NEW MEXICO 5-ACTIONS PROGRAM™

Study & Tracking Tools · Tool 2 of 5

Module Key Points

The main ideas from each module of videos, in one place

A study companion to the New Mexico 5-Actions Program™. Each module gets a one-paragraph "big idea" and a short summary of every video, drawn directly from the program scripts.

Use it to preview a module before watching, to review before a quiz, or to find the video that speaks to your situation.

www.nm5actions.com

Free program, paid for by the New Mexico Health Care Authority.

How to Use This Summary

The program has nine modules of videos: four under Learn How Addiction Works and five under the 5-Actions (Tools) for Change. This document summarizes each one. The summaries are not a replacement for the videos, which carry the stories, the science, and the linked resources that make the ideas stick. They are here to help you remember what you watched, decide what to watch next, and study for the quizzes in Tool 3.

> **The program in one paragraph**
>
> Addiction is not a character flaw. It is an adaptive response to pain that begins early in life (usually before age 15), grows out of a personal mix of genetics, attachment experiences, adverse childhood experiences, trauma, co-occurring mental health issues, and environment, and then physically rewires the brain so that stopping becomes harder and relapse becomes part of the condition. Most people struggle with more than one addiction, and all addictions hijack the same brain circuits, so they must be addressed as a package. The way out is not willpower but a "why" that is stronger than addiction, practical tools to stabilize your life, healing the underlying drivers (relationships, trauma, mood, anxiety), building a life around relationships and creating what matters, and getting treatment when you need it.

Threads that run through every module

- **Roots run deep.** Genetics, attachment, ACEs, trauma, co-occurring disorders, and environment start the addiction and keep fueling it.
- **Addiction is adaptive.** It helps people feel good or feel better, which is why consequences alone rarely stop it.
- **The brain is hijacked but heals.** Three stages, three regions, a molecular dimmer switch, and cues that fire before awareness; recovery of brain function takes months to years.
- **One package.** Stopping one addiction while continuing another keeps the brain in an addicted state; addictions replace each other like whack-a-mole.
- **Chronic condition.** Addiction resembles diabetes, hypertension, and asthma and needs long-term, continuing care, not a few weeks of treatment.
- **Relationships are the holy grail.** A good life is built on relationships, addiction substitutes for them, and recovery happens through them.
- **You are not your addiction.** Addictive behavior comes from a part of you; shame is learned, not the truth about who you are.
- **Create, don't just fix.** Creating what matters uses a different energy than solving problems and is the best relapse prevention there is.

Why Addiction Starts

Learn How Addiction Works

The big idea

Nobody sets out in life to develop an addiction. Addiction is a problem born in early life: for more than 80 percent of people who struggle with it, the path begins before age 15, and for over 90 percent before age 20. Biological, psychological, and social factors combine, and the same factors that started the addiction usually keep fueling it today. To overcome addiction, you have to look at your early life and identify what sent you down the path.

Key points, video by video

Problems of Adolescence. Addiction almost always starts in adolescence, and the reasons it starts (for example, coping with abuse, or a family history of alcohol problems) are the same reasons it persists. Early life history is where treatment leverage is found.

Risks and Protections. The Risk and Protective Factor framework sorts decades of research into factors that raise the chance of addiction and factors that lower it, at the level of the individual, family, school, and community. The mix is unique to each person, and no single factor is responsible. Writing out your own list reveals the leverage points for change.

Genetics. There are no "addiction genes." Groups of inherited genes raise risk only when they interact with risk factors in the environment. On average about half of addictive behavior is explained by genes and half by environment, which is why treatment should consider both biological tools (addiction medications) and psychosocial ones (counseling, groups).

Dopamine Sensitivity. People are born with different densities of dopamine D2 receptors in the nucleus accumbens (the brain's "pleasure center"). Those with fewer receptors tend to like the feeling of drugs more, a pattern called reward deficiency syndrome, and appear to carry a higher risk.

Attachment. Relationships from cradle to grave are shaped by early relationships with caregivers. About 60 percent of people develop secure attachment; about 40 percent develop insecure attachment (avoidant, anxious, or both). Any version of insecure attachment opens the door for addiction to become a substitute for real relationships. Attachment style can be changed.

ACE Study. The Adverse Childhood Experiences study (Kaiser and the CDC, 17,000+ people) began with the discovery that successful weight-loss patients were dropping out because overeating was coping with childhood adversity. Two-thirds reported at least one ACE, and the higher the ACE score, the more addictive behavior. Addiction is best viewed as an understandable, unconscious response to abnormal prior life experiences.

