

## **Involving Families, Couples and Significant Others in the Recovery Coaching Process**

As we know addiction affects almost all areas of life – health, education, occupation, financial status, and particularly family & significant other relationships. It would be a mistake not to address the impact of the client's addiction on his family/SO, it would also be remiss of the Recovery Coach not to involve the client's current SO & family members (including preparing for the client to return home the family environment). However, like everything, timing & sensitivity to client's current readiness, it is just as important to know WHEN to bring these family members and/or SO's into the process.

Family members can not only support the client in recovery, but can also provide details about the impact of addiction with clarity. Moreover, just knowing that his family is also actively participating in treatment will keep his denial level low.

Family members may also be as dysfunctional as the client. Hence, it is meaningful to involve them in Recovery Coaching as the client will return to the family on completing treatment. Helping the family view the client positively and provide support is essential.

The client who is largely alienated from the family may resist the involvement of his family. Attempts to reintegrate may not be easy. These situations have to be handled judiciously. In the absence of family members, identifying other support people is essential.

For many individuals with substance abuse disorders, interactions with their family of origin, as well as their current family, set the patterns and dynamics for their problems with substances. Furthermore, family member interactions with the substance abuser can either perpetuate and aggravate the problem or substantially assist in resolving it. Family involvement is particularly appropriate when the client exhibits signs that his substance abuse is strongly influenced by family members' behaviors or communications with them.

Family involvement is often critical to success in treating many substance abuse disorders—most obviously in cases where the family is part of the problem.

Family involvement can be used to:

- Focus on the expectation of change within the family (which may involve multiple adjustments)
- Test new patterns of behavior
- Discuss the function of a family
- Elicit the strengths of every family member

- Explore the meaning of the substance abuse disorder within the family

### **The Impact of Addiction of families, couples and significant others**

Deutsch (1982) describes family dynamics as 'remarkably uniform in most addicted homes and significantly different from the conditions which govern most other households'. There are certain specific problems they face.

- The family lives on an emotional roller coaster of embarrassment, guilt, hurt, anger and frustration.
- The addict becomes less predictable, less reliable, financial resources are diverted for alcohol / drugs, hence family becomes insecure.
- Constant demands, growing criticism, provocations, erode the family's self esteem.
- To protect the addict from external condemnation and to protect themselves from further embarrassment, the family may isolate itself from external contacts.

### **Reactions of family members and significant others to substance abuser**

Denial - The family of the chemical dependent usually denies the existence of the problem in order to avoid humiliation and embarrassment. What is obvious to others is flatly denied by those who live on intimate terms with the dependent.

Preoccupation - The preoccupation of family members is similar to the addict's obsession for drugs. Their entire thinking usually revolves around the dependent and they forget to take care of their needs. Their lives are almost always modified to suit the needs of the chemical dependent.

Making Changes in Oneself - Most family members believe that the addict is taking drugs because of certain problems. As a result, the family takes responsibilities to deal with those problems. They try to establish a pleasant atmosphere at home hoping that it will help the addict to stay away from drugs. The family may go out of their way to please the addict and maintain a warm and caring attitude, etc.

Bargaining - The goal of bargaining is to offer the chemical dependent something in return for the desired behavior. But such bargaining does not work at all. Instead, it leads to frustration and depression.

### **Family in Recovery**

Acceptance of treatment by the chemical dependent brings a great deal of relief to everyone concerned. Family members may hope that life is going to take a turn for the better at once. They may feel that all their tensions will disappear. In a supportive environment, the Recovery

Coach should make them understand that it would be very unrealistic to expect that everything is going to be wonderful immediately. They should be made aware of the fact that there are certain problems which they may face during the client's recovery. An understanding of this will help them handle the problems effectively.

### **Problems Experienced During Recovery**

- During recovery, it is possible for family members to experience great relief over his abstinence and yet miss the old, familiar lifestyle. Although it was painful, there had always been some predictability. They knew how he was going to behave, and what situations they would be required to handle. But now the recovering person is likely to be more independent and more demanding. This can leave family members resentful. Earlier, the chemical dependent would not have reacted to anything happening at home. Now he may expect his wife to prepare tasty meals, keep the house clean and help the children in their studies. The family may not view his expectations as justified.
- Friends and relatives may have all along admired the tolerance of the wife/mother and praised her for bearing the brunt all alone. When the chemical dependent stops taking drugs, the positive comments are likely to be transferred to him. They may even pick on her. 'Now that he has given up drugs, why don't you be more understanding? Why do you unnecessarily get angry and shout like this?' These remarks hurt her and it is very common for close family members to experience extreme bitterness and resentment, especially if they have coped with addiction by suppressing all their feelings.
- Certain actions that would not stir a second thought if displayed by others may set off alarms when exhibited by the recovering person. It is virtually impossible for the family not to harbor doubts when, for example, they find some cash missing or when they find the recovering person moody, tired or notice him remaining extra long behind a locked door or getting phone calls late in the night.
- Family members may tend to treat the recovering person as a 'brittle doll'. This is the result of a continuing fear and a prolonged belief that anything they might say could cause conflict and make him go back to drugs. As a result, there is no communication, no clarity of roles and the family works only according to his expectations. There is no chance of mutual trust developing in this kind of relationship because it continues to be dominated by fear. It will only result in more stress for the family.
- After many years of embarrassment and humiliation, the family may have few outside interests or friends. All other adjustment problems will be intensified by the family's lack of social contacts and shared pleasures.
- Family members will find it very difficult to listen to the recovering person or relate to him in a meaningful way. They may expect him to make changes according to their expectations. For instance, they may make plans for his future. They may ask him to go

for work in the mornings or attend classes in the evenings, without discussing those issues with him. They are likely to feel that they have the solutions to all his problems.

