Theory to Practice and the Power of Positive Recovery

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Who am I and why am I here?
1921 Detroit Police Department

1949 NYC’s Jewish Hospital
1921  Detroit Police Department
1949  NYC’s Jewish Hospital
1958 FCC Approved

1921  Detroit Police Department
1949  NYC’s Jewish Hospital
1958 FCC Approved

1959  A New Term Was Coined
1921  Detroit Police Department
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1974  Offered Commercially
1980  3.2 Million Worldwide
1921 Detroit Police Department
1949 NYC’s Jewish Hospital
1958 FCC Approved
1959 A New Term Was Coined
1974 Offered Commercially
1980 3.2 Million Worldwide
1990 22 Million in Use
1994 61 Million in Use
The Foundation

- Biological: Vulnerability
- Psychological: Liability
- Social: Isolation
- Spiritual: Bankruptcy

plus experience equals Addiction

- Image: "Rome"
- Image: "Jeff Georgi"
What is addiction?

If we asked the average person in Texas to describe an “addict” to us, what are some of the things they’d be likely to say?
Question:

Does this describe most of you or your patients or clients?

Addiction is...

A lifestyle related health problem.
Let’s look at another example.

Heart disease.
• Has a genetic pre-disposition.
• Involves choices we make.
  - Choices are impacted by social influences.
  - Choices are impacted by psychological influences.
• When Biology and choices meet, there are predictable outcomes.

Question:
Would most people say they can develop heart disease?
Question:

Would most people say they could develop an addiction?

It’s a brain disease
What is a disease anyway?

According to the American Medical Association, a disease must have:

• A cause (may or may not be known)
• Symptoms
• A prognosis
• May have a treatment
• May be chronic or not?

The Cause?

Nature or Nurture?
Dr. Susan Holman
How does this work?

Let’s assume that an average person has a dopamine level of 10,

...and they try cocaine.

Their body may read this as a dopamine level of 18 with 10 being natural and 8 being drug-induced.

The body wants to get back to “normal”; so it backs off on its dopamine level to 8.
So what happens over time?

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<td>12</td>
<td>8</td>
<td>4</td>
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<td>1</td>
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</tbody>
</table>

Question: Why don’t they just quit?

Is your biology now working for you or against you?

Isn’t it just a question of willpower?

• Krispy Kremes
• Drowned or murdered?
What is a disease anyway?

According to the American Medical Association, a disease must have:
• A cause (may or may not be known)

**Symptoms**
• A prognosis
• May have a treatment
• May be chronic or not?
What is a disease anyway?

According to the American Medical Association, a disease must have:
• A cause (may or may not be known)
• Symptoms
• **A prognosis**
• May have a treatment
• May be chronic or not?
Prognosis

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According to the American Medical Association, a disease must have:
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• Symptoms
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• Treatment
• May be chronic or not?
What is a disease anyway?

According to the American Medical Association, a disease must have:
• A cause (may or may not be known)
• Symptoms
• A prognosis
• May have a treatment

• **May be Chronic**
Is addiction chronic?

Does this mean it is hopeless?

Absolutely not!
Drug of _Choice_

Wrong

Drug of addiction

It’s a brain disease

We talk about drug of choice as if volition was really the issue.

We document “clean time” as if having a disease made you “dirty.”

We do our best to “teach” our patients into recovery and then wonder why their symptoms return.

We rely on understanding as if intellect was the problem.
It is a disease

So much of substance abuse treatment is historically defined by a limbic system in pain.

Traditionally we confront patients –

We tear down their defenses and reduce their egos –

We “force” them to see the terrible price their addiction has cost others –

We break through their denial –

Then we forget about the family

The energy of addictive disease originates in the central core of the brain NOT the neocortex.

It’s not about thinking errors.
Human Growth and Development
Biology parallels the psychological and social requirements of adolescents. (Goleman)

Blue represents maturing of brain areas.

The Foundation

<table>
<thead>
<tr>
<th>Biological</th>
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<th>Social</th>
<th>Spiritual</th>
</tr>
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<tbody>
<tr>
<td>Vulnerability</td>
<td>Liability</td>
<td>Isolation</td>
<td>Bankruptcy</td>
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</table>

plus experience equals Addiction
Psychology of Addiction

Not merely a symptom of underlying Psychiatric condition.
Gives energy to the Biological variable.
Using a self Psychological frame - Heinz Kohut.
Effort to combine the two extremes of the Freudian analytical continuum.

