

The Family Solution Finder
Study Guide & Workbook w/video's

“Certificate of Completion Course”



PHASE III

“Getting Organized”

Seminar # 20

12 Key Issues a Family Faces in Substance use Disorders

Issue # 10 of 12 key issues: Successful Life Long Recovery

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. Therefore, 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.

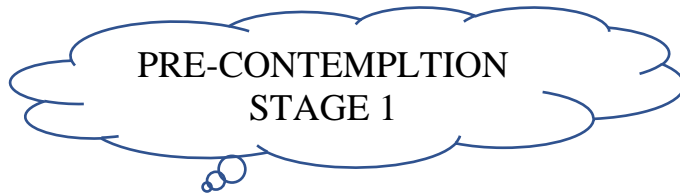


Solutions to Issues & Obstacles



These seminars are designed in a linear sequence following Prochaska and DiClemente's Stages of Change Model, the five stages. The family is presented an issue and therefore needs to change their approach. So, the study guide introduces the pre-contemplation of change stage and allows the family to do an assessment of the issue, then contemplation where by their options are considered, then preparation where they learn about obstacles and solutions, then action stage where they learn from practical exercise in applying what they learned to their real life situation, then final stage maintenance where a family plan of action is written by the family. This increases the likely acceptance of the family members embracing the content of each seminar.

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



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 responds 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 intervein. 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. Support Agencies Mapping

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.

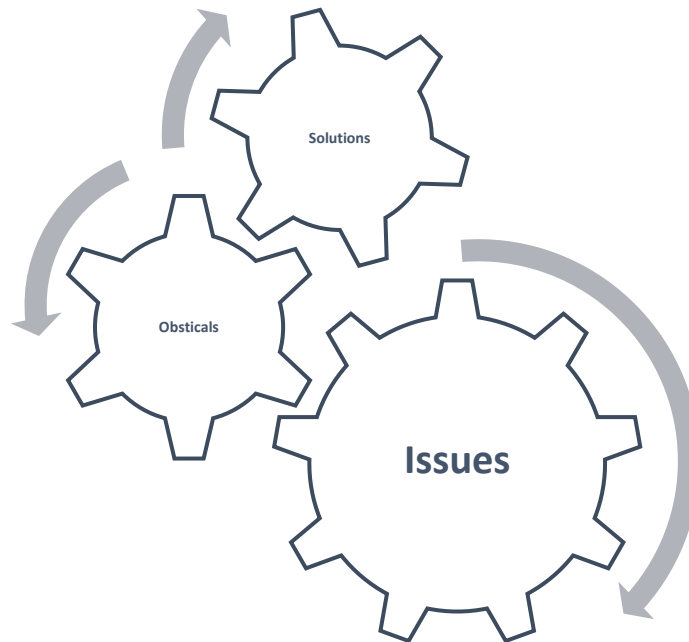
ISSUE #11. Bereavement

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

ISSUE # 12. Faith, Spiritual Practices

GOAL: To introduce a ministry for faith organizations to use in development their own faith-based family ministry. Invest in the Family Ministry for families on a journey with substance use disorders.

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
Mapping**

9 The Relapse

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices

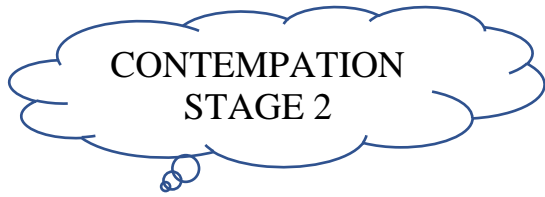
Family Transformational Response Model (F.T.R.)

Instruction: Take this 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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The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

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#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

#8 Support Agencies
Mapping

#9 The Relapse

#10 Successful Lifelong Recovery



#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices

Create a foundational Understanding about Recovery:

Marlatt's (1985) cognitive behavioral model of relapse conceptualizes relapse as a "transitional process, a series of events that unfold over time" (Larimer et al., 1999). This contrasts with alternative models which view relapse as an *endpoint or 'treatment failure'*. Flexibility is a key advantage of such transitional models: they provide guidance and **opportunities for intervening at multiple stages** in the relapse process in order to prevent or reduce relapse episodes.

A key point of successful lifelong recovery is management of: 1. high-risk situations, 2. an individual's coping skills, 3. an imbalanced lifestyle which leads to urges and cravings.

Once the characteristics of each individual's high-risk situations have been assessed the clinician can:

- Analyze the persons response to these situations.
- Work backward in the timeline to examine the factors that increased the individual's exposure to high risk situations.
- With these individual difficulties formulated and understood, the clinician can help their client to broaden their tool bag of cognitive and behavioral strategies in order to reduce risk of relapse.

See References:

- Larimer, M. E., & Palmer, R. S. (1999). Relapse prevention: An overview of Marlatt's cognitive-behavioral model. *Alcohol Research and Health*, 23(2), 151-160.
- Marlatt, G. A. (1985). Relapse prevention: Theoretical rationale and overview of the model. In G. A. Marlatt & J. R. Gordon (Eds.), *Relapse prevention* (1st ed., pp. 280–250). New York: Guilford Press.
- Marlatt, G. A., & Donovan, D. M. (Eds.). (2005). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. Guilford press.
- Marlatt, G. A., & Gordon, J. R. (Eds.). (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*(1st ed.). New York: Guilford Press.
- Mines, R. A., & Merrill, C. A. (1987). Bulimia: Cognitive-behavioral treatment and relapse prevention. *journal of Counseling & Development*, 65(10), 562-564.



PREPARATION
STAGE 3

What drives Successful Lifelong Recovery?

Relapse prevention is why most people seek treatment. By the time an individual seeks help, they have already tried to quit on their own and they are looking for a better solution. This seminar offers a practical approach to provide family member support to a relapse prevention that works, by allowing the family to participate.

There are four main ideas in relapse prevention:

First, relapse is a gradual process with distinct stages. The goal of treatment is to help individuals and family members recognize the early stages, in which the chances of success are greatest.

Second, recovery is a process of personal growth with developmental milestones. Each stage of recovery has its own risks of relapse.

Third, the main tools of relapse prevention are cognitive therapy and mind-body relaxation, which change negative thinking and develop healthy coping skills.

Fourth, most relapses can be explained in terms of a few basic rules.

Educating family members in these few rules can help them focus on what is important.

The Stages of Recovery

The key to relapse prevention is to understand that relapse happens gradually. It begins weeks and sometimes months before an individual picks up a drink or drug. This means we can catch it early and change its trajectory. The goal of treatment is to help individuals recognize the early warning signs of relapse and to develop coping skills to prevent relapse early in the process, when the chances of success are greatest. This has been shown to significantly reduce the risk of relapse.

Gorski has broken relapse into 11 phases. This level of detail is helpful to clinicians but can sometimes be overwhelming to families.

Many have found it helpful to think in terms of three stages of relapse:

1. Emotional Stage
2. Mental Stage
3. Physical Stage

A Family's Flexible Support to the Plan of Care

Recovery is not a singular event and doesn't cease once sobriety is obtained. Rather it is an ongoing process, one that requires that family members change many aspects of their life, including how they think, how they react in certain situations, and how they cope with the emotions created by these new aspects of their life. It requires consistent upkeep and mindfulness and is best approached in a thoughtful and methodical manner. It is this consistency and framework that can provide the family members strength at times when things become overwhelming or uncertain.

