Sunshine Coast Health Centre
Georgia Strait Womens Clinic

Family Services
HANDBOOK

Sunshine Coast Health Centre | Georgia Strait WOMENS CLINIC

Our Philosophy

CONFIDENTIALITY

As licensed health care facilities, SCHC and GSWC are bound by a Code of Ethics and by the laws of British Columbia. Among other things, this means that we must protect the personal information of any client unless the client provides written permission for us to disclose this information to a third party. Due to this, at times we cannot share details about your loved one's care. We ask that family members respect the autonomy of their loved one and their choice of how much information to share about their well-being.

POSITIVE AND PRODUCTIVE (NO SHAMING)

Our program has a positive tone. Shaming, confrontation, and other negative practices are not accepted.

We adhere to scientific and therapeutic best practices. All the information is based on sound research.

For example, you will not hear us talk about "codependence". Although this word shows up in many books and websites, researchers have never found any evidence to support it.

Similarly, you will not hear us tell you that you're an "enabler" who is inadvertently helping your loved one maintain an addiction. The reality is you were very likely doing the best you could to deal with a very baffling and emotionally draining condition that your loved one is suffering from.

INTRODUCTION TO THE Family Services

Our Family Services are designed for the family, not the client.

SCHC and GSWC's virtual family services are designed for the family, not the client. We offer a 13-part series that discusses the scientific understanding of addiction, so you'll understand a little better what is happening with your loved one. In our virtual family sessions we'll help you discover how you have been making sense of your loved one's mental health and dealing with it. Very likely, you'll discover that what you're doing isn't working very well, so we'll provide you with a positive and constructive approach that will be more useful.

Our 13-part email series is primarily educational, while our virtual family session is an open dialogue focused on supporting participants. The reason for this is that our counselling code of ethics prohibits working on any issue that cannot be resolved quickly. It would be inappropriate for us to explore issues that require far more work that what we could accomplish in two hours.

For deeper work, our family services counsellors can provide short-term support. We encourage you to connect with clinics and therapists in your hometown to work through issues. Our family services team can help you find these resources if needed.

Mental Health

Fluctuations in mental health are considered a typical and expected part of life. For various reasons, including genetic predispositions and exposure to high stress events, individuals can move past the range of what is typically expected and develop an illness or mental health disorder.

MENTAL HEALTH CONTINUUM MODEL

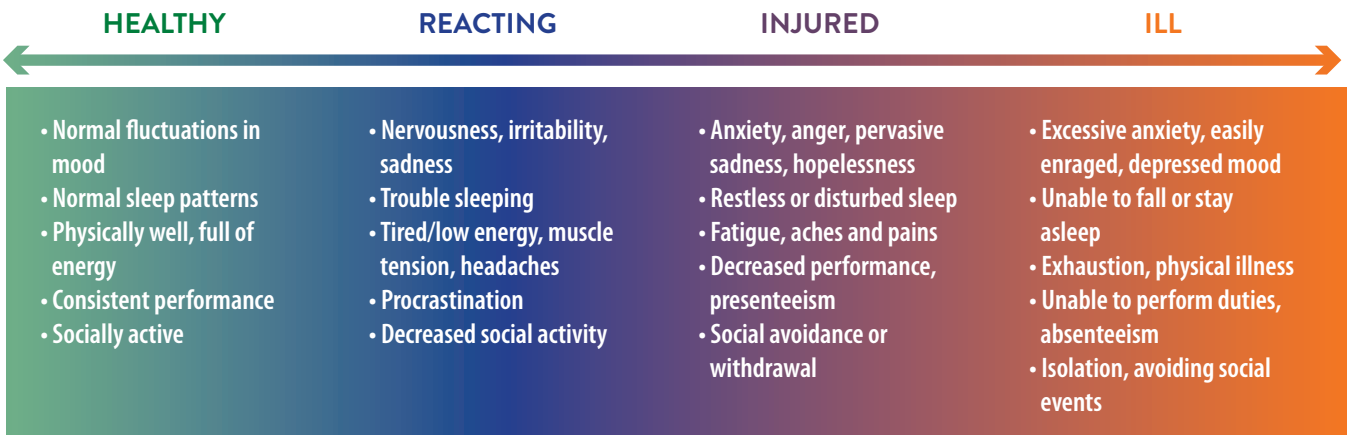


IMAGE SOURCE: BC EMERGENCY HEALTH SERVICES

In North America, mental health disorders are categorized according to the DSM- 5 and describe syndromes characterized by significant disturbances in an individual's cognition, emotional regulation, or behaviour. Treatment for all mental health disorders are optimally approached by a holistic understanding of the entire person including biological, social, psychological, and meaning components. For that reason, often a combination of medication, social support, and psychotherapy provide the best prognosis for a client.

This view holds true for Substance Use Disorder, more commonly referred to as addictions.

SCIENTIFIC RESEARCH

Understanding Addiction

WHAT IS AN ADDICTION?