- Family members may continue to harbor resentment. As a result, even though the addict may be making positive changes, they will be reluctant to acknowledge this. On the other hand, repeated remarks about money being wasted will be voiced.
- Members of the family may have conflicting views if it comes to the question of giving recovering person responsibilities. He may be willing to take up certain responsibilities. But the family members may not be able to trust him with the responsibilities he wants to carry out. They may find it more comfortable to assign him only menial or insignificant jobs and even after assigning jobs, they will be doubtful whether he will complete the tasks properly.

### **Educating the Family/Significant Other**

Acceptance by the active addict brings a great deal of relief to everyone concerned. Family members may hope that life is going to take a turn for the better at once. They may feel that all their tensions will disappear. In a supportive environment, the Recovery Coach should make them understand that it would be very unrealistic to expect that everything is going to be wonderful immediately. They should be made aware of the fact that there are certain problems which they may face during the client's recovery. An understanding of this will help them handle the problems effectively.

### **The Need for Family Therapy**

The interconnected relationships within a family are widely recognized as crucial elements in substance use disorder and its treatment. Family involvement focuses on family change (parenting practices, family environment and problem solving) and takes into account is also aimed to take place psychosocial environment in which the addict lives.

#### **The broad goals of family involvement are:**

- To provide information about addiction and its effects on the family system – It is essential to provide information about addiction being a disease, its impact on the family system, relapse symptoms and coping methodologies.
- To provide a safe and acceptable environment for the family to discuss their problems – Normally the family's attitude would be 'Once he gives up drugs, all our problems would disappear'. The Recovery Coach should focus the family's attention on the problems experienced by them as a result of addiction.

Some of the open-ended questions which can help them focus their attention on themselves and see a need to change their attitude and behavior are:

- What would you like to work on?
- What kind of help are you looking for?
- What kind of changes do you think you should make?

To improve interactions among family members – The goal is to bring about changes in the way family members relate to each other by examining the underlying causes of dysfunctional interaction and by encouraging new healthier ones.

The Recovery Coach helps family members appreciate how the values and perspective of each family member may differ, but those differences do not have to be a source of conflict. Helping family members solve problems together in the therapeutic setting enables them to learn strategies that can be applied with the addict in the home environment. Family members learn to listen to one another and solve problems through negotiation and compromise.

Another method of improving communication between family members is to introduce the concept of 'I' statements. 'I' statements focus on the effect of an action on the speaker rather than on the action itself. Instead of saying 'You always give us trouble', a family member would say, 'I feel sad when you behave in this manner'. These statements are often effective because people can disagree about what they do, but it is difficult for them to dispute what someone else says she feels.

- To equip parents with the skills needed to deal with youngsters  
Parents of youngsters who use substances typically aggravate small conflicts due to inadequate parenting practices (being permissive, authoritarian or inconsistent). The Recovery Coach should guide them towards improving parenting skills – appropriate monitoring (to know their friends, to know how they spend their time), setting limits, rebuilding emotional attachment and taking part in activities with the youngster.
- To provide optimism and a supportive environment – The Recovery Coach should help family members realize that the family support system surrounding the recovering person will require some change. They have to be guided to give up their preoccupation and obsession with the chemical dependent, and still be caring and help him in his recovery.
- Family can be helped even if the user is unwilling - Even if the chemical dependent does not seek help, it is imperative that family members should seek help. Breaking the silence about what they have been dealing with is the first step, followed by learning about enabling and co-dependency and methods to cope with addiction. Significant healing can begin to take place for families, even if the user's drug taking continues.

### **Intervene Through Significant Others**

Considerable research shows that involvement of significant others (SOs) can help move substance users to contemplation of change, entry into treatment, retention and involvement in the therapeutic process, and successful recovery. An SO can play a vital role in enhancing an individual's commitment to change by addressing a client's substance use in the following ways:

- Providing constructive feedback to the client about the costs and benefits associated with his substance use behavior.
- Encouraging the resolve of the client to change the negative behavior pattern.
- Identifying the concrete and emotional obstacles to change.
- Alerting the client to social and individual coping resources that lead to a substance-free lifestyle.
- Reinforcing the client for using these social and coping resources to change the substance use behavior.

In general, the SO helps to mobilize the client's inner resources to generate, implement, and sustain actions that subsequently lead to a lifestyle that does not involve substance use. The SO is expected to move the client toward generating their own solutions for change. Nevertheless, it is important to remember that the ultimate responsibility for change lies with the client.

