



# FAMILY GUIDE



## A BUTTERFLY'S STORY



A man spent more than an hour watching a butterfly struggle to free itself from its cocoon without success. It had made a small hole, but its body was much too large to squeeze through. Finally, the butterfly stopped struggling and lay inside the cocoon motionless. The man became concerned and decided to cut open the cocoon. The butterfly crawled out, but its body was shriveled and its wings crumpled. The man watched, hoping the butterfly would eventually spread its wings and fly. But it never did.

What the man did not realize was that nature intended the butterfly to squeeze through the small hole. It would strengthen its wings. By not trusting the process, the man took away the butterfly's necessary struggle and its chance to fly.



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# WELCOME

**Welcome to the FHE HEALTH.** We will be working with you and your loved one closely to support a healthy recovery. The materials enclosed are aimed to educate you on your crucial role in the treatment process and recovery process after treatment. The family workbook will answer some common questions concerning healthy support versus enabling and how to set limits and live normally despite your loved one's addiction and/or mental health problems.

Our treatment philosophy and clinical interventions are based on the belief that addiction affects each member of the family who does not have an accurate and deep understanding of the disease of addiction. Therefore, the identified "client" is the family system as a whole. We look to develop a therapeutic alliance with family members and concerned persons during the treatment process. This allows us to maintain ongoing dialogue as clinical interventions are revised and strategized by the treatment team.

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## CONSENTS AND SHARING OF INFORMATION

By law, we are not allowed to discuss a client's treatment unless a client signs and authorizes communication. While we make the effort at admission and throughout treatment to secure these releases, clients are free to refuse or to revoke, ending a release, at any point in treatment. Often, we see that clients who desire to go against clinical recommendations, who are going against family wishes for treatment, or who are not interested in recovery, will revoke consents so that we cannot speak to family or others when the client wants to leave treatment. While we can listen to anything that you want to say, we are not allowed by law to give any information about a client who has not authorized communication with outside parties. We are not able to give notification of the revoked consent, so for many families, this seems like a lack of communication from the facility. It is our desire to keep lines of communication open but are limited when clients will not authorize this release of information.

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## AGAINST MEDICAL ADVICE

This term, AMA for short, is when clients want to leave treatment and it is not clinically recommended. Addiction is a powerful disease and many clients are unwilling to complete treatment. This could be a general lack of desire for recovery, entering treatment for the wrong reasons, those clients who have worked detox into their relapse cycle, or those that face cravings or discomfort in treatment and want to leave. If consents are available, we will reach out to you to encourage your loved one to stay in treatment. The healthy people in a client's life are aware that without recovery there is no healthy life for an addicted individual. For people with mental health issues, they may also refuse medications that help them to think clearly and then make the impulsive decision to leave the structured treatment environment. In any case, it is vital that you do not enable, help them continue their destructive ways, but rather, learn to set limits and healthy boundaries.

The primary therapist responsible for the client's case can explain this more fully, but often this means refusing to give money or resources, refusing to help with picking the client up from treatment or making arrangements for the client to leave treatment. Sometimes there is only a small window of opportunity to save a life. Holding the line with your loved one can make a significant hurdle to them going back to their destructive ways. We will do all we can from our end, but we need your support to help as well. Please be prepared to not give in to the manipulation, control, or aggressiveness of a loved one that wants to leave treatment. Please also be advised that not all clients are honest when they complain of the staff or the facility. For over 18 years we have been helping people to get better and live more productive lives. We can assure families that we offer the finest care. Our alumni regularly credit **FHE HEALTH** for playing the most important part in their recovery. If there are ever any concerns, we will address them quickly and personally with clients. We work hard to provide a safe, supportive, and comprehensive treatment environment that promotes health and stability.

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## **FAMILY SUPPORTS**

When clients give permission to work with their families and supports, we will be in contact and work to help keep you informed and to work through issues which may impede the success of the client and their family. We can also make referrals for outpatient family and couples counseling as part of the ongoing healing work between you and your loved one. Please reach out if you have any concerns or needs so that we can help coordinate the family care that is needed.

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## **YOUR ACTION STEPS**

We are sending a concerned person's questionnaire that is very important so we can know what is going on in the family system. Please take the time to send this into our team so we can assess your needs and perspective and begin our family work and focused clinical care with the client. Thank you for your part in helping your loved one get healthy and happy. We are committed to working for your loved one in this first step of recovery, be it from drugs, alcohol, or mental health issues.

Sincerely,  
*The Clinical Services Department*  
**FHE HEALTH**  
**(866) 236-0845**

## YOUR CRITICAL ROLE DURING TREATMENT STAGE: WHAT WORKS AND WHAT DOESN'T

**Maybe it was the night your husband didn't come home or the day that you realized your daughter had been stealing from you.** At some point, most family members of people who are addicted realize that their loved one's illness has thrown their own life out of balance. Unfortunately, there's little family members can do until your loved one is ready for help.

Now that your family member is in rehab, however, you have a chance to actively support your loved one's recovery and help the whole family heal. The family's role in addiction recovery is a critical one — you can help your loved one stay in treatment and get sober and break the cycle of addiction for the next generation.

Yet, learning how to support a family member in recovery can be difficult. At **FHE HEALTH**, we guide families through the transition from active addiction to sobriety and emotional recovery. Through education and therapy, individuals and the entire family unit can heal together and move on from addiction.

**POINT TO REMEMBER:** The inner (often unconscious) goal of the addict is to be enabled and rescued through his/her resignation into dependency and helplessness. Many parents and even spouses buy into addicts learned helplessness and feel sorry for them. Thus, to learn what works and what does not work is an invitation to get out of the continuous enabling of addictive behaviors.

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## WHAT DOES NOT WORK:

- **Expecting** that treatment is a magic cure and believing that they don't have to change because "the addict is a problem."
- **Remaining** silent and secretive about things they know and covering for the addict.
- **Refusing** to go to support meetings.
- **Avoiding** intervening on addict when misbehaving in treatment and minimizing their behavior.
- **Over-involvement** in treatment and calling/speaking with addict daily or very frequently to cease own anxiety.
- **Not following** clinical and reading recommendations.



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## WHAT DOES WORK:

- **Being proactive** and taking responsible steps to improve the situation by educating self and working with the treatment team.
- **Aligning** with the treatment team and supporting the clinical recommendations.
- **Speaking up about the problem** - attending family support meetings, getting own therapist/recovery coach, speaking to family members who are not aware of the situation and may unwittingly enable.
- **Asking for help** – actively involving knowledgeable professionally and including primary therapist in learning what is the most effective approach with the addict.





- **Making decisions** based upon the greater good of the family as a whole – extending greater attention to other family members – partners and other children.
- **Learning** the difference between enabling and healthy support.
- **Confronting** the disease of addiction by holding the addict accountable for their actions.
- **Writing** an honest impact letter.
- **Practicing** the truth over harmony.
- **Setting livable boundaries** – boundaries are not punishment – addict/or person with mental illness desperately needs them.
- **Engaging** in self-care.
- **Reading** AL-ANON/NAR-ANON and related literature.

“ When ‘I’  
is replaced  
with ‘E’  
even “Illness”  
becomes  
“Wellness!” ”



# HOW TO ENABLE YOUR LOVED ONE'S RECOVERY

**Addiction recovery is a lifelong endeavor**, but the first year is the most difficult hurdle to clear. One of the most common differences between people who are successful in recovery and people who are not is the effectiveness of their support systems. Those closest to addiction recovery patients have the ability to help or hurt the recovery process.

## The First Year of Recovery

As difficult as it is to get through drug or alcohol detox and then rehab, the weeks and months following it are even more challenging. Temptations are everywhere, and alcohol or drugs are also readily available. In many cases, a person in recovery must find new friends, hobbies, and hangouts in order to maintain sobriety. As a result, many people in the early stages of addiction recovery often struggle with stress, depression, boredom, loneliness, and anxiety. It should come as no surprise that 50 percent of addiction recovery patients are not able to maintain sobriety for a full year.

