To: World Health Organization
Department of Mental Health and Substance Abuse
Management of Substance Abuse Team
(NMH/MSD/MSB)
20, Avenue Appia
CH-1211 Geneva 27
Switzerland

From: David H. Cook, Ph.D., M.B.A.
16015 Kirkshire Avenue
Beverly Hills, MI 48025
United States of America

Date: March 17, 2010

RE: Request for Professional Evaluation

Greetings:

This is a request for a professional evaluation of a comprehensive approach to the resolution of the worldwide problem known as substance abuse, an approach that is transparent to borders and cultures while allowing persons from across the globe to share experiences without compromising privacy, an approach that is designed to function as a continuing clinical investigation that is always in pursuit of evidence about what does and does not work, and with the terse requirement that all evidence must continually survive the scrutiny of repeatable, verifiable and auditable.

The overall approach is based on a data model that is circulated by the Center for Substance Abuse Treatment (CSAT), part of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U. S. Dept. of Health and Human Services, a model that facilitates both an evidence and a best practices complement to overall public health policies with special emphasis on an integrated methodology to protect as risk populations, young people and those affected by the harmful addictive behavior of others. As part of the approach being presented, the CSAT data model has been expanded to include substance abuse related crimes and an individual's profession, with the former conforming to the emphasis given to disruptive anti-social conduct in the World Health Organization (WHO) Draft Global Strategy To Reduce The Harmful Use Of Alcohol dated February 5, 2010 and the latter as a critical subset of culture.

This presentation is organized as follows: Affiliation, Credentials, Conceptual Basis, Therapy Dynamics, Business Dynamics and Information Dynamics.

Affiliation

I am not affiliated with any university nor currently with a delivery system as a captive employee but have designed a comprehensive medical hospital based delivery system with that design including, among other inovations, the training of physicians and dentists about the interpersonal dynamics of addictive thinking in a manner that has those persons included in the patient pool.

Credentials

My experience includes having donated time to the community, homeless shelters and a jail. My professional experience includes economic and financial analysis and planning. My professional service to the community includes serving as the president of the board of trustees of a treatment center, the finance director of a domestic violence agency, and have authored applications to a variety of U. S.

Federal Grant Funding Opportunities. One application to a Opportunity led to an exchange of correspondence with Ms. Elaine Parry a copy of which is attached.

I have two books and three essays available for review.

The first book, A Model for the Treatment of Substance Abuse: An Introduction, is in print as a first edition with the second edition now being written. The preface for each edition as well as the table of contents for the second edition are attached with the preface for the first edition a suitable substitute for my circulum vitea. The second book, The Case against Outcomes Measurement, is completely designed and about 20% written. Both manuscripts are available for review at http://www.dhcook.net with the login user id and password available only by email exchange.

The first essay is titled "Relapse" and is about the phenomenon of relapse as an extension of the formation of the underlying addictive-oriented thinking. The second essay is titled "Acceptance" and is about the presumption of acceptance as an enabler of the learned addiction-oriented life style and concludes with a proposed calculus of psychiatry to include a fourth-order integral that describes the formation of human memory. The third essay is titled "Attention and Awareness" and is about attitude taken alone as that which enables individuals to realize accomplishment but with attitude in the presence of fear is that which enables individuals to live a perpetual death-wish, with the concluding sentence of the article's abstract setting the stage for the longer side of my work, the comprehensive approach that is designed to function as a continuing clinical investigation – "*The primary care physician continues to be the intended audience, where this discussion is less about a difficult medical management problem and more about a most heart-wrenching professional moment when the primary care physician realizes that they are face-to-face with a child who is drunk.*" The three essays are available for review at http://www.dhcook.net with the login user id and password available only by email exchange.

Conceptual Basis

The fundamental position in all of my work is that society has opted for a process that attempts to educate the abuser to a behavior change, followed by a did-it-work safe-harbor query, without addressing that person's base addictive thinking, best characterized as bondage in self. Any attempt to educate an abuser to a behavior change is fundamentally a violation of the symmetry property of equality of elementary algebra: If $a = b$ then $b = a$.

The first equality,

$a = b$, is *(a – Consuming Abuse-able Substances) = (b – Lets' Me Be Cool)*.

The second equality,

$b = a$, is (*b – I Am Cool*) = (*a – Because I Do Not Consume Abuse-able Substances*)

Thus, the first equality has a passive statement equal to a passive statement while the second equality has the superlative of its predecessor equal to the obverse of its predecessor – an unconditional recipe for failure.

