

8/23/16

Samaritan Counseling, Main Office
220 North Ballston Ave, Scotia, NY 12302
CC:
Oona Edmands c/o Samaritan Counseling
386 Delaware Ave
Delmar, NY 12054

Dear Samaritan Counseling:

I'm writing you today with the immediate goal of attempting to point out that Samaritan behaved negligently and dangerously in respect to one of Samaritan's former clients/patients, Tom Gleason. However, I think the problem runs deeper than an isolated incident of incompetence with Oona acting seductively towards Tom Gleason and David Olson then blaming Tom, and not Oona Edmands (Tom's therapist), for this impropriety.

Of course, it was not just inappropriate but also ethically and morally wrong for Oona Edmands to encourage Tom to think of her as a sexually available by telling him that she had become involved with previous patients/clients and also that she had considered having an affair with Tom. As I'm sure other letter writers have pointed out, the more appropriate response, as well as the more ethical and moral response, would have been to discuss "transference" (it would also have been a good idea for Oona Edmands to receive therapy for her "counter-transference" if it was decided that she was still fit to work as a talk therapist.)

What speaks to the larger issue though is that virtually all of Tom's experiences and impressions were invalidated just because he was given the label of mentally ill. Rather than what he said being listened to as valid, it was entirely discounted as of no value. This was particularly true of his issues with Alcoholics Anonymous. AA and 12 Step fails the majority of the people that try it, and failing can mean death, but yet Samaritan pretended as if it were the best and only treatment for addiction available, which is not true at all.

There are a host of reasons why AA is ineffective, such as being "faith based"; "blaming the victim"; insisting that it is "working the steps" and going to meetings (which is a commitment of about 12 hours a week minimum) or it is death; sponsors who manipulate and control sexual behavior (either encouraging or discouraging partners); as well as the general mind-numbing slogan slinging culture of AA; and etc.

The first part of this particular complaint is to ask yet again why did Oona Edmands and David Olson not only behave inappropriately in respect to the romantic feelings that Oona Edmands initially encouraged Tom Gleason to feel for her, but also attempted to manipulate Tom into attending AA. The tool for this manipulation was the romantic feelings that Oona had inappropriately (and arguably even criminally) incited. Tom was then blamed yet again and as well as being told it was his fault because he was mentally ill, and he was mentally ill (or so he as told) because AA and 12 Step didn't work for him... despite the proven clinical fact that AA only works for about 5% of the people who attempt it.

Thus, inappropriate behavior on the part of Samaritan is very layered. After the layer of sexual impropriety is peeled away, there is an additional layer of incompetence where it is clear that Tom was made worse, rather than even staying in the same kind of confusion and depression

as when he began treatment. Specifically, Tom's bingeing on alcohol was at its worst in AA, which would even make sense because AA is a culture that expects and even encourages bingeing when abstinence isn't adhered to because the ideology of AA unhelpfully believes that "hitting bottom" is the way to find salvation and the only salvation is total abstinence, a kind of logical circle of death. Tom was even informing Oona Edmands and David Olson that AA wasn't working for him, but rather than logically listening to him, this self-observation and virtually all other self-observations were ignored.

This brings us to the second part of my complaint against Samaritan and the question as to why would supervisors ever think it was a good idea to ignore the subjective experience of a client/patient and insist that Tom was too ill to know what he thought. Indeed, there might be cases when someone is too ill to be able to provide valid input, but that kind of context should be a fairly narrow one where the individual has not been a recent productive working member of society with close and functional family, friend, and romantic ties. An assumption that a patient's stated experience is invalid would then only seem appropriate for someone who truly did not know what was going on in the world around them.

Thus, while the obvious and direct goal of my letter is for Samaritan to apply closer assessment to Oona and David Olson's past, current, and future behavior, I also want to encourage Samaritan, and even the field of psychology and psychiatry as a whole, to re-think its current treatment of patients that ignores most of what an individual will say because mental health professionals have the working methodology that the mentally ill don't say anything useful other than comments that lead to an initial diagnosis.

In short, the current practice is that it is useful for someone to say that they have a "drinking problem" but as soon as someone says this, nothing else except a pat acceptance of AA ideology is considered of value. Similarly, as soon as a patient makes comments that would suggest frustration with authority that person can be labeled "borderline" or "anti-social" and then again nothing this person says has any merit--except to further the diagnosis of being "borderline" or "anti-social." Thus, once someone has a mis/diagnosis, changing or correcting it is next to impossible since the mentally ill or the "addict" again are considered to either intentionally or unintentionally lie to the point that good medical and therapeutic practice seems to include not listening to their self-assessments of problems and solutions.

I do not think that this method is a helpful one, and would be certain to harm and perhaps lead to the death of many.

Indeed, what is the point of "talk therapy" if the client/patient is not believed to say anything of value and is not believed to contribute anything useful in terms of their own insight, feelings, or thoughts?

Because ignorance might account for at least some of the over-reliance on the highly questionable ideology of 12 Step, I have included a list of alternatives to AA on the following page.

Thank you,

Silver Damsen

Alternatives to AA (circa 2016)

No 'Addiction Treatment' is an option

Focusing on 'treating' an 'addictive disease' can intensify unhealthy behaviors, because a behavior is not a disease. Choosing to put addiction into the background rather than center stage spotlight in someone's life may not provide a business opportunity or new paradigm for 'treatment', but it may help an individual focus on other activities and common sense, which is the direct path to the end goal.

You might say, "denial just leaves the problem unresolved", but on further investigation you'll find that therapists already uses this method when terminating clients they don't want to deal with who won't go to AA. The problem of developing a productive therapeutic relationship or improving quality of services is left unresolved, but the therapist is given a reprieve from having to question their deeply held beliefs about the altruism of AA and the character defects of the client.

The problem may pop up again from time to time, but they can just ignore it. So, ignoring a problem may or may not be useful, in context, and facing a problem head on may or may not be useful. One difference is that it is a social worker's job to help people gain perspective on their problems; it is not a client's job to join a religious group or to commit to treatment for a non-existent disease.

Free Self-Help

hamsnetwork.org (Harm Reduction, Abstinence, and Moderation Support Online, highly recommended)

smartrecovery.org (Self-Management And Recovery Training - Available Online)

sossobriety.org (Secular Organizations for Sobriety)

womenforsobriety.org (includes Men for Sobriety)

lifering.org

moderation.org

addicttoathlete.org

reddit.com

Help involving paid professionals

rational.org

sinclairmethod.com (Sinclair Method uses medication reduce pleasant effects of alcohol)*

*most doctors can prescribe the medication Naltrexone