

Session 8: Families in Recovery



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

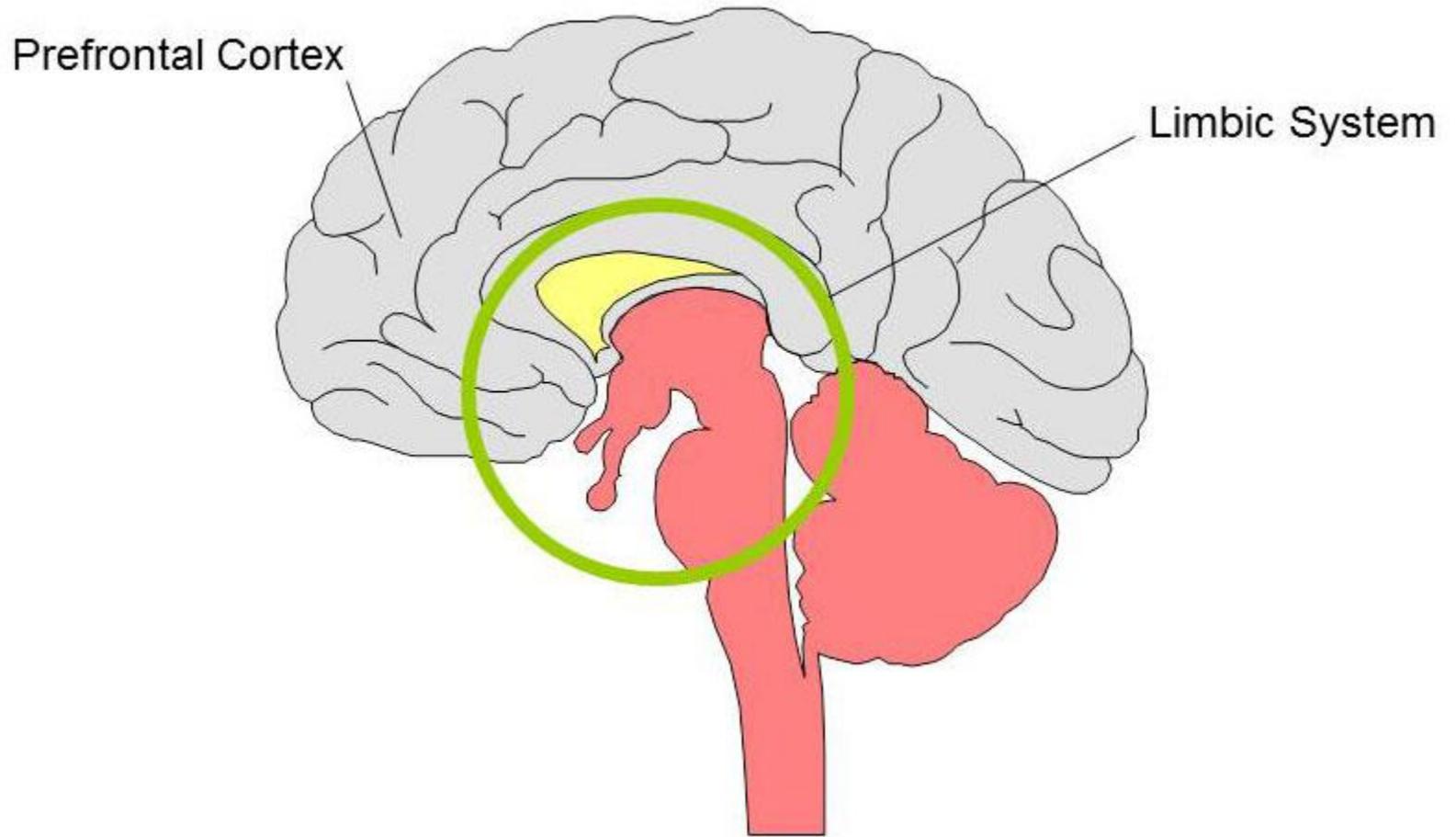
Who Makes Up a Family?

