



Conscious Life presents

Addictions, Trauma and the Pathway to Healing

Guest: Ameet Braich

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[00:00:09] Alex Howard

Welcome, everyone, to this interview where I'm super excited to be talking with Ameet Braich. We're talking about addictions and trauma. Ameet runs an in-person facility in southern Spain where they create bespoke healing journeys to really respond to the individual needs of the client that they're working with.

I met Ameet recently at an event I was speaking at. A trauma conference, in-person. They still happen, in-person events. And we really hit it off. I was, in this interview, super interested to dive more into the work that he's doing and particularly some of the more nuanced clinical decisions of how those pathways are guided.

To give you Ameet's background, Ameet is the Clinical director at Camino Recovery and has 20 years of experience working with individuals and family members affected by anxiety, depression, trauma, substance dependence, process addictions, such as gambling, eating disorders, internet addiction, and self defeating patterns of thought and behavior.

He is master's qualified, from Hazelden in Minnesota, and he is a specialist in addiction and trauma resolution with many areas of expertise, including EMDR and EAP. His latest research is around childhood maltreatment and insecure attachment relationships.

So firstly, Ameet, thank you for joining me. I'm really excited to have this conversation together.

Ameet Braich

Thanks for having me, Alex

Alex Howard

I'd love to start with you, and what brought you to doing this work?

[00:02:07] Ameet Braich

I've always had one of these minds that wants to know what's going on? How does this work? I grew up in a pretty dysfunctional family system, but the people around me were lovely. And I could see that, I could see that there was a lot of love, a lot of care, but they were doing things that just didn't add up. They were doing these irrational things that make no sense. I just wanted to know why. I wanted to know what was going on, get underneath it, get into it.

My undergrad was in engineering and I wasn't happy. I wasn't happy, but I can use a lot of the skill set in terms of breaking a process down into subsets, analyzing efficiency and what's going wrong in each of these smaller subsets. I use that methodology a lot in my work today. Finding out, "Hey, this is working." People come to me with so much good in their lives, doing so well in so many areas, but there's a few spots that they're really having trouble with, usually relationships or compulsivity, and let's really dig down and find out what's going on, what's the problem?

How do we get beyond it? At the end of my engineering degree... My parents are both therapists, my mom and my stepdad. I had a lot of people saying to me at the time, "Why don't you go into this line of work? You're not happy doing what you're doing." And I said, "No way, no how, not interested. I don't want to be sat at a dinner table surrounded by people analyzing each other." And I eventually gave in. I gave in and gave it a go. I fell in love. It didn't feel like work. Still doesn't.

Alex Howard

It's beautiful. I'd love to start the conversation a little bit around this relationship between addictions and trauma because I think both of these words have had very pigeonholed narratives historically. That addiction meant a specific thing, and traumas meant a specific thing. I think as conversation and understanding has evolved, also these words have evolved to be seen in different ways. I'd love to hear a little bit about maybe how you define addiction, but also how you see trauma, and then we can look at the interplay between those two pieces.

Ameet Braich

So for me, the addiction piece is dealing with something, dealing with a form of pain in a way that is unhealthy. It's repetitive. But I like the phrase self-medication. When people come to me with whatever addictive process is going on for them, be it work, or risk, gambling or a substance addiction, it's too easy to say, "What are you escaping? What are you looking to escape?" And it's too easy for the answer to come back. "I don't know." But ultimately doing a bit of digging, looking into people's pasts that's, for me, where the trauma comes in.

Under the heading of the addiction piece, though, what was socially acceptable for that person? In the culture I was raised, it was perfectly fine to be work addicted, exercise addicted. There's probably a whole bunch of others. But if you're taking heroin or cocaine, you were no good. You're weak, you're perhaps evil, you're a bad person. For me, when somebody comes in, are they going along with their societal values and cultural taboos? Are they acting out in ways that are inline with their programming? Or are they going against the grain and trying to rebel, and step out of society and do something different?

[00:06:38]

Everyone is so unique. Everyone that comes through these doors is so different. So their story is different. The way they're going to act now is different. And how that ties in for me with...

Alex Howard

I was going to say and then that ties into trauma.