Trauma 101. Trauma is any experience that causes unbearable psychological or emotional pain. It is defined by your response, not the event. During threat the brain and body take over on auto-pilot to help you survive. Trauma is the most common and least addressed factor behind addiction.

Fight, Flight, Freeze. When help is not available the body prepares to fight or run; if that will not save you, it freezes and floods with natural opioids. After trauma this system stays "locked and loaded" and never gets the memo that danger has passed. Addiction is an adaptive response to trauma: it lowers anxiety, manages flashbacks, and creates a sense of normalcy, at a terrible price.

Your Brain on Trauma. Brain imaging (van der Kolk, The Body Keeps the Score) shows that during a flashback the emotional brain lights up while Broca's area, responsible for speech and language, shuts down. Trauma impairs the ability to remember the past and put it into words, and without a coherent story the past keeps driving present behavior.

What You Can't Remember. Traumatic memories are stored as dissociated fragments; in one study 38 percent of women with documented childhood sexual abuse had no memory of it 17 years later. If addiction persists despite real effort, untreated trauma outside your awareness may be part of the reason. Caution is needed: not everyone with addiction has trauma, and no one should be led to believe in trauma that did not occur.

Co-Occurring Disorders. Nearly half of teens meet criteria for a mental health disorder at some point (ADHD, depression, anxiety, conduct problems most common). Untreated mental health issues create pain, and where there is pain a door opens for addiction as self-medication (for example, stimulants for ADHD, alcohol or marijuana for anxiety). Co-occurring disorders must be treated to overcome addiction.

Rat Park. Bruce Alexander's rats in an enriched "park" preferred water to morphine while caged rats drank heavily, showing that environment matters. Today we know environment is an important factor but not the only one; genetics, attachment, ACEs, trauma, and co-occurring disorders all play out within an environment, and environment can also be part of the way out.

My own key takeaway from this module:

Why Addiction Gets Harder to Stop

Learn How Addiction Works

The big idea

Many people blame who they are for their addiction. This module shows instead that addiction is an adaptive, understandable response to early-life pain that then physically rewires the brain. Over time the brain's "go" system screams while the "stop" system whispers, which is why loss of control and relapse are hallmarks of addiction rather than signs of weakness.

Key points, video by video

The Minnesota Study. A 30-year study following 180 children from before birth to age 28 documented how insecure attachment, adverse experiences, chaotic homes, and poorly attuned parenting developed into later problems including addiction. Parents are products of their own histories and are not "to blame." Treatment may need to start with what was missing in childhood: feeling safe, attuning to others, self-regulating, and connecting deeply.

Availability and Initiation. All addictions begin with first use, and develop when the object of addiction stays available. First use usually happens before age 25, most often alcohol, cigarettes, marijuana, and increasingly misused prescription drugs. Availability in your community and home (where you grew up) matters far more than "who you are as a person."

Hijacked Brain. Addiction hijacks the brain in three stages and regions: binge/intoxication (basal ganglia; pleasure and habit learning, so cues like a garage come to trigger the reward), withdrawal/negative affect (extended amygdala; unpleasant feelings plus stress chemicals that fuel the cycle), and preoccupation/anticipation (prefrontal cortex; the "go system" craves and plots while the "stop system" weakens). Addiction changes the brain, which changes you.

Addiction Switch. Eric Nestler's work identified Delta FosB, a molecular "dimmer switch" that accumulates in the nucleus accumbens with repeated use and can persist for months or years after stopping, fueling cravings. The same switches operate for behaviors and substances alike, which is why the program treats all addictions as one package. Some stress builds resilience; too much creates vulnerability.

Reward-Based Learning. Behavior followed by reward is repeated (Skinner). Addiction develops from seeking pleasure ("feel good") or relief from pain ("feel better"). The faster and stronger the reward, the more addictive: smoking hits in seconds; methamphetamine releases up to 12 times the dopamine of food or sex. Paying attention to the moments that reinforce your behavior reveals where you can choose differently.

Reversing Helplessness. Virtually every addictive act is preceded by a feeling of helplessness (Lance Dodes). Acting out restores an illusion of control, but life becomes more out of control. Expectation and memory explain why relief is felt before alcohol could even take effect. The antidote is learning to acknowledge the feeling and build skills to solve the underlying problem, often untreated trauma or anxiety.

