Session 8: Families in Recovery
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

Prefrontal Cortex

Limbic System
Development of the Craving Response

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

*Beginning Stages of Addiction*

**Positive Aspects**
- Depression relief
- Confidence boost
- Boredom relief
- Sexual enhancement

**Negative Aspects**
- Employment disruption
- Relationship concerns
- Financial problems
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 unhealthful 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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Withdrawal</td>
<td>1 to 2 weeks</td>
</tr>
<tr>
<td>Honeymoon</td>
<td>4 weeks</td>
</tr>
<tr>
<td>The Wall</td>
<td>12 to 16 weeks</td>
</tr>
<tr>
<td>Readjustment</td>
<td>8 weeks or longer</td>
</tr>
</tbody>
</table>
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