- Members of your immediate family (parents, siblings, partner, children)
- Extended family
- Friends
- Colleagues from work
- Mentors
- Anyone who will support recovery

What Is Addiction?

- Addiction is a physical and emotional response to chemicals we put in our bodies.
- Addiction is a medical disorder.
- It is not helpful to think of addiction in terms of morality and willpower.

Development of Addiction

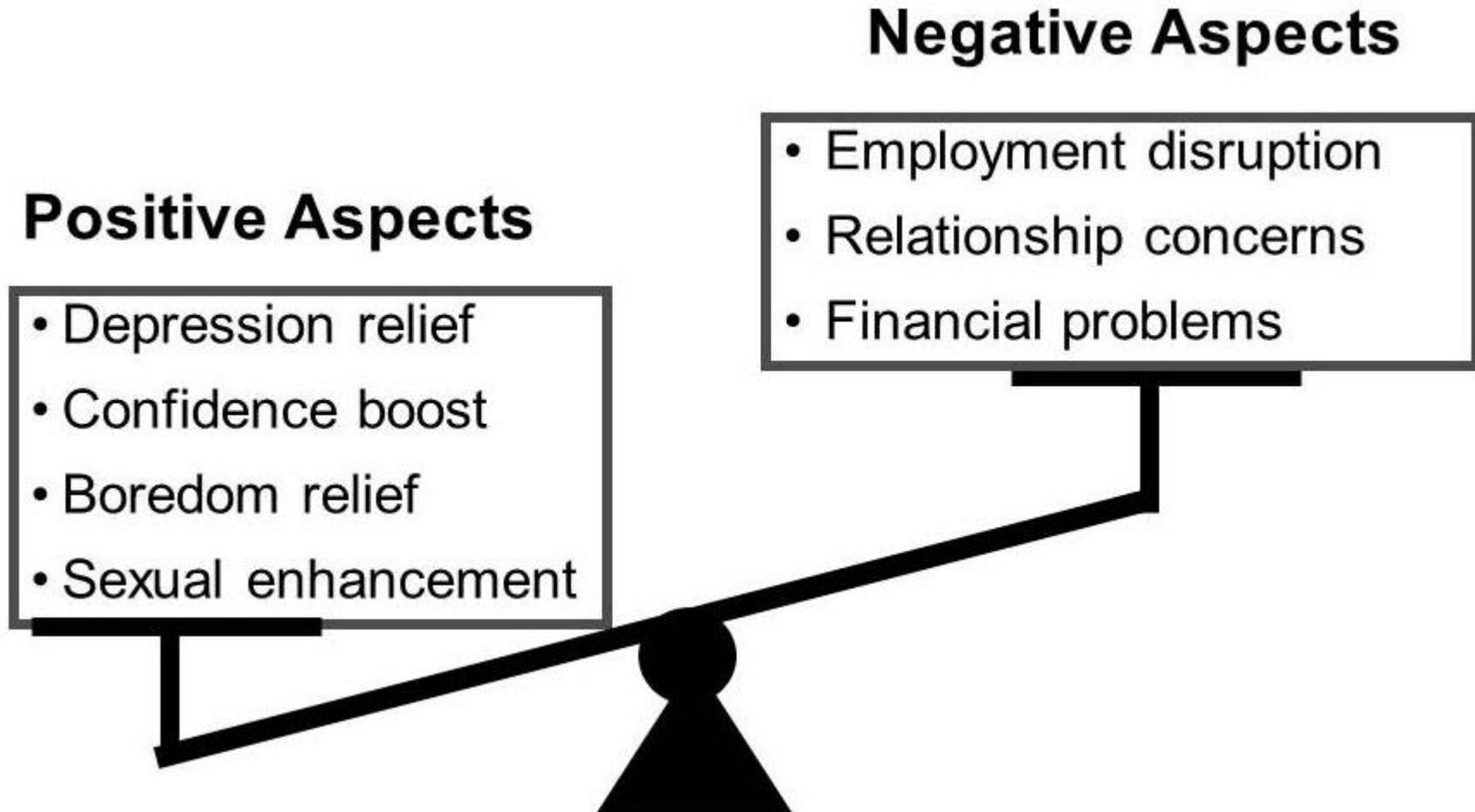


Development of the Craving Response

- Cognitive process—Prefrontal cortex
- Conditioning process—Limbic system
- Obsessive thinking