Diagnosing Addiction. The DSM has grown from 128 to 541 diagnoses. The old "abuse" versus "dependence" split was dropped in DSM-5 because it was not supported by science; it is now "substance use disorder," and gambling became the first recognized behavioral addiction. Criteria will likely keep evolving toward a unified view of all addictions.

Defining Addiction. A review of 83 studies estimated that 47 percent of U.S. adults show signs of an addictive disorder in a given year, so addiction may be better seen as a lifestyle problem. A useful definition includes both consequences and the adaptive benefits (coping with pain). Until a person understands the adaptive nature of addiction and learns to face life without it, change efforts tend to fail.

Addiction and Tribal Communities. A guest video (Jay Quintana, CPS) on how addiction affects tribal communities and how community and culture are part of healing.

My own key takeaway from this module:

Different Kinds of Addiction

Learn How Addiction Works

> **The big idea**
>
> People engage in addictive behavior to "feel good" (the high) or to "feel better" (relief from pain), and most do both at different times. Addiction includes substances and behaviors, and most people who struggle have more than one. Because all addictions hijack the same brain regions and readily replace each other (whack-a-mole), the goal of this module is to build your complete list and address it as one package.

Key points, video by video

Feel Good, Feel Better. Two reasons for addictive behavior (Alan Leshner): to feel better (escape pain from trauma, depression, anxiety, grief, or physical pain) or to feel good (the high). Dopamine is involved in both. Addictions are often combined to increase the high.

Universe of Addictions. Addiction was once thought to involve only substances; now gambling, sex, food, technology, and more are recognized behavioral addictions. New objects of addiction (vaping, powdered alcohol, virtual reality) keep arriving. You do not have to remain a slave to any of them once the underlying drivers are addressed.

Alcohol. The oldest and most widely used mind-altering drug; about 70 percent of adults drink and about 1 in 8 drinkers experience consequences. Moderate drinking guidelines are one drink per day for women, two for men. Alcohol withdrawal can be dangerous, even fatal, so consult a doctor before stopping heavy drinking. Use the screening tools to decide whether alcohol belongs on your list.

Tobacco. Smoking kills about 480,000 Americans a year, more than any other addiction, yet treatment programs and self-help groups often ignore it. Stopping one addiction while continuing another is like switching brands of fuel. Nicotine and alcohol reinforce each other (1 + 1 = 3). Quitting improves lung function within weeks and heart-disease risk within five years.

Marijuana. The most commonly used illicit substance; about 20 percent of users meet criteria for cannabis use disorder, partly because THC potency has risen. Legalization has increased use in some groups, and teens remain at highest risk. Hallmarks of addiction: feeling compelled to use, inability to stop, and continued use despite consequences. No medications exist for cannabis use disorder, but the program's tools work.

Opioids. Opioid overdose deaths have surpassed motor-vehicle deaths in most states. A heavy focus on opioids alone has led treatment to ignore the underlying drivers shared by all addictions. Chronic pain patients are often caught between pain doctors and addiction providers. Immediate step: get a naloxone kit and make sure people around you know how to use it. Effective, evidence-based treatment exists.

Stimulants. Cocaine, methamphetamine, non-prescribed ADHD medications, diet pills, and caffeine increase the body's energy chemicals, creating euphoria followed by a crash: the energy is a loan that must be repaid with rest.

Gambling. Placing something of value at risk to win more. About 6 to 9 percent of adolescents and young adults experience consequences. Action gamblers (often men, games of skill) chase the rush; escape gamblers (often women, slots and bingo) chase a trance that numbs pain. Gambling is the "hidden addiction," and fewer than 1 percent of problem gamblers get treatment.

Food. About 40 percent of adults are obese and 30 percent overweight. For most, weight problems reflect an addiction pathway plus an environment of cheap, high-fat, high-sugar foods that hijack the reward system. Diet and exercise often fail because of sleep deprivation and the shame cycle. Overeating is not really about food; it manages underlying pain.

Sex Addiction. Put on the map by Patrick Carnes (Out of the Shadows). Roughly 3 to 6 percent of people may struggle with sexual behaviors they consider addictive (pornography, multiple partners, affairs, paying for sex). It shares origins with other addictions (insecure attachment, trauma) and similar treatment. Like food, sex is hard-wired for survival, so the goal is healthy behavior, not abstinence.

