

Treating the Chemically Dependent as a Resurrection Process

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Introduction

It is time for a radical shift in our understanding and thinking about addiction. The proponents and practitioners of the psychospiritual paradigm believe that they have answers to the crises or anomalies found in the allopathic medical paradigm. The caliber of solutions that the psychospiritual practitioners offer cannot come from the traditional medical model because they have a fundamentally different understanding of what it is to be human and how the body, mind and spirit interact if at all. The proponents of psychospiritual paradigm have different goals and treatment interventions to keep one healthy, vibrant, lucid, relaxed and joyful. These last states of being cannot be treatment goals in the allopathic model since it is based upon symptom abatement and myopic thinking-physical problems have no psychological and spiritual components.

I am proposing we embrace a new model. Symptom abatement cannot be the only goal of treatment. Increasing awareness and consciousness are the goals. With symptom abatement one can only hope to be in recovery. With the psychospiritual model of treatment, one can be recovered. As practitioners, providers of addiction services and healers, we will focus on those that are labeled addicts and walk through that referral door.

But our goal will ultimately be to improve the total health and consciousness of that individual. That is our contract with the client. Since addiction affects the body, mind, emotions and soul, these are legitimate domains for us. The addict needs cellular reconstruction work, physical fitness work, emotional healing and reintegration and balancing of all of his systems and finally reintegration back into his family and the community. We need more comprehensive holistic training. We need to change the parameters of scope of practice and/or we need to make it okay to use these practitioners in the treatment and healing process of our clients.

My goal is to share some of the perspectives, techniques and approaches that I have used and experience over 26 years. Addictions can be managed and used as a ground for the transformation and awakening of the individual's character and potential. Traditional approaches that focus only on symptoms may provide some relief but fail to nurture the spirit or feed the soul. There is a better way, a natural way based on clearing the stress and toxification from the physical body and strengthening the constructive emotions that give hope and courage to change. This process promotes the awakening of consciousness to relate to the inner soul for clarity.

There is a way to provide for self healing and ultimately for self mastery with application of tools that I have learned. It is possible to move away from the core thought in the addictions field-once an addict always an addict. One's core identity can shift from addict-slave, to a self realized human being-master. That is the resurrection process.

If I hold a television in one hand and the cord in the other hand and start shouting at the T.V. for not working, how does that look to you? You would say, "Stupid". What would you tell me to do? Plug it in. I say the same to you. Plug into your source and you will get the picture. All stations are playing at the same time. You have just dialed into a certain frequency and you are getting the picture broadcasting at that frequency. Tune into another frequency and you will get a different picture or reality. Herbert Benson, M.D. is the Director of the Mind/Body Institute at Harvard. One of his chapters in his recent book, *Timeless Healing the Power and Biology of Belief*, was titled, "Wired for God". This is a radical statement coming from Harvard. I believe it is true and I believe that we can go direct to the manufacturer-The Source. It is not a question of His Presence. It is a question of access. You dial the right number and you will get an answer. Meditation and yoga have thousands of years of history in achieving and maintaining this connection.

The resurrection process is when you as a human being, a child of God can reconnect with your higher power-your Source and have the experience of that reconnection and hold it so that it is not a once in a lifetime event but a common occurrence. You have, in essence raised your frequency, energy, consciousness, whatever you want to call it, to the point where you are operating on all eight cylinders instead of 4 or 6. The purpose of treatment for the chemically dependent is to give each person the experiences and tools for their own transformation and resurrection.

Background of the Author

I graduated from the University of Michigan School of Social Work in 1969. Before I entered graduate school, I had to decide whether to major in the traditional clinical casework or community organization/administration track. I chose the later. This was the time of teach-ins and mass protest. I believed that I could do more if I got involved in changing systems than focusing on the individual or victims of the system. I knew that there were a lot of great clinicians but there were very few conscious administrators. I wanted to be a conscious administrator and hire great clinicians. I would be their support for both good clinical work as well as changing the systems that had negative impact on so many people.