Cognitive Process

Beginning Stages of Addiction



Cognitive Process

Disenchantment

Positive Aspects

- Social currency
- Occasional euphoria
- Relief from lethargy

Negative Aspects

- Nosebleeds, infections
- Financial jeopardy
- Relationship disruption
- Family distress
- Impending job loss

Conditioning Process

Mild Cravings

Strength of Conditioned Connection:

Mild to Moderate

Triggers

- Parties
- Friday nights
- Friends
- Weight gain
- Extra money
- Intimate situations
- Depression



Responses

- Thoughts of meth
- Mild physiological arousal
- Eager anticipation of use
- Cravings as use approaches
- Occasional use

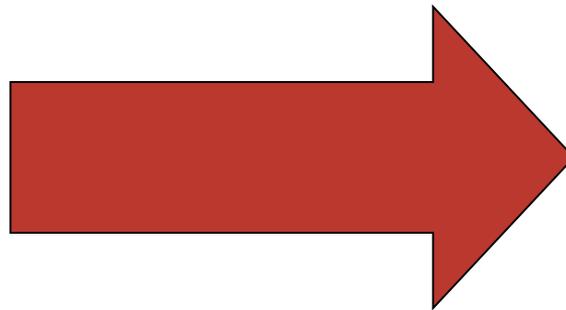
Conditioning Process

Strong Cravings

Strength of Conditioned Connection:
Strong

Triggers

- Weekends
- Friends
- Stress
- Boredom
- Anxiety
- Unemployment
- Loneliness



Responses

- Continual thoughts of meth
- Strong physiological arousal
- Strong cravings
- Frequent use