Technology. Tech leaders famously limited their own children's screen time. Overconsumption is linked with depression, anxiety, sleep and sexual problems, and teen suicide, and it wedges between face-to-face relationships. Like food and sex, technology cannot simply be turned off; the aim is a relationship with it that minimizes consequences, and seeing how it may serve the same purpose as other addictions.

Love Addiction. Committed relationships may be the hardest human endeavor (over half of marriages end in divorce). The Gottmans' "Love Lab" research predicts with 94 percent accuracy who stays together; the strongest predictor is talking about the relationship with fondness and admiration, built through non-negotiable time together. Healthy love requires skills most people with addiction never learned.

Addictive Personality. There is no such thing. Across every model of personality (including the five-factor model), people with addiction show up in all types. Certain traits raise risk (part of the risk and protective framework), but no one is born with a personality defined by addiction, and you are not your addiction.

Multiple Addictions. Most people with addiction have several, and the primary one keeps the others off the radar. Because all addictions act on the same brain regions, stopping one while continuing another keeps the brain in an addicted state. Carnes' addiction interaction disorder describes how addictions combine, mediate withdrawal from each other, and replace each other (whack-a-mole). Identify all of them and how they interact.

My own key takeaway from this module:

What Addiction Can Do to Your Life

Learn How Addiction Works

> **The big idea**
>
> This module is not a catalogue of everything addiction has cost you. It focuses on the consequences that quietly keep addiction going: a brain that takes years to heal, a chronic relapsing condition treated as if it were a broken leg, a hijacked "default mode," shame, ungrieved losses, developmental stuckness, and isolation. It ends with the seeds of the way out: parts, creativity, and the "eyes closed" world.

Key points, video by video

Your Brain on Addiction. Brain scans of a cocaine user show markedly reduced activity after 10 days of abstinence and only partial recovery at 100 days. Healing takes many months, sometimes years, which is why short treatment episodes are followed by relapse. Addiction should be treated like other chronic conditions, with support that continues for years. From the day you stop, the brain begins to heal.

Default Mode Network. The DMN is the "me network," active when the mind wanders and quiet when focused on a task (including addictive behavior). Addiction disrupts it, and a rigid, low-entropy DMN caught in rumination is linked with depression, OCD, and addiction, like skiing the same rut all day. The DMN can be rewired to operate in a flexible middle ground.

Chronic Condition. A landmark 2000 JAMA article showed addiction resembles type 1 diabetes, hypertension, and asthma: about 50 percent heritability, 40 to 60 percent relapse rates, no cure. Such conditions need a continuing-care model, yet most addiction treatment still lasts days or weeks. Treatment works while people are in it; relapse happens after discharge, as it would if insulin were withdrawn. You can build your own long-term care plan.

Relapse Cycles. Up to 80 percent of people relapse within six months of treatment; relapse is part of the condition. Cues (sights, sounds, smells, memories) activate the reward system in milliseconds, before conscious awareness (Anna Rose Childress). The deepest harm of relapse is that it erodes hope. You are not beyond help; relapse is a process in time, and can be a learning opportunity.

Life of Parts. The mind is a family of parts or subpersonalities (Freud; Pixar's Inside Out). Addictive behavior comes from a part of you, not the whole person: "a part of me struggles with drinking." Parts that protected you during trauma never got the memo that it ended. All parts mean well, and internal conflict among them is normal. They can be helped to get along and find better ways to meet their needs.

Shame. Shame ("I am bad, broken, unlovable") differs from guilt ("I did something wrong") and is the master emotion that fuels the addiction cycle. Shame is learned relationally and is a felt sense of emotional dysregulation, often activated by dysregulated others. It usually reflects missing emotional attunement in childhood or stuck trauma responses, not a defect in who you are.

Stigma and Addiction / in New Mexico. Guest videos (Andres Mercado; Athena Huckaby, MPH) on how stigma keeps people from seeking help and how it plays out in New Mexico communities.

Grief. We live in a "flat-line culture" with little room for loss (Francis Weller). Unattended grief gets stuck in the body and surfaces as anxiety, depression, and addiction. Traumatic losses produce trauma responses. Staying in addiction cuts you off from grief and therefore from joy: "the deeper that sorrow carves into your being, the more joy you can contain." Recovery requires an apprenticeship with grief.

