



Dedicated to restoring the mind, body, and soul in pursuit of a life free of addiction and mental health wounds.

Co-Founders Brendan McDonough, Tim Hayden, and Jason White

Jeffrey E. Hansen, Ph.D.
Clinical Director

important
questions for
us to
ponder???





Who do we want to be?



Is profit in balance with clinical excellence and service?

Does admin listen
to the clinical staff
and visa versa?





Will our therapies
be basic and
simplistic or cutting
edge, evidence-
based, and
neuroscience-
oriented?

A close-up photograph of a glass beaker filled with a vibrant red liquid. The beaker has white measurement markings on its side, with numbers 50, 100, and 200 visible. The liquid level is approximately at the 150 mark. Overlaid on the image is the title 'Reasons for the Failure of Traditional Drug and Alcohol Treatment Centers' in a large, black, sans-serif font. Below the title, the phrase 'What the research tells us' is written in a smaller, yellow, sans-serif font. The background is a soft, out-of-focus blue and white.

Reasons for the Failure of Traditional Drug and Alcohol Treatment Centers

What the research tells us

Lack of Individualized Treatment & Insufficient Integration of Mental Health Care

Lack of Individualized Treatment: Many treatment centers adopt a one-size-fits-all approach, which can be ineffective for individuals with unique needs (McLellan et al., 2000).

Insufficient Integration of Mental Health Care: Substance use disorders often co-occur with mental health conditions, but many centers fail to address these adequately (Kelly & Greene, 2014).



Limited Use of Evidence-Based Practices & Short Duration of Treatment

Limited Use of Evidence-Based Practices:

Some centers rely on outdated or non-evidence-based therapies, reducing effectiveness (Carroll & Rounsaville, 2003).

Short Duration of Treatment: Many programs are limited to 30-90 days, which may not be sufficient for lasting recovery, especially for severe cases (NIDA, 2018).





Inadequate Aftercare & Stigma and Discrimination

Inadequate Aftercare and Support: Ongoing support is crucial after initial treatment, but many centers fail to provide adequate aftercare (McKay, 2017).

Stigma and Discrimination: Individuals in treatment may face stigma, hindering recovery efforts (Corrigan et al., 2017).

References

- Carroll, K. M., & Rounsaville, B. J. (2003). Bridging the gap: A hybrid model to link efficacy and effectiveness research in substance abuse treatment. *Psychiatric Services*, 54(3), 333-339.
- Corrigan, P. W., Schomerus, G., & Smelson, D. (2017). Are some of the stigmas of addictions culturally sanctioned? *British Journal of Psychiatry*, 210(3), 180-181.
- Kelly, J. F., & Greene, M. C. (2014). Where there's a will: Clinical implications of intrinsic motivation in addiction treatment. *Current Addiction Reports*, 1, 185-192.
- McKay, J. R. (2017). Making the hard work of recovery more attractive for those with substance use disorders. *Addiction*, 112(5), 751-757.
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13), 1689-1695.
- National Institute on Drug Abuse. (2018). Principles of drug addiction treatment: A research-based guide (3rd ed.). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>.



Our Mission

At AnchorPoint, we believe in:

- The power of compassion and comprehensive care.
- We are wholly dedicated to addressing the physical, mental, and spiritual needs of each person who walks through our doors.
- Our mission is to help individuals achieve lasting rehabilitation by understanding and addressing the root causes of addiction within a nurturing, faith-based environment.



What Makes AnchorPoint So Special?



A cinematic photograph of three men standing outdoors in a rural setting. The man on the left has a full beard and is wearing a light blue shirt, a green tie, and brown suspenders. The man in the center is clean-shaven and wearing a light blue suit with a blue tie. The man on the right is older with grey hair and is wearing a grey suit with a blue pocket square. They are all looking towards the camera. The background shows a green field, a utility pole, and a house under a clear sky.

The founding fathers of Holdfast/AnchorPoint

Brendan McDonough

Tim Hayden

Jason White

Co-Founder Brendan McDonough

MY LOST BROTHERS

As a firefighter, Brendan was the lone survivor of the greatest loss of life since 9/11 in the fire service. Brendan's inspirational story has been recounted in his book "My Lost Brothers," and was portrayed by Miles Teller in the movie, "Only The Brave." From the unfathomable loss of 19 firefighter brothers, he was on the verge of becoming a hopeless addict. Through therapy, hard work, and his relationship with Christ, he was able to battle through depression, post-traumatic stress, and addiction. Brendan was then inspired to help others in similar positions by founding Holdfast Recovery.

Co-Founder Tim Hayden

Tim is passionate about serving others, leading people to Christ, and more specifically breaking the stigma of addiction and mental health in the Church and across the world. Tim merges his desire to further the Kingdom with 18 years of experience in the Corporate IT world where his background has ranged from working for small startups to leading national teams at global software companies. Tim graduated from Mount Vernon Nazarene University with a bachelor's degree in Business Administration, Marketing, and Communications..



Jason White

Board of Directors

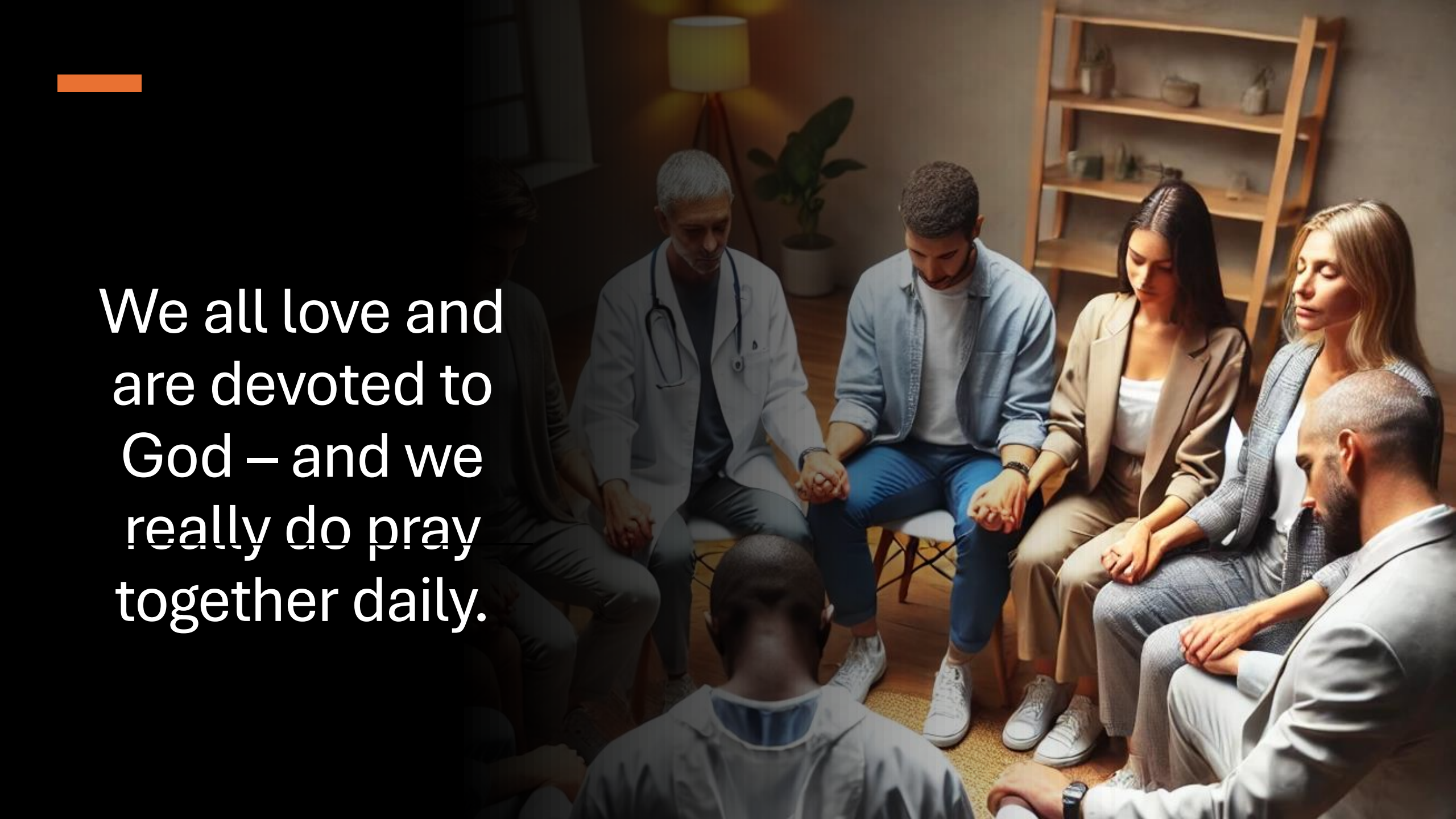
Jason has 10 years of sobriety and gives all the glory to God. He is actively involved in a 12-step program in his community. Jason was in and out of institutions/jails the majority of his youth and adulthood until getting clean in 2010. Jason found Christ when he was locked up in a maximum-security prison. Through the grace of God, he never returned to that lifestyle. Today Jason is dedicated to carrying the message of hope and faith that God changes lives and is willing to help anyone because he believes everybody deserves a chance like he had. Today Jason is a successful businessman who specializes in business development. Jason has a deep dedication to serving others who are still struggling with addiction and his continued involvement in the client's lives is driven by his love of God and his belief in the Holdfast program.





AnchorPoint Core Values


Honesty and Integrity
Servant Leadership
Perseverance
Passion
Love

A group of seven diverse individuals are seated in a circle on a wooden floor, holding hands and looking down in prayer. The group includes an older man with grey hair and a stethoscope, a younger man with a beard, a woman with long dark hair, a woman with long blonde hair, and a man with a beard. The room is dimly lit with a warm glow from a lamp in the background. A wooden shelf with various items is visible on the right. The text "We all love and are devoted to God – and we really do pray together daily." is overlaid on the left side of the image.

We all love and
are devoted to
God – and we
really do pray
together daily.

Our approach is Holistic

- We seamlessly blend evidence-based treatments with compassionate, faith-centered care, focusing on the complete well-being of our clients.
- Our team of devoted Christian clinicians, therapists, and support staff are here to offer personalized care tailored to each individual's unique journey.
- Together, we strive to create a supportive and healing community where every person feels valued, understood, and hopeful for a brighter future

A large, diverse group of people, including men and women of various ages and ethnicities, are gathered together and laughing heartily. They are dressed in business casual attire, such as blouses, jackets, and suits. The atmosphere is joyful and collaborative. The text is overlaid in the center of the image.

And we have loads of fun together
and laugh a lot. Even better, we really
do like and respect each other very
much!



Pushing three years ago when I was still working in my hospital job at Madigan Army Medical Center Tim called me out of the blue and asked if I wanted to be their Clinical Director. My first response was a resounding no, but God had other plans. I rode my motorcycle down to check on the build of our house and agreed to meet Tim and Brandon. It was love at first sight and I knew at that time that I was in!



Some important yet admittedly possibly boring facts about substance abuse and outcome.

Addiction today is Epidemic and Catastrophic

- In the US, **16%** of the population 12 and older meet criteria for a substance abuse disorder.
- A **quarter of all deaths** in the US is due to excessive drug use.
- Each day, **10,000 people around the globe die** as a result of substance abuse.
- Substance abuse costs **5X** as much as AIDS and **2X** as much as cancer.
- In the US, about **10% of all health-care dollars** go to substance abuse prevention, diagnosis and treatment.
- Despite all of this, successful recovery is no more likely than **50 years ago** with conventional treatments.
- An addicted person has about twice as good a chance from surviving brain cancer.

From: Judith Grisel (2019) *Never Enough: The Neuroscience and Experience of Addiction*.