Ameet Braich

How that ties in for me with the trauma piece is that when something that crosses a boundary, something distressing occurs in somebody's life. A) How is this stored in the brain? Is this stored under a heading of "I'm weak" or "I'm stupid" or "I'm no good" or "I shouldn't have gone down that dark alley late at night?" If so, when one thing occurs, how does that person then see everything else bad that happens in their life? Do they file it under the same heading?

When these things are stored in their brains in such a way, this sense of feeling deficient, or less-than, or inadequate, that shame, how is that numbed? How is that medicated? How is that blocked out? Spending, food, exercise. There's so many different combinations. That's what makes it so interesting.

I'm lucky enough to work in an environment where I can pull people out of their homes, and their jobs, and their lives and stick them on this blank canvas and really take a look at how they do, how they relate. I think trauma and addiction are both relational in so many ways and how a person relates to food, or how they relate to other people.

Men versus women, old versus young. This tells us so much about a person's history, makeup, and relational dynamics.

Alex Howard

It's super interesting what you were saying about self-medication, because I think often the perception of people with addictions is that they're trying, to use the phrase, they're trying to get high. They're trying to make themselves feel good. And I think what often people don't realize is it's actually the opposite. It's that people are trying to get out of pain. It's not that there's necessarily this chasing of peak experiences. Trying to get to normality in a way.

I'd love you to speak a bit more to that because I think those narratives and those perceptions, they get in the way of empathy and compassion to those that are struggling with addiction. But they also tend to point intervention in the wrong direction.

Ameet Braich

My head's gone in a couple of directions here. Firstly, if we take something that is hugely pleasurable, take a substance like crystal meth, or cocaine, or alcohol. Initially they are getting high because it feels good. But very rapidly, with continued exposure to the toxin, not only is their system getting better at breaking it down and detoxifying the blood from it, they're wearing out the pleasure centers in their brain. So they're not able to experience that pleasure anywhere near as

close as they did the first few times. It's a misnomer to say that people are doing it for pleasure ten years, even a year down the line when the pleasure simply isn't there.

[00:10:24]

Secondly, when you look at other compulsive behaviors, things like seeking danger, things like self harm, non-suicidal self injury. This kind of stuff, the endorphin release or the pleasure, I'm not sure it is that pleasurable. But again, it's finding a way to numb, to not feel, and to defocus from whatever internal pain is going on at the time.

Alex Howard

It's like, in a way, there's an attempted wisdom solution or resolution that it's the best option that someone seems to have available. It's not that someone wants to be using that approach, but it's the approach they know.

Ameet Braich

There's a huge... The power of repetition is incredible. If somebody's been doing something from a young age in secret, or not necessarily, but it's been so private. It's been such a big part of their coping, breaking out of those cycles can be horrific. If it's something that's socially acceptable as well, you're looking at a mammoth task in terms of overcoming that compulsive behavior.

Alex Howard

It's particularly interesting in some of the examples that you were giving. Being a workaholic for example, is an interesting one. Where someone can literally destroy themselves and their whole life by that level of blinkeredness and the shutting down of everything else. But that's the thing someone can get most rewarded for. I guess unpacking those pieces is an important part of it.

Ameet Braich

Unfortunately, in my work, we see more of the fallout. We see family members of workaholics coming in, children, spouses, and people who've just been neglected and abused in some way. They've had to deal with this super angry person in their lives, usually mom or dad, who have a denial system that's bulletproof.

You can confront an alcoholic a lot easier than you can confront a workaholic. A workaholic is going to say, "What the hell are you doing? I've got to provide. Who do you think puts this roof over your head? Who do you think runs this company". And that socially acceptable addictive process is just so much harder to penetrate. It's really tough, in my experience, to even get them to look at therapy, let alone coming in for treatment because they're the captain of this ship.

Alex Howard

It's really interesting to me. Before we started recording, I was quizzing you on a few bits and you said something that really struck me. I was asking you the difference between one-on-one work and group work. You were saying that when people first come to your center, the group work is

more important. Tell people about that, because I thought that was a really interesting part of this jigsaw.

