

BRS



SFS

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## Supporting Family Systems

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Using education to help re-shape the family system and create a healthier environment conducive to both long-term recovery and ongoing support

A blurred background image showing several people sitting around a table in what appears to be a meeting or training session. The focus is on the text in the foreground.

## Introduction to SFS Workbook

A thorough introduction to the Family-Focused Addiction Recovery process for helping family systems heal together. Inside you will find all of the material you will need to successfully complete our training.



# Introduction to your training



## Meet your trainer/facilitator:

Michael Wilson is a well-respected and highly regarded Interventionist from Beverly, Massachusetts, and is also the founder and co-owner of Baystate Recovery Services. He developed various Family-Focused models in 2009, and has been using them with great success for many years. He has also designed a variety of other highly effective family-focused trainings, all geared toward meeting the various needs of families battling addiction. His innovative family-focused approach to this epidemic, along with his experience in this field, provides him with a level of insight and effectiveness that is now available to you in this training program.

## FAR-Training Process Outline

- This educational training process is a half-day (4 hour) experience - two training sections
- This is an interactive training experience and will require your participation in all discussion and role play
- All participants will receive a complete set of workbooks and materials outlining the FAR-Model
- Each participant will have the opportunity to receive continued education and support through various other BRS trainings
- In order to successfully complete the FAR-training all participants must participate from start to finish
- Upon completion each participant will receive a certificate acknowledging successful completion of the training

## FAR-Training Learning Objectives -

- How to understand the addicted mind and what it means to love someone afflicted with this illness
- How to separate your beliefs from those of the clients that you will be working with
- How to use your experience to create a personal connection when engaging with clients
- How to effectively assess a client's needs using our conversation-based consultation forms - Can you help them?
- To be clear and up-front regarding professional experience, cost for services, and personal limitations
- The background and history of the FAR model - A full understanding of the various components involved
- How to use the tools provided in the FAR-training process to create a strong family/group/team
- How to properly research and identify the most appropriate level of care for the necessary treatment experience
- How to provide each client with their best chance for success - Create a strong aftercare support system within the family
- How to maintain an ethical mindset within a flawed industry - "Integrity first" as a lasting business model

## FAR-Training Schedule / Half-day intensive (4 hrs.)

### Section One

Facilitator introduction – Discuss various roles & experience of students

Understanding SUD (Mind, Body, Spirit) Addiction vs. Dependence

Recovery from what? - Insight and discussion / multiple pathways

Family first – Why adjusting the family system creates the best results

Discussion: Review of challenging family dynamics that may be encountered

Discussing treatment with the family (Abstinence/MAT/Behavioral Therapies)

Creating and identifying care plans for individuals and families

### Section Two

Understanding boundaries – How, when, and why to use them

Teaching families how to provide healthy support without enabling

How to create lasting change through guided support and ongoing meetings

Problem solving various ethical dilemmas -  
Case studies broken down

Role play through common mistakes and boundary issues

Questions and support

**This training process requires participation in all sections in order to receive the certificate of completion**

# The basics

## Getting you ready to help

### Introductions - What we do and why it works (A little bit about each participant - approx. 10 - 15 min each)

It will help for us to understand where you have been and what has led you up to this point. You each have your own very unique experience that will make you successful, and we want to know what you have behind your desire to learn these tools. The more information and interaction that you give us the more personalized and impactful your training will be.

### Why do YOU want to do this?

Your passion for what you do will be the backbone for your success in this type of work. If this is just going to be a job for you then you should stop now and try doing something else. You must have a personal passion for what you do that can be felt by the others working with you, and the unquestionable integrity to avoid all of the unethical options that this industry has to offer. Families can see who you are, and if you don't believe in you, then they won't either.

Are you in order? Do you have any unresolved personal issues that could come up when you engage a broken family system? Very often it is individuals in recovery, or those who have experienced and overcome trauma, who choose to get into this field to help others. If you are one of these people, then it is your responsibility to make sure that you have an "emotional HAZMAT suit" that you can wear which will keep you from getting the family's "stuff" all over you.

It can be extremely difficult to sit with broken families and desperate struggling individuals on their darkest days, and it will require a level of separation and a set of well-defined professional boundaries to protect both you and them. The family is looking to you for strength and direction, so you must be able to handle the family's chaos and their emotional distress with a compassionate but professional degree of separation that may seem unfamiliar or counterintuitive.

