

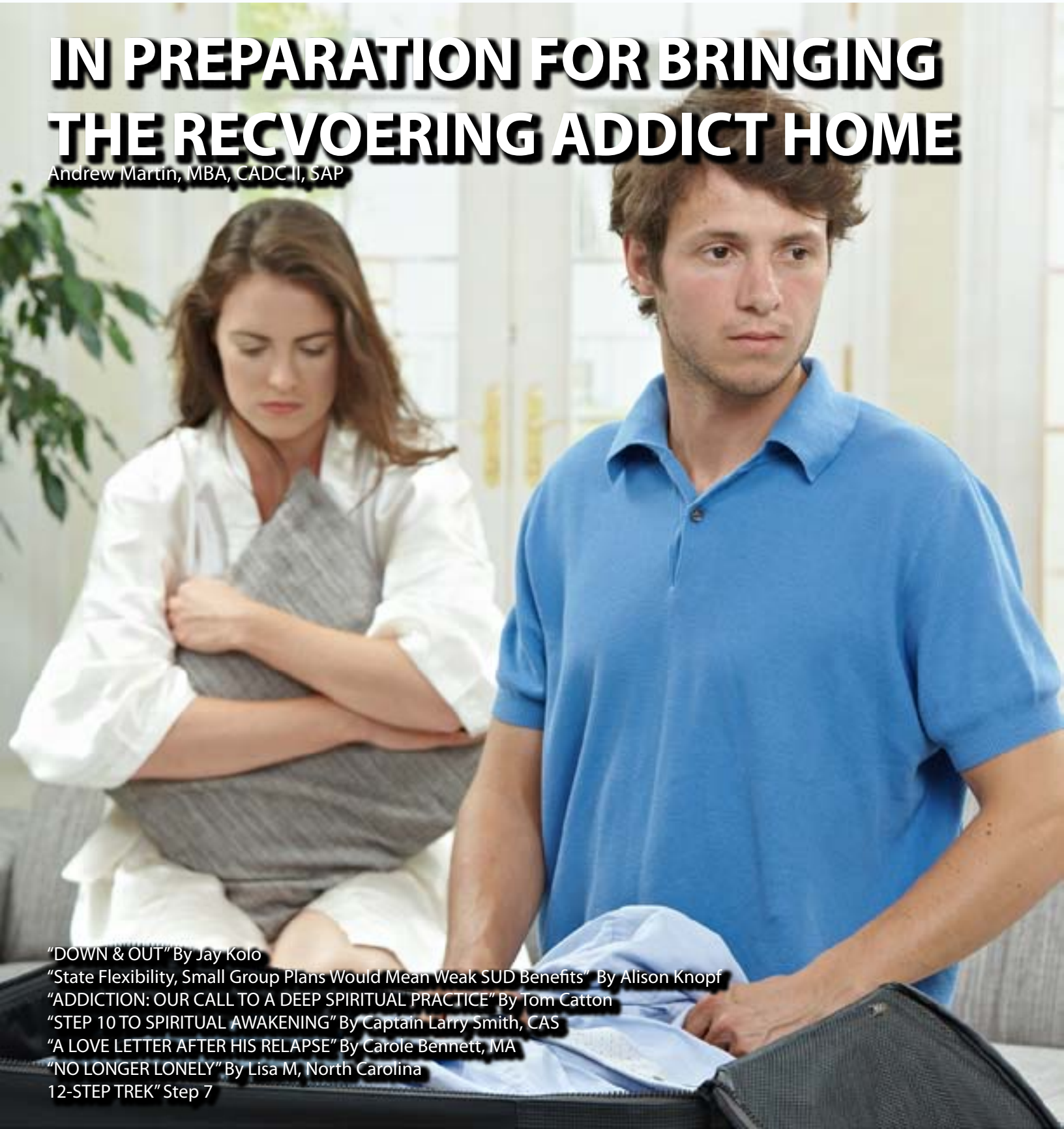
SereneScene

Magazine for Long-Term Healthy Lifestyles of Recovery

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IN PREPARATION FOR BRINGING THE RECOVERING ADDICT HOME

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"DOWN & OUT" By Jay Kolo

"State Flexibility, Small Group Plans Would Mean Weak SUD Benefits" By Alison Knopf