A SO is typically a spouse, live-in partner, or other family member but can be any person who has maintained a close personal relationship with the client. ***Although a strong relationship is necessary, it is not sufficient for involving an SO in Recovery Coaching. Evidence indicates that a suitable candidate for SO-involved treatment is an individual who supports a client's substance-free life and whose support is highly valued by the client (Longabaugh et al., 1993).***

*"I have found that actively involving an SO such as a spouse, relative, or friend in Recovery Coaching can really help facilitate a client's commitment to change. The SO can provide constructive input while the client is struggling with ambivalence about changing the addictive behavior. Feedback from the SO can help raise the client's awareness of the negative consequences of substance use. At the same time, the SO can provide the requisite support in sustaining the client's commitment to change. Before involving the SO, I routinely determine whether the SO has a positive relationship with the client and a genuine investment in contributing to the change process. SOs with strong ties to the client and an interest in helping the client change the substance-using behavior can make a valuable contribution toward change; those who lack these qualities can interfere with this process. Therefore, before involving the SO, I assess the interactions between the client and the SO. I am particularly interested in determining whether motivational statements made by the client are supported by the SO. Following this brief assessment, I employ a variety of commitment-enhancing strategies with the SO to help him facilitate the motivational process.*

*I try to ask questions that will promote optimism on the part of the SO with regard to the client's ability to change. For example, I may ask the SO the following questions: Have you noticed what efforts Jack has made to change his drinking? What has been most helpful to you in helping Jack deal with the drinking? What is different now that leads you to feel better about Jack's ability to change? By using techniques such as eliciting self-motivational statements from the client, the SO can become a co-facilitator in the change process".*

*Allen Zweben, Consensus Panel Member*

### System of Dynamics of the Alcoholic Family

Role	Motivating Feeling	Identifying Symptom	Payoff for Individual	For Family	Possible Price
Dependent	Shame	Chemical Use	Relief of Pain	None	Addiction
Enabler	Anger	Powerlessness	Self-righteousness	Responsibility	Illness Martyrdom
Hero	In-adequacy Guilt	Over-achievement	Importance Attention(positive)	Self-worth	Compulsive Drive
Scapegoat	Hurt	Delinquency	Attention (negative)	Focus away from dependent	Self-destructive Addiction
Lost Child	Loneliness	Solitariness Shyness	Escape	Relief	Social Isolation
Mascot	Fear	Clowning Hyperactivity	Attention (amused)	Fun	Immaturity Emotional Illness

*Instructor Note: Involving family members and/or significant others when the client is an adult (over age 18 by federal law) is important and useful (depending on the individual), however, you, the*

***Recovery Coach cannot “force” the client to give consent to contact the family or the SO and the Recovery Coach cannot “force” the family member or SO to participate in the treatment of the client. It is most important to note that when working with adolescents (minors) the family/parents/legal guardian MUST be involved.***

**The goals of family therapy are (broadly speaking)**

- to provide information about addiction and its effects on the family system
- to provide a safe and acceptable environment for the family to discuss their problems
- to help the family members express their feelings of shame, guilt, fear and hurt
- to help them grow out of their dysfunctional coping behavior
- to help the family to clarify their problems and set realistic goals
- to help them improve their communication, so that they interact in a more constructive and helpful manner
- to guide the family to provide a supportive environment for the recovery of the substance addict.

**Deeper Insight into the Family Dynamics**

**1. What is meant by ‘the enabling behavior’ of the families of addicts?**

‘Enabling’ is a therapeutic term which in this context denotes a destructive form of helping. Any act that helps the addict to continue drug taking without suffering the consequences is considered ‘enabling behavior’. The ‘enabler’ is a person who may be impelled by his own anxiety and guilt to rescue the addict from his problems. This role is taken on by family members, friends, supervisors and colleagues at work.

Some examples of enabling behavior are:

- paying back the debts incurred by the user
- justifying his use of drugs – ‘He takes drugs because of problems at the workplace.’
- calling the manager and giving false reasons for his absence.

**2. What should the family avoid doing?**

- Do not hide alcohol bottles and do not search for drugs.
- Do not argue or quarrel with the person while he is under the influence of drugs. This will only lead to meaningless arguments.
- Do not look for reasons for his drug use. Some may be excuses and some, the consequences of his drug use.
- Do not attempt to punish, threaten, bribe, preach or try emotional appeal with the user. In the long run, none of these methods work.



### 3. What is 'denial' of the family?

Due to the social stigma attached to addiction, the family members deny the existence of any problem and gives excuses such as 'going through a phase' or 'too much pressure'. The problem of addiction is either totally denied, minimized or rationalized.

### 4. Does a father's addiction affect his children?

Yes, a father's addiction leaves its impact on his children. Constant exposure to this environment leads to a lingering fear, and they are filled with feelings of shame and embarrassment. They see nothing other than fights, guilt, justification and they practically lose their childhood. As a result, they end up with a lot of emotional problems.

### **Support program**

It is important that the chemical dependent has well-wishers or support persons who are willing to assist him in his recovery. Support people are those who have a keen interest in the welfare of the patient. They may be the family members – siblings, uncle, aunt or in-laws; personnel at his office – supervisors, managers, co-workers, family doctors or non-drug-taking friends.