[00:13:49] Ameet Braich

The main complaint... I don't know if it's the main complaint. One of the most common complaints we get in the first month or two of people's stay here is "I want more one-to-one sessions. Why aren't I getting one-to-ones every day?" And I said, "If it worked, we'd do nothing but one-to-ones every day." But normally when people come in, there's a shock. There's a level of shock or denial, and there's a level of education that needs to take place.

I've spent months with some people saying, "Everything you're presenting with looks like childhood trauma, abandonment, neglect, being abused in an attachment sense." And they've spent months saying, "No, my parents are the best ever. They really love me. You don't understand." And then comes a turning point when the right reprocess is taking place and that person can see the effects of this developmental trauma in other people. They say, "Hang on a second. I'm doing exactly the same, I'm constantly busy. I can't stop. I can't sleep, I can't eat properly. I'm constantly worried about my figure or my health or bordering on hypochondriacal."

When they start seeing it in other people, that's when they can start to have it reflected back at themselves, internalize it, and say, "That's where I am as well. That's exactly where I am." And that relating to others, that identification, whatever you want to call it, that has to happen first in some cases, or I'd go far as to say the majority of cases, in order for people to really take on board the severity or the chronicity of their condition. It's easier for them to see it outside before they start to look inward.

Alex Howard

One of the things that really fascinates me is those moments of realization where we suddenly see what we need to see. I find myself a little surprised... Well it's not surprising, but my initial response was surprise that someone's traveling to your facility, they're making a big decision in terms of stepping out of life. They're making a decision, if they're self-funding, potentially financially. There's a lot of big things that have happened for someone to go and to make that commitment.

And yet, of course it makes sense, as I think about it, that even in that place, perhaps even more so in that place, all of those defensive structures start to rear up, to protect the fact that there's a potential for something to change. I guess, as you just said, until that shifts... It's almost like the clock doesn't start until that happens. I'm really interested in the group's one piece, but what else helps people to get that moment of "Oh shit, this is what needs to happen?"

Ameet Braich

I wish I knew!

Alex Howard

I was hoping you're going to tell me!

[00:17:08] Ameet Braich

It's a combination of things I think. People get in here and they realize that they're not alone but other people are doing crazy things, perhaps shaming things or toxic, abusive things at least. What they're doing doesn't make any sense, it doesn't serve any real purpose. That's one thing. The other thing I think is really important is to have a detox.

We take people's phones off them for the first week when they come in, their laptops, their screens. It leaves them naked and exposed for a week. We don't have sugar, we don't have caffeine, we don't allow nicotine. I know this sounds horrific, but it leaves people without their crutches, without their devices, without the things that help distract them from their pain or from what's really going on inside.

This kind of retreat atmosphere is conducive to people doing some introspections and digging, and making those quantum leaps in terms of their own process. Can't guarantee it, unfortunately, but when it does happen the whole team here is, the staff from top to bottom is just alive. It's brilliant. Every little change, even when it looks small, it's such a big victory.

Alex Howard

I think, for us as clinicians, and in a way clients don't necessarily realize this, but it's what's intoxicating, it's what's addictive, for want of a better word, about our job. Which is when those moments happen where you realize that the penny just dropped and someone's seen something that they can't really unsee.

It also has me thinking of... Something I think about a lot, of that balance between pressure on and pressure off. Or to put it another way, the push with the softness. The environment that you're providing is harsh, in a way, because everything you described to me will be fine apart from taking my phone away. That's the one that would be the real challenge for me. But there's a harshness to that, but I also really hear the softness in the holding and support. I'm interested in when you're working with folks, how you manage and titrate that pressure of movement, but also support that's so important.

Ameet Braich

So we have parents coming here and we have CEOs coming here. In fact, at the moment, we've got a few of each. I don't want to do any harm. I don't want kids to suffer. So we allow parents to speak to their kids. For the CEO that we've got in at the moment, his business would suffer if he wasn't allowed phone access. Once they've done the seven-day detox, we do make allowances in phone time, et cetera. I don't want to make it sound like we're draconian.

It's funny that you talk about push and pull, or pressure and release because this is really apparent in the work that we do with horses. We employ equine-assisted psychotherapy, and horses respond to pressure and release in a very visual way. And I don't mean running up to them, chanting and shouting and screaming. By pressure, I simply mean increasing your internal energy, raising your internal energy, maybe getting more aggressive or more assertive. The horse will pick up on that 100 meters away, and instantly. What we try to do when we're back here in the center, away from the horses, is treat people with that same... We try to mirror them.