Developmental Stuckness. The 80-year Harvard Study and the Longevity Project both found that a good life is built on good relationships. Addiction gets in the way of relationships, but the root cause is developmental stuckness: never being taught the skills to start, build, and keep healthy relationships, usually because of insecure attachment, ACEs, and trauma. Developmental catch-up is possible and is what most treatment programs skip.

Social Isolation. Over half of Americans say people are around them but not with them. Loneliness raises heart disease and stroke risk by 30 percent. Addiction deepens isolation through the things it makes people do (lying, stealing, missing life). Prioritizing social connection and building community are central to overcoming addiction.

Problem-Focused. Everything up to this point has been problem-focused, and a life spent trying to make problems go away becomes a rut (Robert Fritz, The Path of Least Resistance). Creating (bringing something new into existence) uses an entirely different energy than solving problems, and the treatment system largely ignores it. One of the 5 Actions is devoted to creativity.

Eyes Open. We live two lives: the "eyes open" world of doing and chronological time, and the "eyes closed" timeless world beyond the self (Jung's collective unconscious). Addiction keeps you in the eyes-open world but can also bring you to your knees and open a doorway (quantum change; Bill W.). Most recoveries involve small steps rather than epiphanies; the program is not religious, but it will ask you to explore the big questions.

My own key takeaway from this module:

Action 1 · Take Your First Step

5-Actions (Tools) for Change

> **The big idea**
>
> Getting better starts with wanting to get better. Overcoming addiction may be the hardest thing you ever do, so you need a "why" powerful enough to outweigh addiction at the crossroads. The strongest why is aligned with three universal needs (autonomy, relatedness, competence), lived in the present moment, and carried by grit.

Key points, video by video

Find Your Why. "He who has a why to live for can bear with almost any how" (Nietzsche, quoted by Viktor Frankl). Your why is your purpose, and it fuels motivation through the toughest moments. It is not found "out there" but inside you, and it shows up once you start looking.

The Power of Now. What you most want in a given moment drives behavior, and addiction and trauma both send faulty messages (cravings, false threats) to the mind. The playing field for change is the present moment; awareness of the present is a skill built by practice, and at the crossroads your why must be stronger than addiction.

Three Needs. Research shows three psychological needs underlie purpose and wellbeing: autonomy (having choices), relatedness (nurturing connection and contributing to something larger), and competence (skills to meet challenges). Align your why with these to maximize motivational fuel.

It's My Life (Autonomy). Your life is your own. Addiction rewires the brain to send deceptive messages, but it does not rob you of all choice: "the last of the human freedoms is to choose one's attitude" (Frankl). Once aware of the auto-pilot, you do get to decide. The program itself maximizes your autonomy. "What is it you plan to do with your one wild and precious life?"

Belonging (Relatedness). Addiction takes the place of relationships and short-changes the need to belong. Supercharge your why by being around people who share your commitment to change and your passions (groups, classes, phone support). Recovery in this program happens through relationships.

Free Solo (Competence). Alex Honnold's ropeless climb of El Capitan followed about 50 roped climbs and years of mapping every hold. View past quitting attempts as preparation, not failure, and identify the skills you need to practice: living in the present and building nurturing relationships top the list.

Grit. Persistence and passion for a long-term goal may be the best predictor of success. Grit is built by making commitments to yourself and keeping them, however small (watching another video, attending a meeting, taking a medication). No one is perfect; persevere anyway.

Dealing with Denial / Five Things to Know / Healing Relationships. Guest and webinar content: Brian Serna on denial; Nico Morales on five things to know before getting sober; and the "Healing Relationships" webinar on the relational heart of recovery.

My own key takeaway from this module:

Action 2 · Cut Back or Stop Harmful Behaviors

5-Actions (Tools) for Change

> **The big idea**
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> Before you can dig into the deeper reasons the addiction started, your brain needs some calm and clear space. This action assembles the practical tools: stabilize your basic needs, retrain your mind with the 4-Step Solution, consider medications, use groups and peers, fix your environment, coordinate your care, and manage relapse as a process rather than a verdict.

Key points, video by video

Crisis and Basic Needs. This program requires a stable enough life: safe housing, food, no urgent medical needs, not suicidal or overwhelmed, and not at risk of dangerous withdrawal. Discussing the dinner menu on the sinking Titanic makes no sense; if you are in crisis, call a clinician first.