The fundamental basis in all of my work is comprised of three separate dynamics. The first is seduction, the second gratuitous acceptance, and the third is a humanistic anti-thesis to self-defeating behavior.

The first dynamic, seduction, descends from Freud's structure of the human mental apparatus. In the biographical introduction to Freud's last book An Outline of Psycho-Analysis [W. W. Norton & Co., 1949], Peter Gay points out that "[The Project for a Scientific Psychology] anticipated some of [Freud's] fundamental theories yet serves as a reminder that Freud had been deeply enmeshed in the traditional

physiological interpretation of mental events." [P. xi], and in a footnote on the same page Gay notes "All he abandoned when he abandoned the seduction theory was the sweeping claim that only the rape … could be the cause of neurosis." Thus, the first dynamic is disconnecting seduction from a physical act and then connecting seduction to a voice results in a phenomenon that alone is sufficient to explain relapse in its entirety.

The second dynamic, gratuitous acceptance, is a child of the best-practice guidelines for the treatment of substance use disorders as presented in CSAT's series of Treatment Improvement Protocols (TIPs) as well as the array of publications available from the WHO, with each of the TIPs and WHO references the result of scholarly consensus. With respect to toxicology, the general tone across the TIPs and WHO references is that the dependence potential of the various drugs is predictable, which in turn implies that the endpoint of addiction is constant, thus leaving to study the entry point and the transformation from the casual use of a substance to dependence. The greatest percentage of the TIPs and WHO references are about the transformation phase with attention skewed to dependence in the form of extensive discussions about a systematic intervention aimed at an individual's decision to continue to consume abuse-able substances. The TIPs and WHO references however are silent about what might constitute an entry point, and have very little to say about the early stage of the transformation, casual use, the largest percentage of the abusing public.

Substance abuse is commonly referred to as a chronic, relapsing illness, which implies that the treatment of substance abuse should incorporate the same principles of chronic disease management that are being used to understand and manage other chronic disorders. The process that attempts to educate the abuser to a behavior change is essentially an acute care model of intervention. All too often we respond to life-impairing and life-threatening episodes of chronic substance abuse with sequential episodes of brief, expensive, emergency-oriented interventions that do little to alter either the overall course of abuse or its personal and social costs. Relapse remains the contemporary expectation of this disconnect between the acute-oriented management and the chronic-oriented crisis handling. Most important, there is no reference anywhere to personality types where the reference is limited to the extrovert versus the introvert.

The position in my work is that the extrovert accentuates the chronic side of addiction on the strength of behavior best described as terminal uniqueness, while the introvert accentuates the acute side of addiction on the strength of behavior best described as remorse management That chronic and acute are interdependent with chronic resulting from the accumulation of acute pathologic events over time, $c = \int a(t)$, and with acute either the less likely decidedly new pathologic event or the more likely incremental state of chronic at a point in time, $a = d(c)/dt$.

Again, with respect to toxicology, the general tone across the various TIPs and WHO references is that the dependence potential of the various drugs is predictable which in turn implies that the endpoint of addiction is constant, thus leaving to study the entry point and the transformation from the casual use of a substance to dependence. It is useful to restate this four-part sequence, with a proxy for persona incorporated, as entry (involuntary), safe harbor (voluntary), prisoner (voluntary) and victim (involuntary) as depicted in Figure 1 below. (A full page copy of Figure 1 is attached.)

The premise is that a claim of a lack-of-will-power about any person is a contrived defense that is used to mask over the maturation of the mental confusion that descends from the tomorrow-oriented idealization of the to-educate objective. This in turn implies that for all persons the nature of addiction is a function of personality type given the construction of the four-part sequence of addiction, which asserts that addictive-oriented thinking is uniform. It is only circumstances that spawn persona

appropriate resolution of the confusion that results from behavior. That the entry point of addiction is the result of an individual's distorted view about their self worth while the transformation phase, with attention limited to casual use, is about that person's substance of choice being tantamount to safe harbor. And, at the onset of the trek to full-blown addiction, each person is an introvert with the transition to extrovert less about an individual's natural persona and more about a person's decision to live in their artificial world of rationalizations and not the reality of despondent shame, the defining characteristic of the introvert. At first blush rationalization comports with relapse which is not true as rationalization's role is limited to giving meaning to the "why" of substance abuse. It is seduction that gives relapse its power, and with gratuitous acceptance the only durable alternative to seduction. Any other form of acceptance simply postpones seduction to a future manifestation of addiction with relapse the visible signal.