It is my own personal story of self transformation that I believe is the foundation for doing the work I do. What I have to offer comes from my experiences working with the severely handicapped, mentally ill and chemically dependent for over 30 years. I have worked at the Battle Creek Institution for the Retarded, County Mental Health and Retardation Boards, 3HO SuperHealth-the only holistic residential treatment center to ever be accredited by the Joint Commission on Health Care Organizations and at a State Forensic hospital. Most recently I was the Mental Health Services Bureau Chief for the New Mexico Department of Corrections. In this position, I was in charge of the mental health delivery system in all of the prisons. Currently, I have designed a substance abuse program for inmates in a maximum security housing unit for the State Prison in Santa Fe.

I have had extensive experience as an administrator, clinician, program planner and developer, grant writer, educator and yoga teacher. I have worked in the medical model, prison custody model and in holistic treatment model. Effectiveness comes down to consciousness and

awareness. Ultimately, the bottom line is not having one technique or even a collection of techniques to use that accelerates profound change. It is who I am as a person. How deeply my character can penetrate the defenses and hypnotic shells that defend the real emotions and power in each person. How well can I be present in each moment and each encounter to open possibility and hope, and to show the gap between consciousness and the actions of the addict?

Life Changing Story

In 1986, I was hired as a clinical social worker on a psychiatric unit at Patton State Hospital. The very first patient I was assigned to was Nancy. She killed her two children by drowning them in the bath tub because she was trying to save them from the Devil. She hardly spoke to anyone on the unit. I had never worked with anyone like that before. I did not have a clue how to approach her let alone work with her. I felt incompetent and impotent. What could I possibly say or do that would help her? So I went directly to the Source. I said okay God; there must be a place in me that has the same pain as she feels. Help me find it. I believe that we are all One and that the Universe is holographic. One point contains everything.

I was seeing a body worker at that time and I asked God to find the point in my body that stores that kind of pain. She was working on my right shoulder blade and she hit the point. I asked God what was that and how old was I when I felt that. The answer came back that I was five and my posture was I had my arms raised up to protect myself from getting hit from my father and my plea was daddy, daddy don't hit me I am okay. As soon as I raised my arms to that position, the tears came rolling down my face and I had a taste of what she must feel all of the time.

I went back to the Mental Hospital the next day and to see Nancy. I shared with her that I did not know what to say to her and that I asked God for help. I told her what happened the day before and I shared my pain with her. She was startled and said that is actually how she felt. I said to her that she gave me a great gift. She roared back and said I do not give gifts, I killed my children. I said that I was a better person after meeting her than I was before and that was the gift to me. This was the beginning of the therapeutic alliance.

This was a turning point for me both professionally and personally. There was nothing objective about what I did. What is in me is in others and what is in others is in me by the very fact that we are human beings. And in being human beings, we can access each other through the heart and soul-No Man is an Island unto himself. If I would have only objectified her and made judgments even good clinical judgments, I knew that I could not be of service to her. I would have all of the information that would constitute a professional psychosocial history but I would not have been able to reach her so deeply so quickly.

When one combines intuitive/subjective assessments with objective fact based assessment, one can create a depth of treatment alliance that is unreachable by objectivity alone. Opening up and allowing for a spiritual connection made it possible for me to be a conduit of connectivity to a higher source for both me and the patient. (This, by the way, produces a secondary benefit of minimizing burn out). When I would create a sacred space by intention, burn out was a foreign concept. Preparing for and allowing for guidance from a higher source is the hallmark of a

psychospiritual approach. Sooner or later one comes to understand that you are not the one doing but that you are being guided.

At the time I was in graduate school, no one talked about how to reach the patient or client this way. It was all about the mind and how it functioned or didn't function. Carl Jung was one of the few psychoanalyst that dealt with metaphysics, spirituality etc. But the Social Work School did not teach students in his theories or practices. We have objective science that deals with what can be seen, felt, tasted, and heard but nothing about love, joy, compassion, kindness, truth-the things that provide meaning in ones life.

Do We Have a Problem?

It is estimated that 20% of Americans use about 50% of all illegal drugs in the world. This accounts for somewhere between 60 and 80 percent of all crimes committed in the U.S. (1) Almost 80% of inmates in State prisons are there because of substance abuse and dependence. Approximately 65 to 70 percent of inmates that go on parole are sent back to prison within three years. (Bureau of Justice Statistics, Special Report: Recidivism of Prisoners Released in 1994., June 2202, NCJ 193427. CDC. The major reason they are sent back is that they return to their use of drugs and alcohol.

he Corrections budget in New Mexico where I work is \$224 Million a year. The average yearly cost to house an inmate is \$30,000 a year. The average length of time an inmate spends in prison once they are returned is 3 years. Each inmate returning then costs the tax payers approximately \$90,000 excluding court costs. The Corrections budget for California is close to 4 billion dollars which equals the total New Mexico State Budget! California now has close to 200,000 in their state prisons. Six hundred thousand inmates are released from state and federal prisons and juvenile facilities to their communities every year. (CDC, IDU, KIV Prevention, August, 2001, Page 1). By 2010 it is estimated that close to 2 million men and women will be released nation wide.