"ADDICTION: OUR CALL TO A DEEP SPIRITUAL PRACTICE" By Tom Catton

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12-STEP TREK" Step 7



as well as the family and support system around him/her. This type of suffering is unnecessary if the addict makes a commitment not to give up on their care until there has been sufficient time to truly build a rock-solid recovery program. Time is needed to reconstruct the skills necessary to live a life without the need for alcohol and drugs. After all, in the grand picture, one year is insignificant if the result is a remaining lifetime of joyful sobriety.

During this preferred twelve-month period of time when the addict is removed from the family environment, it is an invaluable opportunity for the family system to find recovery. The family system includes blood relatives as well as significant others and other very close and/or intimate relationships: These are the people upon whom we grow to count on to support us through life's trials and share with us life's triumphs.

Family systems with addiction can take on one or several characteristics. Most notably are the following:

Denial	Individuals within the family system cannot accept the addiction problem, so they deny its existence or minimize its existence. Or, they accept the problem of addiction, but transfer the responsibility to someone else.
Boundaries	The separation between individuals within the family system become blurred or diminished creating an environment of over-control and/or over-criticism.
Rules	Family system rules become dysfunctional; don't talk, don't trust, don't feel.
Communication	Triangulated communication between family system members targets the addict; communication in general becomes guarded, dishonest, indirect, and possibly abusive.

Denial	Individuals within the family system cannot accept the addiction problem, so they deny its existence or minimize its existence. Or, they accept the problem of addiction, but transfer the responsibility to someone else.
Recovery	Family system members get involved in self-help and counseling efforts, they take care of their spirit and body, and they participate in life beyond their family system.

Family systems with addiction also tend to practice some of the following family dynamics:

- Troubled Family Dynamic**
- Inflexible
 - Confusing rules that are impossible to follow
 - Boundaries are rigid, or are absent
 - Communication is indirect and covert, and feelings are not valued
 - Rebellion and dependence are encouraged
 - Conflict resolution is absent
 - Goals are destructive or inappropriate

A family system with addiction also tends to follow a set of rules resembling the following:

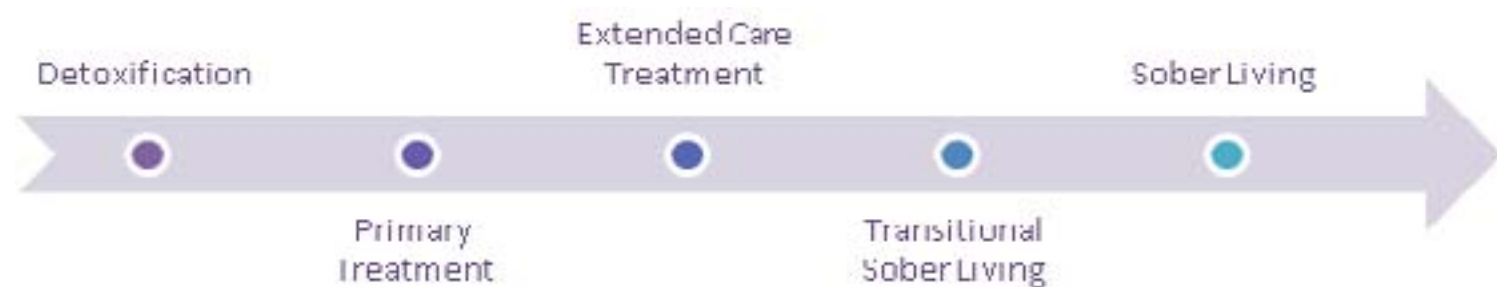
- The addiction is the most important thing in the family's life.
- The addiction is not perceived as the cause of the family's problems.
- The family system must not be upset or put through any pain.
- Everyone in the family system must rescue those in need.
- Family problems must remain inside the family system and be kept secret from the outside world.
- Individual feelings should not be disclosed.

