

# SereneScene

Transitional Sober Living Magazine

www.serenecenter.com

September, 2009 Issue

### 12 STEP TREK

Step #12: Exploring the Spiritual Awakening 12 Step Worksheet Series Courtesy of Serene Center, Long Beach

# POINT OF RETURN MONTHLY STORY

Real Recovery
Ted F.

## ESTEEM

Its Effect on You and Others Michael G., Author of Hope In The Morning

# BEHAVIORAL HEALTH CENTRAL SPOTLIGHT:

Q&A With TRI's Amelia Arria on Peer and Parental Pressure's Motivating Effect on College Students Fighting Addiction Dennis Miller, Senior Writer, BehavioralHealthCentral.com

# PATIENT TYPES WITH BUPRENORPHINE TREATMENT

A Focus on
This Mainstay
Treatment for
Opiate Addiction
and Recovery
Courtesy of Serene Scene's
Medical Editor, Richard Gracer, M.D.

# RECOVERY AS AN INITIATION RIGHT

Insights on Recovery as A Right of Passage Dr. Allen Berger

# PARENTS CHANGE THE DYNAMIC OF RECOVERY

A Focus on What Helps and Hinders a Child's Recovery Andrew Martin, MBA, CADC 1

Andrew Martin, MBA, CADC I



Dealing with addictions in children, including alcoholism, chemical dependencies, and process addictions such as gambling and sex, are very difficult for the parents of the addict. This is true whether the child is twelve years old or forty-five years old; as the parent often copes with the same emotions and behaviors regardless of the child's age. This article will explore how the parent can change the dynamic of the parent-addicted child relationship, with or without the child's cooperation, and help to create a more healthy and joyous life for the parent.

It may be helpful to first examine typical parent-child behaviors in a non-recovering environment. Within this environment, the child is actively engaged in their addiction, and the parent is also actively engaged in the addiction of the child. In other words, the addiction is the focus of both the parent and the child. The parent wants the child to quit their addictive behaviors, and the child wants the parent to take care of them so they can continue to use alcohol, drugs, and act out their unhealthy behaviors. It is important to note that the parent and the child may desperately want the addictive behaviors to stop, however the appropriate healthy behavior modifications are not implemented in order to deal with the addiction.

In a parent-child dynamic wherein both parties are unknowingly and/or knowingly participating to preserve the addiction, the following common behaviors exist:



Andrew Martin, MBA, CADC I



Enabling addiction by providing shelter, food, money, and security

Denying that the alcohol, drugs and addictive behaviors are the problem

Taking responsibility for child's behaviors and consequences

Worrying about child's safety and wellbeing to the detriment of the parent's health

Attempting to control the child's access to alcohol, drugs, friends, and environments

Do not share emotions or do not share what you really want to say for fear of upsetting the child

Keeping up the impression that the family is healthy and normal

Being a martyr



Manipulates parent through guilt, shame, and fear

Denying that the alcohol, drugs and addictive behaviors are the problem

Shrugging all responsibility for behaviors and consequences

Narcissistic behavior, only caring about one's self, and manipulating parent's concern

Lying, cheating and stealing to gain access to alcohol, drugs, friends, and environments

Pretending that all is fine, and if confronted with concern overreacting in the extreme

Shames the parent into thinking their addiction is caused by the parent

Being the problem



Andrew Martin, MBA, CADC I

It is clear that the parent-child dynamic in a non-recovering environment are troubled at best: not because the parent and/or the child want a troubled environment, but because both parties lack the information and motivation to change into more healthy behaviors. It is understandable that a parent may retaliate against a child's inappropriate behavior. After all, when a child is small and still developing and learning the skills necessary for survival, the parent is able to use positive and negative reinforcement tools to help the child learn. However, when the child suffers from the disease of addiction, punishment and coercion are no longer effective tools.

There is good news; and it has to do with the functioning of a family system. Within any family system it only takes one individual to make a healthy change in behavior, and the others in the family system must react. In a practical application, this means that the parent can educate themselves on more healthy behaviors with regard to interacting with the addict child, and then incorporate more healthy behaviors within the relationship. The child will have to react to the new set of behaviors that the parent is exhibiting. And the same is true for the child that incorporates more healthy behaviors, as the parent will have to react.

The reaction to behavioral changes within the family system is not always predictable. Sometimes the parent will make tremendous progress and the child will not; or the converse may be true. If both the parent and the child choose to incorporate healthy behavioral changes, the entire family dynamic improves and begins to move from a troubled to a nurturing environment. A nurturing family system is an incredibly beneficial experience for all involved in both early recovery and long-term recovery development.

As this article is written primarily for the parent, it may be helpful to explore several common parental behavioral changes that can make a significant positive impact on the family system in early recovery.