A Personal Action Plan: is one of the first things you need to do when you get outside of treatment. It is a unique set of guidelines, goals, methods, notes, and processes that a family member develops to support this person to help them flourish during recovery. It is something that integrates the knowledge and the skills a family member learned through family education seminars with the insights that they learned about themselves both during and after the persons rehabilitation. It keeps the family member hopeful, mindful, focused, and accountable. It is a framework that provides them strength in the moments when the family member resolve falters.

Taking this seminar one can find it to be a deeply personal exercise, one that requires you to be honest and

introspective. In preparation, it can be useful to make sure that you have a private time and place set aside for yourself. If you need the assistance of others while you're working on it, you can reach out to your loved ones for their help.

It can be useful to have any notes or materials that you gathered during your other education sessions on hand in case you need a refresher. It can also be helpful to spend some time relaxing or reflecting before you begin, as you will reap the greatest benefit if you feel a positive state of mind. Listening to music, taking a walk, or any other enjoyable hobby might ease you into this reflective state.

Some people prefer to jump right into it, while others prefer to brainstorm first by free writing or journaling. In these instances, it can be helpful to think of the things you'd like to see change. For example, you could write: "I'd like to the family united in providing the best most informed support for our loved one," or "I'd like to be a better parent or spouse." These become your goals and driving forces within your recovery.

Family Member Self Care:

This section is a compilation of the activities, practices, and hobbies that you engage in that keep you feeling balanced. These are things that encourage the proliferation of positive emotions. such as: hope, optimism, self-awareness, self-confidence, gratitude, thankfulness, peace, and happiness. Some are things that should be a part of your daily routine to boost your physical, mental, emotional, and spiritual health, while others are things that you can intersperse on a less regular basis to do the same.

Some examples of things you can include here are:

- Daily essentials: Drinking enough fluids, eating a well-balanced diet, getting enough sleep, or taking supplements or medications
- Outdoor activities: Gardening, hiking, boating, walking the dog, or biking
- Meditative practices: Yoga or breathing exercises
- Exercise: Stretching, playing your favorite sport, aerobics, or going to the gym
- Staying in touch with friends and family: Having conversations with your loved ones, writing letters, sharing a cup of tea or coffee with them, or cooking a meal together
- Creative activities: Painting, sewing, knitting, or drawing
- Taking time for yourself: Reading a favorite book, listening to music, talking a walk, or journaling

SAMSHA cites the following examples:

- Eat three healthy meals and three healthy snacks that include whole grain foods, vegetables, and smaller portions of protein.
- Drink at least six 8-ounce glasses of water.
- Get exposure to outdoor light for at least 30 minutes.
- Take medications and vitamin supplements.
- Have 20 minutes of relaxation or meditation time or write in a journal for at least 15 minutes.
- Spend at least half an hour enjoying a fun, affirming, and/or creative activity.
- Check in with my partner for at least 10 minutes.
- Check in with myself: "how am I doing physically, emotionally, and spiritually?"
- Go to work, focus just on work while there.

- The benefit of making a list like this is that it can help you to recognize why you might be feeling off-kilter. If you take the time to reference it, it can show you if and when you're overlooking things that might be making you feel bad.

Open Communication Channels

Communication is an essential part of the human experience. However, it is especially important for people in addiction recovery. Good communication skills are the only way that recovering addicts can make their needs clear and get them met without relying on substances. By learning to express their wants and needs and fears an addict is more likely to have successful results during the recovery process.

Learning Communication Skills in Addiction Recovery:

Having good communication skills allows people to effectively work with others in relationships, education, and work. Other people do not automatically know your needs, so you have to be able to tell them in a clear manner what you expect and desire.

In this journey a person is during their addiction situation, they often become isolated from others and over time, they begin to deliberately avoid any type of social interaction with others. This doesn't normally resolve itself. Professional help is required to assist this person overcoming their lack of social skills. They must learn to look within themselves to find the root cause of this behavior and then take proactive steps to learn more effective ways of dealing with daily situations without the need to hide away behind the curtain of drug-stigma solitude.

Communication is, on its most basic level, a way to create and make changes in relationships in our lives. It is also an important factor in helping build confidence. A recovering addict must feel good about their ability to function in the workplace, in school, or in the family. The ability to interact effectively with others can go a long way in building this much needed level of confidence. If a recovering addict is still feeling intimidated by the presence of others, they are more likely to suffer relapse. For example, once or twice a year. Bargaining also can take the form of switching one addictive substance for another.

Often, an addict and family members have integrated negative communication skills. Changing these behaviors will promote a positive environment. It takes effort from not only the addict but also loved ones of the addict to establish trust once again.

An addict's problematic communication skills are often derived from:

1. **Low Self-Worth:** An addict with low self-esteem is especially hard to encourage. They may feel ashamed and unworthy of love or affection. This causes addicts to run away from beneficial relationships and cease communication.
2. **Dishonesty:** Addicts will lie to get what they want; whether it's money, drugs, or a place to sleep. Chances are that if you love an addict, they've lied to you. Lying helps an addict stay in their

perpetuating cycle of addiction. Practicing dishonesty removes trust and is very damaging to relationships.

3. **Shame:** When an addict eventually realizes the damage that they have created in their own lives during recovery, they experience shame. Shame can lead to feelings of hopelessness, which may cause communication barriers between the addict and loved ones.
4. **Lack of Proper Boundaries:** Addicts have a way of getting what they want, even if that means overstepping boundaries. Crossing lines makes effective communication between an addict and a loved one more challenging.
5. **High Expectations:** In early recovery, addicts strive to right their wrongs. This leaves them with nearly impossible expectations for themselves, instead of acceptance of who they are. This can cause strained communication between a recovering addict and loved, due to a lack of full honesty and disclosure.
6. **Anger:** When high-stress situations arise, frustration sets in. Addiction not only harms the addict but every surrounding relationship. This anger can translate into a conversation through tone, body language, and language. Practicing anger-management is essential for improved communication.

Incorporate Better Communication Skills in Recovery:

1. **Contemplation:** Especially in an anger-fueled interaction, it is easy to say the first thing that comes to mind. Practice contemplation before reaction. Like your mom has probably told you; if you don't have anything nice to say, don't say it at all. Take time in choosing the words for your responses. Be sure to tell the person this is what you're doing though! Few things are as frustrating as being met with silence in a conversation, let them know you are carefully considering your words.
2. **Environment:** A soft environment and graceful approach are a good way to have a conversation that has the potential to turn south. A relaxed attitude will allow both parties to have a clearer mind and improved chances of reacting in a healthy way.
3. **Support:** Especially in early intervention and recovery, it is best to have a therapist or counselor guide the conversations an addict has with loved ones. This practice allows for a controlled environment where the focus is solely on the discussion topic. This focus keeps the discussion from meandering to old arguments or blame for events that are not the subject of the current conversation.
4. **Empathy:** practicing empathy is the most important communication skill to master in addiction recovery. Trying to understand how another feel is the only way to genuinely acknowledge another's emotions. Once an addict grasps the concept of empathy, relationship healing can begin. Of course, this skill is beneficial to the family member as well. It can be difficult to understand the stresses and guilt that come alongside addiction. Their understanding of the disease will help them

be patient and understand the addict's perspective.

5. **Balance:** No relationship can be healthy if only one member is putting forth an effort. Beneficial mutual relationships foster respect and have a better chance of flourishing.
6. **Self-Communication:** The most important relationship for an addict to work on during recovery is the relationship with oneself. If one constantly puts the self-down, there will be lack of self-respect. Self-esteem allows an addict to be comfortable with his or her own self and in turn comfortable with relationships with others.

