



The Family Solution Finder
Educate, Organize, Network

ABOUT US:

Families Impacted by Opioids has designed four learning tracks for families on a journey with substance use disorder.

These programs will help to inform the family about what they will likely experience, how to define each issue, how to prepare for the issue, what they can do to respond to the issue, who is here to help the family and what to expect as an outcome.

Knowledge at the family level is our greatest missing link in the chain that binds our response to the drug epidemic. The family needs to be informed and educated on what to do.

This model can be presented by any organization, any family, any person. Training on the topic is not required to present these seminars.

Families Impacted by Opioids is available to review your organizations program(s) for families. Please contact us: Mr. Roy Poillon Executive Director, 440.385.7605

Purchase books on Amazon.com search Roy Poillon

KNOWLEDGE IS EMPOWERMENT

Families on a journey with substance use disorders

We know what they will experience, So let's tell them.

The Family Solution Finder: This is an education learning program of 32 seminars 1.5 hours each with Study Guide, Workbook and Video used to educate the family about all the aspects of their journey with substance use disorders. It is Self-Administered.

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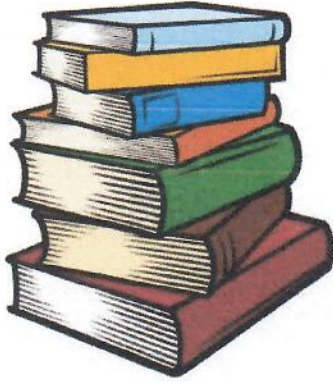
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Knowledge is Empowerment



The fact is, we know what the family will experience. The problem is we are not telling them what they need to know. There is no payor organization that will provide reimbursement to providers for educating the family in preparing them for their journey.

This problem is now solved, **The Family Solution Finder** learning seminars, is available for family education on most topics the family will need to know.

There are four key learning tracks: 1. The Family Dynamic, 2. Getting educated about the disease, 3. Getting family life organized around the disease, 4. Creating a proactive family plan of action.

Each seminar is supported with a Seminar Study Guide and Seminar Workbook with video links for extended learning. The seminars do not require training or experience in the topic being presented. Therefore, any person can prepare and present these seminars.

Inside these 1.5hr sessions the family will learn about themselves, their situation, the disease, how to make family decisions, how to breakdown an obstacle, the best way to proactively network, how to get the most out of government agencies and the list goes on.

In order to assure access to these learning tracks groups like yours can take this program and make it your own to present through your established infrastructure and services.

The treatment center can use this as a competitive strategy to link their center to the family decision maker as they determine which is the best facility to meet their needs.

Faith organizations can use it in their monthly ministry meetings.

Cities can use it to present at their local libraries, after QRT NARCAN Event by giving these books to the family and as a part of Drug Court requirements.

It is within the family, getting them educated, organized and network where Cities, Schools and Faith Groups can deliver the greatest impact towards solving our drug epidemic. Help us, by helping the family to learn more about their journey.

CONTACT US:

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12 Key Issues a family will likely face: (These Are Also Covered in The Family Solution Finder learning seminars)

Enabling, addiction behavior, family intervention, police intervention, emergency medical services intervention, legal court system intervention, treatment center intervention, agency support services, back to work, lifelong recovery, bereavement, spiritual faith practices.

Stay Connected

You do not have to go through this alone. Here are five ways to stay connected.

1. **Email Us:** familiesimpactedbyopioids@gmail.com
2. **Visit our Website:** www.familiesimpactedbyopioids.com
3. **Connect with Us Linked-In:** <https://www.linkedin.com/in/roypoillon>
4. **Follow Us on Facebook:** families impacted by opioids public group
5. **www.Youtube.com Channel Subscribe with Us: The Solution Finder roy poillon**

Or be old fashion and just call us: 440.385.7605 Cleveland, Ohio

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 consider a complex trauma may be a part of the family system and family therapy will assist in bringing this forward.**
- 2. What is the best way to get the family to agree on a session with a family therapist?**

Take this seminar content and apply it to the development of your “Family Master Plan of Action”.

Family or Group Discussions (Ref: Study Guide & Workbook)

- 1. How would you describe the obstacles created by complex trauma for your family?**
- 2. Why is knowing the trauma important towards moving forward as family members.**
- 3. Given that the trauma may have happened to a different family member than the one who is abusing substances, how do they impact the other family members? Consider the family is a system.**
- 4. In what way can family therapy for the family members help to identify other types of mental health conditions in each family member, as the family tries to work together.**

Consider purchasing the organizing workbook on Prime Amazon.com

The Substance Use Disorder Journey, It's Time to get Organized. By: Roy P. Poillon

<https://www.amazon.com>

7. Within the last 3 years, did you experience any other major upheaval that you think may have shaped your life or personality significantly? _____

If yes, what was the event? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

For the following questions: Again answer each item that is relevant and again be as honest as you can. Each question refers to any event that you may have experienced within the last 3 years.

1. Within the last 3 years, did you experience a death of a very close friend or family member?

If yes, how traumatic was this? (1 = not at all traumatic, 7 = extremely traumatic) _____

If yes, how much did you confide in others about the experience at the time? (1 = not at all, 7 = a great deal) _____

2. Within the last 3 years, was there a major upheaval between you and your spouse (such as divorce, separation)? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

3. Within the last 3 years, did you have a traumatic sexual experience (raped, molested, etc.)? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

4. Within the last 3 years, were you the victim of violence (other than sexual)? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

5. Within the last 3 years, were you extremely ill or injured? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

6. Within the last 3 years, has there been a major change in the kind of work you do (e.g., a new job, promotion, demotion, lateral transfer)? _____

If yes, how traumatic was this? _____

If yes, how much did you confide in others? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

5. Prior to the age of 17, were you extremely ill or injured? _____ If yes, how old were you? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly? _____ If yes, how old were you? _____

If yes, what was the event? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

Recent Traumatic Events Scale

Practical Exercise # 1 Childhood Trauma in Substance Use Disorder
Worksheet

This worksheet is for the family to understand the types of questions asked in an assessment screening for childhood trauma. We strongly recommend that the family members not attempt to deal with any of these topics without the instructions and oversight of a profession licensed therapist. It is critical that these topics be handled by a professional.

Childhood Traumatic Events Scale

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that they may have experienced prior to the age of 17.

