

Paying It Forward

10/06/11

I have a very personal stake in the advocating of and delivery of treatment within prison. I earned a three-strike sentence for victimizing over thirty people in the commission of robberies of drug and convenience stores. My first term in prison consisted of a six-year period from 1994 to 2000. This was subsequent to repeated bouts of abstinence, but zero instances of sobriety. In December of 1993, I robbed a variety of businesses to sustain my drug use and as a result received a twelve year prison term. With good behavior I paroled in six years. During that period of incarceration I spent exactly "zero" hours addressing my addiction, despite the fact that the most significant contributing factor of that criminal behavior was my addiction. After being a "model" inmate, I was paroled with the personal belief that I was cured and had proved I had conquered my drug problem, because I had not used any drugs or alcohol during that period of incarceration despite its availability.

Thirty-two days after my parole I began using again, I will not say I relapsed because relapse denotes some state of recovery. Between May 22, 2000 and June 2, 2000 I committed a number of robberies that resulted in the creation of nine more direct victims. Although I never physically harmed anyone, I know I emotionally affected and negatively impacted every person connected to the victims of the robberies I committed.

I stated the previous to illustrate the following, although few of the inmates within this prison are incarcerated for drug offenses; a large majority of inmates have/had substance use and abuse disorders. Even if they are abstaining from use, their impulsivity and compulsivity is still very salient, as demonstrated by much of the behavior reported for disciplinary purposes. Every inmate that is committed to the department of corrections should receive compulsory substance abuse and life skill education and if an inmate meets the criteria for substance dependence he should be subjected to mandatory treatment.

At the age of 34, I began the process of becoming a fully functioning, emotionally mature adult. The successful commencement of my recovery is directly related to the care I received within the mental health department at this institution. I was fortunate to be placed on the caseload of a mental health clinician (Mrs. A. Lebron, MFT, LCSW) whose specialty was treating substance use disorders. This was the first clinician to explain my substance use induced disorder, the mechanics of addiction, address the underlying psychosocial issues which contributed to my willingness to seek and use substances and the nature and purpose of the medication I was prescribed. She explained I had been on the medication long enough (4 years) to restore my brain functioning and commence dealing with my addiction and its underlying issues, specifically, my emotional and social retardation and lack of productive and effective coping skills. This process involved utilizing a biopsychosocial model in addressing the causes and contributing factors of my maladaptive thinking and behaviors that existed prior to, during and subsequent to my introduction to controlled substances.

I had to examine and consider my familial history of substance use, my physiological responses to stress, my cognitive schemas, environmental triggers, my past experiences, the state of my brain neurochemistry and neural networks, and the interplay between the previous. My "treatment plan" included individual therapy, group therapy providing instruction in cognitive and dialectical behavior skills, substance abuse education, and participation in Narcotic Anonymous, and lots of running. A significant factor in my ability to recover is due to the absence of permanent cognitive impairment. I witness it everyday in groups I attend and facilitate and I am very grateful to have been spared such debilitating damage. I do not believe mental health and substance abuse treatment should be mutually exclusive, as I have personally benefited from their amalgam.

The next phase of my recovery marked my entry into service, specifically working as a peer educator/paraprofessional facilitating rehabilitative programming in self help groups. This phase coincided with the termination of formal substance abuse education within the mental health department and the clinicians who had assisted me prompted and encouraged me to use what I had learned to help others within self-help groups facilitated by inmates. For this reason I have chosen to focus my energy on doing what I can, in the present to make a difference by being the best facilitator/peer educator/paraprofessional I can be. This involves combining my recovery experience with a sound academic foundation in order to deliver and communicate information to my peers, allowing me to pay forward what was given to me.

Due to the influence, guidance, nurturing and knowledge of some great people, staff and offender, I have been able to engage in a meaningful recovery not just an institutional moratorium of drug use. For the last six years, I have facilitated four groups a week. Three Victims Awareness Offender's Program (A program that seeks to increase the awareness of offenders with regard to the impact of crime on its victims and society), and a Facilitated Narcotics Anonymous Twelve Step Working group. I communicate a message of sustainable change and recovery achievable through education, spirituality, and hard work. There is an African proverb that states, "*Smooth seas do not make skillful sailors*", as I have sailed the chaotic seas of addiction for many years without a rudder or sail, I wish to teach others how to manifest both. If I can assist one person on the road to change and recovery, I have done a worthy thing.

Serving as a facilitator/peer educator/paraprofessional has been personally empowering and given me the opportunity to overcome the learned helplessness I acquired during my active addiction, in addition to increasing my sense of self-efficacy and esteem. My experience with treatment, which by far is not the norm within prison, has solidified my resolve to continue to educate myself so that I can be a viable and effective force in the field of substance abuse treatment. Having been an addict and survived active addiction gives me legitimacy with my peers, but a sound education and practical knowledge in providing resources and information makes me credible. In my recovery and as a facilitator/peer educator/paraprofessional, I have utilized a number of theoretical approaches to conceptualize and explain behavior, always from the position that

a theory is only as good as it applies to and explains my behavior and behavior I observe in others operating in my environment. This meant referencing concepts and principles of pharmacology, neurobiology, and psychology in my recovery/work. Recently I was introduced to the work of Dr. Daniel J. Siegel, MD, specifically, Mindsight concepts derived from the study of Interpersonal Neurobiology. After reading *Mindsight*, I concluded the Interpersonal Neurobiology theory and Mindsight practices had great therapeutic value within this "Treatment Milieu". Mindsight is an accessible blend of cognitive and dialectic skills utilized to remediate targeted neurobiological deficits. It is my belief that a significant amount of the behavior displayed by the most oppositional and unresponsive of inmates participating in self help programming is directly related to neurobiological deficits and they would benefit from exposure to *Mindsight* skills and instruction in basic Interpersonal Neurobiology theory. To that end I have integrated *Mindsight* concepts and principles throughout my facilitation, because as Dr. Siegel states "We can use our minds to change our brains." One of the most enlightening is the *Triangle of Well-Being*. The following is an explanation from *Mindsight: The New Science of Personal Transformation*:

*The Triangle of Well-Being reveals three aspects of our lives. Relationships, Mind, and Brain form the three mutually influencing points of the Triangle of Well-Being. Relationships are how energy and information is shared as we connect and communicate with one another. Brain refers to the physical mechanism through which this energy and information flows. Mind is a process that regulates the flow of energy and information. Rather than dividing our lives into three separate parts, the Triangle actually represents three dimensions of one system of energy and information. (Siegel 2010, 267)*

This model provides a lattice that can be filled with any philosophy, rehabilitative concept or principles; it has given me an elegant means to assemble the Twelve Steps and science. My teaching/facilitating of the Twelve Steps already included a heavy dose of didactic instruction focusing on pharmacology, neurobiology, and psychology in order to help communicate how the Twelve Step works from those perspectives. However, I have come to understand through trial and error that the most important task I have before me is framing the concepts in a manner that their dynamics are activated rather than bogging the uninterested down in dense academic language.

My next BLOGS will feature the writings I utilize in my teaching/facilitating. I always keep myself in my teaching as I am always learning from teaching others. Everything that will follow is distilled from untold hours of actively participating in criminal activity, observations witnessed during years of exposure to and cohabitation with anti-social, borderline, narcissist, sociopathic personalities, theories and opinions regarding group dynamics and processed from 1100 hours of facilitating self-help groups within correctional settings and the assembling of informal and formal education, simply, the product of a lived experience not just academic theory.