The 4-Step Solution. Jeffrey Schwartz's four steps, proven for OCD and adapted for addiction: Relabel deceptive brain messages (cravings) for what they are; Reframe ("it's my brain, not me"); Refocus on a healthy alternative activity from a prepared list; Revalue and live authentically. Your brain processes information; your mind acts on it, and by changing your mind you rewire your brain. It works on all addictions and pairs well with medication.

Addiction Medications. Because addiction hijacks survival circuitry, stopping can feel like giving up air. FDA-approved medicines exist for alcohol (disulfiram, naltrexone, acamprosate), opioids (buprenorphine, methadone, naltrexone), and smoking cessation. Discuss benefits, risks, and costs with a prescriber; medications are never the sole treatment.

Psychiatric Medications. Reducing addictive behavior can bring mood, sleep, and physical changes; some people must treat mental health first. Everyone responds differently, and whether to take a medicine is your choice. Drug-gene (pharmacogenetic) testing can guide selection. Research on medication versus counseling is mixed; needs change over time.

Self-Help Groups Including 12-Step. With active participation, self-help groups are among the most effective interventions. 12-step groups are the most available and free, but not for everyone; most people who overcome addiction never attend, so do not feel shame if they are not your thing. Alternatives include SMART Recovery, Women for Sobriety, LifeRing, SOS, and Moderation Management. Groups also exist for grief, anxiety, depression, and trauma.

Home Base. Rebecca relapsed within weeks of leaving residential treatment because her hometown environment was full of cues. Attachment style is set by 18 months and your environment triggers cravings before awareness. You need your own "rat park": a safe, supportive home and community. Research shows housing must come first. Use slips to learn what your home base needs.

Coordinated Care Team. About 60 percent of adults have a chronic disease, and addiction is both a cause and one itself. Providers rarely talk to each other, so you must lead: list all your providers, share it, sign releases, obtain your records, and prompt collaboration when it makes sense.

Relapse Management. Alex's chart showed his sober time doubling after each relapse: he was getting better. Relapse is a process, not an event, and must not fuel shame. Abstinence from one addiction while engaging in another means work remains. Worksheets on triggers have limited value; the real triggers are insecure attachment, untreated trauma, co-occurring disorders, and a "rat prison" environment, and the key skill is living in the present moment.

Naloxone / Peer Recovery Support. Guest videos: how naloxone kits prevent overdose (Athena Huckaby, MPH) and what peer recovery support offers (Bernice Salinas, CPSW; webinar with Melisha Montano and Stanford Kemp).

My own key takeaway from this module:

Action 3 · Work Through What Keeps You Stuck (Mental Health Support)

5-Actions (Tools) for Change

> **The big idea**
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> Addictions don't happen in a vacuum; they are often ways we cope with pain, stress, or disconnection. This action is what sets the program apart. It is organized as four Mental Health Support pages (Relationships, Trauma, Depression & Mood, Anxiety), each combining videos, screening tools, books, and outside resources. The videos below are the program's own content on healing the underlying drivers. You don't have to do everything at once: pick one area and take the next small step.

Key points, video by video

Earning Secure Attachment. Attachment style is in place by about 18 months, but it can be changed. Traditional therapy can take years; the Ideal Parent Figure protocol (Daniel Brown and David Elliott) uses imagined, ideally attuned parents to remap attachment in months. On your own, learn the attachment ingredients you missed and seek people, groups, and settings where you feel safe and can take relational risks.

Healing ACEs and Trauma. Most people with addiction carry untreated trauma. Treatment should never feel like reliving the trauma; you are in control. Healing integrates head and heart: reconnecting memories with what the body feels, without becoming overwhelmed. No single therapy is best, but a trained trauma therapist offers what self-help cannot: the healing support of another person.

Four Tools to Self-Treat Trauma. Usable with or without a therapist: Focusing (Gendlin; six steps to a "felt sense," 10 to 15 minutes), Tension and Trauma Releasing Exercises (Berceli; purposeful shaking that releases stored trauma), mindfulness practices (grounding in the present; basis of DBT, ACT, and IFS), and yoga (body awareness; go slowly with a trauma-informed instructor).

Parts Work. Internal Family Systems (Richard Schwartz): managers run daily life, exiles are young parts holding trauma, and firefighters rescue exiles with addiction, cutting, or worse. The Self is meant to lead the family. Get to know, name, and draw your parts; when exiles are unburdened, firefighters have no fire to put out and addiction loses its power.