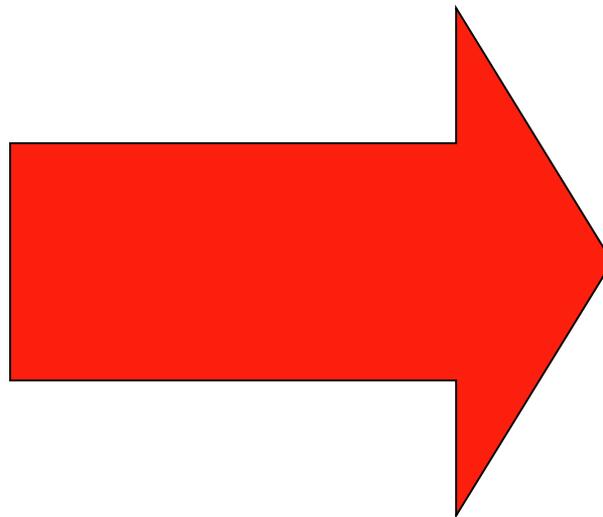
Conditioning Process

Overpowering Cravings

Strength of Conditioned Connection: **Overpowering**

Triggers

- Any feeling
- Day
- Night
- Unemployment
- Work

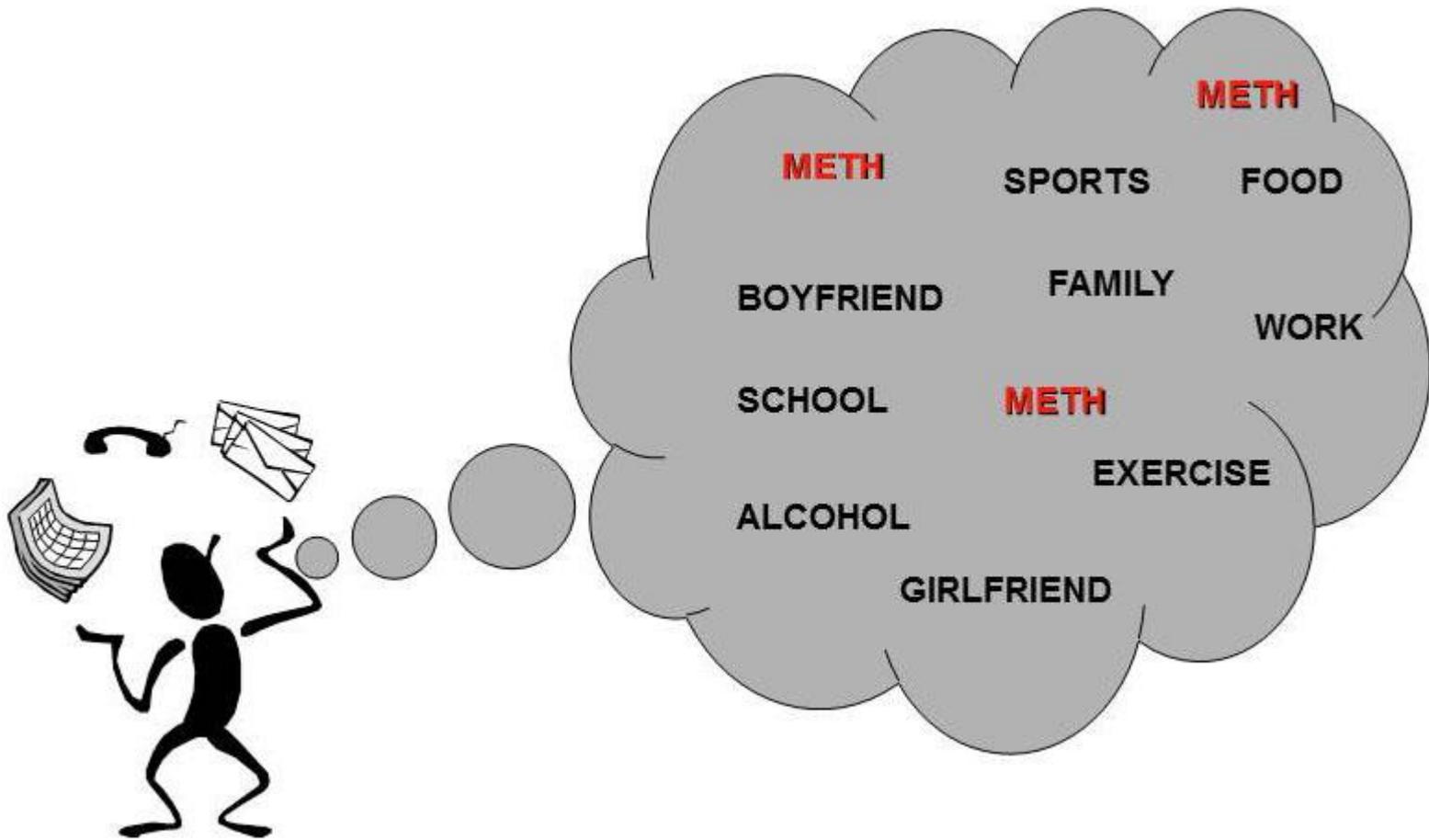


Responses

- Obsessive thoughts about meth
- Powerful response
- Intense cravings
- Automatic use