1. Prior to the age of 17, did you experience a death of a very close friend or family member? _____ If yes, how old were you? _____

If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic) _____

If yes, how much did you confide in others about this traumatic experience at the time? (1 = not at all, 7 = a great deal) _____

2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)? _____ If yes, how old were you? _____

If yes, how traumatic was this? (where 7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)? _____ If yes, how old were you? _____

If yes, how traumatic was this? (7 = extremely traumatic) _____

If yes, how much did you confide in others? (7 = a great deal) _____

4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted -- other than sexual)? _____ If yes, how old were you? _____

Extra Assignment



2nd ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Complex Trauma: Understanding and Treatment Education Published on Jan 21, 2016

Link: www.youtube.com/watch?v=otxAuHG9hKo

Duration: 45:38 min

The Story



1st ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Tim Fletcher's Talk Complex Trauma 1

This is a four-part series. The instructor may want to divide them into two sessions.

Link #1: <https://www.youtube.com/watch?v=6IxEwPMqB-c>

Link #2: <https://www.youtube.com/watch?v=tfr-jBjQ9Wk>

Link #3: <https://www.youtube.com/watch?v=8Sfd0IEiVWw>

Link # 4: <https://www.youtube.com/watch?v=1UyAzcS7epc>

FOR MORE INFORMATION ABOUT:

THE NATIONAL CHILD TRAUMATIC STRESS INITIATIVE,

visit <http://www.samhsa.gov/child-trauma>

or call (240) 276-1880

THE SUBSTANCE ABUSE AND MENTAL HEALTH

SERVICES ADMINISTRATION,

visit <http://www.samhsa.gov>

or call (877) SAMHSA-7

THE NATIONAL CHILD TRAUMATIC STRESS NETWORK,

visit <http://www.nctsn.org>

f Simultaneously address trauma and substance abuse. In contrast, parallel models offer two distinct sets of services—one for trauma and one for addiction—often in different settings with different providers, and sequential approaches argue that the substance abuse problems must be addressed before turning to trauma-related difficulties. Both parallel and sequential approaches underestimate the realities of the close and often mutually reinforcing relationships between trauma and substance use. Helping people in recovery understand the range of possible connections between trauma and substance abuse is a key process in integrated services.

□ Ensure patients' physical and emotional safety. This means creating an atmosphere that is hospitable, engaging, and supportive from the outset, avoiding practices that may be physically intrusive and potentially retraumatizing (e.g., urine sample monitoring and strip searches), and avoiding shame inducing confrontations that may trigger trauma-related responses of avoidance, withdrawal, depression, or rage.

f Focus on empowerment by empowering the loved one to engage in collaborative decision making for themselves during all phases of treatment. This means that the consumers choose where, how, and when they will receive services, and they have a voice in deciding on the specific provider of the services.

f Recognize that ancillary services are necessary components of comprehensive, whole-person interventions. Vocational and educational services, safe housing, parenting and other life skills training, health care, and legal services are among essential supports.

Without treatment, repeated childhood exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., smoking, eating disorders, substance use, and high-risk activities). Research shows that child trauma survivors can be more likely to have long-term health problems (e.g., diabetes and heart disease) or to die at an earlier age. Traumatic stress can also lead to increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems. Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment.

Trauma-Informed Services—Basic principles of trauma-informed services include the following (see Harris & FalLOT, 2001, for a more complete discussion):

□ Take a moment to see trauma as a defining and organizing experience that can shape a survivor's sense of self and others. Such programs understand that many problem behaviors originate as understandable attempts to cope with abusive experiences and that the effects of trauma may be seen in life domains not obviously related to experiences of violent victimization (for example, in substance abuse, eating disorders, or relationship difficulties).

f Create an open and collaborative relationship between providers and patients and place priority on consumer safety, choice, and control. Programs designed with these goals in mind are welcoming to trauma survivors, minimize the possibility of revictimization, and support consumer empowerment and skill development

Trauma-informed substance abuse treatment brings these principles to the addiction treatment setting. Trauma-informed substance abuse service settings do the following:

f Integrate understanding of trauma and substance abuse throughout the program. Providers recognize the multiple, complex interactions between alcohol and drug use and interpersonal violence; understand that drugs and/or alcohol are often a part of children's physical, sexual, and emotional abuse (either because the perpetrator is using substances or induces the child to ingest alcohol or drugs); are aware that survivors often use substances to manage the emotional distress that follows from trauma; and understand that substance abusers become more vulnerable to revictimization through risks associated with addiction-related behavior.

Neglect:

- } Psychological, physical, or sexual abuse
- } Witnessing or experiencing domestic violence
- } Community or school violence
- } Physical or sexual assault
- } Commercial sexual exploitation
- } Sudden or violent loss of a loved one
- } Serious accidents or life-threatening illness

The Impact of Childhood Trauma

The impact of child traumatic stress can last well beyond childhood. In fact, research has shown that child trauma survivors may experience:

- Learning problems, including lower grades and more suspensions and expulsions
- Increased use of health and mental health services
- Increased involvement with the child welfare and juvenile justice systems
- Long-term health problems (e.g., diabetes and heart disease)

TRAUMA is a risk factor for nearly all behavioral health and substance use disorders. Traumatic experiences can set in motion a cascade of changes in children's lives that can be challenging and difficult. These can include changes in where they live, where they attend school, who they're living with, and their daily routines. They may now be living with injury or disability to themselves or others. There may be ongoing criminal or civil proceedings.

Traumatic experiences leave a legacy of reminders that may persist for years. These reminders are linked to aspects of the traumatic experience, its circumstances, and its aftermath. Children may be reminded by persons, places, things, situations, anniversaries, or by feelings such as renewed fear or sadness. Physical reactions can also serve as reminders, for example, increased heart rate or bodily sensations. Identifying children's responses to trauma and loss reminders is an important tool for understanding how and why children's distress, behavior, and functioning often fluctuate over time. Trauma and loss reminders can reverberate within families, among friends, in schools, and across communities in ways that can powerfully influence the ability of children, families, and communities to recover. Addressing trauma and loss reminders is critical to enhancing ongoing adjustment.

INTRODUCTION

This is a very complex topic and should be address in a dialog with a professional therapist. If you suspect or know of childhood trauma in your family, we encourage you to seek professional assistance to navigate this subject. It should not be addressed by those who are not trained in the care of those involved.

The devastating effects of child abuse on adult mental health morbidity has been well documented (e.g., Edwards, Holden, Felitti, & Anda, 2003; Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013; Horwitz, Widom, Mclaughlin, & White, 2001).