### What does addiction mean to YOU?

What you believe about addiction matters here, and your ability to explain it in a variety of ways for a diverse group of people may be the difference between a unified family system and a fractured and uncertain one. Learn to tell a version of addiction that makes sense to you and one that you are comfortable explaining. Create analogies and stories that help you give life to something that is so difficult for most to understand. Ask questions, give scenarios, put them in situations to make difficult choices to help them see the illness. Sometime it can be more effective to use examples that are more relatable that have nothing to do with addiction like hunger or fear. These are much more relatable feelings than obsession and compulsion.

The addicted mind can be a strange place that will not make sense to most families. It can often seem like the individual is making crazy and irrational decisions, bouncing around without any real direction. The reality is that this individual is trying to survive! I have used a variety of hypothetical scenarios to try to bring a family to a place of understanding regarding this topic. If I am trying to explain the need for opiates to a confused family struggling to understand the insanity of a loved one's addiction, I often use hunger as a relatable sensation.

The story I tell is that of a village. I ask the room to imagine that we are a village of people that live off of the land isolated from civilization. There are other small villages near-by who live the same way. We are all good hearted and caring people but we have recently run out of food. Our crops are failing and we have over-hunted the area so we are looking at starvation soon. As a village we approach the other near-by villagers for help but they too are starting to feel the effects and are focused on managing what little food they have as well. These two villages full of good-hearted people are going to start to change as the need to survive takes hold. The hunger and the need to survive will start to take over and make them "do things" that they never would have imagined like; stealing, lying, and possibly even hurting other people.

You can use your own stories to help them understand but it is important that you do. If they still see their loved one as a malicious person or that they are doing the things that they do because they are just bad or mean, then you will have a tough time making sure that the intervention is full of love.

### What does recovery mean to YOU?

The family needs to identify a goal for their loved one. They need to understand that recovery is possible and will need real-life examples of what it is supposed to look like and why it is so important to get beyond the physical dependence. There is a lot of rhetoric that is usually handed out to families about this topic, but they need a real example and you might be that example if you are in recovery.

Even if you are not in recovery yourself, your personal stories will become your message of hope so share liberally. I often use my experience with a previous family whose loved one found success in recovery to help a current client understand what recovery should/could look like. It is OK to have a personal position on recovery and what you do and do not agree with/believe in. In order to be effective, you must believe in what you are asking them to do and that it can truly help them.

I like to share stories as you can tell, and these stories whether true or hyperbolic, help me explain a situation which is normally very difficult to explain. Even if story-telling is not your gift, you will need to find a way to help them understand. They want to learn, they want to understand, and they want to help their loved one. If you give them something to believe in and some hope that they can get their loved one to that place, then you will be able to get them to listen to you.

Although it can be easy to vilify and overly focus on the drugs or the alcohol as the problem, it will be your responsibility to make sure that the intervention and the goals of the team are focused on helping the individual with their whole person "life-problem".

The fact that they will need help to get off of drugs or alcohol first does not equal recovery, that is only the medical side of things. Once beyond that they can start to recover. The type of programs that you discuss must meet and address the needs of the problem you are discussing. If you are talking about the life-problem, then the program will need to address the life-problem.

## Treatment - For what, and for how long?

Everyone wishes that they could just stop using and be normal, including the family members. They want to believe just like their loved one that maybe it's not that bad yet or that their loved one only needs the physical treatment but nothing else. So many families want to compromise the treatment process for a job, kids, school, etc., and it is our job to stop that from happening, if possible. If our only objective during the intervention was to get them into detox then back to their life quickly, we wouldn't really be helping them get well. We need to be the ones standing tall against the "stop doing drugs and be normal" expectations that so many confused family members have.

## Understanding the family system

Family systems can be organized in a variety of different ways, and in this section, we will look at the most important people to have present and how to approach them. We will highlight the roles that family members play and how to navigate confidently within this group. Remember, the family is hiring you to be their coach, to provide confidence when they feel weak and uncertain, and to help lead them through an emotional minefield. If you have not properly prepared them then they will fall apart when you need them the most. It can be very difficult to hold the line and accomplish your goal in a room full of colluders and sympathizers.

We will look at the different people involved within a broken family system that is supporting an active addiction, and identify who will help you and who will stand in your way. You are creating a team, and if a member of your team is playing against you there just cannot be a favorable outcome. Families are scared. Families are desperate. Families are confused. Families have been emotionally reacting for months or years and may be afraid to change. You must learn how to create a team out of this dynamic.