Far too often, individuals in recovery are surrounded by people who don't fully understand the nature of addiction and take sobriety for granted. This can be detrimental to a person remaining on the right path and avoiding relapse. However, with the right mindset and a little effort, you can positively impact your loved one's addiction recovery.

**"Many people in the early stages of addiction recovery often struggle with stress, depression, boredom, loneliness & anxiety."**

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# 10 WAYS TO HELP YOUR PARENT, SIBLING, SPOUSE, CHILD, OR FRIEND SUCCEED



## **Remain Alcohol and Drug-Free**

Your loved one is going to have enough difficulties remaining sober without you freely drinking alcohol or doing drugs in front of him or her. If you do nothing else, just being a sober person to spend time with will be extremely helpful.



## **Learn About Addiction and Recovery**

This is a difficult period for your friend or family member. Having a better understanding about what she is facing during this time will make it so you can provide better support and will have more patience in the process.



## **Don't Enable Substance Abuse**

Your friend or family member may be committed to sobriety, but you still need to hold them accountable to their commitment. Don't look the other way on "just one drink."



## **Lend a Non-judgmental Ear**

People in recovery need someone to talk to. While they can often find them at meetings, nothing is better than speaking to someone who you already have an established relationship with. By being someone that your friend in recovery can confide in, you can help them get through some of the emotions and mental distress they are likely dealing with.



## **Forgive Them**

When people are grappling with alcoholism or drug addiction, they often hurt the people closest to them. This burdens them with guilt and shame. If you can forgive him or her for the things that happened in the past, you will allow your loved one to continue moving forward free from the guilt of past mistakes. Forgiveness can be very liberating for both parties involved.



## **Find Substance-Free Activities**

When you've been drinking or using drugs to have fun for several years, removing these substances from your life will create a void that must be filled with healthier activities. You can be a great help if you can find fun activities that do not include drugs or alcohol. Free time and boredom often lead to relapse.



## **Attend Meetings**

Just as people recovering from addictions have meetings to attend, their friends and family members also have meetings available to them. Groups like Nar-Anon, Al-Anon, Adult Children of Alcoholics, Families Anonymous and SMART Recovery Family and Friends are all available resources for the friends and family members of people with addictions.



## **Reduce Stress**

One of the leading causes of substance abuse is stress. A person in recovery is more vulnerable to stress and highly likely to relapse if repeatedly exposed to stressful situations. Do your best to minimize and relieve stress in healthy ways.

**“Many people in the early stages of addiction recovery often struggle with stress, depression, boredom, loneliness & anxiety.”**



## **Be Honest**

Most people, whether or not they are struggling with addiction, lack self-awareness. Your loved one may not realize that she is falling back into some of the habits that led to substance abuse in the past. She may not notice her warning signs. One of the best ways you can help is by being honest about what you're seeing, because she may not be as aware as you think.



## **Be a Positive Role Model**

You can't tell someone that she should be taking care of herself if you aren't taking care of yourself. Just because you aren't recovering from an addiction does not mean that you can't be a positive role model who leads by example. Exercising regularly, eating healthy and living an overall sober and productive life will provide your loved one with a positive example she can strive towards.

“ Recovery is not  
for people  
who need it.  
recovery is  
for people  
who want it! ”



# HOW TO WRITE AN IMPACT LETTER

**Writing an impact letter sends a powerful message** to your family member in treatment about breaking the silence and secretiveness about addiction and/or mental illness. It is one of the ways how to align with a clinical team to fight common denial and defensiveness of addiction. It is not punishment, rather a gesture of courage to speak up the truth of the impact of the addiction. You don't attack the person but a strong denial of disease of addiction or mental illness. Your impact letter is used therapeutically and will help us to treat your loved one effectively. Limit the letter to 2-4 pages.

## GUIDELINES TO WRITE AN IMPACT LETTER TO YOUR ADDICTED LOVED ONE

**1 INTRODUCTION:** A brief opening statement of love that specifically states the nature of your relationship.

Dear Loved One,  
You don't need  
to be alone  
on the road  
to recovery



**2 LOVE:** Give specific reasons why you love and care about the person, remembering times when you were proud of him/her, when he/she was there for you, examples of her/his best character traits. Be sincere, avoid empty flattery. If the addict's behavior has been difficult for a long time, remember back to better days.

**3 REFRAMING OF THE PROBLEM:** Discuss addiction problem from the point of understanding it as a genetic, progressive and chronic disease. Differentiate addiction from character and willpower issues. Talk about the need for an ongoing recovery program after treatment. If any other people in your family suffered from addiction/alcoholism, mention that it runs in the family. Show that your loved one has a choice to be in recovery and take recovery seriously.



**4 FACTS:** Provide specific, firsthand examples of problems caused by alcohol, or other drugs. Don't use judgmental or blaming language. Let the facts speak for themselves. 1-3 examples are sufficient. Report how you felt at the time using "I" statements. In this paragraph, mentioned how your life has been impacted by addiction - focus on yourself and tell the truth (stress, health, finances, marriage, family, friends, work).

**5 COMMITMENT:** Make a personal commitment to your own recovery (12-step meeting and /or therapy) and how you will support addict's recovery coming from an understanding that this is a family disease and it requires that entire family participates in the recovery process.

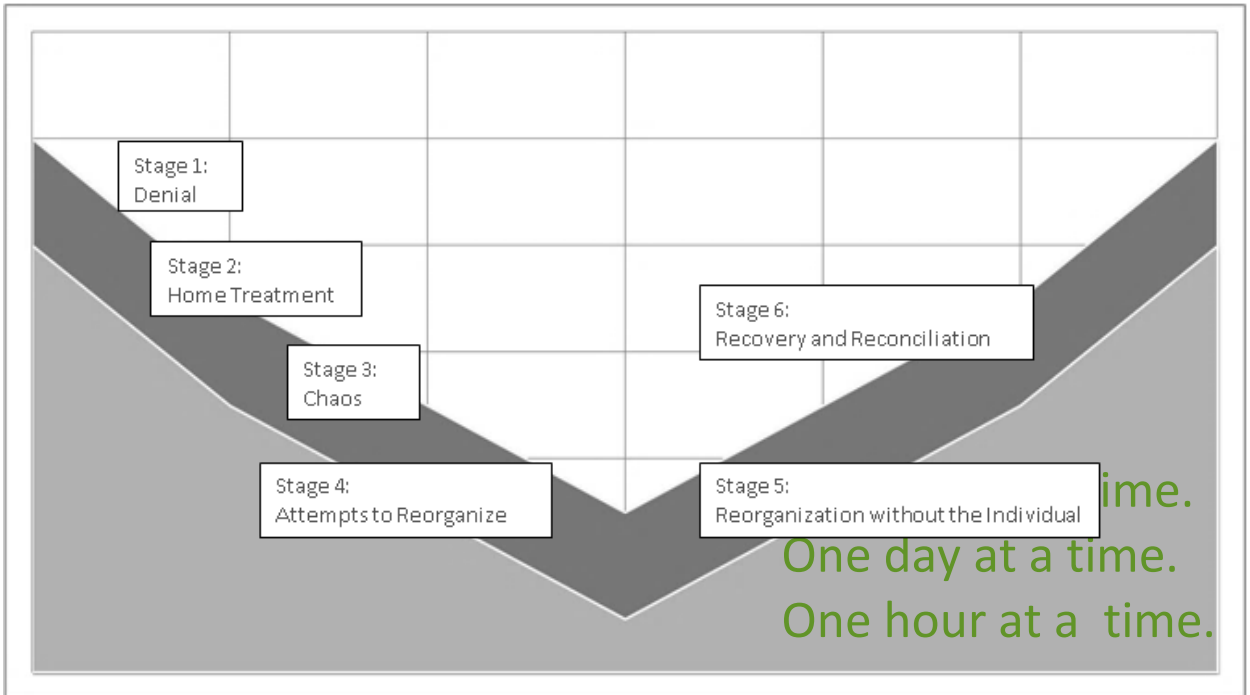
**6 BOTTOM LINE:** Are those things you will no longer do to support the disease of addiction. It is a statement of new boundaries that support recovery. Boundaries include: supporting sober living, limited financial help, expecting a person to get a job, expecting them to go to 12-step meetings, consequences for relapse, etc.