One area of interest has been substance use disorders (SUDs) because substance use often emerges as a maladaptive strategy used to manage the negative results of trauma exposure, including posttraumatic stress disorder (PTSD) and depression.

Childhood abuse has been linked to substance use problems, including both alcohol and illicit drug use. Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence. Up to 59% of young people with PTSD subsequently develop substance abuse problems.

The ACE study showed that adverse childhood experiences are vastly more common than recognized or acknowledged and that they have a powerful relationship to adult health a half-century later. The study confirmed earlier investigations that found a highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease.

The Different Roles of the Family Members Lessons

Lesson One: Treatment Awareness for Childhood Trauma?

Lesson Two: The impact of childhood trauma?

Extended Learning Video's

Video One - Four –A thorough review of **Complex Trauma** for the family members to understand.

Video Two – Understanding Treatment Options

Practical Exercise

- **Practical Exercise # One:** Identifying the sign of Childhood Trauma

Master Family "Plan of Action" items

- How will the family use their knowledge of the roles each family member plays?
- How the family can learn more about the role and anticipate the way each family member will likely respond to an issue when it is presented to the family as a family system.

Workbook Learning, Session #3

“Childhood Trauma and Substance Use Disorders”

Instructor	Third stage of opening awareness about the family system. It is not ours to weigh the degree of complex trauma and judge its impact, only to recognize it does have an impact which may present later in life. NOTE: Professional therapy is required.
Audience	Identifying what is the impact of trauma in childhood and what tools are used to assess its impact.
Practical Exercise	Exercise #1: Assessment Screening questions used to determine if childhood trauma has occurred.

SEMINAR GOALS:

1. Awareness of the impact childhood trauma has on teenagers and adults in their resilience towards using drugs.
2. What scales are used to determine the level of trauma.
3. What are the diagnostic tools used to identify childhood trauma?

Link to a website worth reading:

[www.giftfromwithin.org/html/cptsd-understanding-treatment.](http://www.giftfromwithin.org/html/cptsd-understanding-treatment)

Workbook Lessons

What you will learn:

What is Complex Trauma

Why is Complex Trauma different from PTSD.

How you will use it:

To broaden your understanding as to the source of some behavior issues that present today.

What was learned in the Study Guide?

Should be able to identify if complex trauma is present enough to look deeper with a professional.

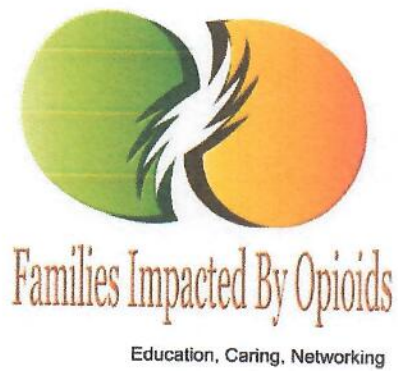
The family has set up a plan on their first steps in responding to this awareness using empathy.

How to use this lesson in your family journey:

How to have a dialog with a Family Therapist and open the discussion of techniques for coping and healing.

The Family Solution Finder

Workbook



Learning Track, I

THE FAMILY DYNAMIC

Seminar # 3

“Childhood Trauma in the Family System”

AS PART OF THE FAMILY PLAN EVERYONE SHOULD WATCH THIS VIDEO:



Search for Video: Brené Brown on Empathy

Video Link: <https://www.youtube.com/watch?v=1Evwgu369Jw>

The RSA

What is the best way to ease someone's pain and suffering? In this beautifully animated RSA Short, Dr Brené Brown reminds us that we can only create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities. Voice: Dr Brené Brown
Animation: Katy Davis (AKA Gobblyne) www.gobblyne.com Production and Editing: Al Francis-Sears and Abi Stephenson Watch Dr Brené Brown's full talk 'The Power of Vulnerability' here: <https://www.youtube.com/watch?v=sXSjc...> Dr Brené Brown is a research professor and best-selling author of "Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead" (Penguin Portfolio, 2013). She has spent the past decade studying vulnerability, courage, worthiness, and shame. Find out more about the RSA: <http://www.thersa.org> Follow the RSA on Twitter: <http://www.twitter.com/thersaorg> Like the RSA on Facebook: <http://www.facebook.com/thersaorg>

Second Step:

Third Step:

Fourth Step:



Insert into “Master Family Plan of Action”

1. How prepared are the family members to handle the awareness that childhood trauma has occurred in the family?

2. How can the family prepare for this announcement before it is made?

First Step:

The Tools to Diagnose Childhood Trauma:

Take the time to look there up on-line:

The Childhood Trauma Questionnaire (CTQ) is a 25-item, validated, reliable self-report measure of childhood abuse (Bernstein, Stein, Newcomb, Walker, & Pogge, 2003).

The Traumatic Events Inventory (TEI) assesses having been exposed over the lifetime to 17 categories of traumatic events using a yes/no response. (Gillespie et al., 2009).

The Emotional Dysregulation Scale (EDS) is a 12-item self report measure of ED (Bradley et al., 2011).

The Drug Abuse Screening Test (DAST) is a 20-item measure assessing illicit drug use using a yes/no response (Bohn, Babor, & Kranzler, 1991).

Different Scales to Evaluate Levels of Trauma Exposure:

There are several scales used to evaluate these different levels of trauma and exposure, most common is the Traumatic Events Inventory (TEI). This tool provides more extensive information on trauma history. Take the time to look this up on-line:

Mills KL, Teesson M, Ross J, Peters L. Trauma, PTSD, and substance use disorders: findings from the Australian National Survey of Mental Health and Well-Being. *Am J Psychiatry* 2006;163:652–658.

Deykin EY, Buka SL. Prevalence and risk factors for posttraumatic stress disorder among chemically dependent adolescents. *Am J Psychiatry* 1997;154:752–757.

Reynolds M, Mezey G, Chapman M, Wheeler M, Drummond C, Baldacchino A. Co-morbid post-traumatic stress disorder in a substance misusing clinical population. *Drug Alcohol Depend* 2005;77:251–258.

Clark DB, Lesnick L, Hegedus AM. Traumas and other adverse life events in adolescents with alcohol abuse and dependence. *J Am Acad Child Adolesc Psychiatry* 1997;36:1744–1751.

Giaconia RM, Reinherz HZ, Hauf AC, Paradis AD, Wasserman MS, Langhammer DM. Comorbidity of substance use and post-traumatic stress disorders in a community sample of adolescents. *Am J Orthopsychiatry* 2000;70:253–262.

