

# The Reality of Working with Drugs and Addictions

By Nick Kemp & Dr Susan Elton

**W**orking in private practice is a world apart from what is often taught in NLP trainings. Private clients simply don't respond in the same way as seminar delegates, and some of the most challenging types of client are those who have drug dependencies. I talked about this recently in Boulder Colorado during the Advanced Mastery Training, pointing out that when people talk about "drug dependency" this covers a massive range of different behavioural problems. A simple swish or kinesthetic anchor often won't have a great deal of effect and it's important to realise that "the end behaviour" is the result of the client becoming fixed in a specific pattern of behaviour, thinking, feeling and responding in the exact same manner so the world shrinks down and becomes extremely small.

Nick regularly see clients who have drug related problems within his clinics in Leeds and Manchester. Many of these clients have already tried a host of different solutions without success. Analytical approaches mostly don't work and often those counseling the client don't themselves believe that there is any possibility for substantive change. Often the drug treatment workers themselves begin to believe that the best that can be achieved is to keep the client in "a holding pattern" and hopefully gradually reduce the amount of administered drugs.

Recently Nick gave a talk to the staff members of the Leeds Community Drug Treatment Services and asked the 26 counsellors present how many of their clients would respond in exactly the same way during each weekly session, sitting the same way, asking the same questions with the exact same use of language and same tonality. Many clients were convinced that they have few, if any, choices in life and of course for many of them their world revolved totally around their drug of choice.

Interestingly many of the practitioners felt quite drained from such interactions and were very receptive to many of the

approaches Nick outlined in his own Practice in Leeds.

*"As head of a busy community drug service, the most significant element I witnessed in his training for my team that has proved to be important in our work with addicted clients has been without a doubt the powerful insight he provided that profound change is not only possible and desirable - but that it is not a time bound process. We are used to assuming that our work will be slow and painstaking - Nick reminded us of the human potential for swift and dramatic change."*

**Sian James - Head of Community Drug Treatment Services**

When dealing with any kind of addictive behaviour remember that there are essentially two main components

- The internal process of how the person thinks that creates the desires and feelings
- The external environments that reinforce the addictive behavioural patterns

As a therapist we need to work with both of these elements to give the client any chance of real success. In NLP there is often far too much emphasis on getting the client to feel good and ignoring the reality of their life predicament. Often their social circumstances revolve around their addiction problem and such interactions are just as addictive as their chemical drug of choice! Provocative techniques as used in Provocative Therapy and Provocative Change Works assist in the establishment of positive behaviours regarding the individual being able to work, hold down personal relationships, be a provider, be a parent, sibling, son or daughter,



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friend and have a healthy sex life. In other words, to live in the real world and function effectively within it.

Dr Richard Gray from Brooklyn has done some great work in the area of addictions and set up The Brooklyn Project some years ago. Nick was lucky enough to interview him [www.nlpmp3.com](http://www.nlpmp3.com) about his work in this area, and has learned the value of consulting with specialists when developing his own work.

Richard Gray designed a system of educational exercises designed to create continuing experiences of personal well being, self efficacy, self control and a positive future orientation.

The Program is an affective and cognitive skills training program in which clients learn the following practical, experiential skills:

- Memory enhancement
- Emotional enrichment
- Emotional control
- Mood enhancement
- Self control
- Body awareness
- Outcome design
- Future orientation

The program can be provided in the following formats:

- 16 weeks, one two hour session per week
- 8 weeks, two 90-minute sessions per week
- 4 weeks, two three-hour sessions per week

In each format he recommends two

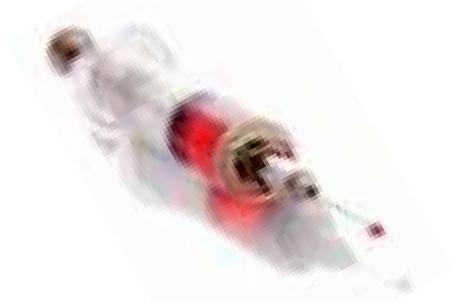


was a card of a teddy bear in a sailor suit holding a bouquet of flowers saying

*"Thank you so much". An enclosed letter read "Dr. E I cannot express my gratitude enough...when I first came to you things were horrible and I had created the situation. I actually thought I was losing my mind. I was heartbreakingly sad, angry and desperate. My actions had alienated my family I felt worthless and I thought it was the end. Now I am actually happy! The contrast to my life now is incredible. I like myself, my ambition has come back. My family are happy (understatement)My life gets better every day!! Thank you so much. In gratitude very sincerely C.S."*