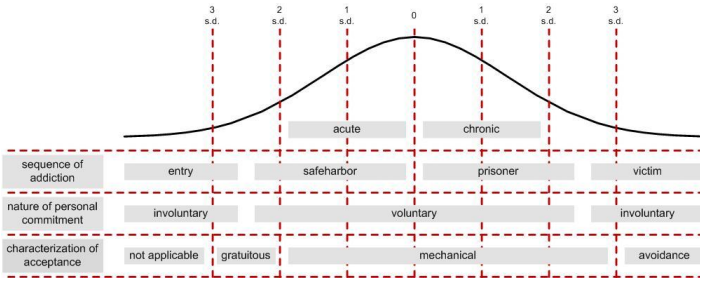

Figure 1 – Sequence of Addiction

The third dynamic, a humanistic anti-thesis to self-defeating behavior, begins with the transitive property of equality of elementary algebra – if *a = b* and *b = c*, then a *= c*, and extends through Douglas McGregor's Theories X and Y, and Abraham Maslow's Theory Z as a continuum.

The first equality,

a = b, is *(a – Because I Am Defective) = (b –I Consume Abuse-able Substances)*.

The second equality,

b *= c,* is *(b –Pretending That I Am Not Defective) = (c – Lets' Me Be Cool)*.

The third equality,

a = c, is *(a – Because I Am Not Defective) = (b – I Am Cool)*.

Thus, the first equality has a passive statement equal to a passive statement while the second equality has an active statement equal to an active statement. The third equality has the obverse of its predecessor equal to the obverse of its predecessor – an unconditional recipe for success, but only on the strength of the X – Y – Z continuum.

There are many theories of human effectiveness. In the broadest sense, the many theories range from an examination of conditions that are unsupportive to supportive of an individual's self-esteem. Only two of the available theories are relied on in all of my work – Abraham Maslow's Hierarchy of Needs and Douglas McGregor's Theory X – Theory Y.

Maslow's theory is referenced because it is a holistic approach, and describes human effectiveness as a function of matching one's opportunities with the appropriate position on their hierarchy of needs – Physiological, Safety, Belongingness and Self-Esteem. This is essential, for an individual's journey from what-is to what-might-be will never progress if that person is, for example, paranoid about some aspect of their reality.

McGregor's theory is referenced, as it is an either-or model, and is adaptable to an individual's entrenchment in defiant, denial and compulsive behavior. Theory X assumes that people need authority

and coercion to motivate them. Alternatively, Theory Y assumes that people prefer to discipline themselves through self-direction and self-control.

Maslow and McGregor's theories form a continuum. A review of the chronology of Maslow's theories and where McGregor fits in will explain this.

Maslow introduced his hierarchy of needs in 1954 and envisioned his effort as an extension of the Freudian and Behaviorist models. He then introduced the Humanistic model in 1957, which was a major departure from all prior models. Instead of focusing on psychosis, the Humanistic model is a set of positive, philosophical beliefs about human capabilities and potentialities that cannot be measured systematically, with intimacy one of many examples. McGregor's Theory X – Theory Y model appeared in 1960, followed by Maslow's Theory Z in 1962, with Z an extension of X – Y. Maslow added the transpersonal dimension with Theory Z, the individual's impulse to reach for the highest of abstract values, with an un-compromised state of gratuitous acceptance one of many examples. As a continuum, there is Theory X (authoritarian), Theory Y (humanistic) and Theory Z (transpersonal), where this continuum includes one negative – authoritarian, and two positives – humanistic and transpersonal. Replacing Theory X (authoritarian) with Theory X (boundaries) yields three positives.

The humanistic anti-thesis to self-defeating behavior is then an X – Y – Z continuum – Theory X (boundaries), Theory Y (humanistic) and Theory Z (transpersonal).

Therapy Dynamics

The therapy dynamics are the result of a severe form of matrix management from within a private sector sponsored continuing clinical investigation. Included in Figure 2 are three organizational layers, three forms of management, and scrutiny as a dynamic. (A full page copy of Figure 2 is attached.)

The first organizational layer is governance and general management. The second layer is business segment management. The third layer is the delivery of substance abuse treatment services.

The first form of management is line management and includes the entire budgeting process. The second form of management is the clinical portion of the delivery of substance abuse treatment services with the individual components taken together accounting for the entire X – Y – Z continuum. The third form of management is the rigorous review of day-to-day operations with the intent to identify what does and does not work with scrutiny the only basis.

