



# Addiction Recovery Change

A HOW-TO MANUAL  
FOR  
SUCCESSFULLY  
NAVIGATING  
SOBRIETY

ADAMS RECOVERY CENTER



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INTRODUCTION

## Seeking Sobriety

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When we conceived this book, we wrote it for the person who is contemplating or has just entered substance abuse treatment, sometimes called rehabilitation or “rehab.” Almost everyone who abuses substances has hesitation, if not outright fear, about entering treatment. In addition to the stigma attached by many to it, being in treatment can feel like an admission of defeat against something so small—a powder, a drop of liquid, a vapor. These small things can take control of lives, leading people into treatment, where they have to spend time away from their jobs, their friends, their families, and their familiar lives to get things straight. Treatment is scary. Drug use is scary.

Sobriety can be downright terrifying, especially for those who have just completed the beginning portion of their journey out of insobriety.

Therefore, we changed the focus of this book. We wanted to help the person who has just shaken off the cobwebs, probably after spending some time in a detoxification program or in treatment, and finds herself or himself asking, “Now what do I do?”

If that sounds like you, or like someone you care about, we believe this book can help you.

Contrary to what some might say, sobriety isn't a trade secret. You won't join any secret society and learn magic phrases or code words that enable you to remain sober. Quite frankly, sobriety is much simpler than you might realize. Even if you are still in what we call the "pre-contemplation phase," you will gain valuable insight and learn how to use tools for sobriety in this book.

Of course, reading alone won't do it for you. You have to put into practice what you read. Sobriety sounds great on paper, and when applied, it's magnificent. You start to deal with life on your own terms instead of letting life tell you how you're going to be dealt with.

Ask yourself this question: Are you sick and tired of being sick and tired? You've probably been asked that, or you've asked yourself that, in the past—more than once. We bet that the answer is "yes," you *are* sick and tired of being sick and tired. But the effort to get clean and stay clean is overwhelming. In this book, we're going to discuss various stages and phases you will go through and also address common thinking errors. We'll discuss pitfalls, traps, and dangers that unfortunately lurk around many corners. Some of those pitfalls, traps, and dangers come in the form of familiar people, places, and things, so we'll give you tips and strategies for dealing with them. After all, if you're sick and tired of being sick and tired, you are looking for something to

help you get on the path of Right Living (a phrase you will hear often and which will be explained later in this book).

One thing needs to be made clear up front, whether you are the person who is entering sustained sobriety, or you are the loved one of someone getting sober, or if you're just a concerned individual who wants to learn more. A sad truth is that most people who get clean use substances again. This is not at all to be considered a failure. Substance abuse is alluring. It is literally stimulating on so many levels. People use again for more reasons than we can list in this book. But using substances again after getting clean does not in any way, shape, or form indicate the person who uses is a failure. It simply means the strategies and tips learned were not sufficient to overcome the desire to use substances. Using again after getting clean gives you a chance to figure out what went wrong and, we hope, to correct that.

There's no sugarcoating the fact that some people who use again could end up dying. No one is immune from the potential for an overdose. If you are under the delusional belief that you cannot end up harmed or dead from using substances, I strongly urge you to spend just a few minutes on the Internet reading the tens of thousands of "It could never happen to me!" stories to find out how many people are no longer with us. Substance abuse destroys.

We'd like to help you avoid becoming an unnecessary casualty.

**WHO WE ARE**

We are Adams Recovery Center, a separate-gender drug and alcohol treatment program located in Clermont County, Ohio. We offer residential, intensive outpatient, and individual counseling services. Our program is a modified Therapeutic Community running the Hazelden clinical curriculum, and we use the latest evidence-based practices and incorporate cognitive behavioral therapy, rational-emotive behavior therapy, and behavior therapy to maximize client gains in the program. Our inpatient program is designed for an approximate 180-day stay. Our staff includes drug and alcohol counselors and mental health counselors.

When a client has made sufficient evident clinical and personal progress, the client graduates and is referred for aftercare.