- There are 13 million active addicts and alcoholics in the U.S. and they affect 130 million Americans. That is roughly half of the U.S. Population!
- Addicts have a 600 percent higher suicide rate over the general population.
- One third of all deaths are related to alcohol.
- Ninety percent of family violence is related to alcohol.
- Seventy three percent of motorists stopped by police in 1988 tested positive for drugs.
- One of eight alcoholics will die within 5 years of treatment.
- Fifty percent of people in recovery have a relapse within the first year.
- In thirty eight percent of child abuse cases, the perpetrator drank prior to the offense.
- In 1987, 600,000 were in Treatment for alcohol and drugs.
- In sixty one percent of assaults the offenders were drinking before the offense.
- Heavy drinkers have a mortality rate of more than twice the general population.
- Half of all admissions to hospitals are related to drug and alcohol use because of system breakdowns. These facts and figures were recorded watching the 12 Step

Videos from Ambrose Publishing (Steps I-II). In 1992 the economic cost to the US society of drug and alcohol abuse was estimated to be \$245.7 billion. Of this cost, \$97.7 billion was due to drug abuse. The cost has increased 50 percent over the cost estimate from 1985 data. If we use the same percentage increase per year 7 percent, then in today's figures, the total cost would be approximately, \$435 billion!

- It is obvious to the most casual observer that whatever we are doing is not working societally or individually. The relapse rates are too high. Learning about and engaging in a healing or transformative process for one's self as a clinician allows one to make use of other interventions that can facilitate the resurrection process for others. Epiphanies do happen as the story of Bill W and others attest to. We need to orchestrate the conditions for this to happen for more people on the path of recovery.

Treating the Chemically Dependent as a Resurrection process is a very different concept and treatment goal for most clinicians. Looking at prisons as centers for fallen angels is probably at least three standard deviations from the norm. Yet for me this is the heart of the matter. To design and apply an effective treatment model of addictions, we must challenge and change the belief that the majority of the etiology of the problem resides in the individual not in the family, community and society. The individual can rise above the voices and contradictions that arise in the family and society, but only with a profound shift of awareness, a new relationship to their body, and a confident ability to use tools like exercise and meditation to take command of their emotional reactions, flow of thoughts and level of energy.

Before I compare and contrast the two paradigms-allopathic, symptom abatement to psychospiritual/humanological, it is important to know what criteria has to be met in order to give someone a diagnosis of Substance Abuse Dependence. Whatever paradigm one is operating under, one must carry out an assessment that leads to a diagnosis and then a treatment plan. To do that everyone uses the DSM-IV-TR.

What are the DSM-IV-TR criteria for Substance Abuse Dependence? The DSM is THE reference guide for providing a diagnosis that should lead to effective treatment but the authors of the DSM have stated that it is not the intended purpose of the DSM. It prescribes no treatment.

Furthermore, the DSM has come under attack for being culturally insensitive just as the I.Q. test has. And the DSM is itself a product of mind body dualism which it admits. "Although this volume is titled the diagnostic and Statistical Manual of Mental Disorders, the term mental disorders unfortunately implies a distinction between "mental" disorders and "physical disorders that is a reductionistic anachronism of mind/body dualism. (2) p30. I could not have said it better. "Inclusion of a disorder in the Classification (as in medicine generally) does not require that there be knowledge about its etiology. (3) xxxiii. And finally, on page xxxiv, "Making a DSM-IV diagnosis is only the first step in a comprehensive evaluation. To formulate an adequate treatment plan, the clinician will invariably require considerable additional information about the person being evaluated beyond that required to make a DSM-IV diagnosis." (4) p.35

This is our point of departure. For clinicians operating under the psychospiritual approach, the DSM has much less utility. Not only is the DSM totally silent on making treatment recommendations, the allopathic model does not have a comprehensive, integrated holistic model of what a human being is that would allow for recommending serious effective alternative approaches for the treatment of the chemically dependent that would substantially raise the cure rate for both those inside and outside of prison.

