



RETREAT

REVIEW

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PETER SCHORR
Chief Executive Officer

Dear Friends,

One of the biggest challenges our industry faces is the fear of the unknown, otherwise called the stigma of treatment.

Our job as behavioral healthcare workers is to break through this stigma and make people understand that substance use disorders and mental health disorders are not a choice that someone makes. The choice they can make is seeking the proper treatment that will best help them, not only to understand but also to put them on the right path for success. There is no cookie-cutter treatment, everyone is an individual with different needs and should be treated in that way. They should never feel embarrassed or ashamed for seeking help to make them well.

Let's continue to break down this wall by educating the public and letting them know that help can be found.

Yours truly,

Peter Schorr



Peter Schorr
President/CEO



NAVIGATING THE STIGMA OF BEHAVIORAL HEALTH CENTERS OVERCOMING THE "NIMBY" ATTITUDE

by Hadassa Delhomme

In August of 2011, Retreat Behavioral Health opened its flagship location in Lancaster County, Pennsylvania. Originally known as Retreat Premier Addiction Treatment Centers, CEO Peter Schorr feared that he would be met with push-back due to the stigma of individuals who struggled with substance use and mental health disorders. Many communities believed in the initiative—but not in their backyard.

The term "Not in My Backyard" also known as NIMBY refers to a person or group of people who object to the placement of something that may be deemed as unpleasant or hazardous to the area they live in. For many years the stigma around people who seek help for mental health or substance use disorders is that they are unstable or dangerous.

"People tend to equate mental health and substance use disorders with crime, so when they hear a facility may open, they may think that only criminals and high-risk psychiatric patients will

be there," said Peter Schorr, CEO. "Before I opened Retreat, the location was a children's residential treatment center for troubled youth that the community really struggled with, so when I presented and explained the idea of Retreat—luckily, I was embraced with open arms."

Most of the stigma attached to mental health and substance use disorder comes from the lack of knowledge about these diseases. Struggling with substance use disorder is not a choice, it is a treatable disease. When opening the first location, Retreat made it a point to not only treat patients but also educate their families, and in turn the community.

"A lot of the time, people are brought to treatment by their parents or loved ones and there is a lot of resistance because of the unknown—addiction is a chronic brain disease and many people do not know that," said Peter. "We created family education programs to show families and loved ones exactly what these patients may be going through and once they are educated it creates more acceptance for their loved one and the treatment process."

In 2020, 93,000 people lost their lives due to overdose. Substance use and mental health disorders have become a more prevalent

part of society and the more it is discussed, the more people are educating themselves on the issues and reducing the stigma. These conversations help reduce the NIMBY stigma so facilities like Retreat can open with little to no resistance.

When asked why he chose Lancaster County, Peter stated that "I did not choose Lancaster County, Lancaster County chose me." On the brink of foreclosure, Peter was invited to look at the property that would later change thousands of lives. "We took a lot of care and effort in renovating the location because when I first got there, it looked nothing like what it does today."

When patients enter treatment facilities, they look for every reason they should not be there. Retreat took the time to create a space where they could not only be comfortable but optimistic about getting the help they needed.

As the stigma around mental health and substance use continues—it is important to take the time to educate yourself on these disorders and support the change that may happen around you. Lancaster County took a chance on Peter and Retreat Behavioral Health and now they have been able to house a facility that actively changes lives every single day. ■





Timeline

Mar 2011 – Peter Schorr purchases the Lancaster County property in Ephrata, PA

Aug 2011 – Retreat at Lancaster County opens and begins to accept patients.

Aug 2011 – Retreat at Lancaster County opens our outpatient location up the road from our residential site.

Jun 2014 – Retreat opens our first outpatient location in Greenacres, FL

May 2016 – Retreat opens our newest Lancaster County Outpatient Location in Akron, PA.

Jun 2016 – Retreat at Palm Beach's state of the art residential site opens in Palm Springs, FL.

Feb 2019 – Rebranding from Retreat Premier Addiction Treatment Centers to Retreat Behavioral Health to reflect the addition of mental health services.

Apr 2019 – Synergy Health Programs launches, the mental health division of Retreat helping individuals with a primary mental health diagnosis.

Jan 2020 – After 3 years, Retreat at South Connecticut opens its doors in New Haven, CT

Mar 2020 – Retreat launches its telehealth services to continue serving during the pandemic with more flexible options.

Mar 2020 – Retreat at South Connecticut opens their IOP branch

May 2020 – South Miami Office opens

Jun 2020 – Orlando Office opens

Oct 2020 – Our Philadelphia location opens to serve the general public adding to our list of outpatient locations

Oct 2020 – The Lansdale, PA office was opened, providing quality care for substance use and mental health.

Sept 2020 – State College, PA office opens

Jun 2021 – Brooklyn Office is purchased to serve the NYC area



PA'S TOP HEALTH OFFICIAL: "ADDICTION IS A MEDICAL ILLNESS—NOT A MORAL FAILING."

by Reed Alexander

Pennsylvania Secretary of Health Dr. Rachel Levine tells Retreat why battling the state's substance use crisis is her no. 1 priority. Pennsylvania's top public health official has her work cut out for her.