Strong Support System

For family members helping an addict recover from his or her condition, take a look at the following steps towards helping this loved one move forward and recover completely.

1. DON'T BE AFRAID TO ASK FOR HELP

Oftentimes, an addict will either be too stubborn or fearful to ask for help in his or her current situation. Addicts can feel as if they have no problem with addiction or they are embarrassed to admit that they have these problems, thus entering into denial.

Asking for help with your problem is the first and most vital step towards recovery. You can ask for help from family members, close friends or even medical professionals. You can guarantee that all of these people are more than willing to listen and support you throughout the entire recovery process. Asking for help is a sign of strength and awareness, which is more to say than someone who refuses to seek help for his or her condition.

2. DETERMINE WHAT YOU WANT FROM YOUR SUPPORT AND GET RID OF ANY BAGGAGE

Once you've identified the people that you want in your support system, decide what it is that you expect from them. You should also be sure to communicate these expectations with them so that way they can ensure that they meet them according to standards of your relationship.

If you're unsure of how to communicate these feelings, recovery treatment centers offer family therapy and counseling to help families get through the recovery process together. Therapy is facilitated in a safe space and helps open up the lines of communication and allows you to express what you need from the people that are part of your support system.

It's also a good idea to determine if the people surrounding you in the recovery process are those that will fully support your treatment. This means that they cannot be a negative influence on you while you're in recovery.

Surrounding yourself with people who have positive impacts will only make it easier for you as you go

along your progression towards sobriety. Don't feel bad when you no longer associate yourself with people who would encourage you to abuse substances that caused your addiction. There is no longer a place for these people in your life. Recovery is about full abstinence from substances that caused you to become addicted.

3. ATTEND REGULAR RECOVERY AND SUPPORT MEETINGS.

Recovery can feel like an isolated process. Sometimes, addicts will need to separate themselves from family members or friends in order to progressively get better in their addiction.

Treatment centers offer opportunities for addicts to participate in group therapy so that they can continue to socialize with other people, specifically those who may be going through a similar process. Having a way to express themselves and connecting with people who are going through similar situations can greatly help addicts with the healing process.

There are also 12-step programs that support addicts in the recovery process. In these programs, addicts can openly talk about their addiction to group members and be able to sponsor one another to keep others accountable and on track.

Even if you miss a week or two, continue to go to these meetings because the people will always be there to help get you back on the path towards recovery. They understand your situation, and they do not judge you. Having a place that makes you feel comfortable and not judged for your condition can be a great way for you to find peace.

4. DON'T GET INTO ANY NEW RELATIONSHIPS OR LIFE-ALTERING CAREERS.

One of the first things that addicts tend to mistakenly do after getting out of treatment is jumping into new relationships or finding new jobs.

A relationship is a commitment to another person that requires more work than an addict would be able to handle. Once treatment is complete, an addict must take the time to work on him or herself, that way they can truly recover and practice self-love.

We have all heard the phrase that we cannot love someone until we can learn to love ourselves. This could not be truer when it comes to an addict trying to find a sense of peace and awareness before giving love in a relationship. You cannot afford to jeopardize all of the work that you've done in recovery for the temporary feeling of being in a romantic relationship.

If you're at a dead-end job and it negatively impacts you every day, then yes, you should go out and find a new career. However, you should be cautious with your endeavors because sometimes, a big change in employment can cause you to become very overwhelmed, anxious, and put you at risk for a relapse.

Addicts use substances as a way to escape the everyday stresses of life. You shouldn't place yourself in stressful situations that you know can trigger your desire to relapse. Just as people who have food allergies know that they shouldn't eat a certain food because of what it can do to them, an addict should not place him or herself in any vulnerable or risky situations that can create more stress.

5. BE PATIENT AND ALLOW TIME TO RUN ITS COURSE.

Perhaps your biggest and most effective support system will be that of time. Addiction was not created overnight. It took time to develop, and the recovery process should look just the same, if not longer.

There will be some days where you might feel as though you've made no progression, but if you take a moment to look back on how far you've come, you'll see that time helped you get there along with your other support systems. There is no time limit on when you should be recovered or how you should feel after undergoing treatment.

Every person has a different situation, thus will experience various results. Remaining patient and positive will help you identify that the recovery process takes time but will be very rewarding in the end. At times where you may feel that you're at your wit's end, contact people in your support system to let them know what you're feeling. They will come and provide you with any support you need to help you maintain your progress towards recovery.

Addiction does not have to take over your life. It has no right to. Because addiction is such a staggering epidemic in America, there are plenty of reliable and effective treatment centers around the country to help patients get better and stay better.

The goals of these centers are to help patients identify their problems and find the most feasible solutions to treating those problems. Every individual addict has a unique situation and requires personalized treatment that will help bring this person to a full recovery. Even following treatment, it's important to remember that recovery will be a lifelong struggle, but with the right support from loved ones and programs, it can prove to be very successful.

Recovery doesn't have to be an isolated process. There are people all around you who have the capacity to help you feel supported. From the people that you love and know every day to the medical professionals who can properly provide you with treatment, you can be certain that there is help throughout the entire process.

Those suffering from addiction deserve to live a happy life. They deserve to feel as though they have nothing limiting them from living their life to the fullest potential. If you are or know someone who is affected by addiction, find a treatment center as soon as possible. They can provide you with the tools necessary to get the recovery process started as well as giving continuous support and treatment for people dealing with addiction.

Worksheet for Establishing a Support System

By Peggy L. Ferguson, Ph.D.

A social support system consists of a network of relationships with people who support your recovery and offer help to meet your needs. Your support system may consist of family, friends, professionals (i.e., doctor, counselor, dietician, personal trainer, etc.), twelve step meeting members, coworkers, neighbors, spouse, children, or any one with whom you have a more than superficial relationship. People that utilize an active support system for their recovery have a higher probability of sustained abstinence and continuing recovery.

Socializing and social contact with others helps to reduce isolation, depression, loneliness, boredom, and stress. Social support systems serve as a major tool not only to assist you in staying clean and sober, but with improving your physical and mental health, to improve your problem solving, and to enhance emotional development and maturity. Everyone has a need to feel like they fit in, belong, and are wanted. So many things change in your life with recovery. A social support system helps you know that you are not alone while you are making these changes.

To assess your support system needs and to assemble a support system helpful to your ongoing recovery efforts, answer the following questions:

A. Who was in their support system before they got into recovery?

Name Kind of support they provided?

Are they drinkers/drug users?

Did they drink/use with them?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

B. Who of this group, do they need to NOT spend time with right now, and why?

- 1.
- 2.
- 3.
- 4.
- 5.

C. What do they need from a social support system now?

- Someone to discuss a personal problem
- Someone to spend time with
- Someone to do things with (shopping, movies, walks, sporting events, going out to eat, etc.)
- Someone to help me with tasks (gardening, fixing something that is broken, taking care of my dog when I am out of town, etc.)
- Someone that can cheer me up when I am down
- Someone that reminds me that I am worthwhile and is on my side
- Someone to give me important feedback
- Someone to teach me how to do things
- Someone to work out with
- Someone to provide comfort when I am scared, lonely, tired
- Someone that I can share my feelings with
- Someone who helps me achieve the next great thing in my life
- Someone who helps me find things that I need
- Someone who can serve as an accountability partner
- Someone who will tell me when my thinking is squirrely
- Someone that calls me on my dishonesty
- Someone that helps me identify my motives
- Someone that knows how to stay clean and sober and can teach me
- Someone who helps me solve problems by asking questions, giving me feedback, and making suggestions.
- Someone who can help me learn how to have fun sober
- Someone that can give me a ride to meetings
- Others _____

D. List reasons why a recovering alcoholic/addict might need a network of people who support their continuing abstinence and ongoing recovery?

