Moos, RH; Moos, BS. (2006) Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*. 101 (2): 212-222. Longitudinal research (3 -16 years) finds that only about 21% of treatment seekers remain sober without long term intervention, and only 40% of those who engage in long term treatment remain sober 3 years later. There is a 70% rate of relapse over 16 years.

6 cf. Vaillant, G.E. (2000). *The natural history of alcoholism, revisited*. (2nd edition). Cambridge, MA: Harvard University Press, Vaillant, G.E. (2002). *Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development*. Boston: Little Brown & Co.

7 e.g. Richard, AJ, Bell, DC & Carlson, JW (2000). Individual religiosity, moral community and drug user treatment.

*Journal for the Scientific Study of Religion*, 39, 240-246.

## Integrative Treatment Matrix: Guide to Best Normative Practices Across Five Recovery Tasks

Addiction Characteristic (Ground State)	Recovery Task	Beit T'Shuvah Integrative Best Practice	Core Value
Exile, craving, disconnected, disintegrated	Sanctuary 1-60 days	Focus: Hold on, you Matter. Individualized program, flexible boundaries, multiple potential attachments, mandatory groups, mandatory meetings, mandatory chores, primary counselor, cognitive-behavior therapy, open doors, next right action	Holy Soul
Stuck, split	Awakening/ Surrender 45-90 days	Focus: Arousing spirit: Spiritual Community; Sabbath & Holiday services; multiple opportunities for T'Shuvah: Creative arts therapies; music; spiritual counseling; Surf Therapy; Twelve Steps; Torah study; multi-family groups; groups; hearing/telling stories; confrontation with self	T'Shuvah
Disengaged (Self-will)	Moral engagement 90-150 days	Focus: Healthy relationships. Peer group activities; voluntary groups & meetings; passes; Choir, Freedom Song, career center; internships; special tracks/ groups; house chores, shabbos & set-up; Marathon; Birth Right; Picnic; Holidays; guided relationship practice; Thrift Store; BTS Ventures;	Obligation
Split, broken, hiding	Integrity, Authenticity, Passion and Purpoe 120-240 days	Focus: Honest exploration; (re) weaving. Individual psychotherapy; feedback in process groups; neurofeedback; writing, career center; intern & externships; Family counseling; finding yourself in Torah	Seeking Wisdom
Wandering, afraid	Covenant 180-420 days	Focus: promises. Synagogue-based rehab; community within Jewish community; Outside meetings inside BTS; Work-connection; Recovery community connection; connections to other congregations; Services open to community; Sponsorship; volunteer work (e.g. graduates doing groups, Talmud study, decorating;)	Faith

## Spiritual Matrix: Guide for Beit T'Shuvah Best Spiritual Practices Across Five Recovery Tasks

Addiction Characteristic (Ground State)	Recovery Task	Beit T'Shuvah Integrative Best Practice	Core Value
Exile, craving, disconnected, disintegrated	Sanctuary 1-60 days	Orientation: Build a sanctuary where G-d can dwell among you. Shabbos & Shabbos services. Create and name safe haven. Prayers as talisman for safety; Remind residents of their holy souls. You matter. Name conflicting parts: Yetzer Ha'Ra and Yetzer Tov; Listen for & draw out G-d talk (positive or negative). Use Text talk to discuss still-sensitive themes. Name yearnings for connection if/when they come up.	Holy Soul
Stuck, split	Awakening/ Surrender 45-90 days	Orientation: Turning toward the light (within and without). Ask New Questions; Amplify, name and clarify *transcendent" experiences; Frame difficulties in the context of a spiritual journey: Free will, my will, G-d's will. Practice T'Shuvah.	T'Shuvah
Disengaged (Self-will)	Moral engagement 90-150 days	Orientation: If I am not for myself who will be for me? And if I am for myself alone, What am I? Social aspects of faith community; Mussar, middot; What does G-d want of me? Use of Midrash to explore Calling & Connection	Obligation
Split, broken, hiding	Integrity, Authenticity, Passion and Purpoe 120-240 days	Orientation: Living Torah. Forgiveness, letting go of negativity (resentments, guilt, shame, envy, jealousy, greed), wrestling with finding truth and the way, holiness in everyday practice, transforming lessons of the past into raising oneself and the world up.	Seeking Wisdom
Wandering, afraid	Covenant 180-420 days	Orientation: Practicing Faith. Individually chosen commitments to practice (e.g. mitzvot, prayer, Services, shabbos, service, continually seeking, studying Torah, connecting, raising up).	Faith

## Counseling Matrix: Guide Beit T'Shuvah Best Counseling Practice Across Five Recovery Tasks

Addiction Characteristic (Ground State)	Recovery Task	Beit T'Shuvah Best Counseling Practice	Core Value
Exile, craving, disconnected, disintegrated	Sanctuary 1-60 days	Orientation: Next Right Action; Guide, advise, cajole, lead, tempt, and convince clients to take the next right action (get up, make bed, shower, go to group). Be a temporary moral compass. Be practical, predictable; understanding, encouraging participation, individualized program, mandatory groups, and outings. Meetings & fun. Name challenges, triggers, cravings, strengths, needs, feelings, Yetzer Ha'Ra and Yetzer Tov.	Holy Soul
Stuck, split	Awakening/ Surrender 45-90 days	Orientation: Openness to change. Help clients work Steps 1-3, point to & frame new perspectives & new responses, normalize change, uncertainty, transition, giving up old certainties. Encourage reflective writing practices (30 questions), confirm feelings & courage to share, normalize experience, encourage empathic sharing in group. T'Shuvah and 10th step practice.	T'Shuvah
Disengaged (Self-will)	Moral engagement 90-150 days	Orientation: Teamwork. "Negotiate" and partnership e.g. in choosing groups, meetings, voluntary group activities, etc. Encourage participation in community wide events; what feels good AND does good. Encourage "We" perspective, tell the truth, be transparent, help clients shape & share their narratives. Counselors engage in community. Focus on norms and impact of behavior on the group.	Obligation
Split, broken, hiding	Integrity, Authenticity, Passion and Purpose 120-240 days	Orientation: Honesty. Counselors call residents on their stuff, and encourage other residents to do the same; bring two sides to consciousness —identify judgment action discrepancies, help client identify their habitual patterns of thinking, and habitual connections between thinking, feeling, acting and faith.	Continually Seeking Wisdom
Wandering, afraid	Covenant 180-420 days	Keep coming back.	Faith

## Group Counseling Matrix: Beit T'Shuvah Best Group Counseling Practice Across Five Recovery Tasks

Addiction Characteristic (Ground State)	Recovery Task	Beit T'Shuvah Best Group Counseling Practice	Core Value
Exile, craving, disconnected, disintegrated	Sanctuary 1-60 days	Orientation: Next Right Action; acknowledge, affirm, and confirm, create a safe space for sharing by managing process, check-in groups, guided practice (themes chosen by counselor/facilitator), free writing; body image, monitoring attendance, and practical suggestions.	Holy Soul
Stuck, split	Awakening/ Surrender 45-90 days	Orientation: Openness to change: Invite peers or use texts to share experiences of awakenings & surrender; point to & frame new perspectives & new responses. Normalize change, transition, uncertainty, and giving up old certainties, frame change as an opportunity for growth & T'Shuvah, confirm feelings & courage to share, encourage empathic sharing. T'Shuvah and 10th step practice. Group focus on AA Steps 1-3. Good groups are reflective: —they practice mindfulness, writing, artistic expression, Yoga, Surf Therapy, Theater, and Trauma	T'Shuvah
Disengaged (Self-will)	Moral engagement 90-150 days	Orientation: teamwork. Groups build "We" perspective & mutual support based on common struggle & goals. Focus on making and maintaining healthy interpersonal relationships. Evaluating thoughts, feelings, experience and dilemmas in line with what feels good AND does good. Groups emphasize truth-telling & transparency. Help clients shape & share their narratives. Focus on norms (minhag) and impact of behavior on the group. Good Groups build engagement: Theater, music, Talmud, Heschel, adoptions, family, T'Shuvah.	Obligation
Split, broken, hiding	Integrity, Authenticity, Passion and Purpose 120-240 days	Orientation: Honesty. Group norms encourage rigorous honest self-appraisal, and honest, caring feedback from peers. Bring sides, shadows and patterns to consciousness; identify judgment action discrepancies; hidden moral claims & defenses. Use daily activity and mistakes to illuminate opportunities for growth and connection. Closed groups common: Grieving, Sexuality, Family issues, and trauma.	Continually Seeking Wisdom
Wandering, afraid	Covenant 180-420 days	Orientation: Promises. Keep coming back. Alumni Group; L'Chayim; sponsoring, and facilitating groups, giving back.	Faith

## Therapy Matrix: Guide to Beit T'Shuvah Best Therapy Practice

## Across Five Recovery Tasks

Addiction Characteristic (Ground State)	Recovery Task	Beit T'Shuvah Best Group Counseling Practice	Core Value
Exile, craving, disconnected, disintegrated	Sanctuary 1-60 days	Safe space: Active empathic listening and understanding; Assessment: Core issues, emotional maturity, emotional regulation, clinical-developmental posture. Challenge: Showing Up	Holy Soul
Stuck, split	Awakening/ Surrender 45-90 days	Name and Frame: Revisit, re-collect, name, reframe, re-tell memories from before and during active addiction. Name and frame: shadow parts, Yetzer Ha'Ra & Yetzer Tov. Challenge: Sharing feelings	T'Shuvah
Disengaged (Self-will)	Moral engagement 90-150 days	Paradigm: Deepen and explore therapeutic connection as exemplar for examining the quality of engagement; use reminders of "Holy Soul" and T'Shuvah" to transform "tests" of relationship (relapse, shocking revelations) into opportunities for growth. Challenge: Trust	Obligation
Split, broken, hiding	Integrity, Authenticity, Passion and Purpose 120-240 days	Hard questions: Ask new questions, and confront: connecting feelings, thinking & behavior, judgment & action, spiritual strivings & choices, shadow self & persona. Challenge: Honesty	Continually Seeking Wisdom
Wandering, afraid	Covenant 180-420 days	Summing up: Examining therapeutic and relational process as chapter, as turning point. Long term planning, transition, developmental separation.	Faith

# 4

## PART IV.

### **TAILORING INTEGRATIVE TREATMENT: FOUR PATHWAYS TO RECOVERING INTEGRITY, PASSION AND PURPOSE AT BEIT T'SHUVAH**

People who stay at Beit T'Shuvah six months or more are likely to “make it.” They are able to maintain their sobriety, their integrity and their spiritual connection.<sup>1</sup> They learn how to make more informed choices, and they learn how to make transitions. With time and effort the bio-psycho-social-spiritual systems regenerate and reintegrate. Neural integrity can be restored;<sup>2</sup> splits in the moral domain can be re-integrated,<sup>3</sup> and healed. Yet each holy soul is a unique individual AND, people recover their integrity and spiritual connection in different ways.<sup>4</sup> People come in at different bottoms, with different histories, broken in different ways, defended in different ways, with different coping strategies and different drugs of choice; AND people recover in different ways: at different paces, with different struggles in letting go of old, destructive habits of knowing, being and behaving, and different obstacles to finding faith. Different people use different resources at different times to instigate, kindle or buoy; push, pull, prod or encourage; brake, slow down or hold on. *If people are so different when they arrive, seeking sanctuary, and if they follow different paths toward regeneration, reintegration and recovery, **how do we determine which Best Practices work for whom, and when? How do we tailor integrated treatment to unique individuals?***

In Part IV we summarize the results of the Developmental Integrity Project at Beit T'Shuvah. The project was designed to assess what is being recovered in recovery at Beit T'Shuvah.



