

### **Season 3 Episode 11 Rebecca Dean**

**Voice over** – Season three of the Options Save Lives podcast is brought to you with the support of our presenting sponsor R Street Institute and is hosted by Executive Director, Jenny Williamson.

**Jenny Williamson** – Today we want to welcome Rebecca Dean to the Option Save Lives podcast. Rebecca, thank you for agreeing to come on our podcast.

**Rebecca Dean** – Absolutely. Thank you for having me.

**Jenny Williamson** – And as our newest coach, I want to start by letting you introduce yourself to the audience and tell us a bit about your professional experience and how you learned about the Sinclair Method.

**Rebecca Dean** – Okay, so I have been a drug and alcohol abuse counselor for the past 15 years. I have a master's in forensic psychology, and as soon as I graduated with my master's degree in forensic psychology, I obtained a position as an in process drug and alcohol counselor and I've been doing it ever since then. I am currently licensed in the state of South Carolina in drug and alcohol and then I have a certificate in advanced alcohol and drug counseling, and I have 11 other certifications behind my name that we won't even try to go into, because I get confused trying to remember them all. But I had been doing this for a long time and I was working at an inpatient facility and I was running across women and men who were repeats, kept coming in and coming back in for treatment after a few weeks of being out. And I said, "There's got to be a better way". And they're telling me Well, we're on naltrexone and I thought, but how are you using the naltrexone? And they said, well, the doctors prescribing it told me I need to take it every day. And I thought, oh, no, that's not how it's supposed to be taken. And so I knew about TSM. I've known about naltrexone for many, many years, but I didn't know how to go about becoming a coach. And so I kept talking about the TSM Method with my inpatient clients, and they were fascinated by it and they thought, that's the key component that I've been missing all these years, but I couldn't teach it. I could just tell it, tell them about it. So I thought I've got to find out how to be a coach. Where do I get the certification? And so I started researching it, found the C Three Foundation website and decided to reach out to our favorite boss. And she said, Well, I'm the one that teaches it, and I'll certify you in it. So that's where I'm at today.

**Jenny Williamson** – So how did you actually learn about the Sinclair Method?

**Rebecca Dean** – Well, it was through the C Three Foundation with Miss Claudia. She actually taught me and told me about it, but years ago. I had heard about the TSM Method, the Sinclair Method in my studies, but it did not click until I kept showing Claudia's TED Talk video in group and I thought, okay, that's making sense. And so I started doing more research and I bought the book by Dr. Roy Eskapa and started reading it. And that's when I started making the connections and saying, Okay, this is what I want to do. This is how I'm going to go about doing it. And so I was so grateful to Claudia telling me more about it and teaching me about it, and doing the research and taking the test and I've been running with it ever since.

**Jenny Williamson** – One of the things as I was looking through your bio that we have on your coaching page, one of the things it's mentioned is existential psychotherapy. Can you talk about what that is and how it can help people who are on the Sinclair Method?

**Rebecca Dean** – Oh, wow. So existentialism is by Yalom. And Yalom is my guru, theoretical counselor who, it is where we meet the client in the here and the now. We don't try to force them into a box that they don't fit in. So what do we do for those who are where they're at? Do we want to, like for instance, a lot of methodologies say, Well, you got to take them down a notch. You got to take the client down until they hit rock bottom. Well, for a lot of clients, rock bottom can be death. And we don't want to do that. So why do we have to tear them down to build them back up? And what I like about existentialism is that we work with the clients right

where they're at. If they want to work on abstinence I will work on abstinence. But if they don't want to abstinence, then they want to work on say moderation. Great. We're gonna work on moderation, because abstinence doesn't work for everyone. So I love existentialism where I can take bits and pieces from different modalities and make them work for the client, instead of making the client work in a particular modality where it's not going to fit for them.

**Jenny Williamson** – And so all of this sounds like putting the catchphrase, patient first, into an actual practice. So can you talk about the power in meeting someone where they're at?

**Rebecca Dean** – Oh my goodness. So a lot of clients come in and they have been through so many counseling sessions before and have met with many different counselors, and when they come in, and I say, Okay, where do you want to work? What do you want to work on? Not what I want to work on, and they look at me like, I'm sorry, what? Where are you right now? And what do you feel like you need to be working on? And they tell me and I say, Okay, well that's what we're going to work on starting from right here and right now. And they get this look of a light bulb goes off. And so you mean I'm in control of my treatment? Yes. Yes, you are. And they said, I've never had that before. I've always been told well you got to do 90 meetings in 90 days and you have to do this and you got to jump through all these hoops and you got to do IOP. And so they're quite refreshed and relieved when I tell them No, you don't have to do all that. What do you feel like you need to do? And we take it from there. And it's just amazing the transformation that happens to them when they understand that they're in charge of their own recovery.

