

# A FAMILY GUIDE TO ADDICTION AND RECOVERY



HOW TO HELP YOURSELF  
AND LOVED ONES

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Any questions about treatment for an addicted family member, or for the family, should be discussed with a professional.

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### **Note to Readers**

We are interested in hearing how you used this family guide. Send your comments to the email address above. Also, feel free to give us your ideas on other topics that we should include in future editions of this recovery guide.

### **Authors' Note**

Thanks to Cindy Hurney for designing this guide, Janis McDonald for help updating it, and Chris Daley for designing the covers.

# **A Family Guide to Addiction and Recovery**

By

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## **About this Guide for Families and Concerned Others**

The purpose of this guide is to help you understand addiction (also called substance use disorder or chemical dependency), what you can and cannot do to help your addicted family member, partner or friend, and how you can help yourself and other family members. Family refers to two-parent or single-parent families, blended families, gay or lesbian couples, men and women who live together or others who have a close relationship. Even if your loved one has a problem with substance use but is not addicted, this guide can help.

The first section reviews the causes, effects and treatment of addiction, recovery, relapse and addiction combined with psychiatric illness since co-occurring disorders are common. The second section reviews the effects of addiction on the family unit and individual members (and significant others), treatment and recovery of the family, and how to help yourself and children who have been exposed to a parent's or sibling's addiction. This guide is based on information from clinical studies, writings of experts in family treatment, recovery guides for families, interviews with family members, a survey we conducted with patients on their views of the impact of their problems on their families, and our experiences providing treatment to addicted individuals and their families or concerned others.

## **About Our Recovery Workbooks and Journals**

Our materials are brief, informative, user-friendly, hopeful and useful for individuals recovering from substance use, psychiatric or co-occurring disorders. They can be used in addiction, psychiatric, medical, criminal justice and other settings. Recovering individuals who use these workbooks rate them as very helpful in learning information about their disorders and learning recovery strategies to manage these. Descriptions of these and other materials are available on Dr. Daley's website: [www.drdenniscdaley.com](http://www.drdenniscdaley.com).

## **About the Authors**

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Antoine Douaihy, M.D. is Associate Professor of Psychiatry, Medical Director of AMS, a dual diagnosis inpatient and outpatient program, and an HIV clinic. Dr. Douaihy is a clinician, researcher, and educator. He has a strong interest in addiction medicine and dual diagnosis treatment. He and Dr. Daley work closely together in providing treatment, conducting research, teaching and writing. They have co-authored many publications for professionals, individuals in recovery, and families.

# 1. Symptoms, Causes and Effects of Addiction

## Addiction Shows in Many Ways

“My alcohol problem got worse after I retired. I went from drinking a few days a week to nearly every day. I sometimes passed out and forgot what I did or said. My children and grandkids worried because I sometimes got drunk at family events. Plus, I got charged with driving under the influence. Drinking caused health problems, too. I was going downhill and ruining my retirement and family life. My family was upset and worried. They didn’t know what to expect from me. My adult children didn’t trust me taking care of my grandkids because of my drinking. Finally, I listened to them and got help. I quit drinking and have been sober for over a year. All with the support of my family, counseling and AA. Life is so much better now.” -Karen, age 66

“I tried many drugs as a teenager and got hooked early on weed. I never thought a person could get addicted to marijuana. Some of my friends used cocaine or pain pills so I thought I wasn’t that bad compared to them. I mean c’mon, I was only smoking weed and drinking some. But, I couldn’t live without weed. I lost my motivation and dropped out of school. I couldn’t keep a job. I lied to my parents and caused them stress. They couldn’t trust me and hated to see me go downhill. One of my friends who was in recovery convinced me to get help so I went to outpatient rehab and NA. I haven’t used drugs or alcohol in over 2 years. My parents attended Nar-Anon to get support, which helped them understand how addiction hurts families, too. I even quit cigarettes. I’m back in school and getting my life on track again.” -Brian, age 23

“I’m a nurse so I never thought I would let myself get hooked to pain pills, needing more just to feel normal. My husband tried to convince me to get help, but I lied, saying I would stop using but sneaking pills. I finally got help when I admitted to my doctor that my use of pain pills was out of control. Her staff referred me to a detox program because I was physically hooked. After detox, I went to rehab. Lucky for me I got help or I would have lost my job and maybe even my family. My husband and kids came to some counseling sessions with me. I learned how upset and worried they were. I now go to NA and he attends Nar-Anon. My family is doing better too. I have been drug free for 19 months. It isn’t always easy, but I’m following a daily plan of recovery and letting others help and support me. I’m a better wife and mother now.” -Rhonda, age 41

“Recovery saved my life. I used, abused and became hooked on drugs and alcohol. I couldn’t stop using. I stole to support my addiction. I lost jobs, got in trouble with the law and created hell for my family. My parents were heartbroken. The only reason I got help was to stay out of legal trouble. But, something happened and I finally got involved in recovery. I’ve been drug free over 6 years and I’m working as an addiction counselor. I’ve come a long way and would be dead if not for the fact I got help.” -Shawn, age 37

These cases show many ways in which addiction rears its ugly head. There is no single pattern. Some get addicted to one drug while others get hooked on many drugs, including alcohol and/or nicotine. Some have severe negative consequences while others experience mild or moderate consequences. Addiction starts early in life for some, later for others. Millions of Americans use, abuse or are addicted to alcohol, nicotine, marijuana, cocaine (and other stimulants), sedatives, tranquilizers or sleeping pills, heroin or other opioids (narcotics), hallucinogens and other drugs like bath salts. The most common addictions are to nicotine, alcohol, marijuana, cocaine and opioids, especially pain pills. Many people have problems with more than one substance. And, many are addicted to nicotine, a drug with the greatest number of deaths due to medical complications of long-term use.

### Signs and Symptoms of Addiction

Addiction is a disease or disorder according to the American Medical (AMA) and American Psychiatric (APA) Associations. There are physical (body), psychological (mental and behavioral), social (relationship) and spiritual aspects to it. Following are symptoms of addiction (also called substance use disorder). The more symptoms a person has, the more severe the disorder or the addiction. However, even if a person has a few of these and is not addicted, substance use can cause or worsen problems in health and in life.

- **Loss of control over substance use:** the individual uses larger doses of alcohol or drugs, or over a longer time than intended.

For example, Scott told himself he would stop at a few beers and not drink so much, but on most drinking occasions he could not stop until he consumed too much alcohol. No matter how hard he tried, cutting down was so hard.

- **Can't cut down on substance use:** the person has a desire to, or actually tries to reduce or stop alcohol or drug use but is unable to do this.

For example, Lisa limited herself to using cocaine only on weekends, but couldn't stick with this very long. Juan stopped drinking totally several times, but this never lasted more than a few weeks. And, when he first returned to drinking he tried to limit himself to no more than a few drinks per drinking occasion only to find that he seldom could stick to the limit he set.

- **A great deal of time is spent in activities to get, use, or recover from the effects of alcohol or drugs:** a person addicted to drugs may center life around making sure he or she can get the drugs needed whether or not these activities are legal. Or, an alcoholic who drinks more heavily on the weekends may miss work early in the week due to severe hangovers.

For example, Fran often doctor shops, visits emergency rooms or call dealers to get prescription opioid drugs. Getting and using drugs to avoid getting sick is the primary focus of her day.

- **Strong cravings to use:** a desire to use can be so strong that the person feels overwhelmed or finds it hard to shake off. They want alcohol or drugs badly.

For example, even several months after being drug free, Brian sometimes felt intense desires to use drugs. Kim would feel strong desires to drink and think about ways to

sneak a few even after being sober for a while.

- **Continued alcohol or drug use leads to failure to fulfill obligations at school, work or home:** responsibilities may not be met in life, which can cause serious problems on the job or with family.