## Loving them safely

They want to love them, not enable them. I have rarely come across a family that was actively enabling a loved one. They are almost always just trying to help them and love them but have found no effective alternative to what they are familiar with. If all you know as love is giving and providing (which is pretty common), then how do you love an addict or an alcoholic who is capable of using that form of love against you? The answer is not just to pull away and stop providing, because that will feel like pulling the love away. There needs to be a new way to safely love an addict or an alcoholic that does not put the family at risk.

It is our job to replace the old forms of love and support with newer healthier forms of love and support that can still offer protection and compassion. Seems impossible, but it is not. We use boundary building and communication as effective ways to protect families and give them an opportunity to still show love without being taken advantage of.

## Getting to know and understand the Family Using the first contact to map out the system

### The initial phone call -

This call should last no more than 20 minutes and should be your chance to set up a consultation. This is a chance to find out the basics. Who, how old, what is the drug/alcohol use like, and when can the family come in or meet to get you more information and background. We do not sell during the first call!

### The consultation

The phone rings and you now have a desperate possibly confused family member or friend looking for help. They will want answers to questions and they will want to know how you intend to help them, but you have limited information and an incomplete picture of what has been happening. At this point it would be irresponsible to give advice or direction as to whether or not you can help and what you would suggest that they do. You need to ask them to get a small group of concerned individuals together so that you can assess the situation and get the answers you need to provide a professional recommendation.

We use a three-page consultation form included on the next page. The questions that we ask give the chance to discuss, in depth, the circumstances that have led to this point, but also the history of the individual. There needs to be a clear understanding of how the family's situation has evolved over the months and/or years leading up to this moment, and what they have, or have not, tried to change in the past. This is your chance to ask questions and explain your approach. This meeting should be a face to face meeting but may require the use of secure video conferencing software. As a last resort you can use a phone call for this consultation, however it is extremely difficult to read a family over the phone. Interventions are a big undertaking and the last thing you want to do is go into it ill-informed.

This meeting should be planned so that the family has time to gather a small group of between 1-4 concerned family members. This meeting should not include their struggling loved one and you may have to be clear about this to prevent confusion. Many times, they just want you to speak with their loved one so badly that they will show up with them as if this first meeting is the intervention. You will need to be clear about this when setting it up.

They will have questions for you, it is important to be very open and clear. Don't be afraid to be up-front about your level of involvement, the time needed to prepare, and the cost for your service. This consultation generally lasts for 1-2 hours and is a necessary first step. You can charge, or not charge, a family for this meeting depending on how your practice is set up. In our practice we do not charge a fee, and we require that a family takes 24-hours to sit with their decision before we allow them to sign into an agreement for our services. This helps to prevent emotional decisions and second thoughts about moving forward. We encourage you to adopt a similar policy as well, and in turn you will have less back-outs, negative feedback, buyers remorse, and less potential refund issues down the road.



### Family Consultation Information Sheet

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(IP) Identified Person Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Estimated length of use: \_\_\_\_\_

Substances or behaviors of concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lives with: \_\_\_\_\_

Family members, friends, and loved ones involved: (names, ages, relationship to IP)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ Live with: \_\_\_\_\_

Additional Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ License: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Additional Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_ Divorced (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Additional Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: (current + history)

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Financial Support:

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(IP) Health Insurance name: (out of network coverage) (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

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Medical issues or concerns -

Physical:

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Mental Health:

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List any prescribed medications: Current or recent

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School / Hobbies / Sports / etc...

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Legal issues: Arrests, probation, parole, or warrants

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## Creating the family message

The family has a message and they need to figure out how to express this message as a group. Your job is to ensure that the message is clear and appropriate. We have a format laid out for writing these letters which helps us remove all of the blame, shame, and arguments from the message. Instead we end up with a clear unified message of hope and understanding to help lead us into our opportunity for treatment and recovery. Make sure that each participant knows that the letter must be completed prior to the next meeting. You will offer guidance, support, and feedback, so offer them the chance to write from the heart.

## Writing a healthy letter

1. Remember who you're writing to: You are writing a letter to your loved one in their time of crisis and discussing things they do not want to hear.
2. Be honest: It is important to tell the truth and only state things that you know are really happening. The confirmed facts are bad enough.
3. Read it out loud: Reading it out loud to yourself may help you hear what you have written from a different perspective.
4. One page or less: You have many things you want to say to your loved one, but it is important to keep it to one page or less and get to your point.
5. Language: Letter writing can bring emotions to the forefront very easily, but you want to avoid being aggressive, accusatory, combative, or asking questions.
6. I & Me not Us & We: Some people tend to generalize their feelings and speak for a group or a couple. This makes for a very impersonal letter. You will be speaking for yourself only.
7. For others not present: It's OK to discuss others' feelings as long as it pertains to you.