Failure Of Attachment
Psychology of Addiction

Narcissistic exhibitionistic grandiose needs

Ego
super ego
id

Ego
super ego
id
Psychology of Addiction
Manifestation of False Self Structure
Shame

The belief that at my core I am bad - therefore I must earn my value. “To be good I must do good.”
A need or constant external approval.
A persistent fear of punishment.
Nagging comparisons to others - “Do I measure up?”
Extreme sensitivity to others expectations.
People pleasing.

We shame the shamed and wonder why they do not get better.
Limbic Resonance and Social Intelligence
Treatment Implications

*Be alive-*
*Be aware-*
*Be intentional-*

*Be self loving and be grateful for all the relationships who are making who you are*

And then, if you have the courage, love your patients and they may learn how to love themselves.

---

Psychology of Addiction
Treatment Assumptions

**Love**

is the only true antidote to shame.

We must have the courage to reintroduce the word love into our clinical lexicon and love our patients so they in time may love themselves.

Over time our external love can be transmuted and internalized into self love.
Attachment and the Brain
Treatment Implications

We fail to realize that the “love hungry brain” will by necessity seek satisfaction either in unhealthy relationships or drugs.

Herein lies the power of group! (family is a group—we all have one)
The limbic regulation in the group can restore balance to its members.

Limbic Resonance and Social Intelligence
Treatment Implications

1. Basic assumptions will change.
2. Families will be admitted to treatment not individuals.
3. Motivational enhancement techniques will amplify a therapeutic relationship and reduce shame.
4. Transference and countertransference will be examined and valued.
5. Treatment environments will be more welcoming.
This is the old paradigm:

Consider a new paradigm:

ADDICTION
The Foundation

**Biological** + **Psychological** + **Social** + **Spiritual**

Vulnerability + Liability + Induction + Bankruptcy

**plus**

**experience**

**equals**

**Addiction**

Why are any of us here?
Why are any of us here?

Why are any of us here?
Why are any of us here?

Who runs faster? Olympians vs. Land Animals

Usain Bolt
World Record: 2009
Fastest 200 m: 18.19 sec
Avg. speed: 23.31 mph
Top speed: > 32 mph

Cheetah
Fastest 200 m: 7 sec.
Avg. speed: 63.86 mph
Top speed: > 70 mph

Why are any of us here?
Why are any of us here?

Why are any of us here?
Why are any of us here?

Why are any of us here?
Social Context

We are thrust into our culture and defined by it. We can not separate ourselves or our identity from our social context.

When we think we are “speaking” for ourselves, our personal truth is but an extension of context.

Social Context

Conformity is adaptive.
Shared values are the norm.
Perception is altered by social context not just values.
Culture determines how we see ourselves.
We are intrinsically SOCIAL CEATURES.
We cannot define ourselves outside of social context and relationships.
Social Context
Aspects of our Culture that Support Addiction

Eventually the “shamed” end up believing the messages that society is telling them about themselves.
We deserve our disease.
We really are the bad people that everyone (including ourselves) believes us to be.
I am truly so worthless not even God can love me.

We are pack animals.
We are herd animals.
How did they communicate?

They certainly did not talk, although there may have been some communication by shared sound. They did not have carefully choreographed “paw” signals. Pheromones were not fast enough. So how did they communicate?
Attachment and the Brain

The limbic system is able to quickly monitor the integration of the external and internal worlds that impact our life.

It is easy to confuse the experience of an affect (limbic) and naming that affect as an feeling (neocortex).

Affect is basic biology, feelings are when we become aware of the affect intellectually and emotions give it a name and context. Sylvan Tompkins.
In addition, the limbic system has special physical apparatus specifically geared toward detecting and responding to the internal world of other similar creatures.

This capacity led to what is referenced as "limbic resonance."

This resonance seems uniquely developed to nurture and respond "intuitively" to our young and to love and be loved in general.
Limbic Resonance and Social Intelligence

Mirror neurons are found in the new cortex and the limbic system
Memes – we are built to imitate
Emotional contagion
Highroad – slow but accurate
Low road – very fast but less precise
Low road + mirror neurons = empathy
What is she feeling?
Attachment

Oxytocin   female bonding
Vasopressin   male bonding

“Falling in love” is not a choice!