For example, Drew often missed school and athletic events of his children because he was out drinking with his buddies. Sara often skipped her college classes early in the week and failed to turn in assignments on time because she partied too much on weekends,

- **Continued use despite social or relationship problems:** alcohol or drug use can cause or worsen problems in these areas, yet the person still uses. Even with the threat of a spouse leaving or getting fired from a job may not deter the person addicted to stop using alcohol or drugs.

For example, Matt's wife said she has had it with him because his cocaine addiction controls his life. Even though she left him, Matt continued his drug use.

- **Important activities are reduced or given up because of alcohol or drug use:** the person may give up social, school, work, spiritual or recreational activities as the addiction progresses. These may become less important as obsessions and compulsions to use dominate the person's life.

For example, Jordon stopped playing basketball and other sports as his addiction progressed. Once an outstanding athlete, playing sports is no longer part of his life. Sandra dropped out of college and abruptly quit a job because of her addiction to drugs.

- **Continues to use in situations in which it is physically hazardous:** despite being impaired by alcohol or drugs, the person may operate a vehicle or machinery. This person may not feel impaired even though he or she is impaired.

For example, Dan often stops after work to drink with his buddies. He often stays for hours, consuming a large amount of alcohol. Even though his blood alcohol level often exceeds the legal limit, Dan drives his car home because he believes he is still in control.

- **Continued use despite medical or psychological problems:** alcohol or drug use can cause or worsen medical, psychiatric or psychological problems, yet the person still drinks or uses drugs.

For example, even when her doctor told her that her alcoholism had harmed her liver and she was at risk for serious liver disease, Alice continued to drink. Stanley was told by his psychiatrist and therapist that continued use of marijuana and cocaine were interfering with his recovery from clinical depression.

- **Tolerance changes:** increased amounts of alcohol or other drugs are needed to get high or intoxicated. Or, alcohol or drugs have less effect with the same amount.

Rodrigo can drink large amounts of alcohol and not even feel intoxicated. Even after consuming ten or more drinks he does not feel drunk. Before Maria quit drinking after many years of alcoholism, her tolerance went way down. Once able to drink much more than a pint of alcohol, a few drinks gets her intoxicated.

- **Withdrawal symptoms or using to stop or prevent these:** the person suffers symptoms when daily substance use is cut down or stopped. Or, substances are used to avoid getting sick or relieve symptoms.

For example, Kalya, a daily drinker, drank in the morning to quell her shakes. Travis used drugs throughout the day to prevent withdrawal from his opioid addiction.

These symptoms are experienced in many different ways by people with an addiction or substance problem. Some people do not show severe physical withdrawal symptoms or medical problems from their addiction. Their addiction can even be “hidden” from others. However, any addiction or drug or alcohol problem can wreak havoc on the lives of affected individuals and their families.

Do not think that your family member has to have all or most of these signs to have a problem. Remember that many of those who are now severely affected showed only a few symptoms early on. Addiction can be progressive and more negative symptoms and problems may accumulate over time. According to the APA, 2-3 of these symptoms indicates a mild problem, 4-5 a moderate problem, and 6 or more a severe problem. Even a mild or moderate problem, however, can cause negative consequences.

## Causes of Addiction

Addiction runs in families, so scientists believe a person may inherit a genetic vulnerability to addiction. Heredity stacks the deck but is not the only factor causing addiction. It results from a combination of factors such as:

- **Biological:** frequent use of drugs may cause changes in brain circuitry or levels of brain chemicals. Addiction disrupts the part of the brain responsible for experiencing normal pleasure, controlling thinking, solving problems, managing emotions and relating to others. Alcohol and other drugs interact with the brain’s reward system by providing “positive reinforcement,” which leads to continued use despite problems. Substance use may become more important than “natural rewards” from eating, sex, socializing, or other positive experiences or accomplishments.

Each person’s body may react differently in how substances are processed. The result for an alcoholic may be an inability to respond to body cues that too much alcohol has been consumed. Some can have a very high blood alcohol level and be intoxicated, but not feel this way. They may feel they are fine and in control when they are not.

For example, Martin’s family history of alcoholism shows that his paternal grandfather, his father, and 2 of his 4 siblings were addicted to alcohol and/or drugs.

- **Psychological:** judgment is affected by substance use, which can contribute to denial or not accepting the addiction as a serious problem. Personality traits, attitudes and beliefs about alcohol or drugs, oneself, and the world, and ways of coping with problems, stresses or emotions also may also impact on addiction. Some people seek excitement and pleasure through drug use and behaviors associated with getting drugs. Others seek relief from stress or emotional pain by using substances.

For example, Darrell tried about every type of drug available on the streets. He started



with alcohol and weed, but said he was a “risk taker” who needed excitement, which he sought through drug use, gambling and multiple sexual partners. When Darrell was high, he was much more likely to engage in high risk behaviors. Allison sought relief from stress and anxiety through the use of prescription anti-anxiety pills, only to get hooked over time.

- **Social and family:** any family member or friend can affect a person’s use of substances. Parents who drink too much, smoke cigarettes or pot in front of their children may serve as a negative role model. Addiction may result from use of prescribed drugs such as pain pills, tranquilizers, sleeping pills, or diet pills.

For example, Dan spent much of his time socializing in gay bars. At first he drank to reduce is anxiety about meeting men, but over time he became dependent on alcohol. He also got turned on to other drugs by his gay friends. Eventually, Dan got addicted to both alcohol and other drugs.

### Effects of Addiction

Many problems are associated with alcoholism and drug addiction, ranging from mild to severe. Also, addiction can be fatal as people die from it. Problems result from substance use as well as not taking care of physical, emotional or spiritual health, or relationships with family or others. The personal pain and turmoil these problems create for the individual or family can be significant. Following are examples of effects of addiction.

- **Medical:** accidents, medical problems, complications or diseases, sexual, dental or sleep problems, traumatic injuries, seizures, memory loss, or shortened life span.

For example, Mike developed hepatitis from using dirty needles and sharing drug paraphernalia with other drug users. Ashley broke her wrist and cut her chin open requiring stitches after falling when she was drunk. One of the authors recently met with a group of 21 men and women in a rehabilitation program. Nearly half had no teeth or had serious dental problems, in addition to other medical conditions that were caused or worsened by their addiction.

- **Psychological:** depression, anxiety, suicidal thoughts or behaviors, psychotic symptoms, impulsive behaviors, violence, low self esteem, or psychiatric disorders.

For example, Luis has become violent towards his wife and others on several occasions while intoxicated. When he is not drinking, Luis is mild mannered. However, sometimes during drinking episodes he gets mean, nasty and violent.

- **Family:** separation or divorce, abuse or neglect of children or spouse, family chaos, unstable family environment, emotional burden on the family or financial stress.

For example, Carla was discharged from a womens’ shelter when the staff found her with drugs smuggled into the facility. She had her two young sons with her and had to take them to a homeless shelter. Diane got tired of living in fear, chaos and uncertainty caused by her husband’s drug addiction so she took her kids and moved in with her parents until her husband agreed to get help for his addiction.

- **Social:** damaged or lost friendships, lowered interest in activities not involving alcohol

or drugs, or loss of hobbies or avocations.

For example, several of Jay's friends avoid him because they cannot trust him and all he seems interested in is getting high.

- **Spiritual:** feeling guilty and shameful, feeling empty or "lost" in life, not feeling that life has meaning, loss of faith or engaging in immoral behaviors.

For example, Becka feels her addiction led to lack of direction in life. Things that were once important to her—family, church, work, friends—became less important as her addiction progressed. Erik said his life became meaningless once he was addicted. He quit attending services and seldom prayer as his addicted took over his life.

- **Financial:** loss of job or income, unemployment, being in debt, problems paying bills or failure to take care of financial responsibilities.

For example, in addition to losing his job as a result of his addiction, Ryan burned through all of his savings and even took out his retirement monies despite paying taxes and a steep penalty for early withdrawal. Lynn often skipped payments on her mortgage and credit card, amassing large debts from penalties charged by her bank and credit card companies.