EXAMPLE: The way your addiction affects my children makes me feel sad because they will never know you until you get help.

EXAMPLE: Your addiction makes me feel afraid that your father is so upset that he cannot work, and scared because we fight about how to help you all the time.

8. Send it to us: Send your letter to us by e-mail so that we can have it printed out for you at each meeting - \_\_\_\_\_@\_\_\_\_\_.com This will also help prevent your loved one from finding it lying around the house.
9. Try not to over-think it: Once you have a letter written and we read through it, try not to make too many changes to your original thoughts. Changing your letter too many times may cause you to lose the point you are trying to make or you may dumb down what you really want to say for fear of others hearing it when we read them out loud in the group.

## Explain the format

It is important to take them through this format so that they understand what you are looking for. When you are an emotional, and possibly angry, family member it can be hard to follow written directions, so it will be very helpful for you to explain it and offer some guidance in your meeting.

Dear \*\*\*\*\*,

I am writing to you because:

I love you, I don't want to watch you do this to yourself anymore, I am afraid of what will happen if you do not get help... etc...

This is your opportunity to explain why you are so concerned and what you have seen recently. Don't be afraid to say what you mean here because we will go over it together and make any changes necessary.

I remember when:

I remember when we used to be close and had an open relationship, I remember when we used to go camping and fishing together and you could just spend time with me and talk about what was happening in your life openly, I remember when you used to wait patiently at the top of the stairs on Christmas morning for your turn to open presents... etc...

Remember a time when this addiction wasn't the only topic between you and your loved one, a time when you remember a healthy or loving relationship, preferably before the drug or alcohol use.

Your addiction/This situation - makes me feel:

Your addiction/This situation - makes me feel alone because you are always gone, your addiction makes me feel afraid because I never know when I will get the call that something has happened to you, Your addiction makes me feel sad that you will never be happy until you are in recovery... etc...

Because of this:

I am going to need to create and hold certain boundaries that keep me from actively supporting this way of life. I need to make sure that the help that I am providing supports your recovery and not your addiction. I will support the others in our family who need to do the same and look to them for support when I feel weak. I will love you through this difficult time in a safe and healthy way... etc...

Love, your (mother, father, brother, sister, friend etc...) \*\*\*\*\*

### Feelings worksheet:

Many families struggle to explain their feelings or put feelings phrases together.

Abandoned	Distraught	Insulted	Sick
Abused	Disturbed	Intimidated	Skeptical
Afraid	Divided	Isolated	Solemn
Aggravated	Doubtful	Jealous	Sorrowful
Agony	Drained	Judged	Stressed
Alarmed	Embarrassed	Left out	Stunned
Alone	Enthusiastic	Let down	Stupefied
Ambivalent	Exhausted	Lonely	Stupid
Angry	Exposed	Lost	Tearful
Annoyed	Fatigued	Loving	Tense
Anxious	Fearful	Miserable	Terrible
Apathetic	Foolish	Mistreated	Terrified
Astonished	Forgotten	Mournful	Threatened
Bad	Frantic	Neglected	Tired
Betrayed	Frightened	Nervous	Trapped
Bitter	Frustrated	Offended	Tortured
Burned out	Furious	Optimistic	Unaccepted
Cautious	Grateful	Outraged	Uncomfortable
Cheated	Grief-stricken	Overwhelmed	Uneasy
Cold	Hated	Pain	Uninterested
Confused	Hateful	Panicked	Unsettled
Crushed	Heartbroken	Paralyzed	Upset
Curious	Helpless	Pissed	Used
Defeated	Hesitant	Petrified	Useless
Defensive	Hopeful	Powerless	Victimized
Dejected	Hopeless	Pressured	Violated
Depressed	Horrible	Puzzled	Vulnerable
Despairing	Horrified	Rejected	Weary
Despised	Hurt	Remorseful	Worried
Destroyed	Hysterical	Resentful	
Devastated	Ignored	Restless	
Diminished	Impatient	Sad	
Discouraged	Indifferent	Scared	
Disappointed	Infuriated	Screwed up	
Disgusted	Insecure	Shocked	

Dear \_\_\_\_\_,

I am writing to you because:

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I remember when:

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Your addiction/This situation - makes me feel:

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Because of this:

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Love \_\_\_\_\_

**Your homework**

Your homework will be to write a sample letter using either a real or hypothetical scenario. This letter will be read out loud in the group and critiqued by our trainer to help illuminate some of the natural mistakes that can happen when writing this type of letter. This is your opportunity to put yourself in the shoes of a struggling family member. Be clear and try to follow the guidelines as we have laid them out.