Epidemiology of the US overdose epidemic as presented by Dr. Kevin McCauley

<https://youtu.be/4xZqolui-rY?si=v8DA2m0ATD1t9II6>

	Drug OD deaths	Opioid-involved deaths	age-adjusted mortality rate	% change from previous year
2019 ¹	70,630	49,860 (70.6%)	21.6 / 10 ⁵	+ 4.4%
2020 ²	91,799	68,630 (74.8%)	28.3 / 10 ⁵	+ 31 %
2021 ^{3,4}	106,699	80,411 (75.4%) SOOTM: 70,601 (66.2%)	32.4 / 10 ⁵	+ 31.4%
	292 deaths/day 1 death / 5 minutes	220 deaths / day 1 death / 7 minutes		
Total deaths since 1999	1,039,063	644,933 (62.1%)		

1. Hedegaard, H., Miniño, A. M., & Warner, M. (2020). Drug Overdose Deaths in the United States, 1999-2019. NCHS data brief, (394), 1–8.
2. Hedegaard, H., Miniño, A., Spencer, M. R., & Warner, M. (2021). Drug overdose deaths in the United States, 1999–2020. NCHS Data Brief No. 428. <https://www.cdc.gov/nchs/data/ndb/428.pdf>
3. Spencer, M. R., Miniño, A. M., & Warner, M. (2022). Drug Overdose Deaths in the United States, 2001-2021. NCHS data brief, (457), 1–8.
4. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>



Costs of Substance Abuse in the United States Programs

(AI Assisted)

Aspect	Details	Reference
Deaths	Approximately 107,543 overdose deaths in 2023, with a significant proportion involving opioids.	Centers for Disease Control and Prevention, 2023
Economic Losses	Total economic impact exceeds \$740 billion annually.	National Institute on Drug Abuse, 2020
Healthcare Costs	Includes emergency services, treatment for substance use disorders, and long-term care for chronic conditions.	National Institute on Drug Abuse, 2020
Work Productivity Losses	Billions lost annually due to absenteeism, impaired performance, and unemployment.	Substance Abuse and Mental Health Services Administration, 2023
Criminal Justice and Social Costs	Expenses related to law enforcement, judicial system, and incarceration, along with social service burdens.	National Institute on Drug Abuse, 2018

Outcomes for Substance Abuse Treatment Programs

(AI Assisted)

Program	Outcome and Effectiveness	Reference
Residential (Inpatient) Treatment	Highly effective for severe cases, especially with longer durations (90 days to six months). Success rates of 50-70% for abstinence at follow-up.	National Institute on Drug Abuse, 2020
Partial Hospitalization Programs (PHPs)	Effective in reducing substance use and improving psychological well-being, with abstinence success rates around 40-60% at follow-up.	Substance Abuse and Mental Health Services Administration, 2023
Intensive Outpatient Programs (IOPs)	Provide substantial support while allowing for home living, with success rates of 40-60% for maintaining abstinence.	McKay, 2009

Relapse Rates In Substance Use Disorders

AI assisted

General Substance Use Disorders:

40-60% relapse rate, similar to chronic diseases like hypertension and asthma (NIDA, 2020).

Alcohol Use Disorder:

60% relapse within the first-year post-treatment (Miller et al., 2001).

Opioid Use Disorder:

70-90% relapse within a year after methadone tapering (Magura et al., 2009).



Effectiveness of Treatment



(AI Assisted)

Alcohol Use Disorder:

- **Only 1/3** of those abstinent for less than a year remain sober.
- **50%** relapse after achieving one year of sobriety (Dennis et al., 2005).

Opioid Use Disorder:

- **30-50%** achieve sustained abstinence with medication-assisted treatment (MAT) (Veilleux et al., 2010).



Challenges with Medication-Assisted Treatment (MAT)

(AI Assisted)

Retention Rates:

- **30-50%** of patients remain in treatment for six months or longer (Timko et al., 2016).

Long-Term Outcomes:

- **50-70%** relapse within three months after discontinuing MAT (Smyth et al., 2010).

Relapse rates post substance abuse treatments are discouraging

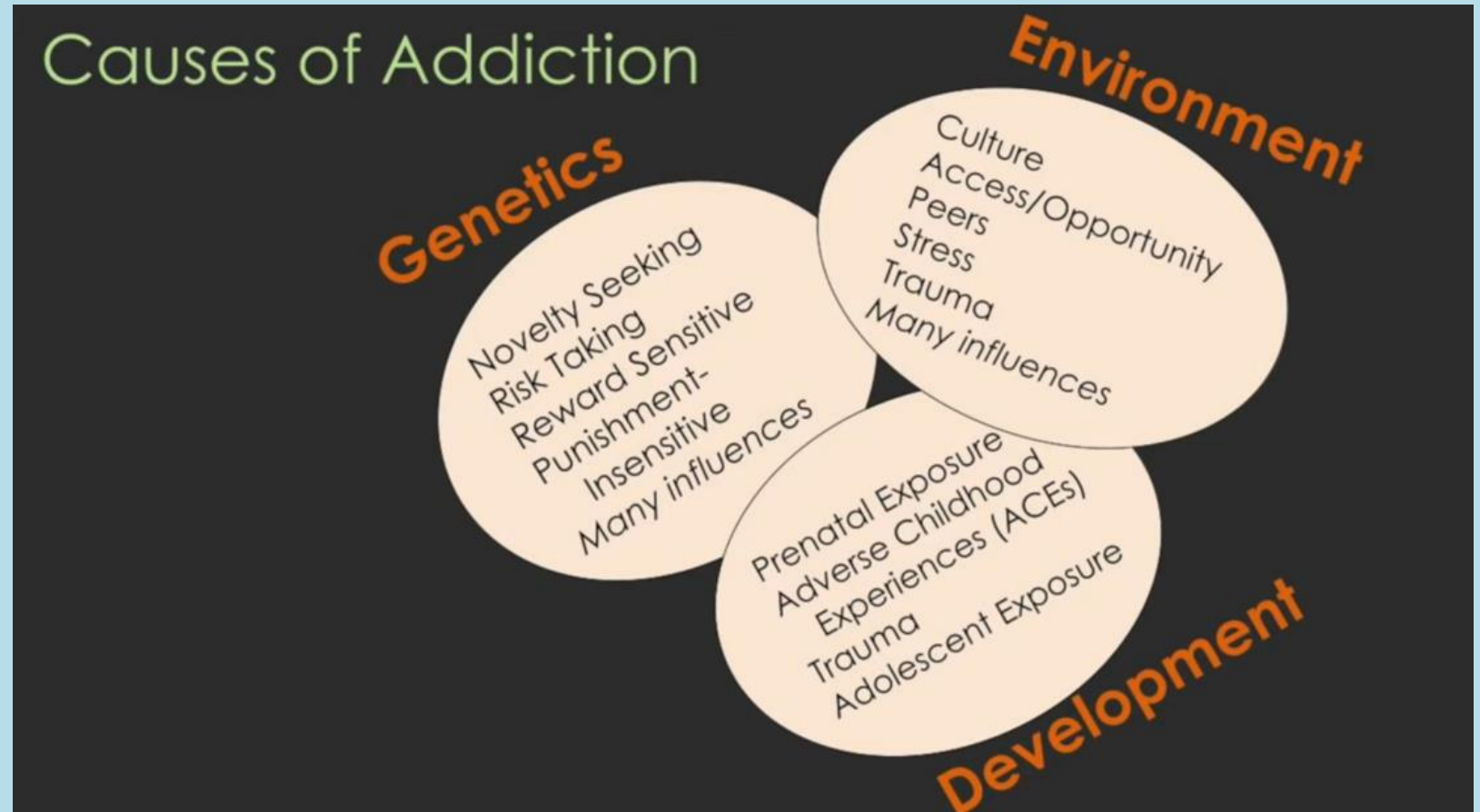
AI assisted

Time After Treatment	Estimated Relapse Rate	References
Before 6 weeks	20% - 50%	McLellan et al. (2000)
Before 6 months	40% - 60%	National Institute on Drug Abuse (2018)
Before 1 year	50% - 70%	Sinha (2011)
After 1 year	30% - 50%	McLellan et al. (2000), National Institute on Drug Abuse (2018)



We appreciate that the causes of addiction are multifaceted and complex and require sophisticated therapies as detailed by Dr. Judith Grisel.

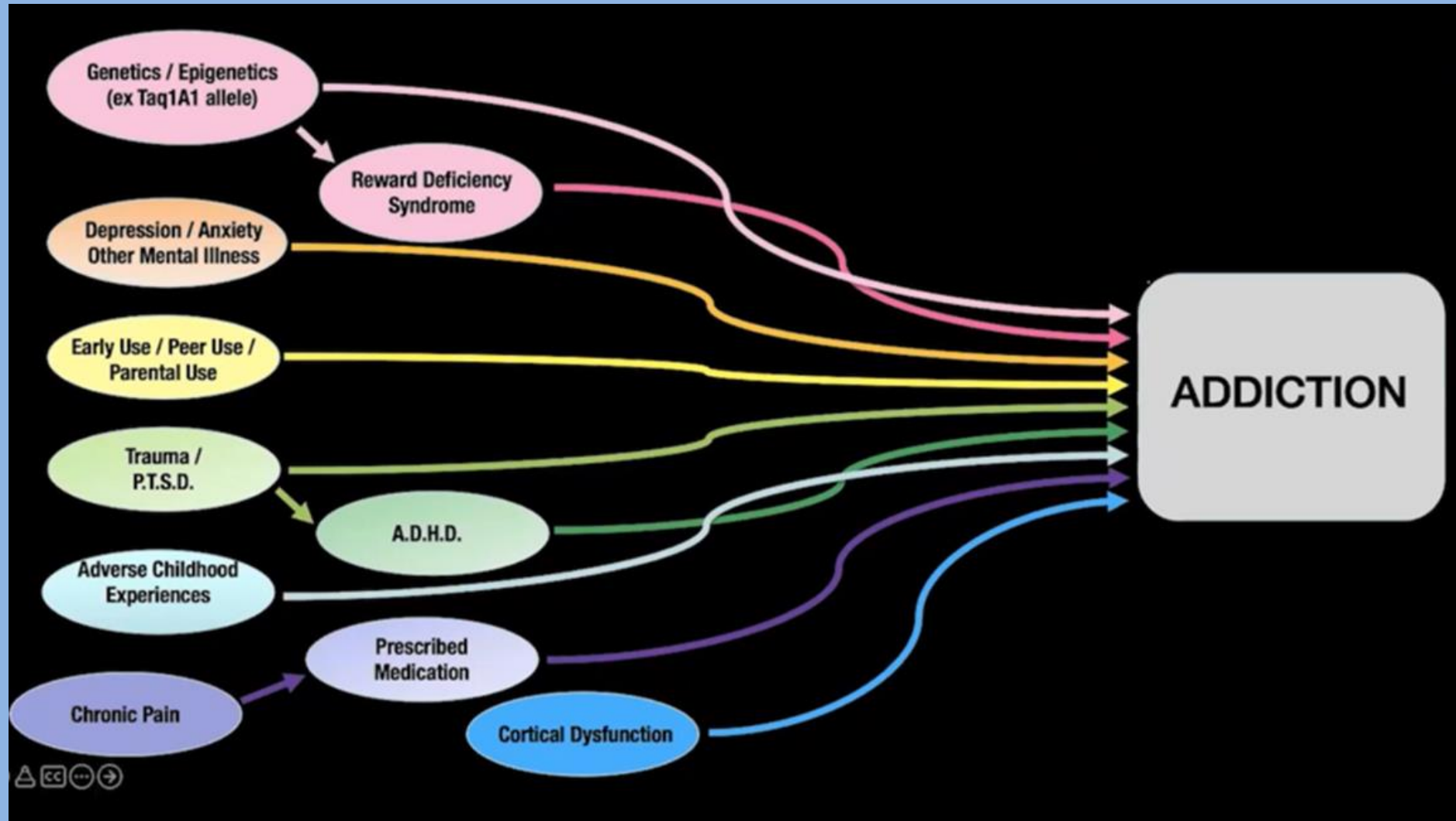
Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLwBVw>