Not every client who attends ARC graduates. No program on the planet can guarantee 100 percent success. Many programs exist, and many models exist, but in the end, it's up to the person going through the program to put the work into the program and benefit from what she or he learns.

**WHAT QUALIFIES US TO HELP YOU**

The staff at Adams Recovery Center comprises individuals who are certified or licensed in various disciplines. All clinical staff hold, at the bare minimum, certification as a chemical dependency counselor in the state of Ohio (Chemical Dependency Counselor Assistant). Most staff



are licensed as chemical dependency counselors (Licensed Chemical Dependency Counselor, Level 2 and Level 3), and others hold the Licensed Independent Chemical Dependency Counselor (LICDC). Two staff members hold the LICDC-CS, which is the Clinical Supervisory endorsement—the highest form of chemical dependency licensure in the state of Ohio.

Additionally, several staff are licensed as mental health counselors (LPC) in the state of Ohio. Several of these mental health counselors are under direct supervision as Clinical Residents and are working toward their independent licensure as Licensed Professional Clinical Counselors (LPCC) in the state of Ohio. Our medical coordinator is a Registered Nurse (RN) in the state of Ohio, along with holding a CDCA.

We come from various counseling backgrounds, from a variety of schools of thought. We draw from cognitive behavioral therapy; behavior therapy; rational-emotive behavior therapy; reality therapy; choice therapy; existential/gestalt therapy, etc. We bring a diverse therapeutic orientation to the table, which allows multiple techniques and interventions to be used.

If you tally the years of experience of every clinical professional at Adams Recovery Center, you approach triple digits quickly! We never take a generic, cookie-cutter approach, and we believe this diversity allows us to help clients reach their goals without being placed in a one-size-fits-all box.

As ARC's clinical director, I wrote this book by pulling from the expertise of the entire ARC team. My name is Matthew Rupert, and I've spent more than twenty years working in behavioral health. For the past ten years, my focus has been on addictions. Initially, I wanted to be a therapist helping people with depression, anxiety, and similar issues. I discovered my love for this field because of the people who need the help. They're no different than anyone else. Sure, they have a substance abuse issue, but they're certainly not immoral demons. *They're people.* Some of them have done some really bad things (I've worked with sex offenders, murderers, arsonists, etc.), but they are still *people.* By refusing to judge the person and instead focusing on his or her behaviors, I discovered how intricately woven the behavioral issues are in substance abusers. I also enjoy the personalities in this field. I meet some absolutely fascinating people!

To serve my clients in the best way possible, I earned a Master of Arts in Community Counseling (mental health therapy) from Xavier University in Cincinnati, Ohio. I am a fully licensed Professional Clinical Counselor with supervisory endorsement (LPCC-S) and a Licensed Independent Chemical Dependency Counselor with clinical supervisory endorsement (LICDC-CS), both in the state of Ohio. I have the privilege and honor of being able to work on the behavioral challenges of individuals who present with substance abuse issues or what would be perceived as more "traditional" mental health issues—and in most cases, both.

Despite my credentials and schooling, I don't claim to have all the answers. I don't claim to be able to save everyone's life. I can't take credit for the hard work the client does. I won't pretend I'm the one responsible for change.

I do this work because I love to see someone save her or his own life. Every life is a life worth saving.

Therefore, I'd like you to write down in the next few lines your three biggest challenges in sustained sobriety, whether it's your own sobriety or that of a loved one. In other words, what are the three things you think might lead you or your loved one to use substances again?

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- 2) \_\_\_\_\_  
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- 3) \_\_\_\_\_  
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Keep those challenges in mind as you read the book. Refer to them in every chapter, and ask yourself, "Are these challenges being addressed?" These are going to be the "Big

Three,” and if you work honestly with yourself, they won’t be so big once you’re done with this book. (These challenges *will* remain insurmountable if you do not honestly work on and address them!)

Throughout these pages, we’ll share stories about some of the clients we’ve seen. To protect those clients, names and some details have been changed. Not every tale you read has a happy ending. These stories are included to illustrate how different every situation is, and that even if you think you understand what someone is going through because you used the same drug(s) or grew up in the same town, you really don’t know anything about another person. Every person’s experience is different, bar none. You don’t know what Billy or Jamie went through unless you happen to *be* Billy or Jamie.

