

Beginning With Curiosity: Profiling EVO Health and Wellness

Koorosh: My name is Koorosh Rassekh, and I am a trained therapist and the founder of Evo Health and Wellness. What drives me and has brought me to doing what I do personally and what we do here at Evo is just a deep curiosity about people and this amazing, wacky experience that we call life, specifically curious about pain and what causes suffering and how to help folks that are suffering.

Grace: So what did you study? How did you come to your discipline, how did you shape that?

Koorosh: If I think back, as long as I can remember, I was very curious, and, in ways, I was an armchair therapist to everybody I knew. For some reason, folks would come to me, and I was certainly motivated in listening and trying to help my friends long before I had any formal training. So to any of those folks that might run across this information, I'm sorry if I said things that just weren't appropriate. I didn't know any better.

But then my own struggles as a younger person, I fit into this idea, or tried to fit myself into this idea of what I was supposed to do, which was to be a businessman and to make lots and lots of money, and professional paths just didn't do that. And that added to my own struggle. And eventually, my lifestyle changed, and I started to look at *who am I, and what is it that I want to do?* I diverted from that path and went and pursued graduate degrees in psychology and trained to become a therapist, practiced as a therapist, always with specialization in addiction and addiction treatment, and that has now led me to where I am at Evo.

Grace: When did you start Evo?

Koorosh: Evo is now three years old.

Grace: Oh, wow.

Koorosh: So it went through a year of development by myself, a year of development with our core group, and we have now been operating in our incubator facility for the last year, treating folks in and around Southern California and even some visiting folks from around the country.

Grace: Fantastic, congratulations. It's so wonderful to see something grow. So what is Evo's philosophy?

Koorosh: Evo's philosophy, at our core, is to respect where people are and where they would like to go. We recognize, and we're not alone in this recognition, that something or, more accurately, some combination of things create a vulnerability for folks to fall prey to addiction or to suffer. Our philosophy diverges from the rest of the treatment world; once we get beyond what goes wrong, our philosophy is that, if there's this vulnerability that exists, then we need to address that vulnerability. We need to go back and work with folks and help them identify what are the different aspects of their experience that have made life difficult, whether there are events or specific traumas or marginalization or just some internal belief or feeling that they don't belong where they are. That creates a tremendous amount of pain, and then that pain requires maintenance. That pain requires solutions, medication, and that is where addiction becomes a viable or a likely outcome for folks that begin to take care of themselves and their needs, using substances or other behaviors.

Grace: So you're sort of understanding addiction as a response to something, rather than just this organic sort of ... or, I guess, it's organic in a way, but there's something underneath. There's a deeper reason. It's serving a purpose. It's serving a function.

Koorosh: Absolutely. We go as far as to look at it in terms of self-care, that folks who are engaged in taking care of themselves in the best way that is available to them can then fall prey to addiction. And then addiction becomes a secondary thing of its own. It has its own difficulties and added layers of pain that have to do with habits and physiology and

draining of resources and how people need to then respond to be able to maintain their day-to-day habits and needs and addictions.

Grace: When you were mapping out what Evo's philosophy and structure would be like, I'm just curious about what research or philosophies or teachings you drew from, specifically, to shape that praxis.

Koorosh: One of the foundational principles of Evo is to actually move addiction treatment into a more grounded, scientific basis. There's a combination of different variables that came in together to create what became Evo. One of those was some research done in the '70s by Dr. Bruce Alexander, who was one of the foundational researchers that, early on, was even defining addiction. The studies that were done with animals locked up in cages, rats, and they were given water and morphine water, and they watched these animals become addicted and give up all sorts of things and eventually die. Notions around addiction came about at that time, and demon drugs. That term was coined during those experiments.

Dr. Alexander went on and wondered with his research associates about the quality of life of these rats in cages, and they created a series of studies called the Rat Park studies in which they developed a human mind's perception of where would be a great place for a rat to live, if you have to be in captivity. So there was these areas with park-like settings and exercise, so they weren't just rats in a cage, essentially. In the rat park, there was permanently cocaine water and water, or morphine water and water. They watched with amazement that the rats did not become addicted in the same way that they did in cages. What's interesting is that they found that some of the rats did. Some of them that particularly exhibited social isolation did turn to checking out, if you want to use that term. We don't really know what the rats are thinking, but they would turn to using substances more frequently, and eventually did give up all of those other parts of their lives and died, in many cases, but the great majority did not.