Like Dr. Grisel, Dr. Kevin McCauley's model encompasses several pathways that can lead to addiction

Image from Kevin McCauley

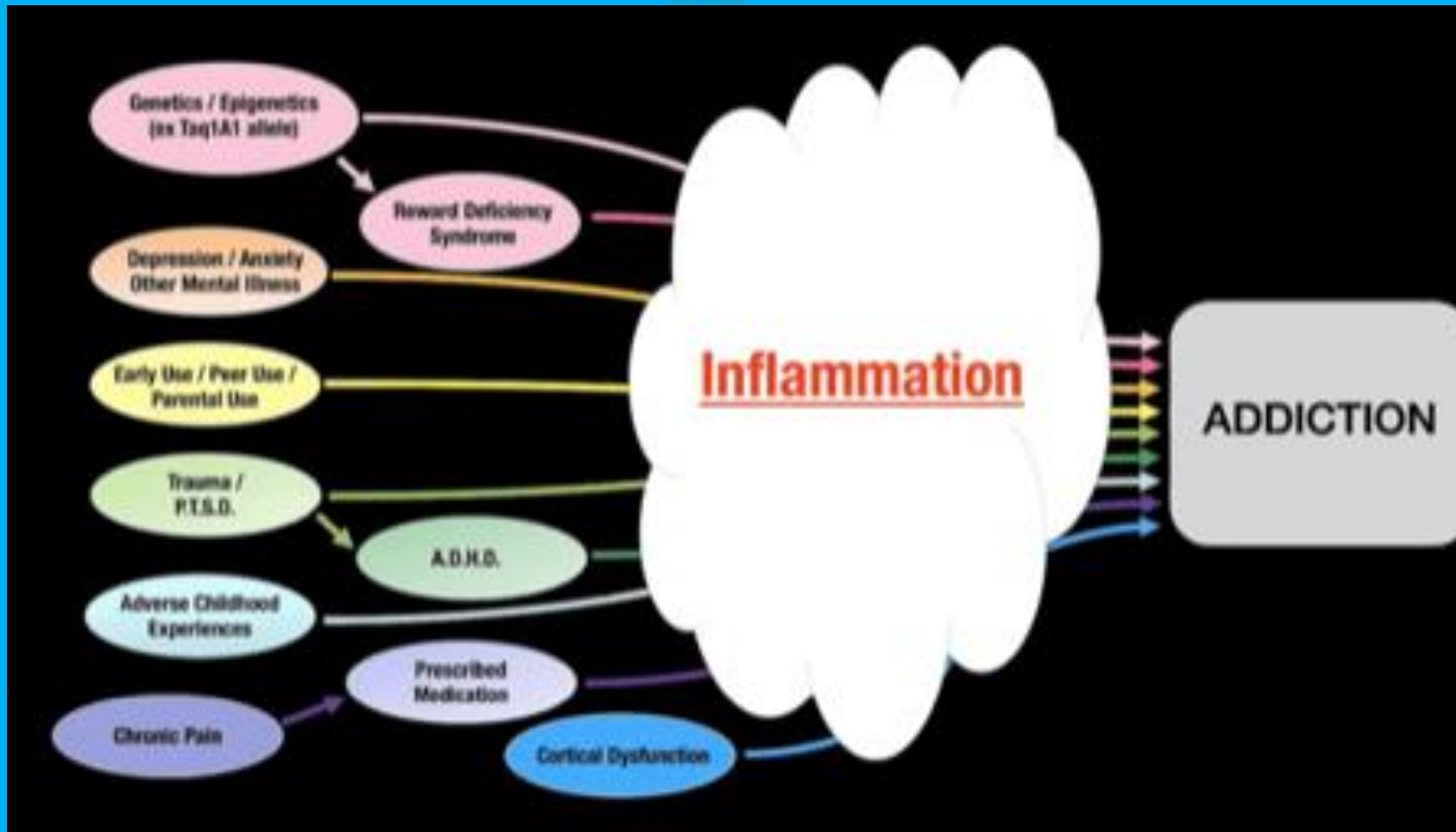
https://www.youtube.com/watch?v=zYphZvRHm6Y&list=PLvpkbo8ssyriex9eUKI6JGaR1UX2NGdtn&ab_channel=KTOO360TV



All addiction pathways lead to inflammation in the brain and body and inflammation is the big killer

Image from Kevin McCauley

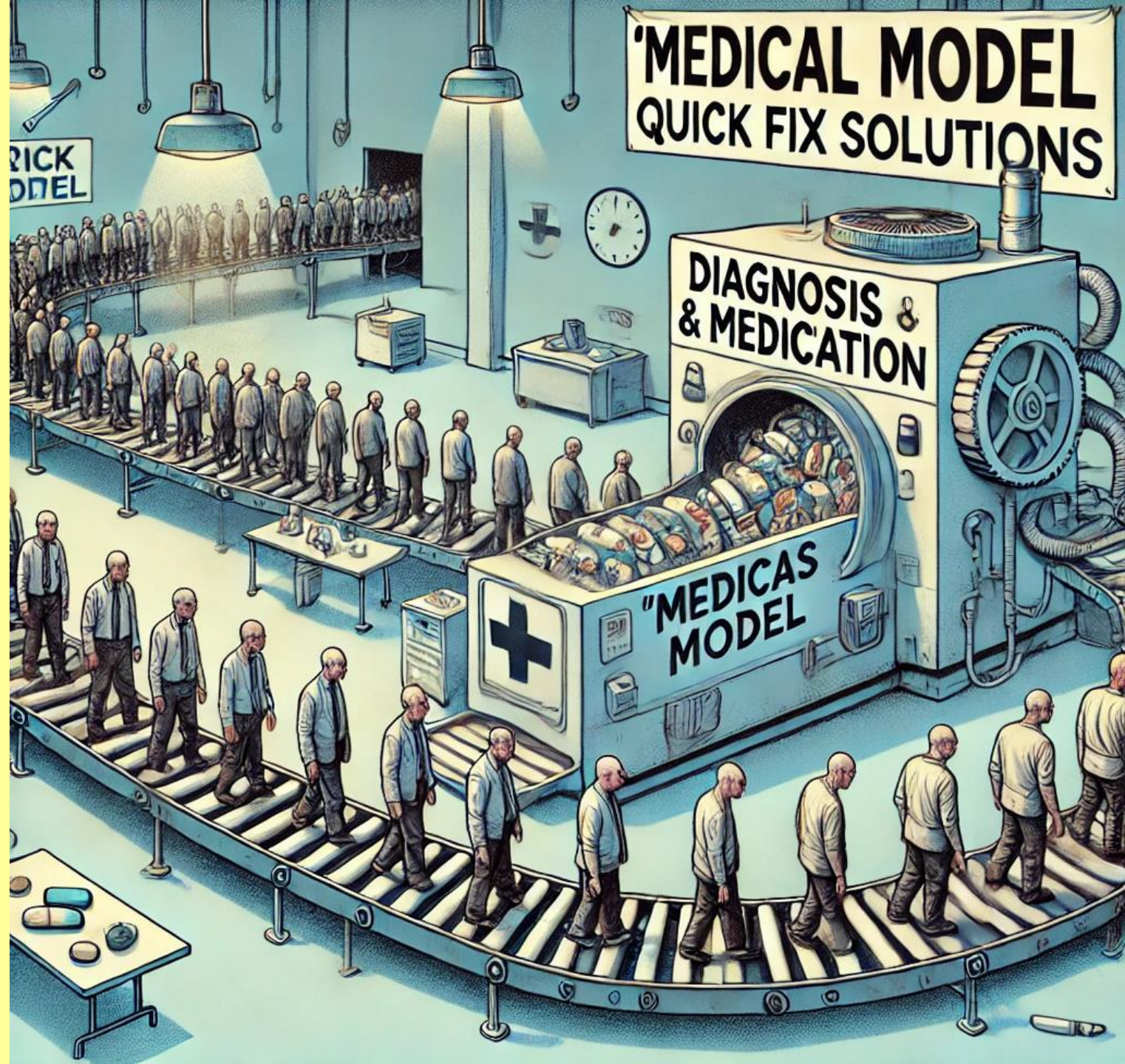
https://www.youtube.com/watch?v=zYphZvRHm6Y&list=PLvpkbo8ssyriex9eUKI6JGaR1UX2NGdtn&ab_channel=KTOO360TV



ASAM Medical/Disease Model of Addiction

The ASAM (American Society of Addiction Medicine) disease model of addiction defines addiction as:

- A **chronic, relapsing brain disease**
- Characterized by compulsive substance use despite harmful consequences
- According to ASAM, addiction affects both the brain and behavior, involving complex interactions between genetic, environmental, and psychosocial factors.



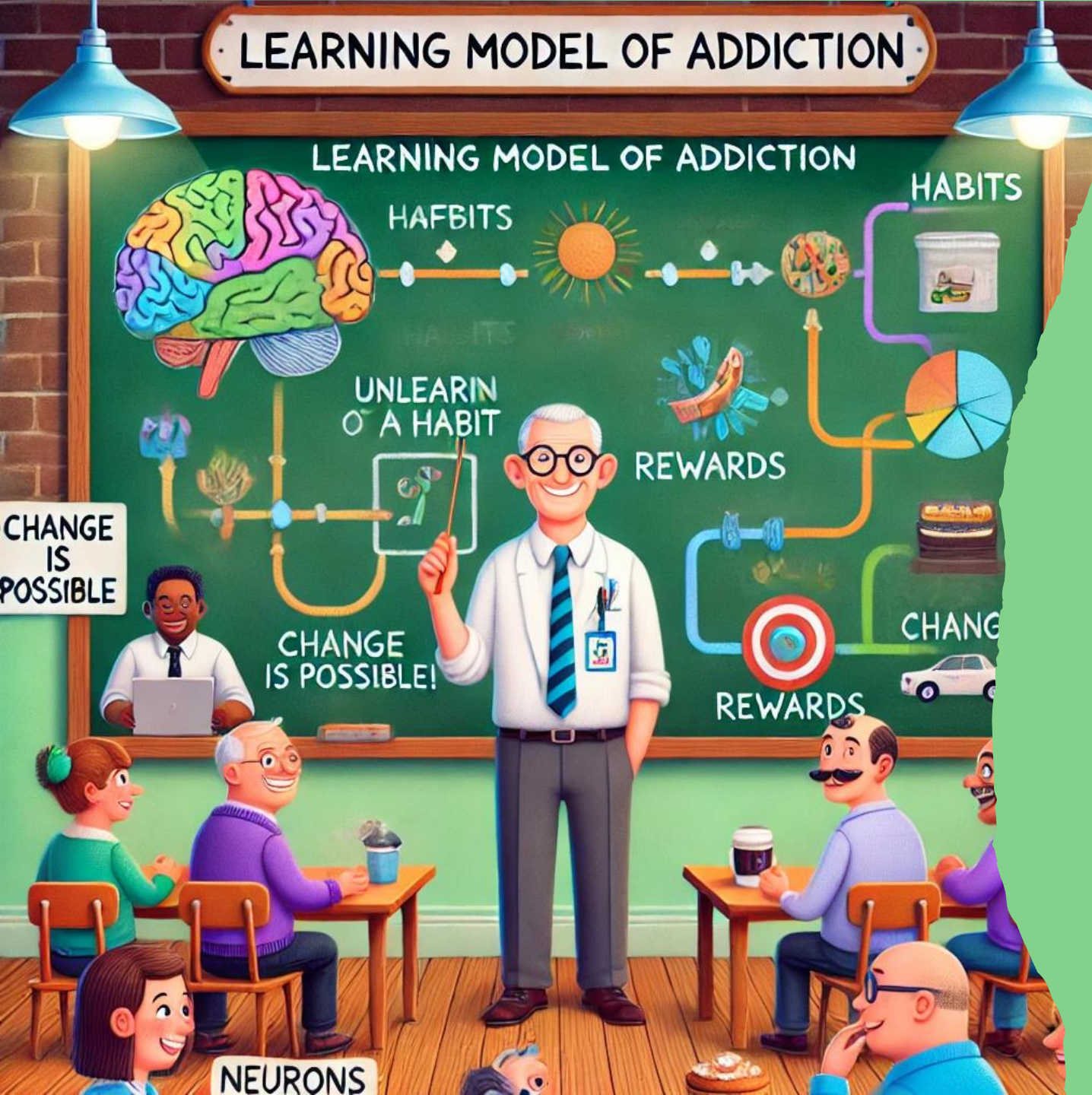
The National Institute on Alcohol Abuse (NIAA) definition of addiction

