

The Family Solution Finder
Study Guide & Workbook w/video's
“Certificate of Completion Course”



PHASE III

“Getting Organized”

Seminar # 11

12 Key Issues a Family Faces in Substance use Disorders

Issue # 2 of 12 key issues: The Addiction Behavior

Introduction

The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. This is why, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is “Drug Court”. The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWLEDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.



THESE 12 KEY ISSUES ARE A “CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:



Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.



Obstacle the Family Faces

These are obstacle the family faces when trying to address each issue.



Solutions to Issues & Obstacles

Each of these will be presented in the 12 Key Family Issues.

The 12 Key Issues a Family Faces

ISSUE # 1. Enabling vs. Consequences

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

ISSUE #2. Addiction Behavior

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to respond to these behaviors.

ISSUE #3. Family Intervention

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

ISSUE #4. The Police Intervention

GOAL: To learn the typical steps needed when the police intervene. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

ISSUE #5. The Emergency Medical Services Intervention

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

ISSUE #6. The Legal System Intervention

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

ISSUE #7. The Treatment Center Intervention

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

ISSUE #8. The County, State, Federal Agencies

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet*. Using the list of available agencies to properly match the agency with the needs of the family.

ISSUE #9. Relapse

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

ISSUE #10. Successful Lifelong Recovery

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

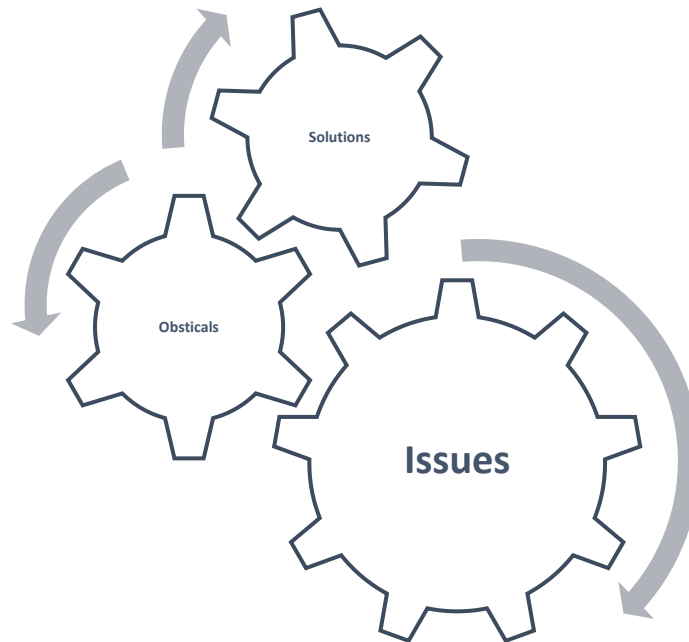
ISSUE #11. Bereavement

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

ISSUE # 12. Faith, Spiritual Practices

GOAL: How to create a new State Certified Addiction Counselor position at your place of worship.
Open Doors to Open Hearts May 5th call for universal inter-faith prayer across NE Ohio. 2-4pm

An Issue has obstacles, before the solution can be obtained



Plan to Address All Three

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces

#1 Enabling vs Disabling

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

#8 Support Agencies

#9 Getting Back to Work

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices (It's His will first and in all ways)

Family Transformational Response Model (F.T.R.)

Instruction: Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue. **This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.**

The F.T.R. Model:

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

The F.T.R. Model Worksheet

I. Define the Issue?

- ❖ Clearly State what happened or will happen.

- ❖ Identify who is involved or should be involved.

- ❖ What would you like to have happened, or like to see happen?

II. How does the issue impact the family?

- ❖ Who in the family?

- ❖ In what way?

- ❖ What is needed to move forward?

III. What steps can the family take to prepare and then respond to the issue?

- ❖ What needs to be done, prioritize the list.

- ❖ Who needs to be involved?

- ❖ What will it look like when completed?

IV. Who can help and assist the family in their response?

- ❖ How to search for an organization to help.