The medical allopathic and social model substance abuse treatment programs have failed to increase cure rates much in the last three decades. Refer to the above statistics. However, it is good to be aware of the criteria for arriving at a substance abuse dependence diagnosis if only for the purpose of comparing treatment effectiveness of psychospiritual approaches to allopathic ones for the same diagnosis. I believe that this is in line with main purpose of the DSM in the first place.

Definitions and Criteria to be Met for a Substance Abuse Dependence Diagnosis

"The essential feature of Substance Dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that can result in tolerance, withdrawal, and compulsive drug taking behavior. A diagnosis of substance dependence can be applied to every class of substances except caffeine. The symptoms of dependence are similar across the various categories of substances, but for certain classes some symptoms are less salient, and in a few instances not all symptoms apply (e.g., withdrawal symptoms are not specified for hallucinogen Dependence). Dependence is defined as a cluster of three or more of the symptoms listed below occurring at any time during the same 12 month period."(5), p.192

- Tolerance
- Withdrawal
- Larger amounts over longer periods of time
- Persistent failures at stopping
- Preoccupation
- Isolation
- Continues to use with adverse consequences

The majority of inmates, patients and 3HO residents that I worked with qualified for substance dependence diagnosis. Many of them were Polysubstance dependent. This was also true for patients in the state mental hospital. Many patients were self-medicating to deal with the pain of their life as well as the pain of their mental illness.

Theories of Addiction

Theories of addiction try to answer why someone becomes addicted. Why would a person continue to do things that cause so much pain and suffering for them and others? One would want to know this so that one could design a treatment program that would address the "real" causes of addiction. Dr. David Dietch, The Director of the Addition Transfer of Technology

Center at the University of San Diego, has reported the consensus in the field of addiction concerning etiology. He posits that there are four models.

- A. Nurture vs. Nature
- B. Tolerance
- C. Genetic Transfer
- D. Psychological

1. Tension Reduction
2. Personality Disorders
3. Socio/Cultural
4. Pleasure Centers in the Brain.

At the present time there is **NEITHER A CONSENSUS ON THE CAUSE OF ADDICTION NOR ON THE CURE FOR ADDICTION**. All may contribute to addiction. There is a general consensus that AA and NA are the most successful interventions that lead to sobriety and maintain it. The most damaging assessment of treating the chemically dependent is that the knowledge base in the industry does not permit exact customization of a treatment plan. This is why the allopathic, symptom abatement paradigm is in crisis. Furthermore it does not have the knowledge base to sequence the interventions for maximum effect. This is not a limitation of the psychospiritual model when one includes state of the art diagnostic, assessment and treatment protocols that are available today and familiar to me.

Major Assumptions of the Allopathic Paradigm

It is necessary to identify the assumptions embedded in the allopathic paradigm as well as the anomalies or crises of this paradigm in treating the chemically dependent. Then we can see how the psychospiritual paradigm addresses these anomalies with solutions not available in the former paradigm.

As you know when one is preparing a business plan one is making projections of return on investment over time. Underlying these projections are always assumptions that these projections are based upon. What are the underlying assumptions of the allopathic and psychospiritual models? See Table below.

Allopathic Model	Psychospiritual / Humanological Model
1. Alcoholism and addition are diseases.	1. Your state of health is determined by your choices
2. The best an addict or alcoholic can achieve is temporary sobriety—one day at a time. It is heresy to suggest that one can get recovered.	2. Ecstasy of consciousness is your birthright
3. One gets sick because some germ from the outside invades you.	3. You are a spiritual being having a human experience. You are not a human

	being seeking a spiritual experience.
4. Doctors know best. They are seen as Gods	4. Body, mind and spirit are not separate. Your behavior and attitudes are derivative from your state of awareness and consciousness.
5. Individual has little or no responsibility for their illness	5. Addiction is a spiritual disease.
6. Only the doctor can cure them	6. You are perfect just the way you are.
7. Your disease will be eliminated some day when we find the gene that is causing you the problem.	7. You create your own reality. If you do not like the one you have created, you can create another. The television has many channels playing at the same time, change the channel and you tune into a different frequency and you get a different picture.
8. Life style is seen neither as a cause of your problem nor as a solution to it.	8. Every physical symptom has both a psychological and spiritual meaning.
9. Embraces mind body dualism. Mind is separate from body.	9. We have been conditioned to be more comfortable with pain and suffering than with joy and bliss
10. Environmental and cultural factors have nothing to do with disease	10. Changing one's consciousness is the therapeutic task.
11. Attempting to discredit and punish alternative therapists are acceptable practices and in the best interest of the public.	11. It is possible to get recovered.