So that's the earliest science, and this science has been around for a long time, and, in fact, when it was first conducted, they thought that they had revolutionized our understanding of addiction and addiction treatment, but they were met with the industry of addiction treatment that was not prepared and, to this day, has a strong rigidity that just does not allow for even compelling scientific evidence to shake some of the core tenants of addiction as a moral failure or a disease or some phenomena of craving that has taken over the human experience.

Grace: Why is that? Is that just a cultural ... Do you think that's grounded a theological sort of internalization that we've all adopted? Or is that because it's such a lucrative business? Why do you think that is?

Koorosh: That's a great question, and I don't know why. I can guess, and I can look at some aspects of what has happened and wonder how much of an impact these different variables play in the continuing rigidity that exists in the addiction treatment. One aspect is that modern addiction treatment is built on the foundation of the very early 12-step principles, long before there were even 12 steps, back at the time when Bill Wilson, who would become the founder of Alcoholics Anonymous, used some principles from the Oxford Group, which is a spiritual tradition. It worked, and folks who were having a really tough time began to get better, utilizing some ideas that were religious and spiritual in nature.

From there, AA developed, and our modern addiction treatment has come from that community. I think that's where some of the very core ideas that come from traditions that suggest morality, values and ethics, have now become so powerful, we don't even question them. They're now sort of taken as fact that, for example, if somebody falls prey to alcohol, let's say, as an addiction, their solution is sobriety. That idea comes from tradition. Now I have nothing against 12 step. In fact, I'm a huge proponent of 12 step for folks who hear or read or come into contact with the basic tenants and those tenants make sense to them. They go, oh, this helps me organize the world and organize my experience; this is good by me. In the same way that people may self-select into any organization, spiritual, religious, or otherwise, they help you make sense of the world. But when those tenants become part of what we call science and what we deliver as treatment, I think it becomes problematic, and that's one area, certainly, where the rigidity comes from, in my opinion.

Another area is tied into profits, just to name it. I don't believe in conspiracies, but I am very much a systems theorist. What that basically means is, when systems develop, they become their own living, breathing entities. The addiction treatment world

benefits by labeling and assigning a chronic disease diagnosis onto people who then need to manage that for the rest of their lives, and forces folks into a small box of success. Anybody that doesn't fit into that box is then labeled problematic or troublesome or resistant, or whatever you want to call it. Their pain grows, and therefore their need for support grows, whether it's in treatment centers or whether it's with physicians or in self-help organizations, et cetera. I don't believe there are too many people that enter the helping world without a real, authentic desire to help, but I do believe people get swept up into these very, very powerful systems. It becomes easy to sort of lose track of some of your own personal ideas and beliefs, things that maybe made sense in school, but then now become sort of secondary to the way business is done.

Grace: It seems like it's such a narrow understanding of, like you said, success and failure that it's sort of setting people up – if they don't succeed in this narrow way that they're supposed to, which is most often sobriety, then they sort of fall into a blaming and a self-loathing kind of thing. It's setting people up for failure, sort of.

Koorosh: Absolutely. When we talk about rigidity, we could just look at numbers. Of the 23 some-odd million folks in the United States that are looking, wanting help, about 5 million of them specifically do not go into treatment because they do not want to take on either a label or a prescription for how they will live their life or both. Now when we compare that to the 3 million people that go into treatment per year, we actually have more people, many more, almost double the number of people that do not go in because of this fundamental rigidity of an industry that says this is it. This is your solution, and unless you're willing to adopt my idea for the rest of your life, you're not even a candidate for treatment yet. You haven't suffered enough.

Grace: That's another thing I want to ask you about, because we all know ... If we haven't experienced it ourselves, we know from media portrayals of AA meetings that the first thing you're asked to do is identify as an addict. So how do you get around that? How do you invite people in to seek treatment and healing without identifying with certain labels like that?

Koorosh: When it comes to labels, I think it's important to distinguish between different folks and their own internal ideas. Like I said earlier, for some, this notion of identifying is empowering. For those folks that it is empowering and they find themselves into 12 step or other meaning-making organizations, that label is not a problem; in fact it's a source of power. It's when those ideas become the truth for everybody, and it sort of goes outside of the self-help world and enters into treatment. That's when we end up having problems because there's no room for people who don't like the label. There's no room for folks who are not interested or for whom that doesn't make sense.

