

A decorative graphic in the top left corner consists of several overlapping, semi-transparent orange squares of various sizes. From the bottom right corner of these squares, three thin, curved orange lines extend downwards and to the right, following the curve of the page's content.

CURRICULUM

Whose Life is it, Anyway?

A Beginner's Guide to Family Recovery



RECOVERY PROGRAMS

Whose Life is it, Anyway?



A resource for family members and others involved closely with an addict or alcoholic.

A Beginner's Guide to Family Recovery

Nine program units can be delivered as separate sessions, or combined into five sessions. (Session One stands alone, the others can be telescoped into two units per session.)

- » Families can join the program at any point in the cycle.
- » Additional "Extra credit" unit for parents of adolescents.
- » Family therapy training is not required to deliver "Whose Life Is It" effectively—it is based on simple disease-model treatment concepts familiar to the treatment professional.

Family Members Learn

- » **You can't** control someone else's behavior
- » **You can** control your responses to it, and in this way, become a positive influence in recovery

Whose Life is it, Anyway?

Session 1 How Addiction Works

Session length:

60-90 minutes

Reference:

A (Very New) Beginner's Guide to the Disease Concept

Lesson Plan

Instructor presents:

1. Use, abuse, misuse, and addiction – definitions
2. Who becomes addicted and why (vulnerability, adaptation, and conditioning)
3. Definitions of chronic, progressive, primary, potentially fatal
4. Familial vulnerability – when it runs in families.
5. Signs and symptoms of addiction

Discussion

Does it make sense to group members to refer to addiction as a medical disorder? If not, then why not?

Instructor: *Identify members whose attitudes have been heavily influenced by moral or psychodynamic views*

The Moral Model

Premise: Alcohol and drug problems due to weakness of will

Flaws:

- » Though initial use of drug is a personal choice, moral model doesn't help us understand why addicts continue to make same bad choice (or worse) over and over, to their own detriment, as problems mount and their lives become unmanageable.
- » Disease model explains this: Research indicates that addict is increasingly unable to make rational choices about drug or alcohol use
- » Compare to food allergy: two people may use the same food but get a very different response. Persons with milk allergy, for instance, often consume far more than usual.

Moral models assume that everybody who drinks or uses drugs has the same reaction. But we know that isn't true.

Reality: Wide range of responses to different drugs, including under-

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Session 1:

How Addiction Works (continued)

and oversensitivity as well as extreme positive and negative reactions.

Psychodynamic Model

Premise: Addiction the result of underlying emotional problems. If we can find out what emotional problems are and address them, addict's need to drink or drug will be reduced.

Flaws:

- » Requires a lot of insight on the part of a patient whose thinking is already dominated by defenses such as denial, rationalizing, blaming.
- » Many of addict's emotional symptoms are result of use, not the cause.
- » Past-centered - distracts from the main task of learning to resist craving, deal with stress without relapse (all present-centered).

Disease model

Premise: Addiction represents chronic disease that is primary (distinct from other disorders), chronic (long-lasting), tends to progress over time, and prone to relapse. No cure at present; focus of treatment is on learning to manage symptoms and establish stable recovery.

Our view: This represents the best approach to treatment. Combines education about the disease; cognitive-behavioral therapy; motivation enhancement activities; and support from inspirational self-help groups (12 Step or others).

Continue discussion to end of session

Assignment for next session

Make sure you know definitions of addiction terms

Sit down and explain addiction as disease to someone who views it as a moral or psychological problem.

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Session 2

Identifying Enabling and Provoking Behaviors

Session length:

45-60 minutes

Reference:

The Rescuer's Plight

Lesson Plan

Instructor: Define enabling and provoking

To clarify, read selections from "The Rescuer's Dilemma" aloud to the group.

- » Ask group to identify reasons why people rescue (guilt, fear of what will happen, exaggerated sense of responsibility for others' lives, etc)
- » Let group share experiences of enabling and provoking from their own lives
- » Ask group if they've gotten criticism from friends or family for their behavior with the addict or alcoholic. What were the criticisms?
- » Ask group to identify why enabling and provoking (though well-intentioned) doesn't work, and may ultimately make situation worse for everybody.

Assignment for next session

identify at least 5 examples of enabling / provoking from your own past experience with an addict or alcoholic

Explain enabling and provoking to someone else who is not familiar with the concepts. Help them understand "The Rescuer's Dilemma".

