

# SereneScene

Magazine For Long Term Healthy Lifestyles of Recovery

January 2014

## Grandparents Dealing with a Grandchild's Addiction

By Andrew Martin,  
MBA, CADDC II, SAP, CA-CCS

My Plan of Re-Entry  
By Wayne D.

12-Step Trek  
Worksheet

## Quieting the Hungry Ghost

By Richard Fields, Ph.D.

## Spelling Believe

By Sheryle Cruse

## Roman

By Jay Kolo



## Grandparents Dealing with a Grandchild's Addiction

By Andrew T. Martin, MBA, CADC II, SAP, CA-CCS

I often encounter an individual suffering from the disease of addiction who has no family resources other than the grandparents. For one reason or another, the grandparents are no longer in the support system of the adult grandchild. The grandparents often assume the role of the grandparents in these circumstances.

For the grandparents, this role is very difficult. Several factors contribute to the challenging supportive relationship of the grandparents and grandchild. Often the grandparents feel some sense of obligation toward the grandchild because they feel some self-blame for their grandchildren not being a part of the grandchild's support system. Additionally, the grandparents will often feel as if they are the last chance that the grandchild has.

The addict grandchild knows these things about the grandparents, and will use manipulation to get what they want out of the grandparents; often they want money, shelter or food. Unwittingly, the grandparents will enable the addict grandchild to continue drinking, using and acting out in the hopes that the grandchild will follow through on some of the false promises

made to the grandparents. The truth of the matter is that the grandchild is not capable or willing of handling their own wellbeing.

The task of helping a grandchild is sometimes torturous for the caring grandparent. I am often asked similar questions by the grandparents of patients of all ages. These grandparents all have two things in common: they want what is best for their adult grandchild, and they lack the knowledge and confidence to feel secure in their decision making capability.

This article is a compilation of questions that grandparents commonly ask when it comes to making decisions regarding their adult grandchildren suffering from the disease of alcoholism and addiction.

Question:

I think my grandchild is addicted, what do I do?

Answer:

It is my experience that by the time a grandparent thinks their grandchild is addicted, the grandchild most likely is. Usually, conversations between the grandpar-



ent and grandchild have already taken place, and the grandchild is normally adamant about being sober, or is adamant about just having a good time with friends. To be blunt, grandparents are simply not prepared to intervene on an adult grandchild by themselves. Addicts are clever, defiant, manipulative, abusive, untruthful, and at times charming. They know how to get their way; especially from their grandparents. The best course of action is to call in an interventionist if the grandchild will not cooperate at all, or to get an assessment from an addiction professional if the grandchild is somewhat compliant. Notice that I am using the word 'compliant' not 'agreeable': the grandparent should not worry about the grandchild's feelings if indeed there is an addiction at work. Grandparents must remember that addiction is a chronic and progressive disease that will end in death if it is not arrested. There is no time to waste when attempting to introduce abstinence to your grandchild.

Question:

How do I find an interventionist or an addiction professional?

Answer:

Interventionists can be located online through various directories, or can be located through an addiction treatment program. Regardless of where to begin the search, always look for certification as an interventionist, or licensure and accreditation for a treatment program. Here is a list of the most popular certification bodies for interventionists;

Association of Intervention Specialists

National Association of Drug & Alcohol Interventionists

Here is a list of licensing and accreditation boards for treatment programs;

California Department of Alcohol and Drug Programs (ADP)

Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Here is a list of certification bodies for chemical depen-

gency counselors;

California Association of Alcohol and Drug Addiction Counselors (CAADAC)

California Certification Board of Alcohol and Drug Counselors (CCBADC)

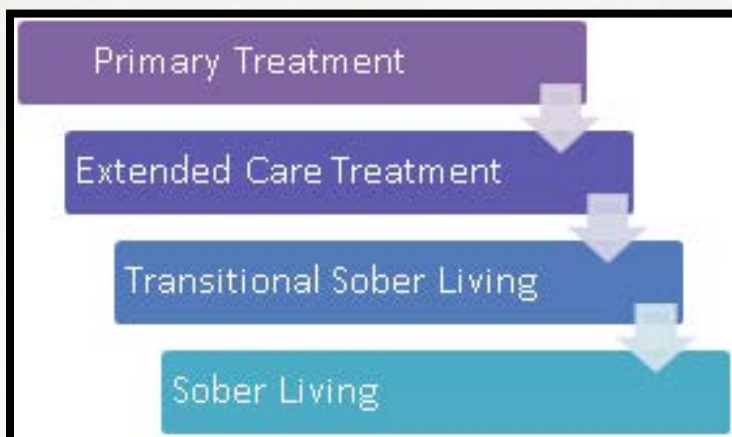
California Association for Alcohol/Drug Educators (CAADE)

Question:

What type of help does my grandchild need right now?

