

**How to Support Recovery
and
Not Support Addiction**

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 Charles F. Gehrke MD

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For the next 75- 90 minutes:

1. Remember the title of the presentation is: "Support Recovery" - not create or cause it.
2. Put aside any preconceived notions and ideas you may have about addiction and Recovery.
3. Be open to new ways of thinking about how to respond to addiction and the addict.

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Objectives

- 1. Learn the ways we support addiction.
- 2. Learn the ways we can support recovery.
- 3. Improve our understanding of treatment.
- 4. Improve our understanding of Recovery.

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Glossary:

- **Addiction:** is a genetically-mediated primary, chronic, relapsing brain disease involving the reward, memory, motivational, and related brain circuitry which alters motivational hierarchies so addictive behaviors supplant healthy, self-care behaviors. (ASAM)
- **Codependency:** is the harmful over involvement by someone with the addict which enables the addict to resist treatment and harmfully affects the other's QOL. (ASAM)

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<p>Support Addiction by:</p> <p><u>Misunderstanding</u> <u>Addiction:</u></p> <ul style="list-style-type: none"> • Believe use is a choice • Enabling behaviors • Respond to behaviors • Inaccurate treatment expectations • Limited understanding of Recovery • Take care of things ourselves • Unwillingness to change 	<p>Support Recovery by:</p> <p><u>Understanding Addiction:</u></p> <ul style="list-style-type: none"> • Understand as a disease • Practice Detachment • Respond to the disease • Understand treatment • Understand Recovery • Ask for and accept help • Willingness to change
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Support Addiction

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Support Addiction:

- "I wish sh/e would....."
- "Why doesn't sh/e"
- "Sh/e should....."
- "If only sh/e would....."
- "Why can't sh/e"
- "Doesn't sh/e....."

- **Believe use is a choice**
- ...
- ...
- ...
- ...
- ...
- ...

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Support Addiction:

- Everything and everyone revolves around the addict – what they do/do not do.
- Work to connect with the addict by exaggerating our response
- Anger → Rage
- Concern → Panic
- Frustration → Retaliation
- Authority → Dominance
- Disagreement → Hostility
- **Fear** – motivates the responses

- ...
- **Respond to the addict's behaviors**
- ...
- ...
- ...
- ...
- ...

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Support Addiction:

- **Perfectionism:** unable to control the addict so everything else is under control.
- **Procrastination:** disaster seen in everything they might try or do – so don't do or try anything.
- **Caretaking:** take care of everything – pay the rent, make excuses, clean up messes.
- **Blaming:** transfer responsibility to someone else – until they can get their act together.

- ...
- **Respond to the addict's behaviors**
- ...
- ...
- ...
- ...
- ...

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Support Addiction:

Anger: often results from, fear, guilt, hurt

- Has three purposes:
 1. instruct the person (addict)
 2. protect the addict
 3. make an emotional connection
- Two kinds:
 1. response to unkind or inconsiderate treatment
 2. hurts of the past – fear of the future

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Support Addiction:

Enabling: is anything we do which gets between the addict and the consequences of their drug or alcohol use.

Why do it?

- desire for stability in our lives.
- believe it will help the addict get back their feet
- solve the addict's problem(s) → improve the addiction
- **Results in:** delay in intervention – delay in treatment – disease progression (serious illness or death)

- ...
- ...
- **Enabling**
- ...
- ...
- ...
- ...

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Enabling: (Refer to handout for more examples)

Rationalization:

- He ran off the road because he was up late last night studying and fell asleep at the wheel. (BAC 0.17)
- The job was very stressful so he drank to settle his nerves and they fired him.

Minimization:

- The accident wasn't serious, no one was injured. (BAC 0.15)
- It was a dead end job and I was going to quit anyway.

Cover for acts of omission or commission:

- Call the addict in sick when consequences of using prevent going to work.
- Make a mortgage payment when the addict is unable to make it.

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Support Addiction:

- **Acute Medical Illness Management:**
- **Treatment** → Discharge with care plan → **Recovery initiated** → several f/u visits → d/c from care with instructions (pt. is now on their own— like pneumonia, ulcer, etc.)
- Relapse: treatment doesn't work.

- ...
- ...
- ...
- **Inaccurate understanding of treatment**
- ...
- ...
- ...

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Support Addiction:

Recovery: “it’s easy - just quit drinking and change the way you do everything in your life.” (Recovering physician)

Usual Understanding:

- Addict is the sick individual
- Sh/e is the one who has to change after getting treated.
- I’m (family members) not ill, it’s not my problem.

Usual Expectations:

- * go to treatment → get better
- * resume normal life, living patterns - don’t use drugs etc.
- * go to some meetings
- * relapses: part of the disease

- ...
- ...
- ...
- ...
- **Inaccurate understanding of Recovery**
- ...
- ...