Perkonig A, Kessler RC, Storz S, Wittchen HU. Traumatic events and post-traumatic stress disorder in the community: prevalence, risk fa

Recognize the Signs:

PRESCHOOL CHILDREN

- Fear being separated from their parent/caregiver
- Cry or scream a lot
- Eat poorly or lose weight
- Have nightmares

ELEMENTARY SCHOOL CHILDREN

- Become anxious or fearful
- Feel guilt or shame
- Have a hard time concentrating
- Have difficulty sleeping

MIDDLE AND HIGH SCHOOL CHILDREN

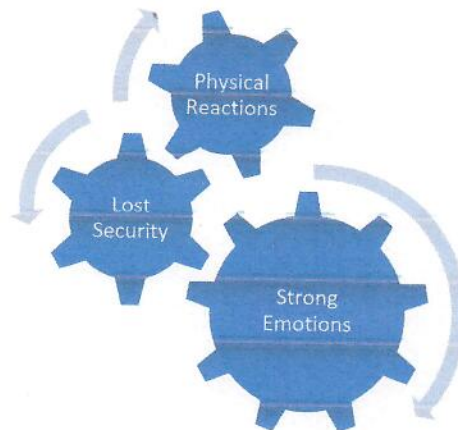
- Feel depressed or alone
- Develop eating disorders or self-harming behaviors
- Begin abusing alcohol or drugs
- Become involved in risky sexual behavior

Anxiety

Anxiety is an intense emotional state that results in excessive and persistent fear and worry. With CSA survivors, anxiety could be associated with the profound fear that the abuse will occur again. Some survivors may experience intense fear of going in public and lock themselves in the shelter of their homes. Others may experience, another mental health condition often associated with anxiety, known as panic attacks. Panic attacks are intense and overwhelming surges of anxiety and fear that result in physiological reactions, such as rapid heartbeats, and difficulty breathing.

Depression

Depression can be described as the persistent feeling of deep sadness. Common symptoms include prolonged periods of sadness, feelings of hopelessness, unexplainable and uncontrollable bouts of crying, significant weight loss or gain, lethargy, emotional apathy, or lack of interest and pleasure in previously enjoyed activities. Depression can have a negative impact on a person's day-to-day functioning and can result in poor school and work performance, as well as friendship and relationship problems.



Recognize the Signs: First Things First

Sometimes, years of self-medicating through drugs and alcohol have effectively dulled the memory of trauma, so the only problem seems to be substance abuse and addiction. A person who has suppressed or ignored traumatic experiences may work very hard to get and stay sober, only to find other addictive behaviors eventually replacing the drugs and alcohol. These might include compulsive overeating, gambling, sexual promiscuity, or any other compulsion-driven behavior. Unfortunately, continuing to avoid resolution of trauma will almost guarantee ongoing suffering.

However, dealing with traumatic experiences is challenging work. Under the influence of drugs and alcohol, it is a nearly impossible task. That is why therapists always recommend working first on recovery from drug addiction and alcoholism. Then, when the trauma survivor is stronger and more clear-minded, he/she can begin working with a therapist in individual or group counseling to address the underlying problem of unresolved trauma. Specific treatment modalities have been developed for people suffering long-term effects after traumatic experiences, including trauma-focused therapies, PTSD Intervention, Body Psychotherapy which targets the physiological response to trauma, and medications for depression and anxiety.

Researchers have examined why child trauma survivors may be at an increased risk of drug abuse and findings showed that substances may be used to:

- cope with or block out the traumatic memories.
- deal with feelings of isolation and loneliness.
- improve feelings of self-worth and self-esteem.
- cope with mental health problems such as anxiety, depression, and PTSD.

social withdrawal and insomnia may seem more manageable using sedating or stimulating drugs depending on the symptom. However, addiction soon becomes yet another problem in the trauma survivor's life. Before long, the "cure" no longer works and causes far more pain to an already suffering person.

Other possible reasons addiction and trauma are often found together include the theory that a substance abuser's lifestyle puts him/her in harm's way more often than that of a non-addicted person. Unsavory acquaintances, dangerous neighborhoods, impaired driving, and other aspects commonly associated with drug and alcohol abuse may indeed predispose substance abusers to being traumatized by crime, accidents, violence and abuse. There may also be a genetic component linking people prone toward PTSD and those with addictive tendencies, although no definitive conclusion has been made by research so far.

The Link: Childhood Trauma and Substance Abuse

The National Child Traumatic Stress Network reports that a person will begin using substances after they experience trauma 76 percent of the time. A more recent study published in the *Journal of Traumatic Stress* found that there was a positive correlation between childhood abuse (physical, emotional, and sexual) and adult substance abuse. Specifically, a study of more than 2,000 adults revealed that those who suffered from childhood trauma had a greater chance of abusing drugs and alcohol as adults.

Substance abuse is often used as a coping mechanism to deal with painful memories associated with abuse. Using drugs and alcohol is also a way to deal with feelings of loneliness and isolation, improve a sense of self-worth, and to cope with untreated mental health issues such as PTSD, depression, and anxiety.

If trauma and the feelings associated with it are not resolved, serious long-term issues can develop. Post-Traumatic Stress Disorder (PTSD) disrupts the lives of people who have experienced unresolved trauma by negatively impacting their relationships, emotions, physical body, thinking, and behavior. PTSD sufferers may experience sleep disturbances, nightmares, anxiety and depression, flashbacks, dissociative episodes in which they feel disconnected from reality, excessive fears, self-injurious behaviors, impulsiveness, and addictive traits/a predisposition to addiction.

The Trauma and Addiction Connection

Researchers have been studying the connection between trauma and addiction in order to understand why so many drug and alcohol abusers have histories of traumatic experiences. Data from over 17,000 patients in Kaiser Permanente's Adverse Childhood Experiences study indicate that a child who experiences four or more traumatic events is five times more likely to become an alcoholic, 60% more likely to become obese, and up to 46 times more likely to become an injection-drug user than the general population. Other studies have found similar connections between childhood trauma and addiction, and studies by the Veterans Administration have led to estimates that between 35-75% of veterans with PTSD abuse drugs and alcohol.