# Reading letters

## Understanding boundaries

### Reading letters

Today we will be reviewing the letters that you have all written, and discussing the do's and don'ts of letter writing and letter reading. Please keep all comments to yourself until the trainer has given his feedback and opens it up to group discussion.

These letters will become the family's message of love, hope, and support and is the foundation for our meeting. It is important that this first message is clear before we move on and talk about treatment, and what the situation will become if treatment does not happen.

### Giving feedback

I will be giving you feedback today to help you understand the way in which I give feedback to my clients. I will try to reinforce and validate the writer's feelings and fears even if they do not belong in the letter. I will provide constructive ways to clarify or even simplify the message. It will be your responsibility to help them craft and formalize this message almost like a maestro coordinating a group of musicians. You will use this message of hope to set the tone in the room as preparation for the challenging discussion ahead of you.

### Being flexible

Although I know what the format is for the letter and I know what I want it to say, sometimes it is important to be flexible and remain open to someone who just cannot conform. Although the letters are an important part of this process they are just the opening statement and are not the intervention itself. There is no offer of specific treatment, there is no real challenge discussed, it is just a statement of love and hope. The real magic will happen on the other side of the letter when we start talking about treatment and the path toward change.

If someone is struggling with their letter it may be useful to step in and help them shorten it just so that they can focus on what comes next and not hang everything on their letter.

### Now what?

Once the letters have been read, and the feedback has been provided, you will want them to re-write their letters to include the changes that you have discussed. They should email them to you so that you can retain the final copies in your folder. This will ensure that they do not continue to get adjusted and re-written over and over again. Once you have finished with the letters it is time to move on and discuss the offer for treatment and the rest of the change process.



## How to help families stay strong through challenging conversations

It is important to remain a positive, loving, caring, and supportive. We want to give your loved one the opportunity to listen without the distraction of arguments, defensive discussions, and fighting within the family system. This conversation should be very different and be focused on why this is a good opportunity, and why your loved one will benefit.

Your responses or statements should always be leading toward one of these positions:

- How much you love them
- Why treatment is a good idea
- How things will be different for you

This is a hard conversation to have when your loved one is attacking you, making you feel like you must defend your actions, or even justify your right to be in the room trying to help. Because of this we have created a list of statements below that will help you feel more equipped to handle this difficult discussion.

### Some helpful disarming statements

I'm sorry you feel that way	I just want you to be happy / healthy
I love you / I care about you	I miss you / I want you back in my life
I just want to help you	This is a great opportunity / a gift
I know you would do this for me	This is a great program, because...
You're a good person	You deserve this chance / time to heal
There is nothing to be afraid of	Your job will be waiting for you
You can worry about that stuff later	You can deal with that stuff later
Today is about change & moving forward	I don't want to fight / argue with you

If none of these will work for you, or you find that it is too difficult to engage, then sometimes the best thing to say is nothing. Instead provide a loving look, a shrug of the shoulders, or turn to someone else who can speak for their strength and support.

## Am I helping my loved one or hurting them?

As a general rule we say if your addicted loved one seems comfortable and they have found any kind of balance while still using then you are playing a role in this. This is because drug and alcohol addiction is only manageable if there are enough resources available to exhaust.

These resources can be financial, emotional, or material, they can even be people, like you. There are many different ways that you could become a resource to a child or loved one struggling with an addiction. Some are helpful and some are not. Unfortunately, many people end up as the type of resource that is continuously trying to help by addressing only the symptoms of their child or loved one's addiction or behavior.

We call these types of people "symptom resources," and many of them end up feeling like all of their efforts are helping, even when they are not. Their loved one continues to reinforce this idea and lead them on by saying things like, "I just need a little more help or time and I will be all set," "If you would just do this one more thing for me, I promise I can change," or "I just need a job."