Our earliest findings indicated that people recovered Developmental Integrity (DI) in different ways, along differing regenerative trajectories. Later we found that people on different paths use somewhat different resources in different ways at different times. So, in Part IV we use the research findings to offer evidence-based Best Practices for people on each of the four most common recovery paths. First, we (1) summarize the findings from Beit T'Shuvah's Developmental Integrity Project that guide how we tailor treatment, (2) describe the four common paths, regenerative trajectories, that people take on their journey toward recovering integrity, passion and purpose; —learning to live well at Beit T'Shuvah, then (3) through case examples of how people on each of the four paths recover developmental integrity, we (4) outline practices for tailoring each recovery task for people on different paths.

## **The Developmental Integrity Project at Beit T'Shuvah**

### ***What is fundamentally being recovered in recovery?***

#### **Research Design**

Rabbi Mark tells us that recovery is about learning to live well. Harriet Rossetto tells us that recovery demands finding your passion and your purpose. Measuring "Learning to live well, with passion and purpose" demands more than counting "days sober." Cumulative research on recovery from a variety of addictions concludes that measuring "recovery" is complicated and includes assessing both what one has stopped doing, and how one has integrated and transformed the experience of addiction and recovery into one's character structure,<sup>5</sup> the self system,<sup>6</sup> one's whole way of being in the world.<sup>7</sup> In order to capture the regeneration and transformation from stuck, broken and disengaged to wholeness, wellness, engaged, learning and growing we use the construct of Developmental Integrity<sup>8</sup> to assess how people change and grow over time, and to measure what is fundamentally being recovered in recovery.

***What is Developmental Integrity and how do we measure it?*** We posited that what is being recovered in recovery is developmental integrity. Integrity is defined as wholeness, and completeness; standing for something.<sup>9</sup> Yet integrity is not static. Integrity is measured by how we live everyday as well as how we respond to life's challenges. Addiction is characterized by a lack of error-correction.<sup>10</sup> Developmental

Integrity not only means wholeness and completeness,<sup>11</sup> but also demands the ability to learn and grow from mistakes, that is, how to engage life's transformative potential.

Developmental Integrity implies neural, psychological, social and spiritual integration.<sup>12</sup> As mentioned earlier, recent fMRI studies show that the integrity of the neural network in the brains of people addicted to cocaine, heroin, methamphetamines, marijuana, alcohol, gambling and sex have been disrupted by their drugs of choice,<sup>13</sup> such that the normal process of decision-making that includes perception, judgment, thinking, feeling, memory and action is short circuited, and people (as well as other laboratory animals) don't learn from feedback: —they keep falling into the same hole in the road, cursing the city for not fixing the road, or themselves for being so stupid, but they don't process their experience and take another route.<sup>14</sup> In measuring DI, therefore, we measure both re-integration and transformative potential.

### **Measuring the Recovery of Developmental Integrity.**

**Research goals.** We wanted to understand and measure the state of brokenness, stuckness, disengagement, craving and relapse-potential when people came in, and to be able to observe and document how people integrated their parts as they moved from addiction to recovery. We proposed that over time, as people recovered, their developmental status on measures of moral judgment, faith, emotional regulation and sense of self would be increasingly mature, and, more importantly, integrable.<sup>15</sup> That is, all their parts would be in conversation, feelings and faith would no longer be disengaged. Moral judgments and moral action would be mutually informative and transformative. For example

*34 year old Sarah came to Beit T'Shuvah using moral reasoning that is consistent with her college education and her age: "Stealing is wrong because any system has to have laws to regulate property for the good of the community as a whole;" yet her emotional regulation was more appropriate to an 11 year old: "When they criticized me I went to my room and sulked." As she recovered her integrity, her moral judgments and emotions came more in line with each other: "When they criticized me, I felt sad, but then I thought about it, and considered my part, and also, the source, whether I respect the way whoever it is lives his/her life. Then I make changes accordingly.") Both domains, of thinking and feeling, now inform her decision making and*

*her way of walking through the world, i.e. taking action. After 8 months at Beit T'Shuvah Sarah is aware of her sorrow and loneliness, has faith in her inherent worth, and decides regularly to make music or talk with a friend whenever she gets the urge to shoplift, drink, or look for love in all the wrong places.*

This basic split in our selves is confirmed by increasing neurological evidence of amygdala driven versus pre-frontal cortex driven moral decision-making across a range of psychological and psychiatric conditions including drug and alcohol addictions, pathological gambling, depression, bi-polar disorder, schizophrenia and post-traumatic stress disorder.<sup>16</sup>

**Research Methods.** Every 90 days we measured moral judgment development, ego development, emotion regulation (with emphasis on negative emotions), the development of a sense of ultimate meaning (faith), and locus of control in 473 successive admissions to Beit T'Shuvah. We evaluated the integrity (or disintegration) within each domain, positive or negative growth in each domain, as well as change in DIS, that is, their overall Developmental Integrity Score.

### Three studies:

In this section, we summarize the findings from three successive studies:

1. **Recovering Developmental Integrity:** *What is fundamentally being recovered in recovery?*
2. **Four Regenerative Paths:** *How do different people grow and change in the process of recovering integrity?*
3. **Program Engagement:** *How do people on different paths engage with various aspects of the integrative treatment program at Beit T'Shuvah?*

### Research Study One: Can integrity be recovered?

In the first study we explored the hypothesis that we could measure the growth of Developmental Integrity over time as people engaged the treatment program at Beit T'Shuvah. That is, people new to Beit T'Shuvah would show evidence of disintegration, disengagement and despair and therefore would be low in Developmental Integrity. We expected that over time we could observe 1) increasing integration, i.e. a move toward wholeness, 2) change and growth, 3) moral engagement, 4) an increase in faith and a sense of ultimate meaning, and therefore 5) a move away from despair and toward integrity. In the first study we examined the developmental profile of 107 residents who

had been at Beit T'Shuvah from two weeks to 18 months to test these hypotheses.

**Results: the good news.** Yes. There was clear evidence that after 6 months most people who stayed were not only sober, but also recovering their integrity. There was statistically significant evidence that splits were healed, people began to break old, deeply engrained habits of thinking, feeling and negotiating their environmental challenges, and they started to grow. They grew in faith and began to recover their integrity, passion and purpose.<sup>17</sup>

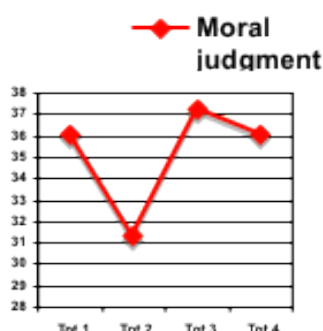
### **The not surprising surprise: growth and recovery are not a straight line**

There were two findings that surprised us and informed our next study:

1. Moral regression, and then a bungee jump about 45 days into treatment
2. A disappearing and reappearing negative moral orientation

**Study I, Finding I. The Bungee Jump.** For 28% of the residents in the first sample at around 45 days there was a significant decline in moral judgment, accompanied or followed by a "Leap of Faith."<sup>18</sup>

For example



*When Judah came to Beit T'Shuvah he talked a good moral game. He knew right from wrong and good reasons for people, himself and others, to treat others kindly and fairly. He was highly attuned to potential injustice and quick to condemn cruelty, maybe even self-righteous. He was aware of every crack in any system, every hypocrisy, any inconsistency between precept and practice. Judah's highly evolved sense of morality, however, was walled off from his sense of self and from the (negative) emotions/resentments that were*

*the seed of his judgments. He didn't feel obliged to consistently be kind or fair, (because the system or other people are unfair), to try to make systems work, or to practice what he preached to others. He sometimes felt unworthy of being cared about; he often saw himself as excluded, and sometimes he acted as if he were "above the rules," and entitled. His moral logic and justification? were also divorced from his sense of ultimate meaning. "You have to figure out what's right and wrong. It's up to the individual." Finally, his moral reasoning was not informed by his feelings.<sup>19</sup> Judah didn't see the connection between his resentments, his shame, his emptiness and his daily moral choices.*

*The cliff and the bungee jump. After about 45 days, Judah had an epiphany. He realized that something other than him had gotten him here, had saved him from a motor cycle accident, saved him from an overdose, and gotten him from Cincinatti to Beit T'Shuvah. Something had more power than he did to decide right and wrong. Judah let go of his self-righteousness, his need or even his ability to be right. He was demoralized. He realized that the weight he had carried of having to be right was an illusion, and he fell into despair.<sup>20</sup> He quit trying to do anything. It took another six weeks of just showing up before he began to genuinely engage in the program and start to grow, to recover his integrity. By 75-90 days into the program Judah realized that he was changing. He attached to some of his peers in the program, "stopped" to shoot hoops, accomplished something for himself, began being of service driving newcomers to meetings, offering teachings (instead of challenging the Rabbis) in Torah study, and even practicing meditation with his counselor. His spirits were lifted, his previous (higher, more mature) moral reasoning was restored, only this time, accompanied by a growth in faith, an awareness and acceptance of his own negativity, and a turn toward imagining the future.*

In sum, for those who first resist and then leap into recovery, their initial higher stage moral judgment is empty. Isolating, sometimes grounded in negative moral emotions, feeds and justifies the addiction, in part because it is divorced from faith and feeling (see graphic below). A loss of the self righteous front and a plunge into despair precipitates a growth in faith, which in turn kindles an obligation to do the next right action.

Entry	45 days	60 days	90-120 days
Higher stage moral judgement Split off from faith and/or from feelings	Moral judgement & Self will collapse	Faith increases, negative emotions decrease	Moral judgement regenerates, reintegrating with faith & feelings

**Table IV. 1 How leapers change over time in early recovery.** *One path to recovering DI begins with 1) a moral high-road based largely on negative judgments and split off from faith and genuine feelings. The trajectory includes 2) letting go of the moral high ground, 3) finding faith, and 4) beginning the slow process of regeneration and reintegration.*

This finding, that on average at six weeks into treatment a subset of the population finds itself at a critical juncture is consistent with biochemical and neurological changes that begin to happen at six weeks, as well as with the risk of renewed cravings and the potential for relapse.<sup>21</sup> It is also important to note that for 38% of our longitudinal sample “the work” didn’t begin until nearly six weeks into treatment, two weeks past the typical “30 day program” model.

**Study I, Result II. A disappearing and reappearing negative moral orientation.** Early in recovery moral motivation is often colored by negative judgements (“The pharmacist is greedy and deserves to be stolen from,” or “The legal system is illegitimate because it favors the rich.”) We hear it everyday in treatment: “The staff plays favorites.” “Not having your cell phone is a stupid rule.” “They don’t care about us, so why should we care about them?” Remarkably, between 60 and 90 days into treatment the majority of the population show a marked reduction in negativity as a general factor of moral judgment. They quit using negative moral emotions as an excuse. Negative emotions, in the literature on recovery, are the most persistent impediments to recovery,<sup>22</sup> and the single most common variable associated with relapse. Negative emotions are also one of the last neural, spiritual and psychological variables to recover, transform and reintegrate.<sup>23</sup> That most residents are able to let go of at least some negativity in their first few months of treatment is critical in Vaillant’s terms,<sup>24</sup> to becoming “well integrated.” It is critical in Antonovsky’s Coherence/Salutogenesis model of well-being based on seeing the world as comprehensible, manageable and meaningful. It is critical in the Eriksonian model to facing critical life and death decisions with

integrity instead of despair. And in the tradition of our sages negativity is the voice of the *Yetzer Hara*, undermining our sense that life is worth living and that we ourselves are worthy.<sup>25</sup> Although letting go of that negativity seems critical to regeneration in recovery, somewhere between 90 and 120 days negative emotions often “reappear.” But the negativity is no longer the only influence on moral choice; when there was an increase in faith as a factor in decision-making there was also an increase in overall developmental integrity, despite a resurgence of negativity. ***Faith doesn’t make negativity disappear, but faith trumps negativity’s power to determine action choices.***<sup>26</sup>

*In sum, in the first sample (104 people) 28% lost and regained cognitive moral maturity, and after about 45 days turned from despair, disintegration and disengagement toward faith, moral engagement and integrity.*

*How were the others changing and growing? Were they recovering developmental integrity? How were they doing it? What paths were people taking who didn’t “take the leap of faith?”*

## Study II: Regenerative Pathways

In the second study we sought to trace patterns of change over time in developmental integrity, and again measured moral judgment, ego development, emotion regulation, faith development and locus of control in 78 people who had been tested and retested 4 times in the course of 12 months. We found four substantially different regenerative trajectories —people grew and changed along four different paths. We call the paths Leaping, Meandering, Stumbling and Stuck based (mainly) on their velocity.<sup>27</sup>

People on all four paths were substantially sober after 6-9 months, although there were some “relapses” on each path toward recovery, as noted in Part III: Five Recovery Tasks. The four paths vary by

- (1) Split: the nature and degree of disintegration/integrability
- (2) Emotion Regulation (developmental stage of processing (negative) emotions)
- (3) Self-will: Faith —the ratio of self will, a proxy for moral agency, and faith in locus of control attribution
- (4) Moral growth (pattern of change in moral judgment over time) and
- (5) Velocity (the speed of change).