Dr. Rachel Levine has had a long and celebrated career in medicine. A graduate of Harvard University and Tulane Medical School, the former Pennsylvania Physician-General and medical school professor was elevated to her current cabinet-level post by Democratic Gov. Tom Wolf in October 2017. Since then, she's set her sights squarely on the state's drug crisis.

"As we have seen nationally, in Pennsylvania, the rate of overdose deaths due to opioids has been going up so drastically over the last five to 10 years, that it was readily apparent as soon as we took office that this would have to be one of the priorities of the administration," Levine told Retreat in an interview. It's "symptomatic of a national crisis," she added.

Indeed, on the national spectrum, Pennsylvania has been one of the states most dramatically impacted by the ongoing epidemic of substance use. Recent data from the Drug Enforcement Agency found that Pennsylvania's average rate of overdose-related fatalities in 2017 was nearly twice the national average. The state lost some 5,456 residents to drugs that year.

Levine and her team have deployed a number of solutions in order to combat the urgent problem. She says Pennsylvania's government has identified three distinct "pillars" in their approach: Prevention, Rescue, and Treatment.

The first—"Prevention"—means partnering with other statewide agencies including the Department of Drug and Alcohol Programs and Department of Education to raise awareness for the danger of drugs. Levine added that she's also been working directly with doctors and drug prescribers over the past several years, to encourage them to be more judicious in prescribing habit-forming medications.

The second pillar—"Rescue"—is about springing into action when substance misuser's lives are on the line, such as in the case of life-threatening overdoses. One of Levine's landmark achievements in that regard were the statewide executive orders she signed as Physician-General in 2015, which significantly increased the accessibility that Pennsylvanians now have to naloxone.

Naloxone is a non-habit forming medicine, taken as a nasal spray, which can quickly reverse drug overdoses and save lives. Levine's orders made it available for police officers, EMT's, firefighters, and other emergency responders to have on them or in their vehicles at all times.

She also made abundant supplies of naloxone available to the ordinary public at minimal costs. Now, Pennsylvanians can walk into any pharmacy and request the medication; Medicaid, Medicare, and commercial insurance companies cover its cost. To augment this, the government gave away an additional 6,000 free naloxone kits to anyone who asked for one at 80 sites statewide in December.

Some 20,000 lives have been saved by naloxone, Levine said, since her orders took effect.

"Everyone is a first responder," she said. "We want the public to have access to naloxone... [and] the people suffering from the disease of addiction are very keen to have access to naloxone so that others can save their lives, or they can save their friends' lives."

The third pillar—"Treatment"—is about getting substance users into treatment programs, and, eventually, into sobriety, Levine said. She believes that the expansion of Medicare is vital in helping more patients afford treatment, but she also believes that a combination of "medication-assisted therapy" (MAT) and counseling are crucial.

Innocuous as that belief may sound, MAT has stoked fierce opposition from critics who claim that the use of additional drugs (like ones that help people overcome their reliance on opioids) in treating a drug use problem makes no sense.

"Not only is there a stigma about addiction in general, but there's a stigma about MAT, that it's a crutch," Levine conceded. "I view that completely differently. I think it's a tool. I think that these medications are extremely useful tools."

The controversy around MAT is reflective of the deep, entrenched prejudices that exist in the discourse around substance use treatment. Another one says that substance use is a choice, and that those who struggle with substance use don't have enough willpower to beat their addiction once and for all.

It's a myth that Levine pulled no punches in confronting.

"Addiction is a medical illness, it's a disease," she said. "It's not a moral failing... We need to continue to get that message out... Eighty percent of people who use heroin actually started with prescription opioids that they obtained either legally or illegally."

Although she's proud of the efforts Pennsylvania has made to battle the drug crisis since she took office, Levine is wearing no blinders about the challenges that lie ahead. One of them is the emergence of highly lethal fentanyl in an increasing number of drug-related deaths.

Fentanyl is a narcotic that's 30 to 50 times as powerful as heroin and, according to recent CDC data, was involved in as many as 70% of fatal overdoses in 2016.

The crisis has grown so threatening that Gov. Wolf recently renewed a declaration calling the opioid epidemic a "disaster," which he called "the best current means we have to maintain a concerted effort focused on fighting this scourge on our state and our nation," in a statement.

There may be no immediate end in sight, but Levine vowed that the fight will continue when Gov. Wolf, recently reelected in the 2018 midterms, is sworn in for his next four years in office on January 15th.

"Gov. Wolf remains committed to the opioid crisis," Levine concluded. "We're very excited and enthusiastic about our second term." ■



I HAVE BIPOLAR DISORDER & C-PTSD BUT DON'T TELL ANYONE BECAUSE OF STIGMA

by Tanya Ruhl

Stigma, such an ugly word but one I have lived with for many years. After being diagnosed with Bipolar Disorder at the age of 27 and later C-PTSD, I didn't think anything about sharing this new part of me. I'm just that type of person. I am an open book. If you ask me a question, I'll answer it honestly.

