

Full Life Counseling & Recovery

Values Statement

To formally define what it is that we believe about use of alcohol or other drugs, general mental health concerns, addiction, recovery and client services, and the culture of our practice, the following value statements have been identified:

It is not only common but frequent for individuals of all ages to experience a range of needs, distress and challenges related to mood, anxiety, personality, relationships with other people, and relationships with alcohol, illicit drugs, and prescription drugs. Therapy, supportive counseling, education, coaching and clinical support resources are some of the ways Full Life team members can choose to aid and encourage healing and wholeness.

Use of substances is common in American culture and therefore not, in and of itself, a wrong, bad, sinful or shame-worthy behavior. Certainly, the laws of the land apply, but even these vary by location and culture.

While alcohol is legal for those over 21 years old in the US and many people believe marijuana should be legal, these most-commonly abused substances can cause very real and destructive problems in the lives of those who abuse them. Legality of a substance is not what defines whether or not it is acceptable or unacceptable. What matters is what happens in the lives of those whose use of substances creates pain, unhealthy relationships, and/or unmanageability in their lives.

Some people who use substances develop problems, but not all people who demonstrate the symptoms of substance abuse are destined to develop the disease of addiction. Our job as addiction professionals is to help such individuals understand their risk for developing more serious problems (including addiction) and introduce them to alternative methods for getting their needs met. This means helping them identify other ways to relieve stress, work through problems, set boundaries, accept personal responsibility, experience joy and fun, and find a peer group that supports healthier lifestyles and relationships.

Those who do develop the disease of addiction should be treated with the same respect and dignity afforded to any sick person. Unfortunately, the symptoms of the disease are often offensive to others. Symptoms include dishonesty, deception, manipulative behavior, irresponsible and/or impulsive behavior, denial, and minimizing, rationalizing and justifying their use of alcohol and/or other drugs. As distressing and challenging as these symptoms are, it helps us to keep in mind that they are symptoms demonstrated by a sick person in need of compassionate care.

Similarly, when addicts and alcoholics demonstrate the symptoms of the disease, it is our responsibility as addiction professionals to take steps to encourage treatment as soon as possible. While waiting for the addict or alcoholic to “hit bottom” is well-established conventional wisdom, failure to make every effort to encourage treatment (even for those who don’t know they are sick) could result in considerable

unnecessary suffering or even death. Compassionate, respectful intervention is a loving and responsible act for families and friends to consider when the individual truly cannot see their disease.

All strategies for helping individuals, couples or families must demonstrate professionalism, respect and dignity. “Hot seat” confrontation methods, shaming intervention approaches, and deliberate stripping away of defenses of the addicted person are not appropriate at Full Life. Such methods may be appropriate in some contexts under other circumstances, but not here. Our intervention services follow the tenets of the Love First-model.

Full Life is deliberately open to a variety of strategies and therapeutic interventions to help individuals and families experience a full life in recovery. Traditional interventions include talk therapy in groups and individually, EMDR, Comprehensive DBT, Cognitive Behavioral Therapy, Gorski/CENAPS Relapse Prevention strategies, and mutual support groups.

We feel strongly that the need to get relief from specific stressors, symptoms and distress often contribute to our clients’ use of substances. We are committed to being willing to both take that need for relief seriously and to explore alternative therapeutic solutions. For that reason, we offer some alternative services “in house” and refer out for others. Activities such as equine-assisted psychotherapy, clinically-directed aromatherapy, therapeutic breathwork, yoga, mindfulness training, Reiki, and experiential therapy can be helpful ways for our clients to safely find relief without having to use alcohol, illegal drugs or prescription drugs.

For some though, symptoms of depression, insomnia, anxiety, ADHD, OCD or bipolar disorder can complicate recovery and may necessitate prescription medication to manage symptoms. While use of intoxicating medications, like benzodiazepines, should be avoided whenever possible, use of antidepressants, mood stabilizers, non-habit-forming anxiolytics and sleep aids have their place in the spectrum of care.

For those without a history of substance use concerns, psychiatric and naturopathic medications can provide additional relief from symptoms of depression, anxiety, insomnia, rumination, and other mental health conditions. While some may be reluctant to consider medications, our clinicians may recommend collaborating with an appropriate healthcare provider to explore symptom relief as part of a comprehensive plan towards relief, growth, and wholeness.

For those with substance use concerns, the use of non-addictive medications to assist recovery may be appropriate for some individuals. Vivitrol, Trazodone, Campral, naltrexone, Neurontin, Topamax, Antabuse and other medications that can support recovery and be appropriate when administered by a physician who is well-versed in addiction medicine.

Use of some prescription and over-the-counter medications can begin legitimately and evolve into physical dependency with or without psychological dependency. Those who have physical

dependency without psychological dependency and who have never abused other substances may be excellent candidates for physician-only care, including the use of opioid maintenance programs such as Suboxone. Those who have developed dependency on opioids as part of a larger experience of substance use with symptoms commonly associated with addiction are better suited for a more comprehensive plan towards relief, growth, wholeness and sustainable recovery.

