

HOPE

(26 minutes)

“Hope” is a 26-minute television documentary about the tragic experience of one family and the family’s commitment to learning more about chemical addiction disease. The documentary was broadcast on virtually every television station in Utah, an indication of widespread concern about the issue.

Edward G. Callister died tragically after twenty years of struggling with addiction disease. His parents, Lou and Ellen Callister, summoned the courage to tell Edward’s story in the belief that telling the story might help others avoid or deal with the tragedy of addiction disease. The Callisters also established a foundation in Edward’s name, “dedicated to increasing knowledge about the biological, personal and social factors that underlie substance misuse.” The Foundation is committed to “the support of research, education and scientifically-based treatment.” In their own efforts to understand chemical addiction disease, the Callisters contacted leading medical, research, and treatment experts in the field. Some of those experts are featured in the documentary.

On the enclosed DVD, the Callister story is followed by a second component – a roundtable discussion among the scientists featured in the documentary. This second component is titled “Pieces of the Puzzle.”

Featured Participants

LOU AND ELLEN CALLISTER spent many years trying to help their son, Edward, deal with addiction disease. In the process, they learned a great deal about the disease, including causes, treatments, prevention strategies, and necessary lifestyle changes. They learned about both successes and failures. They decided to share their knowledge with others. Lou Callister is a prominent Utah attorney; he is listed in “The Best Lawyers in America” for his work in banking law. Before he changed his status to “of counsel,” he was chairman of the law firm of Callister, Nebeker & McCullough. He serves on numerous national, state, community, and business boards and committees, some of which focus on addiction disease. Ellen Callister earned a master’s degree in history at the University of Utah. She also has a certificate in addiction therapy from the University of Utah. Both Callisters were awarded honorary doctorates by the University of Utah for their service to the community.

CRAIG BOLERJACK is a featured announcer for CBS Sports.. He is also the television play-by-play announcer for the Utah Jazz. His interest in addiction disease was stimulated by contacts with sports figures whose careers were affected by the disease.

DR. GLEN HANSON is professor in the Department of Pharmacology and Toxicology at

the University of Utah. His research group studies the effects of drugs of abuse on brain chemistry and the significance of these effects on addiction, dependence, and persistent brain damage. He is the senior author of “Drugs and Society,” a textbook used throughout the nation. He heads the Utah Addiction Research and Education Center at the University of Utah, and he was formerly acting director of the National Institute of Drug Abuse in Washington, D.C. Dr. Hanson completed doctoral and post-doctoral training at UCLA, the University of Utah, and the National Institutes of Health.

DR. MICHAEL KALM is a psychiatrist in private practice. He specializes in psychotherapy and psychopharmacology, and he treats adults, adolescents, children, and families. He is an assistant clinical professor of psychiatry at the University of Utah, and he is the public affairs representative for the Intermountain Academy of Child and Adolescent Psychiatry. Dr. Kalm has special interests in cinema, mathematics, and music. He received his psychiatric training at Duke University and the University of Utah.

THOMAS FOSTER, LCSW, is a counselor with a private practice in Salt Lake City. He is also a consultant to the Edward G. Callister Foundation. He treats adults and adolescents, and he specializes in the treatment of depression, anxiety, substance abuse, and co-morbid disorders. Mr. Foster has a special interest in family-centered counseling and in the social environment of those with addiction disease. He received a bachelor’s degree in psychology and a master’s degree in social work from the University of Utah.

DR. G. DONALD GALE is president of Words, Words, Words, Inc., a communication consulting company. He was formerly vice president of Bonneville International Corporation and editorial director for KSL radio and television. He received B.A., M.A., and Ph.D. degrees in communication from the University of Utah, and he was awarded an honorary doctorate by Southern Utah University.

CHAPTER SYNOPSIS

Chapter 1 – Introduction; Statistics; Title

Craig Bolerjack introduces himself and the subject of drug abuse.

The extent of the problem is emphasized with statistics about child abuse, prison population, crime, fetal alcohol syndrome, homelessness, traffic accidents, and so on.

Chapter 2 – Edward G. Callister: A Life Too Short

Edward G. Callister was “a good kid from a good family.”

Lou and Ellen Callister talk about the life of their son. They talk about his character, and they wonder what kind of life he could have enjoyed had his life not been shortened by the disease of addiction.