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Session 3

Beginning to Change Enabling and Provoking Behaviors

Session length:

45-60 minutes

Reference:

HALT-ing Relapse Before it Starts

Lesson Plan

Discussion

Ask the group for examples of enabling and provoking from their own lives. Make a list of 5-10 representative examples. Then with assistance from the group, propose alternative actions that each member might have taken (with the benefit of hindsight) that would likely have produced a better outcome. Not a perfect outcome - there are none. Just a better outcome.

Instructor: Review basic principle of most cognitive-behavioral therapy:

- A.** Intellect over emotion produces rational behavior.
- B.** Conversely, emotion over intellect = irrational behavior.

Review emotional augmentation: show how addict will exaggerate emotional responses and become irrational under stress. If others in the situation do likewise, conflict escalates. Key: Develop skills to reduce conflict and de-escalate potential crisis situations.

General rules for avoiding crises:

- » Never get into argument with someone who you suspect is under the influence. Wait 'til you think it's likely they are not. Rationale: why get in an argument with someone who may not even remember tomorrow?
- » When you do confront an addict, do so with facts (specific examples of behavior) rather than displays of strong emotion. Tell the addict how you feel, but don't show. No angry scenes. Rationale: avoid activating fight/flight reaction.
- » To improve your coping skills: Practice HALT in your daily life. You'll feel a lot better and be able to deal with problems more effectively.

Assignments

Practice HALT in your daily life for the entire week. Practice:

- » Not getting angry at situations that normally drive you crazy;
- » Making sure you get enough rest and good nutrition;
- » Taking the time to think it through before you respond to a stressor, asking yourself - what's the likely outcome?

Identify a "knowledgeable advisor" in your life and review your progress with him or her.

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Session 4

Examining Your Thinking for Resentments and Defense Mechanisms

Session length:

45-60 minutes

Reference:

Defense Mechanisms Cheat Sheet

Lesson Plan

Discussion

*Instructor: Define the term **resentment**: Continuing anger over a situation in which you felt disrespected, discriminated against, or taken advantage of. Ask each group member to share a resentment based on their own experience with an addict or alcoholic (of course, can be more than one). Warning: Many people are reluctant to admit to their resentments, but it's an important step in recovery. Probe a little.*

Instead of discussing whether resentments are justified, review the negative effects of resentments on those who hold them. Negative effects may include:

- » Damage to relationships / communication with others
- » Reliving unhappy past can produce low-grade feeling of depression, discontent, and anxiety
- » Preoccupation with past may interfere with ability to enjoy good things as they happen in the present.

Instructor: Shift discussion to defense mechanisms (DMs.) Review list with group members. Ask for examples of DMs that addicts use (from their own experience). Remind group that DMs are natural and everyone uses them as a way of avoiding painful or anxiety-producing issues. Family members have DMs, too. But when we need to change, they can interfere with our awareness and ability to alter our own behavior.

- » Ask the group for examples of their own DMs from their own experience or their experience with others in the family.
- » What is the best way to know when you are caught up in DMs rather than thinking rationally?

Secret: We all have trouble with this. Other people often won't point out when you're using DMs because they fear you'll get angry. Ask them for honest feedback.

Example: Most addicts think their behavior is much less troublesome than it is, in part because other people are afraid to tell them the truth. Commonly heard in interventions from the alcoholic: "Well, you never said anything about it. How was I to know?"

Assignments

Define the primary DMs and give examples of them from your own experience.

Give examples of resentments you have held in the past and how they adversely affected your relationship with the addict.

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Session 5

Treating Your Own Problems

Session length:

45-60 minutes

Lesson Plan

Instructor: Ask each member to list a few problems that he or she believes are interfering with living a happy, productive life. Note how many of the problems are external to oneself. Offer the quote: "The solution to all our problems lies within ourselves."

Ask the group to discuss this. Does it seem absurd? Or does it make sense? Why?

It's the basic premise of all spiritual programs—even though we can't change the world, we can change ourselves.

We all have attitudes and behaviors that make our lives more difficult. In many cases, those attitudes and behaviors once had a positive purpose—in other words, at one point in our lives, they seemed to help. But now they don't. Things changed in our lives, and perhaps we didn't adapt.

