Family Focused Strategies For Successful Re-Entry on a Recovery Pathway

November 16, 2015 1:00 p.m. – 5:00 p.m.
Health & Wellness Medical Center
6810 Perimeter Drive
Dublin, Ohio 43016

HEALTH & WELLNESS
MEDICAL CENTER

Concerned Others

Adopted Children of...

Spouses of...

Parents of...

Service Targets

Jim Joyner, LICDCCS, ICCS

- Licensed Independent Chemical Dependency Counselor Clinical Supervisor
- Internationally Certified Clinical Supervisor
- Forty-four years of professional experience

Joyner and Associates LLC

- Formal Intervention
- Counseling and Support for Parents, Spouses, and Concerned Others
- Workshop and Training Seminars
- Family Education and Support Groups

Family Education and Support Program

Designed to provide education and support to parents and other family members who are dealing with a loved one’s abuse and/or addictive use of alcohol and other drugs

The are two primary components to the program:

Education & Support
**Education Group**
- Neurobiology of addiction
- Alcohol and Drugs
- Impact of Addiction on The Family System
- Enabling and Codependency
- Setting Boundaries
- Understanding the Intervention Process
- Understanding Treatment, Recovery, Relapse and Resources
- Talking To Your Kids About AOD
- A Parent’s Story

**Support Group**
- Helps participants to heal
- Helps erase the negative stigma
- Helps to reduce the feelings of isolation and alienation
- Provides a safe and supportive forum to share
- Participants receive feedback from their peers without the fear of being labeled
- Participants learn from one another
- Participants learn how to take care of themselves

Helping the family members many times is the first step to helping the addicted person.

Help family members break the unhealthy enabling responses to the addicted person.

So What Can We Do? How can you make a difference?

For more information go to joynerandassociates.com
Goal:
Reduce the negative and harmful consequences of alcohol and other drug use.

THE HISTORY

First Recorded Use
- 50,000 years ago, Neanderthals in Europe and Asia were using fly-agaric mushrooms in religious ceremonies
- Alcohol has been around since Prehistoric times

Facts and History
- 4,000 plants produce psychoactive substances
- About 150 have been used for that purpose
- About 60 of those plants are still used

How they were used then...
In cultures and societies with specific messages and guidelines regarding the use of alcohol and other drugs, there are fewer related problems.

In America, any time is a good time.

The United States population represents less than 5% of the 7,000,000,000 people who live on this earth. Yet the U.S. consumes 60% of the illicit drugs consumed in the world annually.
Americans consume 80% of opiate painkillers produced in the world, according to the American Society of Interventional Pain Physicians.

A record 4.02 billion drug prescriptions were written in the U.S. in 2011, up from 3.99 billion the year before according to the journal ACS Chemical Neuroscience.

In the $600 billion worldwide pharmaceutical industry, for every dollar a company spends on “basic research,” it puts $19 toward promotion and marketing, according to a report last year by British Medical Journal (BMJ), a London based medical journal.
Why did I take that first drink or cigarette?

- Curiosity & Availability
- To Get High
- Self-Medicate
- Personal Confidence
- Energy
- Psychological Pain Relief
- Anxiety Control
- Oblige Friends, Peers
- Social Confidence
- Boredom Relief
- Altered Consciousness
- Deal with Problems or Isolation

It felt good!

Alcohol and other drugs activate our natural reward system which is hardwired in all of us.

Food       Sex
Nurturing  Water
Ventral tegmental area

Did you study the drug, its risks, what it's made of, its purity?

How do most people smoke a joint?

MONKEY SEE,  MONKEY DO

WHAT’S YOUR EXCUSE?
It feels good in the beginning!

Understanding Our Body's Response to Drugs

The Chief Function of the Body is to carry around and protect the brain.

When drugs enter the body, they are immediately identified by the body as chemical invaders as they interact with the body chemistry, creating chemical change.

The real war on drugs takes place in the human body. The goal is disposal of the drug.

Advertising plays a major role.
‘There are lies, there are damn lies and then there are statistics.’

MARK TWAIN

Average American watches 34 hours of TV per week plus 3-6 hours of taped programming. That’s more than 5 hours per day.

TV Viewing By Ages
- 2-11 year old 34 hours per week – 3½ hours per day
- 12-17 year old 22 hours per week – 3 hours per day
TV Viewing By Ages
- 18-24 year old 25 hours per week – 3+ hours per day
- 65 and older average of 48 hours per week or 7 hours per day

“Your’re never too old to learn something stupid.”