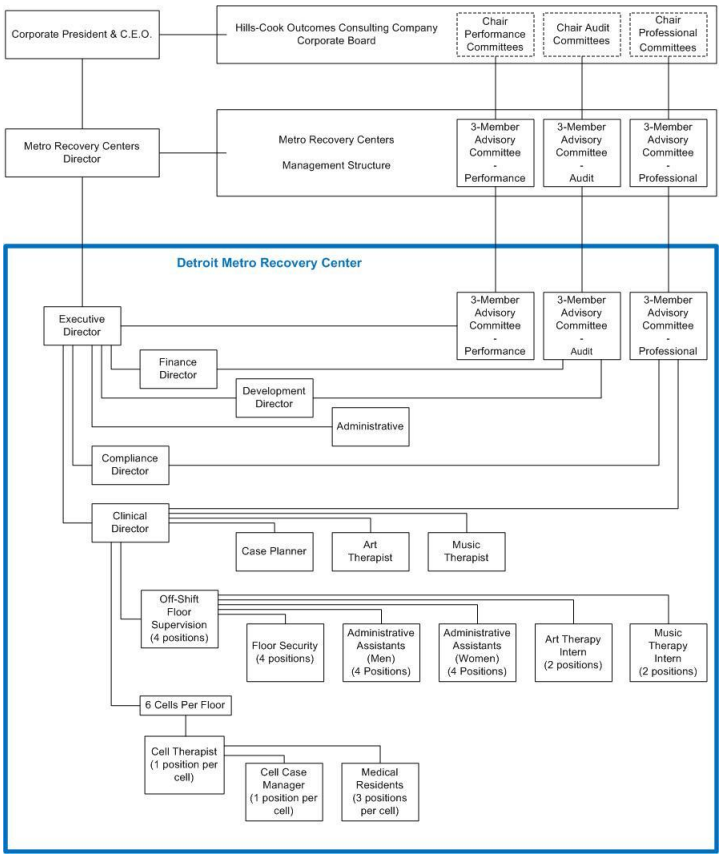

Figure 2 – Therapy Dynamics

Scrutiny based outcomes covers the entire graphic shown in Figure 2 but with character that is opposite of what is encompassed. Both the organizational layers and forms of management are static; scrutiny is very dynamic with respect to both its application and evaluation.

The application of scrutiny begins with the CSAT data model in general and the associated patient profile in particular, and extends through Case Management (Theory X), Case Planning (Theory Y), and on to Theory Z related services.

The evaluation of scrutiny is extensive and includes two dynamics – the issuance of democratically determined directives and the publication of lessons learned. Specification of the various directives are proposed by any member of the clinical staff under the guidance of the Appropriate Advisory Committee each of which is staffed by highly experienced and seasoned persons. Lessons learned materials can be submitted by any member of the clinical staff with but one exception. Each medical resident is required to submit a publishable article once every 90 days.

Business Dynamics

The private sector sponsored continuing clinical investigation, a corporation, is designed to account for scrutiny via the segregation of business purpose while implementing a humanistic anti-thesis to self-defeating behavior in its overall operation.

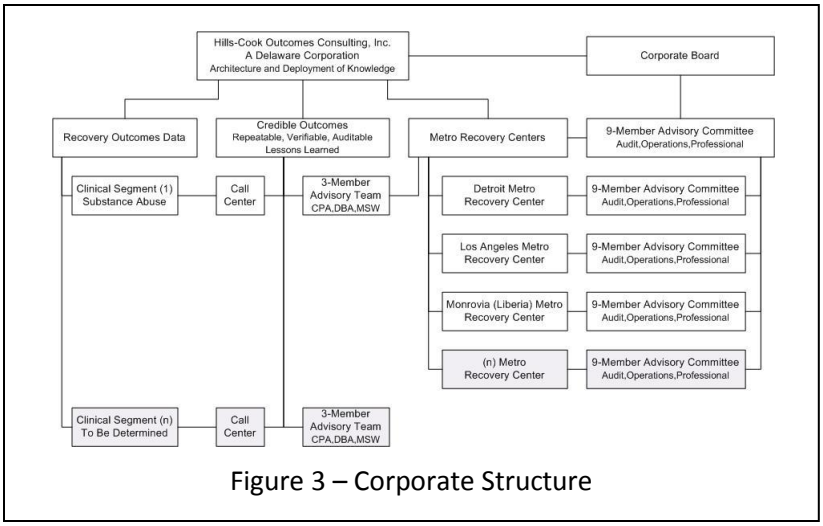

Figure 3 – Corporate Structure

The corporation's delivery system is however global with respect to the word credible as depicted in Figure 3 where the word credible embodies all that is implied by three views of scrutiny – repeatable, verifiable and auditable. Repeatable is the focus of the Metro Recovery Centers business segment. Verifiable is the focus of the Recovery Outcomes Data business segment. Auditable is the focus of the Credible Outcomes business segment. (A full page copy of Figure 3 is attached.)