- 1.
- 2.
- 3.
- 4.
- 5.

Look over the list and identify which ones could be true for them. Instead of thinking of reasons why these reasons for a support group do not apply to them, identify the ones that could possibly be true.

E. When I stop spending time with people that might not be good for my continuing recovery at this time, who will be left in my support system?

F. When I compare the list of what I need from a support system (C) with the list of who will be left in my support system (E), what needs will not be met by my remaining support system as it is now.

- 1.
- 2.
- 3.
- 4.
- 5.

G. Who (among the people that I already know), do I need/want to cultivate as a support person to round out my support network at this time?

H. List other resources (places, groups, activities, etc.) that could help me meet new people to add to my support network.

- 1.
- 2.
- 3.
- 4.

I. What might keep me from asking people to be in my support system, to be my friend, or to cultivate relationships?

- It is difficult for me to ask for help.
- I am shy
- I have social anxiety
- I don't want to tell anybody else that I am in recovery or that I have addiction.
- I don't know anybody that would be appropriate.
- I don't want to be a burden to anyone.
- I feel guilty about things that have happened in the past.
- My spouse/partner gets jealous of my spending time with other people.
- I asked people to do things with me in the past and nothing came of it.
- I don't have time.
- I end up providing all the support to the other person.
- I am afraid that I will be rejected.
- I don't want to sound helpless.
- I don't want to be vulnerable by opening up to others.
- I don't like the suggestions that other people offer.
- Others _____
- _____
- _____

J. What might they do to overcome these obstacles to ask people for help and support?

As a family member need to meet new people, where can I go or what can I do to accomplish that?

___ Ask someone to coffee, lunch, dinner.

___ Ask someone to go to the movies, the theater, roller skating, fishing, or some other activity _____

___ Ask someone to go to a support group meeting with me.

___ Ask someone to start working out with me.

___ Volunteer with some organization to help other people.

___ Go to twelve step recovery meetings. Go early; stay late, talk to people.

___ Attend church.

___ Reconcile with people who may still be mad at me.

___ Make an appointment with professional helper(s) such as minister, counselor, psychiatrist, nutritionist, personal trainer, recovery coach, etc.

___ Join community organization(s).

___ Taking a class; joining a group like yoga/meditation/stress management

Sense of Purpose

You are going to have days when you think what the point is, but if you do not have a good answer to this then you might not be able to summon up the motivation to keep going. Having a sense of purpose in recovery both as a family member and the individual abusing substances is vital so, in light of this, here are 12 tips for how you go about finding it:

1. Stop People-Pleasing

If you try to live your life based on the expectations of others, you will not be following your own path. Being a people-pleaser can open some doors for you in life, but you actually end up losing more opportunities than you ever gain. In order to find your purpose in life, you need to be willing to go your own way.

2. Start a Daily Gratitude List

It does not matter how much good stuff enters your life if you just take it all for granted. The Buddhist monk which that Hanh once wrote, “so many conditions of happiness are available – more than enough for you to be happy right now.” The purpose of committing to a gratitude list practice is one of you always being aware of the good things in your life – this only needs to take a couple of minutes each day. The fact that you are able to see how good your life is fills you with a sense of purpose, giving you the energy to obtain even more, as well.

3. Learn to Listen to Your Intuition

Your intuition is made up of a lot of unconscious information that would probably not make sense to your thinking brain. It contains everything you have ever seen, experienced, or read. This inner voice can lead you in the right direction once you learn how to listen to it. Following your gut means your life is sure to feel full of purpose, allowing you to tap into your hidden potential.

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

**Search Title: The purpose of pain: Finding meaning in suffering |
Katie Mazurek | TEDxBozeman**

TEDx Talks

Pain and suffering can be powerful teachers. When mixed with bravery, they can unlock the secret to an incredible life. For Katie Mazurek, an aggressive stage 3 breast cancer diagnoses at age 33 was the opportunity of a lifetime. Her pursuit of love, courage, connection and vulnerability shine in her moving narrative told alongside stunning portraits that chronicle her battle. Katie Mazurek is a charismatic and dynamic speaker whose battle with Stage III breast cancer sets the tone for an authentic and deeply relatable presentation. Mazurek is a Collaborative family law attorney in Bozeman, Montana who founded her firm, Element Law Group, four days prior to her diagnosis. She is the mother of two young children whom she raises with her husband, Tom Mazurek. Katie is a passionate writer and blogger who touches readers through personal stories of pain, triumph, loss, growth, and acceptance. Her blog, katieovercancer.com, has reached over 100,000 readers and she has been featured in print and television media for her accomplishments and inspirational lifestyle. She engages audiences by speaking with vulnerability, courage, and compassion for ourselves and others. She has created a community of love and support through her battle with cancer. Her work has been healing and restorative for many following her writing.

This talk was given at a TEDx event using the TED conference format but independently organized by a local community. Learn more at <https://www.ted.com/tedx>

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

4. Choose to Believe that You Have a Purpose in Life

The idea that you have a purpose in life might sound a bit new age, but this claim can also be found in Humanist psychology. Abraham Maslow is famous for his ‘hierarchy of needs’; one of these needs is self-actualization. If you are living below your abilities and have not tapped into your potential, you are likely to feel dissatisfied with your life. It is as if people have an in-built need to blossom and reveal all they are capable of, but a feeling of lack of purpose arises when individuals are not actively doing this.

5. Be Flexible with Your Goals

Things are never going to work out exactly as you plan them, but this is actually one of the great things about life. Whatever goals you have will be self-limiting if you hold onto them too tightly. You need to be willing to deal with the unexpected twists and turns that are almost certainly going to be part of your future. You should set yourself goals, but there are going to be times when you need to change course. As long as you know that you are on the right path, you do not have to worry about the destination too much.

6. Be Willing to Leave Your Comfort Zone

Developing routines is a good thing to do in their early recovery as it gives you a solid foundation that keeps you and your ability to respond safe. The danger is that if you become too attached to your routines, it can actually start to limit your life. This is because you get used to staying in your comfort zone, which is bad because in order to reach your potential you will need to regularly push yourself and try unfamiliar things.

7. Keep the Faith

There are going to be times when life feels unfair and the future looks bleak and uncertain. At these times, you need to have faith that you are still on your path and that something good will come of this current dose of pain. The reality is that these periods of suffering can be when you do most of your growing, and they will be easier for you to deal with if you treat them this way.

8. Keep an Open Mind

One of the lessons you should have learned due to your years lost in this journey to addiction is that you do not always know what is best for you, we never know. If your automatic response to new things is to just resist them, you will likely be pushing away important stuff that could benefit your life. If your response is to automatically accept them, you may find you are on the wrong path. Finding your purpose may involve activities that have little appeal to you at this moment, so you need to keep an open mind and be willing to try and learn about new things.