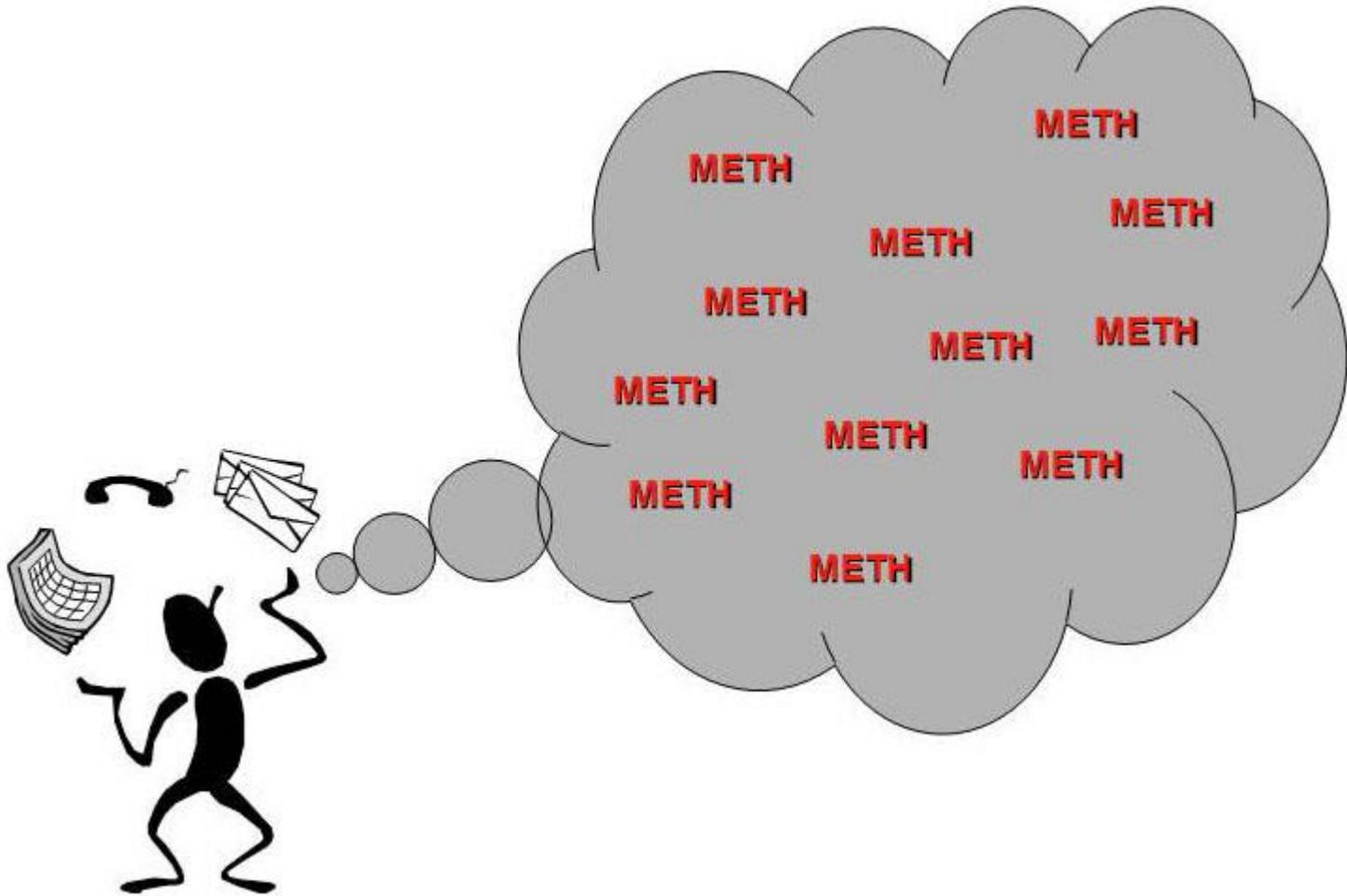
Development of Obsessive Thinking

Early Use



Development of Obsessive Thinking

Continued Use



Progressive Phases of Addiction

- Introductory
- Maintenance
- Disenchantment
- Disaster

Family Members' Response to Meth Use

Introductory Phase



- Unaware of problem
- Confusion regarding occasional odd behaviors
- Concerned about occasional neglect of responsibilities

Family Members' Response to Meth Use

Maintenance Phase

- Are aware of the problem
- Attempt to solve the problem
- Take on all responsibilities