- ❖ What to ask from them?

- ❖ What to expect?

V. What should the family expect as their outcome?

- ❖ Timeline.

- ❖ The expenses/cost involved in this issue.

- ❖ Required changes to successful respond to this issue.

Use the F.T.R. model for every issue, to find your best solution.

The Family Solution Finder

Study Guide



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Issue # 2 of 12 key issues: The Addiction Behavior

The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

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#4 The Police

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Issue # Two: Addiction Behavior, Seminar # 11

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself.

Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

The family members need to understand this is what causes the behavior their loved one is presenting. It is not them; it is the disease. This is a difficult concept to accept when dealing with this behavior because it is the person that presents this behavior therefore, naturally it is them creating it. Not the case in addiction, in many cases they do not want to present this behavior. But their brain is being over-ridden in its neurotoxic firing, and the override is somewhere between the logical and pleasure neurons. If left by itself the brain would allow logic to dictate and not be kidnapped by pleasure neurons. But the excess drug impact has rewired the brain into allowing pleasure to be the dominating drive in behavioral response. It is something they cannot control.

Drug use tends to significantly alter a person's behavior and habits. Some drugs can impair the brain's ability to focus and think clearly.⁵

Changes in behavior, such as the following, are sometimes associated with problematic substance use:^{4,6} “depressed

- Increased aggression or irritability.
- Changes in attitude/personality.
- Lethargy.
- Depression.
- Sudden changes in a social network.
- Dramatic changes in habits and/or priorities.
- Involvement in criminal activity.

Drug addicts often think only about their next fix of the drug. They have tunnel vision because of how their brain reacts the drug, and they crave it. Their thoughts and actions are often solely dedicated to obtaining more of the drug, and they will do anything necessary.

That's why drug addicts often lie, cheat and steal. They may engage in illegal behaviors aside from the illicit drug use as a means to get more, and they're not able to recognize the pain and harm they're causing themselves and the people around them because of their addiction.

Someone who is addicted to meth or other drugs not only lie and mislead people, but they manipulate them. Someone who was once loving and caring may start to manipulate the people closest to them in order to facilitate their continued drug use. They feed on the concern and love of their family members.

Someone who's addicted may even beg and try to plead with loved ones and make promises they have no intention of keeping, and it can take a long time before their loved ones accept that this is in fact manipulation.

1. They lie.

Guy lying on the phone

They must tell lies to mislead people about where they were when they were out buying or using drugs or alcohol. They must lie about where the hundreds or thousands of dollars went. The more they feel they need drugs, the more likely they are to feel the need to lie.

When you have trusted a person for years and then she begins lying to you, it's very hard to set that trust aside. Family and good friends can be fooled by a skillful liar for years. But all this time, the person is slowly destroying herself.

If a person's behavior changes markedly and the explanations don't really add up, you have to hold onto your own common sense. If what you're being told doesn't make sense, then there's probably a very good reason—you're being lied to. You might be able to check some of the stories. Most, you probably can't. You will have no way of knowing if someone actually siphoned the gas out of his car, causing him to need \$20 from you right now. The real tipoff is that these strange things keep happening to him. Gradually, his life descends into chaos, camouflaged by these lies.

2. They manipulate.

Couple hugging looking aside

Unless they are also addicted, the family and close friends of an addicted person really want her to thrive and be happy. They try to encourage good decisions, but the addicted person is on a destructive track. The allure of the drugs is so powerful, she feels she needs the drugs to function, to be able to get through another day, to not get desperately sick from withdrawal. So, she manipulates those who love her the most.

Drugs like opiates, alcohol, methamphetamine, cocaine, synthetics like Spice and even marijuana can change a person who was loving and open with her family into someone who must manipulate everyone so they will let her keep using drugs.

With love in their hearts, family and close friends try to convince the addicted person to stop using these deadly substances, to go to rehab. But her answer?

"I have it under control."

"I can stop anytime I want."

"You are just jealous because I can have fun and you can't."