What are they really selling?
Do they tell the truth?

Mixed Messages About Alcohol
- Drinking is the only way to have fun
- Alcohol use does not cause safety problems
- Everybody drinks
- Everyone who drinks is sexy
- Drinking makes problems disappear
Mixed Messages About Tobacco

- Everyone who smokes is cool and sexy
- No one dies from using tobacco products
- Tobacco use doesn’t harm your health or your looks
- Everyone smokes

Mentholated cigarettes are the choice of 75% of African American smokers and roughly 30% of Latino smokers. By contrast just over 20% non-Latino whites smoke menthol cigarette.

In the 153-page report the Food and Drug Administration (FDA) concluded that menthol in tobacco was linked to “altered physiological responses to tobacco smoke.” Those in turn, may contribute to tobacco’s highly addictive qualities and drive up disease by sustaining smoking behavior.
They don’t tell us the truth

- Smoke contains benzene, aldehydes, formaldehyde, and hydrogen cyanide
- Smoking can cause smoking-related heart attacks and strokes
- Smoking can cause death by lung cancer

Other Drug Use Messages

- Using illegal drugs is “in”, safe, and fun
- Selling illegal drugs is easy and it can make you rich
- “Heroes” who use violence to solve conflicts are rarely hurt by it
- Sex is always safe and fun when you use

CALL AND GET YOUR EVALUATION TODAY!

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11/13/2015
The amendment allows for the creation of 1,159 retail marijuana stores. That's more than:
- McDonalds
- Starbucks
- nearly three times the number of state liquor stores.

Not to mention...

Bad for the Community

- The amendment allows for the creation of 1,159 retail marijuana stores. That’s more than:
  - McDonalds
  - Starbucks
  - nearly three times the number of state liquor stores.

The consequences and impact on society
The current estimated annual cost of alcohol and other drug misuse and addiction in America is $600 billion, which includes health care costs, lost jobs and wages, crashes, and crime.

Drinking And Driving Fatalities – 2013
10,076 people were killed in drunk driving crashes. That’s 246 fewer than died in 2012

California Roadside Survey
Percentage of nighttime weekend drivers testing positive for alcohol or other drugs:
- 7.4% positive for alcohol
- 14.0% positive for any other drug
- 7.4% positive for marijuana

540,000 deaths related to tobacco use every year in the US
That means more than one death every minute, every hour, every day, 365 days a year!

60,000 + deaths related to illicit drug use

88,000 deaths related to alcohol use
The number of US casualties in various conflicts since WW I excluding MIA’s and wounded.

40 million debilitating illnesses and injuries annually due to alcohol, tobacco, and other drug use, misuse, and addiction

Robert Woods Johnson Foundation, Annals of Surgery, Larry Gentilello, M.D., professor of surgery at the University of Texas, “alcohol is by far the leading risk factor for injuries.”

Excessive use – the leading cause of injury

Health Care Costs of Alcohol

- 25 – 40% of all patients in US general hospital beds (not maternity or intensive care) are being treated for complication of alcohol use problems
- Children of alcoholics who are admitted to the hospital average 62% more hospital days and 29% longer stays.

As much as 80-90% of all crime in the U.S. is committed by persons under the influence of alcohol or other drugs.

Percentage of Male Adult Arrestees Testing Positive For Illicit Drugs, 2012

<table>
<thead>
<tr>
<th>ADAMS Test Sites</th>
<th>Any Drug*</th>
<th>Marijuana</th>
<th>Cocaine</th>
<th>Opiates**</th>
<th>Meth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlanta</td>
<td>62%</td>
<td>37%</td>
<td>32%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Chicago</td>
<td>86%</td>
<td>58%</td>
<td>19%</td>
<td>15%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Denver</td>
<td>72%</td>
<td>44%</td>
<td>28%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>New York</td>
<td>76%</td>
<td>52%</td>
<td>25%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Sacramento</td>
<td>80%</td>
<td>54%</td>
<td>9%</td>
<td>8%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Four out of every five arrestees in state juvenile systems were under the influence of AOD drugs while committing their crimes, tested positive, were arrested for committing an AOD offense, admitted having a substance abuse/addiction problem, or shared some combination of these characteristics, according to a new report.

Source: Report released by The National Center on Addiction and Substance Abuse (CASA) at Columbia University, October 7, 2004.