Common stereotypes and stigmas:

- A choice
- A disease
- Bad habit
- Self medicating
- No willpower

Language:

Shame can be conveyed in how we speak about addictions. Rather than referring to an individual as an addict, we separate the individual's identity from their actions. Therefore, someone here is a person struggling with an addiction, not "an addict".

Clinical Definition:

According to psychiatry, Substance Use Disorders occur when the recurrent use of alcohol and/or drugs causes significant clinical and functional impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is often used to diagnose addiction. It lists 11 criteria:

1. Taking the substance in larger amounts or for longer than the person meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts the person in danger
9. Continuing to use, even when the person knows he or she has a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the same effect (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

The DSM-5 defines addiction according to the number of criteria met. Mild addiction is 2–3 criteria, moderate is 4–5 criteria, and severe is 6 or more.

FYI—The Government of Canada considers addiction a medical "disability". Section 25 of the Canadian Human Rights Act (R.S.C., 1985, c.H-6) states that those with "previous or existing dependence on alcohol or a drug" are protected against discrimination. So, addiction is the same as, for example, a heart condition or other medical problem.

SCHC's Interpretation of Addiction (also BC Ministry of Health's Interpretation)

The scientific study of addiction is very complex. For example, there are more than 65 research journals that focus is on addiction, over 30 recognized theories of addiction, and over 100 recognized therapies. Often books or research focuses on one aspect of addiction rather than the various components involved. The BC Ministry of Health as well as SCHC consider four components that all contribute to the develop of an addiction.

FOUR COMPONENTS OF ADDICTIONS

Biological Component

Scientific research has shown that addiction has a physical basis in the brain. Although researchers do not agree precisely on how addiction affects the brain, they all agree that chronic drug use is not a mere matter of free choice. Research estimates that 40-60% of addiction is biologically founded and out of the control of the individual. Part of this biological foundation the genetic predisposition of the individual, and another part is the addiction cycle of the brain.

According to researchers, when the brain is in active addiction it cycles between intoxication, withdrawal, and anticipation. For those that have been in active addiction for some time, the anticipation of use becomes even more enjoyable than the substance use itself. Breaking this cycle is very difficult and begins with detoxing from the substance.

There are two stages of withdrawal. The first stage is the Acute Withdrawal, which usually lasts less than a week, this is commonly referred to as detox. Acute withdrawal is a medical concern because it poses risks to the individual's immediate physical health, such as seizure. During this stage, your loved one may experience symptoms, such as agitation or nausea. The exact symptoms depend on the drug.

The second stage of withdrawal is what some experts have called Post-Acute Withdrawal (PAW). Although the individual is now stable from medical complications, they are still in withdrawal.

Recall that the brain adapts to chronic drug use. Once the individual quits the drug, the brain has to re-adapt to not having the drug. Essentially, the brain is in an unbalanced state. This is PAW, and it takes time for the brain to rebalance itself. Typical symptoms of PAW include problems with short-term memory, depression, and anxiety. Other PAW symptoms include mood swings and lack of coordination.

In total, the time the brain needs to rebalance itself is 24 months, but most experts look to the big milestone: 6 months. At 6 months, the brain is not free from PAW, but the individual feels significantly better and has noticeable improvements in mood, emotional stability, thinking, memory, and coordination.

A common condition for those in early recovery is to crave a drug. According to most brain theories of addiction, the brain adapts to drug use. Without the drug, the brain, in a sense, "craves" the drug. In other theories of addiction, the craving arises when a person is triggered. In other words, when a person experiences some cue in the environment that is associated with using. Typical cues or triggers are sitting in a bar, hanging out with drug- using friends, and getting into an argument.

Many experts also point out that certain conditions can create cravings, such as working in a high-stress job.

Psychological Component

Some psychologists have suggested that those with addictions have certain personality traits, such as impulsiveness. Some even go so far as to suggest chronic drug users have an "addictive personality." There is, however, little scientific evidence to support such claims. Most research in the past 50 years has shown that those with addictions have personalities that are as various as what we find in the general population.

Despite this, research has found some shared personality issues. Perhaps the most common psychological condition of those who are addicted (or vulnerable to addiction) is that they are easily bored.

Boredom is also the likely cause of their yearning for emotional intensity. You may have noticed that your loved one lives life at the level of a soap opera. And it doesn't appear to matter what the emotion is. As long as it is raised to an extreme level, it's good. Narcotics Anonymous says that those with addictions are famous for "making mountains out of molehills."

Guilt is another psychological issue attached to addiction. This is not merely the guilt of hurting others, but also the guilt that your loved one knows they have not lived up to the standards he has set for himself.

Addiction books typically suggest that the psychological struggles of those in early recovery include depression or anxiety, emotional overreaction or numbness, sleeping problems, sensitivity to stress, and mood shifts. As with the changes in the physical brain, these psychological conditions can persist up to two years.