Review with group the symptoms of codependency. Do you qualify? What about others in your family? Have you had multiple relationships that fit the definition of codependency?

Review the 12 Steps of Alanon. Is it the sort of program that might be helpful to you? If so, why? If not, why not?

Assignment

Visit a self-help meeting and share your story with someone at the meeting.

If you wish, investigate where you might obtain counseling with a qualified professional.

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Session 6

Reasonable Expectations for the Immediate Future

Session length:

45-60 minutes

Lesson Plan

Most family members make the mistake of assuming that once alcohol and drug use ends, life changes for the better. But often it works much more slowly than that. The immediate problems related to substance use subside -- but a whole new set of problems may emerge.

With any chronic disorder, recovery is a lifelong process. Treatment doesn't cure; it helps motivate people towards a better life.

Discussion

Given what you now know about recovery, what are reasonable expectations for the next three to six months? Have each group member make a list of at least 6. Then ask for volunteers to review their list and accept feedback from the group. Encourage those present to share both hopes and fears.

Now: how realistic are those expectations? How much should they be revised to match reality?

Our real goal: to be prepared to accept what happens, whether or not it's what *we wanted* to happen, or *predicted* would happen.

Assignment

Share your story with someone else at a self-help meeting, or with a trusted friend.

Practice being open, honest and willing to share.

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Session 7

De-Emphasizing the Addict in Your Daily Life

Session length:

45-60 minutes

Reference:

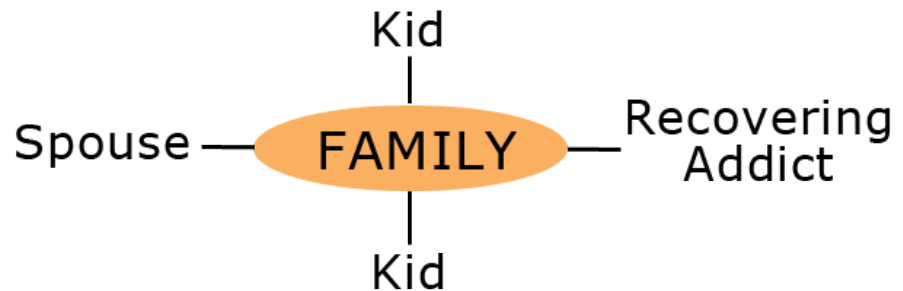
Why You Can't Stop Someone Else From Drinking or Drugging

Lesson Plan

Instructor: Reproduce diagram of family organization around addict:



The goal is to re-orient the family like this:



A sick alcoholic or addict can become the centerpiece of family life, to the point where others adapt to addict behavior. Avoidance, isolation, drama, unpredictability, and periodic crisis can become the norm, in an unhealthy way. It may take conscious effort to re-focus on our goals and aspirations -- the things that motivate us to happiness. It helps to emphasize the well-being of the entire family rather than just one member. .

Discussion

Ask the group to offer up some of their own personal goals and aspirations. What would it take to get back on track to achieving them? Are there challenges to be overcome? What are they?

Whose Life is it, Anyway?

Session 7:

De-Emphasizing the Addict in Your Daily Life (continued)

Instructor: Remind families that the desire for peace, quiet, and an end to worry, though understandable, isn't by itself enough. It's a natural response to a difficult past. Everyone needs active personal goals of their own -things you always wanted to do and still find fascinating---and a plan to achieve them. At this point family members should begin to ask: 'How do I get what I need and want out of life, regardless of what other people do?'

Remember: Just as the alcoholic is powerless over addiction, so too is the family member powerless over someone else's drug use. But you still have power over your own behavior-you can learn to live differently.

Continue discussion on the issue of controlling another's behavior. Do members really understand why that's impossible? Help them see the flaw in that reasoning.

Flaws:

- A. You can't be with the addict 24 hours a day, forever
- B. You can't enforce your will on someone you care about-you become a cop, not family.
- C. Read from selection: "Why You Can't Stop Someone Else From Drinking or Drugging" —a painfully humorous catalog for parents of an addicted teen.

How to put yourself back in the center of your life

- » Make a list of things that are important to you - goals you have, and wants and needs that you have postponed or neglected because of the addiction.
- » Go over this list with a knowledgeable advisor - is it realistic?
- » Set aside time each week for your goals and desires, not the addict's.
- » Do this every week (don't miss a week).