No safe amount of alcohol use during pregnancy
Alcohol can damage the fetus at all stages
People with FASD are everywhere
Occurs in every community
Fetal alcohol exposure is the leading known cause of mental retardation in the Western world

Approximately 60% of women age 18-33 use alcohol
Nearly 33% binge drink
Women who binge drink are at increased risk of an unintended pregnancy and an alcohol exposed pregnancy
About 10% of pregnant women report using alcohol and 2% drink excessively—heavy drinking, binge drinking, or both

FASD is estimated to occur in 1 in 100 live births
40,000 per year (May & Gossage, 2001)
Up to $5.4 billion annually in United States
One FAS birth may equal lifetime health costs of $860,000; can be as high as $4.2 million (Lupton, et al., 2004) – cost from FAS alone
No costs available for other types of FASD
Factors That Impact a Fetus

- When and how much a mother drinks while pregnant
- Pattern of Drinking
- Mother’s genetic make-up
- Baby’s genetic make-up
- Mother’s nutritional level

Effects of Alcohol on the Fetus

- Growth deficiency
- Development delays
- Facial anomalies
- Physical defects
- Behavioral problems
- Cognitive problems
- Motor deficits

FASD

- Fetal Alcohol Spectrum Disorder is an umbrella term used to describe the range of effects that can occur in an individual whose mother drank alcohol during pregnancy

FAE

- Fetal Alcohol Exposure - Outdated term used to describe individuals who had problems associated with prenatal alcohol exposure but did not have enough of the outward signs to be eligible for the medical diagnosis of FAS

ARND

- Alcohol Related Neurodevelopmental Disorder has been widely used to describe the specific damage that prenatal alcohol exposure can have on the central nervous system

FAS

- Fetal Alcohol Syndrome is a specific diagnosis with specific criteria
- FAS is a disorder of permanent birth defects that occurs in the offspring of women who drink alcohol during pregnancy
- First identified in literature in 1973 by Doctors Smith & Jones, University of Washington
- Warning about it date back to 1700’s
A closer look at FAS

Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation in America today, and the third most common birth defect.

Physical Problems
- Hearing loss
- Poor eye-hand coordination
- Deficits in fine motor skills
- Problems with balance and walking
- Problems with sleeping or feeding

Behavioral Problems
- Hyperactivity
- Stubbornness
- Impulsiveness
- Irritability
- Risk Taking

Cognition and Learning
- Visual spatial skills, learning, memory
- Low IQ
- Problems following multiple directions
- Trouble understanding cause and effect
- Speech and language issues
Common Examples

Abstract Reasoning
- Missing meaning, humor, and insight in conversations, innuendo
- Thinking about the cause and effect of consequences
- Predicting an outcome

FASD & Criminal Justice Links

Hidden disabilities - ARND vs. FAS
- Organic brain damage (inability to understand and adapt to the world)
- Planning & Organizing
- Causes, Effects, & Consequences
- Difficulty Drawing Conclusions from past experience
- Poor Impulse Control
- Trouble Understanding Normal Social Behavior
- Excessive Desire to Please Others

Impact of AOD On The Workplace

- Higher use of health benefits
- Increased use of sick time
- Higher absenteeism and tardiness

Employee Health

- Reduced output
- Increased errors
- Lower quality work
- Reduced customer satisfaction

Employee Productivity

Ohio State University evaluated studies on health care costs of smokers.
They looked at how much extra employers paid for smokers’ health care, as well as lost productivity from taking sick days and smoking breaks.
They report in Tobacco Control the average annual excess cost to employ a smoker is $5,816.00.
Employee Decision Making

- Reduced innovation
- Reduced creativity
- Less competitiveness
- Poor planning – short and long term

Employee Morale

- Higher turnover
- Lower quality
- Reduced team effort

Security

- Theft
- Law enforcement involvement

Safety

- Increased accidents
- More workers’ compensation claims

An employee with an AOD problem creates a strain on relationships between coworkers. Organizations that appear to condone substance abuse create the impression that they don’t care.

Employees with an AOD problem often have financial difficulties and may engage in illegal activities in the workplace.
Organizational Image and Community Relations

- Reduced trust and confidence
- Reduced ability to attract high-quality employees

Accidents, lawsuits, and other incidents stemming from employee substance abuse problems may receive media attention and hurt an organization’s reputation in the community.

The Neurowbiology of Substance Use Disorder

The leading cause of preventable death in the United States.

What are the differences?