Answer:

Your grandchild will have individual needs, so there is not a blanket statement that can be made with regard to what type of treatment is best. The best course of action is to have your grandchild assessed by a drug and alcohol counselor. However, there are some guidelines that you must keep in mind when trying to get the proper help for your adult grandchild with addiction. Firstly, remember to begin where your grandchild is with regard to developmental capabilities, knowledge of addiction, willingness to get help, and physical/mental limitations. It will not do anyone any good if your grandchild is placed in a sober living environment without first having been a participant in a primary treatment program. Let me explain this another way: there is a continuum of care in the drug and alcohol treatment field. The continuum is as follows:



Each of these stages involves a different approach to treatment of the disease of addiction. In general, the primary treatment program should take between 30 and 90 days to complete. Once completed, your grandchild and you should have an excellent understanding of the disease of addiction. (Grandparents!

Be sure to attend the family program... or find one elsewhere while your grandchild is in primary treatment). The extended care treatment should take over anywhere between 31 to 180 days. The transitional sober living program should occupy between 61 and 365 days. And the sober living program should take place between 181 to 365 days. Each of these phases of treatment is a critical component of developing a long-term lifestyle of recovery. All in all, the treatment of your grandchild should take one year from start to finish. Anything short of that will reduce the likelihood of your grandchild's success in arresting their addiction.

Question:

What do I do if my grandchild uses drugs and alcohol while in treatment?

Answer:

Firstly, understand that chemical dependency is a chronic and progressive disease, and is partially characterized by relapses in sobriety. It is prudent to hope for the best, but be realistic that most addicts do have setbacks and relapses when they are struggling to find a lifestyle of recovery. If your grandchild uses drugs and alcohol in treatment, pause a moment and take into account the following factors;

How long did your grandchild use before returning to the program?

Did your grandchild admit to using, or was he/she caught using?

Does your grandchild accept responsibility for his/her actions?

Does your grandchild express appropriate remorse for his/her behavior?

Does your grandchild have a plan of action?

If your grandchild is following the continuum of care suggested in the previous question & answer paragraph, you will also be able to rely on the advice of the clinicians treating your grandchild, with the exception of customary sober living where there are no clinicians present.

After gathering as much information as possible, apply your knowledge to the information you have gained in the family program you attended during your grand-

child's primary treatment program. Try to be pragmatic and practical about the plan of action for your grandchild, and be sure he/she is cooperative with the plan. If you have not participated in a family program, I suggest you turn all decision making over to a chemical dependency counselor in order to obtain the best plan of action for your grandchild. Above all, remain calm and try to detach from the situation with love and understanding.

Question:

Why does my grandchild continue to make unhealthy choices that destroy his/her quality of life?

Answer:

The disease of chemical dependency (aka: addiction) is an illness that impacts many different parts of one's health;

<b>Physiological</b> mechanical, physical and biomedical functions	<b>Psychological</b> mental processes and behaviors
<b>Sociological</b> culture, religion, philosophy, social welfare	<b>Spiritual</b> metaphysical connection, emotional reverence

When the addict is active in using drugs and alcohol, they are going to exhibit symptoms in all of these areas of function. In a sense, the grandchild addict's cognitive functions are hijacked by the disease of addiction. While this is an over-simplification, it is this type of thinking that keeps your grandchild on the unhealthy path of destruction that is addiction. Many of the choices that a non-chemically dependent person can make on a daily basis are literally incapacitated in the brain of an addict. There are physiological changes in an area of your grandchild's midbrain called the nucleus accumbens: these changes make it nearly impossible for your grandchild to resist the impulse to use more alcohol and drugs when they are actively using. Furthermore, there are often severe cognitive distortions that blur the reality of the world around your grandchild, leading them to think they have no alternative but to use. Combine these symptoms of alcoholism and drug addiction with sociological aberra-



tions and spiritual discontinuities, and your grandchild has the perfect combination for repeatedly making unhealthy choices.

Question:

How do I keep my grandchild's addiction from destroying my family and my marriage?

Answer:

I often give family members advice that will likely prevent further destruction of the family system and restore broken relationships. Unfortunately, that advice is rarely implemented and the family system inevitably breaks down to the point that all parties lose their motivation to attempt to save themselves. I tell you this because I wish that you will pay close attention to the next part of this answer. In order to keep the addiction from destroying your family, you must get yourself into recovery as well.

Understand that addiction is a systemic disease that impacts the entire family system: it is not isolated to the addict/alcoholic. In order for the family system to be well, it must enter into recovery just as the addict enters into recovery. The recovery process for the family is different than the recovery process for the addict. Therefore, the recovery process for the family can take place regardless of whether the addict enters into recovery themselves. I encourage any family system that is impacted by addiction to enter into the recovery process as it will strengthen, bind, and unify the family system regardless of the addict's actions.