I was extremely touched, and very happy for the client in question. C.S.(initials changed for confidentiality reasons) was approaching 40 and for the last 20 years had been a

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chaotic intravenous heroin user, alienated from his family, without work, in shocking health, unable to maintain a relationship, and with absolutely minimal self esteem. At times he had been reduced to picking deep holes in the skin over his Achilles tendons in an effort to avoid work and obtain pain killers .It had been a rough ride, for him, for his mother, his family, and for everyone around him.

Now he has good relations with his mother and step father, is trusted with the company credit card, represents the family business,

has loads of work, gets on with his sister, has aims and achieves them, realises that other people have set backs and can help them and care for them, and knows he can address set backs himself in a constructive fashion without disappearing into a haze of heroin. He is rightly proud of himself and knows others are too. He is stable on treatment and able to pick up his prescription weekly without supervision. He has his life back, and the risks to his health have been massively reduced. He knows he has a way to go, and he is doing really well.

What made the difference?

Communication skills and persistence.

Specifically Provocative communication techniques, combined with NLP. That and our being determined we would not fail him and his family.

In our inner city practice of 14,000 patients we have roughly 120 substance misusers on our register. Some have dropped out of treatment, some are in prison, some have moved away to start afresh elsewhere, and some have entered rehabilitation programmes. The remainder are seen regularly by ourselves in the community drug shared care programme. Over the last 3 years 12 have been unable to engage in treatment, of the remainder all but 35 are in some form of recovery, either abstinence or steadily decreasing substitute prescribing, of the remaining 35 we still see, enormous progress is being made. Their families and their children also benefit massively, alongside the obvious benefits to themselves.

I did not initially choose to work with substance misusers, yet it became increasingly obvious that our community needed this service. IVDU have a seven times greater chance of dying of all the other causes of death put together, than someone else their own age. It seemed ridiculous to ignore it. It is one thing to know how to prescribe safely, it is another to be able to communicate with someone who may be desperate, ashamed, defensive and convinced everyone despises them. Who may have had a horrible childhood, and may well have started using heroin at the age of 12.

I have attended numerous courses to learn a variety of communication skills and techniques. I have found that this has made the difference with which to quite literally unlock the future for people and their families, in both this and the next generation. It is rewarding work which is so very worthwhile and I heartily recommend it. ■

one-on-one sessions with each participant to ensure that the skills have been fully mastered. Facilitator trainings can be arranged as four-day intensives or to meet your schedule.

The Structure of the Program:

1. The submodality structure of memory and emotion.
2. Emotion as skill, memories as resources.
3. Creating anchors, the keys to emotional control.
4. New enhancements; gaining more depth in felt experience.
5. Constellating the deep Self; using the tools created to find a deep sense of Self and center.
6. Spreading the wealth; extending these new tools to real life circumstances.
7. On your own; creating new anchors to meet your personal needs.
8. Awakening positive history; finding more resources and connecting with your positive past.
9. Deeper depths, integrating the new elements of personal history into the felt sense of Self.
10. Defining Futures; using the felt sense of Self to create relevant, attainable futures.
11. Stabilizing futures, using Win Wenger's Image Streaming to clarify the future.
12. Visiting the future; the initiatic final exercise created by Robert Dilts and Stephen Gilligan.

(Also see <http://home.comcast.net/~richardmgray/brooklynover.htm>)

Dr Susan Elton adds

It is also possible to achieve enormous success within the traditional 10 minute appointment system of the GP surgery, in combination with alternating appointments with a Drug Therapist in a community shared care programme.

I received a pink envelope today marked "private/important"; "F.A.O. Dr S E". Inside