- **Use** – Using the drug for purpose of therapeutic benefit or pleasure with very little to no consequences
- **Misuse** – usually refers to a person using more than prescribed for the therapeutic gains and not for euphoria or pleasure

Differences continued

- **Abuse** – repetitive and willful use for the purpose of pleasure and euphoria and not for the therapeutic purpose
- **Addiction** – The overwhelming desire to continue usage despite negative physical, psychological, financial, relationship, legal, etc. consequences
Comparing substance misuse with alcohol or other drug addiction/dependency is like equating dancing the Charleston with having a grand mal seizure.

Chemical Dependency Progression - Verses Other Diseases

- Self image
- Interpersonal
- Social
- Financial
- Legal
- Work
- Physical

V. Physical
V. Work
V. Financial
V. Social
V. (none)
V. Interpersonal
V. Self image

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria.

Substance Use Disorders Criteria

- Taking the substance in larger amounts or for longer than you meant to.
- Wanting to cut down or stop using the substance but not managing to.
- Spending a lot of time getting, using, or recovering from use of the substance.
- Craving and urges to use the substance.

- Not managing to do what you should at work, home or school, because of substance use.
- Continuing to use, even when it causes problems in relationships.
- Giving up important social, occupational or recreational activities because of substance use.

Substance Use Disorders Criteria

- Using substances again and again, even when it puts you in danger.
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
Substance Use Disorders Criteria

- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

Severity of Substance Use Disorder

- 2-3 symptoms indicate a mild substance use disorder
- 4-5 symptoms indicate a moderate substance use disorder
- 6 or more symptoms indicate a severe substance use disorder

DRUG ADDICTION IS A COMPLEX ILLNESS

Why one begins using does not determine if he or she will or will not become addicted!

For thousands of years, addiction was often looked at as a moral failure.
These are basically flawed people who cannot change.

Drugs are evil; truly righteous people choose to be abstinent; addicts have tempted the devil and become too weak-willed to withstand the evil.

Drink and drug when you want to; however, just do so responsibly. If you use too much, you are weak and irresponsible, or have to learn to use socially.

Addiction is the result of deep seated resentments from early development. Insight oriented psychoanalysis will resolve these resentments, and therefore the cause of addiction.

Dysfunctional families select members to play the alcoholic role. Fix the family, and you will fix the alcoholic.

Alcoholism is from too much drinking. Cut back on drinking, and the alcoholism will go away.
The disease of addiction is a chronic, progressive, relapsing, incurable, and potentially fatal condition that is mostly a consequence of genetic irregularities in brain chemistry and anatomy that may be activated by the particular drugs that are abused.

- A symptom of domestic violence
- Learned behavior
- Something that only happens to weak willed or morally corrupt people
- Geographically, economically, or ethnically definable
- Not the result of some overt psychological trauma or event

Drug use changes brain structure and functioning in fundamental and long-lasting ways that can persist long after the individual stops using.

Addiction comes about through an array of neuro-adaptive changes and the laying down and strengthening of new memory connections in various circuits of the brain.

Current technology allows us to see into the living brain

Use is voluntary, addiction is not!
The inability to stop the use of a substance or behavior in question or the perceived inability to stay stopped, characterized by:

- Compulsion, and internal demand beyond intellectual resources or understanding
- Loss of control over amount consumed
- Continued use or activity despite adverse consequences

A recent report by National Center of Addiction and Substance Abuse at Columbia University found that: “most doctors fail to identify or diagnose substance abuse or know what to do with patients who present with treatable symptoms.”

Addiction is linked to 70 diseases or conditions and accounts for a third of inpatient hospital costs, according to the National Center on Addiction and Substance Abuse.

Schizophrenics cannot control their hallucinations and delusions.

Parkinson’s patients cannot control their trembling.
Clinically depressed patients cannot voluntarily control their moods.

Alcohol and other drugs change how the brain functions.

Understanding how the brain works

The brain is not one homogeneous unit. It is made up of many pieces and parts

Medulla Oblongata
Controls breathing, blood pressure, heart rate, contraction of heart muscle, function of gastrointestinal tract, sleeping and waking, behavioral alerting, attention and arousal, coughing, sneezing, swallowing, and vomiting. Severely depress this center, and death can occur. (Opiates and barbiturates)
**Midbrain**
Short segment of the brain stem located just above the pons. Housed inside are the centers which control visual and auditory reflex, as well as head movement. Psychedelic drugs work here to create visual or auditory hallucinations.

**Cerebellum**
Large, convoluted mass of nerve tissue located below the cerebrum and behind the pons and medulla. It is the reflex center, coordinating and integrating skeletal muscle movements. When depressed by drugs (especially alcohol), there is loss of muscle coordination, staggering, and loss of balance.