**Jenny Williamson** – I'd love to continue to dive even deeper into this because we've seen that when people are not personally invested in their own recovery, when it's their friends or their family that says hey, we think you should do this, or when therapy is being led by the therapist for the therapists goals that people struggle. So can you talk a little bit more about the theories of why that's so important to really have, to build a person's personal investment in their recovery?

**Rebecca Dean** – Sure. To me it's like building a house. If there's somebody building the house for me that I don't feel like I want to live in, then I'm not going to be invested in actually wanting to make the payment on that house. If I want to build a house I want to build it the way I want it. The foundation the way I want it. I don't want somebody else coming in here going Okay, well, we're gonna do this, this, this and this and you're gonna live in it. You're gonna make the expensive mortgage payment every month, so here you go. This is the way it is. If you don't like it, tough. And that's pretty much the way treatment is. Is that the clients need to understand that they get to build their recovery, and they're more invested when they can say, this is what I want to do. I notice when they're able to do that they come on a regular basis. They're calling me. I have my clients texting me. Hey, what about this? Do I need to do this? Let me get your input on this. So I'm constantly in communication. I do have one client that is not invested because their spouse wants them to be invested and they're not, and I'm reaching out to them and they don't want to have anything to do with it. And I said, Okay, that's all I'm gonna say, Okay. When you're ready, reach back out to me. You've got my number, reach out to me. The spouse is a little frustrated, but that's okay. And I'm trying to tell them just sit back, relax. It's gonna happen, not on your time, but on their time. They will get invested, but it's going to take a little bit, so don't try and force it.

**Jenny Williamson** – Can you talk a little bit from your professional experience about how detrimental it can be to try to force someone who's not ready through going through the motions of recovery?

**Rebecca Dean** – Oh sure. I've seen it so many times. And unfortunately, I hate to say it, but as a new counselor early in the field I believed that, because that's what we call the old Minnesota model. You got to force them in and you gotta make them do AA or NA and they've got to do IOP and they've got to do this and the family's wanting you to push them and I've seen people die. And that is the horror and the hard part for forcing someone to do something that they're not ready to do. It's like trying to when you back an animal, a wild animal, into the corner. They're going to start fighting and they're going to hurt you and themselves. And that

is how these clients are when you're trying to force them to do something they're not ready to do. And I always tell them, I'm not gonna force you to do anything. Let's just talk. That's all it is. We're just gonna talk and see what you want to do. And then I tell the family, just back off of them. Let me deal with it, I'm the counselor, not you, let me help them and then you go help yourself. You go to your own therapy, your own treatment. Let me deal with this particular person and where they're at. And it's when I see that client being forced into something. Unfortunately, it just happened to one of my old clients that I've known for 10 years. I just found out yesterday he committed suicide. He was forced to go into a mental health hospital. And when he got out he got hold of a gun and shot himself in the head. That's what happens when we force them. And a lot of counselors would argue with me and say, Well, if we don't force them in there, they're going to hurt themselves anyway, or they're going to hurt someone else. The double edged sword. Which came first. So I believe that being open and allowing the clients to be able to tell me what they're comfortable with. And I always teach the new counselors, you're going to start off at the lowest level of care possible. Don't go straight for the inpatient and that's what the new counselors want to do. They're like, Oh, they need inpatient. They're using fentanyl, they need inpatient. No. If they're not, ask them. Do you want to do inpatient? If you want to do inpatient, I'll help you go inpatient. But if you're not ready, then what we're gonna do is we're gonna make sure that we secure you in some harm reduction tools, Narcan, clean needles, fresh water. I'm going to teach you what you need to protect yourself. And you can see the relief come over them and the disbelief almost, because they're like, oh my gosh, who is this person talking to me? Where I am? But and then I also have to teach the family to back off. Stop trying to keep forcing them into doing something that they don't want to do, because you're causing more harm than anything.

**Jenny Williamson** – Not only are you causing more harm to the person who is already struggling, but then that well meaning person also then causes more harm to themselves as well. And I think that's really important too, also you mentioned, that you tell loved ones, go get your own therapy. So talk a little bit. This wasn't the direction I was planning on heading, but I think it's a, we have so many family members who are trying to support their loved one on the Sinclair Method. So since you did mention it, talk a little bit about why it's beneficial for loved ones to go get their own therapy while their loved one is on the Sinclair Method.