Chapter 3 – Heredity and Genetics

The Callisters talk about the importance of heredity in addiction disease. They believe it is one of the important puzzle pieces. Thus, the science of genetics plays a role in the search for understanding.

Chapter 4 – Early Warning Signs

Problem signs often show up in young children. The challenge is to find early warning signs and then seek professional help to correct self-destructive behaviors.

Ellen Callister recalls the early childhood warning signs in Edward's life – lack of attention in school, poor study habits, friends with bad habits, for example.

The problem is not so much the substance (or substances) as it is abuse of the substance.

Chapter 5 -- Family Patterns; Attention Deficit Disorder

Dr. Michael Kalm notes that patterns of behavior tend to repeat themselves in families, generation after generation. Some patterns are learned. Some are inherited. Most patterns are combinations of both inheritance and learning. When it appears certain family patterns have in the past led to substance misuse, it raises the level of suspicion.

Lou Callister recalls that signs of Attention Deficit Disorder were present in Edward, but science had not yet advanced to the point where the signs were clearly identified.

Ellen Callister defines the different types of Attention Deficit Disorder.

Chapter 6 – Fear of Being Judged; Self-medication

Dr. Kalm talks about youngsters not being aware of the developing problem. If they are aware, they are so frightened by it that they cannot talk about it, especially to adults. The basic fear is a fear of being judged.

Ellen Callister recalls that by the time they were aware of Edward's problem, his destructive behavior was already advanced. He would not take medication because he believed he could handle it himself.

Dr. Kalm says that many who use drugs are self-medicating for other disorders – anxiety or depression, for example. Parents have a hard time deciding whether a child's behavior is a warning sign or merely an expression of normal adolescent rebellion.

Chapter 7 – Seek Help from Professionals; Communicate

Lou and Ellen Callister say that they first sent Edward to a boarding school, which was a mistake. Then they got him involved in high school athletics, where he performed very well. Still, the problems continued.

Ellen Callister says that parents too often think they have the answers, but they do not. She advises parents to seek professional help.

Dr. Kalm talks about helping young children resolve issues early so they can reach adulthood with skills necessary to deal with substance abuse issues. Parents are advised to open lines of communication early in a child's development. One of the best ways is to "model" communication by telling the child about the parent's own experiences and fears. The goal is to have children talk openly about problems with parents rather than turning to peers.

Chapter 8 – Role of the Therapist; A Complicated Disease

Counselors can often identify danger signs before addiction becomes a problem.

Tom Foster says the role of the counselor is to get together with the family to define the problem, emotion, or behavior . . . and to create a safe environment for discussion.

Mr. Foster talks about the difficulties of the adolescent years. Youngsters need to establish tight bonds with peers. Sometimes, efforts to bond lead to use of alcohol or drugs, which in turn actually interferes with efforts to connect with friends and adults.

Mr. Foster notes that we understand addiction much better than we did previously. It is not a moral problem or a failure of will; it's a complicated disease involving brain chemistry, heredity, and adaptation to the environment. In treating the disorder, we must take into account all of those elements.

Mr. Foster lists danger signs which may become apparent in adolescents: increases in moodiness, change from compliance to defiance, dramatic changes in sleeping habits, onset of depression, changes in friends.

Ellen Callister talks about addiction being a bio-psycho-social disease. She adds that it is also a spiritual disease, accompanied by feelings of guilt, suffering, and worthlessness.

Mr. Foster says that some parents see addiction as a discipline problem, when in fact it is a problem of brain chemistry.

Ellen Callister supports the statement by saying that their son told them only what they wanted to hear.

Chapter 9 – Brain Chemistry, a Many-piece Puzzle

Lou Callister talks about increases in knowledge about brain chemistry. He says we have learned that addiction is a complex puzzle, and that fitting the pieces of the puzzle together is a challenging process.

There may be differences in brain chemistry between those who use drugs and those who do not.

Dr. Glen Hanson explains that there is an important difference between the excitement which comes from natural experiences and the "rush" which comes from drug use. Response to natural experiences is under the control of the brain and is kept within natural physiological limits. Stimulants such as methamphetamine and cocaine overwhelm the brain's natural impulse to stay within limits. The user experiences an incredible "rush." He or she tries to repeat the experience, but is unable to match the original high. Soon, the system is so run down that using the drug becomes the only way to avoid feelings of depression and even thoughts of suicide. The user is

“hooked.”