Getting involved with managing a loved one's active addiction and trying to help them treat the symptoms of their use, will always lead to a feeling of frustration and confusion simply because there is never any real progress to be made. Only more and more compromises that include statements like, "At least he is doing it at home where I know he is safe," "Once she has a job and starts to feel better about herself she won't need to use," or "At least he isn't using as much now."

## Here are some things to consider:

1. Does your child or loved one have the ability to make you doubt yourself, question your own version reality, or re-think what you know to be true when you confront them?
2. Are you lying about, hiding, or defending your loved one's actions and behaviors to other family members or friends, creating the illusion that things are OK or maybe even getting better?
3. Are you or your family not reporting thefts, crimes, or acts of violence at home to prevent arrest, accountability, or to protect your loved one from having or worsening a record?
4. Have you isolated yourself from family that "doesn't understand", aligned with your addicted child or loved one thereby dividing the family, or do you find yourself avoiding the subject around friends and family because you don't want them to know what's happening at home?
5. Are you missing small or even large amounts of money, alcohol, property, or medications at home without explanation or without confrontation?
6. Are you trying to follow a plan designed by you and your loved one based on what "they think they need" in order to avoid going to treatment?
7. Have you tried to treat these symptoms with your loved one in the hopes that they will be OK? Money problems, getting a new job, going back to school, hanging around with better friends, going to meetings, staying in the house, handing over the paycheck, hiding, etc...

## This does not mean you are crazy...

Answering yes to any of these questions does not make you crazy or a bad parent, family member, or friend. It simply means that you love them, and want them to heal and get well, but just don't know how to help. Being an "Symptom Resource" is a place that you end up after a loved one continues to take advantage of you and your love for them over and over again.

Families often help to create a kind of protective shell around their addicted loved one, by picking up the pieces of their life as it begins to fall apart. This is a perfectly natural response and comes from a place of love, empathy, and compassion. Under any other circumstances this action may even be a useful way to get someone out of a "rut" or "tough times". This would not be a good way to help someone who needs to feel the full weight and consequences of their actions in order to understand that they have a problem that **MUST** be addressed.

If you, your family, or friends are actively preventing your child or loved one from feeling the effects of their addiction by "protecting" them, then you may be enabling them and possibly even making it harder for them to get the help that they truly need. It is not a bad thing to be an addict or an alcoholic, as long as you can get help for it. It is only a bad thing when parts of or even the entire family are helping to hide the fact that it exists and there isn't an opportunity for help.

We know that this isn't done intentionally; in most cases it is just a lack of understanding about addiction, and your place in it. Other times it may be out of fear that if you do not help, then something terrible might happen to your loved one. Without feeling that level of desperation as a result of their addiction, why would they stop, especially if they don't have to? Would you?

We believe that all family members, friends, and loved ones within the emotional reach of an addict are vulnerable to being used as resources, and any help, no matter how well intentioned, can be used as a way to continue use and abuse of alcohol and drugs. Understanding this fact is the first step toward learning how to protect yourself from becoming a resource to your loved one's addiction.

## Why tough love won't fix the problem:

As a rational response to finding out how their love is being used against them, many families will try what is commonly referred to as "tough love." Unfortunately, this ineffective approach will leave many families emotionally broken, divided, disappointed, and frustrated with each other over how "tough" the tough love should be, how long should it be applied, the unrealistic expectations, and the lack of results.

Addiction is a sickness that does not respond to reason, or rational approaches like tough love that are designed to teach a life lesson or modify behavior through consequences. The mental obsession and physical compulsion related to addiction will almost always overpower the life lessons associated with the consequences of a tough love approach.

### What a Boundary is:

- A way to re-define an unhealthy relationship
- A change in a relationship that protects you
- A chance to become healthy after an unhealthy relationship
- A way to protect a relationship that you value
- A reflection of your core beliefs/values

### What a Boundary is NOT:

- It is not a punishment
- It is not an empty threat or an ultimatum
- It is not to be used as a tool for manipulation
- It is not something to argue about as it is your position
- It is not designed to change another person's behavior

### Consider this...

You have just approached a loved one with concerns about how their behavior has been negatively affecting you. You passionately ask them to change the way that they treat you and they say NO, or worse they repeatedly say yes but do not stop.

What can you do?

### There are really only two choices

- Continue to put up with the way that they treat you and go on as if you said nothing and continue to feel uncomfortable around them in order to maintain your relationship. This is the most common response from the family.