**Rebecca Dean** – So I tell the families, if your loved one is in treatment and getting help, what are they going to do if you're not getting help, and they come back into the house and you still have your ways, because you've got your own issues. It's not just them and their issues, but there's a reason why they're doing what they're doing. And so if you're not getting to the core of what's really going on in your own space, then how do you expect them to come back into the home and be able to function, continue functioning, with what everything that they've learned if they come back into chaos? So you don't need to tell me how to do my job, just like I'm not going to tell you how to run your house. But I need for you to go get treatment and work on your core issues while I'm working with your loved one. And then we'll sit down as a family unit and we'll have a family session and talk this through. And one of the things that I've noticed is that when a person on TSM, they come to me and they're saying, Well, my wife or my husband, my family don't understand it. They're against it. I said, let me educate them. Now what I want to do is I want to bring in your spouse, and we're gonna sit down together and then I allow the spouse to ask questions and I educate them.

But then I also do another thing because I just got certified in SMART recoveries, friends and family, and so I always send them here. You need to go to SMART recovery friends and family so that you can talk to other people and work on yourself, and let me keep working with your loved one. But you get, you're free to reach out to me. You can text me, you can call me. And I have that. I have the spouse's calling me going Hey, this is what's going on, what do I need to do? And I coach them through that. But I tell them, don't you try to engage the client and try to tell them what you've read. That's not gonna work. They don't want to hear you being a counselor. They want you as support. Let me be the counselor. You be the loved one. And my husband when we met 13 years ago, he was a severe alcoholic and I don't even like to use that phrase anymore, it's outdated. But he drank 40 beers a day, and it was I know, because I had to buy them for him. And this was before I was a counselor. I was a police officer at the time when I met him. And I would try to talk to him because being raised from a family of

dysfunction and my mother was an alcoholic, I kind of knew where I was going with this and what I needed to do to help him. And he looked at me one time and he said Stop trying to effing counsel me. I'm not one of your clients and I wasn't even a counselor at the time. And I said okay, you're right. I'm backing off. I'm backing off. So I had to give him space and that was a very valuable lesson for me to allow that. Don't keep going at them. Back off. Say your piece and then back off. Say your piece and back off. Don't keep going at them because you're pushing them into the corner and that's just gonna cause harm.

**Jenny Williamson** – Now, a lot of loved ones will immediately put up their defenses and say, I don't have issues. My only issue is that my spouse is or my boyfriend, my girlfriend, they're they're destroying our relationship with alcohol. So can you talk about some of those more really common and benign things that are issues, things like communication, things like dealing with the fear, learning how to give space and room to grow and heal. So talk a little bit about how a spouse or loved one going to therapy can improve those things, even if they don't have additional quote unquote baggage of their own.

**Rebecca Dean** – Sure. And that's a really good area that I love to touch on with the families, because we don't ever want to say yeah, I got problems. I got issues. We have control issues, we all do. We want to control what goes on in our house and with our spouses. And so, with the control issue, I always tell them communication is the key. Just stop trying. Listen to respond. Listen to retain and listen to be able to understand what they're saying.

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**Rebecca Dean** – Listen to understand. And so a lot of times we're listening to our spouses in conversation, but instead of listening to understand what they're saying, we're trying to listen so that we're ready to respond. So we don't hear a thing that they've said and then we respond, which gets on their nerves, and then it creates an argument and total chaos. Instead, I say just be quiet. Let one spouse speak at a time and try to listen to understand where they're coming from. If you don't understand it's okay to say, I don't understand what you're saying. I don't understand what's going on, so let me clarify. Let me clarify if what I heard is correct, and then repeat what you've heard. So I teach communication on that end.