So what we do is we stand against that, specifically with the languaging that we use on our website and our materials and in all of the outreach that we do, to let folks know that there is another way. And what's actually been really interesting for us is to... We suspected that we would have a lot of allies in the professional helping world. We had no idea the depth and the breadth of support that we'd get from psychologists and therapists and physicians and psychiatrists who have recognized some of these ideas for a long time, but like the folks that are out there struggling, they are also silenced by this major voice that says your professional ethics, even, are on the line if you don't immediately suggest that somebody quit using whatever they're using and get into AA or treatment right now. But when this other idea is provided that says, well, what if we just don't know? What if we don't know what this means for somebody and we allow folks to let us know what they want their lives to look like? Therapists and doctors just light up. They're like, yes, this is great.

Grace: That's amazing, because those are the people who really have that knowledge and expertise, and you really need them on your side. That's interesting. When you were seeking funding and trying to grow all the resources you needed to create a program like this, did you run into any barriers or roadblocks when you had to confront the big dogs, the money, the institutions? How was that experience?

Koorosh: Well, so we absolutely run into the loud, powerful voices and systems that create obstacles for us to do our work and to grow and to be sustainable as a company. We've been lucky that, as a company, this idea was hatched by investors who wanted to also participate in a socially important company. We sort of reside in this space between private organizations and non-profit

public organizations in that we are a private company, however our mandate is to help folks, and we take profits, and we think about profits as a function of sustainability and growth, rather than the holy grail of every decision that we make.

So we're fortunate that we did not have to overcome those obstacles. We certainly did early on as we were interviewing and trying to find consultants and professionals to help us establish our foundation. We were met with the kinds of questions that we sort of now kind of expect. But we would leave and just scratch our heads because we would lay out our entire program, which is really rooted in saying I don't know what your future holds, but I believe you when you say you are having a tough time. If you want alcohol or marijuana to be part of your future landscape, I'm not going to start by arguing with you. Invariably, we are met with ... And even today, we're met with somebody that says, *so you're telling me that you tell people that they can use heroin?* I'm like, that's not what I just said. It's not up to me who uses what, but, yes, we do run into things like that where it's combative. Here we are talking about a business model, and we end up having to defend ourselves because people are just so challenged by anything that contradicts this super powerful primary story that says, if this, then that, for everybody, always.

Grace: Wow, yeah. So speaking of stories ... I'm going off in a different direction. But, obviously, we're a platform for stories, and so it goes without saying that we believe in the healing power of storytelling. So how do you create space and opportunity for people in the program to rewrite their story, both metaphorically and literally? I mean, I don't know if you guys have any sort of creative writing programs within the program. But then just more metaphorically speaking, how do you empower people to, as you say, quote, steer the course of their own treatment and rewrite that story for themselves?

Koorosh: That's great. I mean, I think our theoretical orientation, the psychology that is integrated in our program, comes from a humanistic, postmodern, narrative approach, all of which are rooted in storytelling, meaning-making, and recognizing that there is more than one way to write your narrative, so to speak, or to think about your story. In fact, this very simple idea that says, what if I don't know and I can come to sitting with somebody with a curiosity about where they came from and where they would like to go? We can enrich and create a story together.

I'll give you an example of one that just came to mind. There's a client that I've worked with for a long time who came in, very heavy drinker. The story, his goal, was eventually be able to moderately drink. Through pretty intensive work for some time, he reached a place where he was ready to sort of experiment. He came in to my office one morning. It was a Monday morning at that, and the first thing he said was, "I don't think that I can drink." I thought, oh, no, what happened? Tell me the story, and what do you mean?

He sort of smirked and said, "No, no, I'm fine." His idea was to be able to drink wine with dinner with his partner. The story he told me that morning was, he doesn't actually like wine. We went into the story a little bit deeper, and it turned out that this idea, this image of drinking wine with his partner, was really more about intimacy, and ideas and images. He could actually identify magazine images — he wasn't so sure which magazines, but they certainly were vibrant images of folks sipping wine over dinner that represented success in relationship, success in life, intimacy and connection.