You are the best expert on your own life. We’re hoping you’ll add your own story at the end of this book, and that it will be one of sustained sobriety.

### REFLECTION QUESTIONS

Before we move on, we ask you to reflect on the following:

- What scares you the most about trying to stay sober, or about helping a loved one stay sober?

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- What are you most excited about in your new life of sobriety?

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- Who are the supporters in your life to whom you can turn for help?

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- What is the biggest challenge you have overcome so far on your personal journey?

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## Setting Expectations after Treatment

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Quite often when we are asked, “What do people do in treatment?” we respond, “They learn how to become and stay sober.” This response has, surprisingly to us, been met with skepticism and incredulity. It has been our experience that most of the people who are labeled as supports for the client believe treatment to be a magical place where grand changes will occur with the client. Parents, grandparents, husbands, wives, girlfriends, boyfriends, pastors—you name it—believe that somehow, through the client simply being in the rehabilitation program, a cosmic change will occur for the client and all will be well.

Sadly, we have to disappoint these supporters.

The reality differs from the mental image. In truth, change does occur, but that change occurs over time. We explain that we’re working to de-program years, if not decades, of conditioning. The client comes to us with numerous beliefs, some of them highly manipulative and criminal in nature, that led the client to engage in a series of destructive behaviors. It took time to build these harmful, well-defended behaviors, and so it takes time to deconstruct them.

During a client's stay in treatment, we work constantly to destroy the client's defense mechanisms. We want clients to begin to open to the possibility of being something they don't like being: vulnerable. We emphasize that this type of vulnerability will not harm the client; in fact, it is *a healthy risk*. Being vulnerable to hearing someone say, "I care about you," or, "I love you," is healthy and can yield significant personal growth. Shoving a needle full of junk into your vein or slamming an entire bottle of booze, in an effort to cover some pain or trauma, represents the unhealthy risk. We teach that through exposure to healthy risks, life becomes less scary and overwhelming, and in time, our desire and ability to take healthy risks provide much greater rewards than escaping into a drug or a drink.

Embarking on a life of sustained sobriety is a healthy risk. Your friends and family are hoping for positive change in you, and you might worry that you'll let them down. Maybe you already think you're a failure because of your addiction. Maybe you hated yourself when you entered treatment. Maybe you still do to a certain extent.

All of these are normal feelings most people have when they start to come out of active addiction. Therefore, you are not alone. You have millions of brothers and sisters who have gone through, and who are going through, the same things you're experiencing. Like so many brothers and sisters who have struggled as you are struggling, *you can and will succeed at sustained sobriety if you trust the process!*



When we ask someone to trust the process, we are asking him or her to abandon the image he or she holds onto of him- or herself and begin shedding that image, as a snake sheds its skin. We are asking the person to expose his or her true self, or, if the true self is unknown, to allow the true self to be revealed so the true self can be discovered. Addiction takes away so much from us, including our identity, that we no longer recognize who and what we are. In some cases, we don't know if we ever knew who and what we are. Therefore, by trusting the process, we come out of denial and into acceptance.

#### **WHAT IS THE PROCESS?**

The process is called many things by many people. We do not define it for you. We don't believe the process can be defined by anyone except you. Some say it's God. Others say it's nature. Even more people say it's the entire universe. We've heard people call the process the truth. The process is not something anyone controls. If we learn to accept the fact that the process *simply is*, and that we are a part of it and not masters of it, we stop fighting to control it, and we accept that life will occur. We cannot force our will on the process and demand, insist, or threaten that the process conform to our desires. We already tried that, and sustained addiction was the price we paid.

In short, the process is simply getting from point A to point B. It is comparable to jumping into a river with a strong current. The river isn't deadly in and of itself, but if

you fight the current or attempt to alter the path of the river, things might not go the way you envisioned. It might sound mystical, spiritual, or religious. But we remind everyone that there's nothing about the process that is otherworldly. You can think of the process as spiritual or supernatural if that helps. The process represents how things move in this great and wonderful universe in which we are privileged to live. Fighting and bucking against that process results in painful experiences and almost always ends in disaster—hence the analogy of the river. If you fail to trust that the river will take you to your destination, you'll end up spending a lot of energy attempting to change the current to favor you. You might see some short-term gains by doing so, but ultimately, it's a losing battle.