**7 AFFIRMATION:** End on a positive note – painting a positive picture of the future- giving your loved one a reason to continue sobriety beyond treatment. Give him/her sense of purpose.





# PROGRESSION OF ADDICTION IN THE FAMILY



## DETAILS OF EACH STAGE

### STAGE 1: DENIAL

- Denial of the drug problem
- Attempts to hide chemical dependency from each other
- Attempts to hide chemical dependency from those outside
- Embarrassment and humiliation
- Acceptance of chemically dependent individual's (CDI) excuses for drug use
- Reaction only to "inappropriate" drug use
- Concern about the family's reputation

## **STAGE 2: HOME TREATMENT**

- Attempts to get CDI to stop using drugs by trial and error, e.g. nagging, threatening, arguing, sympathizing
- Social isolation
- Examining, hiding or emptying of drug supply by the spouse
- Children exhibiting problems in response to family stress
- Increasing fear of discovery
- A focus of total attention on chemical dependency
- Family members' blaming themselves
- Martyr role played by the significant other

## **STAGE 3: CHAOS**

- Loss of ability to deny or hide the problem
- Crisis to crisis existence
- Attempts to control CDI's drug use directly
- Spouse's hopelessness and skepticism
- Financial difficulties
- Children's conflicts between loyalty to mother and father
- Spouse's conflicts between loyalty to CDI and to children
- Violent acts
- Spouse's avoidance of sexual contact with CDI
- Spouse's questions of own sanity
- Seeking of outside help, e.g. Al-Anon, Ala-teen, Nar-Anon

## **STAGE 4: ATTEMPTS TO REORGANIZE**

- Spouse's assumption of the largest share of responsibility for family
- CDI eased out of family roles
- Decisions in favor of children
- CDI treated like a child
- Increased independence of spouse
- Threats of separation by the spouse
- Spouse's love/hate conflict toward CDI

## STAGE 5: REORGANIZATION WITHOUT THE INDIVIDUAL

- Separation from individual
- Strengthening of abilities to cope through detachment
- Growth toward independence with outside help
- Continuation in old behavior patterns without outside help

## STAGE 6: RECOVERY AND RECONCILIATION

- Seeking of family therapy
- Reunification
- Learning of new ways of responding
- Spouse's difficulties giving up control
- Discussion of problems
- The beginning of rebuilding of trust
- Continued involvement with, Al-Anon, Ala-teen, Nar-Anon

*\*This list of characteristics is not comprehensive, nor do the characteristics describe every situation of chemical dependency. These characteristics are not necessarily confined to the stages noted on the figure. The rate of progression depends upon individuals involved and factors in the family dynamics.*

“You can’t change  
What’s going on around you  
Until you change  
What’s going on within you.”



# ENABLING ADDICTION VS. ENABLING RECOVERY

**Most families know that enabling means taking responsibilities for another person** and doing for them what they are capable of doing if they were doing the right thing. They know that enabling is preventing addict to experience negative consequences of their actions and thus prolongs addiction and delays accepting help. But what most families don't understand is why they continue enabling despite knowing that it exacerbates addiction.

What we know about enabling and why is hard to "quit" because it is a "survival protective mechanism". When family members continually enable, they really trying to "save themselves". The prospect of their loved one either dying, is fired from a job or arrested causes multiple ways of suffering. It would explain why some family members can detach more easily than others. Some factors that make it more difficult to detach and stop enabling would be unresolved childhood adversities, parental guilt, depending on the addict financially, old age of parents (can't watch an addict die before them).

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## POINTS TO REMEMBER ABOUT ENABLING

1. **It becomes a habit** – Family members are triggered and have a craving (anxiety) to respond in a rescuing/enabling way to soothe their own anxiety
2. In the effort of saving their family - **they protect addiction;**
3. By enabling they are **hitting bottom** with the addict;
4. It causes damage to **the entire family system;**
5. It requires a big deal of faith to let go of enabling - **faith in a good solution** - family members need trust/faith in a good solution to override the fear of "what might happen" if they stop their enabling
6. When families stop enabling and invite professionals and support into their lives, **they start enabling RECOVERY**

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## **ENABLING ADDICTION BEHAVIORS**

- Giving or lending money
- Providing a place to live
- Rescuing or fixing problems
- Supplying a car or transportation
- Buying or providing alcohol or other drugs
- Bailing out of jail
- Hiring attorneys
- Lying to cover up problems
- Denying the addiction to others
- Defending behaviors to others
- Ignoring or laughing at the problem
- Arguing, pleading, begging, threatening, placating, or bargaining
- Insisting nothing can be done
- Keeping secret for the addict/alcoholic
- Putting yourself in jeopardy
- Leaving minor children alone with the addict/alcoholic
- Allowing drunk/drug driving
- Taking over responsibilities
- Protecting from negative consequences
- Blaming other people or circumstances
- Avoiding social functions
- Providing employment
- Financing school-related expenses
- Paying bills

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## **ENABLING RECOVERY BEHAVIORS:**

- Creating a united front within the family - parents getting on the same page, adult children get together and come to agreements on how to hold the line...
- Working with a clinical team (if the addict is in treatment) or having a therapist/recovery coach.
- When the addict asks for something while in treatment - asking self the four questions:
  1. Is it necessary?
  2. Is it urgent?
  3. Am I rewarding before it was earned, and then progress showed after?
  4. Is clinical team supporting?
- Attending family support meetings.
- Supporting the Aftercare Plan outlined by the Treatment Team.
- Saying "No."
- Saying "I feel manipulated right now, and I will give you an answer later after I speak to my supports."
- Speaking to the Treatment Team on how to start transferring the addict's responsibilities/bills back to the addict.
- Enabling and encouraging the addict to go to a sober structured supervised environment post-treatment.
- Expecting the addict to get a job within 2-4 weeks post-treatment and stopping financial support whether they comply or not.

# RE-DEFINING CODEPENDENCY AND THE STAGES OF CHANGE

**Codependency is normal in human relationships** especially if you are emotionally attached to your children and partners. For some people it becomes an unhealthy codependency when you experience loss of self, loss of control, over-reactivity, impulsivity to “help” and “over-giving”, feelings of resentment and tendency to self-sacrifice.

At its heart, codependency is a set of behaviors developed to manage the anxiety that comes when our primary attachments are formed with people who are inconsistent or unavailable in their response to us. Our anxiety-based responses to life can include over-reactivity, image management, unrealistic beliefs about our limits, and attempts to control the reality of others to the point where we lose our boundaries, self-esteem, and even our own reality. Ultimately, codependency is a chronic stress disease, which can devastate our immune system and lead to serious illnesses.

If you are codependent and labeled a “control freak”, “helicopter parent” or suffering from empty nest syndrome – you are not those labels, You are simply terrified. You are afraid to let go and detach with love. But you can change.