"You never want me to enjoy myself."

"It's your fault I'm this way."

"You don't even try to understand how I feel."

"You wouldn't say that if you loved me."

And many, many more examples of this type.

And perhaps the most awful type of manipulation occurs between a man and wife or girlfriend and boyfriend. When caught using drugs, the addicted person will promise to do better, to go to meetings, to start going to church, to get another job, to stop seeing drug dealers or other drug users. The non-addict really wants to believe the promises, so he lets up on the pressure. He lets the addict back in the home or backs down from kicking her out. As soon as the pressure is off, the addicted person will probably be attentive and loving for a little while—until the next binge of drug or alcohol use. Then all bets are off.

An addict may call in the middle of the night, crying and professing love, begging to see the one he loves just one more time, but then if they meet, he asks for money just to get some good food and then is gone. The money goes to drugs. It's all manipulation.

Unfortunately, this pattern of manipulation all too often goes on for months or years without there being any change in behavior. When everything valuable is gone and the children are at risk, the non-addict finally moves away or changes the locks.

The sad truth is that while a person is addicted, the promises can't be believed. They are just more manipulation.

3. They are very likely to be engaged in criminal acts.

Stealing money

This isn't true of every addict, but it is a typical pattern for a person who has been addicted for a considerable time. Eventually, the money runs out. They have pawned or sold everything of value. They owe friends and family money. There are no more assets, but the drugs or alcohol must be obtained.

At this point, many people will begin committing crimes. Selling or manufacturing drugs are common ones. Burglary, robbery, identity theft, credit card theft, car thefts and shoplifting are also common. An employee may steal items from the place of business and pawn or sell them. Someone with access to cash may embezzle from a company. Many people steal items from the homes of family or friends.

When a person is addicted to prescription drugs, the crimes may be a little different. He may visit multiple doctors to get prescriptions for pills or may forge prescriptions. In recent years, there have been more safeguards put in place in most states so that these attempts are less likely to succeed.

Of course, there is driving while drunk or high. Also, some drugs change a person's personality to make him more paranoid or aggressive which can result in assault or domestic violence charges.

And unfortunately, some drugs so deplete a person's sense of self-respect that he or she will turn to prostitution or any degraded activity that will score them their next hit.

4. An addict will shift the blame pointing finger at another

Irresponsibility is the name of the game for an addict. Whereas this person may have lived their prior life as a highly responsible individual, drug addiction steals that quality away. Whatever happens is never his fault. If he gets fired from a job, it's the boss's fault, the addict was unfairly targeted. If he gets in a car accident, it was totally someone else's fault. If he fails at some activity, those close to him will be blamed.

Family will appeal to him to please care for the children and his spouse, please get another job, please stop using these drugs and so on. Even if he wants to, the addiction is more powerful than he is and he will be drawn to his drug dealer, his drug-using friends and whatever means he must employ to keep the drugs coming. What really has to happen is that he must be rehabilitated to the point of having more power than the drugs.

5. An addict is very likely to become abusive.

It's tragic that an addict's blame can even take a violent and abusive form. With the delusional thinking common to most addicts, he can perceive those around him as being threatening, dangerous or malicious. As he shifts the blame, he may physically, mentally or emotionally attack those he blames.

The spouse of an addict very often bears the brunt of both the blame and the abuse. It's hard to do anything right. He or she is not supportive. Mental and emotional abuse may be directed at the spouse to completely shut down any ability to effectively fight the real problem—the addiction. It's very common for spouses and significant others to be browbeaten into submission, often for years.

Of course, physical violence is a very real possibility, especially toward spouses, children, elderly parents—particularly those people who can't fight back.

It doesn't matter what drug a person is addicted to—the need to get and use the drug is a compulsion. If it were not bigger and more powerful at this moment than his own will, he would not be addicted, he would stop using drugs and begin to fix his life.

Boundary setting for your addicted loved one involves setting limits of what you will and will not allow in your home or relationship. Setting rules may seem harsh, but if you don't set strict boundaries, you will allow your addicted loved one to continue their drug use and harm your family or relationship further.

Boundary setting forces your loved one suffering from addiction to take responsibility for his or her actions. It is important that you only set consequences you are 100 percent comfortable with following through on if the boundary is violated. For boundary setting to be successful, you must follow through with that consequence 100 percent of the time if the boundary is violated.

First and foremost, it is important to understand that it is perfectly okay and acceptable to want peace in your home, respect, and appropriate behavior from everyone, including your addicted loved one. Begin setting boundaries by asking yourself these questions:

- What is the most loving thing I can do for my addicted loved one?
- How can I show respect for myself that I deserve?

Once you answer these questions, you'll realize that it is best for both of you to set strict boundaries that you are able to follow through with. Decide on your boundaries when you are in a calm frame of mind and be prepared to commit to the boundaries you set. For example, threatening to kick your teen or adult child out of the house when you're upset may not be something, you're actually prepared to enforce the next time he or she makes a mistake.

Follow these additional tips to help you stick with the boundaries you set:

- Be informed on the brain disease of addiction and the extent of its power
- Learn more about why those suffering from addiction lie, steal, cheat, and hurt those they love (and why it isn't personal)
- Understand that change takes time
- Know why it is never helpful to be an enabler

NOTES:

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Workbook



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Issues the Family Faces

Normally, we would not start a workbook session with a video. However, this video so clearly states the introduction to this topic we could not miss the opportunity to let it guide our discussions.

Please view this video.

VIDEO ONE



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: HOW TO—Set Boundaries when a Loved One has an Addiction

Link: <https://www.youtube.com/watch?v=rqrMhtXOHRU>

Duration: 9:04 hrs.

One mother spent years of her life trying to help a son who was heavily involved in addiction and other poor choices. She felt like a failure because she couldn't save her son from his choices. Her son spent years away from the family. As he began a slow journey back to building a relationship, she set boundaries of what she would and would not allow in her home. These boundaries protected her and ensured that she would not enable his addiction. Set Boundaries: "The boundaries we set will help us meet our spiritual, emotional, and physical needs and ultimately help us feel safe and at peace" (Principle 8: "Support Guide: Help for Spouses and Family of Those in Recovery"; read more here: <https://addictionrecovery.lds.org/spo...>). Bad choices thrive in secrecy, and deceit is its lifeblood. A turning point for our loved ones occurs when they recognize the role secrecy and deceit play in enabling their bad choices. When our loved ones lie to us or deceive us and minimize their bad behavior, we lose trust in them. Open and honest communication is the beginning of rebuilding trust.

Is it true; setting boundaries in a way that you know they will be broken is likely not realistic.

You can expect boundaries to be broken by substance users – especially when they are first put in place. They will often react to changes by pushing you and other family members to previous ways of behaving. They will probably be less motivated to change than you are. They will also usually hope that you will be unable to keep boundaries in place based on their previous experience of you giving way. If a boundary is broken you need to respond quickly, appropriately and assertively.

Practical Exercise # One: How to do it?

The first step is to recognize and acknowledge that it has happened. Then take a step back as you consider your response. It is important to take time to consider everything rather than reacting from feelings of frustration and anger.

Responses:

- I believe our agreed boundary regarding ----- has been broken
- I feel ----- about this
- We need to discuss this. (You may need to negotiate whether right now is the time to have a discussion or to set a more appropriate time.)

In making your initial statement you need to include:

1. What behavior is unreasonable (focus on behavior, not them as a person). How will you do this?

2. What your feeling is about the behavior (feeling not blaming response). Describe what you are feeling?

3. Say what you want to do now or restate the boundary. What boundaries need to be restated?

For example – "When you broke the agreement about using in front of your brother I felt let down, sad and angry. I ask again that you honor our agreement". It may be necessary then to restate and/or renegotiate the boundary.