Family Members' Response to Meth Use

Disenchantment Phase

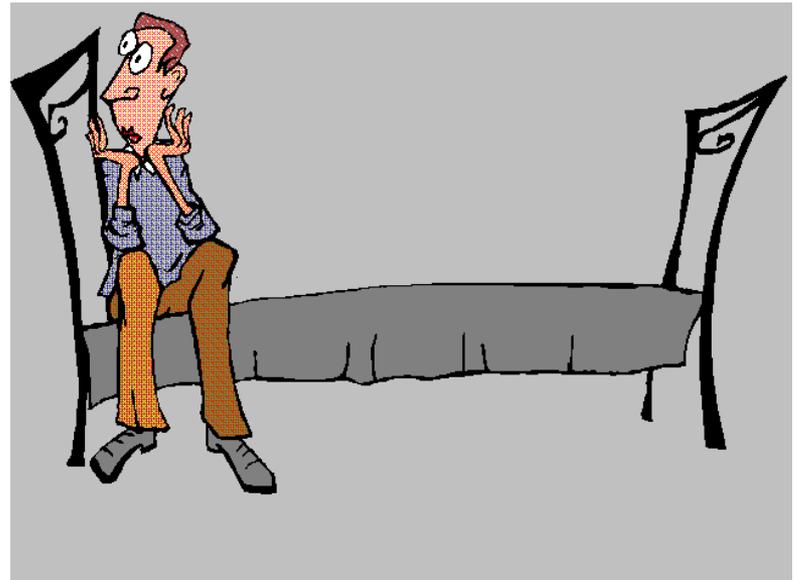
- Avoidance of problem
- Blaming the person who is using
- Blaming selves
- Guilt and shame



Family Members' Response to Meth Use

Disaster Phase

- Separation
- Internalization of bad feelings
- Resignation and hopelessness
- Establishment of unhealthy family rules



Benefits of Family Involvement

- Participation by family members is associated with better treatment compliance and outcome.
- Family members gain a clearer understanding of recovery.
- Family members and the person in recovery understand their respective roles and goals.
- Family members and the person in recovery get support in the recovery process.

Stages of Recovery

Stage	Duration
Withdrawal	1 to 2 weeks
Honeymoon	4 weeks
The Wall	12 to 16 weeks
Readjustment	8 weeks or longer

Withdrawal

- Lasts 1 to 2 weeks
- Craving and depression
- Low energy, difficulty sleeping, increased appetite, and difficulty concentrating

Honeymoon

- Lasts about 4 weeks
- Increased energy, enthusiasm, and optimism
- People often feel they are “cured” when they reach this stage

The Wall

- Lasts about 12 to 16 weeks
- Hardest stage of recovery
- Depression and irritability
- Difficulty concentrating
- Low energy and loss of enthusiasm
- High risk of relapse

Readjustment

- 8 weeks or longer
- The person in recovery and the family begin returning to more normal lifestyle
- After extended abstinence, the person in recovery and family members begin working on marital, emotional, and psychological issues that will strengthen the family

Goals for Withdrawal

Person in recovery

- Discontinue use of meth
- Learn specific techniques for avoiding relapse
- Learn about the process of addiction and about drug effects

Family members

- Decide to be part of recovery process
- Recognize that addiction is a medical condition

Goals for the Honeymoon

Person in recovery

- Improve physical health
- Identify personal triggers and relapse justifications
- Use targeted techniques to stay abstinent

Family members

- Work to support recovery
- Recognize and discontinue triggering interactions

Goals for the Wall

Person in recovery

- Maintain stable abstinence from all drugs
- Repair significant relationships
- Develop a recovery support system outside the treatment center
- Recognize and cope with dangerous emotions

Family members

- Decide whether to recommit to the relationship
- Begin finding ways to enrich own lives
- Practice healthy communication skills

Goals for Readjustment

Person in recovery

- Monitor components of successful recovery
- Recognize relapse indicators and prepare responses
- Clarify new roles in healthy relationships
- Set goals for continuing a new lifestyle after the program

Family members

- Accept limitations of living with a person in recovery
- Develop an individual, healthy, balanced lifestyle
- Monitor self for relapses to former behaviors
- Be patient with the process of recovery

Key Relapse Issues for People in Recovery

- Friends who use meth
- Environmental cues associated with meth use
- Severe cravings
- Protracted abstinence—the Wall
- Connection between meth and sex
- Boredom

Key Relapse Issues for Family Members

- Fear of the person in recovery returning to meth use
- Fear of being alone
- Lack of individual goals and interests
- Inability to release responsibility for the person in recovery