However, it is more valuable to appreciate that many of the psychological symptoms are related directly to your loved one's struggle to feel life is meaningful and significant. For example, the most common psychological symptom of those suffering from addiction is boredom. One of the most powerful effects of the drug and the drug lifestyle is that they eliminate boredom. So what does your loved one do now that they no longer use the drug? Their proneness to boredom does not magically go away. Similarly, they will likely fear what their life in recovery will be like. What will they do to feel alive and vital if they can't rely on the drug or the lifestyle?

Another big psychological struggle is regaining a sense of hope for the future. And this is often especially difficult because they know that the "wreckage of the past" is still waiting for them. Many of those suffering from addiction want to fix problems immediately, but this is often impossible. They have to learn to take life slowly, another big challenge.

Finally, those in early recovery struggle to answer the question, Who am I? The reason is that those in active addiction have, in a very real sense, lost themselves. It takes time for the real person to emerge.

Social Component

A growing body of research is showing that social factors profoundly affect the initiation and maintenance of addiction. A famous study showed, for instance, that an Irish-American was seven times more likely to develop alcohol use disorder than an Italian-American. There must be something in the Italian culture that protects against addiction. The famous Rat Park experiments showed that a rat in a cage (an unnatural environment) would choose morphine over water. However, a rat in a community of rats with plenty of food and things to do (a natural environment) would choose water over morphine.

Relationships are part of the social component, and research has indicated that those in active addiction have weak connections with family and friends, at work, and in the community. Much of this lack of connection is related directly to the stigma of addiction, which encourages chronic drug users to hide their drug use.

REBUILDING RELATIONSHIPS WITH OTHERS

Your loved one needs to create an environment where they feel free to be themself. This is not merely about home life, but also work life, community activities, and hobbies. Psychologist Rollo May says that those with addictions engage the world by artificially altering their mood and emotions with chemicals. But this is not authentic connection. Even when not actively intoxicated, your loved one is likely self-conscious around others, which also makes it impossible to have a deep emotional connection. Overcoming old coping skills, such as isolating, and learning new coping skills take time.

REBUILDING RELATIONSHIPS WITH FAMILY

Those in active addiction have superficial family relationships. Learning to reconnect takes time and effort.

It may also be that your loved one has developed a dependency on the family, such as expecting to be rescued when they run into trouble. Recovery demands that they take control of their life. Again, this takes time and effort to overcome.

Meaning Component

Essentially, this component says that a person in active addiction (or vulnerable to addiction) feels that life is meaningless, monotonous, and boring. Intoxication is a response to such a dull life, in which the person finds little significance.

This idea was first proposed by the great psychiatrist, Viktor Frankl, and is the basis for our definition of addiction. While acknowledging the neurobiological, psychological, and social components, SCHC/GSWC pays special attention to the idea that addiction is a response to a life that lacks personal meaning.

BASED ON THIS SCIENTIFIC INTERPRETATION, WE CAN SAY:

- Addiction is not in the drug, it's in the person
- Not everybody will become addicted from using drugs or alcohol
- Physical dependence on a drug does not equal addiction
- The type of drug used has little meaning
- Parents are not to blame for addiction
- Addiction can afflict Nobel Prize winners, corporate CEOs, and the homeless

STRUGGLES IN EARLY RECOVERY (LIFE WITHOUT DRUGS)

Recall that Viktor Frankl said addiction is a response to a life that feels meaningless, monotonous, and boring. The solution to addiction is, therefore, for your loved one to live their life in such a way that they feel alive and vital.

This is not a quick or easy fix. Healthy people are anchored within themselves and from that anchor reach out into the world. They understand who they are, what's important to them, and their strengths and limitations. Those in active addiction, however, have little self-awareness. Your loved one is struggling to answer, "Who am I?" and "How do I fit in the world around me?"

What is particularly important for your loved one is the pursuit of meaning, rather than its attainment. Research has shown that the journey toward living a personally meaningful life offers great mental and physical health benefits.

Concurrent Disorders

In the general population, mental health conditions such as depression, anxiety, bipolar, trauma, and attention deficit disorders occur on a statistically predictable basis. When a client suffers from two mental health conditions: addiction and another issue, for example, it is called a "concurrent disorder." At SCHC, we treat both conditions at the same time. Some mental illnesses have a higher probability of occurring simultaneously such as Substance Use Disorder and Attention Deficit Hyperactivity Disorder (ADHD).

ADHD

Many misconceptions exist around ADHD. A common misconception is that ADHD is a disorder of focus, but it is actually a developmental disorder that presents as deficits in executive functioning. What that means is that individuals with ADHD have to demonstrate symptoms before the age of 12 and the symptoms have to cause significant difficulty in the individuals relationships, work, or aspects of daily living.