Assignment

Make the list of things that are important to you, as described above. Review with a knowledgeable advisor.

Whose Life is it, Anyway?

Session 8

Plan for the Possibility of Relapse

Session length:

45-60 minutes

Reference:

Relapse Traps Inventory

Lesson Plan

Instructor: It's the thing families fear most. Yet research has shown that relapse (return to drug use) is not the same as failure. Relapses are often followed by periods of considerable success. The first 100 members of AA were alcoholics who had been adjudged failures because of relapses -- and yet eventually they succeeded.

AA and NA—the organizations that have helped millions—were founded by people on whom nearly everyone had given up.

Look at recovery as a learning process. Some people learn faster than others. But some who learn slowly—have a lot of failures—wind up learning the lessons best (and go on to help others).

Most of us picture relapse as the result of circumstances overwhelming the addict's ability to remain clean. But here's a different perspective: When an addict relapses after treatment, it is a mistake in judgment often obscured by strong emotions and many defense mechanisms (rationalization, externalization, etc.).

Review with group the Relapse Traps that account for most relapse

Note questions 19-20—feuding with family actually produces relapse.

Discussion

- » Does the possibility of relapse frighten you?
- » Has it occurred before? Discuss
- » Are there signs it will happen again?

Key sign: How does your addict feel about your participation in this class? Family getting well can be scary for the addict—makes you harder to manipulate and brings home to the addict the need to change.

Reminder: You can't prevent relapse any more than you could have prevented the addiction in the first place.

What you can do: Learn to cope with the possibility of relapse.

That's largely a matter of addressing your own attitudes and beliefs.

Myth One: Relapse means treatment has failed.

Reality: It doesn't. Long term prognosis much better than short-term.

Myth Two: Addict has no control over whether he takes first drink or hit of drug.

Whose Life is it, Anyway?

Session 8:

Plan for the Possibility of Relapse (continued)

Reality: Once detoxed and established as “clean”, the addict must realize (finally) that the only choice he has is whether or not to take the first one. “I’ll just have one” is the classic error. Free choice diminishes rapidly once the drug is reintroduced.

Assignment

Write down a reasonable plan for what you will do in the event the addict does relapse.

Go over your plan with a knowledgeable advisor (counselor, sponsor, trusted friend) and make changes based on feedback.

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Session 9

Learning to Manage Your Emotions

Session length:

45-60 minutes

Lesson Plan

Instructor: Ask group - have members ever noticed how closely the way you think and the way you feel are connected?

Negative Thinking Patterns

Start by asking the group to identify troublesome emotional states.

Examples:

- » Depressed mood
- » Anger, frustration
- » Fatigue
- » Worry, anxiety
- » Resentment, etc.

Now identify thinking patterns associated with these feeling states.

Examples:

- » Thinking about the future (things you can't control, such as someone else's drug use)
- » Thinking about past injustices
- » Thinking about how you have to cope with more than others do
- » Thinking how much easier life would have been if you had more money, time, help from others, etc.
- » Thinking about how others are the cause of your unhappiness
- » Thinking about how much work you still have to accomplish, and you don't see how you'll ever get it done
- » Thinking about how little time you have to get everything accomplished
- » Thinking about your past failures and what they say about you as a person

These are just a few of the negative thought patterns we all struggle with.

You may not be aware how negative thinking affects our moods.

Managing Emotions

Method: Identify the negative thinking patterns to which you are prone.

When you are aware of them, picture yourself driving along a quiet street and seeing a stop sign. Picture yourself coming to a stop at the sign. Then think about something positive—a pleasant memory, a place you like to visit, something you're looking forward to.

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Session 9:

Learning to Manage Your Emotions (continued)

Purpose: Our goal is to interrupt the negative thought pattern. At first, you may have to do it frequently, because your thoughts seem to return automatically to the negative pattern. You've discovered your brain's 'automatic pilot' that takes you to certain places in your memory (some are so common they may be called *obsessive*). Eventually, using the interruption technique, the periods between these cycles of negative thoughts will become longer and the negative cycles less common. You'll begin to feel better for a larger portion of the day. You'll still have the same problems, but you'll worry less and feel more confident in your ability to cope.

Method: When you find yourself getting angry and on the verge of losing your temper, try the following:

Remove yourself physically to a quiet place. Sit and close your eyes and count to ten. Practice deep breathing (3 counts in, 9 counts out).

