

Family Intervention Strategies:

Assisting Families In Their Own Process From
Addiction Through Recovery

Todd Reynolds, LCADC, CADC, MSSW

Biases and Disclosures

- I do believe in good science, and do not think medication is “bad”.
- I have significant personal attachment to the 12 step community.
- I believe that the relationship of the pharmaceutical industry with the medical community has damaged the integrity of the field of medicine and addiction treatment.
- I primarily use cognitive therapy within a transtheoretical framework. I use other therapies as they may be appropriate.
- Each person in our field has the responsibility to be well trained and obtain good supervision.

CURRENT EXPERIENCE

- Currently in private practice
- 38 years experience in addictions and mental health at many levels, in many environments, with many diverse populations
- Prior –Administrator, Clinical Director, Trainer, Social Service Clinician, Clinical Supervisor, University Faculty, Clinical Coordinator, Therapist, Counselor, Student Assistance Counselor Mental Health Worker, Orderly
- Bradford Health Services, Kentucky State Reformatory, Kent School of Social Work University of Louisville, Addiction Residency Program, University of Louisville, Jefferson Alcohol and Drug Abuse Center, Spalding University, Baptist Hospital East, Jefferson Hospital, Our Lady of Peace Hospital, The Morton Center
- PAR, KAAP, NAADAC
- Alkermes

FAMILY

- THE STRONGER OUR EMOTIONAL CONNECTIONS WITH SOMEONE, THE MORE EFFECTIVE OUR INTERVENTIONS
- STUDIES REPEATEDLY SHOW THAT ADDICTS MAINTAIN CONTACT WITH THEIR FAMILIES.
- RESEARCH IS CLEAR THAT ADDICTS WITH FAMILIES INVOLVED IN RECOVERY DO SIGNIFICANTLY BETTER THAN THOSE WHO DO NOT.
- THE ADDICTION FIELD DOES A TERRIBLE JOB OF ENGAGING FAMILIES INTO THE TREATMENT AND RECOVERY PROCESS.
- WE PUT PROJECTIONS ONTO THE FAMILY
- WE PUT BARRIERS TO TREATMENT AND RECOVERY

OUR PROJECTIONS ON TO FAMILIES

PURPOSEFULLY BLANK

OUR BARRIERS TO TREATMENT & RECOVERY

PURPOSEFULLY BLANK

FAMILIES NEED FROM US

- LOVE FIRST
- TO HELP THEM UNDERSTAND THE DISEASE OF ADDICTION
- TEACH THEM HOW TO HELP THEMSELVES AND THEIR ADDICT
- HELP THEM LOVE THEIR ADDICT IN SPITE OF THE ADDICT'S BEHAVIOR
- UNDERSTAND THE DIFFERENCE BETWEEN ENABLING AND HELPING
- TEACH THEM HOW TO COMMUNICATE HONESTLY WITHOUT ANGER, CONDEMNATION, BLAME, SHAME, OR GUILT

Definition of Addiction:

Addiction is a compulsive behavior with something external to ourselves, and continuing that behavior in spite of consequences to ourselves and/or others.

Everyone In The Family Has The Disease

- ADDICT

- PREOCCUPATION
- INCREASED TOLERANCE
- LOSS OF CONTROL
- DENIAL OF THE PROBLEM
- DELUSION
- BLACKOUTS
- CRAVING
- CUMPULSIVE BEHAVIOR
- DECREASED TOLERANCE
- FROZEN/NUMB FEELINGS
- MEDICAL PROBLEMS

- CO-ADDICT (CODEPENDENT)

- PREOCCUPATION
- INCREASED TOLERANCE
- LOSS OF CONTROL
- DENIAL OF THE PROBLEM
- DELUSION
- BLACKOUTS
- CRAVING
- CUMPULSIVE BEHAVIOR
- DECREASED TOLERANCE
- FROZEN/NUMB FEELINGS
- MEDICAL PROBLEMS

DEFENSES

- ADDICT

- RATIONALIZING
- MINIMIZING
- BLAMING
- EUPHORIC RECALL
- SNEAKING/LYING
- HIDING/SECRETS
- ANGER
- SHAME
- FEAR
- ISOLATION

- CO-ADDICT

- RATIONALIZING
- MINIMIZING
- BLAMING
- EUPHORIC RECALL
- SNEAKING/LYING
- HIDING/SECRETS
- ANGER
- SHAME
- FEAR
- ISOLATION

Definition of Co-addiction:

Co-addiction is a compulsive behavior with something external to ourselves, and continuing that behavior in spite of consequences to ourselves and/or others.

EVERYONE HAS THE SAME DISEASE

- THE ADDICT GETS TO USE TO NUMB THE PAIN

ENABLING VS. HELPING

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ENABLING BEHAVIORS

- CARETAKING
- CONTROLLING
- NAGGING
- DEMANDING
- PLACATING
- COMPLAINING
- SUPERVISING
- LECTURING
- HOLLERING
- VICTIMSTANCE
- WHINING
- COMMANDING
- GUILT TRIPPING
- THREATENING
- SEX PUNISHMENT/REWARD

HELPING THE RECOVERY OF MY ADDICTED FAMILY MEMBER

1. Educate yourself on the recovery process for individuals and families.
2. Try not to accuse or judge. Avoid name calling.
3. Help, don't enable. Do not shield them from their consequences.
4. If living with you, provide a safe, drug free environment to support that recovery.
5. Seek professional and peer support for your own physical and emotional health.
6. Support their involvement and in continuing care and their own meetings.
7. Assist them in locating sober housing, employment, child care, transportation, or other recovery needs.