Humanology-The New Paradigm for Human Services for the Next Millennium

Humanology is the science of being human. The science of being human is not a soft science. It is based upon ancient wisdom and truth that has survived the test of time. It meets the two major criteria of every science. It has predictive ability and one can duplicate the results. Kuhn ® developed the concept of paradigm to demonstrate the process of how scientists change their allegiance to a different model that appeared to better address the anomalies of the present dominant paradigm. He wanted to know how an emerging paradigm gains adherents and prominence in the scientific community. These enumerated beliefs form the basis of the humanological paradigm. It was not meant to be exhaustive but exemplary of the humanological paradigm. As you can see, if you embrace this paradigm, you have a very different sense of your identity and purpose. You certainly, if you are counselor, therapist, and healer would have a very different way of addressing the chemically dependent. Basically what these premises are saying is that if you identify your true identity which is infinity and you practice techniques that assist you in keeping you aligned with your identity, you will be healthy, happy, and holy.

Emerging Programs with Humanological Elements

Besides AA/NA meetings, Therapeutic Communities have had tremendous success in treating the chemically dependent. The Therapeutic community model is a starting point towards exemplifying an ideal treatment program based upon a humanological/psychospiritual paradigm. The reasons why it is an ideal beginning is shown by the enduring principles that Dr. Dietch uncovered in his research to identify the origins of the basic principles of the Therapeutic Community Movement. He found that they came from the Essenses who lived during the time of Christ.

TC Enduring Principles: D.A. Dietch (2/95)®

- 1. Concern for the State of Our Soul and Our Physical Survival**
- 2. Search for Meaning: Transcending Truths**
- 3. Challenge and Admonish With Love**
- 4. Be Invasive-Accountable to Community**
- 5. Public Disclosure of Acts, Fears, hopes, Guilts**
- 6. Public Expiation for Wrongs Done**
- 7. Banishment is Possible-Done with Concern for Survival**
- 8. Leadership by Elders-by Models**

Look at the first two enduring principles! This is what we are talking about--concern for the state of our soul, physical survival and finding meaning. This is a major departure from Betty Ford and Hazel den although they are now moving more in this direction. Ft. Leo Booth is a strong advocate that Addiction is a spiritual disease and must be addressed holistically. Was there ever a program that put it all together? The answer is yes. The 3HO SuperHealth program was located in Tucson, Arizona.

Yogi Bhajan, Master of Kundalini Yoga and Administrative Head of all Sikhs outside of India, conceived of this program. He felt and saw the pain of America caused by alcohol and drugs. He knew that there was a better way. He believes that we are spiritual beings having a human experience. If that is true, then we need to recover our true identity. He provided the means for this resurrection process--poke, provoke, confront and elevate. Basically this means bring to a person where he is unconscious, give him the technology to bring him out this unconsciousness and give him his own experience of his elevated consciousness and awareness. I want to share with you a number of ways we did that at 3HO SuperHealth.

This program was in existence from 1975 to 1991. 3HO Foundation of Arizona a 501 C 3 non-profit corporation owned and operated this program. I was asked to move there and help them get accredited. In 1978 they received their first of many accreditations from the Joint Commission of Health Care Organizations. In 1987 they received the highest accommodation from this organization for being in the top 5% of all residential treatment centers for the chemically dependent. It was the first natural healing residential treatment center to ever receive such an accreditation.

The 3HO SuperHealth Program

The 3HO Program represents the next generation of treatment for the chemically dependent.