### **How to View the "Problem" with Your Loved One**

You can see from the previous examples, that addiction can cause or worsen problems in any area of life. The examples of negative effects are endless, but what is apparent is that addiction can create a huge burden for the individual, family and others in the addicted person's life.

If your loved one has an addiction, do not focus on the "substance" or "blame" the drug or the dealer. We hear from many family members that a specific prescription drug should be banned and taken off the market, or the government should take greater actions to stop specific illicit drugs from being made in the lab. The thinking is that if a specific drug is not available, their loved one would not have developed an addiction.

However, this is not necessarily true since drug addiction is a "people" problem. The "problem" is actually your loved one's "addiction" and drug use is just one of the symptoms or behaviors common with addiction. So, do not think of your loved one's problem as using too much alcohol or drugs, **but an addiction!** If not stopped, addiction can harm and ruin lives. And, in some cases, it can lead to early death.

## Recovery Activity

1. Describe your family member's addiction or substance problem.

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2. List some of the effects of your family member's alcohol or drug problem.

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3. How would you rate the severity of your family member's alcohol or drug problem?  
☐not sure   ☐mild   ☐moderate   ☐severe   ☐life threatening

## Notes

[illegible]

## 2. Treatment of Addiction

Treatment can help the person accept their problem and the need for help, identify effects of addiction, learn skills to manage it, and engage in a recovery program. Recovery involves helping them change how they think and behave, unhealthy relationships, develop a sober lifestyle, and decrease their relapse risk. However, not all addicted people want or engage in recovery. Some just want to quit using, which is much better than not doing anything.

Treatment may involve professional care along with mutual support programs such as AA, NA, CA, Rational Recovery, SMART Recovery, Women for Sobriety, or others. Treatment is helpful to the extent that the person sticks with it over time and uses the guidance of professionals and peers in recovery. Early drop-out from treatment is usually a bad sign.

### Why Addicted People Get Help

Most people with an addiction do not get help. While some quit on their own, many are unable to do so and need treatment and/or help from mutual support programs. Pressure from the legal system, employers and families are the most common reasons why people seek treatment. Once in treatment, even if “unmotivated,” the person has a chance of turning his life around and stopping substance use.

Pressure is most effective when the person is faced with consequences should she refuse to seek help. The possibility of losing a job, family, or freedom can be a potent motivator. If your addicted member has a history of violence or a serious psychiatric problem, discuss this situation first with a professional to get help with your loved one.

Even if the addicted member resists your efforts to get help, she may get the message that you know a problem exists, you will no longer tolerate it, and you will take steps to make sure your life doesn't become harmed any more by it.

### Types of Professional Treatment Programs

An addicted person may use any combination of treatment services. Some need several programs over time. This does not mean they failed, but that long-term involvement in treatment is needed. Many people with chronic medical or psychiatric disorders often require long-term care and need multiple episodes of treatment. As a person goes through different programs over time, he may achieve stable recovery. Treatment services include:

- **Detoxification:** this helps the person safely withdraw and develop a continued care plan. Detox lasts 3-7 days or longer and is provided by doctors, nurses and counselors in a hospital, rehab program or outpatient program (few outpatient detox programs exist). Detox without follow-up care is a recipe for disaster.
- **Short-term residential rehabilitation:** this helps the person learn about addiction and recovery, learn skills to manage the addiction, and develop a plan for continued care. This occurs in residential settings or hospitals and usually lasts 2-4 weeks.

- **Long-term residential program (therapeutic community, halfway house):** this helps the person learn skills to manage the addiction, get involved in job training or find a job, and/or engage in mutual support programs. These programs last 3 months to a year or longer. Some programs for women allow them to keep children with them.
- **Non-residential rehabilitation (partial hospital, day, evening, intensive outpatient):** These help individuals learn about addiction, and develop recovery skills and a plan for continued recovery. They can be used as a “step-down” program following detox or rehab. These occur in outpatient settings and last 4 weeks or longer.
- **Outpatient counseling or therapy:** this helps people assess their substance use problem and engage in recovery. This can be a “step-down” from detox, rehab or other program. Length of time varies from a few sessions to months or longer. This occurs in treatment clinics or private practices.
- **Medication-assisted-treatment:** this can help addicted people safely withdraw from substances or maintain long-term recovery from alcohol, opioid or nicotine addiction. With opioid addiction (heroin or prescription pain medications), medications like methadone or buprenorphine can be used as “replacement” drugs. However, these should be used with therapy or counseling and/or mutual support programs.

### Is Treatment Effective?

Many studies show that treatment helps people get and stay sober, reduce alcohol or drug use and improve their well-being. To benefit, your loved should keep appointments with professionals, get active in mutual support programs and use coping skills to manage the challenges of recovery (e.g., not giving in to strong cravings, resisting pressures from others to use, finding new activities that are satisfying, catching signs of relapse). If your family member is not receiving treatment, talk with an addiction specialist to get ideas on how you might influence this member to get the help they need.

### Recovery Activity

1. How many times has this member been in treatment for the alcohol/drug problem?  
☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ over 5
2. How many times has your family member left treatment early before completing it?  
☐ 0   ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5   ☐ over 5
3. Overall, how would you rate their investment in treatment in the past?  
☐ None   ☐ Low   ☐ Moderate   ☐ High   ☐ Varied
4. Overall, how would you rate their motivation to get help in treatment at the present?  
☐ None   ☐ Low   ☐ Moderate   ☐ High   ☐ Not sure
5. How confident are you that your loved one will get involved in recovery?  
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident
6. How confident are you that your loved one will stay involved in recovery?  
☐ Very confident   ☐ Confident   ☐ Somewhat confident   ☐ Not confident

# 3. Recovery for Your Addicted Family Member

Recovery is the process of getting and staying sober, and making positive changes. Getting sober is a great start, but the real work of recovery is sustaining these changes over time.

Recovery is a long-term process of abstinence and change. Recovery can be difficult as it requires mental and physical adaptations. The program your family member follows is based on the severity of the addiction, degree of damage caused by it, his motivation to change, whether another type of addiction or psychiatric disorder is present, support from others, and the availability of recovery resources. Areas of recovery may include:

- **Physical/lifestyle:** improving health, exercising, getting good nutrition, sufficient rest and sleep, and managing cravings. Medications can aid recovery from addiction to opioids, alcohol or nicotine. Getting rid of drug paraphernalia aids recovery from drug addiction. Many need structure and to follow a disciplined program each day.
- **Psychological:** accepting the addiction, managing thoughts or obsessions of using, and managing stress, emotions (feelings) and moods. As recovery progresses, some deal with trauma issues as well as what AA/NA refer to as “character defects” that contribute to addiction (these are personality traits and related behaviors).
- **Family:** assessing the impact of addiction on the family and its members, involving the family in treatment, and making amends to those hurt by the addiction. Parents should look at the impact of an addiction on their children, and help them learn to deal with the aftermath of it. Some parents benefit from improving parenting skills.
- **Social:** establishing a recovery network with sober friends and supportive people, refusing substance offers, and engaging in drug-free leisure activities. Some need to learn to have fun without using substances. Connections with sober people and active involvement in mutual support programs are the cornerstone of recovery for many people. Treatment helps the person get involved in these programs.
- **Spiritual:** overcoming guilt and shame, finding meaning in life, using a Higher Power, forgiving self and others and “giving back” after a period of stable recovery. Some find it helpful to get re-involved with their religious or faith-based practices.
- **Job or financial:** dealing with money problems, learning to manage a budget, and taking care of financial responsibilities. Some need financial help from the Government until they are able to find a job. Others need help with vocational training or job counseling, or how to search or apply for a job.

## Benefits of Recovery

Recovery has to be earned by following a program of change and having accountability with others (e.g., a sponsor or peers in recovery, a partner or spouse, a therapist or counselor).