[00:21:10]

So when somebody's aroused in some way, they're getting high energy, they're getting angry or they're going hypo, in terms of arousal, and shutting down, getting depressed, withdrawing. It's about flagging that. And it's about saying, "Hey, this is obviously a coping mechanism, a tool that you've learned to use, effectively or not, in some areas. How do we change this? How do we approach this?" For me, more than anything, it's about treating people as adults, treating people with dignity and giving them the options. Or saying to the group, "We see this, what can we do about this?"

You'll be surprised at the number of people that come here in positions of power, huge responsibility, they've got countless employees or families underneath them. They just give into this process. We've got somebody in the moment that says "This whole career, company, everything has been on me" and he's suffering from burnout. Now he's seeing this is a great concept, having a board, that's all we're asking him to do.

Alex Howard

It's another thread of conversation that I find super fascinating because one of the things that I notice is that, in a way, the tools and strategies that we develop to survive trauma in childhood become our superpowers in adulthood, and then become the architects of our downfall. That feels like a really good example of that in a way, that there's this great resourcefulness.

My question to you is that, part of the challenge is if that's the strategy of "I can only rely on myself, I do it myself, I'm the only person that can handle this." If that's the way that someone's survival strategy is built upon that, it takes a lot of skill to help someone loosen that grip. I'm curious as to what you find supports that and how you approach that with someone.

Ameet Braich

My weapon of choice is the experiential. If we can show somebody they have difficulty with vulnerability, asking for help, reaching out, through metaphoric games, or working with a horse, or art therapy, or creative writing. If we can do it in a very visual psychodrama, if we can do it in a really visual way, it has a greater impact. It's never a one-off event. It's multiple interventions over a period of time and it's bringing people back to this point of "What's it like to do that alone?" Or, "Did you even consider asking the team for help here?" Who's leading? Who's grabbing the reins at the first possible opportunity and who's able to step back and say, "You take charge for a second?"

Invariably when it is somebody who's over-reliant on self, they're desperate for somebody to look after them. They're desperate for somebody to cry out to, or just to be accountable to. And they just don't have that ability because they've never learned how. So it's difficult. It's not quick. And people will continue to work on this, I hope, way beyond their time in this brief intervention.

But ultimately, nine times out of ten, they see the impact. They see the impact of not being able to ask for help, or being such a perfectionist that I'm not going to play the game. If I'm not going to win, I'm not going to play the game and I'm not going to ask anyone for help. That might be amazing in your career of choice or in your particular niche. But when it comes to happiness, and interpersonal relationships, and life in general, it may not be the best approach in every other way.

[00:25:52] Alex Howard

I guess when it comes to someone's therapeutic work, it's not a good approach either. But I guess that's what some people bring. In a way, the more exposing and holding the environment, sometimes the stronger those defenses get.

I'd like to dig a bit more on the equine-based therapy as well. Maybe you can say a little bit about some of the principles, you touched on it, but some of the principles of how that worked. As I know you know, when we first connected, therapy and horses are my wife's two most favorite things, so I'm super curious for you to share more of that piece.

Ameet Braich

I was first introduced to this by my stepfather, Don Lavender. He really pioneered this work over in Arizona. It's his baby. Initially I was just so skeptical. "What are you talking about? This can't be real." But every interaction I've seen, there's been a learning experience somewhere. For survival, horses have evolved to pick up on the emotional temperature of the herd, and the minute one of the herd is startled, or is in an adrenaline response, horses just run. They don't do freeze, they don't do fight, they just do flight.

This means that they are highly attuned to the emotional state of others. When you put people in a round pen with them, there's no horsemanship involved. They pick up on what's going on for somebody. We've had some people with the best... I can be fooled, I'm not perfect. We've had some people come in with the best poker face and say, "I'm good, I'm in a good place." And we put them out near a horse and the horse is kicking and bucking and doesn't want to be near him. That tells us so much. But aside from that, we set them specific tasks and activities.