**Thalamus**
Located between the cerebrum and midbrain working with the cerebral cortex, functioning as central relay station of the brain, where all incoming sensory impulses, except smell, are channeled to the appropriate regions of the cerebrum. It also interprets sensations as either painful or pleasurable, and is associated with body temperature and pressure.

**Hypothalamus**
Maintains homeostasis (body normal) by managing various body activities and by linking the nervous system with the endocrine system. It regulates sleep cycles, body temperature, pituitary gland activity, sexual behavior, and other autonomic systems.

**Hypothalamus Cont.**
- Depressants can cause a person to sleep; aspirin can affect the heat regulation center; amphetamines stimulate the pleasure center, orgasm, and joy.

**Neurons communicate with each other through chemical messengers, called neurotransmitters**
Drugs interfere with the brain’s ability to communicate at the cellular level.

- Attach themselves to neurons at a receptor, causing a change in the activity of the neuron.
- Neurotransmitters can excite cells into action or inhibit cells from working.

Alcohol & Other Drugs Can...

- Stop the chemical reactions that create neurotransmitters
- Empty neurotransmitters from the vesicles where they’re normally stored and protected from breakdown by enzymes
- Block neurotransmitters from entering or leaving vesicles

Two Primary Risk Factors

- Bind to receptors in place of neurotransmitters
- Prevent neurotransmitters from returning to their sending neuron (the reuptake system)
- Interfere with second messengers, the chemical and electrical changes that take place in a receiving neuron
The human brain is not fully developed until the mid or late twenties.

During adolescence, the brain is undergoing a lot of changes. Gray matter diminishes as neural connections are pruned. This region of the brain is very important for reasoning and controlling behavior and influences.

The brain is still developing. It’s more sensitive to the impact of alcohol and other drugs.

### Use of Alcohol, Cigarettes & Marijuana Before Age 16

<table>
<thead>
<tr>
<th></th>
<th>Started Using All Three Drugs Before Age 16</th>
<th>Started Using All Three Drugs After Age 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>28%</td>
<td>16%</td>
</tr>
<tr>
<td>Nicotine</td>
<td>47%</td>
<td>27%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>20%</td>
<td>6%</td>
</tr>
</tbody>
</table>

National Longitudinal Study of Adolescent Health followed adolescents in grades 7-12 during 1994-95 school year and continued following them four in house interviews. Data was analyzed when they were between ages 24 and 32.
**Regarding Tobacco**

- Only 1% of persons who begin smoking at age 21 or older continue to smoke.
- The vast majority of current or past smokers began smoking before age 18.

“47% who began drinking before age 14 later became alcohol dependent, compared to 9% of those who started drinking at age 21.”

**Genetic Predisposition**

- Half the risk for addiction is genetic.
- The brain is more sensitive to the impact of the alcohol and other drugs.
- Recent research suggests that those who are predisposed may have brains that come into the world under stimulated.

**Blue Prints**

**STIGMA**

“an attribute, behavior, or condition that is socially discrediting”
Factors that influence stigma

**CAUSE**
- Stigma decreases when people perceive that the individual is not responsible for causing the problem.

**CONTROLLABILITY**
- Stigma is reinforced when people perceive that the individual is responsible for causing the problem.

A World Health Organization study of the 18 most stigmatized social problems (including criminal behavior) in 14 countries found that alcohol addiction was ranked number 4 and other drug addiction was ranked number 1.

Stigma
Those people. I know who they are. I’m not like them. I work. I have a home, I have money. They like that lifestyle.

3 – 5%

The majority look like...

When you change how the brain functions, you change your window on the world.
We will consider how the progression of addiction impacts different areas of the individual’s life.

So what happens to the individual when his or her use goes from casual, to misuse, to chronic use?

Consider your own individual life, your individual “Life-Print”

The Joyner Chart “Life-Print”
The sum total of your individual life experiences which makes you uniquely who you are.

Our experiences mold who we are, our similarities and our differences.
Define

- **Social Development** – Interaction with other people & systems of which we are a part
- **Physical Development** – Our physical growth and changes
- **Spiritual/Values Development** – Those things important to us, looking beyond ourselves, beliefs, a “higher power”
- **Emotional Development** – Managing stress, handling emotional crisis, relationships
- **Intellectual Development** – Ability to handle more complicated thinking, job, education

Addiction Retards

- **Social Development** – “birds of a feather flock together”/people, places & things
- **Physical** – needing the drug to feel normal/other physical consequences
- **Spiritual/Values** – they are again the center of the universe, there is a values behavior conflict
- **Emotional** – basic fight or flight response to emotional stressors
- **Intellectual** – hard to stay focused due to preoccupation, dealing with consequence, or being under the influence of
Approximately 50% – 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of alcohol or other drug misuse/addiction by the child’s parent(s).