Addiction is defined as a **chronic, relapsing disorder** characterized by:

1. Compulsive drug seeking
2. Continued use despite harmful consequences
3. Long-lasting changes in the brain.



LEARNING MODEL OF ADDICTION



Learning Model of Addiction

Professor Mark Lewis views addiction as a chronic brain disorder, **Lewis's model conceptualizes addiction as a learned behavior influenced by neuroplasticity and personal experiences.**

Neuroplasticity and Learning:

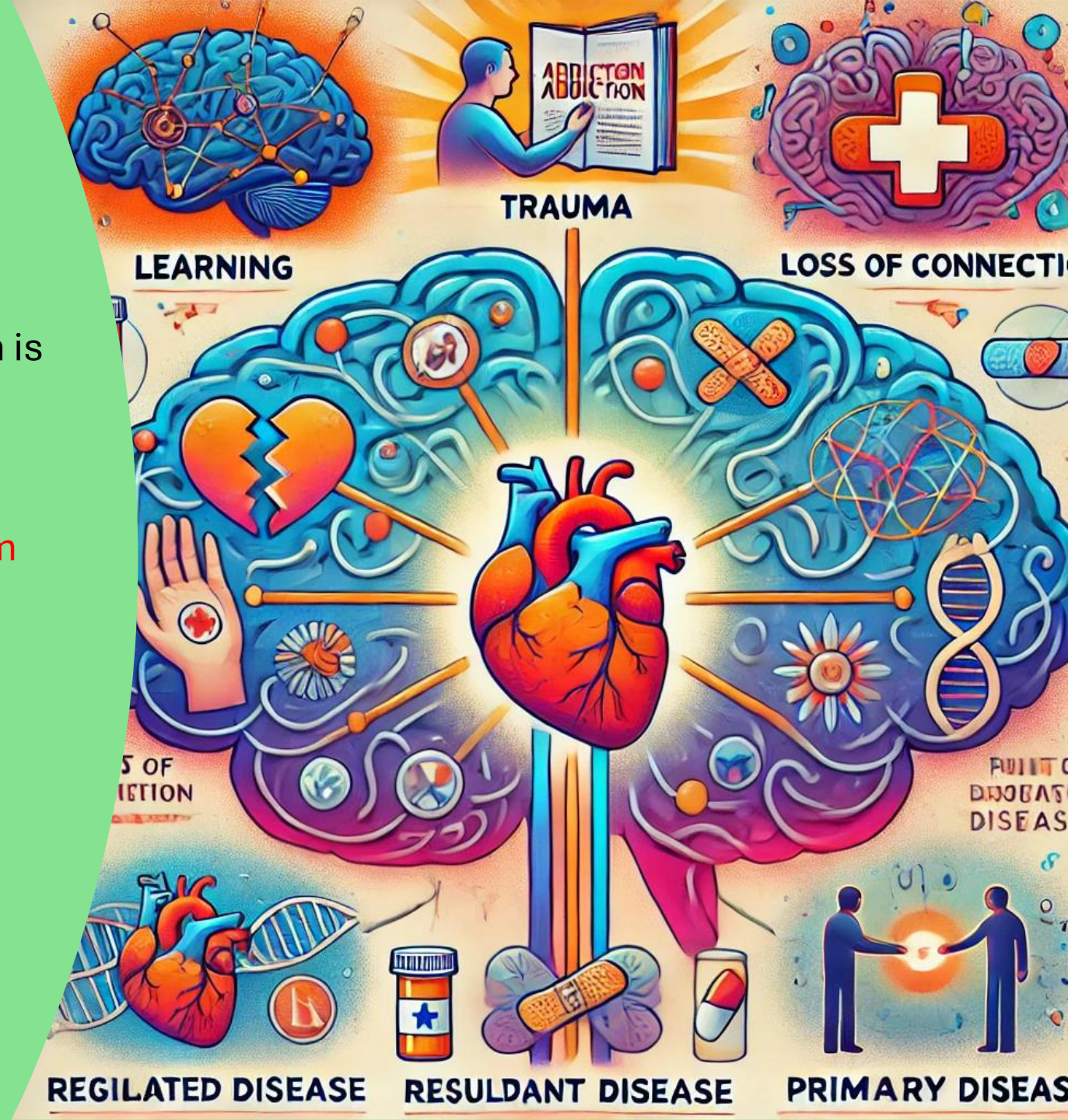
1. Addiction is seen as a result of the brain's capacity to adapt and change in response to repeated experiences.
2. The brain's reward system becomes highly sensitive to cues associated with substance use, leading to strong cravings and compulsive behaviors.

AnchorPoint's Integrated Definition Directs us to the Most Cutting-Edge Treatments

At AnchorPoint and Holdfast Recovery, addiction is primarily understood as a **response to trauma, emotional pain, and a lack of meaningful connections in life.**

As such addiction serves as a **coping mechanism** for individuals dealing with these deep-seated issues and social isolation.

This perspective emphasizes the role of unmet emotional needs and the impact of traumatic experiences in driving addictive behaviors.



AnchorPoint's Integrated Definition Directs us to the Most Cutting- Edge Treatments, cont.

While we recognize that these forms of psychological and social problems can **lead to a disease state** or problems in the brain, and that certain forms of addiction may exhibit characteristics of a primary disease, these factors are not considered the primary drivers of addiction.

We appreciate that the disease model acknowledges a level of genetic and medical influence, but it is not seen as the deciding or dominant factor in addiction.

Instead, the focus is on addressing **the underlying psychological, social, spiritual, and trauma-related factors** that contribute to the development and persistence of addiction.



Implications of our Addiction Definition for Treatment at AnchorPoint and Holdfast Recovery

Holistic Approach to Treatment

Implication: Treatment should address not only the addiction itself but also the underlying trauma, emotional pain, social disconnection, and the spiritual needs of the individual.

Advantage: This comprehensive approach can lead to more effective and long-lasting recovery by treating the root causes rather than just the symptoms, fostering a sense of peace and purpose.

Emphasis on Connection and Community

Implication: Building and fostering meaningful connections and community support should be a central part of the treatment process.

Advantage: Strengthening social bonds can provide emotional support, reduce isolation, and offer a sense of belonging, all of which are protective factors against relapse.

Implications of our Addiction Definition for Treatment at AnchorPoint and Holdfast Recovery, cont.

Trauma-Informed Care

Implication: Understanding and addressing the impact of trauma on an individual's life and addiction should be integral to treatment.

Advantage: Trauma-informed care can prevent re-traumatization, promote healing, and ensure that treatment is sensitive to the individual's past experiences.

Personalized Treatment Plans

Implication: Treatment should be tailored to the individual's unique experiences, needs, and challenges, considering their psychological and social context.

Advantage: Customized treatment plans can lead to more effective interventions by addressing specific issues and leveraging personal strengths.



Implications of our Addiction Definition for Treatment at AnchorPoint, cont.

Diverse Therapeutic Modalities

Implication: While medications may be used, they should not be the sole focus of treatment. A broader range of therapeutic modalities should be included to include

Incremental therapies like Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT)

Transformational therapies like Internal Family Systems (IFS) therapy, Polyvagal—Informed Therapy, and Eye Movement Desensitization and Reprocessing (EMDR)

The foundational 12-step program.

Advantage: This approach encourages the use of varied psychotherapy techniques and support systems that address the multifaceted nature of addiction and promote comprehensive healing.



Implications of our Addiction Definition for Treatment at AnchorPoint and Holdfast Recovery, cont.

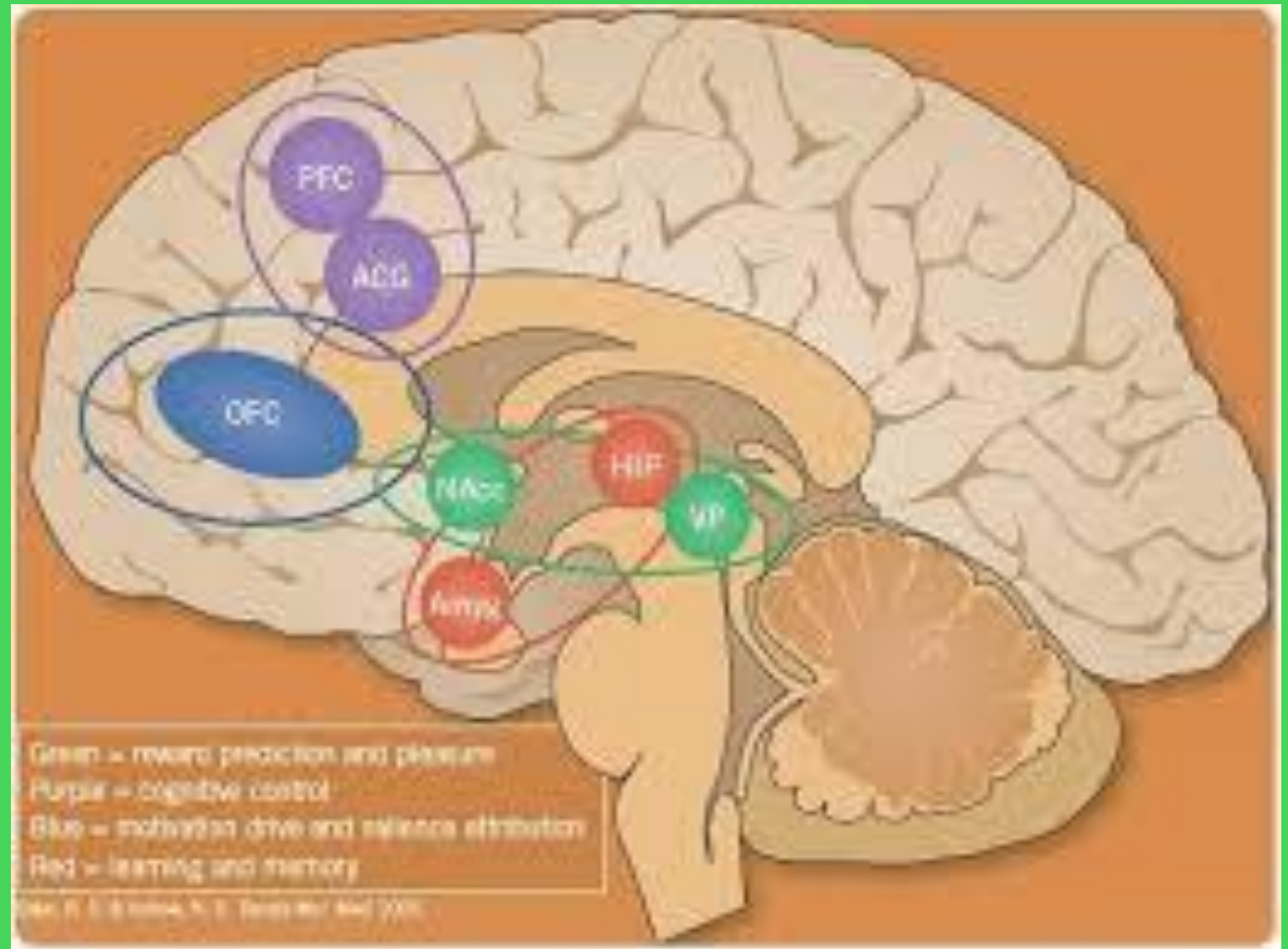


Spiritual-Based Therapy

Implication: Addressing spiritual needs and offering spiritual therapy or counseling should be a key component of the treatment process. Our approach is Christian in nature, yet not dogmatically Christian for those who do not hold that tradition, respecting and incorporating diverse spiritual beliefs as needed.