Recovery has many potential benefits. Some occur when one stops using alcohol or drugs while other benefits take time and effort. Some benefits are small, others are significant.

Because addicted individuals can be impatient, impulsive and want “immediate results,” they have difficulty seeing long-term benefits of recovery. They want the benefits “now.” Don’t get discouraged if you see this attitude because it is common. As they move through recovery, addicted people learn that they have to work hard if they are to benefit. Nothing is achieved without working for it.

Some quit using alcohol or drugs but do not “work” or “engage in” a recovery program. They may make some changes in their lives, yet not address recovery issues discussed earlier. Not everyone with an addiction will embrace the need for recovery. Some just want to quit and not make any significant changes in their lives. *Benefits of recovery* may include improvement in any of the following areas:

- Physical and dental health and related healthcare habits.
- Mental health and ability to cope with stress, problems, and emotions.
- Relationships with family, friends and others.
- Spiritual health and connectedness to others and God or a Higher Power.
- Ability to function as a responsible member of society.
- Quality of life and personal satisfaction.

### **Recovery Activity**

1. Overall, how would you rate your family member’s motivation to recover at the present?  
☐None    ☐Low    ☐Moderate    ☐High    ☐Not sure
2. How many days a week does he/she attend a mutual support program (AA, NA, others)?  
☐0    ☐1    ☐2    ☐3    ☐4    ☐5    ☐6    ☐7    ☐Each few weeks
3. Overall, how active are they in mutual support programs (attending meetings, using a sponsor, working the 12-steps, reading recovery literature, other activities)?  
☐Not sure    ☐Not active    ☐Somewhat active    ☐Active    ☐Very active
4. What concerns, if any, do you have about your loved one’s recovery?

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## 4. Relapse in Addiction

### The Many Faces of Relapse

“I was sober over three years when I relapsed. No one thing caused it, but what happened was I let down my guard. It started at a wedding when I had 2 drinks. After controlling my use, I said I would limit myself to a few drinks, once or twice a week. I also stopped going to AA. After a few weeks of moderate drinking, the shit hit the fan. My drinking got out of control and bad stuff happened. My wife was very upset with me. I was fortunate as an AA friend who noticed I was missing meetings stopped by one evening. I reluctantly agreed to get back in recovery. I’m back on track now and have been sober almost a year. And, I meet regularly with peers and my AA sponsor. I learned that recovery is ongoing and doesn’t stop just because I reach a few years of sobriety.” -Scott

“Life was better when mom got help and stopped using cocaine. We were shocked when she relapsed because she had worked so hard at her recovery and stayed off drugs several years. She admitted her relapse after a few hits of a joint. Even dad thought using pot was an improvement since she stayed away from cocaine. Well, that didn’t last long. We were all fooled by her relapse. We learned a lot. Good thing she’s back on track and not using any drugs now. Our family agreed to attend sessions with her and to point out any warning signs we see. This was an eye opener because mom was motivated and committed to sobriety. Just goes to show you addiction can come back at any time!” -Melissa

“Relapse snuck up on me because I didn’t listen to my therapist or NA sponsor. I had dental surgery and was given a prescription for pain medicine for a few days. I did not tell anyone about this even though I knew I should have. After a few days taking meds for pain, my desire for heroin came back. Rather than talk to my sponsor or friends in recovery, I went back to using. Soon, I was injecting every day. I couldn’t stop until I got treatment and took medication to help me get off heroin. I still take this medicine, go to NA meetings and group therapy. Although my relapse could have been worse, I feel awful that I got so complacent. I let myself down as well as my family and friends.” -Randall

“I’ll never forget the day our son died of a drug overdose. We aren’t sure what happened or if this was on purpose. But it doesn’t matter because he is gone. We are heartbroken. What an awful thing to happen, to lose your son to addiction. We feel guilty that we didn’t do more to try to get him to not relapse.” -Karen and Tom

### Understanding Relapse

As these cases show, relapse is a possibility for any addicted person. Even motivated people can relapse if they move away from their recovery program. The results can be a disaster like it was with Karen and Tom whose son died after relapsing. We know many families who have lost loved ones to accidents, overdoses, suicide or medical diseases caused or worsened by an addiction.

*Lapse* refers to the initial episode of use. Some catch themselves early when they lapse and prevent it from leading to a relapse. It is hard to predict what may happen when a person lapses. For some, a lapse leads to a full-blown relapse of addiction. For others, it is a wake up call and they get more serious about their recovery. Yet others relapse many times.

A *relapse* is continued use of alcohol or other drugs beyond the lapse. Relapses vary. Some people use more while others cut down on the frequency or quantity of use. No one pattern fits all people. Some “control” and limit their use for a while. When addicted individuals use again and it does not get out of hand, they may believe they can use “socially” or “control” their use. Some even believe they no longer are addicted.

The challenge for recovering people is to be vigilant about relapse and catch warning signs and manage high-risk situations to reduce the chances of using again. If they use alcohol or drugs, the challenge is then to stop quickly, limit the damage, and get back in recovery.

### **Warning Signs of Relapse**

The risk of relapse is greatest during the first year of recovery, especially the first 90 days. The person is adjusting to being substance free. They may have low motivation to change, second thoughts about recovery, or strong cravings to drink alcohol or use drugs.

Relapse is a “process” of returning to “old habits” that increase the chances of using substances. This process can be obvious or “hidden” so the addicted person does not see what is going on. This is why ongoing involvement in recovery is needed.

Warning signs precede relapse. Using alcohol or drugs may be the last link in a chain of events or decisions. If the person closely examines thinking and behaviors, she often can identify signs that preceded her relapse. Seldom does relapse come out of the blue. These signs may show in changes in attitudes, motivation, thinking, moods or behaviors.

Many people have prevented relapses by identifying early warning signs and taking steps to deal with them. However, if an addicted person relapses, she can learn from reviewing what led up to it, identifying warning signs, how much time occurred between the emergence of these signs and the use of alcohol or drugs, where and when the relapse occurred, and who she was with. This process makes her better prepared for the future so that warning signs can be identified and managed before alcohol or drugs are used.

### **Why Addicted People Relapse and Use Again**

Although a solid recovery plan and positive attitude help reduce the likelihood of relapse, it can happen with anyone. Relapse usually results from a combination of factors rather than just one. In some cases, a relapse may be the “straw that broke the camel’s back.”

High-risk relapse factors vary, but most fall into the categories listed below. However, ***it is not the high-risk factor that leads to relapse but the lack of, or failure to use coping skill, that leads to a relapse.*** Following are common relapse factors:

- Inability to manage emotions like anger, anxiety, boredom, depression, loneliness, guilt or feeling empty or like nothing matters. Or, feeling good and believing the addiction is under control, or that a reward is in order.
- Failure to refuse pressure when drugs or alcohol are offered by others.
- Difficulty fighting off thoughts, desires, obsessions, cravings or compulsions to use. For example, giving in to thoughts like “I can control my use; one or a few won’t hurt; I need some action or fun; I deserve a few drinks (or drug).”
- Conflicts with others, lack of support, involvement with others who are addicted.
- Taking prescription drugs that trigger a strong desire to use other drugs.
- Psychiatric problems that are not treated like a mood, anxiety or psychotic disorder.
- Other issues such as lower motivation, lack of structure in life, and not avoiding high-risk people, places or situations. These can “set up” a relapse.

Counseling and/or the 12-Step program of AA or NA or other mutual support program pave the way to identify and manage high-risk factors or warning signs. Some people reach the point where they practice recovery principles in their daily lives without participating in treatment or mutual support programs. However, many stay active for a long time. Some “live” the program in which participation is a major part of their lives.