"Found more than any other factor a high frequency of heavy drinking in marriages when partners are in their early 20’s was the primary cause if divorce occurred by age 29."

The study noted a strong correlation between alcohol abuse and domestic violence, legal and financial problems, job loss and sexual dysfunction.
Substance Abuse Link

- Undeniable link between alcoholism and divorce
- People who drink more are more likely to divorce.
- Alcoholics are just as likely to marry as non-alcoholics however their divorce or separation rate is at least four times that of the general population
- In a study of 8 different countries those with the highest alcohol consumption rate also had the highest rates of divorce

I'm only hurting myself, right?
Leave me alone.

Hurt People, hurt people!

- Parents and their children
- Any group of persons closely related by blood
- A group of persons who form a household under one head
- A group of people who share common attitudes, interests, or goals and frequently live together

What does addiction look like in the family?

The subtle changes brought on by addiction can go undetected for years by the family members.

It's as if they have eyes but cannot see what's happening to their loved one and themselves.
We all read from the script, which we wrote in our family of origin. What we wrote was in response to our interpretation of what we observed and what we felt.

Living in an alcoholic dysfunctional family is like living with an elephant that starts out small and innocent, but grows and… grows and… grows!
And everyone pretends it’s not there.

If it’s not the elephant (the drinking) it must be the house, the job, where we live, or the kids, or the friends, or me...!

I’TS MY FAULT

So the family members take responsibility and find themselves cleaning up the mess.

The Three C’s of Addiction

They Didn’t Cause It!

They Can’t Cure It.
They Can’t Control It.
But you can adjust your sails.

“There is no healthy way to adapt to addiction.”

You can change your version of normal at any time. You don’t have to remain loyal to pain.

The Three C’s For The Family Members.

Need to take Care of self.

Need to make healthy Choices

Self-Care
* I am important
* I am important
* I matter
* I love me
* Take time for relaxation
* Go for it
Need To Develop Healthy Communication and Interactive Tools

The 3 Rules of The Alcoholic/Chemically Dependent Family Are...

NO TALK
NO TRUST
NO FEEL

No Talk
Silence is the norm. What little talk there is has no substance.

No Trust
There is little predictability in the family life and function.

No Feel
Family members become numb. Feelings are avoided or repressed. There is little or no healthy opportunity for expression or discussion of feelings.

It’s as if they learn to wear masks to hide their feelings and distort the reality of their situation.
It is a slow, progressive, and debilitating process for family members, similar to the progression of aging.

Each individual negatively impacted by a loved one’s alcoholism or other drug addiction finds their own subtle way of adjusting to the dysfunction.

**Lets Do The 60 Second Exercise.**

- Increases in stress: silence, tension, arguments, strained relationships, changes in family life
- React and respond: seek defensive behaviors to regain balance
- Learn which works best: changing themselves and their environment

**Learning Phase**

- Look for the problem: is it the drinking, themselves, the environment?
- Denial
- Rationalize: must be me, the house, you, the dog or the kids.
- Changing themselves: being more, being less, manipulating, doing whatever it takes to survive
- Enabling

**Seeking Phase**
Harmful Phase
- Defenses become compulsive: walls meant to protect become prison
- Habitual roles emerge: Hero, Scapegoat, Lost Child, Mascot, Chief Enabler
- Dysfunctional family lifestyle becomes normal
- Family members begin looking for a way out

Escape Phase
- Major crisis becomes normal: financial, work, social, behavioral, physical, emotional, and spiritual
- Overpowering feelings of guilt, rage, disloyalty, shame, and loneliness feed the individual’s dysfunctional spiral
- Divorce, running away, suicide, alcohol or other drug use can all be attempts at escaping the problems

Dependent Person
- They minimize, deny, lie, cover up, repress and rationalize their behaviors.
- They’re always right, even when they’re wrong.
- AOD now used to medicate their shame-based emotional life.
- They do whatever is necessary to get and use AOD.
- They use aggression and anger to scare people.
- They believe that as soon as others change they will be OK

As their addiction progresses, so does their delusion (rigidity and perfectionism).
- As they feel more inadequate, they begin to separate emotionally from others and use more.
- The user is not available to family on a feeling level and they use AOD to relieve feelings, which generates more pain, which generates more drug use.

