

Family Group Assignments and Education Packet

Dear Prospective Family Group Members,

We want to take just a few moments to orient you to Kootenai Behavioral Health's Family Group. Kootenai Behavioral Health Chemical Dependency staff is responsible for guiding you through the family group process and assisting patients and their loved ones in understanding addictive illness, effects this has on those involved, and how healthy behavior changes can be made for the entire family.

The goal of family group is to assist you in improving your relationships through education and information about issues related to addiction. Research demonstrates that when patients and their loved ones participate in the family group process, participants learn new healthy communication skills, begin to heal old wounds, and are more likely to achieve success in recovery.

In order to accomplish the above-mentioned goals, participants complete the Family First Step. Included in this packet is also an assignment on Wants, Needs, Loves, and Appreciations which may be processed in a group setting. Attached is a packet that explains the first assignment, as well as information for your education on issues surrounding chemical dependency.

Please read through the packet and the guidelines for completing the assignments. Inpatients participants' family group is held each Friday from 12:45 pm-4:30 and Saturdays from 9:15-12:00, and IOP participants' family group begins at 6:00 pm on Wednesdays. Each family member who is participating, including children, should be prepared to present the Family First Step. If you cannot attend, please fax your letters to us at (208) 625-5774 so they can be used in group. If you'd prefer to email your assignments, or if you have questions about how to complete the assignments, please contact the CD Unit at (208) 625-4848. All Family Group meetings are held at the CD Unit at 2301 Ironwood Place in Coeur d'Alene, Idaho.

Please be advised that any belongings brought to patients of this program must be handed directly to staff. Absolutely no items are to be directly handed to patients.

We appreciate your desire to help your loved ones in their recovery process and we look forward to working with each of you.

Sincerely,

Kootenai Behavioral Center CD Staff



FAMILY FIRST STEP

PATIENT

Answer the following questions for each family member that is here. Be **specific**. Be **thorough**. Do not share responses with your family until Family Group.

1. How long has your concerned person(s) worried about your chemical use or related behaviors and make a list of things they have worried about since you started using.
2. How has your chemical use affected your concerned person(s) emotionally? Name the feelings.
3. Describe any incidents of physical and/or verbal abuse toward your concerned person(s). Describe incidents of indirect abuse such as neglect, destruction of property, intimidation, threats and manipulation.
4. What else needs to be shared regarding your chemical use that has not been mentioned? Include any deceit, secrets, theft, dealing drugs, arrests and hospitalizations.
5. Describe yourself when you are using and also describe your sober self.

ENABLING

It is important to remember that **family members do not cause the addict/alcoholic to use substances, nor can family members control an addict/alcoholic's use.** The only person who can change the using behavior is the addict/alcoholic, and they need support in order to make the necessary changes. To that end, it's important for family members/concerned persons to understand the concept of enabling.

Everyone who cares about the addict/alcoholic is impacted by his or her use of chemicals. Out of love and concern, family members will "protect" and insulate the addict from the natural, logical consequences of their use. By definition, **enabling** is the process of perpetuating the alcohol and drug use through **unintentional** behaviors. Unfortunately, enabling fuels the addicted person's denial about the presence of a problem. As long as an addict/alcoholic is insulated from the consequences of their addiction, there will be no reason for him/her to stop the substance use or to make the life style changes that are necessary to support recovery.

This information is a means to help family members identify ways that they have inadvertently enabled the addict/alcoholic to continue the using behaviors. Family members are asked to review the 14 enabling behaviors listed below to identify ways that they have enabled the addict/alcoholic. Family members are asked to describe the enabling behaviors that they've engaged in, using as many specific examples as possible, as part of item #9 in the Family First Step assignment.

14 Enabling Behaviors

- **Denying: "He's not that bad"**
- **Justifying/making excuses: ("He's just had a bad day")**
- **Avoiding problems**
- **Protecting/defending the addict/alcoholic to others**
- **Blaming, criticizing, lecturing**
- **Feeling superior**
- **Enduring ("At least it's not as bad as it used to be")**
- **Drinking with the alcoholic**
- **Keeping feelings inside**
- **Minimizing ("it's only beer")**
- **Avoiding by medicating own feelings**
- **Taking over responsibilities**
- **Controlling the use – pouring out alcohol, limiting money)**
- **Waiting ("God will take care of this")**

FAMILY FIRST STEP

CONCERNED PERSON

At one time or another, all caring persons have wondered what they can do to help a suffering addicted alcoholic. We have all rescued the afflicted person with our money, time and energy with little success. The first step in giving real aid to the addict/alcoholic person is simply to be totally honest with them about how we see them.

Remember the term **chemical(s)** includes all mind-altering substances – alcohol, prescription drugs and other drugs. Make **SPECIFIC** notes for each question. Be **THOROUGH**. Share from your **HEART** when answering the following questions:

1. How long have you worried about the patient's use of chemicals or related behaviors and make a list of things you have worried about since they started using.
2. How has the patient's chemical use affected your feelings and emotions? Name the feelings you've experienced.
3. Describe any incidents of physical and/or verbal abuse toward you. Describe incidents of neglect, destruction to property, use of intimidation, threats and manipulation.
4. What else needs to be shared about what has happened regarding the patient's use? Describe any concerns, unmentioned behaviors, and consequences you've experienced. What, if any, enabling behaviors have you engaged in? (Examples are in this packet).
5. Describe the patient when they are using and also their sober self.