So we were able to go down this road and to explore these dimensions. This is not a one-off story. This is how we approach folks in terms of not just what happened and the story of that and to try to make meaning and to overcome the difficulties that continue to haunt people, but also to look forward into the future story that they would like to live and to create dimension and texture into that, as opposed to meeting that story with, even if you think about drinking later in your life, you're already in a relapse. It just shuts down the story there.

Grace: That's so cool. That's really interesting and pretty radical, I would say. So will you just talk a bit about ... Well, actually, this is the question I want to ask. So when you're meeting with somebody ... I don't know what the consultation process is like, before somebody actually enters into the program and begins the program. Because something we hear a lot about rehab, traditional rehab, is it's never going to work if the person is going because their parents told them to or their partner told them to. A person needs to go for themselves. So I'm sure that it's deeper than that. What do you look

for in a person in terms of their awareness, acknowledgment, mental state, when they're wanting to begin the program? What do you think they need to be able to begin the program with productivity and potential for healing?

Koorosh: That's a really great question. What you're doing is I think you're tapping into some of that rigidity that we began our conversation with, around readiness or resistance or hitting your bottom or not wanting help and being forced into help, whether it's by parents or courts or jobs or partners or children, whatever they might be -- DCFS, if you don't go into treatment, we will take your kids. Our approach comes from a different place that says, if this is self-care, if you're taking care of yourself and your needs in some way, you're also paying a dear price for that.

To use that example of somebody who's entangled with Child Protective Services, here you have competing values. You have a pain that needs medication, and you have the love of your children and not wanting to lose your children. So here you are, and you may not want to stop using what you're using, but you also do want to hold on to your family. But beyond that, you also want to have a healthy, happy relationship with your kids and to help them grow to be successful people in their lives. We just meet folks in that place. That's how we conceptualize.

I've yet to meet ... With the hundreds, maybe even thousands of folks that I have worked with, I've yet to meet somebody who falls into the patterns of behavior that we're talking about that isn't wanting help. They're absolutely wanting help. They know that life is not going the way they want it to go. They just are not willing to say anything like that because the moment they say, yes, I'm having a tough time, they're met with: well, finally, congratulations. Now say you're an addict or you're an alcoholic, and begin to work towards a life of abstinence or sobriety.

What's happening here is now we're losing contact with the pain. We've gone right into the story of treatment, that primary story that's out there, and that individual who was using because they didn't know how else to get their needs met ... They didn't know how else to go to sleep. By 10:00, it felt like their brain was going to explode, so if they drank or if they used a substance, they could make it through the day. We're no longer talking about any of those things. We're not talking about the substance use. So to us, folks that are out there having a tough time, they're ready for help. It's up to us to prove our trustworthiness for them to be able to say, yeah, help me out. It's up to us to earn their trust, to demonstrate that we truly are curious about their experience.

I also think it's important to say one last thing, which is, for some people, they don't actually think they have a problem, but the world around them thinks that they have a problem. For us, it's to go into a story that says, okay, so how do you navigate that? If you want to be high all the time but your parents say don't be high all the time, how do we navigate this? You have a school, and there's certainly an impact to being high all the time. Why would you choose that to begin with? Is it a choice? Or are you compelled? So to stay in that curious place with somebody, but also respect that some folks may just choose a lifestyle that other people don't agree with.

Grace: Yes. And I feel like the best way to let somebody that you are trustworthy, as you said, is through this non-judgmental, compassionate approach, which is so often missing in other treatment options.

Koorosh: Absolutely. We think so. That's the hook that we hang our hat on for sure. It's also important to see there's a good reason we do this, and that is because people are out there hurting. In that hurting, people die, and people lose very valuable things, including their health or people that they care about quite a bit. And so it's not about not taking what's happening seriously; it's actually taking what's happening more seriously by not being so rigid at the entry door.

Grace: That's amazing. So tell me about the modalities that you offer at Evo?

Koorosh: So our program integrates individual and group work. We categorize our program into three broad categories, and then within that there are nuances that are customized in some way, depending on the individual and what resonates for that individual. The psychotherapy aspect of our work we've touched on — we come from primarily a narrative, postmodern approach. The humanistic approach is the foundation of our orientation, which suggests that people are always working towards their best, greatest self, and our job is to help them achieve that and look to see where that's not happening.