Stages of change for the codependent person:

- 1) **Awareness:** of codependent characteristics including caretaking, low self-worth, rigidity, suppressed feelings, obsessive nature of thinking, weak boundaries, lack of trust
- 2) **Acceptance of 3 things:** that you are codependent, that you are terrified and anxious and that you need to change how you cope with high-intensity of anxiety and how you take care of yourself

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# ROADMAP FOR CHANGING UNHEALTHY CODEPENDENCY

1. **DETACHMENT:** For the codependent person, detachment is almost impossible – they are terrified of detachment and cannot let go. To understand detachment is to understand the premises that each person is responsible for himself, that we can't solve problems that are not ours to solve. We allow people to be who they are. We give them the freedom to be responsible and grow.
2. **RESPONDING VS. REACTING:** codependent spent too much time reacting to someone or something in their environment. Mindfulness helps to live in the present moment without judgment, just as it is. Breathing helps to calm down the over-reacting mind and give some space to choose “next right thing” response.
3. **SETTING YOURSELF FREE:** People say codependents are controlling – they nag, lecture, scream, cry, beg, bribe, coerce, protect, blame, chase after, run away, they want to change something or somebody in their environment. The key point is that we cannot change people. No amount of control will change anyone permanently. Maybe you're nagging help him to come to treatment but now it is time to let go of control and accept that the outcome is not in your hands.
4. **REMOVE YOURSELF FROM DRAMA:** If you are rescuing someone, you are with them in the drama triangle. You create to their victimhood and they will resent and maybe even punish you for it. Then you become a victim. Way out is taking responsibility for your part in the unhealthy relationship and move toward creating who you want to be in that relationship. You may learn how to set boundaries and empower yourself. Boundaries are not punishment – they are your way of creating healthy relationships in your life and allowing people to take responsibility.
5. **LIVE YOUR OWN LIFE:** Stop living a second-hand life and taking care of everyone else but you. Daily ask yourself two questions: “What do I need to do to take care of myself” – during the crisis –ask that question every hour. “What do I need from the people around me”.



6. **FEEL YOUR OWN FEELINGS:** it is not your job to take on shame, guilt, sadness, grief, regrets that are not yours. Do you feel often overwhelmed when dealing with a difficult person (addict, narcissist, controlling, angry and/or unemotional person)? You might be taking on the emotions they don't want to feel. Create a firm inner boundary around your heart that does not allow other people's energy to affect you.

“ Don't  
expect  
to see a  
change  
if you  
don't  
make  
one. ”



# THE 4 Cs AND DETACHING WITH LOVE

**Detaching with love is easier when we get familiar with the 4 C's:  
Cause, Control, Cure, and Contribution.**

## **CAUSE:**

Alcoholism or drug addiction is a disease. Just as we can't cause someone to develop diabetes, cancer, or other diseases, we don't have the power to cause anyone to become addicted. Every chemically dependent person blames others for his or her use---usually those closest to him or her.



## **CONTROL:**

Despite our best intentions and efforts, controlling other people doesn't work. Relationships can't grow and intimacy can't develop if one person is trying to control the other. We only have control over ourselves and how we respond to situations, other people, and their behaviors. Trying to control others' behavior may temporarily make us feel better about ourselves, but in the long run, it doesn't work. In Al-Anon, you'll learn about giving up control in Step One: "We admitted we were powerless over alcohol: that our lives had become unmanageable."



## **CURE:**

Chemical dependency is a disease that can't be cured. It can be arrested but never cured. Once somebody is chemically dependent, he or she will be chemically dependent forever. I tell people that it is like being a pickle: Once you've become a pickle, you can never go back to being a cucumber again.



## **CONTRIBUTION:**

Contributing to the progression of addiction happens through enabling behaviors. Once you are aware of that contribution, you have to learn how not to contribute to relapse. Educating yourself on relapse process of addiction and your own relapse warning signs are powerful resources to be the part of the solution and not the part of the problem.



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# DETACHING WITH LOVE

- Carolyn W. Hazelden -

Alcoholism is a family disease. Living with the effects of someone else's drinking is too devastating for most people to bear without help. In Al-Anon we learn individuals are not responsible for another person's disease or recovery from it. We let go of our obsession with another's behavior and begin to lead happier and more manageable lives, lives with dignity and rights; lives guided by a Power greater than ourselves.

## IN AL-ANON WE LEARN

- **NOT TO** suffer because of the actions of other people;
- **NOT TO** allow yourself to be used or abused by others in the interest of another's recovery;
- **NOT TO** do so for others what they could do for themselves;
- **NOT TO** manipulate situations so others will eat, go to bed, get up, pay bills, not drink;
- **NOT TO** cover up for anyone's mistakes or misdeeds;
- **NOT TO** create a crisis;
- **NOT TO** prevent a crisis if it is in the natural course of events.

Detachment is neither kind nor unkind. It does not imply judgment or condemnation of the person or situation from which we are detaching. It is simply a means that allows us to separate ourselves from the adverse effects that another person's alcoholism can have upon our lives.

Detachment helps families look at their situations realistically and objectively, thereby making intelligent decisions possible.

# SETTING BOUNDARIES AND HOLDING THE LINE

## POINTS TO REMEMBER REGARDING ENABLING, BOUNDARIES, AND HOLDING THE LINE

Enabling is strongly associated with boundary issues within a family system



1. To be able to set boundaries means that there is a “confession” on the family member’s part about enabling and willingness to break the enabling habit.
2. Families need to understand that fear and guilt are the biggest obstacles for families to change, thus they have to be willing to talk to someone who can help them to cope with those strong emotional states.
3. Families that need learn a skill of setting limits and holding line are:
  - Chronic enablers and rescuers
  - Parents who allowed the addict to return home after treatment but intending not allowing the person returning now
  - Spouses who plan to live with the addict after treatment
  - Patient is planning to return to live with a parent or parents after treatment
  - Families of mental health patients who have a history of stopping medication and taking care of themselves.

4. Acronym **SANITY** (that is like a treatment prescription for enabling)

**S** - **STOP** repeating negative enabling behavior in all its forms

- **STOP** ignoring own personal issues
- **STOP** being alone with feeling pain
- **STOP** the flow of money
- **STOP** making excuses

**A** - **ASSEMBLE** your support systems (therapist, coach, treatment team)

**N** - **“NO”** for the “bad “- stop tolerating “ bad” behaviors like manipulations, disrespect, stealing, lying, blackmail and etc.

**I** - **IMPLEMENT** rules and boundaries

**T** - **TRUST** your instincts, your Higher Power, and knowledgeable professionals (don’t trust yourself if you are in a place of fear, worry, and guilt)

**Y** - **“YES”** to the “Good” - learn to know what recovery from addiction looks and sounds like and say “Yes “when you see the signs of recovery and humility in your recovering family member

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# PRINCIPLES OF SETTING AND IMPLEMENTING BOUNDARIES WITH ADULT CHILDREN

**“We are responsible to others and responsible for ourselves”** - as parents of adult children we are responsible to model appropriate boundaries to prepare them for the world - if they don’t respect our boundaries, they will likely disrespect people around them.



- “We need to detach from someone else’s problems” - separating from the painful consequences of the addict’s actions and separating from the adverse effects the addict’s choices can have on our lives.
- “We must have a clearly defined action plan before confronting dysfunctional adult children.”
- “We must establish consequences and stick with them.”
- “We must present a unified front if we are two parents.”
- “We must not get involved in a debate, discussion, or trying to help our children figure things out.”
- “We must encourage our adult children to figure things out for themselves.”
- “We must be willing to ask ourselves: Who am I outside of being a parent to this child.”
- “We must be willing to shift the focus off our adult children’s lives onto our own.”