The Dependent Person
- WHAT OTHERS SEE
  - Anger
  - Minimizing
  - Charm
  - Manipulation
  - Perfection
  - Grandiosity
  - Rigidity
  - Aggression
  - Rationalizing
- WHAT THEY FEEL
  - Hurt
  - Fear
  - Pain
  - Inadequacy
  - Shame
  - Guilt
  - Discomfort
Chief Enabler

- If the user is an adolescent child, one parent can be the enabler and the other the disciplinarian, this creates discord and conflict between the parents, their conflict frees up the child to use.
- Enablers live life with double messages and begin to do the same in their own life with others (dysfunction is contagious).
- They tend to respond to the user’s hostility, anger, and aggression by being passive, quiet, and powerless.

Chief Enabler

- Respond to users charm by being super-responsible and serious.
- The chief enabler becomes “no fun.” The children may therefore identify with and remember the user because the enabler is a drag.
- Anger is the motivating feeling and they are ashamed of that anger.
- Enabler needs to be nurtured and pushed.

Chief Enabler

- The chief enabler believes everything the user is saying and becomes self-punishing in response to the anger and what is being said by the user.
- They can suffer from the following physical illnesses: stomach ulcers, back problems, headaches, G.I. discords, and weight problems.

Chief Enabler

- Protecto.
- Block the consequences.
- Take away the pain, make things better.
- Make themselves responsible for others/everything.
- Emotionally they fit better in a dysfunctional relationship (dysfunction seeks dysfunction).
The Hero

- Main job – bring self worth to the family
- Become the helper
- Often the oldest child
- Highly valued by parents and others
- This child has more opportunities, and more friends because he/she is meant to bring good to the family
- No matter what they do it’s not good enough

The Family Hero

- Pain takes away the good feelings as he/she feels very responsible for the family member’s pain.
- Primary feelings are: inadequacy and guilt.
- Feeling trapped, they begin to believe in their own success, they work harder and harder to cover up their feelings of inadequacy, they don’t allow themselves to fail, and they work hard to become the perfectionist.

The Family Hero

- They need to look good in the public eye and for this reason they may never divorce, leave home, etc.
- If the guilt and inadequacy are not worked through, they may become a workaholic or go into a helping profession.
- At risk for health problems (heart attacks or strokes).
- Perfect training to become the chief enabler and enter into a future dysfunctional relationship.

The Family Hero

- Heroes can have children who have problems (AOD use) because they create a system of too high values and expectations and are willing to do all the work, taking nothing for themselves and creating low self-worth in the children.
- Heroes are one of the harder of the family members to treat. If they do come to treatment it’s usually to “help the counselor straighten out the family”.

The Family Hero

<table>
<thead>
<tr>
<th>WHAT OTHERS SEE</th>
<th>WHAT THEY FEEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Success</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Super Responsible</td>
<td>Confusion</td>
</tr>
<tr>
<td>Tries to make things better</td>
<td>Hurt</td>
</tr>
<tr>
<td>Special</td>
<td>Anger</td>
</tr>
<tr>
<td>Perfectionist</td>
<td>Inadequacy</td>
</tr>
<tr>
<td>All-Together</td>
<td></td>
</tr>
<tr>
<td>Works Hard</td>
<td></td>
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</tbody>
</table>
The Lost Child

- They don’t feel that they are an important part of their family and don’t know how to fit in.
- They can withdraw and become a loner. Getting too close means getting hurt.
- Become attached to things rather than people, (dolls, pets, cars, boats, hobbies etc.)
- They have trouble forming relationships.

The Scapegoat/Rebel

- They provide a focus problem for the family to deal with.
- Their primary feelings are hurt (but can’t tell anyone), jealousy (towards the hero) and anger (at parents).
- They respond to feelings with negative behaviors, they feel shame and turn anger inward and end up with lots of self-hatred.
- They tend to be low achievers, avoid caring – it hurts too much.
The Scapegoat/Rebel

- The “Way Out” for the scapegoat may be suicide, pregnancy, drug use, overeating, strong peer alliances, etc.
- They become defiant and withdrawn, yet are willing to put up with anything to receive validation of existence from parents, “I’m going to find a way to let you know I exist.”
- Family says, “when this kid shapes up, we’ll be better.”

If the scapegoat leaves the family, the family will develop another scapegoat to fill the need (you’re just like your no good brother).

If the scapegoat is a substance abuser and gets help, the hero may be displaced and may then begin acting out (become a substance abuser).