The recovery process for the family system, which includes grandparents, parents, other grandchildren, close friends, significant others, and loved ones, begins with accepting that everyone in the family system has been impacted by the addiction. Once accepted, it is possible to receive treatment in a number of ways. Perhaps the most common form of treatment is found within self-help programs such as Al-Anon Family Groups or Codependents Anonymous. Additionally, more targeted family treatments can be found through chemical dependency treatment programs that offer family counseling and family programs. Finally, a clinician that specializes in addiction can be a valuable resource for family system treatment.

Question:

How do I best support my adult grandchild with addiction?

Answer:

There are two sections to this answer. The first section deals with how to support your grandchild when they are attempting recovery. The second section deals with how to support your grandchild when they are not interested in recovery and remain active in their addiction.

If your grandchild truly desires recovery, then do all you reasonably can to support them ONLY in their recovery effort. This means providing support for treatment, attending self-help meetings (including AA, NA, faith based programs, Al-Anon, family workshops), medical and psychiatric attention, and eating nutritiously. Anything other than these areas of support are likely not specifically focused on your grandchild's recovery effort and should therefore be avoided.

If your grandchild remains active in their addiction and refuses your help, you are left with one of two decisions in order to help them the most. Firstly, you can contact an interventionist and hope that your adult grandchild will choose treatment. Secondly, you can detach with love from your adult grandchild with addiction. Though one of the most difficult things to do, detaching with love is the only way to keep yourself from going insane and teach your grandchild that they must take responsibility for their actions. By continuing support of your grandchild with addiction, you are allowing the addiction to take control of your own life: this must not continue or your grandchild will never seek the help they need.

Question:

Should my grandchild keep a relationship with drinking and drugging friends and family?

Answer:

One of the symptoms of chemical dependency is a triggering effect caused by people, places and things that are directly tied to past drinking and drugging. In general, your grandchild will need to detach from all triggers for a period of at least one year before the symptoms begin to subside. This includes family members and family functions that have a tradition of

drinking and/or drugging. The first year of recovery can be extraordinarily difficult for the both the adult grandchild with addiction and his/her loved ones. There is a pronounced level of detachment and loss associated with the need to change one's life in order to remain sober. However, the sadness and loneliness does subside and the joyful experience of life on the other end is always worth the struggle.

**Question:**

How often do I check in with my grandchild when they are working on their early recovery effort?

**Answer:**

Early recovery takes place for approximately 90 to 180 days of first date of treatment. These first months of recovery are extremely difficult for the addict and the family system. It is entirely understandable that you should want to communicate regularly with your grandchild to find out how they are doing. I would encourage to you communicate with your grandchild's counselor to determine a communications and contact routine with your grandchild. This is important as your grandchild will be experiencing tremendous mood swings, possible depression, and bouts with anger and fear of the family system. You must be strong and support the treatment process. It is within the first 180 days that many grandchildren with addiction will be drawn back into their addiction: not from drug dealers or bars, and not from old friends, but by family members who have not entered into their own recovery and do not respect the process of recovery. **SS**



Andrew Martin began his entrepreneurial approach to business in 1982 at the age of fifteen. Throughout his career, Andrew has fulfilled his duties as a senior executive in viable business ventures in various industries including; health care, sound reinforcement and lighting, electrical safety equipment, commercial catering, specialty metal

shapes manufacturing, and the entertainment overhead suspension industry.

Andrew's current business efforts are encompassed by Serene Recovery Network, a group of branded organizations with a common vision of helping people in early recovery to help themselves to a long-term rewarding quality of life without addiction. The individual businesses include Serene Center, a 36 bed transitional sober living facility in Long Beach, CA which also conducts outpatient counseling services, drug testing and monitoring, and outpatient detoxification. Serene Connections, a publishing and professional educational conference production company catering to the field of addiction treatment. Serene Directory, an online directory of professionals and organizations affiliated with behavioral and mental health. Serene Foundation, a micro loan lender providing funding for the continuum of addiction care.

Andrew has authored many articles related to addiction treatment, health care agency productivity, industry specialties, as well as business approach and leadership and has been published in Serene Scene, Behavioral Health, Freedom Newspaper, Sound & Video Contractor, Western Wall and Ceiling Contractors Association Bulletin, Connections Magazine (Australia), dB Magazine, EQ, Lighting & Sound International (Canada), Sound & Communications, Live Sound International (UK), Recording-Engineering-Production. Additionally, many patents and trademarks have been awarded to Andrew Martin for various business related products, brand names, and service marks.

Andrew is also very active in the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) Board of Directors and Sober Living Network. Andrew also keynotes for many organizations.