While we are hopeful that all our clients can achieve sustained, abstinence-based recovery from all intoxicating substances, we accept that some individuals may actually need medication-assisted treatment (MAT) and harm reduction strategies to stay alive so that they have a chance at recovery. While we are hopeful that all clients on MAT eventually choose to move towards abstinence-based recovery, we partner with MAT prescribers to provide the essential therapeutic and recovery-focused aspects of care.

While we all have something to learn from those who are different and there is value in a diverse culture, often the best recovery experiences occur in the company of one's peers. Full Life makes every effort to match those needing services with a treatment or recovery group who is of similar age, professionalism, recovery experience and/or gender whenever possible and most therapeutic.

Professionals providing counseling on behalf of Full Life are all seasoned and credentialed. Despite our experience, we are all in need of support, objective perspective and clinical supervision. When the stressors of the job get the best of us, we are all challenged to take care of ourselves by reaching out, taking time off and striving to maintain meaningful relationships outside of work.

It is the responsibility of both the addiction professional and the person in recovery to explore and develop a full array of activities and practices that support recovery. While 12 step groups are well-recognized as the most accessible, most affordable and highly effective for many, there can be various paths to successful, sustainable recovery. Generally speaking, mutual support, structured self-reflection, sober fun, productive/purposeful lifestyle, and some form of spirituality are ingredients for successful recovery, regardless of what path or program is chosen.

We stand firmly against racism, sexism, homophobia, transphobia, ableism, white nationalism, white supremacy, and religious intolerance. We acknowledge that the predominant models of psychotherapy originate from White, upper-class, cis-gender, heterosexual men, therefore we seek to explore and embrace models that recognize differences in culture, race, sexual orientation, gender identity and an array of spiritual traditions in our work.

Full Life Team Culture

You are asked to demonstrate compassion by communicating an awareness that addiction is a disease and those who have the disease are sick, not bad. By extension of that awareness, you are asked to demonstrate compassion for the individuals with the disease and those who love them, all of whom are prone to demonstrate difficult behavior and to treat all clients and their family members with dignity and respect, regardless of how poorly they behave.

You are asked to demonstrate just as much compassion for those affected by general mental health issues. While it is true that Full Life was built to first serve those with substance use and addiction issues, those suffering with deep despair, paralyzing anxiety, incessant rumination, suicidal thinking, problematic personality traits, and dysfunctional families are just as worthy of compassion and respect.

You are asked to live and work towards the goal of equity for all. This means to practice inclusion, renounce racism and all other forms of discrimination, seek to recognize your own privilege, stay open to the insights of your coworkers when your actions or words reflect insensitivity or bias (unconscious or not), and actively explore ways “to move beyond acknowledgement and guilt, and to start living, working, organizing, consuming and loving differently.”

You are asked to demonstrate collaboration by striving to communicate with our client’s family members and other providers (fellow Full Life team members, psychiatrists, treatment centers and other healthcare and recovery professionals) with adherence to both HIPAA and 42 CFR Part 2 confidentiality protections.

You are asked to demonstrate open-mindedness and willingness regarding differences in Full Life practice philosophy and expectations as they compare to other programs with which you are familiar.

You are asked to demonstrate generosity by sharing ideas, protocols and recommendations based on your experiences with other programs with which you are familiar. Your past experiences could offer new procedures, perspectives, services or solutions that could help us improve.

You are asked to demonstrate that you are a team-player by attending team meetings and team retreats as frequently as you are able, encouraging fellow team members during stressful times, celebrating successes of fellow team members, offering insights during team meetings, being willing to “pinch hit” to help a team member who is feeling overwhelmed or needs time off, and assisting with minor housekeeping tasks as they need attention.

You are asked to demonstrate honesty and courage by bringing the Clinical Director’s attention to any and all concerns about practice policy, provision of care, questionable interactions you may have had with clients, coworkers or other stakeholders, any mistake you think you may have made, any boundaries you worry you may have crossed, or concerns about any other team member’s

professionalism, judgment, boundary recognition, behavior or personal health. While subsequent actions may be necessary, you can feel confident that any actions taken will be done in ways that seek to resolve the issue while respecting all parties and protecting you as a valuable team member.

You are asked to demonstrate responsibility and consistency by establishing and following a consistent work schedule, completing documentation on time, and communicating in advance needs for time off, late arrivals or schedule changes to the support team and the Clinical Director.

You are asked to recognize the limits of your credentials and clinical experience by consulting with the Clinical Director in the event you encounter client symptoms, behavior or diagnoses that are outside the scope of your training, credential and clinical experience.

You are asked to observe professional boundaries by not developing or engaging in romantic relationships, sponsor/sponsee relationships, business relationships and even friendships with the clients we serve. If you have a pre-existing relationship with someone who becomes a client of Full Life, we ask that you self-disclose that and allow other Full Life team members to work with them.

And last, but certainly not least, you are asked to prioritize your own personal health. Notify the Clinical Director in the event of any personal issues that could threaten the quality of care you are able to provide, your ability to maintain a regular schedule or a need to suspend direct client-care. The wisdom of stepping forward and asking for what you need will be honored, and it can be assumed that every effort will be made to preserve employment except in extreme circumstances.