9. How Mindfulness Can Help You Find Your Sense of Purpose

Mindfulness can help you find your sense of purpose as it allows you to break free of your habitual thought patterns and behaviours. It also stills your mind enough so that good things can rise to the surface to where you are better able to see it. In order to benefit from mindfulness, you need to make this a part of your daily life – this could include practices such as meditation or Tai Chi.

10. Spend Time with People Who Seem to Have Found Their Purpose

Real success is not about wealth or how obsessed a person is about their job – it is all about a life full of joy and purpose. If you spend time around those who have this type of inner wealth, it will inspire you as well. The things that give your life purpose may be completely different from the activities these individuals engage in, but you can still be inspired and motivated by their energy. Find positive thinking people.

11. View Your Life as a Gift

It should never be too hard to find a purpose in life once you stop taking things for granted. Being alive is an amazing gift once we stop taking it for granted. The opportunity to experience the wild ride that we call life can be enough to give it meaning and purpose – what else do you need?

12. Find Purpose by Helping Others

Devoting some time to helping others is one of the most powerful things you can do to give your life purpose. There is no higher achievement in life than being of service to other people – the incredible thing is that the more you focus on the need of others, the happier you become. This is not the same as people-pleasing because you are not doing it to try to manipulate others into liking you.

The Family Solution Finder

Workbook



PHASE III

“Getting Organized”

Seminar # 20

12 Key Issues a Family Faces in Substance use Disorders

Issue # 10 of 12 key issues: Successful Lifelong Recovery

Introduction

Substance abuse and addiction can damage family dynamics, erode trust, and weaken communication. Family members who experience a loved one battling with a substance use disorder often endure a host of painful emotions. Equally frustrating is the hopelessness loved ones feel in response to substance abuse. Family members may feel at a loss when seeing a loved one caught in the grips of substance abuse. For example, stumbling upon burnt spoons and used syringes can create a paralyzing feeling of fear and shock.

When individuals are in recovery, they need support and encouragement to strengthen their resolve. The strongest forms of support and nurturing come from those closest to us. Family members often represent our closest connections, and even in instances where there is tension and strife between family members, the bonds often remain very salient.

Maintaining strong family bonds or reinforcing bonds that are stressed or damaged is extremely important for an individual in recovery. Research indicates that strong family support is one of the most important aspects of recovery. Strong family bonds reinforce the notion that the recovering individual is not alone and can rely on others to help them through the rough times.

The relapse process causes the addict to feel pain and discomfort when not using. This pain and discomfort can become so bad that the addict becomes unable to live normally when not using. In Alcoholics Anonymous this is called a dry drunk but the syndrome is recognized in all areas of addiction and is in essence, abstinence without recovery. The discomfort can become so bad that the addict feels that using can't be any worse than the pain of staying clean.

PHASE 1: RETURN OF DENIAL.

During this phase the addict becomes unable to recognize and honestly tell others what s/he is thinking or feeling. The most common symptoms are:

1. Concern about well-being: The addict feels uneasy, afraid and anxious. At times s/he is afraid of not being able to stay drug-free. This uneasiness comes and goes, and usually lasts only a short time.
2. Denial of the concern: In order to tolerate these periods of worry, fear and anxiety, the addict ignores or denies these feelings in the same way s/he had at other times denied being addicted. The denial may be so strong that there is no awareness of it while it is happening. Even when there is awareness of the feelings, they are often forgotten as soon as the feelings are gone. It is only when the addict thinks back about the situation at a later time that s/he is able to recognize the feelings of anxiety and the denial of those feelings.

PHASE 2: AVOIDANCE AND DEFENSIVE BEHAVIOUR.

During this phase the addict doesn't want to think about anything that will cause the painful and uncomfortable feelings to come back. As a result, s/he begins to avoid anything or anybody that will force an honest look at self. When asked direct questions about well-being, s/he tends to become defensive. The most common symptoms are:

3. Believing "I'll never use again": The addict convinces self that s/he will never use again and sometimes will tell this to others, but usually keeps it to self. Many are afraid to tell their counsellors or other fellowship members about this belief. When the addict firmly believes s/he will never use again, the need for a daily recovery programmed seems less important.

4. Worrying about others instead of self: The addict becomes more concerned with the recovery of others than with personal recovery. S/he doesn't talk directly about these concerns, but privately judges the recovery programmed of other recovering persons. In the fellowship this is called "working the other guy's programmed".

5. Defensiveness: The addict tends to defend when talking about personal problems, feelings or his/her recovery programmed even when no defense is necessary.

6. Compulsive behavior: The addict becomes compulsive ("stuck" or "fixed" or "rigid") in the way s/he thinks and behaves. There is a tendency to do the same things over and over again without a good reason. There is a tendency to control conversations either by talking too much or not talking at all. S/he tends to work more than is needed, becomes involved in many activities and may appear to be the model of recovery because of heavy involvement in Fellowship 12 step work e.g. chairing meetings. S/he is often a leader in counselling groups by "playing therapist." Casual or informal involvement with people however is avoided.

7. Impulsive behavior: Sometimes the rigid behavior is interrupted by actions taken without thought or self-control. This usually happens at times of high stress. Sometimes these impulsive actions cause the addict to make decisions that seriously damage his/her life and recovery programmed.

8. Tendencies towards loneliness: The addict begins to spend more time alone. S/he usually has good reasons and excuses for staying away from other people. These periods of being alone begin to occur more often and the addict begins to feel more and more lonely. Instead of dealing with the loneliness by trying to meet and be around other people, he or she becomes more compulsive and impulsive.

PHASE 3: CRISIS BUILDING

During this phase the addict begins experiencing a sequence of life problems that are caused by denying personal feelings, isolating self and neglecting the recovery programmed. Even though S/he wants to solve these problems and works hard at it, two new problems pop up to replace every problem that is solved. The most common symptoms are.

9. Tunnel vision: Tunnel vision is seeing only one small part of life and not being able to see “The big picture.” The addict looks at life as being made up of separate, unrelated parts. S/he focuses on one part without looking at other parts or how they are related. Sometimes this creates the mistaken belief that everything is secure and going well. At other times, this results in seeing only what is going wrong. Small problems are blown up out of proportion. When this happens, the addict comes to believe s/he is being treated unfairly and has no power to do anything about it.

10. Minor depression: Symptoms of depression begin to appear and to persist. The person feels down, blue, listless, empty of feelings. Oversleeping becomes common. S/he can distract self from these moods by getting busy with other things and not talking about the depression.

11. Loss of constructive planning: The addict stops planning each day and the future. S/he often mistakes the slogan “One day at a time” to mean that one shouldn’t plan or think about what s/he is going to do. Less and less attention is paid to details. S/he becomes listless. Plans are based more on wishful thinking (how the addict wishes things would be) than reality (how things really are)

12. Plans begin to fail: Because s/he makes plans that are not realistic and does not pay attention to details, plans begin to fail. Each failure causes new life problems. Some of these problems are similar to the problems that had occurred during using. S/he often feels guilty and remorseful when the problems occur.

PHASE 4. IMMOBILISATION

During this phase the addict is totally unable to initiate action. S/he goes through the motions of living, but is controlled by life rather than controlling his/her life. The most common symptoms are.

13. Daydreaming and wishful thinking: It becomes more difficult to concentrate. The “if only” syndrome becomes more common in conversation. The addict begins to have fantasies of escaping or “being rescued from it all” by an event unlikely to happen.

14. Feelings that nothing can be solved: A sense of failure begins to develop. The failure may be real, or it may be imagined. Small failures are exaggerated and blown out of proportion. The belief that “I’ve tried my best and recovery isn’t working” begins to develop.