Three of these variables: disintegration/integrability, emotion regulation and the balance between faith and moral agency are already measurable on intake. The pattern and velocity of change over time are obviously only observable over several measurement points.

### ***How do people on different trajectories differ at intake?***

**Study II, Result I:** Some people substantially recover by letting go of something old and hanging on to something new, like the selective optimization with compensation that accounts for healthy aging.<sup>28</sup> Other people, the majority of those in the Beit T'Shuvah sample, substantially recover not only by letting go, but also by transforming the negative into a positive, and substantially recovering Developmental Integrity. We found four regenerative trajectories among people who stayed in the program 6-14 months. Below we summarize how people on these paths differ on entrance.<sup>29</sup>

**\*Leapers.** People who leap into recovery (38%) have relatively high moral judgment (ave. 30.6 on a scale from 20-38) and relatively low faith (4.39 on a scale that ranges from 4-10) when they enter the program. There is a split in their moral stage use,<sup>30</sup> and between moral judgment and ego identity.<sup>31</sup> They are slightly more likely to be cocaine addicts and pathological gamblers than people on other paths.<sup>32</sup> *Over the course of a year they lose their moral front, gain in faith and emotion regulation, regain their moral maturity, integrating faith and feeling, and substantially recover developmental integrity.*

**\*Meanderers.** People who meander through recovery one day at a time (18%) have the lowest moral judgment (20.8), the highest percentage of negative emotion (70%) and the highest faith (7.0) when they come in. They are statistically slightly younger than the Beit T'Shuvah average. *Over the course of a year they grow slowly and steadily in moral maturity, emotion regulation and ego identity, as well as in faith. At the end of a year they have substantially recovered developmental integrity and are primed to continue to learn and grow.*

**Leapers and Meanderers substantially recover their developmental integrity over the course of 6-14 months.**

**\*Stumblers.** The Stumblers (19%) come in low in moral maturity (23.07) and high in self will (moral agency) (7.1 on a scale that ranges from 4-8) . That is, they are blindly stumbling and insist they know where they are going. *Over the course of a year they grow in cognitive moral judgement, but do not grow in emotional maturity or faith, thus they don't heal their split and, like Sisyphus, they continue to relapse and regress into negativity. Their saving*

*grace is that after 6-9 months they let go of a stubborn self will and learn to “take direction”.*

**\*Stuck.** The Stuck (15%), like the Leapers, come in high (the highest of any group) in moral maturity (35.64), with a negative component of 40%. There is a broad split between cognition and affect.<sup>33</sup> Faith is relatively low (6.0), but so is self will (6.7). They seem to “know better,” but nobody is at the steering wheel. *Over 9-14 months they neither grow morally, heal their splits, nor recover their integrity. By the end of six months and a year, however, they have grown substantially in faith (8.27; 7.78), which compensates for the loss of self will (6.0; 5.22). That is, they are able to change their orientation from the (negative) past, toward the future and have accepted their need for help in order to maintain.*

While the Leapers and Meanderers have not only recovered, but also are on a path of living well, with passion and purpose, having recovered Developmental Integrity, the Stumblers and the Stuck are able to hang on in the program, but there is less evidence of their recovering integrity within the year covered by this study. Even though they have not substantially recovered integrity, and occasionally find themselves in despair, the Stumblers and the Stuck have learned that they need to be engaged in and work a program in order to function, and on most days they choose to do so.

#### Four Paths differ on intake

	<b>Leaping N = 180</b>	<b>Meandering (N = 85)</b>	<b>Stumbling (N = 90)</b>	<b>Stuck (N = 71)</b>
Moral Judgement (r=18-38)	Moderately High (m = 30.6)	Low (m = 20.8)	Moderately low (m = 23.1)	High (m = 35.6)
Faith factor of Locus of Control (r=3.5-10)	M = 4.3	M = 8.4	M = 6.6	M = 6.0
Self-will factor of locus of control (r=3.5-10)	M = 5.8	M = 7.0	M = 7.1	M = 6.7
Disintegration	Split within MJ, between MJ & Faith; & between MJ & Sense of Self	Spread among domains; faith relatively high	Split between MJ & emotional regulation	Split within MJ, between MJ & faith, sense of self, & emotional regulation

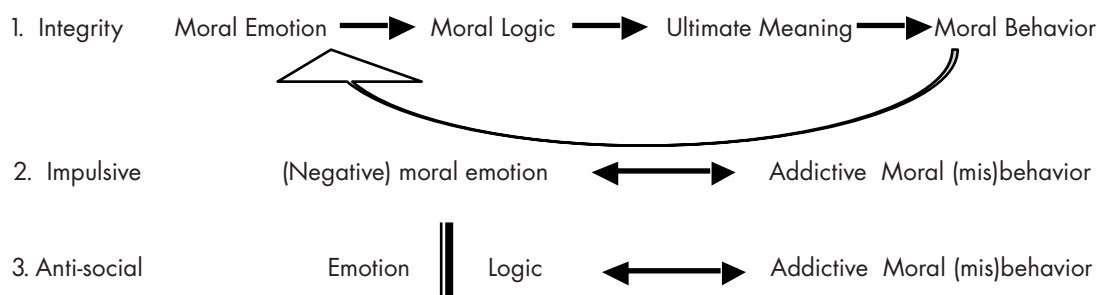
**Table IV. II How Four Paths Differ on Intake.** *Leapers, Meanderers, Stumblers and the Stuck differ on intake in quality of disintegration, within and between developmental domains as well as in the ratio of faith to self-will, i.e. in how they construe how the world works.*

**Decision-making and developmental domains.** Measuring moral judgment, faith development, ego development, emotion regulation and locus of control allowed us to identify developmental splits, spreads and stuckness in how people address day to day problem solving across relevant developmental domains. In general, the way adults solve day to day problems in each of these domains is coordinated by a set of integrated neural pathways developed over a lifetime.<sup>34</sup> Under every day circumstances healthy adults use about the same level of maturity in each of these domains. That is, when Jon sees a child drowning, an empty car with its motor running, a tomato picker being deprived of her salary, or a trolley running off the track, the neural circuits regulating emotions, moral choices, episodic memory, ego identity, faith and locus of control are all brought to bear in his action-choice: to save the child, steal the car, confront the bully, stop the trolley —or not. That is, when challenged by life's choices, responding with integrity demands the integration of multiple developmental domains.<sup>35</sup>

**Decision-making under stress.** Under conditions of severe or prolonged stress otherwise healthy adults tend to default to a preferred (habitual) domain. They justify their actions and resort to (a) moral judgment (self-righteousness or demonizing the Other), (b) emotional press (impulsive or compulsive), (c) faith/locus of control (nothing I do matters or it's all in G-d's hands.) We all know that there are times, like when we're tired or overwhelmed, that we're "not all there" "not fully present" and don't make the best decisions —meaning, we don't really think about the situation critically,<sup>36</sup> or we're "out of touch" with our feelings, or have lost our connection to G-d, Higher Power, Ultimate Meaning, our own Best Self/Holy soul. That is, we are not operating with integrity.<sup>37</sup>

**The default mode.** Adolescents, addicts and people who have experienced prolonged or severe trauma operate out of their default mode,<sup>38</sup> with automaticity, without either psychosocial or neural integrity. The more habitual it becomes to operate on one or two cylinders, ignoring other potential input, the weaker the integrity pathways become. With sobriety, awareness, attention and effort people can recover the integrity of their neural, psychosocial and spiritually-connected pathways.<sup>39</sup>

**Splits short circuit the ability to learn from mistakes.** In our research at Beit T'Shuvah we found that the four paths toward recovering integrity varied, in part, by the preferred, habitual default mode. Some people operate out of a cognitive judgment mode, devoid of feelings; others habitually operate out of an affective-mode, without cognitive appraisal. The split between judgment and feelings disrupts the feedback loop necessary for learning and growth.



This figure shows how (1) emotions, logic and ultimate meaning interact in the social context to inform moral behavior in a feedback loop wherein the consequences of one's moral behavior are experienced, integrated and transformative. When individuals lack developmental integrity either (2) emotions impulsively direct behavior, without logical processing or resort to ultimate meaning; or (3) emotions are denied, not experienced, not integrated, and de-contextualized abstract mathematical logic directs behavior as if there were no human and social context and no ultimate meaning.

**People differ in the velocity of regeneration, transformation and reintegration.** For many residents (most of the Meanderers) growth is a gradual day by day process: one grain of sand at a time. For others, (particularly the Leapers) recovery is marked by alternating periods of resistance and sudden growth spurts. Yet others (Stumblers) climb up a bit, and slide back down, pull themselves back up and then let go.

Because people are broken in different ways, and people recover along different trajectories, and with different velocities, Beit T'Shuvah Best Practices suggest different emphases and different timing for working the recovery tasks, depending on each individual's developmental profile on entrance.

### **Study 3: Program engagement patterns: How people on different paths work the recovery tasks.**

In the third study we examined how people on each of the four paths reported engaging in, and valuing, different parts of the Beit T'Shuvah program. Every three months we asked residents to evaluate the usefulness of various program components to them personally, and to their recovery. We hoped to find clear differences for different "types" at different phases of their recovery. The research didn't give us the sharp distinctions we would have liked; people are complicated, recovery is individualized and most respondents ranked most program components 5 on a likert scale of 1 – 5. However, some clear findings did emerge that serve as guidelines to our Beit T'Shuvah Best Practices.

## **Results from Study III, Program Engagement**

In the following section we describe the Four Paths in more detail, and outline Beit T'Shuvah Best Practices for helping people on each path work the recovery tasks, with the guidance of Study III.

### **Study III: Finding I: Religious engagement predicts recovery**

Engagement in the religious rituals at Beit T'Shuvah: Torah study, Sabbath and holiday services, spiritual counseling and text study during the second and third recovery tasks (2-4 months) is the single most powerful predictor of recovering integrity, passion and purpose.<sup>40</sup> At about 3 months into the program, residents have found sanctuary, awakened or surrendered, and are working on getting rid of negativity.<sup>41</sup> Making big changes in ones character, ones way of being in the world, letting go of the fronts, of old resentments, of self-justifications; acknowledging, accepting, and integrating all the uncomfortable parts of the self is itself an act of faith. **Those people who show up for and value engagement in the ritual and spiritual aspects of the program after 90 days, are 2-3 times more likely than others to be able to hang on long enough to complete the challenging recovery task of letting go of negativity, healing the split, and recovering integrity, passion and purpose.**<sup>42</sup> It is important to note here that "engagement" means active involvement. It does not mean belief. Engagement means "suiting up and showing up," as they say in AA. The action of participation in the faith activities of the program precedes the increase in faith. This is consistent with everything we know about human development.<sup>43</sup> From Mt. Sinai, and from Swiss, Chinese and American research we learn that "first we do, and then we know."