Much is written about treating the addict for the disease of addiction and preparing the addict to come home. However, the addict is only part of the effective combination for recovery, as addiction is a systemic disease that significantly affects the family as well. This article will explore the role that the family members play in the treatment of the systemic impact of addiction, insofar as preparing the family system to receive the recovering addict back into the home environment.

For the addict, the continuum of care begins with a primary treatment environment and eventually leads to transitioning into an independent life without formal

support. The actions of the recovering person while following the continuum of care makes all the difference in the success that person will have in long-term recovery.

Most professionals in the addiction treatment industry agree a twelve-month investment into the continuum of care will result in the best possibility of long-term recovery. This one year commitment recommendation may seem like a long time for someone to invest into their recovery, but consider the alternative. Left untreated, or partially treated, the disease of addiction will progress and quality of life will suffer for the addict



It is clear that the family system is not healthy when there is addiction identified somewhere within it. The important thing to remember is that once the addict is removed from the family system, the family system does not usually get better without help. In other words, even if the addict is removed from the family system, the unhealthy behaviors within the family system will continue unless the family system also works on getting well.

Considerations for Family System Recovery

The recommended twelve months that the addict is receiving treatment and support is a blessing to the family system; it provides the family system the time necessary to begin the road to recovery itself. Hopefully each individual within the family system will waste no time in pursuing treatment and support.

One of the most valuable tools a person can learn is the skill of behavioral self-awareness. At first, it may take a serious effort to analyze one's own behaviors throughout the day; and over time, the self-awareness will become automatic.



The goal of behavioral self-awareness is to identify associated behaviors pertaining to the problem and/or the solution. As an example, the Caretaker may instinctually act on behalf of the addict in order to keep the addict from suffering the consequences of their own actions. In doing so, the Caretaker accepts responsibility for the addict in an unhealthy way. In order to shift

out of the Caretaker role, the Caretaker must recognize that their behavior is unhealthy. If the Caretaker calls the Addict's boss to report that the Addict is ill and will not be coming in to work, when really the Addict is under the influence, the Caretaker is acting in an unhealthy way. It is the responsibility of the Caretaker to recognize that making the telephone call to the boss is unhealthy. Once recognized, the Caretaker will likely tell the Addict to make the call themselves.

While being aware of one's own behaviors is difficult, it is easier when others help. Involvement in self-help programs is likely one of the most effective ways to construct a new support system of individuals with similar experiences. Self-help programs such as Al-Anon and Codependents Anonymous are terrific in educating family members about healthy vs. unhealthy behaviors, as well as providing support and community for shifting to more healthy behaviors. These self-help programs are valuable for all members of the family system, including the Addict. As an integral part of the family system's recovery effort, self-help is crucial.

Therapeutic support is also beneficial for many family members. Therapists are trained in methods for creating awareness when individuals are having trouble with self-disclosure. Therapists are also very useful when crisis or trauma results from an unhealthy family dynamic. Often therapists are included in family system sessions in order to encourage effective and healthy communication between family system members.

A family system in recovery will exhibit continual efforts to improve each individual's recovery, as well as the family system's recovery. While the road of recovery is challenging, it is one of the most enlightening experiences one can have. In building strength amongst individuals within the family system, the entire family system will be affected for the better. Everyone has the capability and ability to choose more healthy behaviors and a more healthy and joyous life. Choose recovery.



Getting Ready to Bring the Recovering Addict Home

In preparation for bringing the recovering addict home from a sober living environment the following partial list of questions has been developed to assist as discussion points for the family system and the recovering person. It is imperative that these topics and others are discussed in detail in order to insure the best possible outcomes when the family system re-engages.

Planning

- Is moving the recovering person home a part of a pre-determined plan for reintegration?
- How long have you been seriously thinking about the recovering person moving home?
- Is there a particular event or situation that is causing you to consider bringing the recovering person home?
- Who was involved in creating the family plan for reintegration?