Just by leading a horse, just by lunging them at liberty, just by grooming a horse, we get to see how a person does relationship. Is there a power struggle? Is there much control? Are they more task oriented or are they more relationship oriented? We get to build a picture, we get to build a profile on each client with a very visual gauge.

The horse does it all beautifully, but there's a visual display that the whole group picks up on. We do equine normally as a group activity. When you're working... We have a one week family program and we work with individual families, doing equine. When you bring a whole family out and do this work, there's usually other family members observing and giving feedback. The family gets to see some of the crazy that's going on, some of the dysfunction or what's working as well, some of the strengths of the family unit. It's such a powerful intervention in so many ways.

That aside, when you're standing next to a ton of pure bone and muscle, you go into a state of... More of the mammalian brain, more of a limbic state in the brain where you're not thinking as much, you're not taking in information to analyze and problem solve as much. You're in a deeper, more emotional place.

It's funny, you'll see people stand next to a horse and just smile. They'll just smile touching a horse or grooming a horse. People that are checking in as feeling suicidally depressed and horribly anxious and they get up near this huge animal, and all of a sudden their affect changes immensely. If you haven't tried it, I really recommend you do because I think it's wonderful.

[00:30:19] Alex Howard

I'm going to control my wish to go down a big tangent because also my middle daughter, it's the greatest joy of her life. We have some horses that we don't actually own, but they're where we live and the impact on her as well, it's incredible.

Ameet Braich

Sorry, one thing I just want to drop in Alex, is when people are near a horse and they're in their head, the horse isn't that interested. It'll tend to disconnect and walk away. In order to join up, people need to get more grounded and more into their heart, more into their emotions.

The example I give to everyone when they first come out into a round pen is that of children. When you've got young kids or teenagers, even when they're suffering from huge mood and mental disorders, when you've got them around a horse, they seem to be able to connect really quickly and really easily. They don't have to think about much. By the time we're adults, we've got so many defense mechanisms, filters. We've got so much in the way of our own emotions and thoughts that stuff blocks the connection with the horse. And that's a big indicator of where a person is when they're out and around them.

Alex Howard

I'm glad you shared that because I think it leads very neatly into where I wanted to touch onto next, which is this piece around using addiction as a way to self-medicate. In a way, when we're taking away the attempt to self-medicate, what we're then left with is that which we're trying to self-medicate, the suffering, the trauma, and so on, that's there.

So I'm interested in what are some of the approaches that you find are most helpful to work with that. And, of course, part of it is exactly what you just spoke to in terms of that mirror and that relational piece working with the horses.

Ameet Braich

I say this to groups and they look at me horrified. But so much of the addiction stuff for me is boring. It's a classic textbook cliché. You can write it down on a board or look it up in a book. It's all exactly the same.

The fascinating thing for me about addiction is that it robs people of their creativity. It robs people of their imagination, it robs people of their spontaneity. So anything we can do to foster that stuff, even if it's just holding space for that stuff. Movement, singing, dance, art, talking from a more spontaneous place, rather than a filtered, approval seeking, what are people going to think about me if I say this? Talking from a more authentic place.

Anything we can do to foster this stuff, I think is vital. From taking clients to karaoke. I've done that before. We take people out, because this is the real world and we're small enough, and luckily, flexible enough to be able to be creative, to be spontaneous and to take people out and to get them to do things in the real world that perhaps they were too afraid of that would challenge somebody.

[00:34:02]

The first thing I want to see people do is understand that they're not alone in this. For me, there's so much healing in that. But secondly, if they are this individual entity, what have you got to bring to the table? What are you going to do? Let's dance. Where is this going to go? It doesn't have to be perfect and it doesn't have to be worth millions, but let's see if you can just do one act of kindness, see if you can help one other person and build on it from there. When you see and I'm sure you know this when you see people moving toward dignity and autonomy, there's no better feeling.

Alex Howard

This is just a question that popped into my mind. It's a live reflection for me a little bit with clients. A lot of the trauma work, which is in the public domain, is around processing. A lot of the sort of EMDR approaches, EFT tapping, some of the ways of holding emotion, that's more intervention based. And then there's, how I think about it in another way, which is almost creating space for healing to happen on its own, building the safety, the support, and that natural healing instinct and mechanism. I was just interested in your thinking, how much of this is about creating space for healing to happen and how much of this is about intervention driven healing, do you think?