Mental Health One-Stop Shop. The core problem across emotional disorders is feeling emotions too intensely, then avoiding them, which constricts life; addiction becomes a way to manage feelings. David Barlow's Unified Protocol treats panic, anxiety, OCD, PTSD, depression, eating disorders, and self-harm as one package by teaching you to feel, use, and act on emotions. It is available as a workbook to start on your own.

Developmental Catch-Up. Stanley Greenspan mapped emotional development as hierarchical skills; many with addiction are bright but relate like young children and get triggered into fight, flight, or freeze. Closing the gap between emotional and chronological age is essential, and it is never too late. The Ideal Parent Figure work and the Unified Protocol can get the job done (Michael's story).

Grief Work · Begin With the End in Mind · Expectations. Additional page videos: working with grief (Francis Weller); envisioning the life you want (Covey's habit two); and how expectations shape outcomes in therapy and mood.

My own key takeaway from this module:

Action 4 · Create a Happy, Healthy Life

5-Actions (Tools) for Change

> **The big idea**
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> The energy used to create something new is entirely different from the energy used to make a problem go away. You were born to create. When you direct your life toward creating what matters most (above all, relationships and experiences that make you feel alive), addiction becomes a background memory, and creating becomes the best relapse-prevention program possible.

Key points, video by video

Born to Create. "Every child is an artist; the problem is how to remain one when you grow up" (Picasso). Survival mode (attachment problems, trauma, addiction) crowds out creativity, but the payoff from creating something important often exceeds anything achieved by treating addiction as a problem to solve. Wherever you are in the process is where you are meant to be.

No Formula. There is no universal formula for creating, but five loose stages help: entering the create mindset, getting clear on the vision, getting started, working in the trenches (adjusting, learning), and completing. You already create constantly (cooking, gardening, meeting a friend). Changing everything at once is a recipe for relapse.

The Create Mindset. Van Gogh transformed pain into beauty ("Vincent and the Doctor"). "Where you stumble, there lies your treasure" (Campbell); "the wound is the place where the light enters you" (Rumi). Spend more time on what you want to create than on what you want to eliminate; carry a notebook; ask others what they see you creating.

Creating What Matters. The Harvard Study and the Longevity Project point to relationships as the foundation of a good life, so start by creating a life built around them: deepen existing connections, expand community (clubs, classes, causes), and combine creative interests with company. Creating is a learned skill; revisit your why and notice what makes you feel most alive.

Deep Work. Important creations require distraction-free concentration (Cal Newport); technology has eroded this "superpower of the 21st century." Getting started and persevering are the hardest stages. Build routines and habits (Twyla Tharp) and set boundaries around technology.

Experiences Over Stuff. "What we're seeking is an experience of being alive" (Campbell). A year in Denmark, where people prioritize relationships and experiences over possessions, reshaped the author's view of a good life. Experiences will mean more on your deathbed than possessions; travel and other experiences are more affordable than people think.

Love. The Gottmans' Love Lab predicts with 94 percent accuracy who stays together; positive talk about the relationship (fondness, admiration, "we-ness") built through non-negotiable regular dates about trust, conflict, sex, money, family, fun, and dreams is the strongest predictor. Loving relationships require skills that can be learned.

Sacred Truth. A monk's one-word wisdom: impermanence. Everything changes, yet the traditions teach there is a thread that does not (William Stafford, "The Way It Is"). Learn to live in both worlds, eyes open and eyes closed; much of the program is about clearing clouds so you can see a sun that is always shining.

7 Habits. Covey's habits repackage timeless wisdom into a path to maturity and a foundation for long-term management of all addictions: be proactive, begin with the end in mind (write a mission statement), put first things first, then the habits of effective relationships and balance.

Calm Energy. Robert Thayer: moods are shaped by energy and tension, producing four states (calm energy, tense energy, calm tiredness, tense tiredness). Tense tiredness, fueled by poor sleep and high stress, is where overeating, inactivity, and relapse happen. Seven hours of sleep, regular exercise, and stress reduction create a positive loop toward calm energy.

Your Money or Your Life. Happiness comes from what money buys, above all freedom. Track spending against non-negotiable needs and move toward financial independence (Dominguez and Robin; Ferriss's lifestyle design). "Love and work are the cornerstones of our humanness" (Freud); job unhappiness and debt are relapse risks that must be addressed proactively.

Giving Back. "The best way to find yourself is to lose yourself in the service of others" (Gandhi). Mitch, mandated and unmotivated, was transformed by volunteering with a teenage cancer patient. Step twelve of AA is about carrying the message; awakening often emerges from helping someone else.