1. The residential treatment center was consciously chosen to be located in a Sikh Ashram (spiritual community) where members dedicated themselves to live a healthy, happy and holy life. The intent and purpose of placing a treatment center in a spiritual community was to increase the addict's awareness and consciousness. Also to break the internal narrative story of only identifying one's identify as a drug addict. Living in an ashram helps to create a sacred space for transformation, healing and resurrection. The program was designed to produce these changes from day one. No smoking or drinking coffee was allowed in or out of the facility by anyone. The Sikh community members welcomed the addicts and alcoholics in their home. If you were single then you would have a guest living with you in your room.

Every one was considered family and everyone participated in meal preparation and the maintenance of the facility. We went on back packing trips and outings together. If a prison therapeutic community is powerful in developing pro social behavior and supporting transformation, you can imagine what living in a spiritual community produces. This is incredible use of positive modeling and family bonding.

2. The Therapeutic use of the word. "In the beginning was the word, the word was with God, God was the Word. People of many religious and spiritual traditions understand that not only does the word have meaning, they have kinetic power. The use of Mantras is one way to change consciousness and clean out the subconscious mind. Mantras and meditations can be rotor rooters to the subconscious. For example, in the first Kundalini Yoga Manual, there is a meditation to break any addiction. I have used this in every treatment program I have ever worked in with great results. Try it and let me know how it works for you. To get the desired results you must do it for 40 days for 31 minutes a day without missing one day. If you miss a day, you must start over.

Here is how to do it. Sit in a cross legged position (easy pose), with a straight spine, making sure that the first six lower vertebrae are locked forward. Make fists with both hands and extend the thumbs straight. Place the thumbs on the temples, and find the niche where the thumbs fit just right. Lock the back molars together and keep the lips closed. The molars will alternately tighten, then release; right then left, then right and so on. You should feel the alternating movement under the thumbs at the temples. Keep a firm pressure applied on the temples. Keep the mouth closed, focus at the brow point, and mentally hear the sound of sa ta na ma, one sound for each pressing of the molars. Continue coordinating the mantra with the subtle movement of the jaws for 5 to 7 minutes. With practice the time can be increased to 20 minutes, and ultimately to 31 minutes.

This is one form of the use of the word or sound current therapeutically. The other use of it is in counseling sessions where one is using one's words consciously to break through the denial and other defense mechanisms. As a therapist, you are modeling by word and action healthier states of being. You become a mirror to

your clients. This is where the poke, provoke and confront process starts. You are making them aware of their blind spots. In a spiritual therapeutic community like in a regular TC, everyone sees what is going on and can bring that to the attention of someone who is having a hard time. The client in community is seeing that it is possible to change and have a different life. They are seeing living proof of it.

3. Yogi Bhajan wrote a book titled, Foods for Health which provided the menus for the 3HO SuperHealth Program. Food as Medicine was written by Dr. Dharma Singh Khalsa from the teachings of Yogi Bhajan which further explains how food can be used as medicine. The 3HO Program really understood how to select the right foods to contribute to cellular reconstruction and healing of the whole body and mind. As they say, "You are what you eat". The staff knew what foods to feed someone during the detoxification stages and then in the rehabilitation stages. Juices, Ayurvedic and Bach Flower remedies were also used. One of the most powerful treatments for liver toxification was a special drink made in the program by the clients themselves-Liver Flush. For every six ounces, one would prepare 3 ounces of celery juice, 2 ounces of carrot juice and one ounce of beet juice. This was drunk 3 times a day for those in the detox phase. Extensive use of garlic, onions and ginger were used in preparing many of the vegetable dishes. (All community members adhered to a vegetarian diet.

Yogi Tea which can now be purchased commercially in most health food stores is another great blood purifier and nerve relaxer. In the late 70' and 80's this was a radical approach for any type of treatment program. We were the only ones in the country doing these things in a very scientific and comprehensive way.

4. The 3HO Program assisted the client to obtain control once again over their primary body functions and life in general. One of the main ways it did this was by teaching three Kundalini Yoga classes a day. In Kundalini Yoga there are thousands of different exercises and meditations for almost all human conditions, symptoms, and ailments. One's self esteem, self confidence, endurance, stamina are just some of the reported benefits of regularly doing yoga and meditations. These clients were doing 3 yoga classes a day seven days a week. Along with these Kundalini yoga exercises, the staff took the clients for a daily walk for at least 30 minutes. Walking with consciousness normalizes many of the physical and emotional problems. Dr. Gurucharn Singh Khalsa has written a book, Breathwalk that explains how walking and conscious use of the breath and sound can be healing.