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# PRINCIPLES OF SETTING AND IMPLEMENTING BOUNDARIES WITH SPOUSES/SIGNIFICANT OTHERS IN TREATMENT

- 1) You cannot make them stop - as long you are working harder than he/she is - nothing changes.
- 2) By accepting that you are powerless to change “it” will turn your focus to what you can do.
- 3) Telling him/her “I’ll leave if you don’t stop” is not a boundary but a threat (you cannot manipulate a master manipulator).
- 4) Be accountable as opposed to over-responsible. Accountability means that you take an action to learn about addiction, recovery and family disease of addiction and how to recover as a non-addicted spouse.
- 5) Once you understand the signs of recovery in the addict and the relapse warning signs - speak up from the “calm” place and share your concerns while you are attending your own meetings and/or therapy.
- 6) Find out what is your “bottom line” - what will you do if your addicted spouse relapses or will not stop using. Know your options.
- 7) Remember - relapse does not need to result in divorce - however keep in mind that you need to have well-defined consequences for addictive behaviors to avoid enabling them (separation from the using spouse may be a consequence -sending the message that his or her behaviors are no longer acceptable).
- 8) By working hard on your own recovery and focusing on what you can change - you are creating an environment in which it is not easy to continue using drugs and other addictive behaviors.



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# SIMPLE STATEMENTS FOR HOLDING THE LINE

- “I will no longer give you money.”
- “I can’t have you calling me any longer unless it is to say that you want treatment and recovery.”
- “If you do not accept Aftercare recommendations, you can no longer live in my home.”
- “I am removing you from the will unless you seek help.”
- “I won’t let you see your nephews until you finish treatment and stay in recovery.”
- “I’m taking the car away until you finish treatment and stay sober.”
- “I’m not a liar, so I will no longer lie to people about your addiction problem. When others ask how you are doing, I’ll tell them exactly how you are doing.”
- “I’ve pretended not to notice your problem in the past. From now on, if you come over when you are high, I’m not going to let you in the house.”
- “The next time I see you get in a car to drive intoxicated; I will call the police.”
- “I won’t listen to your problems until you get help.”
- “We will be changing the trust fund until you complete a treatment program.”
- “You can no longer work at the family business.”





- “I will no longer give you rides or drive you to work.”
- “I will no longer pick up your slack at work. When you don’t get your work done, you’ll have to explain to the boss.”
- “I am expecting you to get a job immediately after treatment and I will pay only for 3 weeks of sober living.”
- “You can no longer work for me and I expect you to find a job and go to a sober living.”
- “I’m going to take over custody of your children until you demonstrate that you are a fit parent.”
- “Your mom and I will quit paying your bills and school loan and expect you to take over your financial responsibilities.”
- “You can no longer be a part of the lives of my children until you get sober.”
- “I can no longer socialize or hang out with you until you are sober.”

“Self-love, self-respect, and self-worth. There is a reason why they all start with “self.” You cannot find them in anyone else.”



# THE 8 ESSENTIAL PRINCIPLES OF AFTERCARE PLANNING

We would like to provide a good direction to families and help them to be a remarkable source of help for the addict. Family willingness to work with professionals on enforcing aftercare recommendations is a game changer. Addicts will not respond to “empty words or threats” but actions and boundaries will catch their attention.

Being a part of the solution means that the family is following clinical recommendations and enables their loved one to begin a recovery program after treatment. Treatment is not recovery - it is an intense introduction to recovery principles however the real work starts after treatment. That's why it is crucial that our clients along with their families understand what post-treatment arrangements lead to success and what aftercare plan is doomed to fail.

## FOLLOWING ARE THE ESSENTIAL PRINCIPLES ADOPTED FROM THE MOST SUCCESSFUL PROGRAM FOR RECOVERY

1. **Structure and Supervision** – addicts/alcoholics/persons with chronic mental illness respond well to structure and being supervised. They don't like it initially however when they remain in treatment, they automatically get better. After treatment, in order to thrive – they need a similar environment in which they are held accountable and have to follow the rules. The relapse rate for people who immediately return home after treatment, usually relapse within the first 3 months of sobriety. It has a lot to do with a brain that is conditioned to react in an addictive way in the old environment.
2. **Positive rewards and negative consequences** – For the newly recovering person, positive rewards come in the form of family cohesiveness (being involved in family gatherings) or getting back some privileges (perhaps a phone or car). Negative consequences are identified in advance and may be also recorded in a contract. It is not done in the spirit of punishment, rather to help the addict to understand that relapse comes with consequences. It is a promise a family makes about not supporting addiction

3. **Frequent random drug testing and monitoring** – it is not advised that the family does testing however it is arranged through a sober living residence like a half-way house. If the addict is returning home, it should be arranged through outpatient treatment.
4. **Twelve Steps Programs** – the idea is that both recovering persons and family members engage in their own 12-step recovery programs. It is important to mention that Twelve Step involvement is central to long-term recovery. When the family gets involved, recovery success is higher.
5. **Recovery role models and mentors** – In the twelve steps meetings, it will be a circle of people they relate (by profession or family status). To get a 12-step sponsor is crucial to working the 12 steps and have a role model to look up. Families benefit from getting Alanon sponsors. Both recovering person and family can find a recovery coach who can guide them through early recovery struggles and concerns. There is also a program called “Structured Family Recovery” that involves both recovering addict and family in collaborative recovery work.
6. **Modified Lifestyles** – Making lifestyle changes requires planning on the part of the addict. Addicts in early recovery have to make changes in terms of living by their means and not relying on “magic money”. They have to also make changes in day-to-day habits and behaviors since they spent a lot of time and energy using alcohol or other drugs. They need to ask themselves “What do I need to do differently to stay sober?” The family has to be mindful of not enabling entitlement and lack of change.
7. **Active management of relapse:** During treatment stage, both patients and families are educated on early relapse warning signs. It is a good practice that family members commit to a plan of action in case of relapse. It can be shared with the addicted family member prior his/her discharge from the treatment program.
8. **Continuing Care approach** – a plan to address the chronic nature of addiction. It includes 12-step recovery ongoing support, sponsor, therapist, psychiatrist, and couple’s therapist if applicable.

# UNDERSTANDING RELAPSE AND WHAT TO DO ABOUT IT

## ABOUT RELAPSE

1. Not only can the addict or a person with mental illness relapse – but also the family member(s) can relapse on old ways of rescuing and enabling the addict
2. The relapse process does not only involve the act of taking drug/alcohol – rather it is a progression that creates an overwhelming need for using or addictive behavior.
3. Even good-intended patient with a good Aftercare plan can relapse after treatment (75 % relapses occur during the first 12-months post-treatment).
4. Relapse is neither random re-occurrence of disease nor a mystery - there are typical signs of relapse process (the presence of change and subsequent stress and “something missing/lacking in a recovery program).
5. Families can relapse too into attitudes and behaviors practiced during loved one’s active addiction (enabling, rescuing, anger, resentments, criticism, lack of self-care).
6. Families cannot prevent or manage the addict’s relapse; however, they can prevent/manage their own relapse and that way they are more equipped not to enable the addict’s relapse.
7. Families can contribute to the addict’s relapse process.
8. Research shows that families who work together in recovery, have greater success.

**Family members can also relapse on old ways of rescuing & enabling the addict.**

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## SIGNS THAT A PERSON IS IN RELAPSE WHILE IN TREATMENT

- **“Badmouthing”** the process of recovery and/or treatment.
- **Complaining about treatment** and manipulating family by complaining that they are not safe or not getting enough help.
- **Not managing Post-Acute-Withdraw (PAW)** symptoms.
- **Consistently experiencing negative emotional states** (anger, anxiety, depression) without effective management of feelings.
- **Internal struggle** – wants to stay sober but a big part of them wants to return to using
- **Passive participation** in group and individual sessions.
- The way they interact with the family during family calls can be also an indicator of the relapse process (**using manipulation, intimidation, blackmail, or showing helplessness** with a goal to be rescued).
- **Wanting to return home** to live with parents (where they were using previously)
- **Resistance to follow aftercare recommendations** and returning to an environment in which it was easy to use prior treatment.