The reasons behind this common co-occurrence of addiction and trauma are complex. For one thing, some people struggling to manage the effects of trauma in their lives may turn to drugs and alcohol to self-medicate. PTSD symptoms like agitation, hypersensitivity to loud noises or sudden movements, depression,

- My child has trouble remembering, concentrating, and/or focusing. He/she sometimes appears “spacey.” My child has problems with eating, sleeping, and/or complains about physical symptoms even though doctors find nothing physically wrong to explain these symptoms.
- My child has difficulties in forming and sustaining relationships with other children and adults.
- My child seems to need and seek out more stimulation than other children and/or can be easily distracted by noises, sounds, movements, and other changes in the environment.
- My child has many mental health diagnoses but none of them quite seem to explain his/her problems.
- My child is taking medication (or many medications) for these diagnoses but the medicines are not helping.

The challenge of a parent is getting an accurate assessment. This is important because it helps clinicians to choose the best treatment possible. Children and adolescents with complex trauma may have a wide range of symptoms. Different children can have different combinations of symptoms, and these symptoms may change over time. How a child reacts depends on age, experiences, personality, strengths, and individual vulnerabilities.

There currently is no official diagnosis that captures the full range of complex trauma symptoms. However, through a comprehensive assessment, informed and experienced mental health professionals can help determine if your child’s problems are related to complex trauma. Children with complex trauma sometimes carry multiple diagnoses (for example, bipolar disorder, attention deficit hyperactivity disorder, posttraumatic stress disorder, and so on) for which they may be prescribed several different medications. This may happen when the professionals making the diagnoses have not fully taken into account the impact of the child’s trauma history. This can lead to a child’s receiving improper diagnoses or treatment.

Childhood Trauma in the Family System

This is a very complex topic and should be address in a dialog with a professional therapist. If you suspect or know of childhood trauma in your family, we encourage you to seek professional assistance to navigate this subject. It should not be addressed by those who are not trained in the care of those involved.

As a psychological term, trauma refers to an event or situation with which a person is unable to successfully cope. It can create high levels of fear and make a person feel as if he or she is faced with imminent harm, either physically or mentally. A person who has suffered from trauma may feel other emotions such as confusion, powerlessness, betrayal, and loss. In some cases the feelings are temporary, but traumatic events can also lead to post-traumatic stress disorder (PTSD), which can last years or even a lifetime.

Trauma is a personalized experience, so what is traumatic for one person may not be so for someone else. Children are especially susceptible to trauma as they rely on adults for their basic needs and can have their trust shaken instantly or over time. Some of the causes of childhood trauma include child abuse, neglect, bullying, and sexual assault. Even witnessing these acts can be harmful to a child. There is now evidence suggesting that substance abuse and childhood trauma may be linked.

Assessment of Complex Trauma by Parents and Caregivers: Please read the statements below. If you answer yes to two or more, you may want to consider referring your child for a complete assessment for complex trauma.

The survey below is a tool to help you decide when you need to seek professional help:

- My child has been exposed to many potentially traumatic experiences.
- My child has difficulty controlling emotions and easily can become sad, angry, or scared.
- My child has trouble controlling behaviors. My child often exhibits significant changes in activity level, appearing overactive or agitated sometimes and then calmer, or even quite slowed down at other times.

Study Guide Lessons

What you will learn:

Why there is a link between childhood trauma and substance use disorder.

How you will use it:

What to look for, recognize the signs of a person with childhood trauma.

What was learned:

The different scales used to evaluate childhood trauma.

How to use this lesson in your family journey:

Understand the tools used to diagnose childhood trauma.

The Family Solution Finder

Study Guide



PHASE I

IT'S ABOUT THE FAMILY DYNAMIC

Seminar # 3

Childhood Trauma in the Family System

The Family Solution Finder

Workbook



PHASE III

“Get Organized”

Seminar # 10

Issue # One: Enabling vs. Consequences

Addiction in Family – Unhealthy Families
AAETS – Effects of Parental Substance Abuse on Children and Families
American Academy of Child & Adolescent Psychiatry – Alcohol Use in Families
Addiction.com – Alcohol Abuse Linked to Higher Divorce Rate
Medical Daily – Heavy Drinking Will Lead To Divorce, Unless Both Partners Are Equally Alcoholic
DualDiagnosis.org – Codependency and Substance Abuse
Center on Addiction – NATIONAL STUDY REVEALS: TEEN SUBSTANCE USE AMERICA’S #1 PUBLIC HEALTH PROBLEM
NCCP – Adolescent Substance Use in the U.S.
U.S. Census Bureau – Grandparents as Caregivers
Psychology Today – Grandparents Raising Grandchildren
NCADV – Domestic Violence Fact Sheet
SafeHorizon – Domestic Violence – Afraid to stay, afraid to leave?
NCBI – Substance Abuse Treatment and Domestic Violence.
NCBI – Substance Abuse Treatment and Domestic Violence
NIH – Exploring the Role of Child Abuse in Later Drug Abuse
CDC – Sexual Violence, Stalking, and Intimate Partner Violence Widespread in the US
NCBI – Preventing child abuse and neglect: programmatic interventions.
Bureau of Justice Statistics – Violence between Intimates: Domestic Violence

Create a Family Plan of Action for “Enabling vs Consequences”

In you’re the Family Solution Finder Workbook, you will find Seminar # One titled: The Family System. In that section is a place to create your family plan of action as it relates to this issue. Take the time to complete the exercises in the workbook, view the video and then create your FAMILY PLAN OF ACTION in how your will respond to this issue as united family. **Stand Up to Stand Together as One, in the face of our drug epidemic.**

FAMILY PLAN OF ACTION (REF: The Solution Finder Workbook)

- The family is an interlinked system, each member impacts the lives of the other.
- Some family members may be in denial, which can delay or derail moving forward towards the addicted family members recovery.
- The family members who are not in denial need to help the ones that are.
- A family therapist or counselor is needed, sooner than later.

Individual Family Member Self-Assessment of Denial Worksheet

- I. Define the Enabling and Denial 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 enabling 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 enabling 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 to the enabling issue?
- 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, after they have addressed the enabling issue?
- Timeline.
 - The expenses/cost involved in this issue.
 - Required changes to successful respond to this issue.

REF: <http://www.archstonerecovery.com/taking-sides-addiction-in-families/>

Here are some reference sources:

NCBI – Substance Abuse Treatment and Family Therapy

Pro Talk A Rehabs.com Community – Substance Abuse and the Impact on the Family System

Controlling Behaviors

Exerting control on a substance user may worsen their addiction. Constantly treating the addict as an inferior or placing numerous restrictions on their lifestyle may drive them further from the family unit and closer to their substance-using peers. This is the final consequence.