Advantage: Meeting spiritual needs can provide individuals with a deeper sense of purpose, connection, and peace, which can be crucial in the recovery journey. This inclusive and non-dogmatic approach ensures that all individuals, regardless of their specific spiritual beliefs, feel supported and respected.

How we see
the underlying
neurobiology
of addiction.

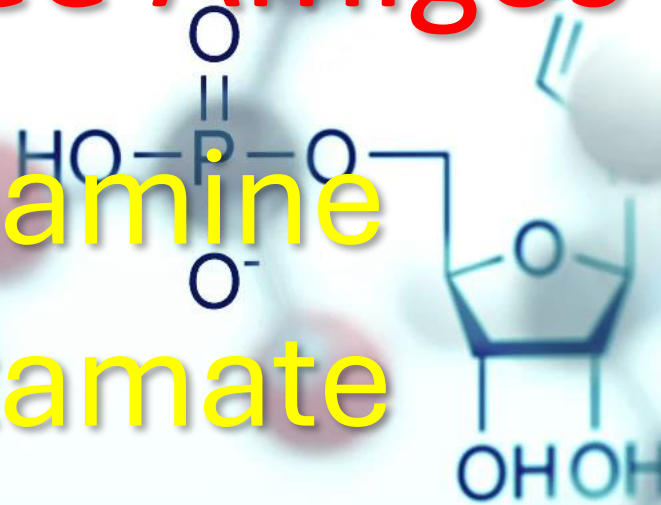




In addition to impacting on site-specific to the particular substance of abuse, all addictions impact the brain in common ways as well.

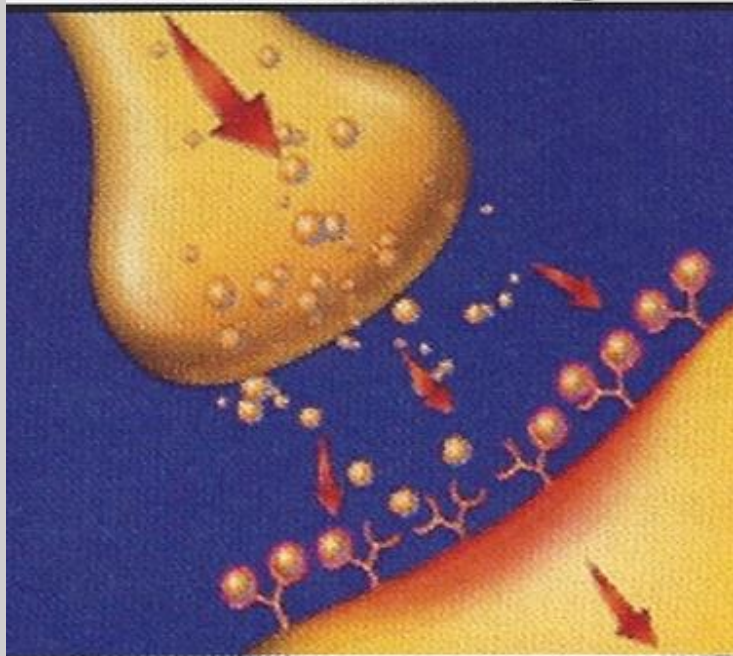
“The Three Amigos”

Dopamine
Glutamate
Cortisol



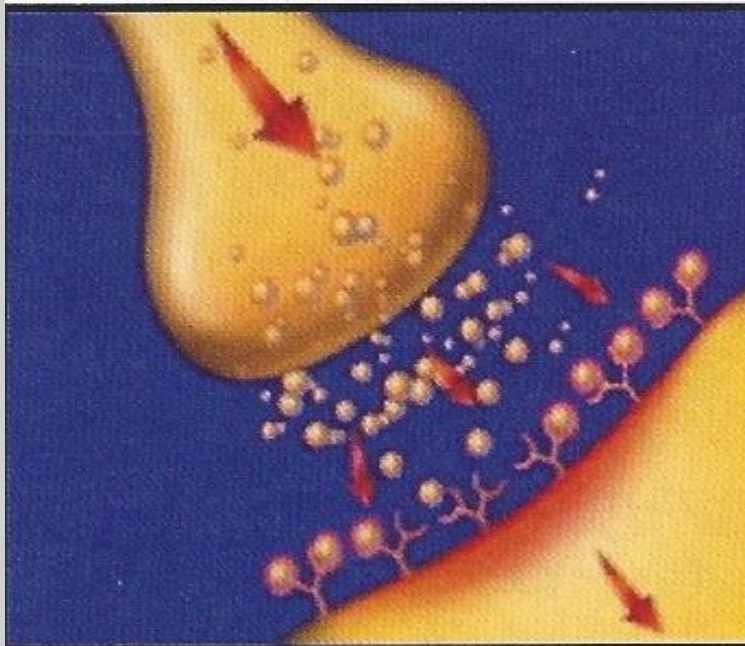
Dopaminergic Downregulation at the Synaptic Level

Normal Functioning



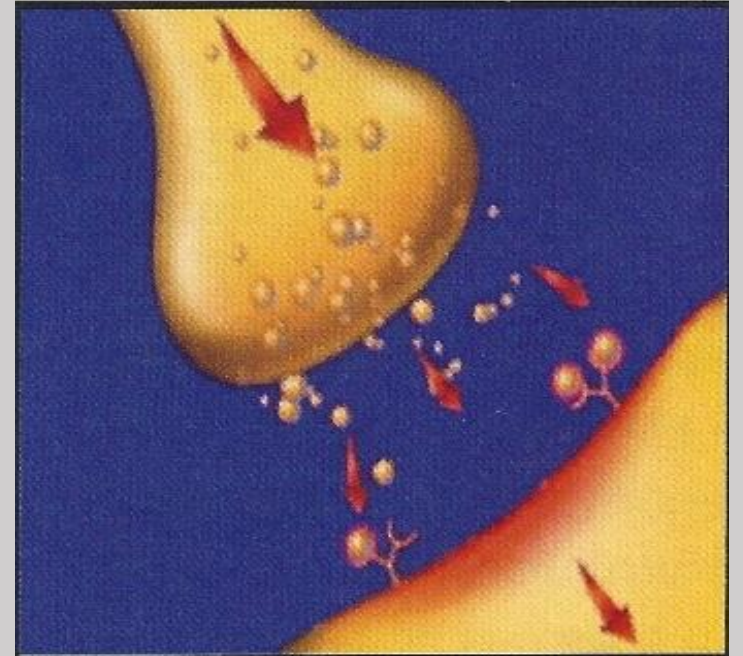
(Adapted from Stuff4Educators.com, 2014)

Over Stimulation



(Adapted from Stuff4Educators.com, 2014)

Desensitization



(Adapted from Stuff4Educators.com, 2014)

Dr. Kevin McCauley sees addiction as a disease but multifactorial in nature

Image from Dr. Kevin McCauley: <https://youtu.be/EqGhilC0Duw?si=JN17Fg4WVbqjLxrl>

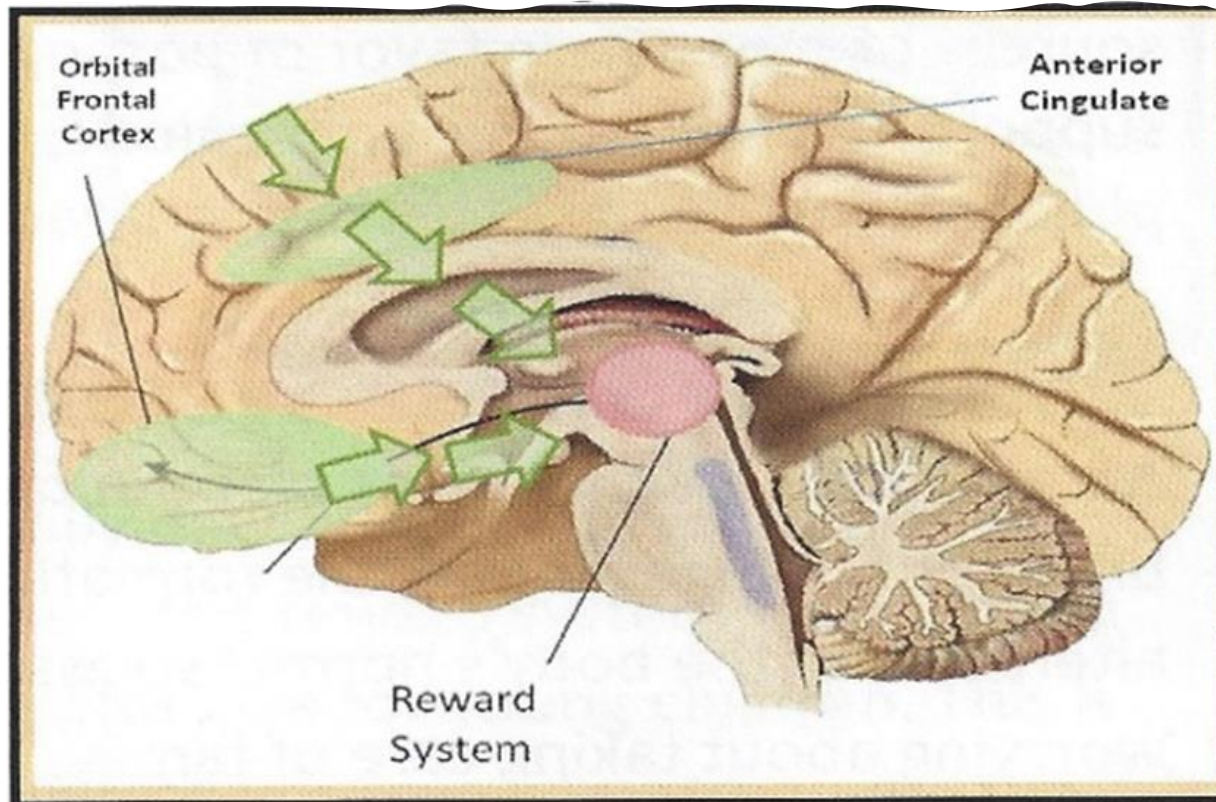
Addiction is a disorder of ...