Ameet Braich

That's a great question. Even going back to Levine's work and how animals do it in the wild, I truly believe we're wired for healing. When you get people together in groups, even when there are huge language difficulties, they don't necessarily have to be communicating that well, they will get to the nitty-gritty under the right circumstances and start to process and start to affirm one another, all of that healing that takes place.

Part of the trauma work, my main focus, is about processing emotions, definitely. And the bodywork, that's a big part of the work that we do here. But a huge part of it is identifying some of the negatives... The EMDR reprocessing stuff, identifying the negative self-talk and breaking that up and replacing it with something more effective or something more true. A combination of those approaches, I think, is so effective. To answer your question, I don't know what the split would be.

Alex Howard

I guess it depends upon the person. It's interesting to hear you speak about both those pieces, though. So people come and spend a period of time... You were saying before we started, that 60 days is the ideal minimum, but of course, there are different scenarios that people have.

I can imagine when people come and have that environment that's entirely designed to facilitate their healing, not necessarily designed to be comfortable the whole time, but designed to really support that healing process. And one makes significant progress in that journey, and then they have to return to their lives and bring what they've learned with them.

I know that you said before we started there's a lot of "How can we build an ideal support network and clinicians?" But I'm wondering, when someone leaves, those that are able to maintain and be successful, what is it that helps them do that? I mean less about the external stuff and more about either, is it their intention? Is it how far they've got in the internal program? I'm guessing you've got

relatively good at guessing or predicting how someone's likely to fare. I'm interested in what you're looking for that gives you that confidence that, "I think this person's really got it."

[00:38:44] Ameet Braich

The answer is simple. For me, it's how good they are at working in a team.

Alex Howard

Interesting.

Ameet Braich

When somebody is able to confront their peers, take criticism or feedback as a positive. Or take the positive out of that stuff, and not be weighed down by self pity or burdensome, playing the victim role. That's a huge indicator for how they'll do when they leave. I don't want to see them doing all that stuff every single day, every single stimulus. But when they start moving in the right direction, it tells me they're on the right trajectory to leave here.

Like anything, I've got a few friends at the moment that are really pushing CrossFit down my throat. "Hey, come do CrossFit. It's amazing." And like anything, if you've got a support network around you of people that are really dedicated, really focused, eating, breathing, sleeping it, and seeing the results, constantly measuring, testing, seeing the results, pulling each other up, saying, "Hey, come on, you can work harder on this" or "You can do that."

Effectively, they're being each other's personal trainer. They're being each other's support. They're being each other's drill sergeant. They're doing so many things as a team. But if someone turns up to a CrossFit class and is lackadaisical and thinks everyone there is a load of tossers and doesn't want to take part, they're not going to get the games, they're not going to get the most out of it. I can't talk because I've never been to a class.

Alex Howard

It sounds like you're talking yourself towards it.

There's someone that's watching this that knows they've got addictive behavior. And this interview and other interviews in this conference have hopefully helped them recognize that relationship between trauma and that addiction. But there is a lot of defensiveness. Maybe that defensiveness is fear. Maybe that defensiveness is denial. Maybe that defensiveness is the reality of life circumstances and pressures that are on them.

What can you say that helps that person move to the next step, that helps them move towards that commitment to really doing the work?

Ameet Braich

So the first point I want to make is that if the issue is denial, it's highly unlikely that they'll be even looking. If I'm in denial...

[00:41:32] Alex Howard

They didn't get this far in the conference or the interview. Got it.

Ameet Braich

We have a lot of people that come to us and say, "I really came to you for trauma. I had no idea I was compulsive in this, this and this. And if I'd have thought for a second you were going to tell me that I was addicted or compulsive in these areas, I wouldn't have come here because I wouldn't have accepted it."

I think the trauma... We've been open for 15 years and the trauma heading in our work is a great... It's softer. It carries less stigma. There are still some people today that say, "Oh, just grow up. Stop being such a wet blanket. Everyone's got trauma. Get on with it. Chin up. Stiff upper lip." and all that. But I think it's a great in to the other stuff.