### **Study III, Finding II: People on different paths use various program components to help with different recovery tasks.**

Some program components work for people on each path. These include mandatory and free-choice groups, individual therapy, spiritual counseling, etc. As we might suppose, people selectively engage in various aspects of the program, depending on what best meets their own needs while they are working on particular recovery tasks. We identified three reliable factors among the program offerings that are helpful to some, but not other, residents—depending on their path and timing. Some residents benefit from, (and others resist) AA at different points in their program. For some residents

Interpersonal Engagement (IE), that is an attachment to peers and/or staff, is critical to attachment and growth, whereas for others, IE is a distraction and creates a detour on their path. Likewise, engagement in the religious and spiritual parts of the program (RE) helps people differently with varying tasks in their recovery. These differences are described in the Beit T'Shuvah Best Practices for Tailored Treatment, (see below).

Recovery tasks, progress along a helix, with one side favoring the tasks of connection: Sanctuary and Moral Engagement; and the other side favoring the tasks of autonomy: Awakening, Integrity, Passion, and Purpose. The two sides come together in Covenant where the individual of integrity freely chooses obligation.

## **Beit T'Shuvah Best Practices for Tailoring Integrative Treatment**

### **Leaping**

Leapers come into Beit T'Shuvah with the capacity for relatively sophisticated cognitive moral reasoning. On the one hand they have the cognitive capacity to be hyper-vigilant, hyper-critical, and self-righteous. They know what is conventionally acceptable behavior, yet they do not act on their own highest judgment, nor do they seem to have the capacity to use their best judgment to make good decisions about their own behavior or to learn from negative consequences. When they finally come into treatment they have lost faith in their ability to manage their own behavior, to control their impulses, and their belief in a G-d (Higher Power). In fact, they have the lowest faith of any group when they come in, and high amounts of negative moral emotions. They know what they are against, what's wrong with the system or other people, but they don't know what they stand for. Leapers may hold on through sanctuary, but rarely feel safe until the second recovery task, which is usually around 45-60 days. They experience a leap of faith; that is awakening and surrender precede Sanctuary. For them, early social involvement defers and does not support recovery. It is a spiritual connection and surrender to G-d or a Higher Power (the still small voice within, the wave, transcendent meaning) —it is not necessarily social engagement or caring that carries them into the task of moral engagement. Working a strong AA program, in lieu of Moral Engagement, sets the ground for recovering integrity, passion, and purpose. They are statistically more likely than people on other paths to note cocaine as their drug of first choice. Their

primary challenge and question, in recovering integrity, passion, and purpose is that of the Prophet Micah: “What does G-d want of you? That you have clean hands, a pure heart, and walk humbly with your G-d”

### **Leaping from darkness into the light**

*David is a Leaper. He grew up in a family whose religious practices were at best social conformity, and whose social conformity was at best the road to material comfort. By his family's measures, he succeeded by being smart and working hard to attain material success and social respectability. But no matter how hard he worked he found his life increasingly empty and meaningless. His quest for a life of the spirit led him to alcohol and other party drugs into a deep, intransigent cocaine and heroin addiction. He had been through ten 14-30 day treatment programs, lost his home, his wife, his teeth and his practice, before he flew across the country to crawl into Beit T'Shuvah.*

#### **Self righteousness, Negative Moral Emotions and Lack of Faith**

*When he came into Beit T'Shuvah he could still mouth all the “right answers,” but he didn't believe his own rhetoric anymore. He ran out of answers. His family was a mess, and the system was a mess his life was a mess. Life itself felt meaningless. His whole identity was wrapped up in his condition of being an alcoholic and an addict. He had little insight into his past or his emotions, little moral agency in the present, and little faith in the future.*

*The following is a description of David's recovery trajectory. We outline the order in which he accomplished the Five Recovery Tasks at the end of the case study.*

#### **Seeking Sanctuary**

*David isolated himself from other residents when he first came in, unable to reconcile the two conflicting Davids, “the successful high-flying financial wizard, and the toothless drug addict. He did what he was told, bitter, but he deserved this. He studied the Big Book, showed up to Torah Study, participated in groups and kitchen chores, grumbling and mumbling, unable to look at himself.*

#### **Awakening and Surrender**

*After six weeks, lost and alone, close to despair, considering suicide, David*



*had an epiphany sitting with an unlit cigarette in the Zen garden.*

*"If I'm still alive after all I've done, all the people I wronged, all the windows I leapt from and all the cars that I crashed, G-d must have a purpose for me. I was shocked to realize that there must be a G-d. "*

*He began to study with his spiritual counselor and apply himself to Torah. He saw in Moses, in King David, and in Joseph, deeply flawed human beings that were called to a higher purpose. He didn't have to be perfect. He only had to seek that deep connection with God, to have faith, to hang on, and to pray for guidance.*

### **Faith Compensates for Negative Moral Emotions, Healing the Split, Recovering Integrity, Passion and Purpose**

*By the time he had been in the program about 100 days, he described himself as "grateful" and reported that when he got nervous it was because he was "separating himself from G-d" and that being mad was a hint that he needed to "keep the faith." By the end of six months he was working in therapy, going to three or four meetings a week, working the steps with a sponsor, and had gone back to school to take classes to try to understand psychological processes. He reported that he had begun to see and acknowledge his parts: "I get distracted," and "I don't have to react," he no longer saw his life as dictated by "alcohol and drugs," or by his family history. Rather, he attributed his way of being in the world to "pain and grace."*

### **Moral Engagement**

*David began to listen to others in groups and in meetings; to hear his story in others' stories. Taking direction, he practiced moral engagement with others in the house, studying the Big Book or Torah together. By the end of the first year, he had substantially recovered developmental integrity and reported; "I still have a long way to go, but now I can walk through it."*

### **Covenant**

*Ten years later David is still sober, still connected, still giving back. He has a spiritual practice, a new profession and a new healthy family.*

## **Tailoring Integrative Treatment for Leapers**

**Sanctuary:** Leapers find safety in the material and ordered part of the program. They show up to meals, seek comfort in their room, try to regulate sleep schedules and circadian rhythms, and find sanctuary in the anonymous predictability of the schedule, and required chores.

**Awakenings/Surrender:** Leapers typically have an epiphany, a profound awakening, a conversion experience at around 45 days into the program. Usually at Beit T'Shuvah the awakening is of the spiritual type, the experience of Grace, a new understanding and perspective on their life experience and its meaning. Studying, readings, surfing, music, and religious festival or Sabbath services are a common precipitant of awakenings for Leapers.

**Moral Engagement:** Leapers are challenged by moral engagement. It demands a vulnerability and honesty that they have not practiced. They are likely to first practice moral engagement with staff members (counselor, therapist, spiritual counselor) or with their sponsor. Leapers are at risk for relapse as they practice moral engagement. The movement from engaging with staff to engaging with peers, as a member of a group of equals, is critical to their further recovery. Leapers may need to toil longer than others at this task. Opportunities for fellowship and group work (e.g., as part of Freedom Song or the Marathon team) are helpful.

**Integrity, Passion and Purpose:** Deep structure work in therapy may be necessary for Leapers to integrate the parts of themselves. For Leapers this may precede or parallel Moral Engagement. Here there is potential for depression, and a risk that Leapers may leave the program to avoid this work of integrating their parts. Family work, where appropriate, may be useful in consolidating gains made.

**Covenant:** When Leapers have been able to consolidate their growth and remain attached, they are among the most giving alumnae, in part because they are grateful, and in part because they gain perhaps more than they give by being of service. Not having been able to tell their stories earlier in treatment, they know that telling their stories now helps keep them connected to a Higher Power, to their own truth, and to their

spiritual mission. Telling their stories at this phase allows them to transform their darkness into light, like rubbing two bits of dense flint together to spark a flame.

**The Path of the Leapers: 1. Awakening 2. Reocvering Integrity 3. Covenant 4. Moral Engagement, 5. Sanctuary**

**(insert graphic: stepping stones in sand).**

## Meandering

Meanderers come in to Beit T'Shuvah with more basic faith and less reliance on social-cognitive machinations than Leapers. On average, they come into Beit T'Shuvah with more faith than most. They have a simple, sometimes unconscious, naive faith that G-d is looking out for them, and for the world or when they stop to think about others at all. This faith manifests as hope, a light shining on the future. It's part of how they do what they want to do, and not worry about the consequences to themselves or others. At the same time, their moral judgment is relatively underdeveloped. They think it's okay to lie, steal and cheat because it meets their needs, and besides, that's how things work out here. Little by little, as they attend groups and make friends, they begin to understand the idea of connection, that people who live and work together can influence each other in a positive way. They grow a conscience, develop their character, exercise discipline over their basic instincts and impulses, and little by little, their spiritual connection deepens as well. Little by little, one grain of sand at a time, through their participation in daily spiritual rituals with the group, their counselors and advisors, they surrender to taking the next right action. It is the group, peer support and counselor support, that encourage them in their daily surrender, and later in their ability and willingness to find passion and purpose, and venture forth. Through taking part in spiritual community, and for some, by immersing themselves in the fellowship of AA, they heal a split that has separated them from belonging, and kept them feeling outside, alone. As part of a larger whole where they can bring their whole selves, make mistakes, and still be accepted, they find passion, purpose, and develop integrity. They are often younger than the BTS average.

## **Reaching Toward the Light**

*Lea is a Meanderer. Lea was 19 when she came to Beit T'Shuvah. She had been a good student, and a bit of a dreamer. She was sweet and smart. She began smoking marijuana when she was in junior high. She painted, played guitar, and walked in the woods behind her family's home. Even when she started losing weight and losing interest in everyday activities, her mother and father never really noticed. They were absorbed in each other. By the time she was in college, Lea's only friends were people who got high. For a while she could maintain two lives, a student and a dopehead. When she needed money for drugs, she sold drugs, or stole something. When she needed to get somewhere, like to get drugs, she "took" her mother's car, her gas card, and her cell phone. When she couldn't manage her schoolwork, she got high. She started hanging out in more and more dangerous places, with less and less reliable people. She got beat up, raped, and arrested. She stayed away from home for longer and longer periods. When her parents asked what was going on, she lied. One night she landed in a hospital emergency room. The doctors told Lea's parents that she had overdosed. Three days later, in a daze, they brought Lea to Beit T'Shuvah. She looked like any urban street waif, with all her piercings and tattoos, shaved head and scruffy hooded sweatshirt.*

### **Disintegrated and Disengaged**

*Lea used the kind of relativistic moral reasoning common to college kids her age, yet her basic faith that there is a G-d who wants good in the world was reflective of a more mature adult, one who had looked over the abyss and been caught by the safety net. She kind of kept to herself when she arrived, sometimes hanging out on the patio with one or another lost kid. "I'll just get cleaned up, get healthy, get my strength back," she told herself. "Nothing is really wrong with me."*

### **Sanctuary in the Social Milieu**

*One day at a time she began to wake up. Every morning she got up and came to Torah study and to group. One day at a time, talking with counselors, therapists, spiritual counselors and especially with other young people in the program, Lea began to open up. In groups, she started to listen*

to other people's stories; and then, little by little, to tell her own story. Every day for weeks she craved drugs. And everyday she found somebody to talk to who could talk her out of it, give her tools, or distract her with alternative activities. Little by little she came to see, and then to understand, the parts of herself that she had hidden.