My own key takeaway from this module:

Action 5 · Get Treatment When You Need It

5-Actions (Tools) for Change

The big idea

Treatment works when people are actively engaged in it, and the gains last when people stay engaged afterward in a recovery or health-promoting lifestyle. The system is confusing (levels of care, funding, waiting lists), fewer than 10 percent of people who could benefit get treatment, and this program exists partly to remove those barriers. It is not a substitute for professional help, and phone support is available 24/7.

Key points, video by video

Treatment 101. About 14,000 U.S. programs, most 12-step based. Levels of care: outpatient (over 90 percent of patients; 1 to 3 hours per week, including private practice and medication-assisted treatment), intensive outpatient (9+ hours per week), residential (24-hour, a month or longer, about 10 percent of patients), and hospital (under 1 percent). Detox alone does nothing to end addiction; it must be followed by treatment.

Does Treatment Work?. Strong evidence that treatment reduces or stops addictive behavior and improves health, employment, housing, and legal outcomes while people are engaged. After discharge, outcomes stay positive for those who work a recovery program (meetings, sponsors, medications) or a health-promoting lifestyle (exercise, nature, yoga, journaling). Programs often fail by ignoring underlying drivers, focusing on one addiction, or underusing medications.

When to Seek Professional Help. This program is not a substitute for professional help: see a doctor if you have not had a physical or are pregnant; see a counselor for depression or trauma; consider treatment if you have never been or still struggle. Phone support from trained clinicians is available 24/7, for crises and for finding local resources. The most important ingredient is healing relationships with people who can guide you.

It Takes a Village / Navigating the Treatment System. Recovery needs a community of support, and the New Mexico treatment system has its own map (Brian Serna, LPCC, LADAC). Use Treatment Connection, do your homework on programs, get referrals from trusted sources, and call (855) NMCRISIS or the Peer-to-Peer Warmline (855) 466-7100.

My own key takeaway from this module:

Quick Reference · Numbers Worth Remembering

Figures cited in the videos that capture the big picture. Useful for the quizzes and for explaining the program to someone else.

Figure	What it means	Video
80% / 90%	Share of people with addiction whose path began before age 15 / before age 20	Problems of Adolescence
~50%	Average share of addictive behavior explained by inherited genes (the rest by environment)	Genetics
60% / 40%	People with secure attachment / insecure attachment	Attachment
2 in 3; 1 in 5	ACE study participants with at least one ACE; with three or more	ACE Study
38%	Women with documented childhood sexual abuse who had no memory of it 17 years later	What You Can't Remember
3 stages	Binge/intoxication (basal ganglia), withdrawal (extended amygdala), preoccupation (prefrontal cortex)	Hijacked Brain
12×	Dopamine released by methamphetamine compared with food or sex (some studies)	Reward-Based Learning
47%	U.S. adults showing signs of an addictive disorder in a given year (11 addictions, 83 studies)	Defining Addiction
1 in 8	Drinkers who experience consequences from alcohol	Alcohol
480,000	U.S. deaths per year from smoking, more than any other addiction	Tobacco
~20%	Marijuana users who meet criteria for cannabis use disorder	Marijuana
< 1%	People with gambling problems who access treatment	Gambling
94%	Accuracy of the Gottmans' prediction of which couples stay together	Love / Love Addiction
40–60%	Relapse rates for addiction, diabetes, hypertension, and asthma alike	Chronic Condition
Up to 80%	People who relapse within six months after a treatment episode	Relapse Cycles
30%	Increased risk of heart disease and stroke from isolation and loneliness	Social Isolation
3 needs	Autonomy, relatedness, competence	Three Needs
4 steps	Relabel, reframe, refocus, revalue	The 4-Step Solution
3 + 3	FDA-approved medicines for alcohol (disulfiram, naltrexone, acamprosate) and opioids (buprenorphine, methadone, naltrexone)	Addiction Medications
4 tools	Focusing, TRE, mindfulness, yoga	Four Tools to Self-Treat Trauma
3 kinds of parts	Managers, exiles, firefighters (plus the Self)	Parts Work
7 hours	Nightly sleep needed for calm energy	Calm Energy
< 10%	People who could benefit from treatment who receive it	Treatment 101
> 90%	Share of people in treatment who are in outpatient care	Treatment 101