Common presentations of executive functioning deficits include:

1. Easily distracted by extraneous stimuli
2. Makes decisions impulsively
3. Has difficulty stopping activities/behaviors (shifting)
4. Starts projects/tasks without reading/listening to directions
5. Shows poor follow-through
6. Has trouble doing things in order
7. More likely to drive faster than others
8. Has difficulty sustaining attention (across several areas)
9. Has difficulty organizing tasks and activities (Barkley, Murphy, & Fischer, 2010)

While therapeutic techniques exist to aid the client in developing skills to manage ADHD symptoms, the only treatment is pharmaceutical.

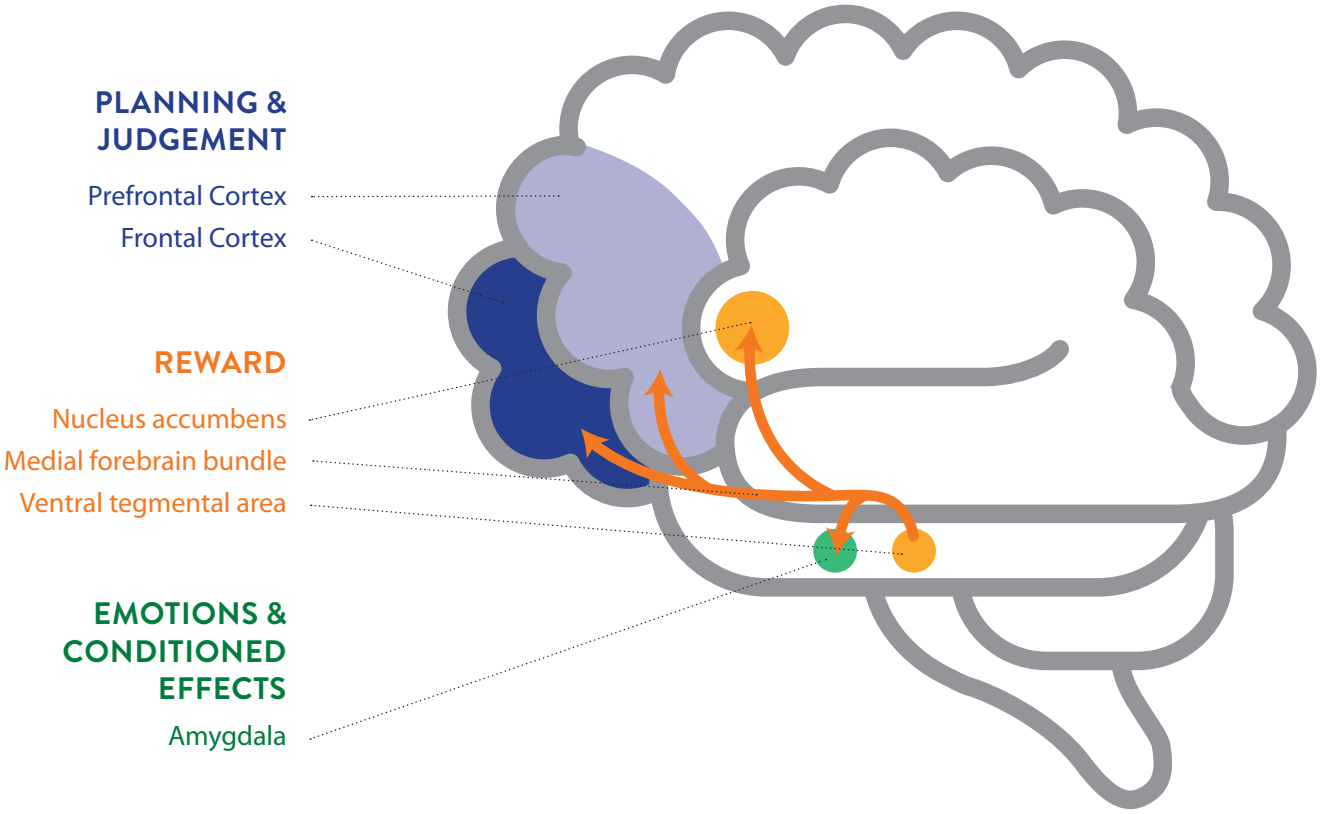
MOOD DISORDERS

While mood fluctuations, anxiety, and sadness are considered a typical human experience, when these symptoms begin to impede daily life functioning, they cross over into being considered a mental illness. Treatment for mood disorders are dependent on the reason for onset. For example, depression related to grief is supported quite differently from Major Depressive Disorder (MDD) with severe and reoccurring episodes.

Treatments such as transcranial magnetic stimulation (TMS) has proven effective in reducing symptoms from MDD, though often requires maintenance treatments for the results to last. Medication is effective for approximately 50% of individuals with MDD and is generally one of the first interventions provided to clients who present with depression. Psychotherapy for depression includes addressing and reframing negative self-talk and guilt as well as providing the client with coping tools to manage distressing symptoms. Family members of individuals with depression typically have to have patience and understanding when providing support. Sometimes, for those with depression, even taking a shower is a huge feat and something worth celebrating.