### **Awakening in the Social Milieu**

After 3 months, Lea wandered off from an AA meeting and almost relapsed. She ended up calling a friend at the house who came and picked her up. She had made a friend. Somebody she could trust to know her whole self and not reject her. They sat together in Saturday morning Sabbath services, pulled the hoods off their heads and sang out loud together, one in Hebrew and one in English: "Happy are those who dwell in Your House they will sing Your praises forever; Ashrei, Ashrei Yoshvei beitecha."

### **Moral Engagement**

One day at a time Lea built character. With the help of her peers she made good friends. By working through the family program she repaired the relationship with her family, and with the help of her spiritual counselor, she increasingly refined her character, which in turn, gave her the strength, faith, and courage to begin to explore her past with her therapist.

### **Healing the Split, Discovering Passion and Purpose, Recovering Integrity.**

Working as an intern at Beit T'Shuvah, Lea began to see in others the parts of herself that she had hidden and denied. Little by little, with the help of her counselor and therapist, she began to learn from and transform the difficult parts of her past. She began to see her loneliness as a gift and she was able to look at some of the horrible things that had happened to her during her using years and find meaning in them. She was able to make amends to her younger sister and her parents, and to forgive herself for harm she had caused. She had yet to choose a career path or a partner for her journey, but she was able to walk through each day with faith, grace, curiosity, and integrity.

**Covenant**

*At the end of the year, Lea had a firm sense of values grounded in what's best for society and community. Her faith was grounded in an active connection with the divine, and she could laugh playfully at herself and her "old habits," without either ignoring or being overwhelmed by feelings and foibles. She returned to the university, finished her degree, and is once again a valued member of her family and community. Her life is full of the challenges many young people face and she continues to stay connected at working toward living with integrity, passion, and purpose.*

## **Tailoring Integrative Treatment for Meanderers**

**Sanctuary:** Meanderers find sanctuary in the social milieu, feeling accepted and supported by others who are on the path with them, and those who have walked the way before, including many of the "home grown" staff. For Meanderers, the spiritual community at Beit T'Shuvah may be the first time they've felt accepted and home. At Beit T'Shuvah they find sanctuary because they can be themselves. Social engagement with staff members who can name their experience for them offers a sense of sanctuary.

**Awakening/Surrender:** A risk for Meanderers is being too absorbed in the peer group, getting too comfortable. For them, a personal crisis or choice point may precipitate a surrender, and make them ready to "take direction." Counselors, spiritual counselors and therapists, by being aware of the day to day struggles of Meanderers, bring choice points to consciousness, helping them to take responsibility for their choices, and recognizing that they have choices. (G-d gave man Free Will, which means it's possible to make mistakes, and T'Shuvah, a way back, because G-d knew we wouldn't be perfect.) Many Meanderers don't experience a turning point or an awakening, and practice "surrender" in small ways for a while before they come to accept it.

**Moral Engagement:** On the surface, the social involvement of Meanderers would seem to make moral engagement easy for them, however genuine moral engagement demands both honesty and commitment. Active engagement in religious rituals, as part of the spiritual community, is a springboard for genuine moral engagement. This may be a part of the music department: band, choir; by writing and sharing new prayers or "drashes"

(interpretations of prayers), by being of service in passing out grape juice or serving guests, by forming small study groups (e.g. Talmud, Hebrew) etc. Other Meanderers use active engagement and service commitments in their Twelve Step meetings. Counselors need to encourage Meanderers to make and keep formal commitments. Staff members help Meanderers to reflect on and integrate their experiences of moral engagement, what it means to them, how it feels, how they feel about themselves, etc. A risk, here, is getting too comfortable, and a relapse or near relapse may signal a fear of growing and going forth, having to live up to new self-imposed standards.

### **Healing the split, discovering passion and purpose, recovering integrity:**

Meanderers are challenged by their characteristic meandering. Meandering has served them well. Here Meanderers need to be able to look at their own negative emotions and their wellsprings, to face their own fears and rage. For many, a Twelve Step moral inventory (steps 4, 5, and 6) provides a way to examine character defects and the negative emotions that they are embedded in. For others, Mussar, building up one's character, is a way to let go of the negative. If the therapeutic alliance is strong, this is the time for deep structure work. For Meanderers, a strong interpersonal connection, trust and openness are more important for this task than the particular training or orientation of the guide and helper. Here Meanderers will also need a push or pull into the world of work and in settling on a "passion."

**Covenant:** Covenant is the antidote to Meandering. Freely choosing obligation is the answer to Meandering. For Meanderers long term sobriety and walking with integrity demand Covenant, a stronger ongoing commitment than any others; to Beit T'Shuvah, to AA, or to some other ongoing community of faith and fellowship. Meanderers are open to seeking, *and* they are social creatures, prone to follow-ship.

**The Path of the Meanderers: 1. Sanctuary 2. (moral) Engagement 3. Awakening/Surrender 4. Recovering Integrity 5.Covenant.**



## **Stumbling**

Stumblers come in with an overdeveloped sense of negative moral judgment, which isolates them from others and keeps them feeling ashamed of themselves, unworthy by their own standards, yet they have the highest “self will” of any group. It’s something like militant ignorance, a stubborn self-will committed to making the same mistakes over and over. Unlike Meanderers, they are not particularly open to feedback from others or from negative consequences. Stumblers have the lowest development stage of emotion regulation of all the paths. They have little awareness of their feelings, nor do they have a repertoire of coping strategies. Like much younger kids, they only know they are angry, sad, or afraid by what they do; “I ran away so I guess I was scared.” On average, their moral judgment is divorced from their feelings and they are impulsive, guided by those underdeveloped feelings. Their brains are hijacked by the drugs, and they are easily distracted by cravings and temptation. Because they operate sometimes using their cognitive mode, and sometimes their feelings, they are especially challenging to engage.

Unlike the Leapers, they don’t have an awakening, at least not within the first six months, and they don’t let go of their defensive of moral judgments. They try to hold on to their moral front, “the choir boy/nice girl.” They continue to hide the parts of themselves of which they are ashamed and hold on to the negative moral emotions that justify their failure to act on their own best judgments. They are likely to relapse when they are doing well, which justifies their old sense that they are not worthy. They have a hard time getting “real.” They don’t let others get to know them, and they are slow to come to trust that G-d is there for them. On the other hand, after about 90 days many are willing to let go of their stubborn self will, to begin to take directions and do the next right action as indicated by their counselors, their sponsors, or their spiritual advisors. By giving up that stubbornness, they allow themselves to use the community or the program of AA as their Higher Power. After as much as a year in the program, although they haven’t grown and changed much, their relapses, episodes of acting out and misbehavior are further apart and less severe. Oftentimes they’re still hanging on and still part of the community, and have some hope that somehow if they just “hang on,” keep coming back, they’ll be ok.

## Stumbling in the shadows

Jonah was 34 years old when he came in to Beit T'Shuvah, addicted to heroin and to hiding. He had been able to fool his large extended family for many years, as he could be genial and warm, alternately effusive and reflective. He left college after three years, and worked at different jobs around the campus, and then around the northwest. When things got difficult, he would appear on his parents doorstep, get himself together, sometimes kicking his habit alone in his room, find a job, go back out on his own, until he couldn't anymore. When he came in to Beit T'Shuvah he was determined to get "straight," to use his mind and his will power to get it right this time. Jonah's moral logic was mostly organized around "what I'm against," 80% of his moral judgments were "negative." He had no clue of what he was "for." Nor was he aware of his own emotions or experiences, which were channeled into his cognitive default mode. Reflecting on his first few months at Beit T'Shuvah, Jonah reported about his split and his adaptive posture.

### **A Divided Soul in the Sanctuary**

"For the first two or three months I'd go along with the rules, and be saying the right thing, doing the right thing. But deep down I'd be saying something different. Deep down I wanted something different, and so both parts of me weren't working together as a whole." By going to groups, to meetings, to Torah study, doing chores, Jonah was able to "do the next right thing" long enough to get healthy and start to feel safe, but then...

### **No Awakening, No Surrender**

"And there would be a boiling point, when something in me would say, look, I'm doing everything they're telling me to do, I don't want to do this, I'm bored, I'm going out and do what I want to do, and kind of exert my life plan." Within the second month, and again in his fourth month, Jonah relapsed. Yet each time he came back was readmitted and started over, going to groups, meetings, and Torah study. He was even able to begin work, and maintained a job for several months, including one relapse.

### **Awareness of the Split is the Beginning of Healing**

*After a third relapse in six months Jonah reported, "Sometimes I feel like I don't have power over my actions, that people are directing me to a certain life. So when I go out and use it's like my choice of what I want to do with my life, and against everybody else's. It's like the feelings take over, the emotions are just pouring out of my body, and I want to ask somebody what should I do so badly. It's amazing to me that as I was going to use, and I 'm walking down the street, and I say to myself, 'this is the wrong thing to do. What am I doing?' I always thought my body was separate from my thinking, and as I was thinking 'No, don't do this,' it was too late. I'd keep on walking, and like when you say hard wired I was thinking it was past the point of no return. There's this mental switch that happens, —I've never been able to pinpoint it —my disease takes over everything else that tries to contradict it. It defies my morals and my entire being, you know, my soul. It might start with my toes and go up slowly, but there's this point of no return, and as much thought, and as much will as I want to exercise —it's too late."*

*Here Jonah tells us, from a point of view that stands outside himself, that he recognizes the split between his feelings and his thoughts. There are times when he knows better, but his impulses get so strong that he can't control them. The feelings, without recourse to logic or connection to a Higher Power, guide his feet. Of course, this is the set up for shame and guilt, which themselves can be 'reasons' to use. The point here is that after nearly six months, Jonah recognized the split, and was therefore less subject to it.*

### **Moral Engagement**

*Only after he was able to recognize his own split, and begin to seek guidance in healing and recovering his integrity, could Jonah begin to engage with the community in a genuine way, to listen to and learn from other people's stories and to tell and retell his own. At this point he began to work with his counselor and therapist on the impulsive, emotional side that lay buried and disconnected. By the end of a year he was still able to maintain his job and was engaged with others at work, as well as some of his peers at Beit T'Shuvah. He was beginning to be willing to take direction, and when he relapsed (after 4 more months of continuous sobriety, 11 months into his stay), he came to his counselors and proposed that he leave and go into a sober living so he would have to rely more on his own resources.*

**Covenant**

*Jonah continues to show up for community events, shows up each year for the alumni picnic, holidays, and birthdays, describes himself as grateful and his life as full. He is married to someone he met in the program. He is working, occasionally goes to NA meetings, periodically relapses and when he does he checks in with his Beit T'Shuvah contacts, gets back up and continues on his path.*

## Tailoring Integrative Treatment for Stumblers.

**Sanctuary:** Stumblers find sanctuary in routine: going to groups, meetings, doing chores, working at the thrift store, and following general directions. They don't find comfort or safety in either the peer group support or relations with staff. On the contrary, they fear being known, so the anonymous, fair expectations of the whole cadre are a way for them to self-regulate.

**Awakening/Surrender:** Unfortunately surrender is a major stumbling block for Stumblers. They see the world as unfair at best and at worst unpredictable, so they rely on their own wits to get by. This has served them relatively well in the past—except when it doesn't. For Stumblers, awakening and surrender come much later (often after their first year, and thus outside the scope of these empirical findings) if at all. The awakening that may come within the first year is the awareness and acceptance of their own split. It takes a lot of practice for Stumblers to master "taking direction." But many do, after months and months of treatment.

**Moral Engagement:** Moral engagement also comes late for the Stumblers. It requires the willingness to be vulnerable and trusting in interpersonal relationships, and the ability to make and keep a commitment. At first, Stumblers are unaware of their hidden parts, their conflicting desires, and when a craving comes up it is not available to cognitive, social, spiritual or moral constraint. Once the Stumblers become aware of their own splits, the connection between their own negative moral emotions and their self-justifications, like Jonah and many others, they can begin to participate in and appreciate "social engagement" in a new way that eventually engenders moral commitment.