### **How You Can Help Your Addicted Family Member**

While it is not your responsibility to keep your family member sober, you can provide support and help that may make a difference. You don’t have to sit back passively and watch him slide back to drinking or using drugs. Following are some strategies to consider:

- **Let go of your fears of relapse:** worrying won’t make a difference to your addicted family member. Use the 12-Steps of Al-Anon or Nar-Anon or repeat slogans such as “let go and let God” to let go of your fears of relapse.
- **Discuss relapse:** talk about the possibility of relapse with other family members. Then, talk about this with your addicted member. Agree on a plan to address relapse BEFORE it happens if you or other family members see warning signs.
- **Share your observations:** tell him that you want to support his recovery and talk about relapse warning signs you notice. State that your intent is to help reduce his relapse risk, not “nag” him. Ask him what he wants you to do if you notice relapse warning signs. Ask how you can help him?
- **Develop an emergency plan to deal with a relapse:** discuss what steps to take if your loved one relapses. If you prepare ahead of time, you may feel a greater sense of control if it occurs. The earlier an actual relapse is caught, the greater the likelihood it can be cut off BEFORE major damage occurs.
- **Review the relapse experience:** talk about your feelings and reactions to her relapse when it has ended and she is back in recovery. Don’t deny your feelings. If you are disappointed, upset and angry, admit it.

- **Seek support from Al-Anon or Nar-Anon:** discuss your experiences or feelings at meetings. Find out how others dealt with their loved ones' relapses. Members can listen to you and share helpful ideas on how they coped. You can also access chat lines on the internet, but this is different than face to face meetings.
- **Don't lose track of your own recovery:** there are limits to what you can do to help your addicted member. Do not lose focus on yourself or your recovery.
- **Consider therapy:** this can help you deal with your reactions to your loved one's relapse. It can also help you figure out how to take care of yourself and not get lost in a family member's relapse.

### Recovery Activity

1. If your family member has been in treatment and recovery before, how many times has he or she relapsed following a period of sobriety or abstinence?  
☐1   ☐2   ☐3   ☐4   ☐5   ☐over 5 times   ☐not sure
2. How confident are you that your addicted family member will not relapse?  
☐Not confident   ☐Somewhat confident   ☐Confident   ☐Very confident
3. In looking back at your family member's relapse(s), what were some of the early warning signs that indicated he or she was headed back to using?

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4. What were some of the causes of his or her relapse in the past, or what do you think could cause or influence a relapse in the future?

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5. What do you think your family can do to help your loved one reduce the risk of relapse?

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## **5. Addiction and Psychiatric Illness**

Addiction combined with a psychiatric illness is called “dual” or “co-occurring” disorders. Having one disorder raises the risk of having the other. People with dual disorders are more likely to miss treatment sessions, drop out, and/or not take medications as prescribed. They have more problems, relapse more often and are at higher risk to return to the hospital for detoxification, or medical or psychiatric care.

Psychiatric illness can affect how quickly addiction develops as well as response to treatment. Addiction can mask or worsen psychiatric symptoms, or trigger an episode of depression, mania, suicide or psychosis. For example, use of bath salts, hallucinogens, or chronic stimulant use can cause psychotic symptoms. Relapse of either disorder can affect response to treatment and recovery for the other disorder.

Many people experience depression and anxiety from problems caused by addiction such as loss of relationships, jobs, dignity and self-esteem. Sometimes, a relapse to substance use causes depression. The person feels guilty and shameful, which can contribute to depression. Depression or anxiety also can be experienced independent of the addiction.

Addiction and psychiatric problems are not always linked. Some individuals get hooked on alcohol or drugs long after they had a psychiatric illness. On the other hand, psychiatric illness can occur long after they have been sober.

### **Psychiatric Emergencies**

These can occur regardless of your loved one’s motivation or participation in treatment. An emergency requires action. Examples of emergencies include the person:

- Being out of touch with reality (e.g., psychotic symptoms such as hallucinations or delusions), which affects the ability to function or take care of self.
- Being unable to take care of basic needs for food, shelter or protection.
- Being seriously depressed, manic, or out of control with moods or behaviors.
- Making a suicidal threat or attempt.
- Threatening to hurt or hurting another person.

Call a psychiatric hospital, crisis center or mental health professional if you are concerned about your loved one’s psychiatric condition. More severe cases in which a family member is at risk to hurt self or another may require initiating an involuntary commitment.

### **Suicidal Thoughts, Threats or Attempts**

The risk of suicide increases when addiction and psychiatric illness combine. Substances can impair judgment and give the person courage to make a suicide attempt. Risk factors

associated with suicide include having made a previous attempt, having a plan, being depressed, feeling hopeless or suffering a recent loss of relationship, a job, or health.

When a loved one talks about suicide, take it seriously. Listen and be supportive. Encourage your family member to get professional help. Psychiatric hospitalization may be needed if an attempt is threatened, planned or has been made.

In some cases, families have to initiate an involuntary commitment to get the suicidal member an evaluation and treatment. Even though it can be uncomfortable to have a family member committed, it may be necessary to protect him from attempting to take his life.

Call your county mental health administration office for information about the process of commitment. If your family member is in treatment, inform his doctor or therapist of the suicidal talk or behavior. They can help you determine the best course of action.

### **Treatment of Co-Occurring Psychiatric Disorders**

There are many treatment services for co-occurring psychiatric disorders. In cases of severe, acute symptoms, psychiatric hospitalization may be needed to help stabilize the person. Other services needed may include partial hospital, intensive outpatient, psychiatric rehab, dual diagnosis rehab, case management or medications. Research shows that an “integrated” program that addresses both the addiction and psychiatric illness is preferred. This means your family member gets help for both types of disorders in the same program by the same treatment team if possible.

### **Recovery Activity**

1. List your family member’s psychiatric and addiction diagnoses. If you do not know these, ask their doctor or therapist when attending a session with them. It is important that you know what disorders they are being treated for.

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2. To your knowledge, is your family member getting the help they need for both the addiction and the psychiatric disorder?  
☐Not sure      ☐Yes      ☐No
3. How compliant is your family member with his or her treatment (taking meds only as prescribed, attending individual or group sessions, or following the treatment plan?).  
☐Not compliant    ☐Somewhat compliant    ☐Compliant    ☐Very compliant
4. How satisfied are you with the care that your family member is getting for both addiction and psychiatric disorder?  
☐Not satisfied    ☐Somewhat satisfied    ☐Satisfied    ☐Very satisfied

## 6. How Addiction Affects a Family

Addiction affects families and the members in it. When addicted individuals “under-function” and fail to take care of their responsibilities, other members often take these over. Addiction can affect any area of family life in positive or negative ways. In some families, “chaos” becomes common. Addiction becomes a central focus of family life.

The effects on families vary from mild to severe in which a family is torn apart. Serious problems may result, including death of the addicted person or the family breaking up due to separation, divorce or the addicted parent’s inability to provide proper care for children.

The effects are determined by the severity of your loved one’s addiction and other problems, your coping mechanisms, the availability of support to you, and exposure to positive relationships or experiences.

Following is a summary of potential effects of addiction on the family unit:

- **Family mood or atmosphere:** it can feel tense, anxious, sad, depressing, frustrating or disappointing. Anger, embarrassment, disappointment and worry are common.

For example, Troy always gets upset, depressed and angry when he visits his parents because his dad always gets drunk. Once Troy’s dad gets drunk, he starts raising hell and makes it uncomfortable to be there. Troy is especially upset because he hates to expose his wife and their two small children to his dad’s drunken behaviors.

- **Communication:** too much arguing or yelling, not discussing the addiction or talking too much about it, limited expression of positive thoughts or feelings, or too much negativity or focus on problems or the addicted member.

For example, Mr. and Mrs. Harrison get so consumed with their teenage daughter’s drug problem that they get in to heated arguments about how to handle her. Most of their emotional energy is directed towards their daughter. Their son and other daughter feel ignored and feel too much effort is put on their addicted sibling.