Ellen Callister recounts Edward’s experiences with detox. In some cases, he needed but did not receive medical and pharmacological help.

Dr. Hanson says that the most effective way of treating drug abuse is to prevent it. The same is true for any disease.

Chapter 10 – Science Offers Understanding

Lou Callister laments that if they had known then what they know now, they might have been able to find appropriate programs to help their son.

Ellen Callister talks about the many programs available, every one of which claims to have the answer. What is needed is a combination of many approaches. Both therapy and medication are vital because both behavior and brain chemistry have been affected.

Dr. Hanson says that drugs have a very real impact on a youngster’s brain and the way it functions. Under some circumstances, the change is permanent. Parents must be proactive; they cannot depend on school, church, or friends to prevent drug use. The influence of parents is stronger than any other influence in a child’s life – “always has been and always will be.”

Chapter 11 – Treating Addiction As a Disease

Ellen Callister recalls a conversation with her son in which she likened the disease of addiction with the disease of diabetes. Edward blamed himself rather than accepting the broader implications of the disease model.

Lou Callister says that some day we will be able to control the brain chemistry of drug misuse the way we control the blood chemistry of diabetes. No one thinks you are a bad person because you need medication to regulate your blood sugar.

There is no single, simple answer for addiction disease. Each person is different, and each person requires different treatment strategies. Too often we say: Why doesn’t he or she just stop. But those with addiction disease can’t “just stop.” Drugs or alcohol have become more important than anything else. The rewards of a sober moment have become less powerful than the rewards of alcohol or other drugs.

Chapter 12 – Signs of Hope

Lou Callister talks about his son’s personality. Despite Edward’s great potential for success, alcohol and drugs took everything from him.

Ellen Callister says that those who suffer from addiction disease should know that there is hope in pharmaceutical research, hope in professional counseling, hope in fellowship, and hope in faith, but the greatest hope is in the individual himself or herself.

Today’s knowledge comes too late to save Edward Callister’s life, but there is abundant hope for countless others if individuals and families: (1) Begin early, (2) Include family and friends, (3) Seek professional counsel, and (4) Learn about community resources.

The way is not easy, but neither is it uncharted. Every day adds new resources, but knowledge not used is knowledge wasted.

Lou Callister reassures those who may be experiencing addiction disease, either personally or in the family. “Our message is that telling the story of our son may inspire others to seek the help they need. Never give up hope.”

Chapter 13 – Foundation Resource Guide; Two True Things

To obtain a Callister Foundation Resource Guide, go to www.hopetoday.com or call 801-366-4673.

Individuals involved in the production are listed.

Dr. Kalm relates “two true things” he would tell an audience of young people: “The first true thing is that I was once your age, and I experienced everything that you’re experiencing; the second true thing is that you won’t believe the first true thing.”

PIECES OF THE PUZZLE – A DISCUSSION ABOUT ADDICTION DISEASE (30 minutes)

Chapter 14 – Part 2: Title, Introductions

Dr. Don Gale introduces panel participants and acknowledges the courage of Lou and Ellen Callister in talking about their son’s long-term and fatal experience with drug misuse.

Chapter 15 – Moral Dimension; First Steps

Dr. Kalm: Too often problems of the mind, such as addiction, are ascribed a moral dimension or a dimension of character rather than being seen for what they are.

Dr. Hanson: The first step is to realize the problem will get worse. The earlier you deal with it, the more likely you are to have success in achieving a normal, healthy lifestyle.

Mr. Foster: Any problems need to be discussed openly in a way that is not judgmental. Young people sometimes feel the use of drugs connects them with friends, but ultimately it isolates them from peers, family, and the future.

Dr. Kalm: An ounce of prevention is worth a pound of cure. Early patterns of communication and values information are crucial. Frank, open discussion is vital.

Chapter 16 – Breaking Down Communication Barriers

Mr. Foster: It’s important to talk with the child about your own life, how you make choices, how you make difficult decisions. Parents and children should do projects together to establish common interests.

Chapter 17 – Addiction and Mental Illness

Dr. Hanson: Drugs interfere with the “chemical messengers” in the brain, which means they can actually induce symptoms which look like typical episodes of psychosis or mental illness. What looks to be irrational may have a chemical basis.