5. CHOICE	OFC, ACC, PFC, IC	Pathology of Motivation and Choice (Volkow, Goldstein)
4. STRESS	HPA axis	Stress-induced Allostasis, Negative Emotional States (Koob & LeMoal)
3. MEMORY	glutamate synaptic remodeling	Glutamate Homeostasis & "Spillover" (Kalivas)
2. REWARD	dopamine dopamine receptors	Dopamine-signaling and Incentive-Sensitization (Volkow, Berridge & Robinson)
1. GENES	polymorphisms epigenetic changes	Genetic and Epigenetic vulnerability & resilience (Schuckit, Kandel & Kandel)

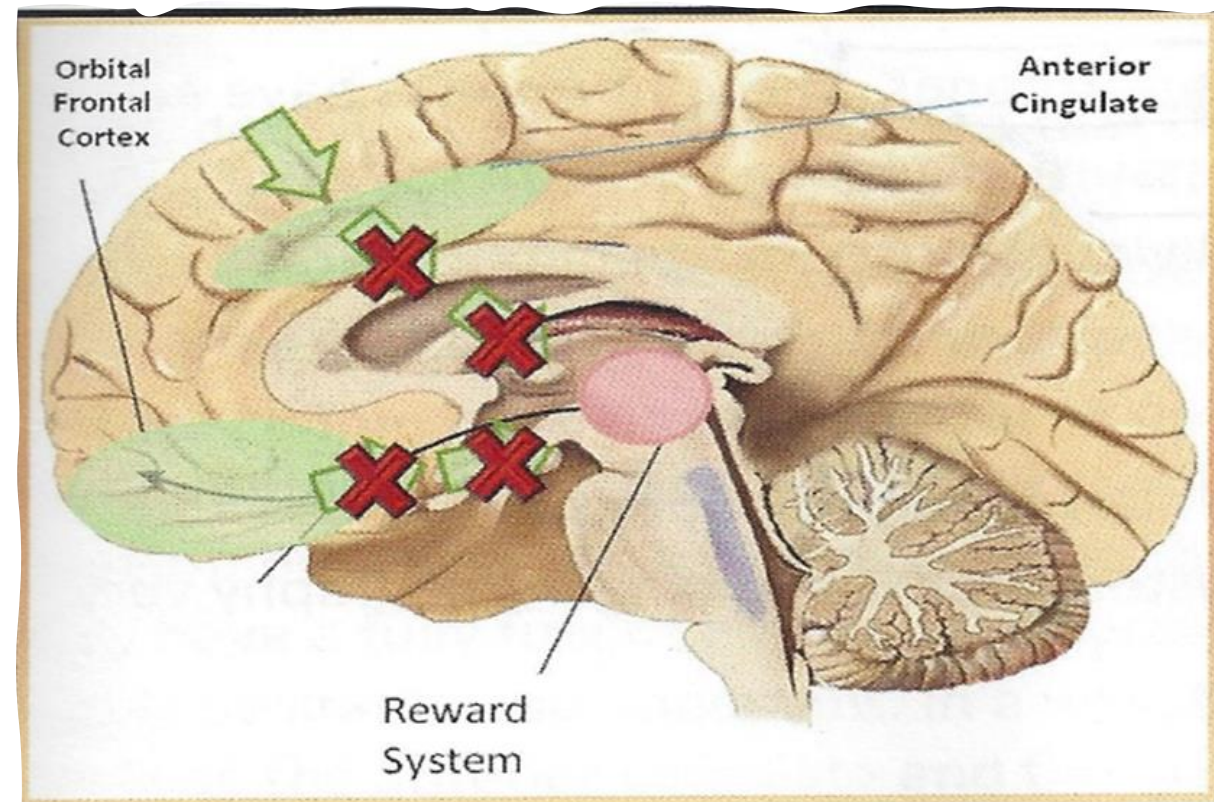
Impact of Hypofrontality – not a good thing:

Two areas of the brain, the **anterior cingulate** and the **orbital frontal cortex**, serve as a protective mechanism to override the reward system's desire for ever increasing dopamine. Sadly, **hypofrontality** involves the rewiring of our brain so that when an impulse to engage in a dopamine-related behavior is activated, the brain ends up shutting down its ability to override the reward system.

This is the breeding ground for horrible choices and impacts on social development in a really bad way.



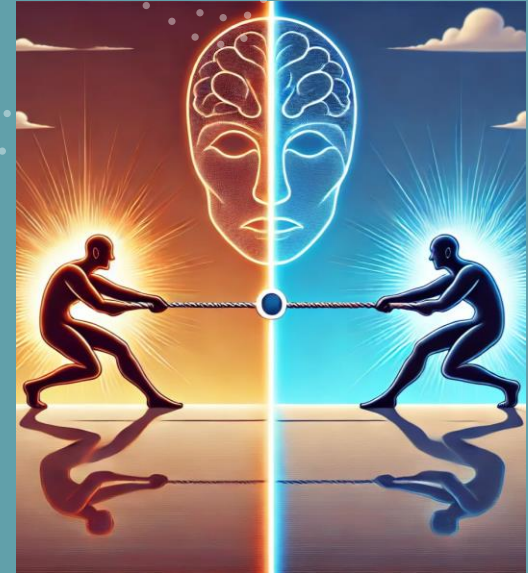
(Adapted from Study Blue, 2007)



(Adapted from Study Blue, 2007)

Opponent Process Explains much about Addiction

Understanding the Dynamics of
Pleasure and Discomfort in
Substance Use – the Hell of
Cravings



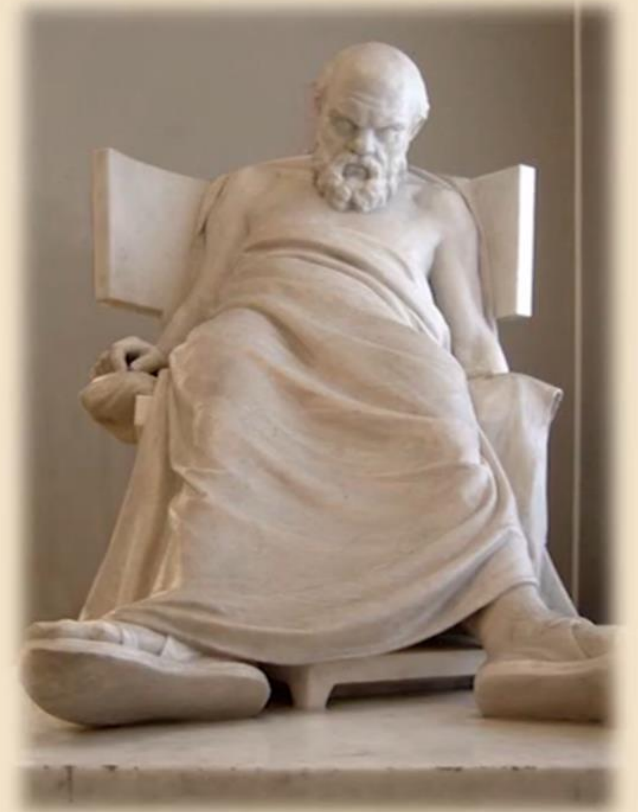
Wise Old Socrates just before he was killed in 399 BC predicted Opponent Process Theory

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLwBVw>

Socrates' Last Day

"How singular is the thing called pleasure, and how curiously related to pain, which might be thought to be the opposite of it... he who pursues either of them is generally compelled to take the other."

-Recorded by Plato,
about 350 B.C.E in
Phaedo



About 2000 years later, Claude Bernard noted that



"the stability of the internal environment [the milieu intérieur] is the condition for the free and independent life."

Bernard, Lectures on the Phenomena of Life Common to Animals and to Plants, mid-19th Century (translated by Hof, Guillemin & Guillemin, 1974)

In the mid-19th
Century
Frenchman
Claude Bernard
developed a new
concept.

Image from Judith Grisel
<https://www.youtube.com/watch?v=Ya3cZDLwBVw>

Walter Cannon: Homeostasis and Fight or Flight

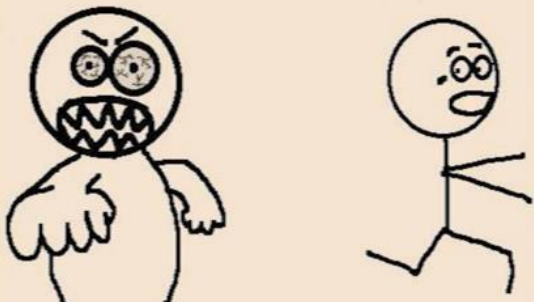
Images from Judith Grisel

<https://www.youtube.com/watch?v=Ya3cZDLwBVw>

Another 80 years...

Walter Cannon popularized Bernard's ideas using the term **homeostasis**

Cannon, Walter B. 1932. *The Wisdom of the Body*. New York: Norton



"Fight or Flight"

Homeostasis: Stability through change



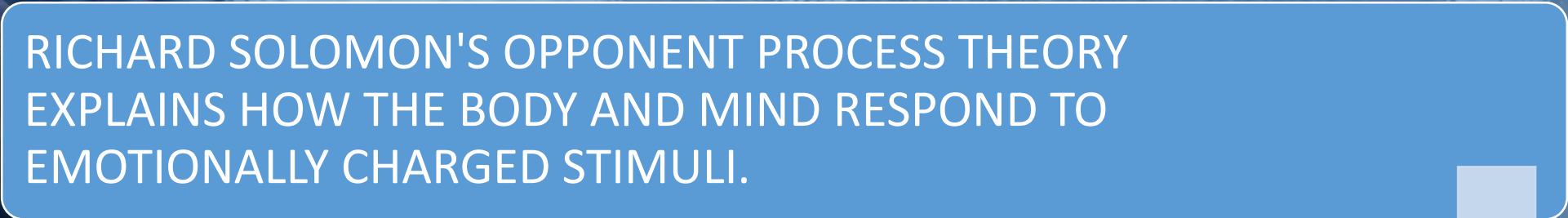
"Parasympathetic Overshoot"

Alboni, et al., 2011, Heart

Core Concepts of the Opponent Process Theory

AI assisted

RICHARD SOLOMON'S OPPONENT PROCESS THEORY EXPLAINS HOW THE BODY AND MIND RESPOND TO EMOTIONALLY CHARGED STIMULI.



EMOTIONS ARE REGULATED BY OPPOSING PROCESSES – A POSITIVE (PLEASURABLE) AND A NEGATIVE (UNPLEASANT) PROCESS.



- INITIAL POSITIVE EXPERIENCE (A-PROCESS) IS FOLLOWED BY AN OPPOSING NEGATIVE RESPONSE (B-PROCESS) TO MAINTAIN BALANCE.
- 

Application to Addiction

AI assisted

Opponent Process
Theory in the context of
addiction:

1. Initial Positive
Response (A-Process):
The addictive behavior is
pleasurable at first.

2. Opponent Negative
Response (B-Process):
The body counteracts
the pleasure with
discomfort.

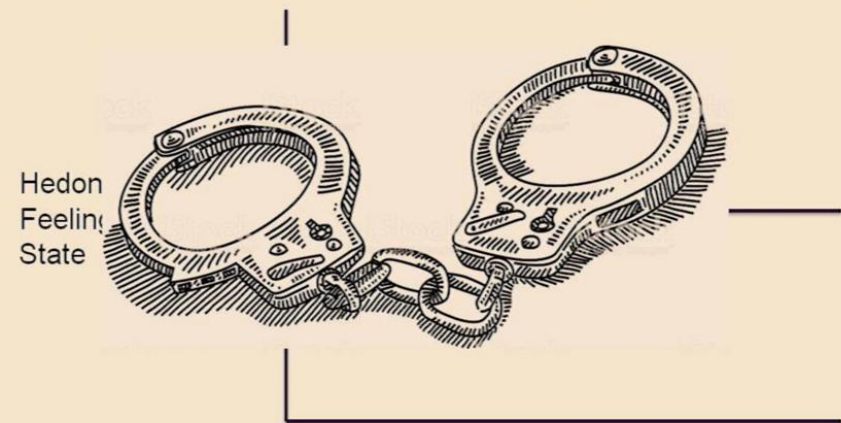
3. Development of
Tolerance and
Dependence: Over time,
pleasure decreases, and
discomfort increases.