Support people are those:

- who do not use alcohol or drugs
- who meet the patient frequently
- whom the patient respects and holds in high regard.

## **Family Education**

### **Treating the Family**

Traditionally, the focus in treatment for those with substance abuse problems has been on the substance abuser, not on the family members surrounding him. Treatment professionals did not realize that the substance abuser had a profound effect on family members and others who often developed problems and unhealthy behavior patterns of their own as a reaction to the substance abuser. Not until alcoholism became recognized as a disease did treatment begin to address the problems of the whole family and its individual members, not just those of the substance abuser.

In dysfunctional families it is natural for family members to care for and be affected by the member who has a substance abuse or serious behavior problem. As this member's problems become more serious and unresolved, the family members become more affected and react intensely. This is a reactionary process in which the family members/involved people see the substance abuser or unhealthy member destroying himself. As a result, they become compulsively "dependent" on similar destructive behavior patterns of their own, such as work addiction, eating disorders, or unhealthy relationships with one person or many people.

## **Family Dynamics**

It's common for family and loved ones of people with a substance abuse addiction to try to cope with the situation in unhealthy ways. These behaviors may have developed over years and sometimes are a result of childhood experiences. In most cases, these patterns of behavior are accompanied by the best of intentions, as loved ones want to help the person.

The loved one is usually concerned for the person's safety and wants them to be in protective environment where they know they are safe.







It's a common myth that certain types of treatment will guarantee that the person will be "fixed". Often loved ones hope there is a "cause" for the behavior and that as soon as this can be identified, the addictive behavior will stop.

Loved ones may also resent the amount of time and energy the person must dedicate to recovery, and urge them to turn their focus away from recovery and more on the needs of the family. As the person recovers, they may resent the lifestyle changes necessary for long-term change, as well as their loss of the role of the "healthy one" in the family. For the healthiest recovery, all family members must work on their own "recovery" and learn new ways of operating within the new family.

## **Codependent Relationships & Family Dynamics**

Understanding codependent relationships and family dynamics (how the family interacts with each other) is complicated.

It's a bit easier to begin by seeing what positive family dynamics are:

-  Open communication is present, and it is honest, clear and direct
-  Each person has goals and plans to reach those goals
-  Each family member supports the others in reaching their goals
-  Family rules are present, but open to change and flexibility
-  The family sees itself as naturally connected to society
-  Home is viewed as a place of safety and comfort

- ✚ When conflicts arise, the family discusses, listens, keeps an open mind, and looks for a positive solution

In reality, we all know that conflicts come up, temperaments clash, and feelings get hurt. But healthy family dynamics lead to a positive outcome that helps a family grow.

What affects one family member generally affects other family members. This can be good or bad, depending on the circumstances.

In dysfunctional families, like those based on codependent relationships, open communication and resolution of problems is extremely difficult. Stress affects each member of the family in specific ways, and therefore affects the entire family unit. Families with addiction as the hub of daily life are surrounded by severe and ever present stress.

Here are some behaviors that may be repeated over and over:

- ✚ Family members aren't sure what they feel, so have difficulty sharing their emotions
- ✚ Family interactions or decisions are often focused around the addict or alcoholic
- ✚ Open communication is difficult, since a pattern of avoidance or denial has been set in place
- ✚ Blame and anger are often present, making it difficult for common solutions to be found
- ✚ Codependent [family roles](#) keep the addict from "[hitting rock bottom](#)"
- ✚ Family members do whatever it takes to avoid confrontation, chaos or pain

## **More about Addiction and the Family**

### **Healthy Family System:**

- Self-worth is high.
- Communication is direct, clear, specific and honest and feelings are expressed.
- Rules are human, flexible and appropriate to change.
- It is natural to link and be open to society.
- Each person has goals and plans to get there, and should be supported by the family.

### **Rules in a dependent or addicted family:**

- Dependents use of drug is the most important thing in a family life.
- Drug use is not the cause of family problems, it is denial which is the root.
- Blaming others, don't make mention of it, covering up, alibis, and loyalty of family enables.
- Nobody may discuss problem outside the family.
- Nobody says what they feel or think.

## **ROLES IN ADDICTION**

**Family Role 1, The Addict**

The person with the addiction is the center, and though the key to alcohol and drug addiction recovery, not necessarily the most important in family recovery. The "world" revolves around this person, causing the addict to become the center of attention. As the roles are defined, the others unconsciously take on the rest of the roles to complete the balance after the problem has been introduced.

**Family Role 2, The Hero**

The Hero is the one who needs to make the family, and role players, look good. They ignore the problem and present things in a positive manner as if the roles within the family did not exist. The Hero is the perfectionist. If they overcome this role they can play an important part in the addiction recovery process.

The underlying feelings are fear, guilt, and shame.

**Family Role 3, The Mascot**

The Mascot's role is that of the jester. They will often make inappropriate jokes about the those involved. Though they do bring humor to the family roles, it is often harmful humor, and they sometimes hinder addiction recovery.

The underlying feelings are embarrassment, shame, and anger.