### **SO, WHAT'S NEXT?**

It is difficult to prepare for life after treatment, despite everything you might have done to this point. The transition from completely abstinent life in a controlled environment to a life in an environment potentially filled with drugs and alcohol can be difficult. You almost certainly knew and expected that life hadn't changed on the outside while you were in treatment. The same people, places, and things are waiting for you, and unless they, too, have been doing work to help with sustained sobriety, they're not eager to see you change. In some cases, they might belittle, mock, or outright attack you verbally (and sometimes physically) because you have changed your viewpoint regarding your old life. In a

nutshell, the life you had before treatment will be drastically changed from the life you have now.

Before you step foot back in your old neighborhood, you should take a moment to inventory your life. Quite often, those in treatment aren't aware of the many toxic and poisonous people, places, and things they had in their lives. As part of your discharge planning from treatment, going through your life and making a careful list of the things that are helpful and harmful is crucial to ensure you don't blindly or even willingly re-enter the areas that you have identified as so-called "triggers."

The word *trigger* is used to explain something that will lead someone in recovery to abusing substances again. This word is used—overused, to be sure—and quite frankly, if you ask anyone who uses substances what his or her triggers are, you will walk away with a huge list. The word *trigger* has become so deeply pounded into our brains as a danger sign that we forget triggers are nothing more than *learned associations*. Therefore, if a trigger can be *learned*, it can be *unlearned*. Ask a nurse what she thinks of when she sees a needle, and then ask someone who is addicted to injecting heroin. Ask a crack cocaine smoker what she thinks of when she sees steel wool, and then ask someone who is a dishwasher. The triggers are learned behavioral pairings, and in and of themselves they have absolutely *zero* control over you and your life.

Because that's the case, why should you worry about triggers?

Triggers are not automatic. Just because you encounter one doesn't mean you will automatically start using, although some people will argue that exposure to *any* trigger immediately will cause you to consume your drug(s) of choice. This mentality has been disproven hundreds of times via experimentation and research. Triggers simply do not exist as they have been portrayed. You will not, for example, immediately and without any control, start using your former drug(s) of choice because of mere exposure to a trigger. You also will not start to break out in a cold sweat, get the shakes, feel violently ill, or otherwise have any negative reaction in the presence of a so-called trigger *unless you already want to use*. The mere presence of the trigger has nothing to do with your substance use; the symptoms you experience in the presence of the trigger are independent of the trigger. It's a behavioral pairing. So, for example, a heroin addict has come to associate needles with using. So when he has a doctor appointment and sees a needle, he might feel the desire to use—even though no heroin is present.

But we know the needle itself is harmless. It has no power. It alone cannot get us high. Yet it's common to make a grossly false association: "Needles are bad, and needles are my trigger." We come to accept that some things absolutely, without question, will lead us to use again.

But we know *trigger* is a fancy word for another one with which you might be familiar: *Excuse*.

Triggers are excuses. Any time you argue, "I can't be around XYZ, because then I'll use," you are making an

excuse. You are looking for that situation to occur so that when you do use, you will have an excuse as to why you used. You will avoid responsibility and you will shift the blame. How very convenient life would be if everyone on the planet could simply say, “It wasn’t me, it was my trigger. I have no control over my trigger. Oh, woe is me, the trigger made me do it!” We hear this on television, in courtrooms, and even at the grocery store. Everyone—even people who have never used drugs—seems to have an excuse as to why they do certain things.

We suggest you view triggers as what they really are—excuses—and realize you will never escape the things you’ve falsely labeled as permission for you to use. These excuses you have gain their power from you. Once you give that excuse your power, you have so much less for yourself.