Slowly, I began to notice that I was being treated differently. If I got too excited, I would get questioned about taking my medication or if I was having a manic episode. If I was deemed too sad, I would get asked if I was in a depressed episode and if I needed to see the doctor to get my medication adjusted.

Some people made it seem as if now that I had this diagnosis, I wasn't allowed to have regular, normal feelings just like everyone else does. This was just the start of the stigma I faced while living with bipolar disorder. It made me reevaluate a lot of things. It made me question who to trust, who I could talk to about my feelings, even who I could tell that I have bipolar disorder. This didn't feel normal. I always believed that you should be able to talk about mental health, especially my own.

Just as I was adjusting to my bipolar disorder diagnosis, I was diagnosed with C-PTSD (Complex-Post Traumatic Stress Disorder). This was a complete shock to me. How could I have PTSD when I am not even in the military? It was explained to

me that you do not have to be in the military or even be a first responder to get PTSD. This created a whole new world of stigma for me to navigate.

Many times, when I mention that I have C-PTSD people thank me for my service. I then have let them know that I am not a veteran. The looks that I get range from looks of confusion to utter lack of disgust. It can be very disheartening, especially when being dismissed by a few veterans and first responders who do not understand my story.

They treat me as though my PTSD has no comparison like it holds less value or has less of an impact on me because I am "just a civilian."

It is crazy to think that I even get stigmatized by those who have the same mental health struggle as I do. To be treated like this is why many do not speak up about PTSD if they are not currently or have not been in the military or a first responder.

The reality is that mental health is a struggle for many people. Whether it be bipolar disorder, PTSD, anxiety, depression, borderline personality disorder, etc., We need the stigma of not being able to have open discussions about it to stop. The more we talk about it, the more we can normalize it. So, speak up and speak out. If you are anyone you know needs immediate mental health care, you can get support today with SAMSHA at 1-800-622-4357 (HELP). ■





WHY MENTAL HEALTH IN THE WORKPLACE MATTERS

by Karen Riviera

When it comes to promoting a healthy environment, it's just as important to prioritize mental health in the workplace as it is to prioritize aspects like team building and an appropriate work-life balance.

Nearly 1 in 5 U.S. adults report suffering from a mental illness, according to the Centers for Disease Control and Prevention, and 71% of U.S. adults report experiencing at least one symptom of stress, such as anxiety or headaches. Considering that 63% of Americans are part of the labor force, this indicates a strong overlap exists between people struggling with their mental health and people who are engaged in the workplace.

Instead of pushing these issues aside, it's up to businesses themselves to try remain open to mental illness, and begin a dialogue around mental health that helps encourage trust and support. Not only is this important for productivity (the same CDC report notes that a mental illness like depression interferes with both cognitive performance and a person's ability to complete physical job tasks), but also for the well-being of every employee.

Dealing With Mental Health Issues in the Workplace

Employers don't need to be acting as therapists—nor should they be. But they ought to be facilitating an environment that promotes accepting mental illness as the common issue that it is, as well as putting into place practices that can help everyone feel safe about discussing such issues.

There are a few ways to do this:

- Put a premium on good communication. A positive, healthy workplace culture requires active listening. All employees should be encouraged to actually listen to their teammates instead of just waiting for an opportunity to speak.
- Focus on trust. Trust is a bedrock of any good work relationship. By focusing on strengthening trust between co-workers, workplaces can help employees feel more supported and appreciated.
- Keep the door open. An open-door policy means that employees can feel safe being honest about when they're

feeling confused or overwhelmed so that they don't have to suffer in silence.

- Provide company resources. Consider providing resources to online therapy, or helpful websites that can offer employees assistance in managing their mental health. Additionally, changes to company policies or health insurance benefits to include mental health coverage will help give your workers access to the care they need.

The common thread with these tips: treating others with respect, instead of just one more task-master in the daily grind. Supportive practices are critical in the workplace, as is separating value from performance and highlighting an employee's strengths instead of focusing on any weaknesses.

What if there are employees working from home? Mental health still matters! The same communication tactics used in the office should be extended to work from home employees. This serves to address mental health issues stemming from work from home isolation, and ensures equity in how employees are treated.

Start the Conversation

Any mental health solution a workplace offers is sure to lead to benefits in both individual and group performance. Making mental health a priority helps everyone collaborate on creating a healthier, less stressful work environment—which is much more effective than just ordering everyone around. Not only will this help remove barriers to mental health support, it will also help mold workplaces into somewhere that people want to be, instead of just have to be. ■



STIGMA AND RECOVERY: WHAT IT IS, WHAT IT DOES AND WHAT WE CAN DO ABOUT IT.

by Joi Honer BA, CADC, CCDP

The Oxford dictionary defines stigma as “a mark of disgrace associated with a particular circumstance, quality, or person.” When we think about substance use disorder and how it’s been viewed over the years, we can recognize that there have been some improvements in lessening the stigma of use and recovery. But we cannot rest on this improvement, we have much more work to do both in the professional realm and the personal realm to combat stigma.