The Scapegoat/Rebel

WHAT OTHERS SEE

- Strong peer value
- Withdrawn
- Suicide
- Pregnancy
- Defiance
- Acting out
- Under achiever
- Chemical use

WHAT THEY FEEL

- Loneliness
- Fear
- Rejection
- Anger
- Hurt

The Mascot or Class Clown

- They provide fun and distraction for the family.
- They act out to mask their pain, anger, and fear.
- Hide best in the front of crowds.
- Try to relieve the pressure of the ever-growing dysfunctional family.
- They are often the youngest child

Primary feeling is fear, but they are afraid to tell anyone.

There is free floating nervousness, concern, worry, and apprehension around all the family members.

Tend to use drugs to deal with the fears and anxiety.
**The Mascot/Class Clown**

**WHAT OTHERS SEE**
- Humor
- Distracts
- Phobias
- Clowning
- Being cute
- Hyperactive
- Attract attention

**WHAT THEY FEEL**
- Fear
- Confusion
- Insecurity
- Loneliness

**Tips For Recovering Parents:**

Breaking the Intergenerational Cycle of Addiction

1. Practice Self-Care
2. Have Fun as a Family
3. Focus on the Positives
4. Build a Sense of Community
5. Accept and Validate Feelings
6. Assume Flexible Family Roles

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**The following are the common feelings taken from a rigid, dysfunctional, chemically dependent family environment.**

- Often love/hate relationships
- They love the dependent person but hate the behavior
- The pain produces anger and resentments
- It becomes hard to separate the dependent person from the behavior
- Painful experiences result in feeling ashamed of the dependent person
- As the situation grows worse, the shame grows to include the whole family including oneself
- Shame produces low self worth in each family member
- There IS fear of the future

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**Anger**

- Often love/hate relationships
- They love the dependent person but hate the behavior
- The pain produces anger and resentments
- It becomes hard to separate the dependent person from the behavior

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**Fear**

- Living in a constantly shifting, distressed family produces fear: fear of arguments, fear of financial matters, fear of daily family life, and the fear that all may remain the same or “normal”
- There IS fear of the future
### Loneliness
- Stressful dependent family situations result in a breakdown of normal, rewarding family communication.
- Love and concern are lost in the stress, and crisis as a result of the lack of nurturing communication in the dependent family results in more loneliness for everyone.

### Guilt
- Family members begin to blame each other for the painful experiences.
- Each member may feel that somehow they are responsible for the drinking.
- They may feel “if only I could change,” everything would be alright.
- Self blame produces more guilt and shame.

### Hurt
- It’s painful to see a loved one progress in their addiction.
- Arguments and angry exchanges hurt.
- Many times the dependent person blames others for his/her use or resulting problems.
- Deep emotional hurt adds to the feelings of guilt and shame.

### Children of Alcoholics/Addicts...
- May fail to get excited about an anticipated trip or event because often plans had to be changed.
- May respond differently during alcohol or other drug education classes from the way he or she usually acts.
- May get upset around their birthday, holidays, etc. Special events can have a history of disappointment.
- May rely on work or others to get the nurturing they didn’t get at home or from others.
Children of Alcoholics/Addicts...

- May fearful of contact with user because of the fear that he or she will be impaired.
- May talk back, be short tempered because of buried feelings and resulting anger.
- Are at greater risk of becoming ATOD abusers or dependent.

It's Not Your Fault

I walk down the street. There’s a deep hole in the sidewalk. I fall in. I’m hopeless. I’m lost. It isn’t my fault. It takes forever to find my way out.

Important Messages That Family Members Need To Understand

YOU ARE NOT ALONE

Five Short Chapters
Chapter 1.

- I walk down the street. There’s a deep hole in the sidewalk. I fall in. I’m hopeless. I’m lost. It isn’t my fault. It takes forever to find my way out.
Chapter 2.

I walk down the same street. There’s a deep hole in the sidewalk. I pretend I don’t see it. I fall in again. I can’t believe I’m in the same place. But it isn’t my fault. It still takes a long time to get out.

Chapter 4.

I walk down the same street. There’s a deep hole in the sidewalk. I walk around it. I jump over it.

Chapter 3.

I walk down the same street. There’s a deep hole in the sidewalk. I see it’s there. I still fall in. My eyes are open. I know where I am. It is my fault. I get out immediately.

Chapter 5.

I walk down another street.

Insanity:

Doing the same thing over and over again and expecting different results.

Albert Einstein

Thank You!
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