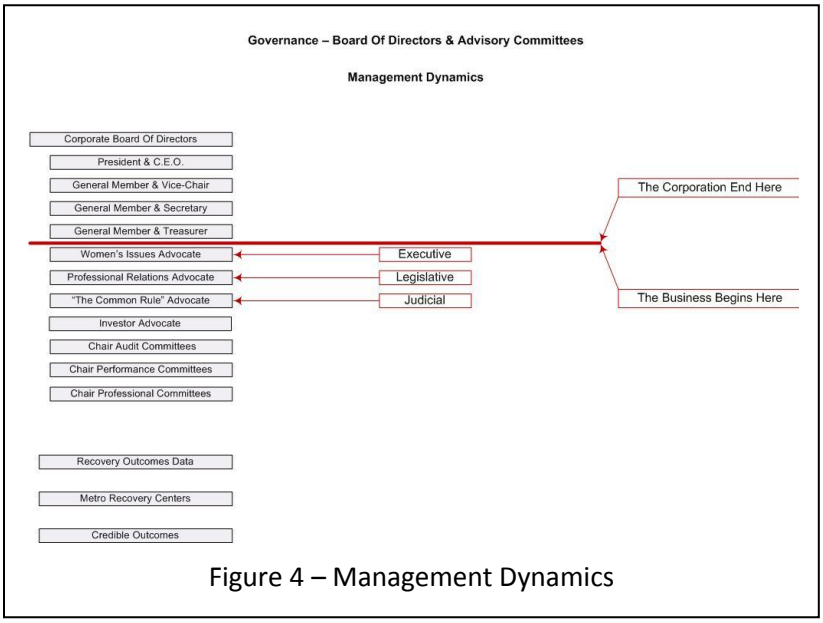

Figure 4 – Management Dynamics

The corporation's delivery system is not global, a system that is about meeting the need of all persons. Instead, it is about addressing the need of only one of two classes of persons who elect to consume abuse-able substances. The first class of persons is the extrovert and their

claim to terminal uniqueness, a class that is not a subject of this design. The second class of persons is the introvert and their ill-recognized penchant for remorse management, a class that is the subject of the fundamental reason for this corporation – to help private persons to be introspective about their personal worth with a gender-assertive determinant of purpose the starting point the functional purpose of the corporation as depicted in Figure 4 above. Thus, purpose is segregated with respect to promotion versus attraction, with the former the manner of direct interaction with the introvert and the latter the manner of indirect interaction with the extrovert. (A full page copy of Figure 4 is attached.)

Information Dynamics

Implementation of this private sector sponsored continuing clinical investigation is on the strength of a three-pronged approach to an understanding of substance abuse and its resolution that is in part data-centric, in part the delivery of treatment services, and in part evaluation of the extent of congruence between the intent of the delivery of services versus what is found in the data as depicted in Figure 5. (A full page copy of Figure 5 is attached.)

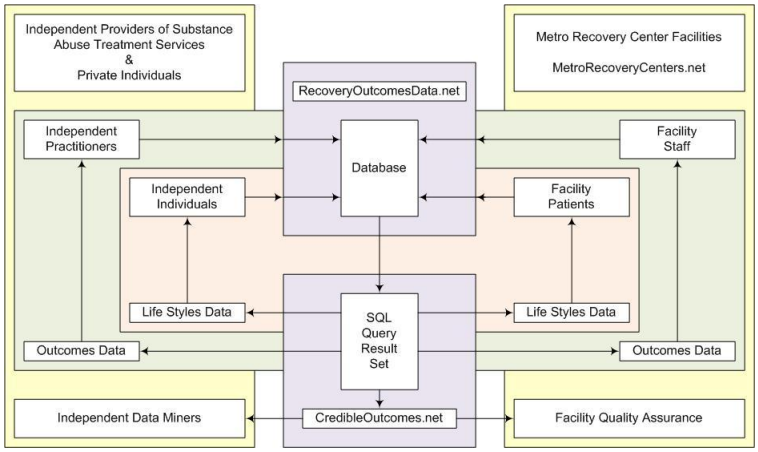

Figure 5 – Information Dynamics

The data-centric portion has the CSAT data model as its basis subject to design attributes necessary to insure the confidentiality of an individual's personal data as specified in "The Common Rule", U. S. Code of Federal Regulations, Title 45, Part 46, as well as any other data that is considered to be sensitive.