**Family Role 4, The Lost Child?**

The Lost Child is the silent, "out of the way" family member, and will never mention alcohol or recovery. They are quiet and reserved, careful to not make problems. The Lost Child gives up self needs and makes efforts to avoid any conversation regarding the underlying roles.

The underlying feelings are guilt, loneliness, neglect, and anger.

**Family Role 5, The Scapegoat**

The Scapegoat often acts out in front of others. They will rebel, make noise, and divert attention from the person who is addicted and their need for help in addiction recovery. The Scapegoat covers or draws attention away from the real problem.

The underlying feelings are shame, guilt, and empty.

**Family Role 6, The Caretaker (Enabler)**

The Caretaker (Enabler) makes all the other roles possible. They try to keep everyone happy and the family in balance, void of the issue. They make excuses for all behaviors and actions, and never mention addiction recovery or getting help. The Caretaker (Enabler) presents a situation without problems to the public.

The underlying feelings are inadequacy, fear, and helplessness.

### **Addiction and the Family Roles How the They lead to Codependency**

The parts played by family members lead to codependency. Members make decisions concerning what the other person needs. Codependency leads to aversion and lack of self-orientation in a situation where an addiction is present. Ultimately people "become" the part they are playing.

The goal in alcohol and drug addiction recovery is to bring each member as a whole into a situation where the problems can be dealt with. Individual talents and abilities should be integrated into the situation allowing emotional honesty about the situation without guilt or punishment.

***\* The overall goal in overcoming codependency is to make each person whole.***

People become familiar with and dependent on the role they play in families. In overcoming the family roles you will begin to overcome issues and what could be classified as the addiction to the role. While the conquering of the substance is important to the person with the addiction, a point to remember is the substance(s) is not the key to family recovery; removing the underlying roles are.

In beginning recovery each family member must become proactive against the addiction to the role and learn to become their true self. The goal is for each to person to become independent and then approach the substance addiction recovery as a group of individuals, rather than as people playing a part. Whole, independent people can freely contribute to the recovery of the person overcoming the addiction. A person playing a part can only perform the role.

### **Help for Families in Addiction**

As addiction professionals we owe it to the family members and significant others of the active addict to provide resources for on-going support and treatment. Education in these areas is of great importance. It is necessary to remember that even if the "addict" does not achieve recovery their family and/or significant absolutely can!!

Families and significant others can opt to attend family therapy and/or couples counseling or individual counseling (if the addict continues to use).

### **Family Systems & Recovery**

Systems theory proposes that all systems like the maintain balance and harmony. The common expression, "Don't rock the boat" aptly describes a system's need to maintain balance. Therefore, every individual within any given system participates in the maintenance of that

balance. However, if the natural balance (status quo) of a system is dysfunctional, then the system serves to maintain that dysfunction. In other words, it would "rock the boat" if we tried to improve the systems functioning. This is how some dysfunctional systems can promote and foster addictive behavior for some individuals in that system. With respect to addiction, the principal system of interest is the family system.

Like all systems, families operate to maintain a balance. Usually this entails activities and pressures to avoid conflict, hostility, aggression, or other things that leads to disharmony. The cost of maintaining this balance can be quite high. When someone in a family attempts to discontinue their addiction, it affects all the family members. In other words, recovery "rocks the boat."

Recovery involves family therapy that evaluates the family system. This evaluation serves to uncover hidden forces that serve to continue dysfunction. These forces have allowed addiction to flourish. Once these forces are identified, family members work together to foster a more functional family system that does not promote addiction.

Bowen (creator of Family Systems Theory) proposed that the problems of one family member cannot be understood apart from those of all other members. And so it is also true with recovery.

In addition to treatment are support services/groups. The following are a list of a few.

### **Helpful Links for Family and Friends of Addicts**

- [Al-Anon.org](http://al-anon.org) (al-anon.org) For family members of alcoholics.
- [Nar-anon](http://nar-anon.org) (nar-anon.org) For family members of addicts.
- [Gam-anon](http://gam-anon.org) (gam-anon.org) For family members of gamblers.
- [Coda.org](http://coda.org) (coda.org) For co-dependent individuals.
- [Adultchildren.org](http://adultchildren.org) (adultchildren.org) For adult children of alcoholics and addicts.

***Instructor Note: The role of the family and significant others in the client's treatment and aftercare is huge; just as the impact of addiction on families and significant other's is huge, pervasive and all-encompassing when left untreated. Families operate in a system, as system that tries to function no matter how disrupted the system is by addiction. In order for an individual to heal and recover so must the individual's family and/or significant others. As long the client/individual plans to return to that family system then that system needs to be educated and treated as well. Never underestimate the power of the family system both positively and negatively.***

## **Community Education, Awareness & Impact**

## Overview

A significant portion of this course relates to learning about and understanding the impact of substance abuse on communities. The information provided in this chapter will look at some statistics to give you an actual idea of how many people and in what ways substance abuse impacts communities. Also included is information on prevention and intervention and their proven positive impact on individuals, families and communities as a whole.

The goal of both prevention and intervention is to reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

## Impact of Substance Abuse on Communities

Drug abuse is a major public health problem that impacts society on multiple levels. Directly or indirectly, every community is affected by drug abuse and addiction, as is every family. Drugs take a tremendous toll on our society at many levels.