We also integrate aspects of other very well-established approaches: mindfulness approaches, DBT approaches, CBT components that help enrich our understanding of what's happening inside. What happens when I come into contact with this thought or this person or this environment? And how that then sort of organizes inside of me and an outcome occurs. That's done in individual and group work.

We also integrate a lot of case management and social services into our work. We recognize that, because of the intensity of life that occurs with folks that are struggling in the way that addiction shows up, therapists are often pitted in the role of helping with very practical, day-to-day stuff. And it muddies the therapeutic relationship for one, and, secondly, it just keeps therapists from doing the more therapy-oriented, insight-oriented work. So everybody gets a case manager that helps them with the day-to-day stuff. What is it that needs attention, and how do we go from here to where you want to be?

Then we integrate a broad somatic component into our program. What that essentially means is the intersection between the mind and the body. Within that, everybody that enters our program gets a full psychiatric evaluation and psychiatric care, depending on the level and what their outside support look like to begin with. They also get a full medical evaluation by a physician that's very familiar with addiction as well. We start, and we put those within the somatic category.

Then we have movement, mindfulness, or we can call them insight-oriented or contemplative-oriented practices that help folks develop a roadmap into themselves, to be able to better identify what's happening internally with their physical body, with the exchange between the mind and the body, so that they can have an earlier ... Let's call it a warning system, if it were ... about what their needs are so that they can attend to those needs. Also, a lot of the literature shows that particularly early life traumas are stored more physically than they are cognitively. So some of the somatic work we do is also there to help folks move through echoes of trauma that may be trapped in the body in the somatic experience, rather than in the language or the cognitive experience.

That, in a nutshell, is our core program. In that, there is always a curiosity and an encouragement for folks to experiment with the world around them... *Where can I develop a deeper sense of belonging and purpose and worth and a life of dignity? How can I build both empathy for others and seeking empathy for my experience?* So at the end of the day, we think that relationships are where it all begins and ends, where things go sideways, even in traumatic experiences. If we go forward and say, okay, well, that happened, and that's awful. We don't want this thing to happen to anybody. Well, what does it mean in your life? It usually means a loss of trust, trust in others, trust in the world around us, and it corrupts our ability to relate with other people and with the world around us. Our job in all of this work is to help people reintegrate into relationships, relationship with self, relationship with the world around them, and to develop community.

Grace: We've covered a lot of ground... so as sort of a last question to wrap up, for somebody who is listening to this who is either experiencing some suffering themselves regarding addictive behavior or know somebody who is and they live somewhere where innovative treatments like treatment centers like Evo aren't really necessarily accessible, what can they do? What's a small step they can take to start to imagine a new story for themselves and to sort of step into the role of being an ambassador for their own healing?

Koorosh: I just love the way that you worded that question. It's beautiful. That's where I would go. I would just go to that. If somebody is a helper or a parent or has a friend or a colleague that's struggling, I would recommend that they might just start with shifting into a curiosity around, *what is it that's happening*, not the substance use, not the behavior, whether it's gaming or it's food or whatever it might be. But what is it that's compelling this individual to attend to their pain in this way?

If there's somebody out there that's listening that's having their own struggle, it's the same answer. It's to maybe begin to wonder what it is that requires attention inside. What is the pain? Where is that pain? The pain of isolation, the echoes of awful things that happen to some of us, the impact of oppression or marginalization, or just the simple and deep-cutting feeling of non-belonging that may be present there that's demanding attention, that's demanding self-care, but in ways that then hurt us in

other ways. If we can create that curiosity, then that curiosity may open doors into finding folks that can help us build on that curiosity and identify things that need attention and figure out ways to overcome that.

Grace: That's beautiful.

Koorosh: For anybody that's out there, if this makes sense, we do offer a free consultation, anybody, anywhere in the country. We get calls even internationally. They'll get me for an hour for free, and I'd be happy to talk about what's happening and what resources may be available right in their own backyard that they may not be aware of.

Grace: Oh, my gosh, thank you so much. Is there anything you want to add, anything that we didn't cover that you're feeling like you need to mention?

Koorosh: No, it feels like we've traversed a lot of territory, and thank you so much. Thank you for doing what you do and for having me on. Thank you so much. Okay, bye, bye.