- **Interactions among family members:** less cohesion, too much conflict, lack of structure or discipline or failure to enforce rules with kids, parental inconsistency, or parents not working as a team. Family rituals like eating together, sharing activities, worshipping together, celebrating holidays or special occasions may be affected.

For example, Derek says that Christmas is always a bummer in his home as mom drinks too much, dad often is not at home, and when his parents are together, they yell and argue a lot. Missy, whose dad has an addiction to cocaine, is upset because he often fails to show up for her children’s birthday parties or soccer games even when he says he will attend these. She cannot trust or depend on her father, which saddens her.

- **Neglect, abuse or violence:** addiction is involved in many child abuse and neglect cases. And, the risk of domestic violence increases among partners or spouses.

For example, Dana had her kids removed from her home by Child Welfare Services



because she left them unattended many times to go drinking and partying with friends. She would leave her 9 year old in charge. One day the police found her 4 year son old out in the cold without a jacket. He somehow opened the door and went outside, only to get lost.

Sandy's husband Keith is mandated to attend a group for men who abuse women, which resulted after being arrested for beating her up. The sad thing is that Keith did this many times before. Sandy isn't sure if she should get back together with him.

- **Relationships within and outside of the family:** relatives or friends may avoid you or you may avoid them. Your children may feel embarrassed to bring others into the home.

For example, neither Melissa and Matt ever bring friends to their house because they never know how mom will act after she's been drinking. Rita's sister and two brothers no longer visit her family because it is too uncomfortable being there. Her husband drinks too much then starts getting inappropriate.

- **Financial condition and lifestyle:** money spent on drugs or alcohol, inconsistent or unemployment, legal and court costs or dependence on welfare.

For example, Joe squandered a sizable income tax return that the family had planned to use for a vacation. He also convinced his parents into giving him money to pay for car repairs, which he used for drugs instead.

### Experiences of Families

Here are what some members said about addiction in their family. These convey how awful it can be to be exposed to a loved one's addiction and unpredictable behavior.

- **Eric and Carol:** "our son's addiction put a wedge between us. We began to argue over how to handle him, often blaming each other for his behavior. Our family was filled with tension and most of our energy was directed at our addicted son. Our other kids were upset and felt left out. Until we all got help, our family was one big mess. The good news is that Alex is sober now, we are doing better, and our family is closer. It took time and hard work, but it was worth it."
- **Brian:** "as my wife's drug addiction got worse, me and the kids saw less of her. My kids were devastated to see their mom doing so poorly. I was close to divorcing her.. Fortunately, she got help after her boss told her she would lose her job if she didn't do something about her problem. It took time for me and the kids to trust her, but with counseling sessions and Nar-Anon, we learned how to cope with her. We also began to focus on ourselves and our needs, not always giving all our energy towards my wife. My wife relapsed once, but has been doing well for over two years. I can't tell you how much better things are in the family now. Counseling and Nar-Anon taught us to focus on our own needs, and to accept we could only do so much to help her."



## **Recovery Activity**

1. Describe how your family unit was affected by the addiction.

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2. Of the things that happened to your family as a result of a member having an addiction, where were the most difficult for you to deal with? Why? What did you do to cope?

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3. How did other relatives or friends who knew about your addicted family member deal with or react to your family?

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## 7. How Addiction Affects Family Members, Including Children

Many family members have shared disappointment, sadness, anger, guilt, shame, worry and even hatred related to a loved one's addiction. The emotional burden on parents can be high as they may feel responsible for their child's addiction and wonder what they could have done to prevent it. Parents are often heartbroken.

Spouses who live with an addicted partner may feel angry, guilty, depressed and responsible for the problems in the family caused or worsened by the addiction. They may focus so much on their addicted partner that their kids do not get the time and attention they need.

Experiences of young and adult children, spouses, and parents show a variety of responses to the addiction. Even years after leaving a family in which an addiction existed, an adult son or daughter can feel pain and hurt.

Your life may center on the addicted person. Any area can be affected – how you think, feel, and behave, your physical and mental health, your spirituality, and your relationship with others. While you have some influence on your addicted member, you have limited control. Following are some of the more common effects of addiction on family members:

- **Preoccupation:** you worry too much and center your life around the addicted member. They get too much attention at the expense of other family members.
- **Denial:** you deny or minimize the addiction or the negative effects of it. You can't accept that you loved one is addicted or has a problem with alcohol or drugs.
- **Enabling:** you shield the member from negative consequences of substance use. You mean well and want to help, but this creates more problems.
- **Over-functioning:** you make up for what the addicted member cannot do. You try to "fix" the addiction or take over responsibilities of this person.
- **Under-functioning:** you don't function the way you should, especially as a parent because you feel so upset and overwhelmed.
- **Mental health:** you feel stressed out, anxious, depressed, angry or guilty. You may even feel emotionally exhausted.
- **Abuse, neglect, violence:** these are more common when an addiction is present as substances affect judgment, control of impulses, emotions and behaviors.
- **Loss through death:** some family members feel grief after losing a loved one as a result of accidents, injuries, medical complications, overdoses, homicides or suicide.
- **Physical health and substance use:** your health can suffer from worrying too much, not taking care of yourself, not eating right, or using cigarettes, alcohol or other drugs. Some lose interest in sex because of the emotional pain they feel.

- **Relationships:** marriages and intimate relationships may suffer from stress or chaos caused or worsened by the addiction. You may withdraw or limit contacts with friends or other family members.
- **Role reversal:** a child can take on role of a parent or confidante to the non-addicted parent. This puts the child in a position in which he has to act older than his age.
- **Academic:** one long-term study found lower IQ scores and lower school performance among sons whose fathers had an addiction compared to sons who did not. Kids may study less, be less interested in school and not do well as a result. It may be hard to study for a child who is worried or preoccupied with chaos that goes on at home.
- **Juvenile delinquency:** some kids get into trouble with the law as a result of poor supervision, substance abuse, or hanging with the wrong crowd.
- **Financial problems:** these result from unemployment, lost income or money spent on substances, legal problems caused by addiction, or money spent on treatment.

The Center for Substance Abuse Treatment reported that parental substance abuse underlies many family problems such as divorce, spouse abuse, child abuse and neglect, welfare dependence and criminal behaviors. Many studies of children of parents with alcohol or drug problems find that these kids are at higher risk than other kids to develop alcohol or drug abuse, behavior problems, anxiety and depression or academic problems.

Studies show that women who abuse alcohol or drugs during pregnancy are more likely to give birth to babies prematurely. These babies are often born with a lower birth rate and have medical complications requiring neonatal care. As these children develop they may be more prone to a number of problems related to their physical, emotional, mental (cognitive) and social health. Some are at higher risk for alcohol or drug problems.

The effects on family members are not all negative. Some use their experiences to help others. Others become closer and bond together as they deal with the addiction. Some become driven to work hard and do well in school, athletics, work, or other areas of life. Family members are often resilient and bounce back from setbacks, becoming stronger.

Here are comments from family members about dealing with their loved one's addiction:

- **Adam:** "I didn't do well in school and almost dropped out. I got in trouble with the law and started fights because I was so angry about my dad's alcoholism."
- **Shannon:** "I worried about mom all the time. She couldn't cope with dad's drinking. He'd yell, cuss, and hit her. It was embarrassing. I wouldn't bring friends home."
- **Emily:** "I hated the SOB. He didn't do nothing for me or anyone else in the family. He treated my mom like crap."
- **Tisha:** "I still think of what I missed because my mom died of a drug overdose when I was a kid. I can't believe that I lost my mother to drugs. It haunts me."
- **Amanda:** "I had to be both mother and father to our kids. No matter how much I gave the kids, they still were deprived because of my husband's drug problems."