Anxiety, on the other hand, has a very different treatment approach. In general, anxiety worsens when triggers are avoided and reduces when a client is desensitized to the situation. The key is to manage exposure to triggers without flooding the client with too much stress. For this reason, anxiety treatment is best managed by a trained professional. Family members are encouraged to listen to their loved when they indicate they are overwhelmed and encourage their loved one to pursue professional help that will walk them through a supportive desensitization process.

Mental Health has a Physical Basis in the Brain:



POINTS TO CONSIDER

- Mental illness development is complex
- Treatment for mental health takes time and, in some cases, years
- Successful treatment is more than just reducing psychological symptoms or quitting substances
- Inpatient treatment provides a roadmap for healing but following through on using tools is the most important part of the process.

What Is Trauma? What Causes Trauma?

Many different definitions of trauma exist but in general trauma is "an emotional response to a terrible event like an accident, rape, or natural disaster." (American Psychological Association, 2008). All trauma has an affect on an individual, but most trauma does not lead to a mental health disorder.

Effects of trauma depend on how the individual makes meaning of the event. For example, if a person experiences an event and develops a maladaptive cognitive appraisal, such as "I am never safe," they will navigate through life with a lack of openness and vulnerability.

Other potential effects of trauma include difficulty with:

- Regulating mood (e.g., anger, fearfulness, shame, guilt)
- Describing feelings, internal experiences, and needs and wishes
- Managing cognitions (e.g., memory, attention, and thinking)
- Feeling a sense of self-worth–feeling worthless, damaged, or self-blaming
- Relaxing (e.g., frequently on guard, frequent worries and fears about safety of self and others)
- Coping with daily life stressors
- Trusting others or benefitting from relationships (e.g., no sense of connection, sense of being different from others, frequent conflict in relationships, inability to establish or maintain intimacy in relationships, or difficulty setting boundaries)
- Regulating behaviours (e.g., high-risk behaviours such as self-harm, substance use, gambling, and disordered eating; isolation and avoidance; numbing and dissociation; hyperarousal and hypervigilance)
- Maintaining physical health (e.g., chronic pain, chronic fatigue, headaches, sleep problems, breathing problems, digestive problems).

A trauma informed approach to mental health includes:

1. Safety - both physical and psychological safety are essential for healing from trauma. This does not mean catering to the wants of clients but recognizing the importance of acknowledging a client's voice and providing safe physical and interpersonal boundaries.
2. Trustworthiness and Transparency - consistency in word and actions are essential.
3. Peer Support - group therapy and support groups allow clients to feel connected to others and practice interpersonal vulnerability.
4. Collaboration and Mutuality - victims of trauma often feel powerless and collaboration in the treatment process allow the client to regain aspects of their sense of power and autonomy.
5. Cultural, Historical, and Gender Issues - recognizing and acknowledging cultural stereotypes and biases, offering gender-responsive services, and utilizing tradition, aid clients in feeling heard and understood

POST TRAUMATIC STRESS DISORDER

When most people have a new experience, they integrate the memory of that experience into how they make sense of the world. Those with trauma, however, cannot integrate a traumatic experience into how they make sense of the world.

For example, imagine a young soldier believes that they are going overseas to help save civilians. They are thrown into combat, and in the middle of the firefight, a child accidentally pops her head up. The soldier, thinking the child is the enemy, shoots. This experience directly confronts how the soldier makes sense of themself and what they are doing overseas. They believed that they were helping the civilian population but then kills an innocent civilian.

In order to be diagnosed with PTSD, the client has to be "exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence." The severity of the event has to disrupt the individual to a degree that their brain exhibits survival response in reaction to the stress even after the stressor has been removed.

The person suffering from PTSD may know, intellectually, that there is no danger but they continue to feel as if there is danger present. They cannot relax and feel as if they must protect themself. You can also imagine how exhausting daily life would be with this condition.

Treatments such as somatic based therapy, eye movement desensitization reprocessing (EMDR), and narrative therapy all aid the client in reducing dysregulation when exposed to triggers. At SCHC/GSWC, a posttraumatic growth approach is taken to guide clients into making sense of their traumatic experiences. Finding meaning in the events they endured can create integration between their thoughts and feeling and highlight their strengths.

Dos and don't for supporting a love one that has experienced trauma:

DO:

- Encourage participation in social activities - isolating is a common response to trauma. Encourage your loved one to follow their post treatment plan, including attending support groups
- Respect your loved one's boundaries- at the same time, it is important to acknowledge and respect your loved one's decision if they choose not to participate in social activities. Healing from trauma takes time. Peers are reminded not to take it personally when they say no or set a reasonable boundary.
- Practice flexibility and patience - Allow your loved one to take the lead in setting their schedule and minimize sudden changes in daily routines. Structure often provides a sense of safety to clients who have felt out of control of their lives.