4. Addiction Cycle:
Substance use shifts
from seeking pleasure to
avoiding discomfort.

You become prisoner
of the affective states

Image from Judith Grisel, Ph.D.
[https://youtu.be/Ya3cZDLwBVw?
si=tR- kxmumEv8 -Ai](https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8-Ai)

Any Psychoactive Drug Effect Pattern of Affective Dynamics



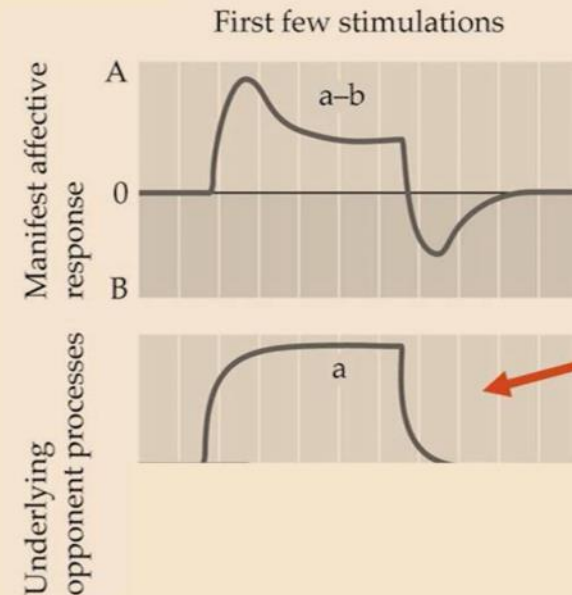
From Solomon & Corbit, 1974

The a and b process

The graph below depicts the underlying initial effect of the drug, and the top graph reveal the felt positive affective response (a process) to the drug followed by a compensatory negative affect response (b process)

Graph from Judith Grisel, Ph.D.
[https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8 -Ai](https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8-Ai)

Why the 'Affective Pattern'?



"a process"

- Direct result of the drug acting in the brain
- i.e., consequence of receptor binding, or reuptake blockade

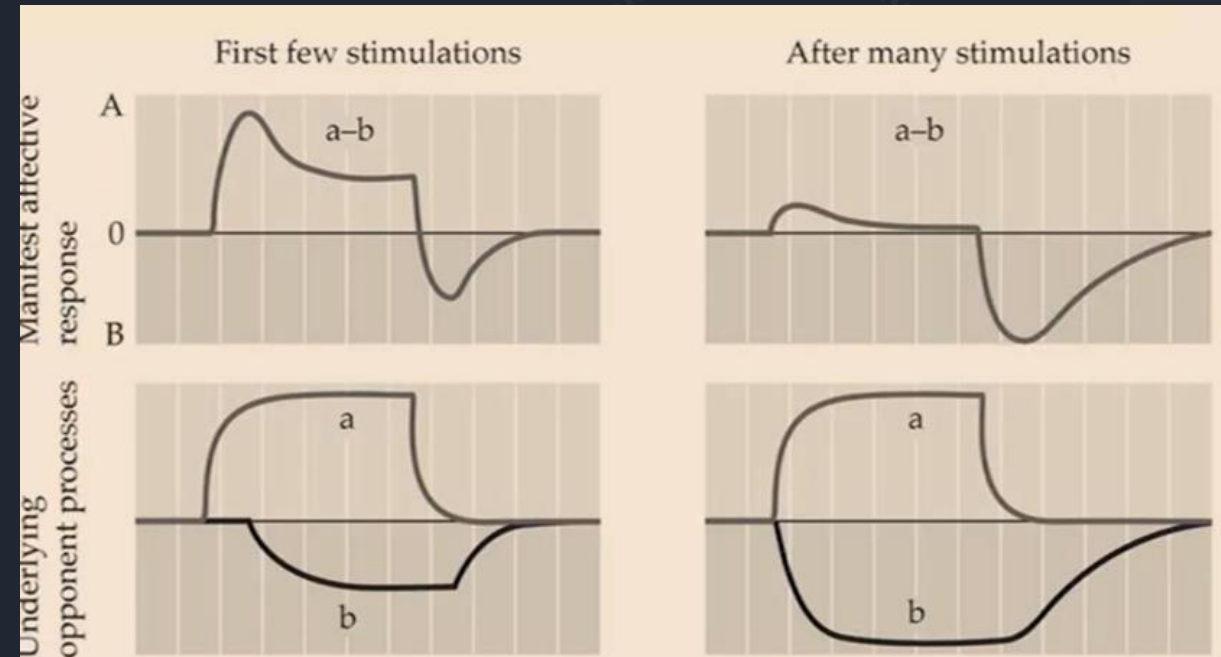
Drug-Induced Changes in Affect

As we continue in consumption of the drug body produces a negative physical state (b process) shown in the graph below and note that the body learns and moves the negative state forward, so it is experienced immediately creating cravings.

And note the affective response above whereby the negative response become larger and the positive response gets smaller which explains tolerance and cravings

Graph from Judith Grisel, Ph.D.

<https://youtu.be/Ya3cZDLwBVw?si=tR-kxmumEv8-Ai>

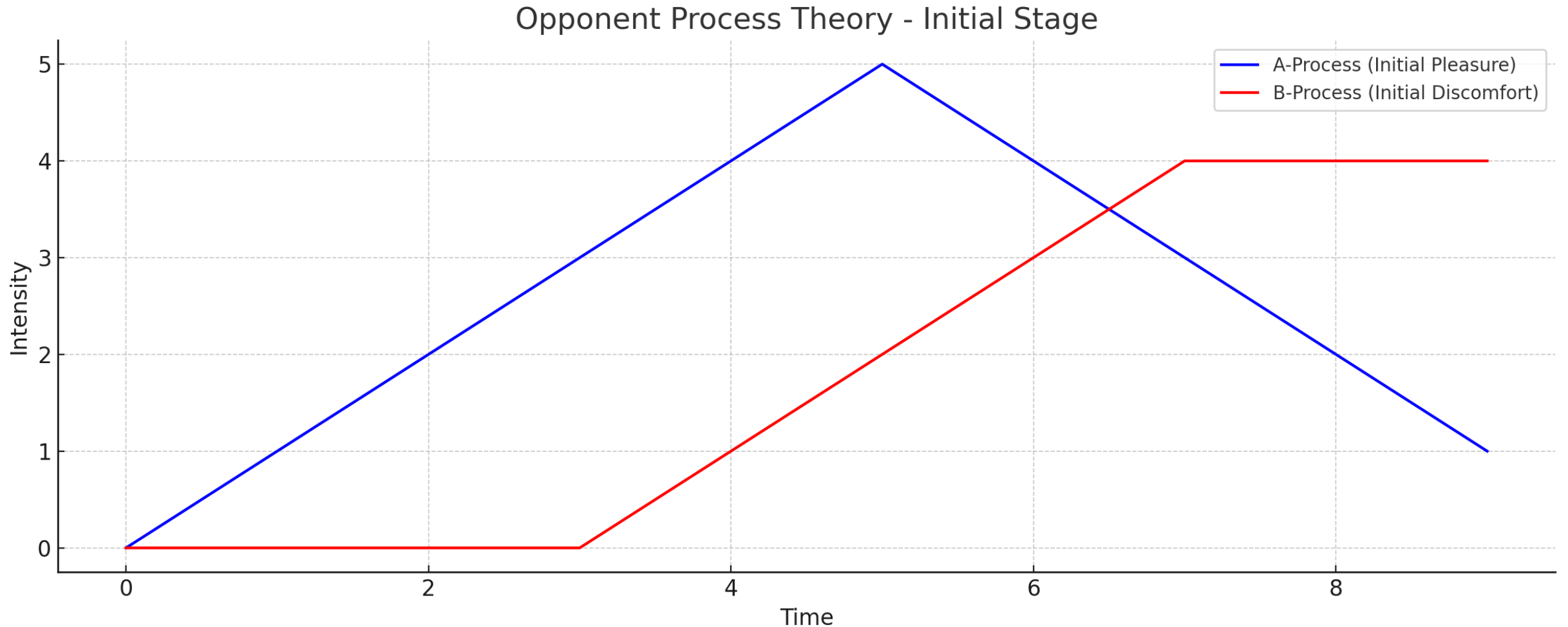


"b process" adapts

- Earlier, larger, longer
- Anticipatory (cue conditioning)