Attachment and the Brain

We can change what we know by appealing to our reason and intellect.

We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved over time.
Drugs of Abuse & the Limbic System

All drugs of abuse impact the limbic system.
While they may differ in their pharmacological impact they lead toward dysregulated limbic energy.
Limbic communication is distorted.
Limbic learning is compromised.
Age and gender matter.

Limbic Resonance and Social Intelligence

Emphasis on Social Intelligence
People are given permission to love well

to be loved
to love others
to love self
Attachment and the Brain

Despite all that we have learned.
Despite all the techniques and skills we have perfected.
Despite all of our evidenced based interventions.

It is the therapeutic relationship that matters the most.

Treatment Implications

You cannot out talk the limbic system.
Craving management is different than “relapse prevention”.
Behavior changes the brain more effectively than words.
Pain is too potent a motivator for words to undo.
Treatment Implications

Content is important, particularly in early recovery. However, process interventions should not be overlooked.

Issues of relational connection; mother to child, husband to wife, sister to sister, brother to brother, father to child, friend to friend, must be supported.

Don’t forget family.

Treatment Implications

The therapeutic relationship is of primary importance.

Issues of “play” and fun in addition to spontaneity need to be addressed in treatment.

Group interventions need to be safe and needs to bring the patients into the “here and now.”
We shame them because we have been SHAMED.

We/they have not “lost” because their disease symptoms return!

Periods of remission are victory.

Treatment Implications

We can change what we know by appealing to our reason and intellect.
We can change how we behave some of the time by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved and to love unconditionally over time.
The Foundation

**Biological** + **Psychological** + **Social** + **Spiritual**

plus *experience*

equals **Addiction**

---

**Spirituality vs Religion**

Religion

**Religio** - obligation or rule.
Tell us how to live.
What constitutes the righteous life.
Ten commandments, not the ten suggestions

Spirituality

**Spiritus** - breathing.
The essence of life.
What gives life meaning.
What gives human life its unique meaning.
Spirituality: What is it?

It is what makes us human and separates us from all other creatures by degree.

Existential expression.

Spirituality is a **doing thing**

If we stop “doing” spirituality we lose our humanity.
Spirituality

The **choosing** is more important than the **of** the choice.

The **risking** is more growth producing than the “**outcome**” of risk.

The **relating** is more connecting than the relationship.

The **wondering** is more expansive than the **object of awe**.

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**Spirituality**

Spirituality is not defined by the content of our lives but by the experience of life’s process as we live it.
Spiritual Commitments

Be alive
Be aware
Be intentional
Be self-loving
Attachment and the Brain the way treatment used to be.

The Foundation

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plus experience

equals Addiction

Jeff Georgi
Experiential

What experiences are our clients having?

Is Addiction the Focus of Our Treatment?
The Problem:
What are we more motivated by?

The Foundation

Biological + Psychological + Social + Spiritual
Vulnerability + Liability + Isolation + Bankruptcy

plus experience
equals Addiction
The Foundation

\[ \text{Biological} + \text{Psychological} + \text{Social} + \text{Spiritual} = \text{Addiction} \]

plus experience equals Addiction

Jeff Georgi

The Reframe

\[ \text{Biological} + \text{Psychological} + \text{Social} + \text{Spiritual} = \text{Recovery} \]

plus experience equals Recovery

James Campbell
The Campbell Positive Recovery Model

Consisting of Four Fundamental Therapeutic Tasks Designed to

Facilitate Movement From Active Addiction to Active Recovery

How does this happen?