DON'T:

- Surprise someone with trauma - One of the symptoms of trauma is being on edge and being easily startled. Avoid sneaking up and surprising your loved one. Also, avoid sudden, loud noises such as slamming a door. Finally, avoid making sudden, unexpected physical contact, such as a slap on the back.
- Assume you know when your loved one is experiencing stress - Assumptions are rarely helpful, so if you suspect your loved on is struggling ask them how they are feeling and practice effective listening skills to ascertain what your loved one needs at that moment.

- Expect a trigger-free experience - it is not possible, nor beneficial, for clients to have a trigger-free treatment experience. Sights, sounds, and smells can all serve as reminders of past traumatic experiences. While we acknowledge these triggers and their impact, our clinical focus is on supporting clients in developing self-regulation skills and resilience. The same is true once the client leaves. If your loved one is triggered, they are expected to be able to vocalize their need and practice healthy tools to regulate themselves. Allow your loved one the time and space to utilize their skills.

FOOD ISSUES AND DISORDERED EATING

Many of our clients are symptomatic of an eating disorder but do not meet the criteria for an eating disorder, which is a term reserved for an actual diagnosis made by a qualified mental health professional. Disordered eating symptoms are an expression of deeper underlying issues, such as low self-esteem, perfectionism, impulsive behaviour, and interpersonal problems.

For that reason, like any other mental health issue a client struggles with, disordered eating is treated holistically. This includes exploring the body dysphoria that can accompany eating issues and walk the client through developing a worldview that includes a sense of worth based on intrinsic rather than external factors. Family members can encourage their loved one's to develop healthy views of themselves but providing encouragement, kindness, and refraining from criticism.

Methods of Helping

If you visit the self-help section of your local bookstore, you will see many books with the word codependence in the title. Psychologists have studied this idea and dismissed it because they have found no evidence to support the concept of codependence.

Psychologists now recognize that families do their best to cope with a family member who is struggling with their mental health. In other words, families display normal reactions to a condition that is difficult to understand.

Often out of desperation families attempt to control their loved ones. While very normal, attempts to help loved one's through control are not only ineffective they usually lead to frustration for all parties involved. This method also results in the development of unhealthy relationship dynamics, such as partners acting more like parents.

If you are not aware of your strategies/tactics when your loved one was struggling, you will likely transfer these over when your loved one is in recovery. Reminding them of appointments, offering to drive them to a community support meeting, and other behaviors may be signs that you are still taking responsibility for them.

Specifically speaking to addictions, according to the medical definition, the most important relationship in an addicted individual's life is with the drug. This is NOT a simple choice between the drug and family (or job or friends or community). The medical definition interprets drug behaviour as a compulsion – an irresistible urge to use drugs.

If the relationship between the addicted person and the drug is primary, then all other relationships take a back seat. This dynamic is why some people say that individuals with addiction issues are selfish or self-centred. The addicted individual will tend to do whatever he or she needs to do to protect the primary relationship.

Families develop lots of different coping skills to deal with the abnormal situation of a loved one's addiction. Here are three common ones:

- **Anger** – To start, anger is not a bad thing. Because human beings are not built to feel loneliness, helplessness, fear, and so on for extended periods, the brain can turn distressing emotions into anger. In some psychological theories, anger is referred to as a secondary emotion. It's a mask to protect you from what you are really feeling.
- **Take control** – Family members typically take control of finances, attempt to prevent their loved one's from making poor decisions, and rescuelove one when they runs into trouble with the law or needs medical help.
- **Continue to believe loved one despite evidence** – Many families cling to hope that their loved one is completely honest when evidence is to the contrary.

PROBLEMS ARISE WHEN ONE ADULT TRIES TO BE THE AUTHOR OF ANOTHER ADULT

The biggest problems in families occur when one adult tries to be the author of another adult's life. Telling another adult what to do, think, feel, or say is attempting to take authorship over that person.

On occasion, a client who has completed treatment may return home and then demand family members act, think, feel, or speak in certain ways:

- "I learned at SCHC that the family has been affected by addiction, so you need to go get counselling" – You decide if you want counselling, not your loved one.
- "I get triggered when you question me, so you'd better not do that" – If your loved one gets triggered, that's their problem not yours.
- "You should have wine at dinner. It doesn't bother me" – The decision whether to have a drink at dinner is your decision, not your loved one's.

Family members may try to be the author of their loved one's life:

- "You're supposed to be going to a community support meeting tonight, and it's already 7pm. Don't you think you should get moving?" – Your loved one's recovery is their responsibility, not the family's.
- "I don't want to say anything to him because he might get angry" – It's not the family's job to manipulate their loved one into feeling a certain way.
- "I'm willing to give you some money to help you out, but I want all the receipts to make sure you aren't blowing it on drugs" – The family attempts to control their loved one's behaviour.