Enabling vs. Consequences:

1. Define the Issue, in The Family Solution Finder Study Guidebook.
2. Address the obstacle, in The Family Solution Finder Workbook.
3. Determine the best solution, in The Family Solution Finder Workbook.

Justification

Justification and denial work hand in hand. Families often reject the problem, making up reasons to justify their loved one's addiction. For example, a family member may feel that it is fine for a loved one to use alcohol or drugs to cope after a stressful day at work. Parents may also believe the substance use is only temporary and will stop after a change in lifestyle such as college graduation.

Allowing Substance Use

Family members may think that they are controlling the situation if they allow their loved one to use drugs at home. They may even consume drugs or alcohol with the addict to manage their intake level and to make sure they gravitate toward home when using instead of more dangerous locations.

Suppressing Feelings

Not expressing your concerns about addiction to a person you love gives them a reason to keep using. In some cases, substance users dismiss their families' fears by reassuring them that they will not consume drugs or alcohol. When an addict dismisses these fears and concerns, it may encourage family members to keep their feelings to themselves.

Avoiding the Problem

By ignoring the problem and not confronting the substance user, family members may feel that they are keeping the peace in their home. Instead of getting their loved one proper treatment, the family focuses on keeping up appearances to look normal.

Protecting the Family's Image

The stigma of substance use is ever present. People may be ashamed of their substance-using family member, leading them to portray the person in a falsely positive light to friends, co-workers and acquaintances.

Minimizing the Situation

People surrounding the addict may lighten the issue by convincing themselves that the substance user could be in worse situations. They treat the addiction as a phase that will improve on its own with time and patience.

Playing the Blame Game

Adopting negative attitudes toward substance users only pushes those struggling with addiction away. Blaming or punishing individuals for their substance use alienates them from their family, which may result in destructive

Assuming Responsibilities

Family members may be inclined to take over the regular tasks and responsibilities of the addict in an effort to prevent their life from falling apart. Instead, assuming responsibilities and providing money to the substance user removes accountability and allows them to fully indulge in their addiction.



Enabling vs. Consequences is an Issue the Family Faces

The desire to help others, especially those who mean the most to us, is one of the noblest of human instincts. Parents want to help their children succeed in school. Spouses want to help each other solve the problems that life throws at them. Friends want to help each other at work or in their personal relationships. Unfortunately, though, this well-meaning impulse can backfire tragically when addiction is part of the equation.

In one sense, “enabling” has the same meaning as “empowering.” It means lending a hand to help people accomplish things they could not do by themselves. More recently, however, it has developed the specialized meaning of offering help that perpetuates rather than solves a problem. A parent who allows a child to stay home from school because he hasn’t studied for a test is enabling irresponsibility. The spouse who makes excuses for his hung-over partner is enabling alcohol abuse. The friend who lends money to a drug addict “so he won’t be forced to steal” is enabling that addiction.

Allowing someone to suffer logical consequences is another way of getting them to realize their need for grace. Ideally, we can do that by confronting them, have a difficult conversation and hope they have a willingness to face reality. But sometimes people cannot (or do not) hear the truth of confrontation, and they remain stuck. At those times we often have to allow reality to touch their lives.

Too often in our lives, we protect people from the harsh realities of logical consequences that would force them to see their need for grace and what it can provide. Either we feel sorry for them and bail them out, or we fear them and try to appease them. No matter what the person’s plight, we must help him face the truth. And sometimes that means letting him deal with harsh realities.

This isn’t necessarily about discipline and correction, but how it’s important to see that sometimes our “helping” may keep others from experiencing the tough realities that will ultimately lead them to the grace they need. It’s the old idea of letting people “hit bottom.” It may mean letting them lose a job, or lose a relationship, or lose a membership in a group or a fellowship.

Reality consequences are used in our lives to get us to see our need for grace and to help us learn what is available for us to help ourselves. Those of us in positions of helping others grow must have the courage to allow people to experience those consequences or else we may be keeping them from grace.

By Loving the family and the one with a substance use disorder, we need to face when we are serving our own needs for emotional support and not truly the needs of one who needs our help. To follow are some areas that one can look in self-reflection and be honest if these apply to them.

Denial

Denial is one of the primary behaviors that families adopt when they learn that their loved one is addicted to drugs. They refuse to accept the reality that their family member has a substance use problem. They convince themselves that treatment isn’t necessary and the addict will know how to control their drug or alcohol use.

The 12 Key Issues a Family Faces

#1 **Enabling vs Consequences**

#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)**



The Family Solution Finder

Study Guide



PHASE III

“Get Organized”

Seminar # 10

Issue # One: Enabling vs. Consequences

NOTES:

❖ 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.

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 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?

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

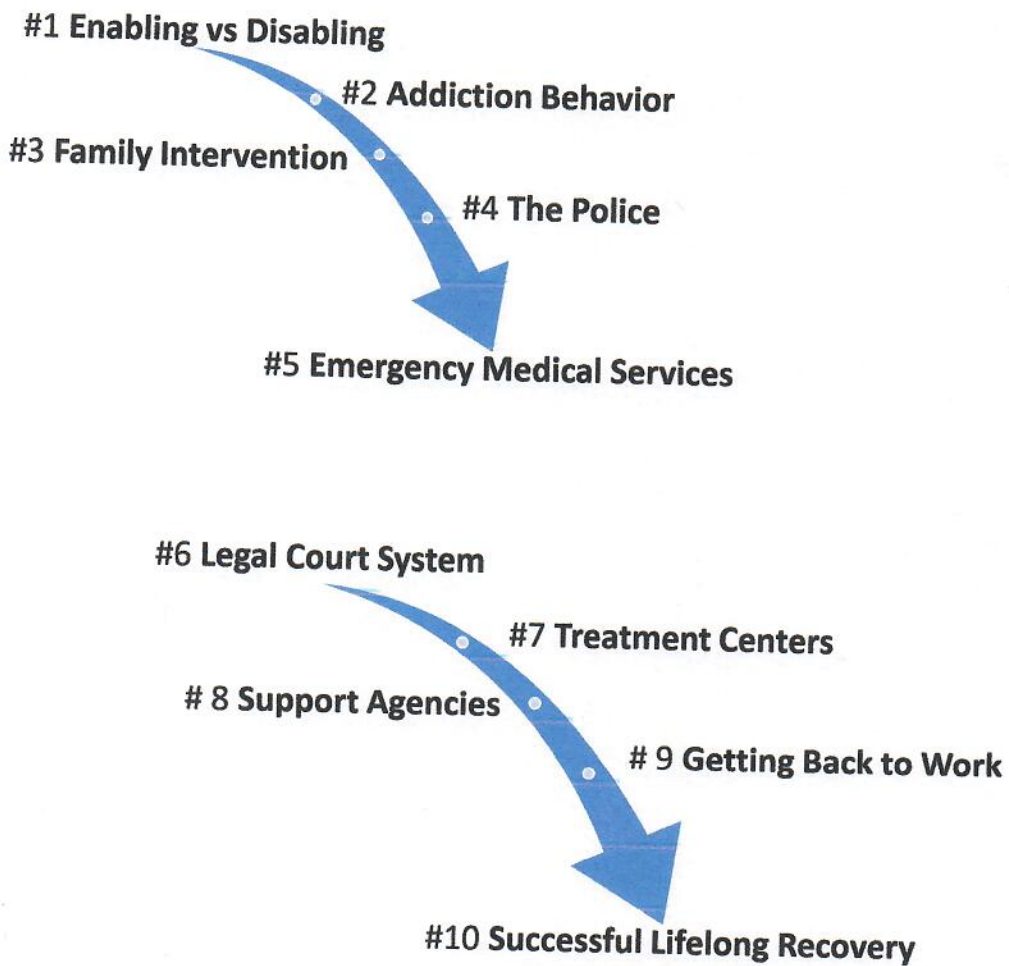
Instruction: Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue. **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?