#### **ENABLING** DENIAL -Denying that the alcohol, drugs, -Enabling child to continue and addictive behaviors are the addictive behaviors, by providing Old problem Old food, shelter, money or security -Accept the family disease of addiction as -Only support child in recovery effort action the problem -Learn about addiction and treatment, and -Follow through on elimination of support if Choice that addiction cannot be cured Choice child chooses path of no recovery Child must choose a life of addiction without -Parent begins treatment to deal with the support or choose a life of recovery family disease -Parent must let go of the child's responsibility -Parent only supports child in recovery efforts New New for making their own decision



Andrew Martin, MBA, CADC I

#### RESPONSIBILITY WORRY -Worrying about the child's -Taking responsibility for child's wellbeing to the detriment of the behavior's and consequences Old parent's health Old -Adapt appropriate concern for the child -Accept that the choices and problems of the child belong exclusively to the child Accept that addiction cannot be controlled -Accept that addiction is not caused by Choice Choice anything the parent said, did, or can do -Parent works a treatment program of -Only support the child's recovery efforts family recovery -Parent builds a network of supportive -Allow the child to suffer the consequences New individuals for guidance and relief New of their actions, no matter how serious

While the listed behavioral modification plans are very significant steps toward a more healthy and joyous life for the parent, and for the child in the long-term, there are many more issues that have not been presented in this article. Parents are encouraged to pursue family treatment with a clinician combined with a self-help support group in order to effectively deal with all of the issues surrounding the family disease of addiction.

Counseling and therapy with a clinician that is a specialist in addiction issues is one of the most important steps that a parent can take when a child is suffering from addiction. It can often seem like the problem lies with the child alone, however addiction is a family disease and the damage it causes are deep rooted within the family system. Help with addiction must come for the entire family system to be fully effective in combating the disease in the child.

It is commonplace that the parent chooses not to educate themselves on addiction, and chooses not to get help from a clinician, and chooses not to get support from a self-help group such as Al-Anon or CODA. Instead, the parent often adopts the stance that the problem is the child's alone; or, since the child is not getting help, the parent does not need to pursue help either. These thought processes are deceptive and injurious for the parent. As discussed previously in this article, if one person changes behavior then the rest of the family system must compensate. As the parent is the individual in the family system that is most respected for leadership within the family system, it is vital that the parent seeks education and behavioral change. If the parent chooses not to change, then why should anyone else within the family system? And to state the obvious; if there is no change, the addiction problem will only get worse and worse for the parent and the child.

Because addiction is a chronic and progressive disease, it is also necessary to address behavioral changes in the long-term. With a long-term recovery program, both the parent and the child will be able to live a lifestyle of joy and connection.



Andrew Martin, MBA, CADC I

Of paramount importance is that both the parent and the child work a separate recovery program for as long as they wish to continue a healthy family dynamic. That means a recovery program may need to be worked for a lifetime. The parent should continue their own recovery program even if the child does not. By enhancing one's life with a recovery program, it reinforces appropriate and healthy behaviors regardless of anyone else's unhealthy behaviors within the family system. When the parent works a recovery program it is truly a gift of freedom and enhancement of life.

Without a long-term recovery program, many a parent has fallen into unhealthy sociological processes, addictive behaviors, psychological disorders, psychiatric disorders, and physical health problems. This is not an overstatement: a recovery program is a necessity for the parent regardless of the child's behavior.

Perhaps it will be beneficial to outline an effective recovery program for the parent at this time. To begin with, any recovery program is individualized; there is not a 'one size fits all' program of recovery. However, there are several broad scope areas of a recovery program that are very effective for all parents. The following is a table describing these areas:

#### **SELF-HELP**

Supportive community of individuals with similar experiences who are willing to share their experience, strength and hope in an organized, safe, non-judgmental, and confidential environment.

#### **CLINICAL HELP**

Doctors, therapists, educators, and clinicians who are willing to assist with physical illness, sociological problems, anxiety issues, depression, and cognitive behaviors in order to create a healthy mind and spirit.

#### **FAMILY HELP**

Therapists, educators and clinicians who are willing to assist in family dynamics, communication, and dependency issues for the parent in order to create healthy boundaries and roles within the family system.

The best place to start is with a counselor who works with addicts and their parents. The counselor will be able to refer the parent to appropriate resources in their area. To locate a family counselor who is a specialist in addiction, contact local treatment programs and ask for a referral, or contact Serene Center for a referral. Serene Center can be contacted by telephone at: 1-TO MY SERENITY or 866.973.7364 or contact by email at:

#### help@serenecenter.com

Keep hope in your heart and mind, addiction can be arrested, and there is a bright future for all if steps are taken to make it so. **\$\$** 

www.serenecenter.com