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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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- This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 8. Help for the Family

Treatment can help you and your family deal with the problems caused or worsened by the addiction. It can introduce you to recovery and mutual support programs like Al-Anon or Nar-Anon, which provide support. Treatment resources for you and your family include:

- **Residential family programs:** these last several days to a week or more and involve participation in lectures, discussions, therapy sessions and mutual support meetings. While you may attend some of these activities with your addicted family member who is in treatment, others you may attend without him. These are usually for families who have a member in a residential rehabilitation program.
- **Programs for family members:** some treatment centers or clinics provide a family program whether or not the addicted member is in treatment. These focus on helping you understand your own issues and gain a greater sense of control over your life.
- **Family education programs:** treatment programs may offer educational programs to family members during weekends or evenings.
- **Outpatient counseling:** programs, clinics and private counselors offer outpatient individual, group, or family counseling. Counseling focuses on your concerns and issues and how you can change. Many studies show that adolescents and adults often improve when they participate in family or marital therapy. Couples or marital therapy can affect alcohol or drug use and help addicted individuals and their spouses get along better. Children benefit when parents improve. You can still benefit from help even if your addicted family member refuses to attend sessions with you or get help for the addiction. Remember, take care of yourself.
- **Getting your addicted member help:** an intervention can be used to persuade or convince an addicted family member to get treatment, even if she doesn't want help. Some programs and private counselors offer this service. It involves a group of concerned others meeting with a professional to prepare to meet with the addicted person to give feedback and encourage their participation in treatment.

### Recovery of the Family

For family members, recovery involves learning information, overcoming emotional distress and making personal changes. For the family unit, recovery involves changing how the family functions. It not only has to adjust to the sobriety of the addicted member if this person is in recovery, but make changes to function better as a unit.

Not all families are alike in what needs to be changed. What a family addresses depends on the impact addiction has had on it and what the family wants to change. Some families resist change and think of recovery as relating only to the alcoholic or drug addict. This is a natural reaction to addiction but one that must be challenged. Otherwise, the family may remain focused on the addicted person and not change how it operates.

There are cases in which one family member may be in recovery but other members are not. Obviously, the entire family system cannot work together to change if some family members have no interest or investment in recovery. In the sections that follow, areas of recovery will be discussed as they relate to the family.

### **What Families Can Do**

- **Accept the addiction:** this requires honesty and a willingness to face the truth about addiction. Each family must openly discuss the addiction and its impact on the family. Remember, there are various levels of severity of an addiction so your family member does not have to have every symptom of an addiction to have a serious problem.
- **Stop enabling:** stop covering up the addiction, making excuses for the addicted member, or shielding this person from negative consequences of substance use. These behaviors make it easier for the member to continue substance use because he may not have to face the consequences of his use.
- **Improve family communication:** share reactions and feelings, but not in a hostile, critical or negative way. Show gratitude towards one another. Do not keep secrets from each other.
- **Change family roles:** make sure children do not take the role of parent or confidante. A spouse should not rely on a young child for emotional support as this is too hard for children to handle.
- **Promote family togetherness:** share activities and experiences together, and attend mutual support programs. Developing family rituals also builds togetherness. Recovery gives the family an opportunity to re-establish rituals or develop new ones, and enjoy special occasions.
- **Stop abuse or violence:** the family should not tolerate abuse or violence from the addicted member or any other member. The effects of violence on children can be deep and long lasting whether the child is the recipient of violence or observes it happening at home. If violence was an issue for your family, there should be a plan to follow should violence occur again.
- **Seek professional help:** do this if you feel you need an objective person to help you deal with what you are going through. It is not unusual for a spouse, child or sibling of an addicted person to feel so anxious, depressed, despondent or angry that outside help is needed. Counseling can be very helpful in these cases.
- **Get involved mutual support programs:** Al-Anon, Nar-Anon or other programs can connect you with others who have dealt with a loved one's addiction. You can learn from their wisdom and experience. And, others in recovery can guide you through the process of change and dealing with the havoc caused by addiction.

## Recovery Activity

1. What does your family need help with related to the addiction and how the family was affected?

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2. What do you need help with related to the addiction and how it has affected you?

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3. Is your family is not getting help, discuss why not and whether the family needs to rethink the need for help.

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4. How can Al-Anon or Nar-Anon help you and your family?

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## 9. Recovery for Family Members

“When our daughter Shannon finally accepted help for her alcoholism, I was so relieved and hopeful. My husband and I attended a family program and several sessions with her therapist. We wanted to learn everything we could do to help her. It never dawned on us that we needed to think about what we needed for ourselves and our own peace of mind.

I thought our family would get back to normal after Shannon got treatment. Well, it wasn't quite that easy as she relapsed several months after completing a rehab, probably because she quit outpatient care and stopped going to her AA meetings. I went from feeling so good when she started her recovery to feeling so bad and despondent when she relapsed. It took me awhile, but I realized while I could help support her, there were limits to what I could do for my daughter. A good friend in Al-Anon helped me see that I needed to work on myself rather than focus all of my efforts on my daughter. Shannon finally decided to get back on track and is doing much better now. She goes to counseling and works the AA program with a sponsor. I still do what I can to help support her recovery, but my own recovery is important. I cannot allow her recovery status to dictate how I feel or what I do. Counseling and Al-Anon helped me reclaim my life.” -Cherrie

“After 10 years of not drinking or using drugs, my husband relapsed on pain medications he got from a co-worker. At first, he tried to lie and minimize his use, but I knew something was going on because changes I noticed. When he finally admitted his relapse, I told him I would help him get the care he needed, but I would not tolerate his continued drug use because of what his addiction did to our family in the past.

In short, I essentially told him to get help or I'm not sticking in our relationship because I will not go through what I did years ago. I'm pleased to say he accepted help. I went to some sessions with him, and I reconnected with Al-Anon because I found that most helpful in the past. He is not only sober and in recovery, but he is focusing more on making things better in our relationship and with our three children.” -Iberia

Cherrie's case shows that it is common for some family members to initially get involved in an addicted member's treatment mainly to support their recovery, and not to focus on themselves. This is common and is evident when a family members talks mainly about their addicted member in treatment sessions or at mutual support meetings. In fact, they often inquire about things they can do to “help” their loved one. This is OK but only if this is balanced with a focus on self and what a family member can do to manage their own emotional reactions and behaviors.

Iberia's case shows that some family members take a firm stance when a loved one relapses. This does not mean they do not love this person or care about their recovery. It simply means that they will not let a relapse ruin their life or that of their loved one. Iberia used pressured to get her husband to agree to get help. We know of many cases in which this led to the addicted person seeking help. But, we also know of cases where this person refused

help despite the fact that they risked a spouse or loved one leaving them or asking them to leave their home.

As you learn about addiction, recovery and relapse, and the impact on you and your family, you may realize that recovery offers you a chance to make personal changes and grow as a person despite what your loved one does. Recovery is about YOU, not your loved one.

Recovery refers to learning about addiction and recovery and the impact on you, healing from emotional hurts, and making changes to feel better and more in control of your life. You will be better prepared to make positive change if you view recovery as a process that takes time, effort and work. You have to go at your own pace in recovery. Avoid expecting too much, too soon. Go slow and appreciate even the small changes that you make.

Changes you make depend on what you want to see different in yourself or your life. The goals of recovery are to accept yourself and your limitations, deal with the realities of having a loved one with an addiction, heal from emotional pain and take care of yourself.

### **Strategies to Help Yourself**

Following are strategies that can help you deal with a loved one's addiction. Use these as general guidelines. You do not have to make all of these changes.