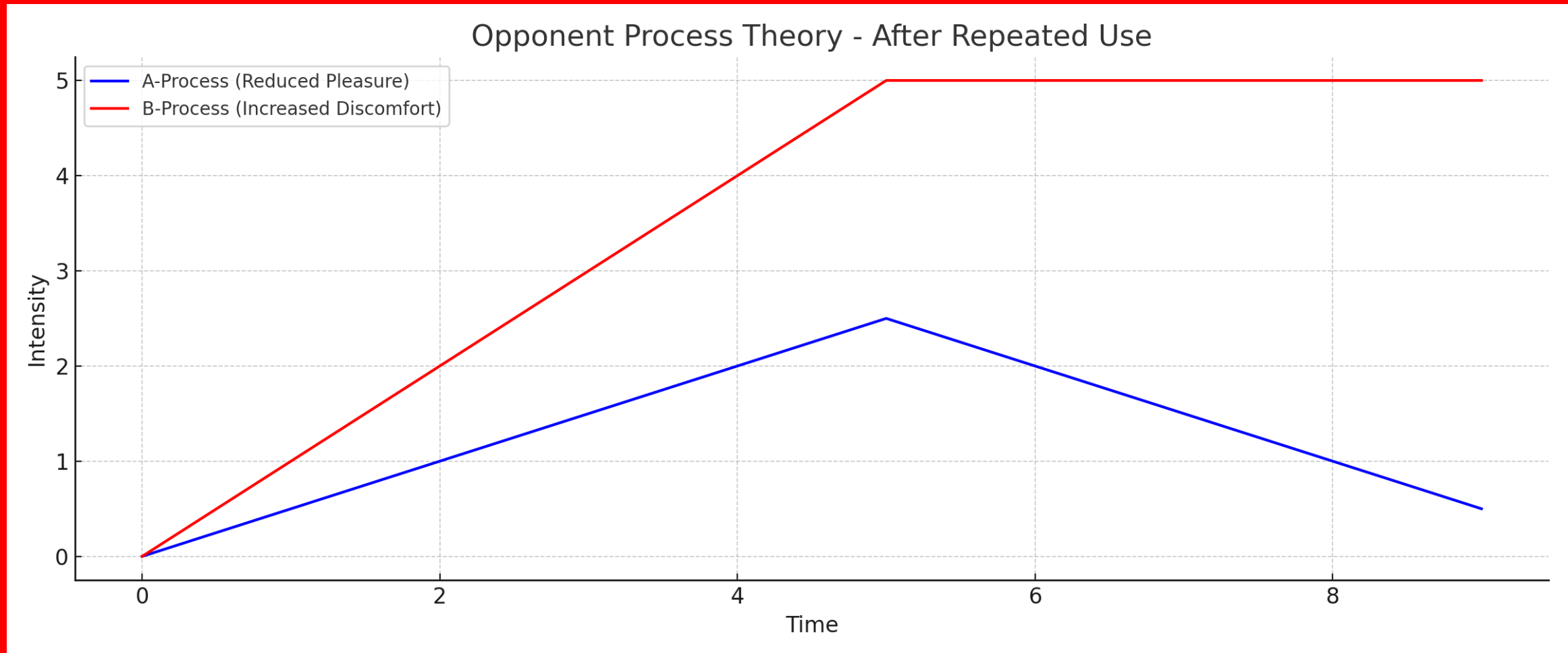
Opponent Process Theory - Initial Stage

My version



Opponent Process Theory - After Repeated Use

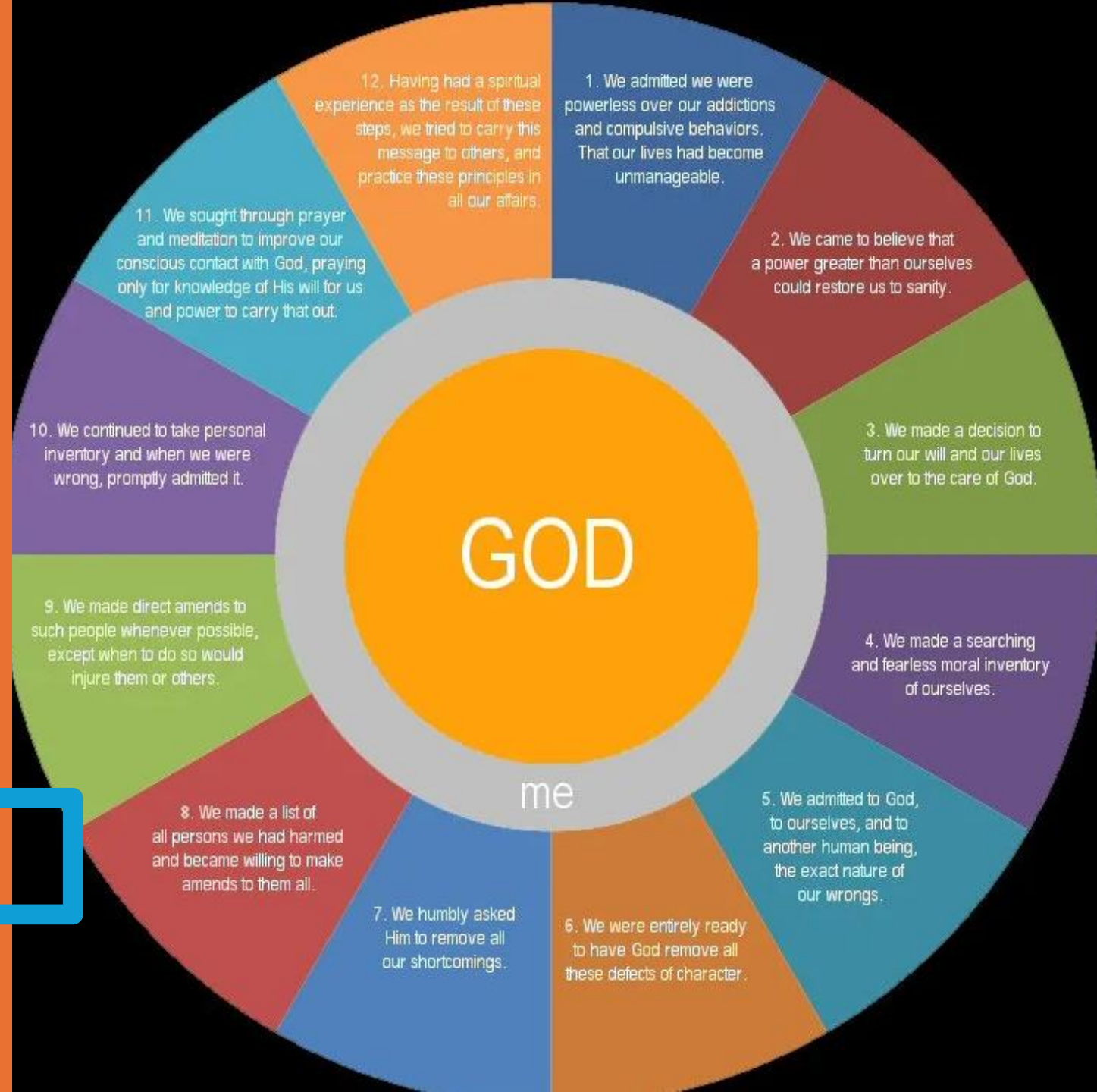
My version



The 12 Steps
are integral to
the AnchorPoint
treatment
model



At AnchorPoint
our 12 Step
Model focuses
heavily on God at
the center of it all





What comprises good therapy

- Must be based on research.
- Must Integrate the best of modalities.
- Must not be a cult. Any therapy can become a cult if relied on too heavily and when seen as one size fits all.
- Must be tailored to the client.
- Must address the specific clinical needs of the client.
- Must be implement by therapists who are well-trained in that modality.

Our Therapy Model

Polyvagal-Informed Therapy:

Polyvagal-informed therapy focuses on our body's nervous system and how it responds to stress and safety. It uses the idea that our sense of well-being is closely tied to how our body feels safe, connected, and calm. By understanding and influencing our nervous system's responses, we can much more effectively manage our emotions, feel more connected in relationships, and recover from stress and trauma. In essence, we tune into our body's safety signals to improve our emotional health and resilience.

HeartMath

HeartMath therapy is a biofeedback-based approach designed to enhance emotional resilience and stress management, particularly effective in addressing trauma and addiction. Developed by the HeartMath Institute, this therapy uses techniques and technology to help individuals regulate their heart rhythms and achieve a state of coherence, where the heart, mind, and emotions are in sync.

Internal Family Systems (IFS)

Internal Family Systems (IFS) therapy is a psychotherapeutic approach that is particularly effective in treating trauma and addiction. Developed by Dr. Richard Schwartz, IFS views the mind as a system of parts, each with its own perspective and qualities. The therapy aims to integrate these parts to achieve internal harmony.

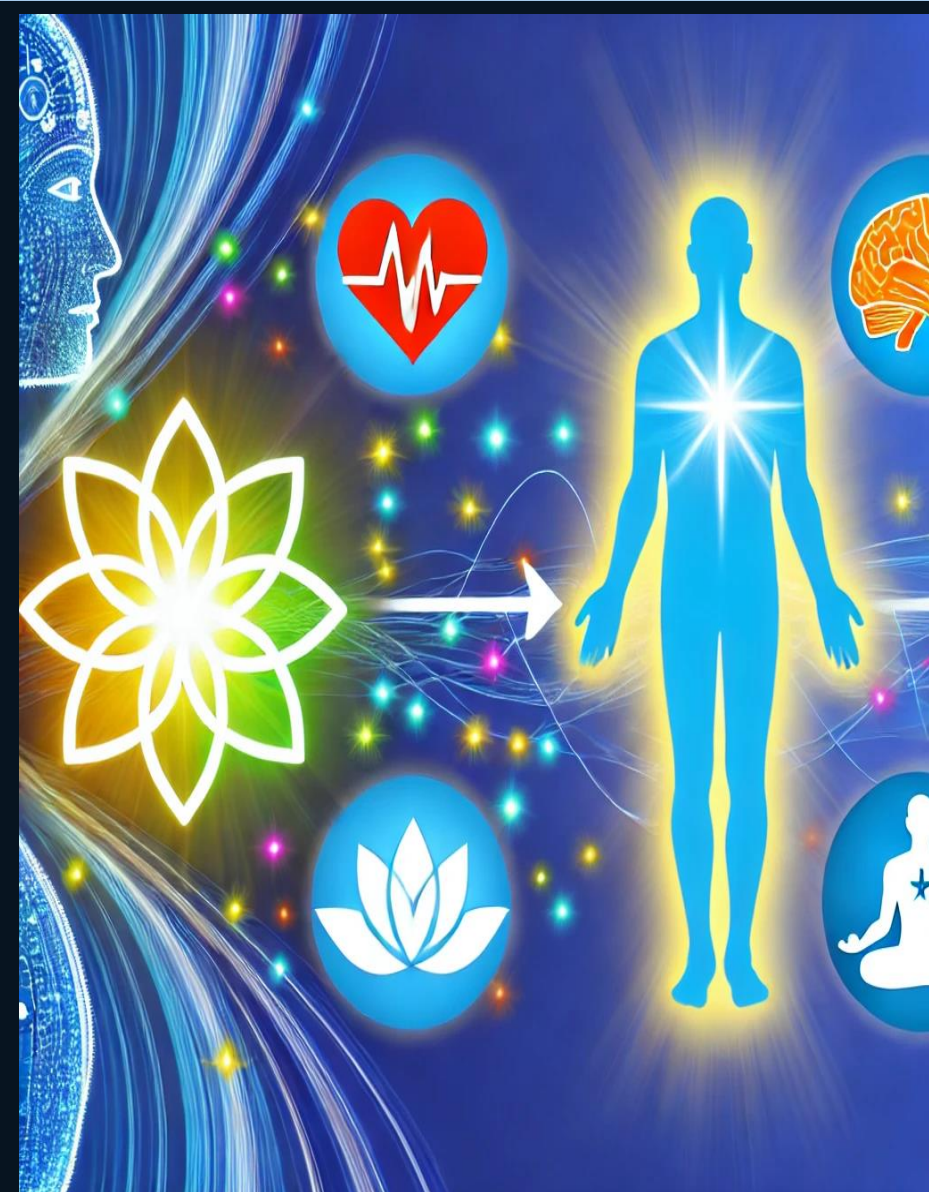
We uniquely integrate incremental and transformational therapies.

Incremental Health Psychotherapies:

- **Gradual Progress**: Focus on small, steady improvements over time
- **Symptom Management**: Primarily aim to manage and alleviate symptoms rather than addressing the root causes.
- **Short-term Goals**: Often set short-term, specific goals to achieve incremental changes.
- **Behavioral Changes**: Emphasize changing specific behaviors and habits gradually.
- **Structured Approach**: Use structured techniques and protocols.
 - **Examples**: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Mindfulness-Based Stress Reduction, Acceptance and Commitment Therapy (ACT), Behavioral Activation.

Transformative Therapies:

- **Rapid Change**: Aim for significant, often profound changes in a shorter time frame.
- **Root Cause Addressing**: Focus on uncovering and resolving underlying issues and traumas.
- **Holistic Approach**: Take a more holistic view, considering the entire person rather than just specific symptoms.
- **Deep Insight**: Encourage deep self-exploration and insight, often leading to fundamental shifts in perspective.
- **Flexibility**: Use a variety of techniques tailored to the individual's unique needs.
 - **Examples**: Psychodynamic Therapy, Polyvagal-Informed Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Depth Psychology, Internal Family Systems (IFS), Transpersonal Therapy.



The science reveals that spirituality enhances health and outcome

- **Strengthened Neural Connectivity:** Enhances emotional regulation and resilience.
- **Increased Gray Matter:** Linked to empathy and emotional stability.
- **Reduced Cortisol Levels:** Lowers stress, improving mental health.
- **Depression Resilience:** Acts as a buffer against depressive symptoms.
- **Reward System Activation:** Promotes peace and contentment.
- **Improved Coping:** Encourages positive mechanisms like forgiveness and hope.

• Miller, L. (2015). *The Spiritual Child: The New Science on Parenting for Health and Lifelong Thriving*. St. Martin's Press.

• Miller, L. (2014). "Spiritual Awareness and Brain Development: An Innovative Perspective on Depression." *The American Journal of Psychiatry*, 171(6), 574-577.
<https://doi.org/10.1176/appi.ajp.2014.13081032>

Dr. Kevin McCauley reminds of the key components of an effective recovery Management Plan

Image from Dr. Kevin McCauley: <https://youtu.be/EqGhilC0Duw?si=JN17Fg4VVbqjLxrl>

- | | |
|-----------------------------------|-------------------------------------------|
| 1. Treatment (Residential or IOP) | evidence-based treatment, enculturation |
| 2. Therapist/Counselor/Coach | on-going f/u, advocacy, ROSC linkage |
| 3. Recovery Residence | housing security, peer support |
| 4. Mutual Support Groups | social connectedness, social narrative |
| 5. Relapse Plan | contingency management |
| 6. Testing | chronic disease monitoring, parity |
| 7. Job/School/Future | educational / vocational opportunity |
| 8. Addiction Medicine Specialist | access to longitudinal primary care |
| 9. Medication | MAT, nicotine cessation, etc. |
| 10. Hedonic Rehabilitation | community recreation & leisure activities |

We offer extensive
post-discharge
follow-up therapy





In summary – we are cutting edge and effective because:

1. We are dedicated to the ultimate healer, Jesus Christ, who is at the cornerstone in all we do.
2. We are a mature staff who work hard together, laugh together, and pray together.
3. Our treatment model holds faith as essential for transformational change of the soul and is built of a foundation of and evidence-based and neuroscience-driven understanding of what constitutes addiction and how to best treat it.