

NEWSLETTER

An Entertainment Industry Organization



Confronting Addiction

Dr. Nancy R. Sobel, Clinical Consultant to MusiCares

The President's Corner

Dan Butler

Our December meeting was our annual holiday party, held at Café Cordial. It was a terrific way to kick off the holiday season. The food and wine were fine and the company was even better! The gift bags were especially great this year and I want to thank all the CCC members and their companies who collected and contributed items. Thanks to Marrsha Sill, Cheryl Dickerson and Debbie Dumas for all their hard work with the raffle and gift bags, and my special thanks to Ilene Goldberg who really knocked herself out to pull it all together!

Aristotle has been traditionally credited with the phrase "Moderation in all things," but for many in the music business, the sign above the old Lone Star Café in New York City expressed their philosophy: "Too much ain't enough!" Tonight's meeting, "Sex, Drugs and Rock and Roll: Great Rock Managers Tell Tales from the Road" should be as much fun as our salacious title suggests. Supermanagers Peter Asher, Doc McGhee, Andy Gould and Rick Sales have all guided the careers of an incredibly talented series of bands through wasted (and/or sober) days and nights. Tempering the laughs tonight will be MusiCares Senior Director Harold Owens, who will enlighten us as to addiction outreach programs to help troubled musicians clean up their acts to better enjoy more successful careers and lives. I also want to thank NARAS and Dr. Nancy R. Sobel, Clinical Consultant to MusiCares, for permission to reprint this month's newsletter article.

Confronting Addiction: A Softer Approach

Most of us are familiar with the signs and symptoms of substance abuse. We often know something is wrong even if we're not sure exactly what the problem is. Even after all the evidence of abuse, co-workers, friends and family are still hesitant to confront the substance abuser, as is done in an intervention. What is the real problem? Our own fear of confrontation, which is fed by misunderstanding.

For many of us, traditional intervention often exemplified by the "surprise attack" method that is sometimes used, seems too harsh. After all, we aren't even sure if the problem is that bad or if there are contributing factors that could be handled in some way other than a long, inpatient treatment program. Until recently, traditional intervention, with its high success rate in getting people into treatment, was thought to be the best choice. However, this type of intervention typically does not fully address the problem and can sometimes sabotage chances for long-term recovery.

Recent research has impacted traditional intervention in a few important ways. First, it has brought about a shift from harsh confrontation to a softer, individualized approach, which is now the standard of care. Under-

standing the individual's environment, history and support system help the professional tailor a treatment approach. Rather than just confronting the abuser and leaving them to recover on their own, members of the support system also identify their own behaviors that may be contributing to the abuse, and agree to get help to change their own behavior.

Another contribution of new research is in our understanding of the addiction itself. In this new understanding, addiction is no longer presumed to be the primary problem. This is illustrated in the following description of the three types of addiction:

- Primary - Characterized by chronic, progressive use. Increased substance amounts are required to achieve the same, initial effect. Quitting brings on physical and psychological withdrawal symptoms. Also characterized by the phenomena of craving and obsession in which the person is constantly thinking about getting and using their substance of choice.

- Secondary - Substances are used to manage symptoms of a primary problem of some other type. An example is the primary problem of bipolar illness (manic depression). Many people with this illness enjoy the manic phase in which they feel more creative and productive.

When they enter the depressive phase or "crash," they will attempt to "self-medicate" with drugs in order to avoid the pain of the low. If the primary diagnosis can be made and treated with prescribed medications at appropriate doses, the patient will not feel the need to abuse other substances.

- **Reactive** - Less addiction and more characteristic of abuse, this type usually occurs in response to a phase of life or major life event. An example of this type is the person who reacts to being on tour by getting loaded every night but rarely uses substances once they are back home. If this person learns healthy ways to cope with the stresses of being on the road, substance abuse will not likely be a problem.

Finally, five stages have been identified in the process of making major life changes. These stages range from not recognizing there is a problem to maintaining a relapse-free change. Treatment is now designed to correspond with each particular stage. In part two of this three-part series, more about these stages and how they help us to understand relapse prevention will be discussed.

Confronting Addiction: The Stages of Recovery

The first part of this series described a gentle approach to confronting substance abuse. Once confronted, we hope that the substance abuser will enter treatment and that the hard part will be over. Unfortunately, most people who enter treatment will encounter three to seven relapses before achieving consistent recovery. This is a sad and often frightening part of dealing with abuse and addictions.

In this portion of the "Confronting Addiction" series, we will explore a fairly new concept relative to recovery and relapse known as the Stages of Change Model. In this model, developed in the late 1980's by researchers James Prochaska and Carlo DiClemente, it was discovered that people make changes at varying paces and in five identifiable stages. Though pe-

ople do not always follow them in perfect order, understanding these stages can help us to better cope with relapse and thus be more compassionate in our approach to the substance abuser. The stages are described as follows:

1. **Pre-Contemplation:** The substance abuser is generally unaware that there is a problem with their behavior or that a change needs to be made. It is the people around them, their support system, who are aware and beginning to discuss what needs to be done in order to help.

2. **Contemplation:** The individual is now aware that there is a problem and is considering making a change sometime in the next six months. People in this stage often say, "Yes, I know I have a problem, but I am not quite ready to make the commitment."

3. **Preparation:** The individual begins to identify some ways that the change may occur and is prepared to actually make the change within the next month.

4. **Action:** Involves a serious attempt to modify the environment, experiences or behavior in order to overcome problems. People are considered to be in the Action stage if they have modified their addictive behavior for a period of one day to six months. Relapse frequently occurs in this stage as well as during the Preparation stage as people continue identifying their triggers to addiction.