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Support Addiction:

Misconceptions:

- addiction is the result of problems or difficulties in the addict’s life.
- addiction is the result of bad decisions made by the addict

So:

- fix or alter the problems and the addiction will go away.
- give him/her a “new start”
- provide for an education
- try to “shake some sense” into them

Cycle of:

- threaten - punish/reward – relent
- Use what works with the non-addict –

- ...
- ...
- ...
- ...
- ...
- **Take care of things ourselves**
- ...

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Support Addiction:

- **Insanity:** (one of many def.)
- continuing to do the same thing repeatedly and expect a different outcome
- **Have a:**
- Reluctance to step back and ask ourselves how/what we might do differently.

- ...
- ...
- ...
- ...
- ...
- ...
- **Unwillingness to change**

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Support Recovery

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Support Recovery:

Disease: (definition)

1. State of ill health
2. Definable set of Si./Sx. (5 C’s)
3. Predictable course and outcome
(Jellinek Chart)
4. Cause(s) or predisposition maybe known (Genetics and Environment)
5. Abnormal function of one or more organs (Brain)

- **Understand addiction as a disease**
- ...
- ...
- ...
- ...
- ...
- ...

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2. Defined Set of Signs & Symptoms: (5 Cs)

Craving (Obsession)

2. Defined Set of Si./Sx.

- Craving (Obsession)
- Compulsion to Use
- Continued Use in spite of Negative Consequences
- Loss of Control
- Chronicity

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2. Defined Set of Signs & Symptoms: (cont.)

Compulsion to Use

- Loss of Control
- Continued Use in Spite of negative Consequences
- Chronicity

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3. Predictable Course and Outcome

Addiction's Progression

Early Phase → **Middle Phase** → **Late Phase**

no detectable effects of use → use begins to have an effect on the addict's life → uses to prevent withdrawal and feel normal – without treatment consequences increase

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3. Predictable Course & Outcome

Addiction and Recovery The Jellinek Curve

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4. Causes/Predisposition May/May Not Be Known

Genetics: (some have no fx. hx.)

- identical vs fraternal twins
- adoption studies

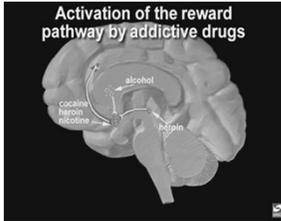
Environment:

- stress, drug availability,
- socioeconomic factors
- effect on gene expression (epigenetics)

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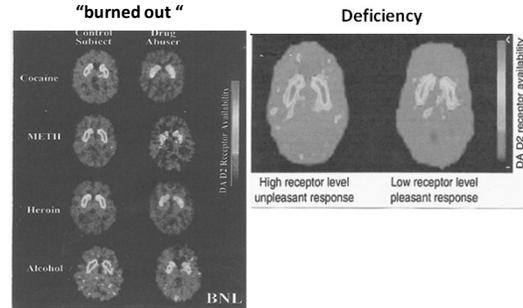
5. Abnormal function of one or more organs



- Is there an abnormality of the Reward Pathway?
- Do people with addiction have low dopamine because they have “burned out” their pleasure center?
or
- Do some people develop addiction because they have “reward deficiency syndrome” (decreased dopamine)?

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5. Abnormal function of one or more organs



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5. Abnormal function of one or more organs

Conclusion:

- Those who “enjoyed” Ritalin (amphetamine) had LOWER levels of dopamine.
- Those who found it “unpleasant” had NORMAL levels of dopamine.

Addiction is an abnormal response to reward

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Support Recovery:

Detachment: (“letting go”)

- Is the emotional separation from the damaging effects of our relationship with the addict and his/her disease.

Detachment Is Not:

- synonymous with inaction
- waiting for the addict to be ready for treatment
- minding our own business
- ignoring the addict
- discontinuing efforts to help the addict

- ...
- **Detachment**
- ...
- ...
- ...
- ...
- ...

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Support Recovery:

Detachment Means:

- Stop responding to behaviors
- Stop managing addict’s problems
- Take the focus off the addict and:
- Put the focus on us- regain our ability to make decisions.
- Take care of ourselves
- Have a healthy engagement with the world and other people.

Detachment Results In:

- making fewer false assumptions
 - freedom from paralyzing fear
 - being able to act – not react i.e. make decisions
 - taking action even if we are not certain of the outcome
 - helping in the right way
- How Do You Do This?
- with love
 - without turmoil
 - non-punitively
 - Practice – Practice - Practice

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Support Recovery:

- Research shows the longer the period of treatment the better the outcome.

Two Questions:

1. What happens during the time someone is in treatment?
2. What happens when the patient comes home?

- ...
- ...
- **Understand treatment**
- ...
- ...
- ...
- ...