15. Immature wish to be happy: a vague desire “to be happy” or to have “things work out” develops without the person identifying what is necessary to be happy or have things work out. “Magical thinking” is used: wanting things to get better without doing anything to make them better.

PHASE 5. CONFUSION AND OVERREACTION

During this period the addict can’t think clearly. S/he becomes upset with self and others, becomes irritable and overacts to small things.

16. Periods of confusion: Periods of confusion become more frequent, last longer and cause more problems. The addict often feels angry with self because of the inability to figure things out.

17. Irritation with friends: Relationships become strained with friends, family, counsellors and fellowship members. The addict feels threatened when these people talk about the changes in behavior and mood that are becoming apparent. The conflicts continue to increase despite the addict's efforts to resolve them. The addict begins to feel guilty and remorseful about his/her role in these conflicts.

18. Easily angered: The addict experiences episodes of anger, frustration, resentment and irritability for no real reason. Overreaction to small things becomes more frequent. Stress and anxiety increase because of the fear that overreaction might result in violence. The efforts to control self adds to the stress and tension.

PHASE 6: DEPRESSION

During this period the addict becomes so depressed that s/he has difficulty keeping to normal routines. At times there may be thoughts of suicide, using or drinking to end the depression. The depression is severe and persistent and cannot be easily ignored or hidden from others. The most common symptoms are.

19. Irregular eating habits: The addict begins overeating or undereating. There is weight gain or loss. S/he stops having meals at regular times and replaces a well-balanced, nourishing diet with "junk food."

20. Lack of desire to act: There are periods when the addict is unable to get started or get anything done. At those times s/he is unable to concentrate, feels anxious, fearful and uneasy, and often feels trapped with no way out.

21. Irregular sleeping habits: The addict has difficulty sleeping and is restless and fitful when sleep does occur. Sleep is often marked by strange and frightening dreams. Because of exhaustion s/he may sleep for twelve to twenty hours at a time. These "sleeping marathons" may happen as often as every six to fifteen days.

22. Loss of daily structure: Daily routine becomes haphazard. The addict stops getting up and going to bed at regular times. Sometimes s/he is unable to sleep, and this results in oversleeping at other times. Regular mealtimes are discontinued. It becomes more difficult to keep appointments and plan social events. The addict feels rushed and overburdened at times and then has nothing to do at other times. S/he is unable to follow through on plans and decisions and experiences tension, frustration, fear, or anxiety that keep him/her from doing what needs to be done.

23. Periods of deep depression: The addict feels depressed more often. The depression becomes worse, lasts longer, and interferes with living. The depression is so bad that it is noticed by others and cannot be easily denied. The depression is most severe during unplanned or unstructured periods of time. Fatigue, hunger and loneliness make the depression worse. When the addict feels depressed, s/he separates from other people, becomes irritable and angry with others, and often complains that nobody cares or understands what s/he is going through.

PHASE 7: BEHAVIOURAL LOSS OF CONTROL

During this phase the addict becomes unable to control or regulate personal behavior and a daily schedule. There is still heavy denial and no full awareness of being out of control. His/her life becomes chaotic and many problems are created in all areas of life and recovery. The most common symptoms are.

24. Irregular attendance at fellowship and treatment meetings: The addict stops attending fellowship meetings regularly and begins to miss scheduled appointments for counselling or treatment. S/he finds excuses to justify this and doesn't recognize the importance of fellowship and treatment. S/he develops the attitude that meetings and counselling aren't making me feel better, so why should I make it a number one priority? Other things are more important.

25. Development of an "I don't care" attitude: The addict tries to act as if s/he doesn't care about the problems that are occurring. This is to hide feelings of helplessness and a growing lack of self-respect and self-confidence.

26. Open rejection of help: The addict cuts self-off from people who can help. S/he does this by having fits of anger that drive others away, by criticizing and putting others down, or by quietly withdrawing from others.

27. Dissatisfaction with life: Things seem so bad that the addict begins to think that s/he might as well use because things couldn't get worse. Life seems to have become unmanageable since using has stopped.

28. Feelings of powerlessness and helplessness: The addict develops difficulty in "getting started;" has trouble thinking clearly, concentrating, and thinking abstractly; and feels that s/he can't do anything and begins to believe that there is no way out.

PHASE 8: RECOGNITION OF LOSS OF CONTROL

The addict's denial breaks and suddenly s/he recognizes how severe the problems are, how unmanageable life has become, and how little power and control s/he must solve any of the problems. This awareness is extremely painful and frightening. By this time s/he has become so isolated that there is no one to turn to for help. The most common symptoms are.

29. Self-pity: The addict begins to feel sorry for self and often uses self-pity to get attention at Fellowship meetings or from members of family.

30. Thoughts of social using: The addict realizes that drinking or using drugs would help him/her to feel better and begins to hope that s/he can drink/use normally again and be able to control it. Sometimes these thoughts are so strong that they can't be stopped or put out of mind. There is a feeling that drinking/using is the only alternative to going crazy or committing suicide. Drinking/using looks like a sane and rational alternative.

31. Conscious lying: The addict begins to recognize the lying and the denial and the excuses but is unable to interrupt them.

32. Complete loss of control: The addict feels trapped and overwhelmed by the inability to think clearly and take action. This feeling of powerlessness causes the belief that s/he is useless and incompetent. As a result there is the belief that life is unmanageable.

PHASE 9: OPTION REDUCTION

During this phase the addict feels trapped by the pain and inability to manage his/her life. There seems to be only three ways out – insanity, suicide, or drug use. S/he no longer believes that anyone or anything can help him/her. The most common symptoms are.

33. Unreasonable resentment: The addict feels angry because of the inability to behave the way s/he wants to. Sometimes the anger is with the world in general, sometimes with someone, and sometimes with self.

34. Discontinuance of fellowship attendance and all treatment: The addict stops attending Fellowship meetings. When a helping person is part of treatment, tension and conflict develop and become so severe that the relationship usually ends. The addict drops out of professional counselling even though s/he needs help and knows it.

35. Overwhelming loneliness, frustration, anger and tension: The addict feels completely overwhelmed. S/he believes that there is no way out except using, drinking, suicide, or insanity. There are intense fears of insanity and feelings of helplessness and desperation.

PHASE 10: ACUTE RELAPSE PERIOD

During this phase the addict becomes totally unable to function normally. S/he may use drugs or alcohol or may become disabled with other conditions that make it impossible to function. The most common symptoms are.

36. Loss of behavioral control: The addict experiences more and more difficulty in controlling thoughts, emotions, judgements, and behaviors. This progressive and disabling loss of control begins to cause serious problems in all areas of life. It begins to affect health and well-being. No matter how hard s/he tries to regain control it is impossible to do so.

37. Acute relapse period: The addict experiences periods of time when s/he is totally unable to function normally. These periods become more frequent, last longer, and begin to produce more serious life problems. The relapse cycle is ended by a crisis which causes the person to become totally unable to function for a period of time due to one or more of the following:

A. DEGENERATION OF ALL LIFE AREAS: The addict may become unable to contribute to the work, social, family, and intimate areas of life. As a result, all life areas suffer due to neglect.

B. DRUG OR ALCOHOL USE: The addict may begin to use drugs or alcohol as a means to escape the pain and desperation. There may be an attempt to control using/drinking by limiting the amount or attempting one short term binge. The ability to control using/drinking is soon lost. This sometimes happens very quickly. Sometimes it occurs after a period of controlled using/drinking. The addict returns to out of control using/drinking with symptoms experienced during the last period of addictive use.