Space. So one of the things with addiction is and I love Johann Hari's The opposite of addiction is connection. So Johann Hari, he teaches how the opposite of addiction is connection, and I love that and I teach that and I tell people watch that video. So we want to have connection, but we also need our own space. And so I also tell the people, their space is important. And they're like, Well, I know that when they go off by themselves, they're sneaking a drink. And I get that, but that's not for you to regulate. Let me deal with that. And so allow them the space, but then invite them back in again, but don't push them out. So many times I have loved one's say, If you do this, I'm done. You're out. I don't want you coming back into the house. Well, what good is that? You really don't want them gone. And so when they do leave after the loved one says, Okay, you're done. I'm done with you, then the loved one's coming back crying and upset going, they've left. Or I get a phone call, well, they overdosed or they've been arrested for drunk and disorderly. Well what led up to that? Well, I kicked them out of the house. I told them not come back. Okay, well there you have it. That's why. So communication, communication, communication. Build off of that communication and communication is hard, as we're having tonight, we're having some breakdown in communication. And so I like to tell people learn how to communicate, because once you learn how to communicate, you can solve a whole bunch of problems just by being able to communicate and listen effectively. And I think we've lost that ability to be able to communicate with each other and understand. And so, I like to see the families be able to sit there and listen, and allow the loved one to be able to verbalize what they're doing, the space that they're in and be able to have that trust to be able to express their frustration and the family just sit there and not say anything until that other person has got done talking. And then I'll look and go, Okay, now it's your turn. And that is so hard for so many people to do is to learn how to communicate effectively.

**Jenny Williamson** – And how much of that do you chalk up to the fear from all of the trauma that the alcohol misuse has caused getting in the way of those communications?

**Rebecca Dean** – Lately it's huge, I'd say 100%, because we're all afraid and we all are dealing with our own issues. And then we have the loved one coming in with the alcohol issue on top of it and we don't know how to deal with it and handle it. And so I'm afraid that they're not going to wake up tonight or I'm afraid that they're going to get a DUI. There's ways to go about dealing with that stuff. And so that's why it's important for them, the family, to be able to seek the counseling. However, one of the problems that I've run across is that, so I send the family to a counselor for their own counseling, but the counselor doesn't understand TSM, doesn't understand addiction. And so it's like, oh my gosh, and the family's coming back going, Well, the counselor told me this and this and I'm like oh, wait a minute, timeout.

**Jenny Williamson** – So in addition to being a Sinclair Method coach, you have also mentioned that you are a SMART facilitator and I love that. So can you talk a little bit about how these two different recovery pathways can be incredibly powerful when they're used together?

**Rebecca Dean** – Oh, my gosh. So I love because my SMART recovery meeting, it's so funny because 90% of the people in this meeting are my TSM clients. And so they start talking about TSM and anybody who's not in TSM are looking like, What are y'all talking about? And of course, I can't explain what TSM is. And so the clients start going, well this is what it is and this is how it works. And I see this light bulb come on. And so for SMART recovery, we don't force people into a box and that's what I love about it. It's so open. If you want to work on moderation, work on moderation. If you want abstinence, great. And most people have the misconception they said well, SMART recovery isn't abstinence based. It is abstinence based, but it's also moderation. It's wherever the client wants to be at. And so that makes it so much easier for me. Plus, being a counselor myself, to be able to facilitate a SMART meeting and keep people engaged and still teach them little nuggets of information that their eyes open up and go, Oh my gosh, I did not know that there was this much out there for me to be able to help myself. And the marriage of SMART recovery and TSM is beautiful, and is evidenced that a lot of my TSM clients, they only do SMART recovery. And they're loving it because they can't do TSM and a 12 step based because it's frowned upon, but they're open arms in SMART recovery. And so it really takes the pressure off of them to try to maintain secrecy. They don't have to be secret anymore. They open up and they talk about it freely. So they say yes, I'm on TSM and it's beautiful to watch those clients not be afraid to talk about being on a medication and being in moderation management and having the freedom to be able to say, yes, I am taking control of my problem and doing what I feel like I need to do for myself.

**Jenny Williamson** – For someone who is on the Sinclair Method and looking to build a more robust recovery toolbox, what does Smart Recovery have to offer those people on the Sinclair Method to help them get even further along in their journey?

**Rebecca Dean** – So SMART recovery allows people to be able to make up their decision on where they want to go and it has tools. So all the tools for recovery on their website are absolutely free. And there's tools to help track what you want to do, your goals. What are your goals? and if your goals are moderation, SMART Recovery embraces the moderation and it actually helps you with cognitive behavioral therapy. And I tell my clients look, you can go to a therapist and pay \$250 an hour for cognitive based therapy, or you can attend a SMART recovery meeting for an hour and a half and get the same thing absolutely free, and they love it.

**Jenny Williamson** – Let me just go a little bit of a different direction with the question. What would be the benefit other than help with setting goals to somebody on the Sinclair Method so that they could deepen their recovery journey?