Chapter 18 – Importance of Professional Help

Mr. Foster: Parents must set limits, but they should do so in a way that the child knows the motive is based on love.

Dr. Kalm: There is a narrow line between “There is no problem here” and “It’s hopeless.” Parents must understand that the problem did not develop overnight, and the solutions are not going to function immediately. It is much too early to give up in despair.

Chapter 19 – Providing Alternative Activities

Dr. Hanson: Most of us enjoy the excitement of thrill-seeking activities, especially when we’re young. Drugs may mimic the sense of excitement and thrill as they interfere with normal brain chemistry. People can seek thrills in a variety of ways without the dangers associated with the mis-use of drugs.. It is possible to successfully substitute more acceptable excitement – such as rock climbing, skiing, and so on – even after an individual has been using drugs. Parents would be well-advised to begin joint activities with their children at an early age.

Mr. Foster: The desire to participate in exciting activities is universal. It’s part of the way adolescents search their own values, obtain status within groups, and gain acceptance by their peers. Overall, it’s a wonderful thing.

Dr. Kalm: It isn’t just thrill-seeking; it’s an altered state of consciousness. Everyone wants variety in his or her life. It’s very important for every individual to have a passionate commitment to something. It’s helpful in avoiding the temptation of drugs. When we’re stressed, we want to relax. When we’re relaxed, we seek stress. That helps explain the success of the movie and travel industries.

Chapter 20 – Peer Pressure

Mr. Foster: Peer pressure is very real and very powerful – and not necessarily negative. Young people are trying to rely on themselves and their peers to function successfully in the world. Families should recognize it and not try to fight it. Get to know who your child’s friends are; have them over to the house, even when you don’t especially like them.

Chapter 21 – Value of Therapeutic Drugs

Dr. Kalm: The over-use of therapeutic drugs for young children can be a problem, but it is not nearly as serious a problem as reports in the press might indicate. The mind is a theoretical concept which connects the brain and the soul. A person is more than cells and chemistry. All factors must be considered. Giving a person a pill to solve a

problem is not enough, but to ignore the fact that sometimes the brain and its chemistry can be helped is also a bad idea.

Dr. Hanson: Some people think all drugs are bad, and if you can't rectify a mental problem without drugs, then there is a character flaw. If you use a drug, these folks think, then it is merely a crutch. We must convince people that the brain can become sick, just like any other part of the body. We do not consider it a character flaw if someone with high blood pressure or cancer takes drugs to treat the condition. Like all drugs, those used to treat emotional and psychological problems have boundaries.

Doctors, patients, and families should understand the limits as well as the potential.

Dr. Hanson: If it were possible to find a "magic pill" to deal with addiction disease, we would have found it a long, long time ago. But every individual is different, and every expression of addiction disease is different. Success in dealing with the disease will require a combination of many disciplines.

Chapter 22 – Heredity versus Environment

Mr. Foster: Genetics and environment interact with each other. Genetic expressions unfold within a particular environment, which means one affects the other in various ways.

Mr. Foster: It may be true that some medications are overused, but a more common problem is that they are not used enough. There are about 130,000 identified substance abusers within the state of Utah; only about 30,000 are getting any treatment at all.

Chapter 23 – Social Stigma of Addiction Disease

Mr. Foster: Culture plays a role in the attitudes we bring to dealing with substance abuse. When alcohol has a moral component, it is likely to be more hidden. Knowing more about alcohol use and abuse may, in a sense, strengthen a culture.

Dr. Kalm: We have made extraordinary progress in understanding this problem over the past one hundred years, and the next one hundred years will bring even more progress. We must understand that individuals differ. It depends on what is the relationship of the person to the drug. If it's unhealthy, then it has to be dealt with.

Chapter 24 – Television and Substance Mis-use

Dr. Kalm: Parents should watch television with their children. There should be more programs like the Cosby show, which modeled communication between parents and children.

Mr. Foster: Too often, parents don't recognize how much power they have over their children's behavior and attitudes. TV is a powerful medium, but it does not stand up to the power of a parent. Watch television with your children, and discuss what you see and hear.

Dr. Kalm: No television commercial matches the influence of peer pressure or "forbidden fruit."

Chapter 25 – Closing Remarks; Resource Guide; Credits

Don Gale: Thanks to the panelists and the Edward G. Callister Foundation. Additional information is available through the Callister Foundation Resource Guide.

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