C. EMOTIONAL COLLAPSE: The addict may become emotionally unable to function, may overreact or become emotionally numb, or cry or fly into a rage for no reason at all.

D. PHYSICAL EXHAUSTION: It may become impossible for the addict to continue to function due to physical exhaustion.

E. STRESS RELATED ILLNESS: The addict may become physically sick due to the severe stress that has been occurring for a long period of time.

F. PSYCHIATRIC ILLNESS: The addict develops a severe psychiatric illness such as psychosis, severe anxiety, or severe depression. The psychiatric illness may be so severe that it forces the addict into treatment.

G. SUICIDE: The addict may become suicidal and may attempt or commit suicide.

H. ACCIDENT PRONENESS: The addict may become careless and unable to take normal precautions in acts of living, resulting in a sequence of accidents. These accidents may take the form of car accidents, falls, burns, etc. Often the accidents are life threatening or create serious injury.

I. DISRUPTION OF SOCIAL STRUCTURES: The addict may be unable to maintain involvement in normal life activities, may become socially unable to function

If you notice a warning sign, evaluate your need to seek help.



Practical Exercise # One

Families Members part in the “Plan for a Successful Lifelong Recovery”

1. Learn the persons plan of care and adjusts to meet their current conditions:

Q: What can the family members do to support this plan?

2. Communication Channels that are Two Way, supporting and linked to those who can help maintain recovery.

Q: What can the family members do to support this plan?

3. Strong Support Systems, flexible to meet day by day issues and challenges.

Q: What can the family members do to support this plan?

4. A family environment that provides a sense of Purpose towards daily life.

Q: What can the family members do to support this plan?

How the Family Participates, Know the signs

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Six Skills for Families Affected by Addiction

Jan Ligon

This brief video provides an overview of six skills to help families and significant others who are affected by a person who has a substance abuse or addiction problem.

Link: <https://www.youtube.com/watch?v=3sBff2khxpo&t=379s> **Duration:** 8:26 min



Issues the Family Faces

Understand What They Experience.



Search Title:, REF: How To Create An Addiction Relapse Prevention Plan

VIEW VIDEO LINK: <https://www.youtube.com/watch?v=yd3ESsbtCzY>

Duration: 6:13 min

There are four main ideas in relapse prevention. First, relapse is a gradual process with distinct stages. The goal of treatment is to help individuals recognize the early stages, in which the chances of success are greatest. Second, recovery is a process of personal growth with developmental milestones. Each stage of recovery has its own risks of relapse. Third, the main tools of relapse prevention are cognitive therapy and mind-body relaxation, which change negative thinking and develop healthy coping skills. Fourth, most relapses can be explained in terms of a few basic rules.

Educating the family members in these few rules can help them focus on what is important. Consider when a family is documenting the person(s) or organization(s) is now accountable for a particular action, the completion of the action, and how you will measure success. Identifying your past results, allows others to see they too will be measured, and that level of self-administered accountability can go a long way.

The key to relapse prevention is to understand that relapse happens gradually. It begins weeks and sometime months before an individual pick up a drink or drug. The goal of treatment is to help individuals recognize the early warning signs of relapse and to develop coping skills to prevent relapse early in the process, when the chances of success are greatest. This has been shown to significantly reduce the risk of relapse. Gorski has broken relapse into 11 phases. This level of detail is helpful to clinicians but can sometimes be overwhelming to clients. I have found it helpful to think in terms of three stages of relapse: emotional, mental, and physical.

The transition between emotional and mental relapse is not meaningless, but the natural consequence of prolonged, poor self-care. When individuals exhibit poor self-care and live in emotional relapse long enough, eventually they start to feel uncomfortable in their own skin. They begin to feel restless, irritable, and discontent. As their tension builds, they start to think about using just to escape.



Obstacles the family will likely address

Adopting a holistic view of clients in substance abuse treatment is especially important for the family to consider. At the point of referral, there is both an opportunity to address their unmet needs and a potential danger of losing them losing their interest in treatment. Collaboration is crucial for preventing them from "falling through the cracks" among independent and autonomous agencies. Effective collaboration is also the key to serving the client in the broadest possible context, beyond the boundaries of the substance abuse treatment agency and provider.

The traditional referral system from substance abuse treatment programs to outside agencies can create obstacles to effective collaboration.

Goals and Outcomes of Family Members

One main goal of involving families in treatment is to increase family members' understanding of the client's substance use disorder as a chronic disease with related psychosocial components. Edwards (1990) states that family-based services can have the following effects:

- Increase family support for the person's recovery. Family sessions can increase a client's motivation for recovery, especially as the family members realize that the person's substance use disorder is intertwined with problems in the family.
- Identify and support change of family patterns that work against recovery. Relationship patterns among family members can work against recovery by supporting the person's substance use, family conflicts, and inappropriate coalitions.
- Prepare family members for what to expect in early recovery. Family members unrealistically may expect all problems to dissipate quickly, increasing the likelihood of disappointment and decreasing the likelihood of helpful support for the client's recovery.
- Educate the family about relapse warning signs. Family members who understand warning signs can help prevent the person's relapses.
- Help family members understand the causes and effects of substance use disorders from a family perspective. Most family members do not understand how substance use disorders develop or that patterns of behavior and interaction have developed in response to the substance-related behavior of the family member who is in treatment. It is valuable for individuals in the family to gain insight into how they may be maintaining the family's dysfunction. Counselors should help family members address feelings of anger, shame, and guilt and resolve issues relating to trust and intimacy.
- Take advantage of family strengths. Family members who demonstrate positive attitudes and supportive behaviors encourage the client's recovery. It is important to identify and build on strengths to support positive change.
- Encourage family members to obtain long-term support. As the client begins to recover, family members need to take responsibility for their own emotional, physical, and spiritual recovery.



Solutions to Issues & Obstacles

Practical Exercise One: Investigate the Future of What Will Likely Happen

A. What are you seeing?

Possible dysfunctional behaviors include:

B. Social withdrawal or isolation – avoiding family and friends; a marked preference to be alone.

Q: What can the family do: _____

C. Refusal of any concerned efforts – denial of need; an insistence of doing everything “on your own” with no help from anyone.

Q: What can the family do _____

D. Sporadic counseling/therapy/12-Step meetings attendance – Fellowship with other recovering addicts and alcoholics can be a major source of strength and inspiration, but as the saying goes, “it only works if you work it”.

Q: What can the family do: _____

E. Poor eating habits – responding to stress or emotional pain with food; eating only junk food or fast food; alternately – loss of appetite

Q: What can the family do: _____

F. Sleep disturbances – insomnia, wakefulness, poor sleep quality; alternately, excessive sleeping or an inability to get out of bed

Q: What can the family do: _____

Practical Exercise Two: Emotional Relapse

In this earliest stage, the person likely will not even start to think about using or drinking. Rather, they start feeling negative emotions that cause you to act in self-destructive ways. Even when they are sober and abstaining, some of the aspects of their disease can still impact their life.

Emotional relapse precedes physical relapse:

1. **Anxiety** – excessive fear, worry, or uncertainty about your sober new life.

Q: What can the family do: _____

2. **Depression** – overwhelming sadness; loss of appetite; no motivation.