Experience and Relationship are the way we make the transition from Active Addiction to Active Recovery
What sorts of **Experiences** help people move from **Vulnerability** to **Resiliency**

**Biological**

- Medication Compliance
- Keep Appointments/Visit Primary Care Physician Regularly
- Acknowledge Gender Differences
- Relaxation Techniques
- Exercise/Yoga

**Biological**

- Genogram
- Education about Brain and Disease Model
- Healthy Lifestyle Changes
- Options for Healthy Choices
- Talk About Insurance
- Talk About Seeing Dr.
- Being in Tune with Your Own Body's Needs

- Adequate Sleep
- Adequate Nutrition
- Exercise
- Medical/Dental Care
- Mindful Practice
- Learning/Association

From Active Addiction to Active Recovery
What sorts of **Experiences** help people move from **Psychological Liability** to **Psychological Assets**

**From Active Addiction to Active Recovery**

- Validating/Empowering
- Affirmations/Forgiveness
- Letting Go
- Self-awareness
- Teaching Coping Skills
- Teaching to not use Addiction as a Crutch
- Mental Health Counseling
- Thinking Errors

---

What sorts of **Experiences** help people move from **Psychological Liability** to **Psychological Assets**

**Psychological**

- Building Self-esteem
- Figuring Out What Came First
- Practicing Healthy Coping/Communication
- NAMI
- Exercise
- Family
- Trauma
- Build On Coping Skills
- Positive Affirmations
- Negative Thought Stopping

---

- Identify What Affects You in a Positive Way (Music)
- Therapy/Meditation
- Relaxation Skills
- Relational
- Limbic Connection
- Esteem/Respect
- Boundaries
- DBT
- Non-shaming Language
What sorts of *Experiences* help people move from Active Addiction to Active Recovery

**Social**
- Group Therapy/Aftercare
- Community Resources
- Educating Family Members
- Encouraging 12 Step Recovery
- Processing Loss of Paradise
- Setting Healthy Boundaries
- Goal Setting
- Determination to Aid in Therapeutic Recovery
- Teaching Coping Skills
- Teaching Positive Activities
- Qualities of Healthy Relationships

**Isolation**

**Support**
- Group Therapy/Aftercare
- Community Resources
- Educating Family Members
- Encouraging 12 Step Recovery
- Processing Loss of Paradise
- Setting Healthy Boundaries
- Goal Setting
- Determination to Aid in Therapeutic Recovery
- Teaching Coping Skills
- Teaching Positive Activities
- Qualities of Healthy Relationships

Jim Campbell

Jeff Georgi

What sorts of *Experiences* help people move from Isolation to Support

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- Educating Family Members
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- Processing Loss of Paradise
- Setting Healthy Boundaries
- Goal Setting
- Determination to Aid in Therapeutic Recovery
- Teaching Coping Skills
- Teaching Positive Activities
- Qualities of Healthy Relationships
- Handling the Wins
- Treatment Group
- Pain
- Faith Community
- Civic Groups
- Community/Neighborhood
- Garage
- Citizen
- Family of Choice

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What sorts of **Experiences** help people move from

**Spiritual**

**Bankruptcy**

**to**

**Spiritual**

**Abundance**

From Active Addiction to Active Recovery

Jeff Georgi

James Campbell

What sorts of **Experiences** help people move from

**Spiritual**

**Bankruptcy**

**to**

**Spiritual**

**Abundance**

- Mindfulness/Meditation
- 12 Step Program
- Identifying/Accepting a Higher Power
- Acceptance
- Celebrate Recovery
- Developing Personal Relationship with Higher Power
- Exercise/Yoga
- Prayer
- Involvement in Spiritual Practices
- Believing in Letting Go
- Volunteering
- Support from Loved Ones
- Exploring their Purpose/Meaning
- Understanding the Four Pillars of Spiritual Platform
- Spiritual Connectedness to Others
- Give Yourself Time and Space to Breathe
- Develop the Art of Surrender
- Helping them Explore
- Faith Community
Ultimately there are two primary forces that are therapeutic:

Experience and Relationship

Thoughts, Observations, and Questions?
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Associate Pastor, Connection Fellowship
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Sources and further reading:


Smith, Gollen, Interview Addressing Therapeutic Issues in Wilderness Treatment Programs, conducted by Jeffrey M. Georgi, Greensboro, North Carolina, September 4, 2009.