**Healing the splits, Recovering Integrity Passion and Purpose:** Healing their deep splits seems to be a precursor to engaging in treatment, in the community and in a connection with the Divine, Higher Purpose, Ultimate Meaning. Indeed this is the drumbeat of the Stumblers regenerative trajectory. Stumblers are resilient and self-destructive, each part is necessary for affirming the other; reconciling and integrating these sides. Accepting both sides makes them more available to cognitive, social and spiritual appraisal, removes the necessity of acting out, and replaying the tape. Thus, naming the sides early on, directly addressing the splits and the repetitive cycle early in treatment is the beginning of a long term project with Stumblers.

**Covenant:** By definition Developmental Integrity is not an end state. Integrity is measured by how it stands up to (and learns from) life's challenges. Stumblers that we identified in the longitudinal sample weren't "done" at the end of a year, yet they were still hanging on. Apocryphally, we can report that many of the Stumblers continue to grow and function, and, importantly for this task, return to the community when they are struggling and at risk of stumbling. As at the beginning, they are more likely to establish this covenant through community institutions —the music department, the marathon, surf therapy, —than they are to attach through individual interpersonal relationships.

**In Sum:** Stumblers find sanctuary in an institutional, impersonal structure until they can become aware of their own splits, the split between their affective impulses and their negative judgments. With this awareness, they can begin to work on healing the split, recovering integrity, and finding their passion and purpose. During this healing process they can begin to recover their own Holy Soul, and only then do they begin a genuine moral engagement with peers, staff and program. If a new moment of clarity, awakening and surrender comes, it usually comes after several relapses in the form of letting go of self will and acknowledging a need for covenant and faith.

### **The Path of the Stumblers**

**1. Sanctuary; 2. Recovering Integrity; 3. Sanctuary; 4. Recovering Integrity; 5. Moral Engagement; 6. Sanctuary; 7. Moral Engagement; 8. Sanctuary; 9. Covenant**

## Stuck

About 15% of the long termers seem to go downhill on all our measures accept faith. They come in, on average, with the highest cognitive moral judgment of people on any path, including a large negative, anti-societal orientation, reflected in negative moral emotions, little faith, and not too much self will. And they are also deeply split in their ability to use their own best thinking consistently. Many alternate between ego-centric needs and abstract principles, neither of which reflect the ability to take the perspectives of other people. Those who are stuck in this way may be more neurologically and psychiatrically damaged than others. They are more likely to be dually diagnosed, as an antecedent or consequence of long-term drug abuse. They remain depressed and hopeless, they lack direction and lack self will. We see very little change in their moral judgment or ego identity, they slip, backslide, and relapse. At some point they do grow in faith and are able, somehow, to hang on without too much acting out. Residents who are still stuck after 12 – 14 months are typically referred to a sober living house, Beit T'Shuvah's own independent living program, or other alternative living arrangements, while continuing to participate in Beit T'Shuvah's outpatient treatment program.

## Sight for the Blind

*Timothy has been stuck for at least 20 or 30 of his nearly 60 years. Diagnosed in late adolescence as first bipolar, then schizophrenic, Timothy refused medical help and instead wandered the streets of Los Angeles, drinking wine and sleeping under bridges and in cardboard boxes. Timothy took whatever drugs were available, slept in whatever place was available, and spent much of his 20s, 30s and early 40s going in and out of jail. His parents regularly bailed him out, got him settled somewhere, found new doctors, new meds, a new home for him but then he failed to comply. Over the years his body systems began to fail, and yet he remained alternately cheerful and defiant. At the urging of Timothy's brother, Beit T'Shuvah's Alternative Sentencing Program helped to get Timothy placed at Beit T'Shuvah in lieu of more jail time. At Beit T'Shuvah, the other residents accepted him, and recognized that his slips, lapses and relapses were not like other folks'. Staff could hold onto him even when he violated rules and norms, until, slowly his trust was built and a staff psychiatrist could help regulate his psychiatric medicine so that he could function, day to day, without having to shoo away*

*bothersome voices and urges. He continues to make use of the program and its resources, using its structure in lieu of his own, making a friend, and staying grateful to G-d and Beit T'Shuvah for helping him to acknowledge his own Holy Soul.*

*Timothy is unlikely to ever live independently, but he has nevertheless recovered sobriety, a modicum of integrity, and a lot of joy and gratitude for his life. Today he is safe, and a contributing member of the community.*

## **Stuck 2**

*Joseph had lived a conventional if lonely life. For many years he worked in the accounting department of a substantial foundation. He wore a suit and tie to work, shoes shined, sat at his desk and diligently worked the numbers all day every day. When he got stressed, lonely, angry or scared, he gambled. Sometimes when he didn't have the money to gamble, or if he lost too much to pay his bills, he siphoned bits from the books that he maintained. When he was caught, his employers gave him a second chance. The second time he was caught they fired him and he began drinking and taking pills. He somehow managed to defraud the foundation even after he was gone, and finally they pressed charges. Joseph was 55 years old when he came in to Beit T'Shuvah as an alternative to a jail sentence for accounting fraud.*

### **Broken, disengaged and stuck**

*Joseph came to Beit T'Shuvah a broken man. His moral judgment scores revealed his brokenness. Part of him was strongly committed to maintaining relationships and appearances, and part of him was concerned with principles of justice. There was no evidence that he understood or respected systems, institutions, roles or rules. At 55 his ego identity was wrapped up in looking for love and his emotion regulation was firmly rooted in running away.*

**Sanctuary.** *Joseph found sanctuary by engaging, superficially at least, with many people in the program, both staff and residents, but mostly with people who had some seniority or power within the system. He sought approval and direction from senior counselors and management.*

**Awakening/Surrender.** *After about two months in the program, Joseph deepened his connection with G-d. Always trying to please, he showed*



up early and often to Torah study, Talmud, and religious groups. He came regularly to services and valued the first three steps in the GA program: turning it over. He told others that he experienced G-d's work in bringing him to Beit T'Shuvah, and little else changed.

**Moral Engagement.** Joseph was good at suiting up and showing, doing what was expected, smiling, "engaging." Given his skills and training, he made a place for himself at the BTS Thrift Store where he was soon designing record keeping systems, bookkeeping systems and inventory systems. As one might anticipate, in lieu of genuine engagement, genuine soul-searching, genuine healing, and genuine growth, he relapsed. He shoplifted, siphoned off special donations and sold them on the side. When he was confronted, he said he needed the money to supplement his salary. He was sorry, and he would pay it back out of his subsequent earnings. The relapse, disclosure, T'Shuvah, and repentance, provided the potential for moral engagement.

**Healing the split, recovering integrity, passion and purpose.** As he worked to make amends, Joseph became increasingly depressed and withdrawn. The more lonely he felt, the more he reacted boldly, loudly and negatively toward others. In psychological terms, we could say that instead of integrating the split, he projected his sadness and his anger onto others. In spiritual terms, we could say that his Yetzer hara (evil inclination) was struggling to best his yetzer tov (good inclination). He continued to struggle, but at last measurement point, he was losing faith, his moral judgment remained split, he saw the world more negatively than when he came in, his self will was higher than at any point in the year, and yet he reported that he got to be the kind of person he is because, "G-d brought him to the right place at the right time to get what he needed."

**Covenant.** Joseph stayed around Beit T'Shuvah and stayed marginally connected, so long as there was a one-way street of unconditional acceptance. And then he was gone.

## **Tailoring Integrative Treatment for those who are stuck on the path to recovering Integrity, Passion and Purpose.**

We have said that people who are Stuck on the path may recover sobriety and may even commit to community, but they are not likely to recover integrity. Beit T'Shuvah is a place where these Holy Souls, too, can have a place at the table.

**Sanctuary:** Finding sanctuary and feeling safe are ongoing lifelong challenges for people who are stuck on this path. Repetitive rituals, including attention to sensori-motor cues, are helpful in early recovery (e.g. the same greeting, handshake, meeting room, cologne, order of prayer, seat helps with a sense of safety and predictability until trust in specific individuals develops. Expectations and boundaries need to be thoughtful, individualized and clearly communicated. Those who are stuck often know better, but there is a wide gap between what they preach and what they practice. Appeal to logic is a moot if not counterproductive argument. They feel safe within their logical fantasies—challenging them early on undermines acquiring Sanctuary.

**Surrender/Awakening:** Between 45 and 90 days the long-termers who are stuck, like the Leapers, lose their moral self-justification, and their self-righteous defensiveness. Their newfound faith is accompanied by a tentative increase in participation in the fellowship of AA and in IE. That is, unlike for the Meanderers or the Stumblers, for the Stuck “Letting go and Letting G-d” makes it safe enough to engage with other people. For them, engaging with others is an indicator of recovery, rather than a distraction.

**In sum.** To sum up the lessons of the Beit T'Shuvah Recovering Developmental Integrity Research Project: we found four common pathways, regenerative trajectories, that people take as they grow one grain of sand better each day at Beit T'Shuvah: Leapers, Meanderers, Stumblers and those who are stuck. People on each path work the recovery tasks differently, and use the programs' resources in different ways and at different times. These pathways vary by velocity of change (rapid, slow, up and down); the nature and degree of dis-integration on entrance; emotion regulation, and especially the processing of negative moral emotions, the changing balance and integration of moral agency and faith over time, and the pattern of change in moral judgment over time. We see these changes and these variations in the re-integration of neural networks, as well as in the re-integration of feelings, thoughts and behavior in decision making, and in social relations. People learn and grow in different ways how to live better, striving each day to get closer to being their best selves.

There is much more to learn about this process. We recognize that there are infinite pathways, not just four, and that the four paths we have outlined are just a beginning. We hope they will be useful to the practitioner and to other researchers as well. As Beit T'Shuvah is a living, growing spiritual community, we are humbled by the possibility of adding our footsteps to the sand.

**Moral Engagement.** As indicated above, for those who are stuck, with a long history of hiding and isolation, social engagement is itself an indicator of Awakening and of increased faith. Moral Engagement, then, means a more formal agreement to go along with the program, following the general rules and norms. This task, for the Stuck, means becoming one among many, being encouraged and supported in living up to standard expectations including showering, chores, dressing appropriately, being on time, and checking in and out. Letting go of (stubborn, self-determined?) self will is a hallmark of moral engagement for the Stuck. Having her or his own job, responsibilities, and seat as a meaningful part of the greater whole is a transition for the Stuck, into belonging *and* bringing your whole self.

**Recovering Integrity, Passion and Purpose.** We have said that among this group within the time frame of this study, by definition, people didn't recover their integrity. They gained in faith, their negative moral valence was kept in check, they let go of self will and they became part of the Covenant (B'nai Brith). No longer lost souls, they nevertheless remained fundamentally split. The Best Practice, we have found, is to help them find a role for themselves within a system/community where they can contribute their part, which is, on some level, true for all of us.

**Covenant.** Once the Stuck ones have accomplished Sanctuary, they are on the road to covenant. For them, more than for any of the other paths, covenant is and must remain a way of being for them to maintain sobriety. They are poster children for "being in recovery" as contrasted with "recovered." Recovery, like a covenant, is a way of being, and not an endstate. To that extent, maintaining covenant for the stuck as well as for the program, is an ongoing test of integrity.