This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society - those who abuse these substances, and those who don't.

## **Drug Abuse is a Major Public Health Problem**

Americans Perceive Drug Abuse as a Major Public Health Problem

Many of America's top medical problems can be directly linked to drug abuse:

- **Cancer:** Tobacco contributes to 11-30% of cancer deaths.
- **Heart Disease:** Researchers have found a connection between the abuse of tobacco, cocaine, MDMA (ecstasy), amphetamines, and steroids and the development of cardiovascular diseases. Tobacco is responsible for approximately 30% of all heart disease deaths each year.
- **HIV/AIDS:** Approximately one-third of AIDS cases reported in 2000 (11,635) and most cases of hepatitis C (approximately 25,000 in 2001) in the United States are associated with injection drug use.
- Approximately half of pediatric AIDS cases (4,700 reported through 2002) result from injection drug use or sex with injection drug users by the child's mother.

**Many of America's top community problems relate to or impact drug abuse:**

- **Drugged Driving:** The National Highway Traffic Safety Administration estimates that drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.

- **Violence:** At least half of the individuals arrested for major crimes including homicide, theft, and assault were under the influence of illicit drugs around the time of their arrest.
- **Stress:** Exposure to stress is one of the most powerful triggers of substance abuse in vulnerable individuals and of relapse in former addicts.
- **Child Abuse:** At least two-thirds of patients in drug abuse treatment centers say they were physically or sexually abused as children.

## **Drug abuse impacts the individual, family, and community**

### **Individual:**

- **Adolescence:** This is a time period of high vulnerability to drug abuse and other risk taking behaviors.
- **Mental Illness:** People with mental illness are particularly at risk for problems related to substance abuse.
- **Consequences of Substance Abuse:** These can include illness, injuries, and death. Each year approximately 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol, or another addictive drug.
- **Deaths:** In 2000, approximately 460,000 deaths were attributable to illicit drug abuse and smoking.

### **Families**

- **Prenatal:**
  - **Smoking:** Infants born to women who smoke during pregnancy have a lower average birth weight and may be at increased risk for attention deficit hyperactivity disorder, conduct disorders, and childhood obesity.
  - **Cocaine:** Babies born to mothers who abuse cocaine during pregnancy can be born prematurely and have low birth weights. There may be as many as 45,000 cocaine-exposed babies per year.
- **Child Abuse:** Approximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.

### **Community:**

- **Homelessness:** 31% of America's homeless suffer from drug abuse or alcoholism.
- **Crime:** As many as 60% of adults in Federal prisons are there for drug-related crimes.
- **Education:** Children with prenatal cocaine exposure are more likely (1.5 times) to need special education services in school. Special education costs for this population are estimated at \$23 million per year.










- **The Workplace:** In 1997, illicit drug users were more likely than others to have missed 2 or more days of work in the past month and to have worked for three or more employers in the past year.

## **Prevention (more information)**

The primary goal of prevention is to delay the first use of alcohol or other drugs. Research indicates that adolescents who begin drinking before age 14 are significantly more likely to experience alcohol dependence at some point in their lives compared to individuals who begin drinking after 21 years of age. In addition, youth who drink alcohol are more likely to experience a number of negative consequences, such as physical or sexual assault, unintentional injuries, memory problems, legal problems, and impaired school performance. That's why delaying the age of first use of alcohol and drugs is a critical goal of prevention. However, other protective factors, especially proactive parenting and strong family bonds, can help delay adolescents' experimentation with drugs and alcohol and thus help reduce long-term problems.

Prevention works best when attention is given to multiple risk and protective factors. Such factors exist in many areas of an adolescent's life and common risk factors can predict many problems. Reducing one risk factor may result in reduction of multiple problems in the family, school, peer group, and/or community. Increasing protective factors supports healthy development in all life areas, which helps them to resist influences to use.

Research has identified seven key strategies shown to be effective in preventing and reducing substance abuse and related risky behaviors:

-  Changes in public policies (laws and regulations)
-  Rigorous enforcement of laws and regulations
-  Collaboration among groups of citizens
-  Communications to impact public perceptions about alcohol, tobacco, and drugs
-  Education for both children and adults;
-  Alternatives: activities, such as recreational programs, after-school, and weekend programs, community service activities, and tutoring and mentoring
-  Early intervention—with pre-adolescents showing signs of antisocial behavior.

## **Prevention Prepared Communities**

A prevention prepared community is one where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.

## **Community Process: Strategic Prevention Framework (SPF)**

- ✚ The recommended approach to support effective prevention in communities is the Strategic Prevention Framework (SPF), which identifies **five phases: assessment, capacity building, planning, implementation, and evaluation**. In addition, cultural competence and sustainability are identified as key aspects that cut across the five phases.
- ✚ Prevention programs should take into consideration the target audience, which may be described in three levels: universal (all populations), selective (populations at risk) and indicated (populations that have demonstrated early involvement with substance use). The type of prevention strategies used should vary across these audience types.
- ✚ Prevention programs need to understand their target audience in terms of risk factors and protective factors, which may be categorized in multiple domains: individual, family, school, and community.