HELPING THE RECOVERY OF MY ADDICTED FAMILY MEMBER

8. Understand that your lives will change. Do not wish for your old life back; it is what got you here. You either get better or worse.
9. Make time for fun.
10. Set agreed upon boundaries. This is to provide stability and health to the family. Do not use boundaries to punish or shame.
11. Honor and support the potential the addict has within.
12. Assertively re-intervene in the face of any relapse episodes.
13. Behave exactly as you would if they had any other serious illness like heart disease or cancer.

SUPPLEMENT TO TREATMENT FOR FAMILY

- Family Therapy
- Self-Help Adjunctive Activities
 - Church
 - Families Anonymous
 - Al-anon
 - Nar-Anon
 - Co-Dependents Anonymous
 - SMART Recovery Family and Friends
 - Adult Children of Alcoholics
 - Online Meetings
 - Treatment Providers

PROVIDING MORE FAMILY INFORMED CARE

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ESSENTIAL COMPONENTS OF A RECOVERY PROGRAM

1. A daily commitment to my program.

For the addict, this means starting out the day with a commitment to stay clean just for that day.

For the family member this means starting out the day with a commitment to focus on them selves and their own actions.

ESSENTIAL COMPONENTS OF A RECOVERY PROGRAM

2. Attend meetings of whatever program of recovery that they are involved with – AA, Al-anon, NA, Nar-anon, CA, CAA, HA, Celebrate Recovery, SMART Recovery, Church, Mosque, Temple, Synagogue, FAVOR, PAR, Family Support Group, CODA, Exercise Class, Yoga Class, etc.

They need to go and be exposed to people who are being successful in recovering from addiction and co-addiction.

ESSENTIAL COMPONENTS OF A RECOVERY PROGRAM

3. Build a support system.

Get involved with the group. Meet people. Make connections. Get phone numbers. Get a therapist. Call your minister, rabbi, imam, monk, etc.

ESSENTIAL COMPONENTS OF A RECOVERY PROGRAM

4. Obtain and use a guide to move you along the path of recovery that you have chosen.

Get a sponsor, mentor, guide, teacher, coach, guru. Someone to guide you through the pathway of recovery.

In 12-step, this would be a sponsor to help you work the 12 steps.

ESSENTIAL COMPONENTS OF A RECOVERY PROGRAM

5. Continue in treatment.

The research is very clear, the length of treatment is easily correlated with length of recovery. The longer someone stays in treatment, the better the outcome.

MULTIFAMILY GROUP THERAPY

- Clients and their family in group therapy concurrently with other clients and families.
- Criteria for participation
 - Any and all family is welcome.
 - The client and family decide who is important.
 - If children are included, conditions must be child appropriate.
 - Agreements – confidentiality, focus is on addiction and recovery, treat each other with respect, all are encouraged to participate, anyone may pass, the therapist gets the final say.

MULTIFAMILY GROUP THERAPY

- Structure
 - Sit in a circle
 - The therapist introduces the group purpose, structure and rules.
 - Quick check-in – name, relationship to whomever (client, father, cousin, sponsor, whatever is appropriate, feeling. Therapist models this.
 - Open the group for interaction. (As part of the introduction or this opening, I make it OK to ask someone else in the group that is not a family member a question. If this is part of a family program, doing this after a group education on the disease, codependency, stress relief use, dealing with feeling, relapse, 12-step overview, or whatever the topic may be, can piggyback on the topic.
 - Close the group. I use what are you grateful for or what did you learn today.

MULTIFAMILY GROUP THERAPY TOPICS

- EFFECTS OF MY DISEASE

- Addict:

One way that my addiction has affected my relationship with you is _____; In my recovery I commit to _____.

- Co-Addict:

One way that your addiction has affected my relationship with you is _____; In my recovery I commit to _____.

MULTIFAMILY GROUP THERAPY TOPICS

- BLAME

- Addict:

One way that I blamed you for my using is _____. The truth is _____. From now on I am responsible for _____.

- Co-Addict:

One way that I blamed something or someone else for your using is _____. The truth is _____. From now on I am responsible for _____.

MULTIFAMILY GROUP THERAPY TOPICS

- ENABLING

- Addict:

One way that you have enabled me is _____. The truth is _____. I commit to _____.

- Co-Addict:

- One way that I enable you is _____. The truth is _____. I commit to _____.

MULTIFAMILY GROUP THERAPY TOPICS

- OPENNESS

- Addict:

- One thing I need to talk to you about is _____. When I talk to you about this I expect to feel _____. I commit to talk to you at (set a time).

- Co-Addict:

- One thing I need to talk to you about is _____. When I talk to you about this I expect to feel _____. I commit to talk to you at (set a time).

MULTIFAMILY GROUP THERAPY TOPICS

- LIES

- Addict:

- One lie I told you about my using was _____. The truth is _____. From now on I commit to _____.

- Co-Addict:

- One lie that I told someone else about your using was _____. The truth is _____. From now on I commit to _____.

To work effectively with addicts, we MUST include their families. They can be the ally of recovery or they can be the ally of addiction. If we leave them out of the process, the disease is much more likely to prevail. They will know no other way.

THANK YOU!

- I would like to extend to you my great appreciation for your time and energy today. I hope you learned something. I am sure that I have. Bless you on your journey.
- Todd Reynolds
- 7410 New LaGrange Road
- Suite 302
- Louisville, KY 40222
- O: 502-465-3250
- C: 502-802-4405
- toddinski@icloud.com