### **WHAT ABOUT MEETINGS?**

Support meetings are highly beneficial. We absolutely encourage you to find a good support group in which you will be welcomed and can express your thoughts and feelings safely. We strongly encourage you to visit several types of sober support meetings, because everyone has a different set of expectations. Not everyone wants, for example, to attend an Alcoholics Anonymous or Narcotics Anonymous meeting; some people don’t care for step-based support groups. *It’s OK whether you do or do not.* Some people prefer Secular Sobriety, Rational Recovery, Celebrate Recovery, or simply finding a nonaligned local support group. As long as

you are gaining good sober support, you will be in a better place than you used to be.

We do not recommend you replace your life with meeting attendance. By this, we mean some people will say you should attend “90 meetings in 90 days.” First, there has been no evidence that attending multiple sober support meetings in a short amount of time demonstrates a decreased desire to abuse substances. As a matter of fact, the evidence shows the more meetings one attends in a short period of time, the higher risk the person has of dropping out of sober support meetings altogether. Also, attending multiple meetings instead of living your life is substituting one addictive pattern for another. Now, instead of doing drugs all the time, you’re buried in attending meetings all the time. In order to live a healthy life, you have to *live* your life, not avoid life by hiding out in meetings. Again, we fully encourage you to attend sober support meetings, but we also fully encourage you to live your life and find out what you truly enjoy doing. Don’t let one obsession replace another!

A caution: Some sober support meetings are “hunting grounds” for some of their attendees. Some people who attend those meetings prey on new members. These hunters look for those who are vulnerable, and as you can imagine, are eager to form a relationship with someone who shows the slightest bit of kindness. We understand that you might be lonely and you might like the thrill of being given attention from someone. But just because you are out of treatment doesn’t mean you are 100 percent good to go. You still

need time to work on you. We ask that you seriously ask yourself, “Am I really ready for a relationship?” Even a short-term intimate relationship can be damaging. Be cautious of those who are too eager to be your friend, especially if he or she wants more than that.

### **DO YOU NEED MORE TREATMENT?**

Aftercare is something you might have heard mentioned. We strongly encourage clients to engage in an aftercare program, such as intensive outpatient or outpatient programming. This is continued clinical programming that occurs in a nonresidential setting. You don’t stay at the facility, but you attend two or three groups per week. This can last anywhere from six to sixteen weeks depending on the program you choose to attend. Clinical programming is not the same thing as a sober support group. Clinical programming is run by clinicians who work with you on areas in which you might need additional help and enable you to build your “staying sober tool chest” so you can better deal with situations that might arise outside of treatment. Aftercare is a great place for anyone transitioning from treatment back to the real world.

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### **••• BETTY’S STORY •••**

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A few years ago, I started my tenure as director of an inpatient rehabilitation facility. On my second day, which was the first day I entered group to observe staff, I witnessed a young lady who was about to present her autobiography.

This has been a staple of our rehabilitation: present one's life story without glorifying or glossing over important portions. It's an opportunity for clients to share and to give others an opportunity to know more about them. Also, it helps promote an atmosphere of honesty and trust.

One young lady, Betty, pulled out her notebook and was going to read her autobiography. Before she began reading, she said, "It's forty-nine pages. I'll go quick." From the back of the room, I asked Betty, "Can I see your notebook for a moment?" I walked up to her, and she handed it to me. I took it from her, walked back to my seat, and said, "Go ahead with your auto." She started to cry. She said, "I can't! I need my notebook!" I responded calmly, "You, and you alone, are the best and only person who knows your entire life history. There's nothing in here you already don't know better than anyone. We trust you. You can do this."

Long story short, she got through it.

And, yes, she was displeased with me.

When she graduated some time later, she came up to me and said, "I never liked what you did to me with my autobiography. But I got through it, and I realized that what you did was to help me. I didn't like you for what you did, but now I understand why, and I wanted to thank you. I also stopped being mad at you."

Betty didn't believe in herself. She didn't believe she had it in her to do what she needed to do. She thought things had to be a certain way, and that was for a lot of things in her life. I asked her, "Did it ever occur to you to do



your auto from memory?” She said it hadn’t, and because everyone else had read it from a notebook, she assumed, *that was just the way it was*. She also confided in me that up to that point, she was going through the motions but had no intention of changing because everyone else around her had stagnated. She figured, why bother aspiring to new heights?