Most of us who are in recovery and/or are professionals in the treatment field recognize the impact of stigma so for this discussion I am going to focus on ways that we can all support decreasing the stigma around substance use disorders and recovery. I will also give some useful links to organizations that help fight stigma so you will be able to access resources that support finding out more. Trust me there’s a lot to unpack around stigma and substance use disorders so there is no way to unpack all of it here. I encourage you to find out more if this is of interest to you.

What is Public Stigma

What does the public believe about substance use disorder and how has it changed over the past 20 years? How is substance use disorder treated institutionally and medically? How do people talk about substance use disorder when it impacts a neighbor or a friend? How do people of color or marginalized communities get judged around substance use differently? These are just some of the questions we need to continue to ask ourselves and our communities, in an ongoing effort to address stigma.

In 1956 the American Medical Association identified substance use disorder as an illness. The American Society of Addiction Medicine tells us “Like other chronic diseases addiction often involve cycles of relapse and remission.” But let’s face it when somebody is hospitalized to treat their use disorder, do the neighbors rush to offer support for the families, send cards or offer

to make meals? Do the families even want to tell the neighbors? That is the insidious power of stigma.

How can we address stigma?

One of the first ways we can address it is by doing something called “recovering out loud.” This is the term used by recovery advocates that encourages people to openly share that they are in recovery. For a long time, people misunderstood the rule around anonymity and 12 step fellowships. The fellowships say that you can’t claim to represent any 12-step fellowship but that does not mean that you cannot share that you are in recovery. Let’s face it, what gets the most media airtime? Recovery or people with active substance use disorder? By recovering out loud we normalize recovery. Simply telling a neighbor who offers you a cold drink at a picnic, can make an impact in lessening the stigma.

Why is this important?

As people became more comfortable in sharing their recovery journeys, the world began to see that recovery is not only possible but probable. As people begin to talk openly about their recovery while they were modeling healthy behaviors and being solid members of the communities, people began to see that people in recovery are positive and productive members of society. We are no longer invisible. People learn that we not only do recover but we recover and make a positive impact on society. There is hope.

Also, as people became more public about it, we began to have a seat at the table where decisions are being made around our healthcare, treatment opportunities such as drug court, recovery services for people experiencing homelessness amid more. The more we become visible the more we are heard and the more we are heard the more our resources can increase. Acknowledging that while some of these things have improved dramatically many aspects of the stigma around substance use disorder have not. Also, noting that people of color and those in marginalized communities continue to experience stigma and inequity, such as

institutionalized racism at a significantly higher rate than white Americans. We have a long way to go, and we must continue to work together to lessen the stigma for everyone.

Therefore, it is important for those of us in recovery when we’re comfortable with it, to share that we are in recovery out loud. To talk to people about what it means that substance use disorder is a disease. To talk about what happens to a person’s when they return to use when they have a chronic disease. No one is saying that you should lead every conversation with your recovery story, but when given the opportunity you not only help yourself when you represent recovery, but you also could help others. Organizations such as Faces and Voices of Recovery help people who want to publicly share their stories do so in a way that lesson stigma. I will add links to resources at the bottom of this article.

Language and Stigma

Another thing to consider is how language stigmatizes. Those of us who have grown in our recovery using self-help groups are used to the terms “addict and alcoholic” to describe ourselves and that is appropriate in a meeting. But what those words mean to the public may impact how they receive the information that we are sharing. One organization tracked the use of the word “attic quote and news articles and identified that over 85% of the article that uses that word used it in a highly stigmatizing manner. So, one of the ways that you can combat stigma is by using a person’s first language. Do you call someone suffering from cancer a cancer? No. We are humans with a disease we are not the disease. We don’t “abuse” substances we misuse substances. We are not clean; we were never dirty. Being aware of the language we use when we talk about our use history and recovery, can work to perpetuate or reduce stigma. Choose wisely.

Mutual Aid Support Groups and Communities

Finally, one area of stigma that I find very challenging and very damaging, is the stigma that people in recovery experience in different mutual aid support groups and communities. Bill Wilson described it quite well when he spoke at the international convention in 1965. I won’t fill this paragraph with the entire speech (link at the end) but his point was this; we get to share what works for us as passionately as we want because it worked for us! But we have no right to judge others and their chosen path of recovery. Furthermore, demanding self-righteously that they should only do what we do for our recovery can be not only counterproductive but also, self-centered, and abusive.

Shaming people because they may recover differently from you is never helpful.

Over the years we’ve been blessed to have many medical interventions, psychological disciplines, and recovery mutual aid groups develop, evolve, and grow, helping so many more people get well. Just like any medical problem we continue to grow in the field of treating substance use disorder and with that growth, we need to grow our definition of recovery. There are so many choices such as Dharma recovery, Smart Recovery, The Satanic Temple Recovery Faction, Celebrate Recovery, and more! There are medication’s that effectively assist with recovery. Medication didn’t work for you. OK don’t use it, but unless you are the treating physician for somebody in recovery you have no right to judge others for whom it works!