- **Accept your limitations:** your family member is responsible for her own recovery. The harder you try to control your addicted member, the less control you have. You will have limited impact (or perhaps no impact) on your loved one.
- **Don't deny the addiction or enable it:** admit that it affected you and your family. Don't "overprotect" or cover up behaviors or problems, or take on responsibilities of the addicted member. Let him or her face the consequences for refusing to get help.
- **Practice tough love:** set limits and let your family member know what your expectations are, especially if this person lives in your household. You do not have to accept their behaviors if they live in your household.
- **Practice detachment:** don't let your life revolve around your addicted member. Pay attention to your own needs and work on your recovery regardless of what he does. Try not to let your emotions become dependent on his progress or lack of it.
- **Talk about your feelings:** share your feelings with others (therapist, sponsor, peers in recovery, confidante) so you let go of anger, disappointment, sadness and other feelings. Get counseling if you feel you are too angry, anxious or depressed.
- **Acknowledge and use your strengths:** even if you feel stressed out, you have strengths that help you cope with problems. Examples are social skills, supportive friends, sense of humor, religious beliefs, ability to persist, and positive thinking.
- **Keep up your friendships:** stay connected with friends and do not isolate yourself. Share activities and hobbies that bring you pleasure with other people.
- **Focus on non-addicted members:** don't focus most of your energy and attention on your addicted member. Take an interest in others and what they are doing.

- ## Recovery Activity

- [illegible]

2. Identify several strategies from the list you just reviewed that you think can help you in your recovery.

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3. List a specific change you want to make in your recovery and steps you can take to achieve this change?

*One change that I want to make is:*

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*Steps to achieve this change are:*

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4. What is your plan for counseling, mutual support programs (Al-Anon, Nar-Anon or others), or both to help you in your recovery?

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5. Who can you rely on for support?

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# 10. Helping Your Children

This section is for readers with children affected by a parent or other family member's addiction. In previous chapters we discussed the effects of addiction on family members, including children. Many studies show that children of addicted parents are at increased risk for alcohol and drug abuse, behavior problems, academic problems, depression or anxiety.

It is clear from the results of studies, clinical work with children and families, and personal experiences shared by children that they are affected in many ways by a parent's or sibling's addiction. This is true whether the child says anything or even shows personal signs of being affected or bothered by a family member's addiction. A child can appear fine on the outside but suffer on the inside, especially if he keeps feelings, fears and worries bottled up.

Following are ways you can help children exposed to your family member's addiction:

- **Accept that your child was affected:** do not assume your child wasn't affected just because she does not say anything or show problems.
- **Talk with your child about personal experiences with the addicted family member:** encourage your child to talk about experiences, feelings, worries and concerns. Tell him that kids are often upset and have feelings about a family member with an addiction. Ask him to share his feelings. If the addicted family member is sober and in recovery, get them to be part of these discussions.
- **Validate your child's feelings:** whatever emotions are expressed to you, accept these as real for the child. Let your child know you understand her feelings and want to hear what she has to say. Don't be surprised to hear about anger, rage, anxiety, sadness, depression, loneliness, or confusion.
- **Try to keep things as normal as possible at home:** respect the importance of family rituals such as having meals, watching TV, doing yard work, or engaging in tasks together. Celebrate special occasions (birthdays, holidays, graduations).
- **Take an interest in the child's outside activities:** attend school events with your child. Encourage her to focus on academics as well as other activities such as sports, music, arts and crafts, girl scouts or boy scouts, or social clubs at school.
- **If your child exhibits serious problems seek help:** these problems include acting out and getting in trouble at school (e.g., sassing teachers, skipping classes, not completing assignments, making poor grades), with friends (e.g., getting high or drunk with other kids, getting into fights, hanging with the wrong crowd), in the community or with the law (e.g., underage drinking, stealing). These could be present even if there was not an addiction problem in the family.

Emotional or psychiatric problems include anxiety, depression, mood swings, talking about suicide or a wish to be dead, attempting suicide, cutting or burning oneself, or hyperactivity (e.g., edginess, inability to sit still, trouble paying attention or concentrating on tasks at school or home). Ask the school counselor, your doctor,

minister, priest, or rabbi for a recommendation on where to go for psychiatric help. Or, call a local mental health clinic or look in the phone book under psychiatrists, psychologists, mental health specialists or counselors and make an appointment. If you are in therapy yourself, ask your therapist or doctor for advice if you are concerned about any of your children.

- **Help your child get involved in support groups or children of alcoholics or drug abusers:** some areas offer Ala-teen or programs for children and teens of parents who have an addiction. Unfortunately, not enough of these programs exist. Check to see if they are available in your community. Get information about them and help your child understand how these support groups can help.

### **Recovery Activity**

1. Describe any children in your family who may need help with a problem.

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2. List ways that you can help children in your family affected by a member's addiction.

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### **Final Thoughts**

You deserve a lot of credit for reading this guide to learn about addiction and recovery. Although addiction causes problems and heartache, it is treatable. People get better. Involvement in professional treatment and mutual support programs offers much hope to the addicted person and the family.

Learning from other addicted families who have felt and experienced things similar to you can be a source of support and help. You do not have to go through this alone and there are many things you can do to take control over your life.

We admire and applaud your efforts to help yourself and your family. Keep taking care of yourself!

Feel free to email us comments about how this guide helped you or your family, as well as ideas you have on topics that should be considered when we update this. Send your comments to: [daleypublications@yahoo.com](mailto:daleypublications@yahoo.com).

# 11. References, Suggested Readings\* and Web Resources

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3. Center for Substance Abuse Treatment (CSAT, April 2000). *Substance Abuse Treatment Reduces Family Dysfunction, Improves Productivity*. Rockville, MD: CSAT.
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9. Smith RE, Meyers RJ (2004). *Motivating Substance Abusers to Enter Treatment: Working with Family Members*. NY: Guilford Press.\*
10. Suchman NE, Pajulo M & Mayes LC (Eds, 2013). *Parenting and Substance Abuse: Developmental Approaches to Intervention*. New York: Oxford University Press.

## Web Resources

Al-Anon Family Groups  
 Dennis C. Daley, PhD  
 Hazelden Educational Materials  
 Health Communications Books  
 Nar-Anon Family Groups  
 National Clearinghouse for Alcohol &  
 Drug Information (NCADI)  
 National Institute on Alcohol Abuse  
 and Alcoholism (NIAAA)  
 National Institute on Drug Abuse (NIDA)  
 National Institute of Mental Health (NIMH)

[www.al-anon.org](http://www.al-anon.org)  
[www.drdenniscdaley.com](http://www.drdenniscdaley.com)  
[www.hazelden.org](http://www.hazelden.org)  
[www.hcibooks.com](http://www.hcibooks.com)  
[www.naranon.org](http://www.naranon.org)  
[www.ncadi.nih.gov](http://www.ncadi.nih.gov)  
  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)  
  
[www.nida.nih.gov](http://www.nida.nih.gov)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

# MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

## Client and Family Materials

Addiction and Mood Disorders	Recovery for Older Adults
Addiction in Your Family	Recovery from Alcohol Problems
Adolescent Recovery	
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
A Family Guide to Addiction and Recovery	Recovery from Co-Occurring Disorders
Athlete's Guide to Substance Use and Abuse	Recovery from Marijuana Problems
Coping with Feelings & Moods	Recovery from Opioid Addiction
Detox Recovery	
Family Recovery	Recovery from Psychiatric Illness
Gratitude Workbook	Recovery Goal Checklist
Grief Journal	Recovery & Relapse Prevention for Co-occurring Disorders
Group Counseling Participant Workbook	Relapse Prevention (Drug & Alcohol)
Improving Communications and Relationships	Relapse Prevention (Compulsive Sex)
Managing Anger	Sober Relationships and Support Systems
Managing Anxiety	
Managing Depression	Sobriety Journal
Managing Emotions	Surviving Addiction
Money & Recovery: Managing Financial Issues in Recovery	Think Sober, Live Sober
Overcoming Your Alcohol or Drug Problem	Using 12-Step Programs in Recovery

## Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders
Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness
Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups
Improving Treatment Compliance
Overcoming Your Alcohol or Drug Problem: Therapist Guide
Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk
Substance Use Disorders
Treating Chronic Mental Illness and Substance Use Disorders

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