Keep in mind that all of the clients had a customized treatment plan. Although they did the community yoga classes, they would be given their own yoga and meditations set to do. They were all on their own vitamin, herb and supplement program and they got massages and access to the sauna as needed. Counseling sessions were usually conducted by five or six staff with one client. This is a different form of group therapy. It was almost impossible for a client to confront the whole staff. This format was excellent for making the client more aware of many things particularly their unconscious patterns and how they chose to get their needs met.

Many of these guests were cocaine and heroin users and some came right out of prison. Most of their physical and mental health needs were addressed from a holistic framework. The program protocols had the effect of improving the total health of the guest not just getting the addict into recovery. Recovery meant recovering their total health, physical, mental, emotional and spiritual. With this in place, they could then fulfill their desire for meaning and purpose in their life and they possessed the tools to do so.

Every guest that came to the 3HO program met the criteria for substance dependence. But what they received as treatment came from a totally different paradigm. This program was managed and staffed by yogic therapists for the most part. The most transformative element of the program was not the degrees or licenses that the staff had but their ability to engage in a spiritual alliance with the addict. It is an incredible achievement for 3HO to have a program run by yoga teachers producing better results than programs run by doctors, psychologists and licensed substance abuse counselors.

The total focus of this program was bringing the guest out of unconsciousness into a higher state of awareness. As this was done, their cravings and psychological attachments to their drugs lessen. By the time they left (six month program), they were drug free and living a very healthy lifestyle. It did not work for everyone and not all guests who entered the program finished it. But those who did finish the program transformed themselves.

3HO Case Example

A 22 year old African American entered the program in 1980 for cocaine addiction. He also was an asthmatic who needed to use his aspirator five or six times a day to prevent his attacks. After three weeks of being in the program doing the yoga classes; changing his diet, no smoking and using drugs, he threw away his aspirator. I do not think that any regular M.D. would have thought that this was possible. Many clients who had multiple physical and emotional problems were cured along with their addiction. This is when I knew how powerful these techniques and lifestyle were for healing and transformation.

IDEAL PROGRAM

Now twenty one years later after my 3HO Superhealth experience and exploring multiple healing techniques, health products and equipment and world class healers, what would I design now? Okay, let's put it all together. I would keep in tact all that the 3HO SuperHealth program offered and I would add to it in certain ways.

1. Assessment Process: The assessment and diagnostic process would, in itself, be a healing experience. This is where you start establishing a therapeutic alliance.

a. I would use live cell blood analysis where the guest would see their own blood on a monitor and the clinician would be explaining the condition of their blood and how it relates to their health. Something very powerfully happens when you look at your own live blood. This really gets a person's attention and brings them out of denial of what they have to do to get better. This is a very powerful motivator that helps one take the first steps in making a commitment to

change and following through.

b. Next, I would use Rayid Interpretations. This system allows both the guest and the clinician to identify one's gifts and challenges in one's life. It accurately pin points the emotional, psychological and transgenerational issues that are in the DNA and then provides the guest with exactly the right therapies to achieve balance and integration in their life.

c. The last one I would use is Behavior Kinesiology developed by Dr. David Hawkins. This diagnostic system lets you find out what the core issues are in about 15 minutes. See his book, *The Eye of the I*, David Hawkins, M.D., Veritas Publishing, 2001, Sedona, Arizona

To my knowledge, no center or human being has used and combined all of the information available in these three diagnostic and assessment systems to develop a treatment plan. Much treatment is provided and experienced during the diagnostic and assessment process. By the end of this process, the guest knows that you know them at the heart and soul level. No question. This is where you build an incredible therapeutic alliance in a very short period of time. This then allows one to get treatment compliance. You know in this system that once the person starts doing the treatment that they are going to feel better and better which supports them in taking on more disciplines and the harder to do therapies. One produces an upward spiral which directly counter acts their life experience as a downward spiral.

There would then be a multi-disciplinary team where these individual clinicians would present their findings with the guest present and a treatment plan would be developed. This profound in depth assessment process almost guarantees treatment compliance. There is very little resistance to treatment when you reach someone at this level. This process of assessment not only identifies the correct treatment for you but the correct sequence of administering that treatment. No one else has that sophistication. If you find that the person needs massage, what kind of massage, Rolfing, Swedish, etc. How many massages do they need? What should be the sequence and frequency of these massages? All of the answers to these questions come from the above diagnostic procedures, particularly from behavior kinesiology. There is no guess work here and therefore, this is the best risk management program in the world.