ASSIGNMENT #2

WANTS, NEEDS, LOVES, AND APPRECIATIONS LIST

This assignment is the last assignment in the Family Program series. The purpose of the assignment is quite simple: to reacquaint patients and family members with the things that they want, need, love, and appreciate about life – the things that bring them joy, or the things that help them feel connected spiritually, mentally, and emotionally to others or the world in general. It’s about getting reconnected to the things that we valued and appreciated before issues of addiction began to consume most, if not every, aspect of life.

Under each section, identify what it is that **YOU** want in your life, need, appreciate, and love. This is not about what you need for the addict/alcoholic (e.g., “I want Bob to be sober, I need Bob to stop drinking, I need Bob to stop spending money on drugs, etc.). This is about focusing on **YOU** and what **YOU** need, not on what others need or what you want for others. This assignment has no other rules – so make it fun, make it serious...it’s your call.

- Examples:
- I want to stay sober
 - I want peace under our roof
 - I want to go to school
 - I need serenity/peace of mind
 - I need a sponsor
 - I appreciate sunsets
 - I appreciate having what I need/the basics
 - I love my husband/family
 - I love long walks in fresh snow.

I WANT

I NEED

I APPRECIATE

I LOVE

Resources

Internet Resources:

Adult Children of Alcoholics Organization (www.adultchildren.org)

Welcome to ACA, Adult Children of Alcoholics is a Twelve Step, Twelve Tradition program of women and men who grew up in alcoholic or otherwise dysfunctional homes.

Alcoholics Anonymous (www.alcoholics-anonymous.org)

This Web Site is created and maintained by Alcoholics Anonymous World Services, Inc. ("The General Service Office" of U.S./Canada). The General Service Office is the national office serving A.A. in the U.S. /Canada.

Alanon/Alateen (www.al-anon.alateen.org)

To help families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend. Similarly, Alateen, is our recovery program for young people. Alateen groups are sponsored by Al-Anon members.

Dual Recovery Anonymous ^{Â®} (<http://draonline.org>)

DRA is an independent, self-help, Twelve Step organization. Our goal is to help men and women who experience a dual illness. We are chemically dependent and we are also affected by an emotional or psychiatric illness. Both illnesses affect us in all areas of our lives; physically, psychologically, socially, and spiritually.

Emotions Anonymous (www.emotionsanonymous.org)

Emotions Anonymous is a twelve-step organization, similar to Alcoholics Anonymous. Our fellowship is composed of people who come together in weekly meetings for the purpose of working toward recovery from emotional difficulties. EA members are from many walks of life and are of diverse ages, economic status, social and educational backgrounds. The only requirement for membership is a desire to become well emotionally.

Overeaters Anonymous (www.overeatersanonymous.org)

Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating. We welcome everyone who wants to stop eating compulsively.

Athealth.com (<http://athealth.com>)

Athealth.com is a leading provider of mental health information and services for mental health practitioners and those they serve.

National Alliance for the Mentally Ill (www.nami.org)

This site is one of the best resources for the mentally ill. Large and user-friendly, the site offers extensive information on patient rights, advocacy, consumer information, news, and a helpline section. There is also a bookstore complete with a reviews section, and a search engine for mental health advocacy topics.

Printed Materials:

It Will Never Happen To Me, Claudia Black

This "little green book," as it has come to be known to hundreds of thousands of C.O.A.'s and A.C.O.A.'s, is meant to help the reader understand the roles children in alcoholic families adopt, the problems they face in adulthood as a result, and what they can do to break the pattern of destruction.

Co-Dependent No More, Melody Beattie

Three years on the New York Times bestseller list, CODEPENDENT NO MORE first identified attitudes, feelings, and behaviors now recognized as hallmarks of codependency. Checklists, activities, and self-tests provide concrete tasks to help readers examine the nuances of codependency in their lives.

The Addictive Personality, Craig Nakken

Second Edition For nearly a decade, The Addictive Personality has helped people understand the process of addiction. Craig Nakken brings new depth and dimension to our understanding of how an individual becomes an addict. Going beyond the definition that limits dependency to the realm of alcohol and other drugs, Nakken uncovers the common denominator of all addiction and describes how the process is progressive. Through research and practical experience, Nakken sheds new light on: Genetic factors tied to addiction, cultural influences on addictive behaviors, the progressive nature of the disease, steps to a successful recovery. The author examines how addictions start, how society pushes people toward addiction, and what happens inside those who become addicted.

I'll Quit Tomorrow, Vernon Johnson

This bestselling recovery classic has helped untold thousands of alcoholics onto the road to recovery. Written by the founder of the Johnson Institute in Minneapolis, one of the country's most successful training programs for treatment providers, *I'll Quit Tomorrow* present the concepts and methods that have brought new hope to alcoholics and their families, friends, and employers. Abstinence is not the only objective of Johnson's breakthrough methods -- his therapy aims at restoring the ego strength of the victim to assure permanent recovery. Johnson outlines a dynamic plan of intervention and treatment that will block the progress of alcoholism and lead to a richer, more productive life.

Under The Influence, James Milam and Katherine Ketcham

A guide to the myths and realities of alcoholism, coupled with extensive research, The Influence has had a major impact on the field of addiction treatment. Originally published in 1981, it is a basic text for anyone interested in understanding why alcohol is selectively addicting to only 10-15% of the population, and what people can and should expect during the first two years of recovery.

Adult Children of Alcoholics, Janet Woititz

Ten years ago, Janet Woititz broke new ground in our understanding of what it is to be an Adult Child of an Alcoholic. Today she re-examines the movement and its inclusion of Adult Children from various dysfunctional family backgrounds who share the same characteristics.