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Support Recovery:

- **Treatment (Purpose of):**
- **Detoxification:**
- **Eval./Dx/Rx:** co-occurring med/psych illnesses
- **Education (lectures & conf.):**
 - addiction as a disease, relapse prevention, problem solving skills, healthy living strategies, AA/NA
- **Discovery (individual & grp. Rx and counseling):**
 - disease severity, associated problems (psych, med., social, etc.), effect on family, self, others, attend AA/NA mtgs.

- ...
- ..
- ...
- **Improve our understanding of Treatment**
- ...
- ...
- ...

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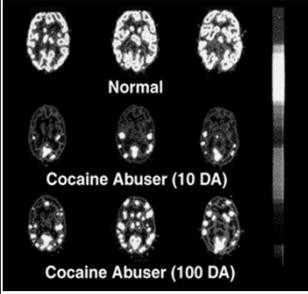
Support Recovery:

- **New Treatment Model** (PHP, pilots, attorneys)
- **Management of a Chronic Medical Illness:** (long term management)
 - (Heart disease, diabetes, hypertension)
- **Treatment**
 - ⇒ Discharge with an aftercare plan
 - ⇒ Supportive living situation,
 - ⇒ frequent f/u with providers
 - ⇒ continued f/u
 - ⇒ periodic adjustment to Recovery program as needed
 - ⇒ continues for indefinite time period
- **Treatment completed ⇒ Recovery Starts**

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Support Recovery:

Recovery (Brain blood flow)



Normal
Cocaine Abuser (10 DA)
Cocaine Abuser (100 DA)

Recovery for the addict/family:

- Is difficult
- Takes lots of hard work
- Takes action
- Is about changing behaviors
- Is about changing thinking
- Is about acquiring the ability to deal with life.

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Support Recovery:

- After Intervention: family starts organizing to Enable Recovery – while addict is in treatment (maybe before the intervention)
- Treatment program's aftercare planning includes the family
- Recovery is the expectation - not relapse
- Family develops and focuses their efforts on modeling behaviors which support Recovery
- Develop a response plan if a relapse does occur – be committed to using it.

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Support Recovery:

Family Recovery:

1. Rewards for positive behaviors
Consequences for negative behaviors
2. Urine Drug Testing
3. Twelve Step Program involvement
4. Positive role models and recovery mentors
5. Modified lifestyle
6. Active and sustained monitoring
7. Active management of relapse
8. Continuing care approach

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Support Recovery:

- **First Step:** Ask "Is what I/we are doing working?
or Does it just seem like it should work?"
- **Second Step:** Be willing to admit I/we may be incorrect in our assumptions.
- **Third Step:** Ask "Am I/we willing to endure the pain/discomfort of changing our focus/attitude/ approach?"

- ...
- ...
- ...
- ...
- ...
- **Ask for and accept help**
- ...

These are not the first 3 steps of AA/NA/Al-Anon/Nar-Anon.

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Support Recovery:

- **Education:** about addiction, treatment, codependency, - books, open AA mtgs., videos,
- **Therapy:** individ. &/or family, (use a therapist familiar with codependency, addiction, Recovery)
- **Mutual Support Grps.:** Al Anon, Nar-Anon, Alateen, Families Anonymous
- **Intervention:**
- **Be willing to talk/ask abt. addiction**

- ...
- ...
- ...
- ...
- ...
- **Ask for and accept help**
- ...

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Conclusions

Remember You

Didn't cause it – Can't control it, - Can't cure it

1. Taking care of yourself is one of the best ways to help someone else.
2. Supporting Recovery is like planting seeds: you have to sow lots of seeds to get results - it takes time to see results - there can be a crop failure.
3. Get an education about addiction.
4. Ask for and accept help.
5. Set boundaries/limits you can and will enforce
6. Be certain the addict/alcoholic knows help and support is available.
7. Ask the addict/alcoholic "How can I help to support your recovery"?

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Resources

- * *Love First:* Hazelden, 2000, 2008, Debra Jay
- * *It Takes a Family:* Hazelden, 2014, Debra Jay
- * www.lovefirst.net (Intervention, Treatment and Structured Family Recovery resources)
- * *The Selfish Brain: Learning From Addiction:* Hazelden, 2000, Robt. DuPont MD
- * Attend: Ala Non, Naranon, Family Anonymous meetings
- * Nat' l Inst. On Alc. Abuse & Alc.: www.niaa.nih.gov
- * Nat' l Inst. On Drug Abuse: www.nida.nih.gov
- * Attend education sessions whenever possible.

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Addicts and alcoholics are not bad people trying to be good but sick people trying to get well. *Connecticut Nursing News 3/2002*

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