In essence your treatment of each guest is extraordinarily customized to their exact needs in the moment. And, you are to detect, on an ongoing basis, changes in health that would require treatment plan updates. No guess work anymore. If they need herbal supplements, you can figure out how many to take, how many times a day and for how long. This level of assessment and treatment cannot be done by the average licensed professional.

The persons hired have to be spirit-guided, heart centered, conscious, and competent. Using Dr. Hawkins Behavioral Kinesiology is a great way to determine the level of consciousness of an individual and whether they would be a good team member. Remember we are operating out of a totally different paradigm. Assessment and diagnostic procedures, hiring practices-human resource department, selection of healing spaces, the choice of treatment modalities etc is all consistent with our new psychospiritual/humanological paradigm.

One would want to create a sacred space in the mountains or near water. It would be built with great consciousness as to materials, placement of building e.g., feng shei, disposal of wastes. It would be environmentally friendly and would demonstrate how to put it all together. It would be a world model of truly integrative addiction services in a health promoting environment.

Wherever I have worked I have won the trust, respect and love of the chemically addicted. I was not the professional staff who aligned himself with the correctional philosophy that these are bad men and need to be punished. I embraced their light and not their darkness. I helped them shine forth. As Nelson Mandela said, "Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our Light, not our darkness, that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented and fabulous? Actually, who are you not to be? You are a child of God. Your playing small doesn't serve the world. There's nothing enlightened about shrinking so that other people won't feel insecure around you. We were born to make manifest the Glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own Light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others."

This philosophy comes from a different paradigm. It is consistent with and exemplifies the psychospiritual approach. Just as one drop of lemon can curdle a glass of milk the reverse is true. People of higher consciousness can neutralize negatively. I know it is my purpose to change the consciousness and vibration of those I come in contact with. I did this through teaching Kundalini yoga, confronting men in group about their lapses into unconsciousness and supporting those in pain with compassion, love, and hope. I also worked with the mentors of the TC so that they would be the support for the other men and help the men free themselves from self-destructive attitudes and behaviors.

Everything I did was consciousness raising. Once a man in a group asked me what he could do to change his life. I gave him an assignment to only tell the truth and if he gave his word he would keep it no matter what. This man reported to the group that just this exercise alone changed his life. Because of so much positive transference from him, he asked me to be his spiritual teacher. I declined but said that I would guide him as best I could. For a drug using gang banging youth to ask someone to be his spiritual teacher seems to represent a transformation. He has new reference points, new vocabulary, new attitudes, and new insights because he has adopted a different paradigm.

Summary

A psychospiritual holistic approach is far more effective in treating the chemically dependent than almost any program which is derivative from the allopathic or social model paradigm. The 3HO SuperHealth Program with certain augmentations represents THE model for treating the chemically dependent. Almost anyone can be trained in the use of these diagnostic, assessment, and treatment protocols. The world needs another program like 3HO SuperHealth.

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Sadhu Singh Khalsa, founder of [Total Health Recovery Program](http://www.TotalHealthRecoveryProgram.com) has over 30 years of experience as a caring clinician, administrator, researcher, educator, yoga teacher and advocate for the disenfranchised. He has been a hospital administrator of a 100 bed psychiatric hospital in Chicago; program director of the only holistic natural healing residential treatment center for the chemically dependent in America; and recently, the Mental Health Bureau Chief for the New Mexico Corrections Department. He is a man of vision and heart and knows how to design and manifest superior treatment programs without comprising the integrity of the design.

Sadhu Singh Khalsa graduated from the University of Michigan School of Social Work in 1969 with a specialty in Administration and Community Mental Health. He has studied with Yogi Bhajan, a spiritual teacher for over 25 years learning how to apply spiritual principles in the healing arts—mental health, physical health and in the field of addiction. When he saw firsthand what can be done with the chemically dependent using all natural methods, he never wavered in his commitment to create more centers using superior diagnostic, assessment and treatment protocols. Total Health Recovery Program is the culmination of years of research, exploring and networking so that their clients could finally find the best treatment program in the world.

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