Communication

- Have you discussed the reintegration plan with other family members, your counselor, therapist, sponsor, etc.?
- Are you open to hearing feedback from your support system?
- Is the feedback you are receiving generally supportive, or not supportive?
- What are the concerns that your support system has?

Reality Check

- Are you being completely honest with yourself, the recovering person, and with those around you?
- How will reintegration change your life?
- What concerns do you have about reintegration?
- What excites you about reintegration?
- What scares you about reintegration?
- What saddens you about reintegration?
- What makes you happy about reintegration?

Relationships and Support

- Who have you made strong emotional bonds with through your recovery effort?
- Will you be able to continue to interact with them?
- How will you interact with them?
- Will you be able to continue with your regular self-help groups?
- Do you have a sponsor or family therapist that understands addiction?
- Will you be able to keep your interaction with your sponsor or therapist?

Spirit

- Do you have an understanding of your spiritual self?
- How will you continue to work your spiritual practices?

Environment

- What are the things you like best about not having the recovering addict at home?
- What are the things you do not like about not having the recovering addict at home?
- How will you replace the good things about not having the recovering addict at home once they are home?

Acting Out and Using

- When were the times you wanted to act-out and did not?
- What and who helped you through that difficult time?
- Will those same tools and people be in place after

reintegration?

- Does the recovering addict request that you not drink or use once they are back at home?
- How will you need to modify your drinking/using activities once the recovering person is home?

Staying in Recovery

- What are the things that help you stay in recovery?
- Are those things available after the recovering addict is back home?
- How will you continue those things after reintegration?

Finance

- How will you pay for housing, utilities and food after reintegration?
- How will you pay for transportation after reintegration?
- How will you pay for entertainment after reintegration?
- How will you pay your debts after reintegration?
- Do you have experience with making these payments?
- Do you have a savings account funded?

Work

- Has the recovering addict been working a regular job for some time?
- Are any job changes planned in the near future?
- How do you feel about going to work every day?
- Are you secure in your job?
- What is your plan if you lose your job?

Relapse Intervention

- How will you go about intervening on a relapse process after reintegration?
- Do you have a support group around you that will tell you if you are in a relapse process?
- Have you given those in your support group permission to speak up?
- Do you have a firm understanding of your relapse process behaviors?

- How will you react if the recovering person enters a relapse process?
- How will you inform the recovering person that they may be in a relapse process?

Intervention

- If you begin acting out, what is your plan?
- How will your support group react if you act out?
- How will your support group best support you if you act out?
- Is the recovering person a part of your support group?

Stress

- What stressors have you not dealt with before reintegration?
- What is your plan to deal with those stressors after reintegration?
- What is your plan to deal with excessive emotions?

Life

- What are the things you enjoy most about life?
- What is your plan to continue to include those things in your life?



Reintegration is challenging because the recovering person has worked to significantly change much of their behaviors and have experienced tremendous growth in self-awareness and coping mechanisms. Additionally, each individual in the family system has worked diligently to significantly change much of their behaviors and have experienced the same type of growth in self-awareness and coping mechanisms.

Moreover, while all parties involved have progressed, there remains a great deal of work to be done, which can lead to elevated stress within the combined family system. Great attention to the health of every party within the family system must be contemplated at all times for a successful reintegration. It is natural for the family system to watch out for the recovering addict, however much of the time it is the family system that is relapsing long before the recovering addict.



Finally, the recovering addict has been educated and has participated in healthy coping mechanisms for some time before reintegration. If the family system is not prepared to act in commensurate healthy ways, the recovering person may choose to leave the family system for a more healthy environment rather than be dragged back into a family dynamic that will inevitably cause relapse for the recovering person.

There is much to consider before reintegration. Being prepared to make healthy choices will tremendously influence the family system's success at leading a long-term fulfilling lifestyle of recovery. **SS**



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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.