### Risk Factors

- ✚ Risk factors are conditions that increase the likelihood that youth will get into trouble or expose themselves to danger.
- ✚ The greater the intensity or number of risk factors, the greater the likelihood that youth will engage in delinquent or other risky behaviors.
- ✚ Examples of risk factors are: inadequate life skills, low self-esteem, emotional or psychological problems, family conflict, a lack of bonding with the school environment, and association with delinquent peers.

### Protective Factors

- ✚ Protective factors are safeguards that promote resiliency and enhance a young person's ability to resist risks or hazards and make good decisions. Like risk factors, protective factors can exist in—and be addressed by—individuals, families, communities, and institutions.
- ✚ Examples of protective factors are: problem-solving skills, communication skills, a sense of self, positive parenting, bonding with a positive school environment, and association with peers who have a constructive influence.
- ✚ Exposure to protective factors helps young people make better decisions, confront obstacles, and find the supports they need. They may prevent, diminish, or counteract the effects of risk factors.
- ✚ Families and communities are keys to enhancing positive youth development when they provide strong parenting, good adult role models, and dependable sources of adult supervision, a strong sense of community, safe neighborhoods, and effective community-based and government services.

## Perception of Risk (Consequences) and Its Relationship to Substance Use

- ✚ Perception of risk of substance use is associated with use rates. Youth who perceived greater risk from substance use were less likely to engage in substance use.
- ✚ The most effective approach in getting youth to perceive risk in substance use is to engage in meaningful conversation that encourages the young person to reflect on the negative consequences of substance use.
- ✚ Research indicates that use of “scare tactics” or purely didactic delivery of information about substance use is minimally effective. However, focusing information dissemination on the consequences of substance use can increase perception of risk and have positive results.

## Early Intervention: Bridging the Gap between Prevention and Treatment

This study examined a SAMHSA model program— ‘keepin it REAL’—that has been demonstrated to be effective in delaying initiation of substance use among middle school students. The focus here, however, was whether this universal prevention program is also effective in leading to reductions or cessation in substance use among middle school students who were already using substances prior to the delivery of the prevention program. Results indicated that participation in the program increased the odds of substance use cessation by 65 percent and of reduction in use by 73 percent.

Except for alcohol, the time windows for targeted intervention to prevent progression to malignant patterns in adolescence are critically small, leaving little time for targeted intervention to prevent transition. The fast transitions to abuse and dependence in adolescence may be indicative for the increased vulnerability to substance effects in this time period.

## Intervention Services

Activities that are sub-clinical or pre-treatment (ASAM .05) and designed to explore and address problems or risk factors that appear to be related to substance use, and/or to assist individuals in recognizing the harmful consequences or inappropriate substance use. ***Early Intervention services are for individual(s) whose problems and risk factors appear to be related to substance abuse but do not meet any diagnostic criteria for substance abuse related disorders.*** Such individuals are defined "at risk" and early intervention may be delivered in a wide variety of settings to at-risk adolescents or adults with the length of such service varying according to the type of activity. The ultimate goal is the reduction of the effects of substance abuse within the targeted community by identifying and engaging those in need of services.

Early intervention services are delivered in a variety of settings, including clinical offices, schools, work sites, community centers, or an individual's home.

Substance abuse treatment services and this early intervention component are delivered by community-based agencies who are under contract to DHS/Office of Alcoholism and Substance Abuse. Generally, these services are available locally in communities throughout states. This system enables clients to be assessed and treated as close to their home communities as possible, allows communities to take ownership of their programs, and facilitates public information. Treatment services are delivered through a ***continuum approach***, with individual clients moving from one level of care to another based on their assessed needs.

## **What's New in Prevention, Intervention and Treatment**




### **Evidence-Based Prevention Practice**

Evidence-based prevention refers to a set of prevention activities that evaluation research has shown to be effective. Some of these prevention activities help individuals develop the intentions and skills to act in a healthy manner. Others focus on creating an environment that supports healthy behavior.

### **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

SBIRT is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders. Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

#### About SBIRT

-  Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
-  Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
-  Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

SBIRT includes an early intervention approach that targets individuals with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive services..

### **SBIRT Consists of Three Major Components:**

Screening – a healthcare professional assess a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any healthcare setting.

Brief Intervention – a healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

Referral to Treatment – a healthcare professional provides a referral to brief therapy or additional treatments to patients who screen in need of additional services.

*Instructor Note: There are many more types of intervention services available in communities everywhere. Intervention is a response to the devastation substance abuse has on individuals, families and entire communities. Remember that the premise for prevention and intervention services is to stop substance abuse by addressing situations and circumstances that have been proven to promote substance experimentation (prevention) and intervening on risky substance use by addressing situations and circumstances that promote risky behaviors and practices (intervention).*

## Don't Forget Life Skills

### Chapter 9

*TAP 21 Competency: Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.*

#### **Psycho-education for Clients and Families – Individual and Group**

Psycho educational groups are designed to educate clients and their families about substance abuse, and related behaviors and consequences. This type of group presents structured, group-specific content, often taught using videotapes, audiocassette, or lectures.