**Rebecca Dean** – Oh, well, sure. So if they decide that they want to eventually do abstinence and that helps them to work towards abstinence. It keeps them accountable. And one of the things that I also like about it is that it doesn't require sponsorship. It requires self management and responsibility and the ability to hold yourself accountable for what you want,

not what everybody else is coming at you saying that they think you should do. But SMART recovery enables you to be able to have that management, self management piece that is lacking in a lot of self help meetings, and all those tools are absolutely available on their website. And so I encourage many people, and SMART recovery isn't just for people with addiction, it helps people with numerous disorders. I just took a new job so I did one of the tools on SMART recovery to see if I was making a good choice.

**Jenny Williamson** – So what is the most fulfilling thing to you about working in this field and seeing people go through SMART recovery, the Sinclair Method and continue to better themselves?

**Rebecca Dean** – Seeing people finally living their lives, getting their jobs back and seeing the smiles on their family's faces. And having the spouses contact me and say, oh my god, I finally have the person that I'm married 10 years ago. We're finally able to sit down as a family and actually talk to each other and listen to each other and be there for each other and I'm finally understanding why they do what they do. And to be able to have that holistic benefit of your meetings, and the medication and then the therapy. It really makes it a complete, it paints a complete picture of what recovery really needs to look like, and my patients find that it's very satisfying and rewarding. It's not all of them. Recovery is not linear. So a lot of them do struggle. It's like a roller coaster for some. Some of them it is, it's a straight line, and they're like wow, if I'd known it was this easy I'd have done it years ago. But most of them say, I never knew about SMART recovery. I never knew about TSM. Why didn't we ever get told by our doctors about TSM? Why didn't our counselors tell us about this? And so I tell the family because it's taboo, and it's a moneymaker, inpatient's a moneymaker, and so if you can find pharmacological extinction and stop drinking on your own with medication and TSM, they're going to lose money. So this is something that the family is very relieved to know that even though it's taken years for them to find it, they're finally getting their loved one back. And that is the beauty of being able to sit in SMART recovery and do TSM together.

**Jenny Williamson** – What do you find are the most common struggles that people on the Sinclair Method are facing?

**Rebecca Dean** – Not taking 100% of their medication. Not following it. Not following it. And I'll tell them, why are you not taking that medication? You're not doing 100% compliance, and they'll look at me sheepishly and they'll say, because I really like the feeling of the alcohol. And that's the biggest issue. They want to get that endorphin effect. They want that buzz effect. And so, and I have to explain to you, if you're not going to do 100% compliance, you're starting all the way back over from the beginning. You have to be compliant 100% of the time. And that is a huge struggle for them because they miss that euphoric effect that they get from the alcohol. And it's so funny the reaction that I get from the first time that they try it. They come to me on the next session, they're like, oh my god, it really does work. Yes, it works. It's amazing. It does work, there was nothing, there's no benefit to drinking on this stuff. And so when they're having a moment of weakness, or they've had a stressful day, and they just want to get that buzzed feeling they know that, if I don't take that medication, I'll get it. If I take the medication, I'm not going to get it. And so it's working with them to try and be compliant 100% taking that medication.

**Jenny Williamson** – And do you find that you have people who struggle with trying to work as a partner with the medication, as opposed to just saying, Okay, well, I'm going to start the Sinclair Method. I'm going to take my pill religiously. I'm gonna wait the time. I'm going to drink and let that.

**Rebecca Dean** – Yes. Oh, my gosh. I have so many people that go, Well, this has just given them a license to drink more. And I go, let's try this again. Let's sit down and talk again. And they do and I say, No, you can't do that. It's 50% medication, 50% change of, you've got to change your mindset. If you're not changing your habits and the way you think about your relationship with alcohol, you can't just rely on that medication and expect to continue doing what you've been doing, or else you're always gonna get what you've always got. And so it takes a little bit to break that habitual ritual up and that's the hard part.

**Jenny Williamson** – Yes well, habits have never been easy to break for anyone, any reason in or outside of addiction.

**Rebecca Dean** – Right.

**Jenny Williamson** – And I think that that's one of those pieces where since we've talked quite a bit about family members, where the empathy piece is critical to remember. I know there's a big misconception that the only people who can help someone with addiction are people who have walked it, but yet empathy goes a very long way. And so talk a little bit about some ways that family members can build empathy, so that they can at least have some sort of understanding of parallels maybe where their loved one is struggling.

