



# Listening Training

HEALING ADDICTION THROUGH HUMAN CONNECTION

Behind the **opioid overdose epidemic** is a much greater **loneliness epidemic**: an increasing lack of meaningful connection in society, and the **trauma** that goes hand-in-hand with isolation.

In a new approach to the epidemic, **SeekHealing** teaches people **how to experience meaningful connection with each other**. The Listening Training course provides interactive education for learning the foundations of connection: listening more deeply to others, as well as to yourself.



# Listening Training

- 16 hours, CEU-certified
- Interactive listening & relationship exercises
- Non-violent communication
- Harm-reduction for substance use
- How to build trust and experience real connection

Ideal both for those struggling with addiction and their family members, Listening Training teaches participants **a new way of relating with each other** in a world where authentic relationship is scarce.

Listening Training is also available with a clinical focus to licensed or certified professionals for the purpose of mastering **attending skills**. It provides cutting edge education on effectively and compassionately navigating risk behaviors and refocusing clinical services through a **harm reduction** lens.

The course empowers human beings of all kinds to give each other the best and cheapest medicine available for treating addiction: **connection**.



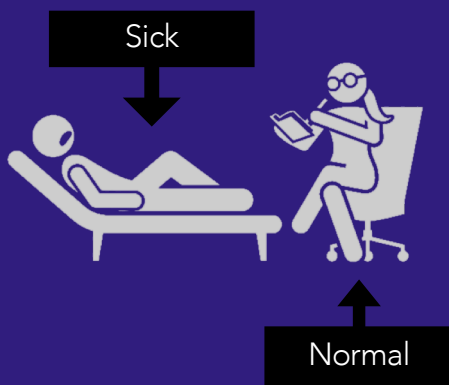
*I have attended rehab nine times. All the months I spent in rehab, everything I learned, **does not compare with how valuable one weekend with SeekHealing was for me.***

- Former heroin user

At the heart of the SeekHealing model is programming designed to minimize **shame**. Research shows that shame is the number one factor that prevents humans from being able to meaningfully connect with each other.



Shame often stems from **trauma**: either from major traumatic events or smaller traumas of rejection and isolation that accrue over time. It results from feeling like a bad person because of the things you've experienced. Shame is the experience of hiding your real truth because of a perception that it's abnormal, or unwelcome, or both.



Most people recognize that shame is elicited by stigma around addiction, but too often, it's exacerbated by the addiction treatment process itself. The "patient" is the "**sick**" person talking to doctors, therapists, and case managers who are "**normal**." Sober living environments promote a sense of being **supervised** and **not trusted**, where people are rejected and sometimes expelled into homelessness for returning to patterns they were trying to change.



Although 12-step programs were originally designed to be all-inclusive, some modern meetings perpetuate shame, too. **Social cliques** in the recovery scene create experiences of isolation and in-group/out-group dynamics. Many find the practice of publicly **identifying as an "addict"** or announcing that you are "counting days again" to be **humiliating** or shameful.

Perhaps this is why some studies estimate that 12-step programs have a success rate of less than 8%.<sup>1</sup>

1: <https://americanaddictioncenters.org/rehab-guide/12-step/whats-the-success-rate-of-aa>

## 2-DAY IN-HOUSE TRAINING

### Day 1: 10am-7pm

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Module 1: Orientation

Listening Exercises

• *Lunch* •

Module 2: Breaking Down Shame

Listening Exercises

Module 3: Holding Space for Difficult Emotional Experiences

Listening Exercises

Wrap-up

### Day 2: 10am-7pm

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Module 3: Setting Compassionate Boundaries

Boundaries Exercises

• *Lunch* •

Module 5: Personal Harm Reduction

Role Play

\*Module 6: Listening with Patients or

Listening with Family Members

Listening Exercises

Wrap-up

*\$2,500 + travel for two (2) facilitators*

## ***Listening Training Curriculum Basis***



**Harm Reduction**



**Trauma-Informed Counseling**



**Non-Violent Communication**



**Transpersonal Psychology**



**The Circling Institute**

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*Since the day I completed Listening Training, I have seen my depression symptoms decrease dramatically for the first time in my life. I have been diagnosed with Major Depressive Disorder (MDD) for more than 15 years, and nothing, including medication, has been as effective for making my life worth living again as my participation in this community.*

- SeekHealing participant

## Advisory Council Members



*"Addiction cannot be healed unless its source in childhood suffering is addressed, and unless the cycles of relapse are stopped through empathic human connections. **SeekHealing** is dedicated to healing trauma, and it provides the necessary connections that empower people to break from that self-defeating cycle."*

Gabor Maté, M.D.

*"Drugs alone do not address the root cause of disease."*

Andrew Weil, M.D.



Bill White

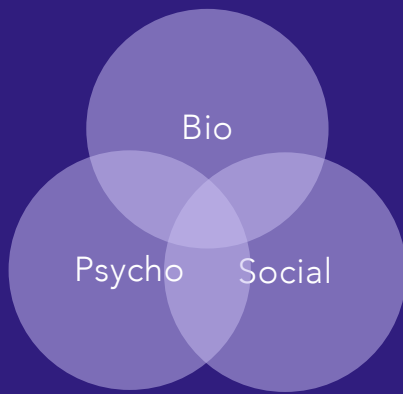
Emeritus Senior  
Research Consultant at  
Chestnut Health  
Systems, Former Board  
Chair of Recovery  
Communities United



Hilary Jacobs  
Hendel, DDS, LCSW  
Trauma-informed  
Psychoanalyst,  
International Author of  
The Change Triangle  
Tool for Emotional  
Health



Peter Strong, MD  
Former Medical Director  
of Hartford Dispensary

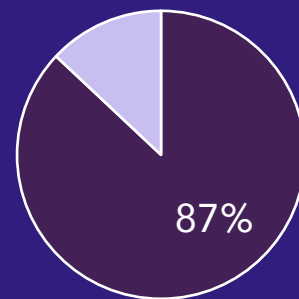


Medical science has long understood addiction as a disorder on the **bio-psycho-social spectrum model**.<sup>1</sup>

Yet the social component is largely missing from traditional addiction treatment models.

Whereas industry relapse rates for opioid use disorder show that 91% of patients return to use within a year,<sup>2</sup> **only 33% of SeekHealing participants returned to use** -- and all of them stayed involved with the program, returned to their recovery, and communicated with program management the entire time.

#### **Adherence to recovery intentions (6 months to 1 year later)**



The 13% who were not are still enrolled and actively engaged in the program.

By the end of the year, **87% of all participants** were following their intentions for their recovery.

*(60% had intentions for total abstinence, 40% for abstinence from their drug-of-choice only).*



#### **Questions?**

Rachel Wurzman, Ph.D. *Director of Science*

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1: Borrelli-Carrió F, Suchman AL, Epstein RM. The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *Ann Fam Med*. 2004;2(6):576–582. doi:10.1370/afm.245

2: Smyth, B. P., Barry, et al. (2010). Lapse and relapse following inpatient treatment of opiate dependence. *Irish Medical Journal*. 103(6),176–179.



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