How does a client's spiritual life/relationship with God factor into the relational component of recovery?
A: I would first note that I don’t see spiritual life and relationship with God as interchangeable concepts. At the same time, it seems helpful for clients to look beyond themselves and their fixed perspective to create meaning and purpose. It is important to explore any religious or spiritual contexts in which clients experienced non-nurturing environments, as contamination can seep into their view of the role of spirituality and religion in their well-being.

Any suggestions on how to assist people with forming healthy, meaningful relationships when they have long been engaged in substitutionary nurturance?
A: I use the analogy of muscle atrophy and seeking physical therapy. You need a trained helper (PT) to support you while pushing you to rebuild despite the pain. This person can be a counselor, a sponsor, or other individual or group that can support the rebuilding of relational muscles. I might also use neuroplasticity demonstrations to highlight the ways in which the brain can change – both in growing new “relational muscles” and in healing damage caused by intense and/or prolonged addiction.

What reminders do you suggest for people to "take home" with them to help them "unload the gun?"
A: Triggers and coping skills are Band-Aid strategies that have their place. However, too often, it seems that coping skills enter treatment too late – after the trigger is pulled. In my writing, I describe striking while the iron is cold (the allusion is to metal work, hammering metal when it’s hot and malleable). Since we are humans, waiting until we are “hot”, activated, or triggered is too late. Striking while the iron is cold means doing the hard work of growth when things are more okay – when, ironically, folks are less motivated to change.

During the live webinar, Chad asked for attendees’ six word description of addiction. Here are some of the answers that people submitted:
- Addiction is a biological and social disease.
- chronic, primary, progressive treatable brain disease
- need to continue engaging pattern behavior
- numbs extreme pain and eases distress
- physical and psychological dependence on substances