**Stop Shaming**

### Language of Recovery

<table>
<thead>
<tr>
<th>Alternative Terminology</th>
<th>Current Terminology</th>
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<td>Treatment is an initiation into recovery</td>
<td>Treatment is the goal.</td>
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<tr>
<td>(one of multiple pathways into recovery)</td>
<td>Treatment is the only way into Recovery</td>
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<td>Substance Use Disorder</td>
<td>Substance Abuse / Addiction</td>
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<td>Drug of Use</td>
<td>Drug of Choice / Abuse</td>
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<td>Ambivalence</td>
<td>Denial</td>
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<td>Recovery Management</td>
<td>Relapse Prevention</td>
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<tr>
<td>Strength / Asset Based Assessment</td>
<td>Pathology Based Assessment</td>
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<tr>
<td>Focus on the drug client feels is creating the problems</td>
<td>Focus is on total abstinence from all illicit and non-</td>
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<tr>
<td>(each illicit substance has unique interactions with the</td>
<td>prescribed substances the clinician identifies)</td>
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<tr>
<td>brain; medication if available is appropriate.</td>
<td>A Drug is a Drug</td>
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<tr>
<td>Recurrence</td>
<td>Relapse</td>
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<tr>
<td>Recurrence is part of the Disease</td>
<td>Relapse is part of Recovery</td>
</tr>
<tr>
<td>Abstinence / Drug Free</td>
<td>Clean / Sober</td>
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*Updated: 12:30 12/11/09*
The Foundation

Biological + Psychological + Social + Spiritual

Vulnerability + Liability + Isolation + Bankruptcy

plus experience equals Addiction
The Reframe

Biological + Psychological + Social + Spiritual

Resiliency + Assets + Support + Abundance

plus experience

equals

Recovery
The Campbell Positive Recovery Model

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What sorts of **Experiences** help people move from

- Medication Compliance
- Keep Appointments/visit Primary Care Physician Regularly
- Acknowledge Gender Differences
- Relaxation Techniques
- Exercise/Yoga

**to**

- Genogram
- Education about Brain and Disease Model
- Healthy Lifestyle Changes
- Options for Healthy Choices
- Talk About Insurance
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- Being in Tune with Your Own Body’s Needs

- Adequate Sleep
- Adequate Nutrition
- Exercise
- Medical/Dental Care
- Mindful Practice
- Learning/Association

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What sorts of **Experiences** help people move from Liability to Assets:

- Validating/Empowering
- Affirmations/Forgiveness
- Letting Go
- Self-awareness
- Teaching Coping Skills
- Teaching to not use Addiction as a Crutch
- Mental Health Counseling
- Thinking Errors
- Building Self-esteem
- Figuring Out What Came First
- Practicing Healthy Coping/Communication
- NAMI
- Exercise
- Family
- Trauma
- Build On Coping Skills
- Positive Affirmations
- Negative Thought Stopping
- Identify What Affects You In a Positive Way (Music)
- Therapy/Meditation
- Relaxation Skills
- Relational
- Limbic Connection
- Esteem/Respect
- Boundaries
- DBT
- Non-shaming Language

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What sorts of **Experiences** help people move from **Isolation** to **Support**

- Group Therapy/ Aftercare
- Community Resources
- Educating Family Members
- Encouraging 12 Step Recovery
- Processing Loss of Friendships
- Setting Healthy Boundaries
- Goal Setting
- Determination to Aid in Therapeutic Recovery
- Teaching Coping Skills
- Teaching Positive Activities
- Qualities of Healthy Relationships

- Setting Healthy Boundaries
- Sponsor/Meetings
- Developing Healthy Support Systems
- Practicing Healthy Recreation
- Family
- Working Steps
- Building Self-esteem
- Support Network
- ID Options for Support
- NA/AA
- Get Connected with “Self Help
- Avoid Old Hangouts
- Change People, Places, and Things from Old Lifestyle
- Hobby
- Go Back to School
- Work
- Family Engagement

- Hang with the Winners
- Treatment Groups
- Peers
- Faith Community
- Civic Groups
- Community/Neighborhood
- Gangs
- Cliques
- Family of Choice
What sorts of **Experiences** help people move from

Bankruptcy to Abundance

- Mindfulness/Meditation
- 12 Step Program
- Identifying/Accepting a Higher Power
- Acceptance
- Celebrate Recovery
- Developing Personal Relationship with Higher Power
- Exercise/Yoga
- Prayer
- Involvement in Spiritual Practices
- Believing in Letting Go
- Volunteering
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## What is Positive Recovery?

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<th>Experiential</th>
<th>Recovery</th>
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<td>Biological Resiliency</td>
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<td>Social Support</td>
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