So what would I say? First and foremost, it has to be around making sure the information you're getting is sound. You're dealing with clinicians or websites or information that is solid, that comes from a well informed place. I think there's a lot of misinformation or gurus out there that are trying to do some pretty dangerous things. We've had a lot of people come to us from having experienced some horrific trauma. Trying to heal their trauma, they've been re-traumatized or traumatized in other ways.

So as much as you can do your research, do your due diligence, and find reputable, experienced, qualified places, websites and there are government websites, as well as the good work that you're doing, Alex. These places are designed specifically for this and they're reputable. That's the first thing I would suggest.

Secondly, if you're not going into this with an open mind, or anything really in life, I think you're doing yourself a disservice and something might pop up that surprises you and catches you off-guard. But dealing with the solutions, dealing with ways out of the mire and ways to heal, that's got to be the answer.

Always looking for, "So you're telling me I've got this, this, and this, or it's this bad, or this happened to me. Maybe I don't feel hard done by or like a boundary was violated, or I don't feel traumatized. Maybe I am numb. Maybe I am in denial, maybe I'm just blocking out or repressing something deeply. But I'm open to it, let's look at it, let's talk about it, and let's explore and see what happens." It may be nothing, it may be a whole bunch of things, but one thing I love is when people say, "No, definitely not that. Definitely not that." That's when my ears prick up and I'm like, "Well, maybe we need to go for the jugular on that one."

Alex Howard

It's almost like the more sure someone is in their defense, the more it points to the issue, right?

People that want to find out more about you and Camino Recovery, tell us where they can go, but also say a bit more about what actually the program is and what someone can expect.

[00:45:20] Ameet Braich

The website is probably the best answer initially, www.CaminoRecovery.com The program, so Monday to Friday, we want to do as much with the body as possible. Our program involves massage, acupuncture, reflexology, yoga, and getting out into nature. We're in southern Spain, so we've got over 330 days of sunshine a year. And that makes a difference. Just the level of brightness that we have, even during the winter months. Those infrared rays and the photons hitting us, for me, definitely have a positive effect. We do as much of the work outdoors as possible.

What we try to do is provide each person that comes through here with a bespoke product. For some people, a top down approach works best. So dealing with thoughts, dealing with ideas, dealing with reading and taking on information. Some people come in here and they don't want to read for whatever reason. They can't read for whatever reason, and a bottom up approach, starting with the emotions, starting with the pain, or the loneliness, or just feeling lost, works better for others.

A combination of group therapy... As a person comes into awareness, we work more on a one-to-one basis with them. But initially the program is quite group heavy. And then we employ creative writing sessions, art therapy, equine assisted psychotherapy, EMDR. A whole host of different approaches because there's no cookie cutter answer to this stuff.

The one thing we emphasize, not everyone takes part, is the Family Program. Dealing with a unit. For some musicians we've had in, it's been their band. Their band is the family with the manager, that's the family unit. Dealing with a Family unit, dealing with a group rather than an individual means that when a person leaves a place like this, they've got a built in network of support. And it means that the whole system is moving toward healing, getting better, moving away from unhealthy behaviors and thinking.

What else can I tell you? I personally like to have a laugh, and for some people that's a bit of a shock. They come in here and they want a clinical, white coat, "Tell me what my problem is, diagnose me." And I don't really want to do all that stuff. I want to work together in a more dynamic way and I want to come up with solutions and I want to be able to make mistakes. I want it to be human, I want it to be real and genuine.

So many people come in here and say, "Fix me, or fix this." And it's great when I throw my hands in the air and say, "This isn't mine to fix. I can point you in the right direction in a few areas, but this is really you. This is about you and how you're going to take to this process." So that throws people sometimes. When I see people able to laugh, genuinely laugh, and especially at themselves from time to time, that tells me they're moving in the right direction. It doesn't have to be all doom and gloom and it doesn't have to be all serious and just kind of gray. Doesn't need to be that way.

Alex Howard

That's awesome. Ameet thank you so much. People can find details on the website below the video. I really appreciate you and your wisdom, and your heart. Thank you.

[00:49:52] Ameet Braich

Can't thank you enough. Alex, it's been great talking to you.