**Consistently  
experiencing  
negative emotional  
states.**

# ADDICTION RELAPSE WARNING SIGNS

## 1. **Internal Change** (looking good on the outside, however, using old ways of thinking and managing feelings)

- Increased stress
- Change in Thinking
- Change in Feeling
- Change in Behavior



## 2. **Denial** (stop being honest with self and others)

- I am afraid, but I deny it



## 3. **Avoidance and Defensiveness**

- Believing I will never use alcohol or drugs
- Worrying about others instead of self
- Defensiveness
- Compulsive Behaviors
- Impulsive behavior
- Tendencies toward loneliness and isolation
- Blaming others for my problems or the past



## 4. **Crisis Building**

- Tunnel vision
- Minor depression
- Loss of constructive planning
- Plans begin to fail
- Over-reaction to stressful situations
- Easily angered and irritated
- Having a chaotic daily schedule
- Lacking structure



## 5. Living Environment

- I live with people who drink or use other drugs
- I openly reject help from others
- I resent the people closest to me
- “I don’t care “attitude
- I don’t want to take responsibility; I expect others to take care of me
- I am hanging out around drinking and using friends



## 6. Sober Supports

- I think about using but I don’t share this in my recovery circles
- I am consciously lying to others
- I skip meetings and feel resentful if anyone mentions that to me
- I don’t talk to my sponsor and I don’t work the steps
- I sit in the back of meetings and don’t participate
- I don’t get to know anyone in recovery
- I can’t relate to anyone in recovery
- I have been through treatment; I can do the rest on my own
- I’ll go to meetings, but I don’t need a sponsor
- I have a sponsor, but he is not available
- I get to meetings late and leave early
- I don’t bother with service work
- I have been sober a long time; I really don’t meetings anymore



## 7. Mental Relapse:

- I am thinking I could use a different substance than my drug of choice, and I would not have a problem
- I don't believe I'll ever be able to rebuild my life
- I think I am too young or too old for recovery
- I have no confidence in myself
- I doubt my ability to stay sober
- I ruminate about the past
- I don't think I can have fun sober or date sober



## 8. Emotional Relapse:

- Anger, irritation, resentments, depression, moodiness, the return of high-anxious feelings, loneliness, hopelessness
- Fight-fly stress reactions
- Self-pity
- Over-reacting emotionally



“ I am not defined  
by my relapses,  
but by my decision to  
remain in recovery  
despite them.”





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# FAMILY RELAPSE WARNING SIGNS:

## 1. Mental

- Not being responsible for my life
- Needing to do everything and it still feels like I'm "not doing enough"
- I mentally ruminate over old resentments, feeling increasingly angry
- I am avoiding self-responsibility by making others the scapegoat
- I cannot see other people's view; I insist on being right (tunnel vision)

## 2. Emotional

- I stopped enjoying little things in my life
- If anyone points out unhealthiness of my behaviors, I become defensive
- I am complaining a lot and feel self-pity
- I worry constantly about money or I am overspending
- I am nervous or worry chronically
- I have lost faith in a Higher Power and don't trust anything/anybody can help me
- My mind is always racing and I cannot calm down
- I feel a general sense of being out of sorts, but I don't know what's wrong
- I am overly emotional with no understanding of why
- I lose control over my temper with my spouse, children, or other family members
- I have mood swings
- I have feelings of loneliness and isolation – I stopped reaching out to friends/family
- I lack energy
- I feel hopelessness and helplessness – I don't believe anyone can understand/help me
- I have an pathetic "whatever" attitude

### 3. Behavioral

- I allow my daily activities to interrupt my commitment to therapy/support meetings
- I have let my appearance/self-care down
- I don't set appropriate limits with others especially with children
- I suffer with sleeping problems
- I have returned to financially supporting the addict, making excuses, rescuing, paying his/her bills, taking on the addict's responsibilities
- I am not eating enough or eating too much
- My attendance at Al-Anon is sporadic and I am making excuses not to go
- I use dishonesty to manage my world by creating lots of little lies to control others or hide what's going on with me or the alcoholic/addict
- I suffer from physical maladies with no obvious causes: headaches, body aches, stomach pains, dizziness, frequent colds, rapid heartbeat, nausea
- I medicate with tranquilizers, alcohol, or other drugs
- I have returned to old controlling behaviors, trying to control not only the addict but other people, places, and things

**“ Nobody can go back  
and start a new beginning,  
but anyone  
can start today  
and make a new ending.”**



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## **STRATEGIES TO DEAL WITH THE FAMILY AND THE ADDICTION RELAPSE**

1. Families relapse too and they can relapse without the addict relapsing but very often they exhibit signs of relapse when the patient is being discharged from treatment or the patient is resistant to treatment or Aftercare recommendations.
2. Treatment only addresses the acute stage of addiction – it does not cure addiction – but is preparing families and addicts for relapse by giving them aftercare plans.
3. RESISTANCE and RELAPSE are closely associated.
4. Most addicts don't comply with their aftercare plans or do so inconsistently.
5. The family cannot stop the addict from relapsing – but they can prevent contributing to it.
6. Family can hold the line regarding aftercare plans and not supporting patient's plans that are doomed to fail.
7. The concept of a collaborative approach to recovery in preventing a "family relapse" and challenging "addiction relapse" - long-term family engagement in their own recovery along with a recovering person. There is a high success rate among addicted doctors because they commit to a "five-year plan of action"

### **STRATEGIES TO MANAGE FAMILY RELAPSE**

- Recognize and admit your relapse warning or relapse triggers.
- Reach out for help.
- Return to family support meetings – commit to at least two groups a week.
- Obtain a sponsor in Al-Anon or other family support meetings.
- Get a therapist
- Focus on self-care, stress and anxiety reduction.

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# STRATEGIES TO RE-DIRECT THE ADDICT'S RELAPSE ATTITUDES AND BEHAVIORS

**When they are manipulative to get money, shelter, food or get you to pay their bills or when they are lazy and don't do what they are supposed to do and blame everyone else:**

1. Be kind and firm
2. Say NO – without debates and justifications
3. Say: “I trust you can figure that out”
4. Remind: “What was our agreement before you left treatment?”



**When they are in power-struggle with you:**

1. Don't coach or coax
2. Give 2 specific choices: For example: “We will only support you if you return to sober living or return to treatment. Which one would you prefer?”
3. Give them their power back: “What do you think you can do about it?”
4. Re-direct them to reach out to their supports – sponsor, therapist, home group, etc.

**When they are in “revenge” (when they don't speak with you, lie to you, says hurtful things, blame you)**

1. Don't retaliate
2. Tell the truth “your behaviors/silence hurt me, and I will not tolerate these behaviors”
3. Use logical consequences that are not punishment: Example: cutting off financial support with adult children is not a punishment but a consequence of their actions
4. Limit phone calls/texts to a minimum – if they are abusive you may need to consider no contact” until they are ready to get help and re-establish a relationship with you
5. Remind them you are willing to re-establish a relationship with them if they get help

## When they act helpless

1. Don't feel sorry for them, coax or show pity
2. Avoid doing for him what he can do if they put the mind into it
3. Be encouraging without rescuing
4. Re-direct their negative self-talk
5. Assure them that you view them as valuable and capable
6. Re-direct them to reach out to their supports – sponsor, therapist, home group, etc.
7. Give them an example what do you do when your “container of hope” gets empty



**“It’s only when you take  
responsibility  
for your life,  
that you discover how  
powerful  
You truly are!”**



# A GUIDE TO HEALTHY COMMUNICATION WITH AN ADDICT

1. If it is a phone call, don't allow "collect phone calls."
2. What time is the call or visit? Is it convenient for you?
3. What is the purpose of the call/visit?
4. Are you acting as a united front as parents/family in responding to call/visit?
5. Is he/she complaining about matters that should be handled by him/herself or his/her sponsor or therapist?
6. Is he/she asking you to take care of matters that should be taken care of by him/her?
7. What is his/her opinion of therapy and 12-step meetings? Does he/she have a sponsor?
8. Do you feel manipulated by him/her?
9. Does he/she appear to have gained any new insight into him/herself?
10. Are you being asked to lie about anything or keep a secret from the rest of the family?
11. Are you being comforted or reassured?
12. Is he/she argumentative, relentless, irritable, or combative - abuse?
13. How did you feel about the conversation/visit with him/her?