### **The Path of the Stuck:**

**1. Sanctuary, 2. Sanctuary, 3. Awakening, 4. Sanctuary, 5. Moral Engagement, 6. Sanctuary, 7. Sanctuary, 8. Moral Engagement, 9. Sanctuary, 10. Covenant, 11. Moral engagement, 12. Sanctuary...**

	<b>Sanctuary</b>	<b>Awakening/ Surrender</b>	<b>Moral Engagement</b>	<b>Integrity, passion &amp; purpose</b>	<b>Covenant</b>
Leapers	Predictable, anonymous schedule of chores, meals, sleep, groups, etc., own room/space; sanctuary may follow awakening	45 day spiritual epiphany; transcendent experience; may precede sanctuary	BIG challenge; first with staff, later peers; group work, team work help; relapse risk	Deep structure work in therapy; may parallel moral engagement	Gratitude, being of service & telling their stories facilitate covenant
Meanderers	Engagement with peers on the path & homegrown staff; bringing their whole selves and feeling accepted; naming their experience	Recognizing day to day decisions and choice points may facilitate awakening, but no big epiphany. Taking the next indicated action may facilitate surrender, little by little	Active engagement in religious rituals, focus on connection to Divine/HP transforms social engagement to conscious moral engagement	Examine negative emotions. 4, 5, 6th steps; Mussar; therapeutic alliance critical. Relapse risk in the face of transitioning "back" to the world.	Antidote to meandering; Commitment to daily fellowship related practice.
Stumblers	Find safety in routine & anonymity; need fairness and predictable expectations to feel safe.	Awakening & surrender unlikely. May awaken to awareness of own split, own predicament; Relapse risk associated with self reflection & resistance to surrender	Awareness of negative emotions & hidden parts necessary for engagement. Integrity, Passion & Purpose may precede ME. Relapse risk: holding parts together in social context.	Reconciling self-destructive & resilient parts; breaking the cycle. Making amends. Spiritual affirmation, connection	Commitment to institution (e.g. marathon, choir) and ongoing work (e.g. therapy, Torah study)
Stuck	Find safety in ritual, attn. to sensori- motor. Sanctuary is biggest, ongoing challenge	Finding Faith opens trust in others and allows for loss of logical/moral front and negative moral orientation	Social (if not moral) engagement is a sign of awakening & surrender. Moral engagement is more systematic than interpersonal	Healing splits is hard. Therapy may not work, but awareness of pieces and one's holy soul /you matter Supports passion & purpose	Covenant is a direct line from Sanctuary. You're here, You are Home, You are important to us...

**In sum.** To sum up the lessons of the Beit T'Shuvah Recovering Developmental Integrity Research Project: We found four common pathways from exile to covenant: Leapers, Meanderers, Stumblers and those who are Stuck. People on each path work the recovery tasks differently, and use the programs' resources in different ways and at different times. These pathways can vary by velocity of change (rapid, slow, up and down); the nature and degree of dis-integration on entrance; emotion regulation, and especially, the processing of negative moral emotions; the changing balance and integration of moral agency and faith over time; and the pattern of change in moral judgement over time. We see these changes and these variations in the re-integration of neural networks as well as the re-integration of feelings, thought, and behavior in decision-making and in social relations. People learn and grow in different ways how to live better, striving one grain of sand at a time to get closer to being their best selves.

There is much more to learn about this process. We recognize that there are infinite pathways, not just four, and that the four paths we have outlined at Beit T'Shuvah are a finite cut. We hope they will be useful to practitioner and to other researchers as well. As Beit T'Shuvah is a living, growing spiritual community, we are humbled by the possibility of adding our footsteps to the sand.

## NOTES FOR TAILORING INTEGRATIVE TREATMENT

1 As with all recovery programs, many people who come in to Beit T'shuvah leave before they "get it."

2 Recovering integrity involves all the subsystems that were disintegrated during (and sometimes before) active addiction. The biological systems recover. For example as early as 1994 Volkow and her colleagues found that brain metabolism increases in the weeks following detox (Volkow, N. Wang, G.-J. .... Wolf, AP Recovery of Brain Glucose Metabolism in detoxified Alcoholics. *American Journal of Psychiatry*, 151, 2: 178-183.) Sullivan, Pfefferbaum, et.al. at Stanford found that even when the fundamental neural disintegration that is associated with Korsakoff syndrome occurs, the brain can regenerate and recover neural integrity after a long period of abstinence cf. Sullivan, E.V., Deshmukh, A., Desmond, J.E., Lim, K.O. & Pfefferbaum, A. (2000a). Cerebellar volume decline in normal aging, alcoholism, and Korsakoff's syndrome: Relation to ataxia. *Neuropsychology*, 14, 341-352.; Sullivan, E.V., Rosenbloom, M.J., Lim, K.O. & Pfefferbaum, A. (2000b). Longitudinal changes in cognition, gait, and balance in abstinent and relapsed alcoholic men: relationships to changes in brain structure. *Neuropsychology*, 14, 178-188... Lüscher, and his colleagues in Geneva have recently suggested that a period of abstinence creates the opportunity for neural regeneration not typically available in adulthood. Cf. Bellone, C., & Lüscher, C. (2012). Drug-evoked plasticity: Do addictive drugs reopen a critical period of postnatal synaptic development? *Frontiers in Molecular Neuroscience*, 5(75), 1-7.

3 Blakeney CD: Moral Judgment Disturbance and Moral Misbehavior. Harvard University; 1984; Blakeney CD, & Blakeney, R.F.: Reforming Moral Misbehavior. *Journal of Moral Education* 1990; 19: 101-113

4 Blakeney, Blakeney & Maeillo (2003) op.cit. Further, Bartels and her colleagues at Max Planck found that about 60% of chronic alcoholics had damage to the hippocampus after detox. Of those about 20% had additional brain damage. But those that had only alcohol-related cognitive deficits especially in the memory and visuo-spatial domains, could regenerate the degenerated hippocampus after 2 years of abstinence. Bartels, C., Kumbert, H-G.... Krampe, H. (2007). Recovery of Hippocampus-Related Functions in Chronic Alcoholics during monitored long-term abstinence. *Alcohol and Alcoholism*, 42, 2, 92-102. This parallels our findings at Beit T'shuvah of regeneration-reintegration in the moral, ego, emotional and faith domains. Blakeney, Reich, Blakeney (2005) op.cit.

5 Selvan, SG (2012) Character strengths as mediators in a mindfulness based intervention for recovery from addictive behaviours. University of London; The Betty Ford Institute Consensus Panel (2007) What is Recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment*, 33:221-228. In looking for a definition of recovery there is agreement that what is needed is a multi-dimensional construct. This quest demands a unifying principal and a multi-dimensional construct to operationalize it across developmental domains and diagnostic thresholds. Recovery does not mean a return to the status quo ante, nor does it call for a simple measure of change and growth, rather, the multi-dimensional construct has to account for both healing and the attendant potential for developmental transformation. For further explanation see Insel, et.al. (2010) op.cit.

6 Legault, L., Al-Khindi, T., & Inzlicht, M. (2012). Preserving integrity in the face of performance threat: Self-affirmation enhances neurophysiological responsiveness to errors. *Psychological Science*, Dodge K. Krantz B., Kenny PJ. (2010) How can we begin to measure recovery? *Substance Abuse Treatment, Prevention and Policy*. 5:31. White, WL (2007) Addiction Recovery: its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*. 33:229-244. 7 Jewish wisdom teaches that: "where the Ba'al T'shuvah stands, even the most righteous cannot stand." Overcoming, integrating, transforming the negative into the positive, into a way to serve G-d and be one's best, G-dly self is a central Jewish teaching, cf. Tanya. see also Beck, R., & Miller, J. P. (2001). Erosion of belief and disbelief: Effects of religiosity and negative affect on beliefs in the paranormal and supernatural. *Journal of Social Psychology*, 141 (2), 277-287.

8 Blakeney CD, Reich H, & Blakeney RF op.cit.

9 Cox D, La Caze, M., Levine, M.,: "Integrity",. In: Zalta EN, ed. *The Stanford Encyclopedia of Philosophy*, <http://plato.stanford.edu/archives/sum2001/entries/integrity/> Palo Alto: Miller (2012) op.cit.,

10 Hyman, at Harvard, has conducted a body of work that demonstrates the negative impact of addictions on the ability to learn from natural consequences. Cf. Hyman, S. E., Malenka, R. C., & Nestler, E. J. (2006). Neural mechanisms of addiction: The role of reward-related learning and memory. *Annual Review of Neuroscience*, 29, 565-598. Shaffer and his colleagues at Harvard describe the cross-addiction mechanisms of addiction. (Shaffer, H. J., LaPlante, D. A., LaBrie, R. A., Kidman, R. C., Donato, A. N., & Stanton, M. V. (2004). Toward a syndrome model of addiction: Multiple expressions, common etiology. *Harvard Review of Psychiatry*, 12(6), 367-374). Together they help account for "making the same mistakes over and over and expecting a different result." Also, see: Inzlicht, M., & Al-Khindi, T. (2011). Err and the placebo: A misattribution approach to studying the arousal properties of error-related negativity. *Journal of Experimental Psychology: General*. 141 (4), 799-807. And on the role of learning from mistakes in the potential for growth and transformation more generally see Oser & Spychiger (2005) op.cit.

11 the Hebrew words that are most often translated as Integrity are "shalem", the word for both peace and for wholeness; and "tamim" the word that also means "pure, unadulterated". Shalem is used, for example when a broken family is restored to wholeness, it's integrity restored by an act of teshuvah, repentance and return; Tamim is