Psycho-educational groups provide information that aims to have a direct application to clients' lives, such as instilling self-awareness, suggesting options for growth and change, and prompting people using substances to take action on their own behalf.

Some of the contexts in which psycho-educational groups may be useful are:

- Helping clients in the pre-contemplative or contemplative stage of change to reframe the impact of substance use on their lives, develop an internal need to seek help, and discover avenues for change.

- Helping clients in early recovery learn more about their disorders, recognize roadblocks to recovery, and deepen understanding of the path they will follow toward recovery.
- Helping families understand the behavior of a person with a substance use disorder in a way that allows them to support the individual in recovery and learn about their own needs for change.
- Helping clients learn about other resources that can be helpful in recovery, such as meditation, relaxation training, anger management, spiritual development, and nutrition.

Principal characteristics:

Psycho-educational groups generally teach clients that they need to learn to identify, avoid, and eventually master the specific internal states and external circumstances associated with substance abuse.

Leadership skills and styles - Leaders in psycho-educational groups primarily assume the roles of educator and facilitator.

Techniques - Techniques for conducting psycho-educational groups are concerned with (1) how information is presented and (2) how to assist clients to incorporate learning so that it leads to productive behavior, improved thinking, and emotional change.

## **Life Skills**

Many chemically dependent people have hidden deficits in basic life skills (e.g., knowing how to balance a checkbook, prepare a meal, and accept feedback from an employer). While these deficits are as individual as the client, it is of momentous importance that treatment programs address a range of instrumental skills (e.g., meal preparation, money management, laundry, resume writing), as well as some basic social skills, particularly those needed in employment and other interpersonal situations. In addition to the findings of the assessment or bio-psychosocial counselors should also observe clients to identify problem areas.







Among the skills most underdeveloped in substance abuse clients are basic problem-solving skills. Because of their impulsiveness and difficulty delaying gratification, many clients are particularly poor at breaking down moderately complex problems into the few basic steps required to get from problem to solution. Practice is needed to learn clear problem identification, generation of options, thinking through likely outcomes, option selection, trying out options, and reviewing outcomes.

## **Life Skills and Recovery**

Many addicts, alcoholics and those with co-occurring disorders lack basic life skills. The stress of leaving treatment and reintegrating into the larger community can be intense and challenging for some including those with [co-occurring disorders](#). Those who haven't received the information and experiences needed to avoid relapse or haven't incorporated the tools from treatment are at greater risk of relapse.

For most substance abusers, the basics of living day to day were never learned. Addictive behavior and thinking has destroyed the recovering substance abusers' ability to function calmly on a daily basis. Many treatment programs have incorporated aspects of daily living requirements to help ease the shock of moving from treatment back to everyday life.

#### Some Life Skills that Strengthen Recovery:

-  Educating clients about the benefits and impact of healthy nutrition is an important component of recovery and in rebuilding the body and mind. Since most alcoholics and addicts are in poor health it is always beneficial to implement a psycho-education group where clients can learn healthy eating habits, shopping for food, and cooking their food. Discussions about money and budgeting are also significant as these conversations prepare clients for aftercare and for living in a halfway house or independently.
-  Clients often need to learn responsibility for cleaning their rooms and organizing their belongings. They are responsible for their own laundry. Clients also need education on how to follow dress codes that must be adhered to in various life/work situations and settings.
-  When working with clients with co-occurring disorders, medication management as a life skill is crucial, as well as identifying healthy self-productive behaviors that stop a relapse from occurring.
-  Learning social etiquette is extremely important to function in the daily world. No longer living in a world of drug and [alcohol](#) use, clients must learn how to engage in conversation, participate in healthy interactions, modulate emotions (not suppressing emotions), and more. This process provides clients with self-awareness and understanding of the interactions required for clear communications.
-  Personal responsible such as getting up on time, arriving promptly to group, individual counseling or house meetings or being accountable are important skills for anyone hoping to function in daily life.
-  Finally, life skills include learning how to enjoy one's self without drugs and alcohol. Most treatment programs take clients go to the movies, bowling, play laser tag, go to

the beach and go boating etc. to establish fun, laughter and good times not associated with the use of drugs and alcohol.

***Final Instructor Note: Never underestimate the importance of teaching daily living skills to your clients. Just because your client is an adult do NOT assume they have practice completing simple daily tasks like waking up on time to go to work, brushing their teeth, eating breakfast, prepping lunch, washing clothes etc. Most of our clients have been using for a very long time, and for that time drugs/getting high/getting the drugs/getting the money for the drugs was the center of their daily life; not taking care of themselves, their hygiene, their nutrition, their careers etc. But that is what will be expected of them by their families, significant others, future employees, friends etc. This could be more daunting than anything else we ask clients to do in their newly obtained sobriety. Don't set your client up to fail, make some of their treatment plan goals and objectives around practicing these daily living skills and when your client is able to wake up the same time for a week, make breakfast and follow a written daily plan give them big high fives, compliments, be their cheer leader, stress the importance of taking care of themselves, their presentation and their health. This will give them a boost of ego strength and confidence and empowerment. This is your job, our goal and hopefully your passion.***

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