Sequence (consider relapse occurrences)

The 12 Key Issues a Family Faces



#11 Bereavement (Learning how to move forward)

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

ISSUE #10. Successful Lifelong Recovery

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

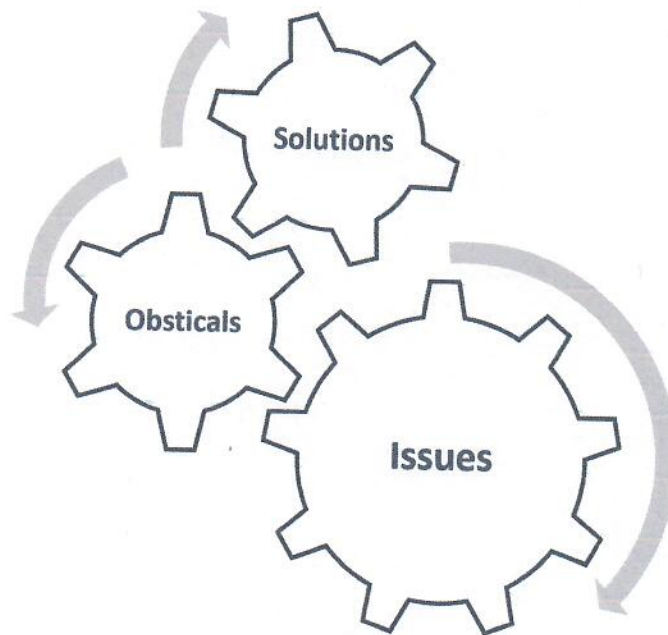
ISSUE #11. Bereavement

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

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 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.



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.

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 it's 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:

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

“Certificate of Completion Course”



PHASE III

“Getting Organized”

Seminar # 10

12 Key Issues a Family Faces in Substance use Disorders

Issue # 1 of 12 key issues: Enabling vs. Consequences

Introduction



Enabling vs. Consequences is an Issue the Family Faces

Those who habitually enable dysfunctional behavior are often referred to as co-dependent. It's a telling word, because an enabler's self-esteem is often dependent on his or her ability and willingness to "help" in inappropriate ways. This "help" allows the enabler to feel in control of an unmanageable situation. The reality, though, is that enabling not only doesn't help, but it actively causes harm and makes the situation worse.

By stepping in to "solve" the addict's problems, the enabler takes away any motivation for the addict to take responsibility for his or her own actions. Without that motivation, there is little reason for the addict to change. Enablers help addicts dig themselves deeper into trouble.

Here are some questions to ask yourself when considering whether you are an enabler:

- Do you often ignore unacceptable behavior?
- Do you find yourself resenting the responsibilities you take on?
- Do you consistently put your own needs and desires aside in order to help someone else?
- Do you have trouble expressing your own emotions?
- Do you ever feel fearful that not doing something will cause a blowup, make the person leave you, or even result in violence?
- Do you ever lie to cover for someone else's mistakes?
- Do you consistently assign blame for problems to other people rather than the one who is really responsible?
- Do you continue to offer help when it is never appreciated or acknowledged?



Obstacle the Family Addresses

Enabling behavior:

- Protects the addict from the natural consequences of his behavior
- Keeps secrets about the addict's behavior from others in order to keep peace
- Makes excuses for the addict's behavior (with teachers, friends, legal authorities, employers, and other family members)
- Bails the addict out of trouble (pays debts, fixes ticket, hires lawyers, and provides jobs)
- Blames others for the addicted person's behaviors (friends, teachers, employers, family, and self)
- Sees "the problem" as the result of something else (shyness, adolescence, loneliness, broken home, ADHD, or another illness)
- Avoids the addict in order to keep peace (out of sight, out of mind)
- Gives money that is undeserved or unearned
- Attempts to control that which is not within the enabler's ability to control (plans activities, chooses friends, and gets jobs)
- Makes threats that have no follow-through or consistency
- "Care takes" the addicted person by doing what she is expected to do for herself



Solutions to Issues & Obstacles

1. Gain support from peers

Peer support groups like Al-Anon can put family members in touch with others who know a great deal about addiction, and the information shared in these meetings can be transformative. In fact, according to a 2012 Al-Anon membership survey, 88 percent of people who came to meetings for the first time reported understanding the seriousness of the addiction only after they'd attended several meetings. In other words, people who go to these meetings may not know very much about the challenges their families are facing, but if they keep going to meetings, they'll learn.

Some families go to meetings just to listen. They come to understand that other families are also dealing with this problem, and they learn how these families are focusing on success. Others go to these meetings to network. They seek out peers who have overcome nasty addiction challenges, and they ask for advice on steps that really work. Either method could be helpful. The key is to get started.

2. Talk openly about the shift

After attending Al-Anon meetings, families may have a deep understanding of the habits and behaviors they'd like to shift. The best way to make those adjustments is to discuss the plan with the addicted person in an open and honest manner. The Partnership for Drug-Free Kids provides these conversation tips:

Choose a time to talk when the person will be sober.

Emphasize the fact that the changes come from love, not a desire for revenge or punishment.