You also then need to implement the consequence for breaking the boundary. It is important that you don't let them off the hook for the consequences. You may need to develop a 'broken record' technique – especially if they become defensive or start justifying their actions i.e. "Yes, I hear what you are saying about why this happened but I still need you to keep to the agreed boundary!"

It is important to comment on disparages in the drug user's words and their behavior – example – "I notice that every time something like this happens you always say sorry but then you carry on as if we didn't have an agreement".

You should then request that things be put right – repay money taken, apology to an affected family member, repair damaged property etc. Be consistent. When making the above statement it is important to remember a few things because as with any new skill it needs to be developed, practiced and refined.

Be assertive but not aggressive. Begin with the word 'I', maintain eye contact, speak from the same level – don't stand over them. Avoid pointing, jabbing your finger or raising your voice.

Be prepared for them to try and put you off track, appeal to your emotions, argue, get angry etc. You may even need to have another person as a mediator or negotiator but if you do it is important that they trust the other party and the other party doesn't take sides.

You are neither all powerful nor powerless. You do have influence and you do have bargaining power. You can ask for what you want, say no to what you don't want and invite them to do the same.

If they apologize, be gracious but consider both their words and how they say it. Actions speak louder than words though.



Obstacle the Family Addresses

Keeping a Boundary

The last stage in the process is keeping the boundary.
This is done by:

- Observing if the boundary is being kept
- Acknowledging that it is being kept or if it is broken
- Responding appropriately if it is broken

When Dialogue and Negotiation Doesn't Work

This maybe means that the first boundary to ask for is that there is to be dialogue and negotiation.

If your attempts to achieve negotiation have not worked, you may then have to impose it. This can be done verbally and/or in writing e.g. 'I notice that whenever I try to discuss your drug using in the house you seem unwilling to talk about it. I tried to talk to you twice last week and you said "later Mum" but it still hasn't happened. I cannot stop you using drugs even though I don't like it and am fearful of about what might happen. I am worried that something illegal is happening in our house but am particularly concerned that you do it even when your young brother and sister are here.

I assume now that you are unwilling to cooperate with me on this and therefore, I am not going to buy food or cook meals for you. Further, I have said that if there is one more instance of your siblings seeing you use, I will have to ask you to leave. I regret it has come to this and would prefer it if we could now have an open discussion about your drug use and the impact on the family. I love you and will continue to no matter what and I will continue to have contact with you!

You will note that this letter:

- Addresses their behavior rather than attacks them as a person
- Gives the impact of the broken boundary
- Uses 'I' statements and not 'you' statements
- Asks for the boundary to be respected
- Is honest, open, direct and assertive
- Is not aggressive
- Is balanced
- Sets out the boundary clearly as well as the consequences for breaking it
- It leaves things open for further discussion, dialogue and negotiation
- It gives the substance user responsibility for their behavior and the choice they made

Communicating this way has three benefits. You get to say what is important to you and you say it in a way that is easier for the other person to hear. It also models good communication to the other person.

Setting A Boundary

Having thought about the boundary you would like to set and being prepared to talk about it, the next thing is to set it with the substance user. The skill to utilize is negotiation. It is important to build and maintain a dialogue between the user and other family members – this will work well if negotiation skills are utilized.

Effective dialogue involves:

- Listening to each other
- Being open and honest
- Respecting the other person – not necessarily liking their behavior
- Accepting and understanding their point of view – even when you don't agree
- Use 'I' statements. Start everything you say with 'I'. I think, I believe, I feel, I would like etc.
- Take responsibility for your actions and contribution to the situation
- Not taking responsibility for other people's behavior, actions and choices
- Acknowledging both your own feelings and the other person's feelings
- Appropriately expressing your feelings e.g. 'I am really angry that you are using in front of your brothers' rather than exploding and becoming aggressive
- Recognizing the need for all to exercise their rights and responsibilities
- Work to collaborate rather than confront
- Stay calm and focused on the task of setting the boundary even if the user loses control
- Modelling appropriate behavior may bring them back on track

Effective dialogue builds trust, which can lead to people taking more risks with being honest, open and taking responsibility.