Q: What can the family do: _____

3. **Intolerance** – poor cooperation with others, an uncompromising attitude, or rigid, inflexible opinions

Q: What can the family do: _____

4. **Anger** – resentment or hostility that flares up whenever expectations are not met

Q: What can the family do: _____

5. **Defensiveness** – intensely rejecting any criticism

Q: What can the family do: _____

6. **Mood Swings** – an inability to control one’s feelings and reactions; unpredictable emotional volatility

Q: What can the family do: _____

If any of these emotional conditions are left undone with, they can be a factor in the stress factors that can lead to physical relapse.

Practical Exercise Three: How can a family member prepare for what is happening?

1. **Self-Awareness** – Maintaining an active knowledge of your feelings, thoughts, and behaviors.

There are several ways to practice self-awareness:

- **Mindfulness meditation** – A 2017 study suggests that practicing mindfulness for as little as 11 minutes a day can help reduce cravings. Google how to practice mindfulness. www.youtube.com
- **Journaling** - Daily reflection and affirmation

2. **Self-Care** – Doing the things that are necessary to maintain and improve your physical, emotional, and mental health.

Q: What can the family member do for themselves:

3. **Proper nutrition** – Addiction takes a terrible toll on the body, robbing it of essential nutrients. Eating right gets you healthier by restoring the vitamins and minerals you may have lost. Also, hunger is easy to misinterpret as drug cravings.

Q: What can the family member do for themselves:

4. **Reducing stress** – A 2011 study revealed a biological link between chronic stress and addiction. Key benefit; when you are calm, you are far less likely to overreact to the problematic situation.

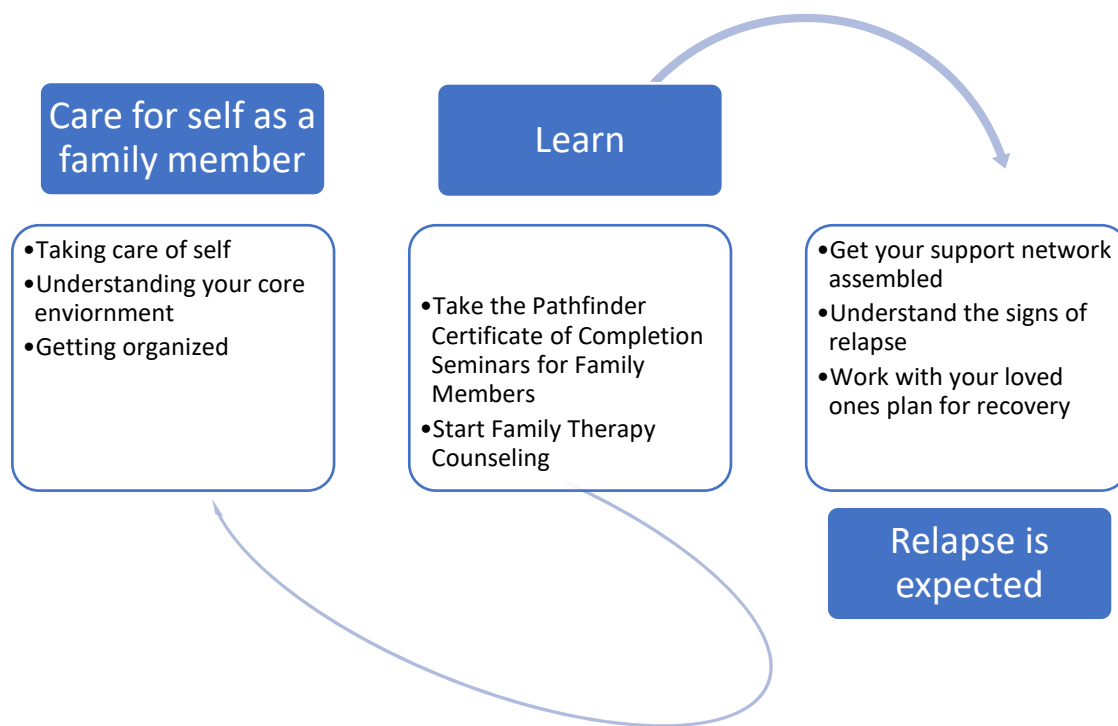
Q: What can the family member do for themselves:

5. **Getting enough quality sleep** – Insomnia is the biggest complaint among people in early recovery. Inadequate sleep can lead to irritability, depression, and confusion – each of which can trigger a relapse.

Q: What can the family member do for themselves:

6. **Ask for help when you need it** – The disease of addiction is too large of a problem to try to tackle alone. Asking for and receiving the help you need from supportive, positive people lets you take advantage of new perspectives and additional resources.

Q: What can the family member do for themselves:



Knowing what stage of the journey you are in, helps to determine what services is going to be needed next. The purpose of completing this seminar is to become aware of the family members support services, having the family ready to engage these resources at the right time and knowing what is going to be the possible outcome.

Practical Exercise Four:

Apply the F.T.R. Model for Each Issue Worksheet

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?

How does the issue impact the family?

Who in the family?

In what way?

What is needed to move forward?

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?

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?

What should the family expect as their outcome?

Timeline.

The expenses/cost involved in this issue.

Required changes to successful respond to this issue.

You are projecting in this exercise because the actual event has not occurred, updating this for each issue as it happens may be required.

VIDEO THREE:



ASSIGNMENT VIDEO: On www.youtube.com/
Search Title: Relapse Prevention June 2015

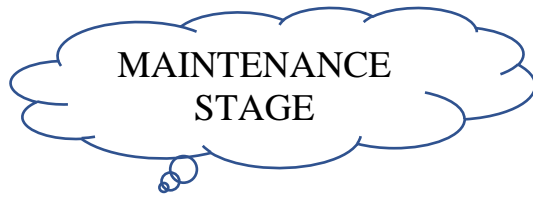
Published on Dec 17, 2012

Link: <https://www.youtube.com/watch?v=0CVMJ1XXFIE>

Duration: 1.19 hrs.

“Relapse Prevention” was presented on June 23, 2015; by Erik Anderson LLMSW, CAADC; Dawn Farm Outpatient Therapist. Addiction has been identified as an illness that requires long-term management. Relapse is a process that begins before alcohol/other drug use is resumed and is usually preceded by a pattern of progressive warning signs. Understanding the relapse process assists recovering people to develop an effective plan to identify and prevent relapse. This program will discuss the dynamics of relapse, signs that may forewarn of relapse, how to develop a relapse prevention plan and strategies to handle both every day and high-risk situations. the presentation includes discussion of Marlatt and Gorski’s models of the relapse process, the roles played by will power and habit, and ways to use the Six Sources of Influence Inventory for initiating and maintaining behavior change.

This presentation is part of the Dawn Farm Education Series, a FREE, annual workshop series developed to provide accurate, helpful, hopeful, practical, current information about chemical dependency, recovery, family and related issues. The Education Series is organized by Dawn Farm, a non-profit community of programs providing a continuum of chemical dependency services. For information, please see dawnfarm.org/programs/education-series.



MASTER FAMILY PLAN OF ACTION FOR:

“Successful Lifelong Recovery”

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

1. Your family will use the elements of supporting the loved ones plan of care in recovery/
2. A family action plan will be written on how the family will respond in stage of emotion, for potential relapse. Early intervention
3. The family members will use the steps for care for themselves in managing the stress of recovery.

As part of the Master Family Plan of Action the family members will complete the review the needed “points of contact” at the agencies they will possibly need to work with in the future.