- used when one has cleansed oneself of error, for example, and can walk before G-d, in integrity. In both senses integrity includes that idea that something can be restored to integrity through one's actions. Transformative potential is apparent in cell regeneration and transformation as well as in the whole-person/Holy soul domain. Cf. Nestler, E. J., Barrot, M., & Seif, D. W. (2001). fosB: A sustained molecular switch for addiction. *PNAS*, 98(20), 11042-11046.
- Nestler (2008) op.cit. Trantner, I., Ofir, R., & Verma, I. M. (1991). Alteration of a cyclic AMP-dependent protein kinase phosphorylation site in the c-fos protein augments its transforming potential. *Molecular and Cellular Biology*, 12(3), 998-1006.
- 12 Sullivan and Pfefferbaum (2002); op.cit. Erikson, (1968) op.cit. Changeux, J. P., & Lou, H. C. (2011). Emergent pharmacology of conscious experience: New perspectives in substance addiction. *The FASEB Journal*, 25(7), 2098-2108. For a discussion of integrity and psychological development from a psychodynamic, Jungian perspective see also Beebe, J. (1992) *Integrity in Depth*. College Station, Texas: Texas A & M University Press
- 13 cf. Volkow, ND, Baler, RD and Goldstein, RZ (2011) Addiction: Pulling at the Neural Threads of Social Behaviors, *Neuron*. 69(4): 599-602.
- 14 Crews, F., & Nixon, K. (2008). Mechanisms of neurodegeneration and regeneration in alcoholism. *Alcohol & Alcoholism*, 44(2), 115-127.
- 15 Lapsley DK, & Power, F.C.: *Self, Ego, and Identity, Integrative Approaches*. NY: Springer, 1988.; Judge, T. A., Erez, A., Bono, J. E., & Thoresen, C. J. (2002). Are measures of self-esteem, neuroticism, locus of control, and generalized self-efficacy indicators of a common core construct? *Journal of Personality and Social Psychology*, 83(3), 693-71. Commons, M. L., Trudeau, E. J., Stein, S. A., Richards, F. A., & Krause, S. R. (1998). Op.cit.
- 16 Carhart-Harris RL, & Friston KJ (2010) The default-mode, ego-functions and free-energy: a neurobiological account of Freudian ideas. *Brain*. 133(4): 1265-1283. Laufer, O., & Paz, R. (2012). Momentary loss alters perceptual thresholds and compromises future decisions via amygdala and prefrontal networks. *Journal of Neuroscience*, 32(18), 6304-6311. Chepenik, L. G., Raffo, M., Hampson, M., Lacadie, C., Wang, F., Jones, M. M., ... Blumberg, H. P. (2010). Functional connectivity between ventral prefrontal cortex and amygdala at low frequency in resting state in bipolar disorder. *Psychiatry Research*, 182(3), 207-210. Wolf, R. C., Sambataro, F., Vasic, N., Schmid, M., Thomann, P. A., Bientreux, S. D., & Wolf, N. D. (2011). Aberrant connectivity of resting-state networks in borderline personality disorder. *Journal of Psychiatry and Neuroscience*, 36(6), 402-411. Xue, G., He, Q., Lei, X., Chen, C., Liu, Y., Chen, C., ... Bechara, A. (2012). The gambler's fallacy is associated with weak affective decision making but strong cognitive ability. *PLoS ONE*, 7(10), 1-5; Adolphs R, Tranel, D. & Damasio, A.R.: Dissociable neural systems for recognizing emotions. *Brain and Cognition* 2003; 52(1): 61-69. Fingelkurts, A. A., Fingelkurts, A. A., Kallio, S., & Revonsuo, A. (2007). Cortex functional connectivity as a neurophysiological correlate of hypnosis: An EEG case study. *Neuropsychologia*, 45(7), 1452-1462.
- 17 Cf Blakeney, et.al. 2003 op.cit. and Blakeney CD, Rihs-Middel, M., Blakeney, R.F: Recovering developmental integrity and potential: Toward a general framework for measuring the addictive syndrome hypothesis and identifying recovery thresholds across diagnostic classifications. *Harvard Addictions Conference: Gambling and Addiction: Common causes, managing consequences*, Las Vegas, Nev. USA, Dec. 5-7, 2004.
- 18 In the Kohlberg, Piagetian constructive developmental models, once a "higher" stage is gained, it is "conserved." People don't go backwards, except under severe stress like concentration camps and war. It is a violation of developmental principles of hierarchical integration for adults to "lose" a higher stage. Typically, after the age of about 6 or 7, a moral feeling, like disgust or rage, is conserved by means of context and logic into a moral judgment, a "permanent" scale of values according to Piaget J: *Moral Judgment of the Child*. New York: Free Press, 1965; and Blakeney, CD. & Blakeney, R.F. (1991). Understanding and reforming moral misbehavior among behaviorally disordered children. *Journal of Behavioral Disorders*, 16, 2-11. The question we address is: what do we make of this apparent violation of principle...that people lost moral ground in the process of recovery?
- 19 O'Daly, et.al. (2012) op.cit.
- 20 cf. Stevenson, et.al. (2009) op.cit. Adinoff, et. Al. (2005) op.cit.
- 21 Bartels, et.al (2007), op.cit. DiSciafani, Fein, et.al (2002) op.cit.
- 22 Fein G. & Fein D. (2012), op.cit. see also Heilig, M., Egli, M., Crabbe, J. C., & Becker, H. C. (2010). Acute withdrawal protracted abstinence and negative affect in alcoholism: Are they linked? *Addiction Biology*, 15(2), 169-184.
- Nestler, E. J. (2008). Transcriptional mechanisms of addiction: role of fosB. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 363(1507), 3245-3255. Shackman, A. J., Salomons, T. V., Slagter, H. A., Fox, A. S., Winter, J. J., & Davidson, R. J. (2011). The integration of negative affect, pain, and cognitive control in the cingulate cortex. *Nature Reviews Neuroscience*, 12(3), 154-167. Tugade, M.M., and Fredrickson, B.L., (2004) Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology* 86 (2) 320-333.
- 23 Stevenson, J. R., Schroeder, J. P., Nixon, K., Besheer, J., Crews, F.T., & Hodge, C. W. (2009). Abstinence following alcohol drinking produces depression-like behavior and reduced hippocampal neurogenesis in mice. *Neuropsychopharmacology*, 2234(5), 1209-1222. O'Daly, et. al. (2012) op.cit.. Lu, L., Grimm, J. W., Hope, B. T., & Shaham, Y. (2004). Incubation of cocaine craving after withdrawal: a review of preclinical data. *Neuropharmacology*, 47(1),



- 214-226.: Wolf, M. E., & Tseng, K. Y. (2012). Calcium-permeable ampa receptors in the vta and nucleus accumbens after cocaine exposure: When, how, and why? *Frontiers in Molecular Neuroscience*, 5(72), 1-27. Cunningham, J. A., & McCambridge, J. (2011). Is alcohol dependence best viewed as a chronic relapsing disorder?. *Addiction*, 107, 6-12. Brewer, J. A., Bowen, S., Smith, J. T., Marlatt, G. A., & Potenza, M. N. (2010). Mindfulness-based treatments for co-occurring depression and substance use disorders: What can we learn from the brain?. *Addiction*, 105(10), 1698-1706. Conrad, K. L., Tseng, K. Y., Uejima, J. L., Reimers, J. M., Heng, L. J., Shaham, Y., ... Wolf, M. E. (2008). Formation of accumbens glur2-lacking ampa receptors mediates incubation of cocaine craving. *Nature*, 454(7200), 118-121.
- 24 Vaillant, G.E. (2008). *Spiritual Evolution: A scientific defense of Faith*. NY: Broadway Books. Antonovsky, A. (1985) The life cycle, mental health and the sense of coherence. *Israel Journal of Psychiatry and Related Sciences*, Vol 22(4),273-280; Antonovsky A: The moral and the healthy: identical, overlapping or orthogonal? *Israel Journal of Psychiatry & Related Sciences*, 1995; 32(1): 5-13.
- 25 cf. Luzzatto, M.C. (1996 edition) *The Path of the Just*. NY/Jerusalem: Feldheim
- 26 Fein & Fein (2012) op.cit. Blakeney & Blakeney (2006) op.cit.
- 27 Variability in the rate of change (regeneration, healing, growth, transformation) is characteristic of development, health and recovery across a range of "dis-eases." Cf. Freeman, K., Staehle, M. M., Gümüş, Z. H., Vadigepalli, R., Gonye, G. E., Nichols, C. N., ... Schwaber, J. S. (2012). Rapid temporal changes in the expression of a set of neuromodulatory genes during alcohol withdrawal in the dorsal vagal complex: Molecular evidence of homeostatic disturbance. *Alcoholism: Clinical and Experimental Research*, 36 (10), 1688-1700. Kali, R., & Salthouse, T. A. (1994). Processing speed as a mental capacity. *Acta Psychologica (Amsterdam)*, 86(2-3), 199-225. Increasing attention has been paid to "fast" and "slow", such as we found between the two groups who substantially recovered integrity: Leapers and Meanderers. Among recent relevant and credible research on velocity of regeneration and transformation, please see: Kelley, M. A. R., Roberts, J. E., & Ciesla, J. A. (2005). Sudden gains in cognitive behavioral treatment for depression: When do they occur and do they matter?. *Behavior Research and Therapy*, 43, 703-714. Daban, C., Mathieu, F., Raust, A., Cochet, B., Scott, J., Etain, B., & Bellivier, F. (2012). Is processing speed a valid cognitive endophenotype for bipolar disorder. *Journal of Affective Disorders*, 139(1), 98-101. Nevin, J. A., & Shahan, T. A. (2011). Behavioral momentum theory: Equations and applications. *Journal of Applied Behavior Analysis*, 44(4), 877-895. Turken, A. U., Whitfield-Gabrieli, S., Bammer, R., Baldo, J., Dronkers, N. F., & Gabrieli, J. D. E. (2009). Cognitive processing speed and the structure of white matter pathways: Convergent evidence from normal variation and lesion studies. *Neuroimage*, 42(2), 1032-1044. Cominos, A. (2008). Predicting a rapid response during psychotherapy for depression. University of Wollongong Theses Collection; Bartzokis, G., Lu, P. H., Tingus, K., Mendes, M. F., Richard, A., Peters, D. G., ... Mintz, J. (2010). Lifespan trajectory of myelin integrity and maximum motor speed. *Neurobiology of Aging*, 31(9), 1554-1562. and especially: Crews, F. T., & Nixon, K. (2009). Mechanisms of neurodegeneration and regeneration in alcoholism. *Alcohol and Alcoholism*, 44(2), 115-127.
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- 29 This is consistent with the types and levels of T'shuvah outline in Tanya and other traditional Jewish texts.
- 30 A split in moral judgment indicates that people use different, mutually exclusive moral orientations to address moral problems in different contexts, like business and family, or in thinking about the race or religion of a pharmacist in, e.g. deciding whether to steal to save a dying wife, or whether to intervene to stop a bully. This is a violation of developmental theory (Piaget, 1934; Kohlberg, 1984) as well as an indication of developmental psychopathology (Hare; Blakeney & Blakeney, 1991 in Powers; et al. 2004) and a predictor of being at risk for moral misbehavior . cf Blakeney & Blakeney, (1992) op.cit.; Selman; op.cit. Kegan, R. (1998) *In over our Heads: The mental demands of Modern Life*. Cambridge: Harvard University Press
- 31 Power; op.cit. Commons and Armon; op.cit. Fischer, K. W., Ayoub, C. C., Noam, G. G., Singh, I., Maraganore, A., & Raya, P. (1997). Psychopathology as adaptive development along distinctive pathways. *Development and Psychopathology*, 9, 751-781. Ayoub & Fisher, op.cit.
- 32 Blakeney, CD, Maeillo, C & Blakeney, RF, op.cit. Blakeney, Rihs-Middel, et. al. op.cit.
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- 34 Sorg, S. F., Taylor, M. J., Alhassoon, O. M., Gongvatana, A., Theilmann, R. J., Frank, L. R., & Grant, I. (2012). Frontal white matter integrity predictors of adult alcohol treatment outcome. *Biological Psychiatry*, 71(3), 262-268.
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- 36 Kahneman, (2011) *Thinking Fast and Slow*. NY: Farrar, Strauss & Giroux.
- 37 Lander & Nahon, (2011) op.cit.
- 38 Viamontes, G. I., & Beitman, B. D. (2006). Neural substrates of psychotherapeutic change part I: The default brain. *Psychiatric Annals*, 36(4), 225-236.
- 39 On recovering neural integrity cf. Crews FT, Buckley T, Dodd PR, Ende G, Foley N, Harper C, He J, Innes D, Loh E-W, Pfefferbaum A, Zou J, Sullivan EV. (2005) Alcoholic neurobiology: changes in dependence and recovery. *Alcohol Clinical Experimental Research*. 29(8):1504–1513. On recovering psychosocial integrity cf. Beebe, op.cit. And on recovering spiritual integrity cf. Borovitz op. cit. Rossetto, op.cit.
- 40 The extent to which engagement in religious rituals at time 2 (about 3 months into the program) influenced recovered integrity varied by Trajectory from 13 % among the Meanderers, who were high in faith to begin with—to 35% among the Stuck—who had relatively lower faith to begin with.
- 41 Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2010). Mechanisms of behavior change in Alcoholics Anonymous: Does Alcoholics Anonymous lead to better alcohol use outcomes by reducing depression symptoms? *Addiction*, 105(4), 626-636. Kelly J. F., Stout, R. L., Tonigan, J. S., Magill, M., & Pagano, M. E. (2010). Negative affect, relapse, and Alcoholics Anonymous (AA): Does AA work by reducing anger? *Journal of Studies on Alcohol and Drugs*, 71(3), 434-444.
- 42 This empirical finding demonstrates the power of the data to illuminate the practice, even in ways we don't expect. We expected the spiritual aspects of the program to facilitate recovery for the Leapers, for example, who have little faith to begin with, but not necessarily for the Meanderers, who come in with a greater storehouse of faith. However empirically we found that participation in religious rituals was predictive of growth in faith on every path. Blakeney, Soravia & Blakeney (2007) op.cit.
- 43 Cf. Piaget, Vygotsky, etc.

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