OR

- Set a boundary that is clear. Change the situation starting with yourself. This is where boundary building comes into play and is designed to change and improve on the family system around the addict or alcoholic.

Change must be a part of the intervention process and without the addict or alcoholic making changes the family will then be responsible for the outcome of the intervention and will determine the amount of change that comes from the process.

## Feelings worksheet:

Many families struggle to explain their feelings or put feelings phrases together.

Abandoned	Disgusted	Infuriated	Scared
Abused	Distraught	Insecure	Screwed up
Afraid	Disturbed	Insulted	Shocked
Aggravated	Divided	Intimidated	Sick
Agony	Doubtful	Isolated	Skeptical
Alarmed	Drained	Jealous	Solemn
Alone	Embarrassed	Judged	Sorrowful
Ambivalent	Enthusiastic	Left out	Stressed
Angry	Exhausted	Let down	Stunned
Annoyed	Exposed	Lonely	Stupefied
Anxious	Fatigued	Lost	Stupid
Apathetic	Fearful	Loving	Tearful
Astonished	Foolish	Miserable	Tense
Bad	Forgotten	Mistreated	Terrible
Betrayed	Frantic	Mournful	Terrified
Bitter	Frightened	Neglected	Threatened
Burned out	Frustrated	Nervous	Tired
Cautious	Furious	Offended	Trapped
Cheated	Grateful	Optimistic	Tortured
Cold	Grief-stricken	Outraged	Unaccepted
Confused	Hated	Overwhelmed	Uncomfortable
Crushed	Hateful	Pain	Uneasy
Curious	Heartbroken	Panicked	Uninterested
Defeated	Helpless	Paralyzed	Unsettled
Defensive	Hesitant	Pissed	Upset
Dejected	Hopeful	Petrified	Used
Depressed	Hopeless	Powerless	Useless
Despairing	Horrible	Pressured	Victimized
Despised	Horrified	Puzzled	Violated
Destroyed	Hurt	Rejected	Vulnerable
Devastated	Hysterical	Remorseful	
Diminished	Ignored	Resentful	
Discouraged	Impatient	Restless	
Disappointed	Indifferent	Sad	

## Boundary homework:

Getting families to a place where they can understand what a boundary is, and how to communicate them in a healthy way, can be a challenge. This is an exercise developed to help each family member focus on themselves and the changes that they can make post-intervention to protect themselves, and each other, from an individual that may not be willing or ready to get help. At the very least just have them write something down even if they don't know how to finish it so that it can be discussed.

### Questions to consider while creating your boundaries.

- What am I doing to contribute to, or support, my loved one's addiction?
- What will my relationship look like post-intervention with my loved one?
- Am I really capable of making these changes?

When I: (Identify some things that you are doing)

(Argue with you over and over, keep secrets, let you live at home, give you money, pay your bills, etc...)

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It makes me feel: (How does doing this make me feel?)

(Angry and taken advantage of, frustrated and confused because I don't know how to help you)

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Because of how I feel: (I cannot do what I have been doing anymore.)

(Cannot argue/talk with you anymore, I cannot let you live at my house, I cannot give you money)

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Why am I doing this? (Explain why you feel like you need to change)

(Because I need to feel better, protect myself, create peace, emotional health, and relief for myself)

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## Your homework

You should be able to write a healthy boundary and give examples to the families that you are working with. I want you to use the break to write at least four separate boundaries showing that you understand the concept and can articulate it with both written, and verbal, proficiency to the group.

# Understanding Family Systems

## Putting your knowledge into action

### Case review and group discussion

Let's take a look at some of the different situations that you may find yourself in and discuss how you would handle or approach them. I would like you to choose an example below and openly discuss your plan of action from start to finish.

Here we will break down and discuss various case studies

#### Example one:

Lauren has reached out to you about her son Chad who is 20 years old. She is reporting that he struggles with depression and has been diagnosed with ADHD as a pre-teen. She is also reporting that she fears Chad may be using Cocaine and is definitely smoking Marijuana and using alcohol. She is not sure how he is using the Cocaine, but she has discovered various text messages from his friends that outline a variety of very risky situations involving drug deals and the purchase of Cocaine. She doesn't know if he really needs to go into residential treatment, or if an intervention will even be able to help. She is expressing that she has run out of options and that you were recommended to her as a resource. How would you approach this situation and how will you prepare the family?