Reminding you all that September is recovery month! I encourage everyone reading this to look for local opportunities to be a part of the community recovery celebrations and advocacy projects! When someone asks; “What does recovery look like?” I encourage you to respond with...#ThisIsWhatRecoveryLooksLike. I do believe that we will continue to improve people’s assumptions of what someone suffering from substance use disorder looks like as well as what people in recovery look like as long as we continue to advocate, speak lovingly, recover out loud and support others in their chosen recovery path. ■

“Alone we can do so little; together we can do so much.”
- Helen Keller

Recovery Language:

<https://www.changingthenarrative.news/stigmatizing-language>

Advocacy Organization:

<https://facesandvoicesofrecovery.org>

Bill Wilsons statement on Dogma:

<https://12stepphilosophy.org/2015/11/12/bad-dogma/>



Joi Honer



OVERCOMING THE STIGMA OF RECOVERY AND FINDING MY LIFE

by Cheyenne Amick

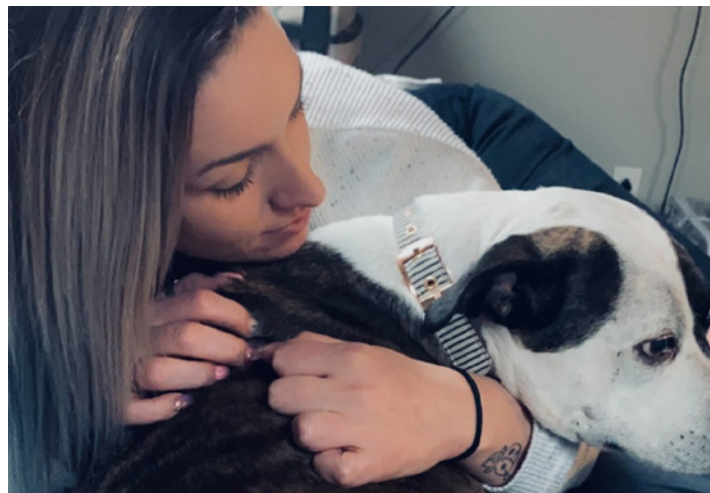
The stigma around substance use is an issue within our society today. Unfortunately, this has made the action of obtaining help and beginning recovery a daunting process for many people. Megan C., one of our Alumni at Retreat Behavioral Health, wants people to know that there is hope for recovery.

Megan has been in 71 treatment centers throughout her recovery journey, and she started believing the labels that people called her like 'addict' were her only identifier. Walking into stores, she said, people would look at her with disgust and it seemed as if people expected her to do something wrong just off their initial judgment of her.

As she looks back, Megan also realizes that her struggle with substance use disorder took a toll on her relationship with her family and friends. As she began to make the decision to be clean and start her journey towards long-term recovery, she was in a position where she had no contact with her family. The years it took her to battle her substance misuse put a strain on the trust and morale her family offered her.

"I always knew that my family loved me, and they were here for me if I needed help," said Megan "But I knew they had to pull away from me to protect themselves - today I am glad to say that they are back in my life." Although it took time and regain trust and integrate back into our everyday lives, she is happy to have her initial support system back in place.

"I did not know what real friends were until I was in this recovery program," said Megan. "The hardest part of believing I was worthy of a good life and leaving my past behind came from the



support of the strangers I met that like me, were working towards recovery and reminding ourselves daily that we are people who deserve better for ourselves."

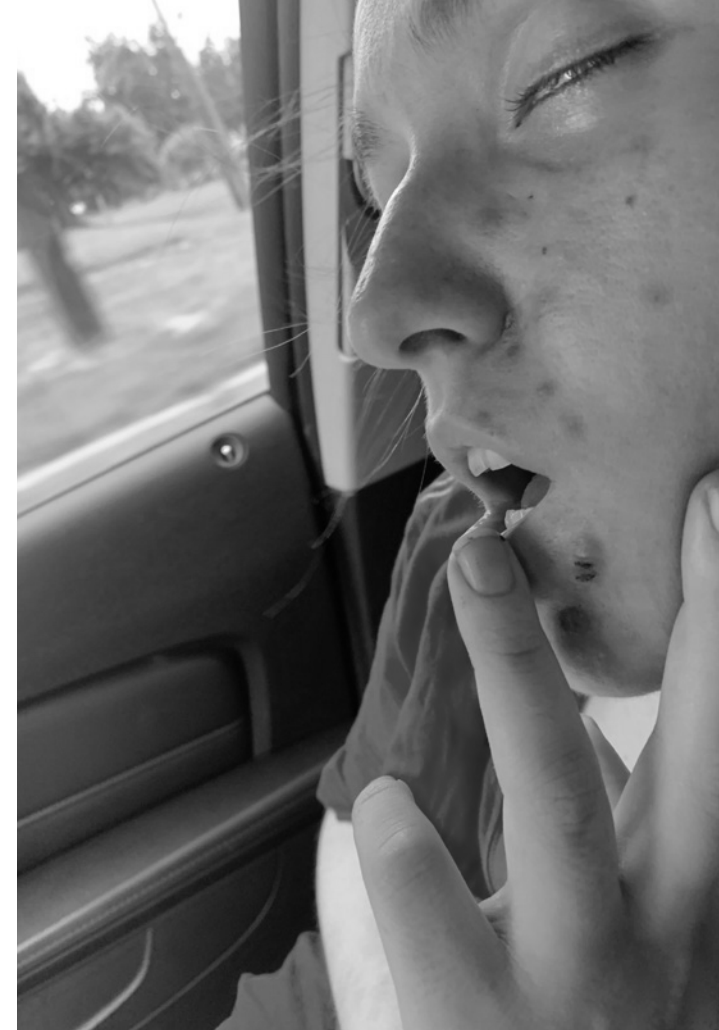
She also stated how alongside the people she met, she was grateful for the therapist and staff that treated her with kindness every day and helped support her to become clean and regain her life. "Now, I work full time, I am back in college, and I started a nonprofit whose mission is to restore hope in others," said Megan.