**Rebecca Dean** – I was born addicted to alcohol from an alcoholic mother, but I never developed it as I got older. And so I've had some people ask me, Well, how can you teach me how to stop doing what I'm doing when you've never suffered from addiction? Oh, I've got an addiction. I've got a sugar addiction. And so but I also say, Well, does your wife, has your wife ever had a baby? Well, yeah, we've got four kids. And I say, okay, is her doctor a male or female? Well, it's a man. Well, gosh, that man that's teaching her how to take care of her body and going to deliver her baby has never had a baby, so what's the difference? And they look at me kind of weird and they're like, okay, true. All right, you've got us there. And so no different than going to a doctor for something that is ailing you, and that doctor doesn't have the same issue. So if your heart doctor may not have a heart issue, but he's going to take care of your heart. Your brain doctor may not have ever had an aneurysm but if you've got an aneurysm, he's gonna take care of the aneurysm and tell you how to take care of yourself while it's going on. So I try to have a lot of empathy and teach the empathy part to the families and say, How do you feel if someone tells you that you can't go get your nails done, or you can't have that cigarette ever again, and they browbeat you because you want that cigarette, but they don't want you to have that cigarette. And they're like, Well, I don't think I like that very much. We'd have a problem. I'd be wanting to fight. Well, okay. And so one of the things that I love to do is teach about the brain and what goes on in the brain and the brain chemistry and the alcohol deprivation effect, because people are like, wait a minute, I didn't know about all this stuff going on. Yeah, it's not just about them behaving badly. It's in the brain. It's a brain disease. And so trying to explain and teach the family about what's really going on in the head, in the brain and the chemicals of the loved one, and teaching them the empathy component can be very difficult, because they think it's a quick fix. Oh, you're gonna go in and you're gonna do counseling for X amount of days and you're gonna come back and you're gonna be perfect and not have any more issues. It's not that simple. I wish it was. And they just want abstinence to be the answer. And I said, and I tell them if abstinence was the answer, there would be no more problems because, or punishment. They say, well, we punish them and we punish them and we do this. If punishment worked it would be solved by now. Their answers would be here and they wouldn't be doing this again, because punishment, this disease is punishing enough. So punishment doesn't work. So let's have some empathy for them and listen to them, and perhaps that's going to start changing it. And I know that that works, because it's how I managed my husband. How I got him turned around.

**Jenny Williamson** – As we wrap up, what advice would you give to someone who's either still looking into the Sinclair Method or just at the beginning of their Sinclair Method journey?

**Rebecca Dean** – Well, first of all, if you have a spouse, make sure that your spouse is on board with it. Make sure that you watch Claudia Christian's TED Talk videos. Make sure they do their research. Go to a doctor that understands TSM because if you go to a doctor who does not understand it, they're going to prescribe it to you wrong and I deal with that quite frequently. Make sure that you have a team surrounding you that understands what this is, that understands the alcohol deprivation effect, that understands naltrexone and how it works in the brain and how it blocks the receptors. And that you want to be 100% committed to this Method, and that you have a coach or a counselor that understands that and can help you through this Method.

**Jenny Williamson** – Any last thoughts?

**Rebecca Dean** – I think that TSM is going to become the number one go to treatment method for many, many people with alcohol use disorder. And it's a very exciting time and it's exciting to see all this new changes coming, taking place and I know that the more people that we can reach and talk to about TSM, the more people their lives are going to be changed. And as we love the say here at C Three Foundation, Options Save Lives

**Jenny Williamson** – And we are so glad to have you on the coaching team and looking forward to a great 2023

**Rebecca Dean** – Absolutely. Thank you so much Jenny.

**Jenny Williamson** – Alright. Thank you.

**TSM Tip Voice over** – This TSM quick tip is brought to you by the C Three Foundation with support from our sponsor, Alcure.

**Sara Michael Novia** – Claudia, how can I differentiate between a habit, a memory or a trigger?

**Claudia Christian** – Okay, so a habit is, I get home from work every single day and I have a drink in the same glass in the same room, watching the same Netflix program. A memory is, I'm making Italian food. Ooh Italian food goes with red wine. And a trigger is, my mother in law just called me fat. I'm going to have a drink.

**Sara Michael Novia** – Got it. Those are really good examples.

**Claudia Christian** – So sometimes if you can just examine those and say Hang on a second. Is that really craving or a trigger or a memory or is it a habit? You have to be able to identify all of these things, and that will help you react to the situation

**Sara Michael Novia** – And it might even be a good idea to put it in your log.

**Claudia Christian** – Absolutely