## POINTS TO REMEMBER

- You teach the addict in early recovery how to treat you.
- If you are a parent of the addict, the rules of parenting must change.
- Boundaries are the most helpful and useful responses to the addict who uses emotional manipulation to get what he/she wants and takes advantage of family members' good nature

# THE RECOVERY PROCESS

The success in recovery and ultimately in life is daily practicing of simple fundamentals. It is living daily with the intention to stay sober “One day at a time ”and “Not picking up alcohol or drugs no matter what”. For families, these principles of recovery are related to enabling behaviors and/or over-reacting and they also live by “Just for Today I will not ....”

**For newly recovering alcoholics and addicts coming to AA (Alcoholic Anonymous) or NA (Narcotic Anonymous) and following suggestions can lead to an effective program of recovery.**

By the same token, the family attends AlAnon, NarAnon, CoDA, or Family Anonymous support meetings several times a week or once a week.

The following suggestions are for both newly recovering person and family of addict/or a person with mental illness. The Recovery Program is the program of **HONESTY, ACCEPTANCE, TRUST IN A HIGHER POWER, HUMILITY, SURRENDER, SERVICE, ACCOUNTABILITY, AND GRATITUDE**. We suggest a collaborative approach to recovery where both the addict/alcoholic and family engage in following recovery behaviors:



**ATTEND MEETINGS REGULARLY:** It is often suggested that newcomers attend 90 meetings in 90 days due to the high relapse rate in the first three months. Frequency created familiarity and habit.



**CHOOSE A HOMEGROUP:** It is the meeting that the addict never misses. He sees his/her sponsor there, knows all the regular members, and volunteers for a service position. As in AlAnon, homegroup is a meeting that the family attends on a regular weekly basis.



**GET A SPONSOR:** Family can't keep alcoholic sober and is not able to do it after treatment. Nobody understands alcoholic/addict like another alcoholic/addict. They can see through lies, manipulations and can easily predict relapse faster than anyone else. They speak knowledgeably from personal experience. For families, an AlAnon sponsor is a helpful guide in developing healthy boundaries and healthy relationship skills.



**FOLLOW THE DIRECTIONS:** It is crucial to humble yourself and follow suggestions with a mindset of a "beginner". Newly recovering people sometimes think "they are experts". Addicts who follow all suggestions stay sober and those who don't will likely start using. Family members who follow directions will get a different outcome in their lives, those who don't will get chronically stressed and anxious again.



**"YOU ARE NOT DIFFERENT":** Alcoholics and addicts suffer from "terminal uniqueness": Family members often make excuses not to go to family support meetings because they focus on cultural and personality differences. It is important to focus on the recovery principles that are in the heart of Twelve Steps.



**"IT WORKS IF YOU WORK IT":** Relapsing alcoholics/addicts say, "AA does not work for me". It is like the students dropping out of college and says, "College did not work for me". The problem is that the addict/alcoholic does not work the program and misses out on designating a good recovery program. In a similar way, family members often say "I don't like AlAnon" and never engage in important personal work that helps them to find freedom from worrying about the addicted family member.



# COPING WITH CHRONIC MENTAL ILLNESS

When someone you love suffers due to mental illness, you may feel powerless, frustrated, confused, and scared. It becomes extremely stressful to deal with a family crisis related to mental illness. In order to cope well, you may start asking yourself the following questions:

- 1) What do you believe about your loved one's mental illness?
- 2) How hopeful are you feeling about his/her recovery?
- 3) What is the impact of their mental illness on your personal life?
- 4) What coping mechanisms do you have?
- 5) What do you need to feel more competent to deal with the crisis and less anxious about future?

We understand how hard it is to live with mental illness in the family. Thus, we would like to encourage you to focus on the resources that are available to you and your family. Build your resiliency through education on mental illness and developing a family and personal plan-of-action.

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## SIGNS YOU NEED TO BE AWARE OF

### Warning Signs of A Mental Health Crisis:

- Inability to perform daily tasks like bathing, brushing teeth, brushing hair, changing clothes
- Rapid mood swings (suddenly depressed, withdrawn; suddenly happy or calm after a period of depression), increased energy level, inability to stay still, pacing.
- Increased agitation, verbal threats, violent, out-of-control behavior, destruction of property
- Abusive behavior to self and others, including substance use or self-harm (cutting)



- Isolation from school, work, family, friends
- Loses touch with reality (psychosis) - unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- Paranoia

### **Warning Signs of Possible Suicide:**

- Gives away personal possessions
- Talks as if they're saying goodbye or going away forever
- Takes steps to tie up loose ends, like organizing personal papers or paying off debts
- Makes or changing a will
- Stockpiles pills or obtains a weapon
- Develops a preoccupation with death
- Suddenly cheerful or calm after a period of despondency
- Dramatic changes in personality, mood and/or behavior
- Increased drug or alcohol use
- Says things like "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- Withdraws from friends, family, and normal activities
- Failed romantic relationship
- A sense of utter hopelessness and helplessness
- History of suicide attempts or other self-harming behaviors
- History of family/friend suicide or attempts

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# WHAT TO DO IF YOU SUSPECT SOMEONE IS THINKING ABOUT SUICIDE

- Start the conversation. Open the conversation by sharing specific signs you've noticed
- If you think they might be at risk of suicide, you need to seek help immediately
- Call a therapist or psychiatrist/physician or other health care professional who has been working with the person
- Remove potential means, such as weapons and medications, to reduce the risk
- Call the National Suicide Prevention Line at 1-800-273-8255 or call 911
- Listen, express concern, reassure. Focus on being understanding, caring and non-judgmental
- Don't promise secrecy
- Don't debate the value of living or argue that suicide is right or wrong
- Don't try to single-handedly resolve the situation, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.



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# WHAT TO DO IN A MENTAL HEALTH CRISIS

- If the situation is life-threatening or if serious property damage is occurring, **don't hesitate to call 911** and ask for immediate assistance
- When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved
- Ask the 911 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short. CIT officers are specially trained to recognize and de-escalate situations involving people who have a mental illness
- Report any active psychotic behavior, significant changes in behaviors (such as not leaving the house, not taking showers, etc.), threats to other people and increases in manic behaviors or agitation, (such as pacing or irritability).
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## FOLLOWING MENTAL HEALTH CRISIS

- **Work with professionals** on developing an adequate after-care plan that will ensure a supportive environment for the person with serious mental illness (structure, stability, consistency)
- **Maintain hope** - maintain a realistic sense of hope for the mentally ill relative - with time, most people with mental illness achieve a meaningful degree of recovery - focus on gaining knowledge, enhance interpersonal skills and accepting professional assistance
- **Encourage your loved one** to take responsibility for their mental illness
- **Put the mental illness into “perspective”** - don't let it define the family - use the slogan “There is life after mental illness” - experience joys as well as the sorrows

- **Learn to set limits:**
  - a) Set relationship limits with the loved one and clearly define which behaviors are unacceptable and which behaviors will not be tolerated
  - b) Set personal limiters - maintaining a healthy level of involvement in the person's life that allows the family member to live their own life
- **Develop a plan:**
  - a) For dealing with mood swings
  - b) For dealing with manic episodes
  - c) For dealing with depressive episodes