Using the transactional analysis model, we are trying to work with - Adult to Adult dialogue rather than Parent to Child or Child to Child dialogues.

Developing effective negotiation skills:

- Always look for win/win outcomes
- Asking for what you want – not demanding or avoiding asking
- Acknowledge power differences between you and the drug user
- Checking their response to your request and how they feel about it
- Not making assumptions regarding their feelings, thoughts or desires
- Collaborating and being flexible. Being prepared to give some ground and compromise
- Holding onto what is really important while being willing to let go of what is not important
- Start easy and if necessary, finish strong. Use your negotiation skills and then move onto imposition if necessary
- Agreeing the terms of the boundary – when it will start, when you will review it and the consequences of the breach of the boundary. Make sure the substance user is fully involved and understands what the consequences will be
- Make a clear agreement of what has been decided



Solutions to Issues & Obstacles

Defining The Boundary

- What is the issue, circumstance, area of concern?
- What do you need to achieve?
- Examine your motive in wanting to set this boundary. Is it in response to clear thinking about an area of concern or is it an angry response to a set of circumstances?

If the person wasn't using substances would you accept the behavior? In other words, it is important not to treat people differently just because they are substance users.

Know the distinction between them as a person and their behavior. Even 'I' statements can be phrased in more positive ways on occasion. Note the difference between:

'I don't want you living at home when you're using!' *and*
'I don't want you to use drugs in our home!'

1. Is the boundary encouraging them to be responsible for their life, the choices they made, their behavior and the impact on those around them or is it just treating them like a child?
2. What are the risks of the boundary for everyone involved?

Using the 'using at home' example, the home and people within it may be safer if there is no use at home but the user may be at more risk if they then use outside the home. There is no 'right' or 'wrong' answer. Options and consequences must be considered, and each family may take different approaches. Child safety and protection should always be a serious consideration. The rights of young children need to be the most important element.

- Set clear consequences for what happens if the boundary is breached. Consequences should be negotiated together including the substance user and may be graded from mild to severe. Consequences need to be appropriate to the breach and everyone needs to be able to live with them. Any action tied up in the consequence needs to come from you – the user may not be 'made' to do something.

Example:

'Because you used at home twice last week, I am going to look for alternative living arrangements for you' – *rather than* 'Because you used drugs last week you now have to go into rehab.'

- How will you 'measure' if the boundary has been kept?
- Is there a time limit on the boundary or does it go on indefinitely?
- How often and when will you review the boundary?
- What flexibility – and it will help if there is some – will be made for changes in circumstances?
- When and where will the boundary be set and commence?

- Other family members of an appropriate age who live in the home should be party to the agreement partly to prevent 'divide and rule' circumstances. It will be no good setting a boundary where the key people involved disagree with the boundary
- Is the boundary realistic now in the current circumstances?
- Can a win/win be achieved? In other words, set the boundary in a way that you, the other family members and the drug user gain something from keeping the boundary. Boundaries set as revenge or to express your anger or to punish the drug user are doomed to failure
- When will the boundary commence? Immediately or is there a need for a commencement date?
- How will you get support from within yourself or from others to be able to set and keep the boundary? How will you deal with harmful feelings and other issues that may arise? Support groups can be very important for supporting you
- Remember we live in the real world and not a fantasy one. The choice of a boundary is likely to be a compromise rather than the ideal you might like
- Be prepared to reward the drug user for respecting and keeping the boundary. They often don't get 'pay-offs' and it will encourage them if they see that keeping the boundary is appreciated
- Prepare and rehearse the discussion on setting the boundary. Imagine their likely response. Be prepared for negative reactions. Use 'I' statements. Rehearse the conversation going the way you would like it to.
- Remember your needs are equal to not greater or less than those of others. Your needs are worth respecting and you are entitled to set and have boundaries kept.

Take your time and get it right. You can't change other people but you can change your response to them – which may in turn invite them to change.