5. **Maintenance:** Characterized by sustained behavioral change for a minimum of six months.

For each stage, there are specific tasks that the individual and their support system can do to help in the progression toward permanent change and healthy recovery. In the Pre-Contemplation stage, those in the support system can collect facts regarding substance use patterns and triggers that are predictors of abuse. They can begin to lovingly raise concerns about the individual's behavior and the risks of the abuse, such as potential performance cancellations (of specific concern to performing artists) or medical issues. In the Contemplation stage, tasks include: listing the reasons to make the change, listing the risks of not changing, and strengthening the support system. In the Preparation stage, tasks include: helping the individual to choose the best course of

action, identifying details regarding recovery resources and other problem-solving steps such as figuring logistical details. Tasks for the Action stage include: supporting the individual in his or her utilization of identified resources, encouragement, gathering information, and practice of encountering situations without abusing drugs. If relapse occurs, the individual needs the help of his or her support system to get clean as soon as possible and to review the experience to identify specific triggers and determine alternative courses of action. The final Maintenance stage is usually hard won by the serious efforts in all the other stages.

Additionally, activities related to a healthier lifestyle should be incorporated so that the individual can focus on the enjoyable alternatives available, rather than focusing on what they should be avoiding. One thing that can really turn people off to making a significant change is when the spotlight is on the deprivation instead of what the change adds to their life.

Being aware of the Stages of Change can help us to be more patient with the multiple attempts at recovery that addicts need to make. More importantly, knowing the tasks associated with each stage can provide us with a more tangible way of responding. Since feeling out of control goes with the territory of being around addictive behavior, having a specific course of action can help us feel more confident and proactive in our approach to the problem.

Playing Clean: Things to Remember for the Road

Life on the road is stressful even if you don't have a problem with addiction. Erratic schedules affect sleeping and eating patterns, there are tremendous mood swings that can fluctuate with audience response, and travel arrangements and tour conditions are often designed more

for economy than for comfort. Add recovery into the mix and touring becomes even more complex. There is a high correlation between creativity and mood disorders (such as depression), so even when someone is clean and committed to recovery, life on the road can stimulate other emotional problems. Some symptoms of depression include irritability, sleep disturbance, changes in appetite, fatigue and decreased concentration. If you compare these with what happens to people on tour, the similarities are obvious. Life on tour can create symptoms that mirror depression. This article will describe strategies for developing a healthy lifestyle on the road to minimize these problems and foster a successful, creative experience.

A healthy traveling lifestyle begins with developing good habits at home. The elements of a balanced lifestyle were described in Part two of this series as part of the maintenance stage of recovery. A good measure of whether you have this balance is to examine both your work and personal time for balance in terms of body, mind and spirit. Before hitting the road, the recovering addict should have a regular exercise program, healthy eating habits and plenty of well-rounded activities that feed the soul and stimulate the mind. You will want to utilize these rituals and routines on the road so that your time is familiar and as much like being at home as possible.

Before leaving home, the first step towards a healthy tour is to review the itinerary and identify as many resources as possible in each location. These resources could include twelve step meeting schedules, supportive friends, and "MusiCares Connection" referrals (a nationwide network of musicians in recovery). Also, the Internet is a great source for identifying gyms, restaurants, day spas, movie theaters and other local recreational outlets.

It is also important to inform those in your support system about your itinerary and to develop a plan for staying connected via phone or e-mail. Don't fall into the

trap of telling people you will be away and using travel as an excuse to isolate. This is also true if you usually get counseling. Most therapists who are familiar with working in the entertainment industry are willing to accommodate their clients on tour by scheduling phone sessions or e-mail support along the way. With certain clients, some counselors may be willing to build visits on the road into their contracts. This consistent contact helps you maintain creative focus and minimizes the interpersonal drama that can affect not only your performance but also your recovery in general.

In addition to reviewing your support resources, it is a good idea to bring amenities that will make you feel more at home while on tour. Particular pillows, blankets, candles, incense, meditation books and journals can all be items that become as important as your favorite guitar.

Another important tool for a healthy tour is the ability to be flexible. Once on the road, you will need to identify the specific elements that compose your daily rituals and devise a plan that fits with your performance and travel schedule. For example, at home, you normally wake up around ten and do a meditation followed by a workout. On the road, you travel all night, sleep until noon and have sound check at four followed by a performance that night – only to be back on the road after the show. Trying to maintain your normal workout program is impossible. The best plan in this case would be a pared down workout routine that your schedule affords and at least gets your circulation going without wiping out the energy you need for your performance. Just stretching and a good walk can renew a bad attitude.

Furthermore, keep in mind a plan for getting the food (fuel for your body) you need. While touring, some people are on a specific diet which includes various supplements or energy bars to fill in the nutritional requirements that are difficult to accommodate when you are constantly on the go. Energy bars, trail mix and such supplements also help when you find yourself sitting in a nearly closed down airport in the middle of the night because a flight was cancelled and you haven't eaten all day. It can be ironic

that the baggies that used to carry your drugs now carry vitamin supplements and trail mix... tangible evidence of recovery.

Probably the most important thing to pack for the road is your sense of humor. Touring is always unpredictable and remembering to take ourselves lightly and have a laugh can often be the best resource of all.

Remember, help is just a call away! So if you care, ask for help. Call MusiCares' toll free information line at 1.800.687.4227 (West Coast) 1.877.626.2748 (Central) or 1.877.303.6962 (Northeast). It's confidential and it's free. You don't have to have the answers – just be willing to ask the questions.

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