FAMILY REACTIONS AND EMOTIONS

- **Loneliness** – Even though your loved one may be physically present, their mind is on the drug.
- **Helplessness** – No matter what the family tries to do to help, the result is their loved one simply becomes more clever at hiding their addiction.
- **Fear** – Many families report they are "scared" when the phone rings after a certain time in the evening, afraid that it will be news that their loved one is dead.
- **Guilt** – Some family members, especially parents, feel great guilt over their loved one's behaviour, thinking they are to blame.
- **Chronic anxiety** – Low-level chronic anxiety. Some typical examples are crying for no apparent reason or forgetfulness.
- **Family reacts to their loved one** – The person with the addiction is actually in control because the family reacts to their loved one's behavior.
- **Family takes responsibility for their loved one** – Families typically feel that that their loved one is incapable of making healthy decisions and feel obligated to take control of them.

- **Family does not talk about their own suffering** – Many family members feel the need to be silent about their own suffering.
- **Friends provide no real support** – Many well-meaning people have simplistic interpretations of addiction.

Because of this focus on the struggling loved one, family members often lose their sense of self.

TAKING CARE OF YOURSELF:

Your primary job is to begin to consider yourself in the equation. Often your loved one's struggles take precedent and you can neglect yourself. Considering how you can begin to take care of yourself as you allow your loved one to begin taking responsibility of their own life.

BUILDING HEALTHY RELATIONSHIPS:

The best way to cope with situations is to keep in mind: Each person is the author of their own life. (This means not only your loved one, but you as well.)

Psychiatrist Irvin Yalom wrote about authorship: "Responsibility means authorship. To be aware of responsibility is to be aware of creating one's own self, destiny, life predicament, feelings, and, if such be the case, one's own suffering."

We know that authorship – taking personal responsibility for one's life – is a key to health and well-being. This also includes how a person chooses to deal with adversity.

Healthy relationships include boundaries and healthy conflict resolution. It is always acceptable to state one's emotions in a relationship but never helpful to transfer your emotion onto another. Relying on another person to emotionally regulate your emotions is another form of not taking authorship and responsibility for one's self.

In order to engage in healthy relationships, family members must also be self-aware and able to regulate their own emotions. John Gottman, leading marriage researcher describes defensiveness, contempt, criticism, and stonewalling or signs as unhealthy relationship interactions. Our goal is creating healthy relationships marked by openness, trust, respect, and vulnerability.

RESUMED USE:

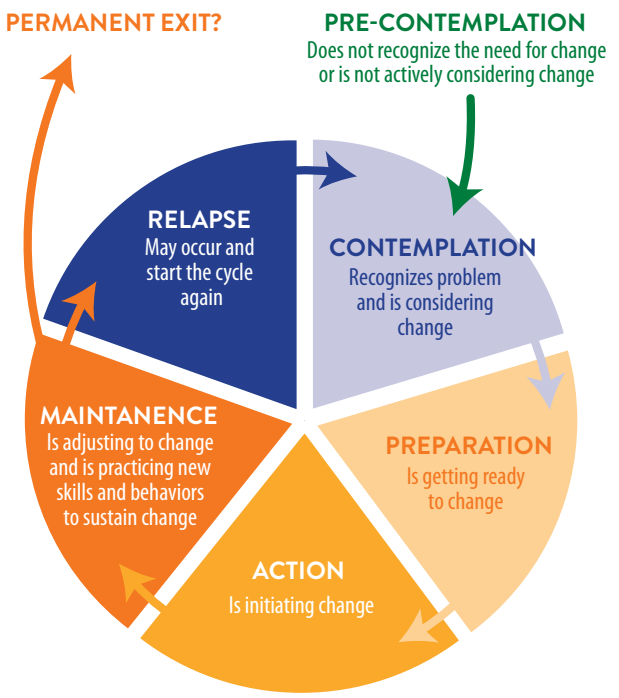
Family members typically fear relapse because they make sense of it as a disaster or failure or evidence that their loved one is not serious about their recovery.

Addiction experts have a much different view, based on scientific research.

No matter what mental health struggle your loved one is addressing, the steps of change are often not straight forward and involve moments of resumed use (aka relapse). Resuming use when attempting to implement changes does not mean your loved one is not serious or not trying their best. Whether its attempting to remain sober or attempting to lose weight, the vast majority of people will take steps backward during their healing journey.

A SCIENTIFIC VIEW OF RELAPSE: STAGES OF CHANGE MODEL

1. Pre-contemplation
2. Contemplation
3. Preparation/Determination
4. Action/Willpower
5. Maintenance, and
6. Relapse



STAGE ONE: PRE-CONTEMPLATION

Those in the pre-contemplation stage have little interest in changing. The government offers help in the form of clean needles, safe injection sites, and so on.

STAGE TWO: CONTEMPLATION

Those in the contemplation stage have decided that they might get a better life through making significant changes to their life. Although they are "contemplating" change, they tend to be ambivalent about it.