#### Example two:

Kathy has reached out to you about her daughter Lindsey, who is 27 years old with two young children 4 and 7 years old. Lindsey has been in and out of treatment for the past thirteen years. She has been to two different wilderness programs as a teenager and spent a year in a therapeutic boarding school. She has cycled in and out of many detox programs but has never successfully completed a residential program. Lindsay has recently found her way into the methadone clinic but is still drinking and using benzodiazepines (Xanax and Clonazepam). Kathy is a single mother and lost her husband (Lindsay's father) 5 years ago. The family system has been fractured but the siblings are supportive of mom's decision to get help. How would you approach this situation and how will you prepare the family?

#### Example three:

Alex has reached out to you about his mother Susan who is 52 years old and struggling with years of alcohol abuse and the misuse of her various prescriptions including Xanax and Ambien. His father Mark is concerned about Susan's prescription pill abuse but since he drinks as well he is less concerned about the alcohol. Alex has been trying to get his mother into treatment for years but his father continues to stand in the way and believes that she can just stop the pills and manage the alcohol. Susan is a Nurse and is extremely strong-willed and manipulative. How would you approach this situation and how will you prepare the family?

### Example four:

Sharon has reached out to you about her son Jaxon who is 22 years old and using IV Heroin and Cocaine. He is a part-time student at a local college and is barely holding onto a part-time job. She has Jaxon living at home and is currently managing every aspect of his life for him to try to help him hold his life together. She is holding his money for him and driving him around to his job and to school. She is getting a lot of push-back from her husband (Jaxon's step father) and her two older children Kai and Marcus who have moved out, married, and have both been very successful at life. She is uncertain about what to do because Jaxon tells her that he doesn't need to go away he just needs some time to pull it together, and she is still kind of convinced that he might be able to stay in school and keep his job if someone can just talk to him about stopping the drugs. How would you approach this situation and how will you prepare the family?

### Example five:

Elizabeth and Patrick have reached out to you about their daughter Jenna who is 33 years old and her boyfriend Joel who are both living in the parents' house with their infant child Alexis. The parents have given them a chance to put their lives back together after they got out of treatment 4 years ago but since then they have fallen back into a life of heroin abuse. Jenna is currently on 24mg of Suboxone and has been since she became pregnant. Recently she has been manipulating her prescription and is using Heroin and Xanax again with Joel. The parents want to get custody of the child and are almost finished trying to help their daughter as they have already spent most of their money on her more than 15 years of abuse. Joel's family is also fed up but willing to discuss helping Alexis and working with Elizabeth and Patrick. How would you approach this situation and how will you prepare the family?

### Example six:

Donna and Larry are calling about their son Allen who is 37 years old and using IV Heroin. They recently found out when he was visiting from California for the holiday. They found his needles and he admitted to using but said that he had it under control and would be seeking out "help" when he got back to California. This was months ago and he has made no progress so now the parents want to intervene and get him into treatment. Allen has a girlfriend who is also using and they live together on a piece of property that they rent and grow Marijuana on. They are out of resources and up to this point Allen has received all of his support from mom and dad. Allen's sisters Jenn and Mary are very angry and see that Allen is taking advantage of their parents and just want him to be punished. How would you approach this situation and how will you prepare the family?



## Integrity as business model - A review of ethics

Unfortunately, we all work in an industry where best practices are not always met and the integrity of a program, an individual, or their relationship can easily come into question. In my opinion the easiest way to navigate this minefield of unethical opportunities is to repeatedly ask myself the questions, “is this in the best interest of my client?” and “am I providing them with their best chance for success”? This however is not the only way. There are ethical guidelines that clearly illuminate the path toward lasting success and for building your business on a foundation of integrity and effectiveness.

Here we will review the CIP and AIS code of ethics among others. We will actively discuss the expectations regarding your practice, your behavior, and your professional integrity. This portion is designed to reinforce any information or training that you have previously had and should help maintain a healthy focus on your clients and your business.

### PCB CIP Ethical Code of Conduct: Handout 1

### AIS Ethical Code of Conduct: Handout 2

These are the most recent versions of the (PCB) Pennsylvania Certification Board (CIP) code of ethics and the (AIS) Association of Intervention Specialists code of ethics. The PCB will be the regulating agency which holds your certification as a (CIP) Certified Intervention Professional. The AIS is a Peer led professional association, which helps hold intervention professionals accountable and offers insight and guidance. These ethical policies should act as the guiding principles for business. Your professional boundaries with clients will need to be clearly defined and well maintained to prevent an ethical lapse in judgment that could collapse your practice.