Being two years into recovery, Megan does believe that there is a stigma about those in recovery. "I feel as if people expect those in recovery to prove themselves due to the things they have done in the past," she says. She noted that she has had the most fun through her recovery than any other time in her life.

This has also led her to explore spirituality. "The inner peace I have is real, and I now know what those before me meant when they would try to tell me how much better things could be," she said.

One thing she wants people struggling with substance use to know is there is still hope. No matter how many times you have relapsed, if you are willing to put in the work, you can get clean and live a happy, sober life.

"The possibilities are endless, and you can truly build a life you are proud of. Push through those uncomfortable stages in the beginning and things will get better. Don't give up," says Megan. ■





TOP 10 LIES INDIVIDUALS WITH A SUBSTANCE USE DISORDER TELL THEMSELVES & THEIR LOVED ONES

Retreat Blog Post

Substance use disorder and denial go hand-in-hand. When an individual struggling with substance use disorder refuses to believe that they have a problem with drugs or alcohol, they're able to come up with excuses to continue their dangerous habit. Self-deception adds fuel to the ever-burning fires of alcohol and drug use.

Not only do these individuals lie to themselves; they also lie to their friends and family members. As an outsider, it can be hard to understand how your loved one can rationalize his or her behavior. The fact is that they make their own reality, even if it's full of deception. Individuals with a substance use disorder lie and manipulate to maintain their own false perception. In turn, they're unwilling to seek help for themselves.

If someone you know suffers from a substance use disorder, here are 10 lies you'll want to be prepared for.

1. "I DO NOT HAVE A PROBLEM."

One of the most common lies you'll hear from any someone struggling with substance misuse is that they are, in fact, in

control and they do not have a problem at all. Reality can be a tough pill to swallow. It's hard for these individuals to realize that he/she is headed down the path of alcoholism or drug misuse. They rarely come to grips with the true reality until they're deep in the darkness of substance misuse and abuse.

2. "I CAN QUIT ANYTIME."

Individuals with a substance use disorder battle with a losing power struggle. They like to believe that their disorder doesn't rule their entire being. By thinking that they can stop at any time, they live in a false mindset that they have their substance use under control. By maintaining this self-centered attitude, they are likely to feel special. This causes an over-inflated ego, which makes recovery that much harder.

What many don't realize is that quitting often requires time spent in rehab.

3. "MY SUBSTANCE USE DOESN'T IMPACT ANYONE ELSE."

It's much easier to deny that you're hurting those around you than to fess up to the reality of the situation. They are well aware of the pain and suffering that their actions cause those around

them. Despite heartfelt concern and worry from their loved ones, an individual with a substance use disorder will internalize the concern as attempted control. In turn, they may see you as an enemy rather than someone trying to help.

4. "I DON'T/WON'T USE THAT OFTEN."

In the beginning, many believe that they can use only on the weekends or once in a while. While some may be successful in sparingly using, eventually abusive and excessive use becomes a reality. As time passes, they become dependent on the drug.

5. "I NEED ALCOHOL/DRUGS TO SELF-MEDICATE."

The idea that using drugs or alcohol is a form of self-medication allows individuals with substance use disorder to further justify their actions. Common self-medicating excuses include:

- "Drugs give me energy."
- "They help me relax."
- "I need them to overcome problems in my life."

What they don't realize is that a plan for recovery, such as attending rehab and undergoing an alcohol detox, can help with many life problems.

6. "I'M NOT LIKE OTHER PEOPLE WITH SUBSTANCE USE DISORDERS."

As humans, we all compare ourselves to others, but individuals with substance use disorders can take it to new level. They will compare themselves to those who are much worse off (at least in their minds), to excuse their own behaviors. One of the biggest lies that people who struggle with alcoholism say is that their drinking isn't as bad as that person who got a DUI/DWI. Comparing themselves makes them feel superior and undermines the true danger of their disorder.

7. "I'M JUST ENJOYING LIFE."

Many of them get into the living-for-the-moment mindset. The idea that life is going to end someday is true, but that doesn't excuse risky behavior. While we all want to make the best of our days, most of us understand spending hours high or drunk isn't an ideal way to live. For an individual struggling with substance use, drug use or excessive drinking is a thrill that can't be found anywhere else.

8. "TREATMENT SUCKS/ISN'T FOR ME."