When you find yourself worrying about the future, find a quiet place, close your eyes, and practice your deep breathing. Sometimes it helps to just repeat a word over and over in your mind until you feel yourself beginning to relax. Repeating the word is a way of putting yourself back in the present and getting your mind away from projecting into the future.

Discussion

Ask group members for other ways they've found to manage difficult emotions.

Assignment

Practice what you've learned about managing emotional states during the week.

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Extra-Credit Session

De-Escalating Conflict: Parents and Kids

Session length:

60-90 minutes

Reference:

De-Escalating Parent-Child Conflict

Lesson Plan

Instructor: Many parents and kids are at war.

- » Hot war, like WWII—open hostility and conflict, or
- » Cold, like US/USSR in the 50's—spying, “proxy” fighting

These “wars” usually start with a dispute—both sides think they’re right about some issue (often a principle.)

Reminder: The adolescent isn’t that different from how he/she was as a child—the kid is just bigger and stronger, and better able to exert his will.

The home treatment phase of chronic family conflict involves many efforts to control offending behavior—like boot camp at home.

Basic problem: When families go to war, neither side can win. It’s like nuclear conflict— who could be considered a winner?

De-Escalation Training

Recognize the fight/flight response: How kids fight and how kids flee—it means they feel threatened

Kids have trouble with verbal expression so act out rather than communicate. And certain parents have the same difficulty, which compounds the problem.

Fight/Flight Behaviors and Parental Responses:

Emotional outbursts

- » Don’t give in, but don’t respond (timing option)
- » End discussion, meaning he can’t win any concession
- » If he wants concession, he must control anger

Key: Change the perception of the parent towards compromise (parent may see it as defeat rather than victory.)

Remind parents: You’re teaching kid how to solve problems like adult; you avoided adding fuel to kid’s resentments; you established the precedent that anger doesn’t win the day, it ends the discussion.

Verbal abuse

- » Ignore language and address some other aspect of what the kid said

Key: The parent’s button is no longer available for pushing.

Remind parents: Parents demand respect so kids provoke with disrespect; you’re setting example of adult discussion.

Whose Life is it, Anyway?

Extra-Credit Session

De-Escalating Conflicts: Parents and Kids (continued)

Physical aggression

- » Goal is to draw hard boundary around this
- » Not acceptable from either side

Key: Physical response isn't going to 'make' kid love or respect you more.

Remind parents: Confront kid with others present; provide chances for cool-down and reflection before trying to resolve.

Property damage

- » Develop system of consequences for damage—payment is best
- » Instead of taking all allowance, take portion for extended period—reinforces lesson

Isolating in room

- » Talk to kid when he comes out
- » Ask yourself: What does he want from me? Make it contingent on talk

Running away

1. When kid returns, all privileges lost for period.
2. Agrees to contract to get privileges back.
3. If s/he breaks contract, loses privileges.

Silent resentment / cold shoulder

- » Act normally. Express affection for kid and make attempt to include in activities, but don't beg. Wait for it to change. "When you're ready..."

Confronting kids about behavior

The goal should be to avoid fight/flight response, so avoid the following:

Accusations

- » When you accuse, give kid no choice but to go on defensive
- » The more damaging the accusation, more vigorous the defense
- » By accusing, you assume burden of proof—all the kid has to do is demand a level of proof beyond your ability, and he feels you lost

Personal criticism

This is where the parent makes unfair generalizations about behavior ("you always... you never...") The kid just has to point out exception.

Unhelpful comparisons

Whose Life is it, Anyway?

Extra-Credit Session

De-Escalating Conflicts: Parents and Kids (continued)

Comparing the kid to others (sibs, friends, role models) creates rivalry and jealousy. On some level, all kids want parents' respect.

Alternatives:

Clarifying

Alter the discussion (reframe) in more accurate, less offensive terms.

Cooperating

Return to what you did when he was much younger, and help him with his task.

Point out contradictions

Like counselors do. "You said this, but you did something different" He'll get mad, but will have to defend his actions rationally.

Reminder: The goal isn't to win every argument, but to achieve a resolution in the conflict. By relying on reason rather than sheer authority, you provoke less defiance. The defiance may still occur, but won't last as long, because you're not feeding into it.

Because you really **do** have the leverage, children will adapt to the new rules.