Ref: Family Drug Support Australia PO BOX 7363 Leura NSW 2780

FAMILY WORK SHEET

How to clinician's assess behavior

It is empowering to know the tools being used in the care of your loved one. This is a list of evidence-based screening tools and assessment resource materials. Search internet for these documents.

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screens						
Screening to Brief Intervention	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
NIDA Drug Use Screening Tool: Quick Screen (NMASSIST)	X	X	X	See APA Adapted NM ASSIST tools	See APA Adapted NM ASSIST tools	X
Alcohol Use Disorders Identification Test-C (AUDIT-C (PDF, 41KB))	X		X		X	X
Alcohol Use Disorders Identification Test (AUDIT (PDF, 233KB))	X		X			X
Opioid Risk Tool (PDF, 168KB)		X	X		X	

<u>CAGE-AID (PDF, 30KB)</u>	X	X	X			X
<u>CAGE (PDF, 14KB)</u>	X		X			X
<u>Helping Patients Who Drink Too Much: A Clinician's Guide</u> (NIAAA)	X		X			X
<u>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</u> (NIAAA)	X			X		X
Tobacco, Alcohol, Prescription medication, and other Substance use (<u>TAPS</u>)	X	X	X		X	X
<u>CRAFT</u>	X	X		X	X	X
Drug Abuse Screen Test (DAST-10)* <i>For use of this tool - please contact <u>Dr. Harvey Skinner</u></i>		X	X		X	X
Drug Abuse Screen Test (DAST-20: Adolescent version)* <i>For use of this tool - please contact <u>Dr. Harvey Skinner</u></i>		X		X	X	X
NIDA Drug Use Screening Tool (<u>NMASSIST</u>)	X	X	X			X
<u>Helping Patients Who Drink Too Much: A Clinician's Guide</u> (NIAAA)	X		X			X

<u>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</u> (NIAAA)	X			X		X
<i>*Tools with associated fees</i>						

Ask the clinical team how they use best practices in the care of your loved one. When seeking follow up information about their status ask how the best practice is helping in their plan of care.

The Story

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VIDEO TWO



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: The Brain and Recovery: An Update on the Neuroscience of Addiction

Published on May 4, 2018

The last twenty years produced an explosion of understanding about addiction (substance use disorders) and how our brains enable our most human capacities such as assigning value to pleasure and making decisions based upon that value. This lecture summarizes the most current neuroscientific research about addiction -- research that explains how the brain constructs pleasurable experiences, what happens when this process goes wrong and why this can have a dramatic impact on our ability to make proper choices. By Dr. Kevin McCauley

Link: <https://www.youtube.com/watch?v=zYphZvRHm6Y>

Duration: 1:14 hrs.

By Dr. Kevin McCauley

Support provided by:

NCADD Juneau

Juneau Community Foundation

Alaska Department of Behavioral Health

Juneau Reentry Coalition

Practical Exercise # Two:

1. How does choice work?

At its heart addiction is a disorder of the brains to perceive pleasure.

T ____ F ____

Addiction is a disorder of choice.

T ____ F ____

Addiction is caused by stress

T ____ F ____

2. ASAM Addiction Definition There are five different systems in the brain that break. Which of these is NOT one of them.

___ Genes

___ Reward

___ Memory

___ Stress

___ Choice

___ Your Mother

3. Where does the brain fail?

Fontal Cortex is decision making

T ____ F ____

Interior Singular Cortex aids us in using how we see our rewards

T ____ F ____

Genetics: A person with genes that expose them to addiction can be reversed

T ____ F ____

MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"

Complete answers and move to "Master Family Plan of Action" found in back of workbook.

1. Our family will identify the characteristic of our loved one's behaviors and address them using the FTR model from the issues these behaviors cause.
2. Our Family will use the Clinicians Assessment of Behavior scales to determine what to expect.
3. As part of the Master Family Plan of Action we will complete the review of setting boundaries and seek professional counseling on how the family members can support setting an appropriate level of boundaries.