Outside of the data-centric portion are two interdependent data loops. The outer loop is about the recording of the delivery of treatment services with its core focus the discovery of what does and does not work. The inner loop is about an individual having the opportunity to compare their personal ethic about life to any number of identity-void persons of similar circumstances with emphasis on any combination of 17,136 unique abstract constructs about human cognition.

Thank you for your kind consideration.

Respectfully submitted

David H. Cook, Ph.D., M.B.A.

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1-248-346-2633

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Service
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

Mr. David H. Cook
P.O. Box 2045
Royal Oak, MI 48068-2045

Dear Mr. Cook:

Thank you for your letter of September 10 to Terry L. Cline, Ph.D, Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA). In your letter you request a review of the software that you wrote as an addendum to The Friendship Circle's application to the SAMHSA Recovery Community Support Program.

The conceptual design of your program is extremely interesting. Unfortunately, SAMSHA does not have the in-house capability to provide a formal review of the software nor can we endorse software programs.

We applaud your efforts in developing this software and wish you success in pursuing a review of your software.

Sincerely,

Elaine Parry
Acting Director, Office of Program Services

Figure 1 – Sequence of Addiction

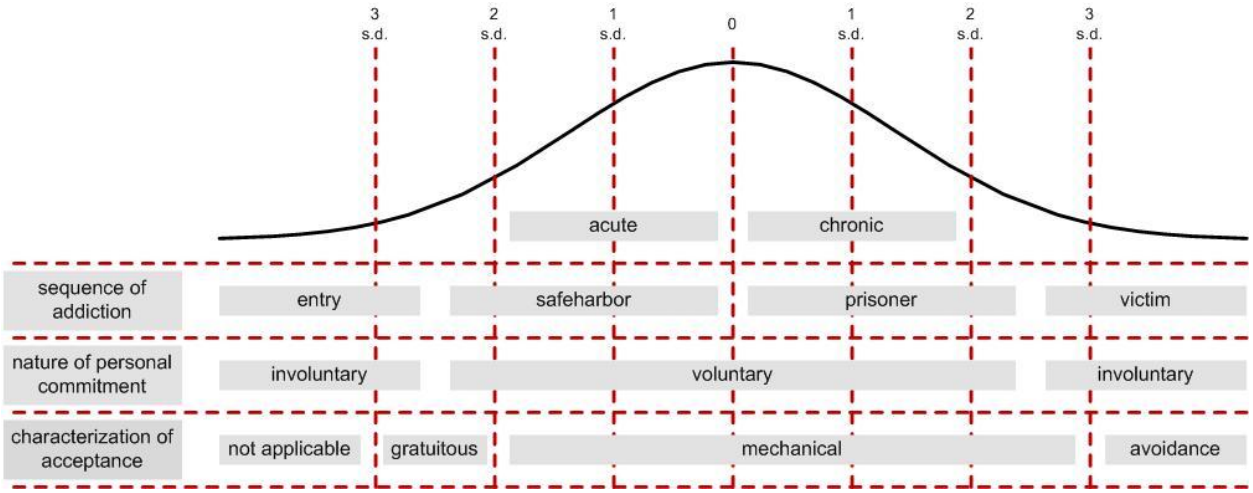
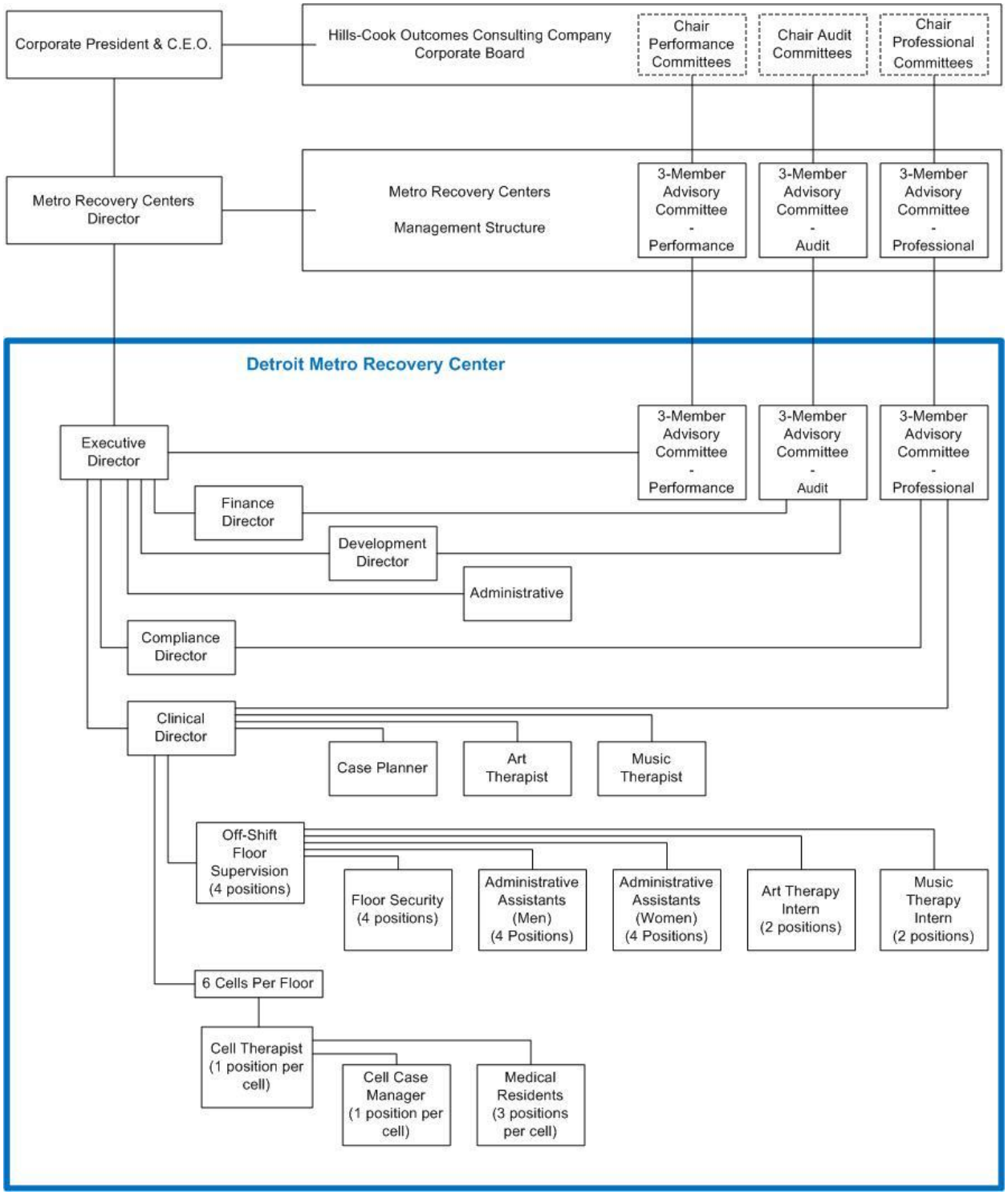
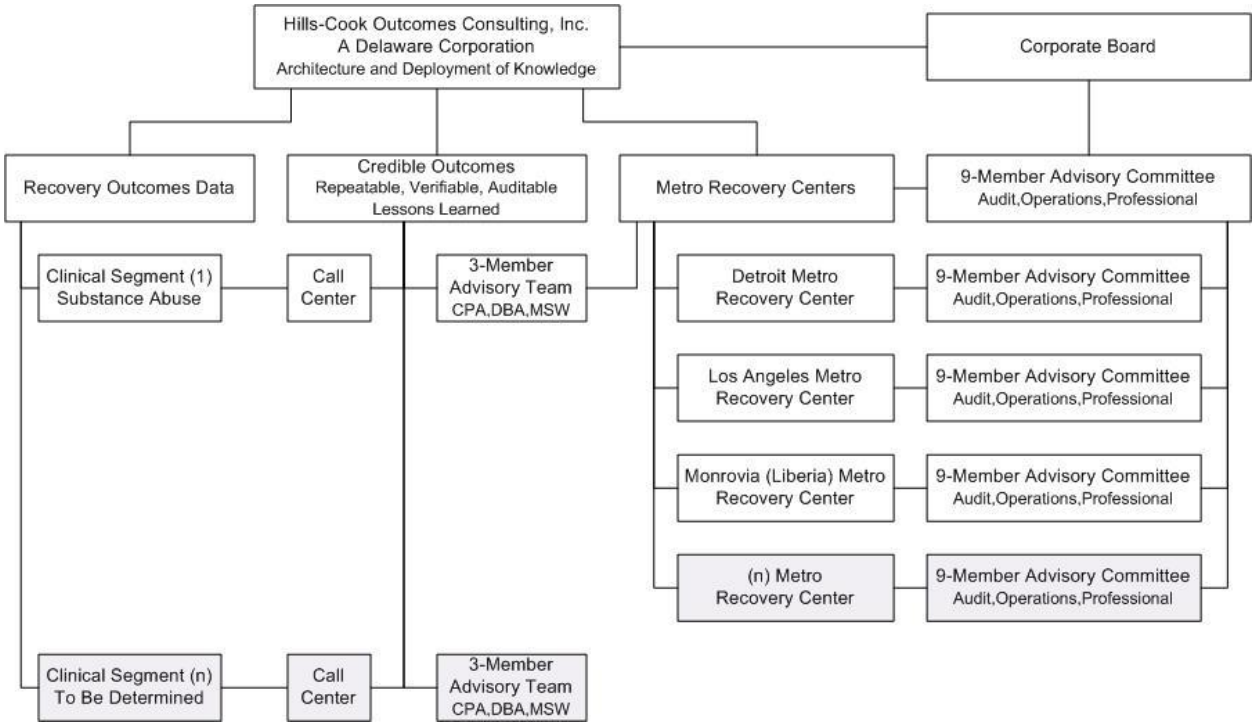