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## DEVELOP A PERSONAL ACTION PLAN

- 1) **Take care of yourself** – Getting a therapist during a family crisis is essential
- 2) **Take charge of your life** – Maintain focus on you while being supportive
- 3) **Become accepting:** What you cannot change
- 4) **Maintain a hopeful attitude**
- 5) **Learn about mental illness** – read NAMI literature and join the support group
- 6) **Improve your coping skills** – accept help of a professional
- 7) **Strengthen your personal support systems** – turn to your support systems

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## RESOURCES

NAMI - National Alliance on Mental Illness: [www.nami.org](http://www.nami.org) (800) 950-6264

NAMI Florida: [www.namiflorida.org](http://www.namiflorida.org)

NAMI Broward County: [www.namibroward.org](http://www.namibroward.org) (954) 316-9907

NAMI Palm Beach: [www.namipbc.org](http://www.namipbc.org) (561)588-3477

NAMI Main Services:

- 1) Family to Family - 12-week course for families and friends of individuals with mental illness
- 2) Family Support Groups - weekly and monthly

# THE ABC'S OF SELF-CARE

**By the time you came to this page, it will make sense to you that your own self-care is your responsibility** in repairing the relationship with the addict. How committed are you to “your own recovery”: Not to control, not to blame (including yourself), not to enable? How committed are you to go to therapy or support groups, have strong boundaries with everybody in your life and deal directly with your own problems and feelings?

This is a comprehensive alphabetical guide to be a part of the solution in your own family:

**ACCTION STEP** - go and do something about your life - it can range from therapy, life coaching, joining a spiritual group, couples' therapy or break-through weekends. Do something different - you will get different results.

**BREATHE** - We all do it, every second of every day. But have you ever just stopped for a few minutes to notice and focus on your breath? Close your eyes and bring attention to the natural flow of your breathing. In-breathe and out-breathe like the waves of the ocean. In a few minutes, you will start to feel more relaxed.

**COMFORT ZONE** - get out of it from time to time. Without discomfort - there is no growth. Learn something new or go to the cinema alone...

**DON'T** do anything for anybody what they can do for themselves.

**EMOTIONAL INTEGRITY** - what you feel, think, do is congruent

**FRIENDS** - Connect or re-connect with your friend or make new ones.

**GRATITUDE** - focusing on what you have, and not what you don't have - is the secret of happiness. Every day before you go to sleep, note three things you are grateful for.

**HUMILITY** - is the willingness to learn from everybody and everything - including from suffering, addictions, disappointments, and people who harmed us.

**INTERESTS** - getting in touch with the things you love to do for few hours a week will give the brain something other than work and stress to focus on. It will make you feel good.

**JOURNAL** - writing down your feelings can help you to manage emotions.

**KINDNESS** - be kind to yourself. We are often our own worst enemy, beating yourself up for things that did not work out. So, talk and treat yourself kindly.

**LAUGHTER** - When was the last time you had a really good laugh? Laughter relaxes whole body eases anxiety, fear, and stress.

**MINDFULNESS AND MEDITATION**- is **NON-JUDGMENTAL** awareness in the moment - it is about commitment to bringing self to a present moment and disengage from endless stories and judgments in the head. Formal mindfulness is practiced through meditation and yoga and informal mindfulness is practiced by you anytime you notice you are not present.

**ORGANIZATION** - Getting organized and decluttering areas of your life can be very satisfying

**POWERLESSNESS** means that the outcome is not in your hands. Admit powerlessness and give yourself permission to let go It is exhausting to control something or somebody that is out of your control.

**QUESTIONS.** When you need to make a big life decision, ask yourself a positive question: What would I do if I knew I could not fail? Or: What would I tell my best friend to do in the same situation? What person do I want to be and how my daily habits support that identity. If you want to be someone who is healthy and happy, what do you every single day to be that person? Our daily habits create our identity and destiny in a long run.

**RESPONSIBILITY:** Appropriate responsibility is when you take charge of your life and step into your power. Inappropriate responsibility is when you take on other people's responsibilities and their emotions and neglect yourself.

**SURVIVAL** - Stop to be a survival and be a thriver. Survival coping mechanisms don't work in adulthood - they will only make you live small and settled. There is more out there to do than just surviving.

**TIME** - If only we had more time...is a phrase we all are using. I am sure if we did, we would only fill with more things to do. We have 168 hours a week - we all have choices how to use those hours. When we waste time, we waste life.

**UNMANAGEABILITY** - Admit your life is unmanageable when you control, rescue, enable, take care of and make excuses for a self-centered person

**VICTIM NOT.** It is a role when you feel sorry for yourself, when you let others walk all over you, or when your thinking is limited. If you look more closely, you would see your part in any life situation. It takes courage. So, refuse to be a victim and become a creator of life you want.

**WILLINGNESS** as a spiritual principle is stopped by an illusion of control. If you find yourself arguing with a therapist or wise person - you are not willing.

**X-FACTOR** - We all have our very own x-factor - talent or inclination - whether it is dancing or making an amazing roast dinner - do it and do it often!

**YOGA** - is one of the most effective for any level of fitness or any age. It connects mind and body and that ancient remedy for balance and alignment.

**Zzzzzzz** - sleep well



# SUGGESTED SUPPORT GROUPS AND READING LIST

- NAMI – National Alliance on Mental Illness



[www.nami.org](http://www.nami.org)  
800.950.6264

- Depression & Bipolar Support



Alliance  
[www.dbsalliance.org](http://www.dbsalliance.org)

- Suicide Prevention Life Line



[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
800.273.8255

- Al-Anon



[www.al-anon.org](http://www.al-anon.org)  
800.344.2666

- Alateen (ages 12-17)



800.344.2666

- Nar-anon



[www.nar-anon.org](http://www.nar-anon.org)  
800.477.6291

- Family Anonymous



[www.familiesanonymous.org](http://www.familiesanonymous.org)

- **FA's E-Meeting**



[www.tabw.org](http://www.tabw.org)

A 24 / 7 Meeting.

Families Anonymous "E-Meeting" takes place through email messages that are sent to all group members.

- **FA's Meeting Without Walls**



Instructions...

<http://tabw2.8.forumer.com>

Voice Over Internet Protocol (VOIP)  
Sunday Evenings 9:00 PM EST

- **FACTs (ages 14-19)**



[www.FamiliesAnonymous.org](http://www.FamiliesAnonymous.org)

- **Families Anonymous**



**Concerned Teens**

800.736.9805

- **Co-Anon Family Groups**



[www.co-anon.org](http://www.co-anon.org)

520.513.5028

- **Gam-Anon**



[www.gam-anon.org](http://www.gam-anon.org)

718.352.1671

- **Codependents Anonymous**



(CoDA)

602.277.7991

- **Adult Children of Alcoholics**



(ACoA)

[www.AdultChildren.org](http://www.AdultChildren.org)

310.534.1815

## MENTAL HEALTH ISSUES:

- At Wit's End Jeff Jay & Jerry Boriskin, PhD
- I Am Not Sick, I Don't Need Help Xavier Amador
- The Bipolar Disorder Survivor Guide David Miklowitz
- Attempted Suicide: The Essential Guidebook for Loved Ones Juliet Carr
- Overcoming Borderline Personality Disorder: A Family Guide Valarie Porr

## ADDICTION ISSUES:

- It takes a Family Debra Jay
- The Recovery Book Al J. Mooney, MD
- The New Codependency Melody Beattie
- Codependent No More Melody Beattie
- Emotional Blackmail Susan Forward, Ph.D.
- Boundaries Dr. Henry Cloud & Dr. John Townsend
- It's Not Okay to be a Cannibal: How to Keep Addiction from Eating Your Family Alive Andrew T. Wainwright & Robert Poznanovich
- Where to Draw the Line Anne Katherine, M.A.

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