Betty had fallen victim to a classic thinking error: that is, “Because this is the way I’ve seen things done, they are done only this way.” Betty did not, would not, and *could not* envision doing things differently. And I don’t just mean her autobiography.

This reminds me of a story with five monkeys in a cage. The story goes as follows:

A group of scientists placed five monkeys in a cage, and in the middle, a ladder with bananas on top. Every time a monkey went up the ladder, the scientists soaked the rest of the monkeys with cold water. After a while, every time a monkey would start up the ladder, the others would pull it down and beat it up. After some time, no monkey would dare try climbing the ladder, no matter how great the temptation. The scientists then decided to replace one of the monkeys. The first thing this new monkey did was start to climb the ladder. Immediately, the others pulled him down and beat him up. After several beatings, the new monkey learned never to go up the ladder, even though there was no evident reason not to, aside from the beatings. The second monkey was substituted and the same

occurred. The first monkey participated in the beating of the second monkey. A third monkey was changed and the same was repeated. The fourth monkey was changed, resulting in the same, before the fifth was finally replaced as well. What was left was a group of five monkeys that continued to beat up any monkey who attempted to climb the ladder. If it was possible to ask the monkeys why they beat up on all those who attempted to climb the ladder, their most likely answer would be, “I don’t know. It’s just how things are done around here.”

Many of us have become like the monkeys. We are doing something because those around us do it, and when we attempt to change what we do, or worse yet, even dare to *think* about doing it a different way, we are scolded, chided, and in some cases, violence is perpetrated upon us. Thus, we end up settling for the status quo and never reaching our potential. We never reach our destination because we have accepted falsehoods about our lives. Betty fell into that trap, but once someone gave her permission to do something different, she had an opportunity to make a critical choice.

Betty chose to be different. Betty chose to do differently. Betty *became* different.

Betty made a choice to empower herself. She remains clean and sober to this day.

Had Betty chosen to remain the same, you can imagine where she’d be right now. She might even be dead. Betty had to make tough choices, look at herself in the mirror,

and ask, “Is this all I want out of life?” The answer was a resounding, “No!” Betty’s choice to enter a lifestyle of drug use and destruction was ended by Betty’s choice to enter a life of sustained sobriety and purpose.

But first, Betty had to enter rehabilitation. She knew she needed help. She couldn’t do it on her own. Betty admitted in her autobiography that she felt like a failure. She didn’t think she had a problem, and if she did, she could beat it on her own. After all, if she’d gotten into this mess on her own, she could get herself out. She repeatedly fell into the cycle of destruction because she lacked the tools to make an effective change. Betty didn’t want to be in treatment because she wanted freedom. Her freedom, however, was what landed her in treatment in the first place.

Betty’s struggle continued during her stay in treatment. Faced with the same situations and same people, she rationalized that it would be better to go through motions versus going through changes. Working with her counselor and with the rest of the clients in the program, Betty started to expand her trust. She initially trusted no one, not even herself. When I took away her preprinted autobiography, I wanted to convey the message to her that we trusted her to complete this task. I didn’t know Betty at that point, but it was clear that she was nervous and unsure of herself. I took her out of her comfort zone—something she’d done to herself the first time she’d experimented with drugs—and she had to make a choice. She wasn’t happy, but she made it through.

When she was graduating, I asked her if it had been a hard choice to enter treatment. She told me it was the hardest decision she'd ever made. I asked her what made it so hard and she told me about her perceived failure in life and how treatment would be a daily reminder of that. I reframed her comment by stating, "Entering treatment would be a daily reminder of your desire to relearn what you unlearned." Betty thought about that, smiled, and agreed. She said that treatment helped her figure out what she needed to figure out, enough to get her up and running.

### REFLECTION QUESTIONS

- How do you define "the process" for yourself?

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- What have you identified as potential "triggers"?

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- If you reframe those triggers as excuses, how does that help you see your life—and your future of sustained sobriety—differently?

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