Figure 2 – Therapy Dynamics



Attachments 4 of 6

Figure 3 – Corporate Structure



Attachments 5 of 6 Figure 4 – Management Dynamics

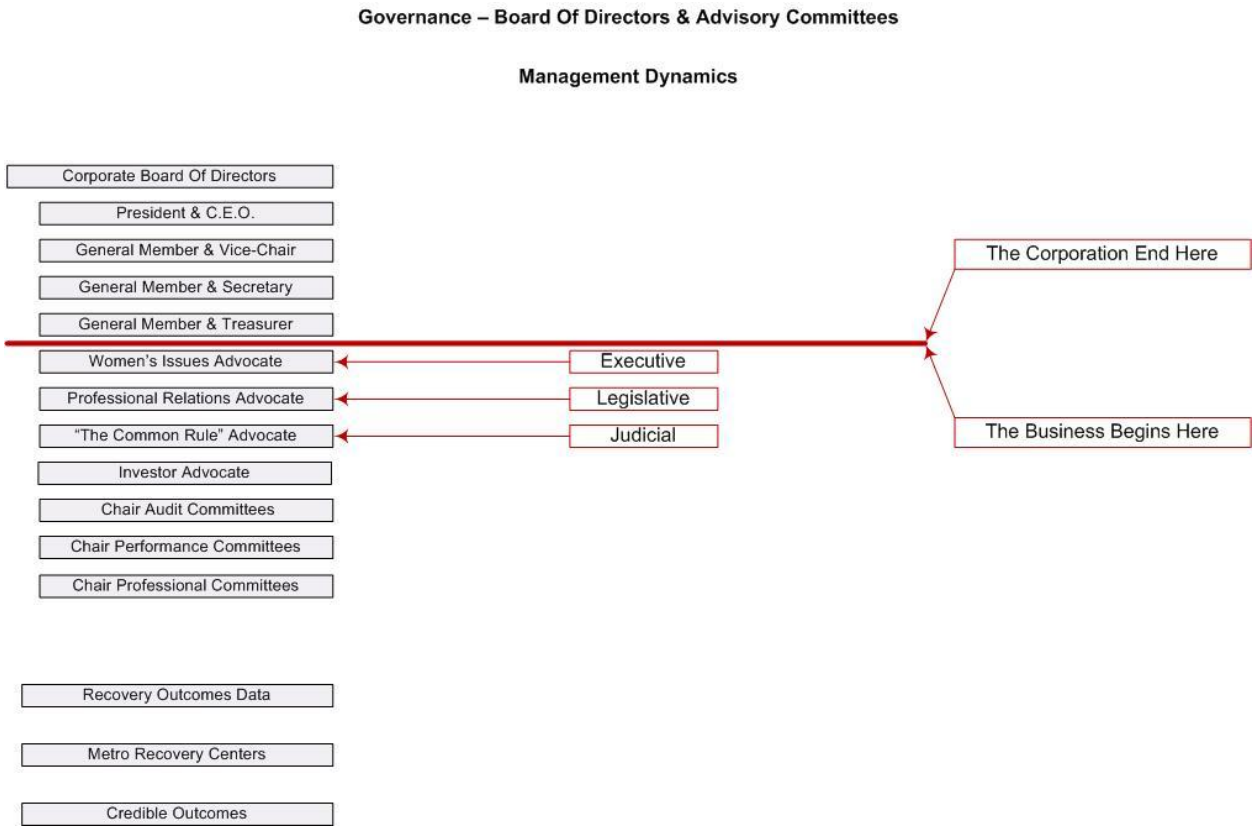


Figure 5 – Information Dynamics