STAGE THREE: PREPARATION

Those in the preparation stage have made a commitment to make a change. Their motivation for changing is reflected by statements such as: "I've got to do something about this—this is serious. Something has to change. What can I do?"

In this stage, they learn what they need to do to change.

STAGE FOUR: ACTION

Those in the action stage have learned what they need to do to heal and are actively putting into practice their new knowledge and skills.

STAGE FIVE: MAINTENANCE

Those in the maintenance stage have been doing what they need to do to maintain a healthier life.

They may be experimenting with new ways to life, learning new skills, anticipate risky situations, and plan for contingencies.

STAGE 6: RELAPSE

Although many people see relapse as a failure, the Stages of Change model interprets relapse as a normal part of the change process. It's not a requirement, of course, but the vast majority of people who attempt to make significant changes in their life will relapse.

In fact, specifically for addictions, many experts have pointed out that expecting your loved one never to use again is setting them up for failure, because the scientific evidence shows that most will relapse.

Relapse is a time for your loved one to figure out that what they were doing wasn't working.

How the Stages of Change Model Works

The stages of change is a cycle. Almost everyone needs to move through the cycle several times before they achieve sustainable life changes. Research suggests that, on average, a person will go through the cycle between 4 and 7 times.

Each time someone relapses, the process tend to be shorter and farther apart as the person cycles through the stages of change.

For addictions, entering recovery does not necessarily mean attending a residential treatment program. It may be attending a community support program. It may be simply quitting without help.

REASONS FOR RESUMED USE FOR THOSE STRUGGLING WITH ADDICTIONS

There are many reasons why those in recovery will relapse. Here are four common ones:

- **Boredom** – According to our research, the single greatest cause of relapse is boredom. Although we stress to clients that they need to pursue a personally meaningful life, many still think that recovery means living with healthy-mindedness and good order. According to our best research, a client whose recovery plan is limited to eating well, exercising, seeing a counsellor, attending community support meetings, and other healthy activities will relapse in 3 to 6 months, mainly because of boredom.
- **Fear** – Many people who suffer from addiction are uncomfortable taking personal responsibility for their lives. They recognize that in recovery others will expect them to keep their promises, show up to work on time, and do the household chores. For those who are uncomfortable with these expectations, they can relieve all this outside pressure by relapsing. They know that in active addiction, no one expects anything from them.
- **Waiting for the other shoe to drop** – "Bad things always happen to me" is a common belief for some in recovery. If things are going well, they feel uneasy because their personal experience is that something or someone will screw things up. It's inevitable. Rather than being caught off-guard, they deliberately relapse. That way, they get to choose the time and the day. It's an odd thing, but they feel more in control of their lives.
- **Not dealing with relationship issues** - Often clients and their loved ones have the mistaken belief that eliminating the substance use or treating the mental health issue will fix all the relationship issues too. Unfortunately, this is not the case, however it does make it more possible to work through these issues effectively. Communication is a skill and sometimes professional help is needed to work through a conflict. Strain in relationships can be a trigger to use, or the stress may trigger a relapse in mental health issues, so make sure to get some help if you need it.

STABLE RECOVERY

If unhealthy coping, including addictions, is a response to living a life that lacks personal meaning, then the solution is to live a meaningful life. Those who live personally meaningful lives without patterns of unhealthy coping have figured out how to feel alive and vital. They feel they are in control of their lives. Their actions match their values and beliefs.

The Best Way to Support your Loved One

It's important to recognize that because each adult is the author of their own life, you cannot cause another person to struggle with mental health issues or relapse from an addiction.

You can provide the best support for your loved one by asking yourself "Am I supporting my loved one to be the author of their life?"

Embrace Imperfection

Everyone is imperfect. Everyone makes mistakes. You and your loved one will likely trip and stumble a few times. This isn't a sign of failure or disaster. It's a sign you're human.

POINTS TO CONSIDER

- Family strategies and techniques for coping are normal responses to an abnormal situation
- Mental Illness affects families deeply
- The typical family's coping skills usually do not work that well and certainly not in the long-term
- Coping well means recognizing that every adult is the author of their own life
- Your loved one is the author of their life. They makes decisions that will dictate their quality of life
- You are the author of your life. The decisions you make dictate your quality of life
- The vast majority of problems arise when one adult tries to be the author of another adult's life

Resources

- Local clinics, counsellors, psychologists
- SMART family and friends group
- SCHC/GSWC online program
- Self-care exercises
- Mindfulness

References and Additional Reading

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Volkow, N., & Morales, M. (2015). The brain on drugs: from reward to addiction. *Cell*, 162(4), 712-725.

Ted talk: Why do our brains get addicted? https://www.tedmed.com/talks/show?id=309096

Book: **Man's Search for Meaning**. By: Viktor Frankl

RESIDENTIAL ADDICTION & MENTAL HEALTH

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Sunshine Coast Health Centre

A Non-12 Step Mental Health Program

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