They are unaware of the healing power that can come from recovery support groups. If you mention AA or NA, you're likely to hear all sorts of negativity. They aren't interested in these groups because they fear that they will control their lives, especially when it comes to their substance misuse.

9. "I CAN HANDLE IT."

Many of these individuals truthfully believe that they can deal with misuse and addictive behaviors on their own, but what they aren't ready to handle are the side effects of drug use. Rarely are they prepared for painful alcohol withdrawal symptoms or drug rehab. They turn a blind eye to the dangers of their habits for the sake of a temporary high.





10 "I CAN'T GET BETTER."

Self-defeating thoughts are common for them. With relapse rates between 40 and 60 percent, it's no surprise that most have tried to quit but eventually failed. Others believe that hitting rock bottom is the only way for them to achieve a sober lifestyle.

WHAT CAN YOU DO?

More often than not, their behaviors and relationships don't mesh. Your loved one's actions will cause all sorts of tension and stress, which can break the bond you once had. You're likely to be frustrated and angry, but also sad and hurt. You want the best for your loved one, but don't know how to continue with the relationship. Maybe you've mentioned rehab in the past but were met with anger and hostility.

Knowing how to tell when they are lying is the first step towards a better understanding of your loved one. Unless you've been engulfed by substance or drug misuse, it's hard to understand why an individual with substance use disorder thinks or acts the way they do. It's obvious when an your loved one is lying, but the only way to stop this behavior is to seek help.

When dealing with these individuals, there are certain things you can do to lessen the strain.

AVOID BEING AN ENABLER

When you know that your loved one is lying to you, don't turn a blind eye or pretend to believe them. This only further encourages them to be deceptive and to sink deeper into their substance

misuse. Be brave and tell your loved one that you know they're lying. Once the lies stop working, they may be more willing to be honest and seek help.

DON'T TAKE IT PERSONALLY

Knowing that someone is outright lying to you is difficult to accept. It's painful, and it can make you feel as if your loved one doesn't care about or respect you anymore. Just remember that an individual with substance use disorder lies to benefit themselves, not to hurt you. Avoid getting upset and lashing out, even though their actions do hurt.

BE SUPPORTIVE

One of the best things you can do is to be supportive. Shaming your loved one will only fuel their behaviors. Create an environment where they feel loved and supported. Help build their confidence and encourage them that treatment is a viable option. Remind them how good life was before they were struggling with substance use, as this can help fill the void where their disorder now lies.

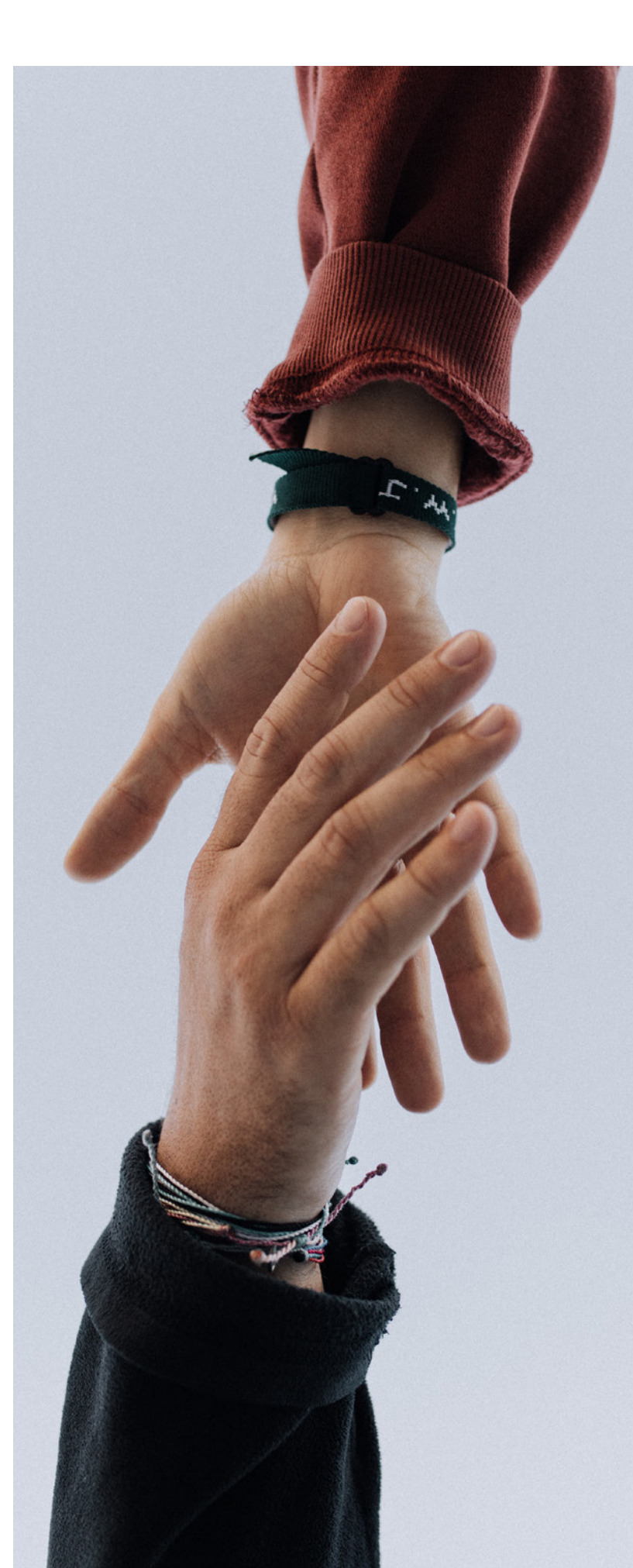
SUBSTANCE USE DISORDER IS A DISEASE

As a friend, understand the fact that substance use is a recognized disease that millions of people suffer from. Unless you've been in this position, you've never worn those shoes. To best help your loved one:

- Avoid making them feel shameful or guilty
- Don't compare them to anyone else
- Avoid confrontation
- Seek professional help

The fact is that each year, millions of individuals with substance use disorder seek treatment. Breaking free from the chains of substance use takes time and a lot of support. Anyone can achieve a sober lifestyle, but it starts with a helping hand.

If someone close to you continually lies about their substance or alcohol use, consider speaking to a substance use counselor. They will discuss treatment options with you to help your loved one. ■





AVAILABLE ON:   

As well as: Stitcher, iHeart Radio, TuneIn, Alexa, Overcast, PocketCasts, Castro, Castbox, and Podchaser

THE Behavioral Corner

with Steve Martorano

TUNE INTO OUR PODCAST EVERY TUESDAY AT: BEHAVIORALCORNER.COM/PODCAST

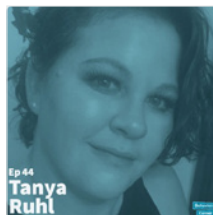
Join Steve Martorano, seasoned Philadelphia radio personality, as he discusses the complex world of behavioral health, the way we live and how our life choices affect our mental, physical and spiritual well-being.

PAST EPISODES



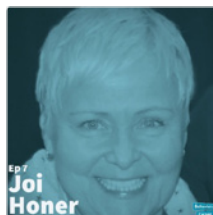
EPISODE 56: Tyrone Best

For many, coming out to your loved ones is often a difficult decision. For Tyrone Best, our guest this time on the Behavioral Corner, being queer wasn't the only secret he needed to share, his growing heroin addiction was another.



EPISODE 44: Tanya Ruhl

We all have our "ups and downs." So does Tanya Ruhl. Only her moods often swing dramatically, from very high to crushingly low. Tanya, Communications Project Manager at Retreat Behavioral Health, joins us this time on the Corner discussing her struggle with and managing bipolar disorder.

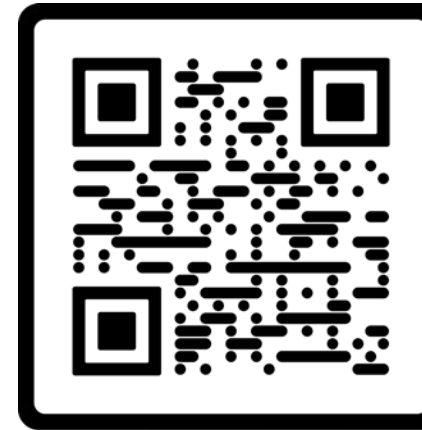


EPISODE 07: Joi Honer

Joi Honer, Senior Director of Alumni and Community Engagement for Retreat Behavioral Health. She joins us with her insights into substance abuse and treatment and maintaining sobriety during the pandemic. Joi's personal story of recovery is both impressive and a reminder that people can get better.

UPCOMING EVENTS

TO VIEW OUR UPCOMING EVENTS, SCAN THIS CODE:



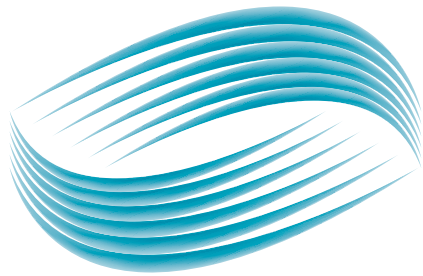
Retreat Behavioral Health Live Panel Discussion Series:

Our Upcoming Live Panel Discussions on Facebook Live: All will be held at 7pm ET

Retreat is continuing to hold a series of live panel discussions on Facebook Live. These conversations with leading experts, academics, and voices on a variety of issues pertaining to substance abuse and mental health are meant to foster important discussions about themes and topics relevant to our community.

Join us regularly for these live discussions, and weigh in with your comments, questions, and feedback, on our official Facebook page: www.facebook.com/retreatbh

To find out more information about the live panels or other events please go to our events page on our website to find up to date information by scanning code above.



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Or visit us online at:

RetreatBehavioralHealth.com

Retreat Behavioral Health offers addiction services, from medically monitored detox to outpatient rehabilitation, providing a full continuum of care. We work with most commercial insurers, offer 24/7 admissions and complimentary transportation. We have locations in Lancaster County, PA, Palm Beach County, FL, and New Haven, CT. At Retreat, we pride ourselves on providing a compassionate and spiritual environment for those struggling with addiction in a secure and comfortable setting with dedicated and caring staff.