Use open-ended questions about addiction to help the person come to understand that substance abuse might be the root of the issues the family is facing.

Set limits clearly, and be prepared to stick to them.

Stay positive, and resist the urge to fight or give in to attacks.

This conversation can be brief, but the family should be sure to point out the specific behaviors that they're planning to change, along with the reasons they're changing those behaviors.

3. Work in teams

After that opening conversation, families should work to limit the one-on-one time they spend with the addicted person. That's a tip from an ARISE Intervention, and according to the Association of Intervention Specialists, it's aimed to help reduce pressure and manipulation. If the family doesn't have one-on-one talks, it's harder to perform back-door attacks and sneaky innuendo. One person might be willing to fall under the sway of an addicted person's charm, but the other might be the voice of reason that helps the whole family to stick with their new plan.

4. Don't make excuses or cover up the behavior

Sponsor-relationship Some of the most egregious things that happen during the course of an addiction take place when the person is actively intoxicated, and often, drugs of abuse cause persistent memory loss. Alcohol, according to the National Institute on Alcohol Abuse and Alcoholism, can cause discernable memory changes after just one or two drinks. The more people drink, the more they forget. Some drugs work in the same way.

The family's goal is to make sure that the addicted person sees the consequences of the addiction, so that means the family can't be the cleanup crew. If someone stumbles home and falls asleep in the yard, that person stays in the yard. If the person becomes loud at a party, the family doesn't smooth over the social interaction. The person is forced to deal with all of those consequences alone.

Families should also resist the urge to keep a person's workplace reputation pristine. The National Institute on Drug Abuse reports that people with addictions are much more likely to miss work, when compared to people who don't have addictions. Families may try to smooth this by calling in "sick" for an addicted person, or they might push an addicted person to stop working altogether, so there's a smaller chance of embarrassment. All of those actions should stop, too.

5. Let law enforcement officers do their job

Much of the behavior associated with an addiction is illegal. People with addictions might:

- Steal money
- Steal drugs
- Purchase illegal drugs
- Drive while intoxicated

Sometimes, people do things that are even worse. For example, in Ohio, a man who worked for an ambulance company stole blank doctors' prescription pads, presumably so he could write prescriptions for drugs, and he allegedly obtained about \$20,000 of drugs in this manner, per news reports.

These can be awful crimes, and families might have the money, the legal skills, or both to help their loved ones to escape the consequences of these addictions. But in the end, that's not smart.

6. Work with a counselor

Life with a substance abuser is stressful, and according to the Partnership for Drug-Free Kids, it's not unusual for families to develop persistent and uncomfortable health problems, including:

- Backaches
- Digestive problems
- Headaches
- Panic attacks or anxiety
- Depression

Along with all of those signs of upset and stress, family members might still believe that they can somehow shift the behavior and make the person's addiction fade away. They might remember the way things used to be before the addiction took hold, and they might be convinced that those good times are right around the corner, just as soon as they say or do the right thing.

These are tough thought patterns to shift, and a counselor might help. Individual counseling sessions can help people to work through their personal thoughts and feelings about the addiction, and counselors may provide coaching that can assist people when the going gets tough.

7. Continue to emphasize treatment for addiction

As families set limits and make the consequences of addiction more palpable for the substance abuser, they could cause the person to really think about healing and how sobriety might help. However, that person isn't likely to get better without the help of a treatment team. Again, addictions are brain diseases that can't simply be pushed to the side with one conversation. They're caused by changes in brain chemicals and brain circuitry, and they need in-depth treatment to amend.

That's why families should continue to bring up the promise of treatment as they shift from traditional enabling behaviors. They should remind the addicted person that treatment works and that treatment could make the whole family feel better. They should keep brochures about treatment facilities on hand, so the addicted person can peruse them on his/her own time.

Families should remember that some addicted people won't accept the possibility of treatment right away. It's a bold idea, and sometimes, people need to think about it and ponder it before they agree to take action. Families that respect that process of change, and who refuse to give up hope, may see the sobriety come with time.

Practical Exercise # One

ENABLING THE WRONG OUTCOMES?
FAMILY WORKSHEET

Their Behavior?	What you would like to see?	Your Actions?	Outcome?	Were your actions productive or destructive? Why?

The Story

VIDEO ONE



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Signs of Enabling Addicts

Educates family members of those in recovery about substance abuse disorders. Three sessions cover triggers and cravings; phases of recovery; and typical family reactions to the stages of addiction and recovery and how they can best support their loved one.

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

Duration: 15:14 min

FAMILY WORK SHEET

ISSUE # 1 “Enabling vs. Consequences”

ISSUE # 1. Enabling vs. Disabling (30-minute session)

GOAL: 1. To use this seminar content as a foundation into building communication techniques that do not enable reinforcement of negative substance misuse behavior. 2. To learn how to avoid communication that disables the positive habits of successful recovery. 3. How communication makes a safe place for the family.

QUESTION:

ANSWER:

1. Do you take steps to cover up the addiction and help keep it hidden? _____
 2. Do you make excuses for your loved one’s addiction or behavior? _____
 3. Do you avoid confronting the addiction to avoid conflict? _____
 4. Do you believe your loved one is just going through a phase? _____
 5. Do you believe the problem will eventually resolve itself without help? _____
 6. Do you handle the responsibilities of your loved one? _____
 7. Have you bailed your loved one out of jail? _____
 8. Have you paid bills for your loved one, who likely used income on their addiction? _____
 9. Do you have a parent-child relationship with your loved one even though they’re your spouse? _____
 10. Do you enjoy the feeling of being ‘needed’ by your loved one? _____
 11. Are you guilty of giving second, third, and fourth chances? _____
 12. Do you ever participate in risky behaviors alongside your loved one? _____
- TOTAL:** _____

SCORE: 1 - Never, 3 – Sometimes, 4 – Often.

If your Score Totals:

12 You are doing great. 36 You could do better. 48 You should seek professional family therapist to learn how.

Practical Exercise # Two:

1. In what way am I enabling?
2. What can I can do to stop enabling?
3. How is my enabling self-gratifying my emotional needs?

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 Enabling and address them using the FTR model.
2. Our Family will use the Individual Family Member Self-Assessment of Denail Worksheet to first understand each member degree of possible enabling and agree that it is accurate then gather the resources which will empower each family member in dealing with their response to the issue.
3. As part of the Master Family Plan of Action we will complete the "Enabling the Wrong Outcomes" worksheet.

NOTES: