

Inside Family Strategies by Claudia Black

Note from Claudia Black

Addiction passes through families generationally, and is said to be the “gift that goes on giving.” The use of Family Strategies is an opportunity for the gift to become that of recovery, the possibility of changing the individual, the immediate family, and the intergenerational transmission of addictive disorders. Change begins with one person. From a systematic viewpoint, when one person changes the way he or she functions within the family system, that system will change. This is readily evident when addiction enters a family system, and it is just as apparent when recovery enters that system.

In a therapeutic setting it is easy for the practitioner, the addicted person, and the family to view the addicted person as the identified client, the addicted person is the predominant focus. Family Strategies facilitates shifting perspective to the family members as clients. Giving principal consideration to the family system or the primary relationship with the addicted person makes them the focus.

The strategies presented are those proven most effective in primary family systems therapy when addiction is either still active or the addicted person is in early recovery, irrespective of the type of addiction, whether it is substance addiction, behavior, or process addiction.

This book is intended for use by clinicians, addiction counselors, and mental health care practitioners who are already skilled in understanding addictive disorders and their impact on families, and those who work with a family member or members in a relationship with someone actively in addiction or in recovery. It is used quite effectively with spouses, partners, parents, and adolescent or adult age children. In many sessions it is appropriate to include the addicted person, but that is at the facilitator’s discretion.

In many of the strategies sections, ideas and formats are presented for structured interventions. The use of handouts in the form of written exercises, checklists, sentence stems, structured dialogues and/or art activities is an integral part of this therapeutic technique. All handouts are designed for clinicians to reproduce and use without restriction as to copyright permission.

The audio CD, Letting Go Imageries, offers meditations on healing and recovery for anyone involved in a troubled family system and it can be used in a group or individual setting.

Realizing I cannot possibly consider all of the ethnic, cultural, and educational differences a clinician may confront, I trust that your sound clinical judgment will figure in the timing and delivery of these strategies. I encourage you to modify or customize them in any manner that promotes more effective use of this guide with clients.

Table of Contents

Instructions

Section One: Viewing the Family Addiction

Overview

Session One: Codependency As An Addiction

Handout – Addiction Symptoms, Behaviors, Feelings

Handout – My Symptoms, Behaviors, Feelings

Session Two: Sharing the Disease

Handout – Impact of Addiction

Session Three: Family Tree

Handout – Family Tree

Session Four: Family Diagram

Handout – Family Diagram #1 & 2
Handout – Family Diagram #3
Handout – Family Diagram #4

Session Five: Assumptions

Handout – Communication Exercise

Session Six: Addictive Behaviors

Section Two: Stepping Out of the Shadows

Overview

Session One: Denial

Handout – Minimizing-Discounting-Rationalizing

Session Two: Powerlessness and Unmanageability

Handout – Family Powerlessness & Unmanageability

Handout – Preoccupation and Effects

Session Three: Enabling

Handout – The Enablers

Handout – Enabling Exercise for Addict

Handout – Enabling Exercise for Family

Session Four: Giving Up Control

Handout – Continuum of Control

Handout – Giving Up Control

Session Five: Powerlessness and Control

Handout - Control

Session Six: Codependency First Step

Handout – Co-Addiction Checklist

Handout – Codependent Questionnaire

Section Three: Recognizing the Family Dance

Overview

Session One: Roles

Handout – Family Roles

Session Two: Role Patterns

Handout – The Responsible Child

Handout – The Adjusting Child

Handout – The Placating Child

Handout – The Mascot Child

Handout – The Acting Out Child

Handout – Present Day Roles

Session Three: Boundaries

Handout – Identifying Boundaries

Handout – Asserting Boundaries

Session Four: Guilt

Handout – Saying No to False Guilt

Handout – Distinguishing True and False Guilt

Session Five: Identifying Boundary Extremes

Handout – Intrusive Behavior

Handout – Tolerating Inappropriate Behavior

Handout – Monitoring Behaviors

Session Six: Drama Triangle

Handout – Drama Triangle

Session Seven: Secrets

Session Eight: Impaired Family

Handout – Impaired Family

Section Four: Developing Emotional Clarity

Overview

Session One: Feelings

Handout – Times I Felt

Handout – Feelings Meter

Handout – Willingness to Show Feelings

Handout – Beliefs About Feelings

Session Two: Expressing Feelings

Session Three: Emotional Sociogram

Session Four: Portrait of Feelings

Session Five: Anger

Handout – Anger Meter

Session Six: Resentments

Session Seven: Sadness

Handout – Sadness Meter

Session Eight: Toxic Shame

Handout – Shaming Messages

Session Nine: Shame Attacks

Handout – Recovery from Shame Attacks

Section Five: Walking the Path of Recovery

Overview

Session One: Spirituality

Session Two: Spiritual Journey

Handout – Spiritual Pathway

Session Three: Forgiveness

Handout – Forgiveness

Session Four: Assertive Rights

Handout – Assertive Rights and Philosophy

Session Five: Family Meetings

Handout – Family Meetings

Session Six: Portrait of Recovery

Handout – Recovery Questions

Session Seven: Recovery Plan

Handout – My Recovery Plan

Session Eight: Closing Ritual

Closing Thoughts

Excerpts

Powerlessness and Unmanageability

Family Objectives

To recognize powerlessness in the face of addiction.

To identify unmanageability.

Materials Needed

Handout – Family Powerlessness and Unmanageability

Handout – Preoccupation and Effects

Starting Point

In spite of tremendous efforts to help family members discontinue enabling behaviors and help them recognize the disease is not about their behavior, they continue to enable. They continue to think they are responsible, if not for somehow causing the addict to act out, for stopping the addictive behavior. This session offers a slightly different angle in helping family members grasp the basic Al-Anon principles of powerlessness and unmanageability. It is in accepting and identifying with these principles they are more apt to quit enabling and step outside the shadow of addiction to reclaim their own lives.

Didactic

The ultimate consequence of codependency is that life becomes controlled by someone else's addiction. One of the most important messages you need to grasp is that you are powerless over anyone's addiction. Without a firm grasp of this concept you will stay controlled by the disease and you will continue to enable.

The bottom line of recovery for the addicted person is the need to accept that he/she is genuinely powerless over the addiction. Recovery for your family begins with your acceptance that you are powerless over the addicted person's usage or behavior. That means you need to come to terms with the fact that no amount of controlling, begging, pleading, or manipulating will keep the addicted person clean and sober, to truly know in your heart and soul the addicted behavior is not about you; it is about the addict and his or her disease. For some family members, realizing they are powerless can feel like a slap in the face, while others may feel powerless and have been overcome with helplessness for a long time. Do not get confused in the language. Powerlessness

is not defeat. The need to recognize that you are powerless does not suggest you jeopardize the financial, physical, and spiritual safety of your family. While you are powerless over the disease that doesn't mean you allow grocery money to be taken and used for drugs; or tell lies for the addict, or sell the car to bail them out of jail, or sign for a home equity loan to pay off their debts.

In the past you may have gone to great lengths to control the addicted person's behavior and usage. That has ended in failure. It may be easier to understand powerlessness if you recognize some of the controlling behaviors you use.



Referring to the Family Powerlessness and Unmanageability handout, ask if participants are attempting to take control by using any of the following behaviors. As you name the behavior, direct those family members who identify with it to check it on the handout and share an example of their engaging in this behavior.



- Silent Treatment
- Lying
- Making Threats
- Accommodating
- Canceling Plans
- Assuming Responsibilities
- Pretending
- Lecturing
- Avoiding
- Relocating
- Hiding or Dumping (alcohol, drugs, food, sex paraphernalia, etc.)



Now, have them go back and check boxes in the column headed *in the long run did it make a difference?* It is important to emphasize *in the long run* because in the short run sometimes it

was helpful in a crisis. But in the long run control attempts were not effective. Begin a discussion, asking participants to share what they have identified.

Validate that these behaviors are to be expected when you care about someone who is addicted. Getting control is very often an attempt to bring order to chaos, to bring comfort to pain, but it is important for family members to see that in spite of their best efforts the situation just continues to worsen.

In addition to recognizing and accepting powerlessness, family members need to recognize the unmanageability of their lives. In Al-Anon this is addressed in the first step, “We admitted we were powerless over alcohol—that our lives had become unmanageable.” The word *unmanageable* is hard for an individual to grasp when in fact he or she may be the one person in the family who has worked so hard to keep things in order. Yet they pay a price. That is what you want them to recognize, that unmanageability represents the price they pay, the negative consequences to their *self*, their emotional, mental, physical, and spiritual self.



Return to the handout and review the unmanageability section. Now ask participants to check any of the consequences that apply to them under *unmanageability*.

- **Loss of Sleep** — lying awake waiting for them to come home
- **Headaches** — often stress induced
- **Stomach Problems** — stomach is in a constant knot
- **Destructive Eating Patterns** — eating as a source of comfort, or eating in anger —not eating when nervous or angry, which can frequently result in weight change
- **Inappropriate Expression of Anger** — directing anger toward the wrong person, being verbally abusive, physically abusive
- **Silent Rage** — the anger and rage is felt by all but never spoken out loud
- **Excessive Crying** — finding yourself crying frequently and even not knowing why
- **Isolation** — finding yourself avoiding family and friends
- **Job Impact** — performance or attendance impaired
- **Martyrdom** — going on a shopping spree spending their money, having an affair
- **Mental Impairment** — inability to focus attention

- **Total Preoccupation** — with this problem to the exclusion of other aspects of life
- **Destructive Behavior** — against yourself or another
- **Abuse of Alcohol or Drugs**
- **Depression**
- **Other**



Continue the discussion by incorporating what the participants have identified in this last segment of the handout. Remember that this may be the first constructive discussion they have had about their own unmanageability.



When addiction begins to pervade one's life, one's behavior can change so gradually that it may go unnoticed. Pretty soon it is as if you are a whole different person than you remember once being. You feel, think, and act in ways that don't feel good. This is what is meant by unmanageability.

By identifying where you have the power to effect change, and where you do not, you will come to find your strength. A popular prayer used by many people in recovery today, is the Serenity Prayer. *God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.* (Reinhold Niebuhr 1892-1971)



Pull the two concepts of powerlessness and unmanageability together by reminding participants —“While you are powerless over the disease, you are not powerless over your behavior.”

To facilitate engaging family members in a discussion about powerlessness and unmanageability an additional format is the handout Preoccupation and Effects given as an assignment. If the handout is the focus for a session, give participants fifteen minutes to complete it and then begin a discussion.

Family Powerlessness & Unmanageability Handout

Family Powerlessness and Unmanageability

ATTEMPTS TO GET CONTROL

- Silent Treatment
- Lying
- Making Threats
- Accommodating
- Canceling Plans
- Assuming Responsibilities
- Pretending
- Lecturing
- Avoiding
- Relocating
- Hiding or Dumping
(alcohol/drugs/sex paraphernalia/food/etc.)

IN THE LONG RUN DID IT MAKE A DIFFERENCE?

- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes
- No Yes

UNMANAGEABILITY

- Loss of Sleep
- Headaches
- Stomach Problems
- Destructive Eating Patterns
- Inappropriate Expression of Anger
- Silent Rage
- Excessive Crying
- Isolation
- Job Impact
- Martyrdom
- Mental Impairment
- Total Preoccupation
- Destructive Behavior
- Abuse of Alcohol or Drugs
- Depression
- Other (name)

Preoccupation and Effects Handout

Preoccupation and Effects

Preoccupation

- When did you become aware that the addict was preoccupied with his/her addictive behavior?
- When did you become preoccupied with the addict and his/her behavior?

Attempts to control

- When did you first begin to try to control the use of alcohol/drugs/or other addictive or depressed behavior?

Insane behavior

- Describe at least three things you would not have done if you had not been preoccupied or obsessed with their behavior.

Personal effects

- When did you begin to: “walk on eggshells”; repress your feelings; increase your own use of alcohol/drugs or other medications; use or engage in behavior similar to the addict?
- In what ways has your behavior had a negative impact on your physical health, feelings about yourself, your work?

Emotional Sociogram

Family Objective

To recognize emotional connections within the family.

Materials Needed

Paper and pens or pencils for each participant

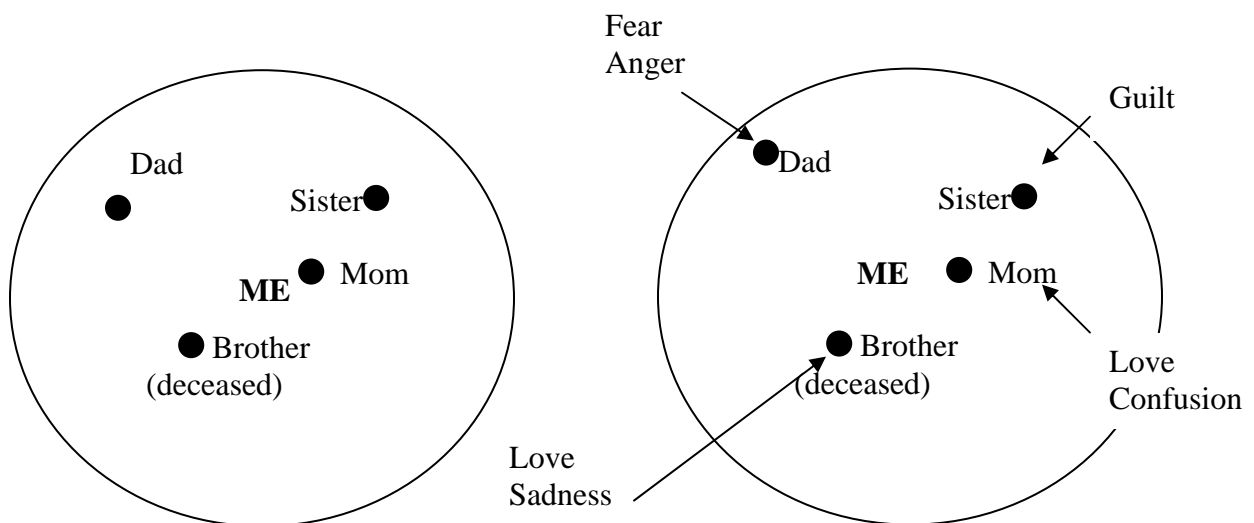
Starting Point

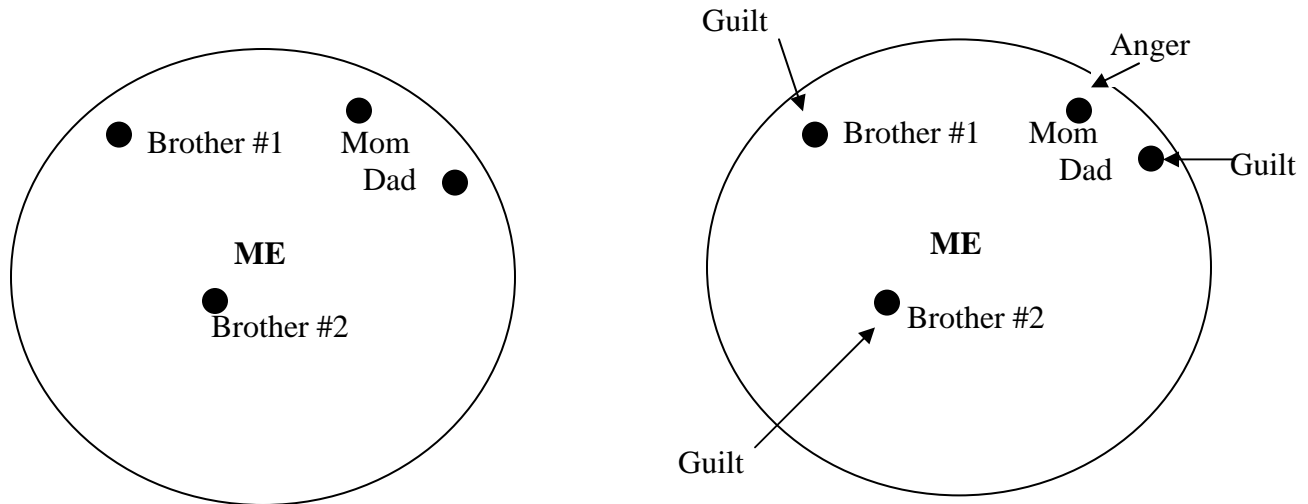
Family members need the opportunity to be honest about their emotional connections within the family without having to describe, explain, defend, or rationalize. This exercise helps them break denial about what is being experienced. The exercise is most effective after the sessions of Feelings and Expressing Feelings have been conducted.

Ask family members to draw a large circle and place themselves in the center of the circle. Then ask them to position each individual family member in the circle in relation to the emotional closeness to themselves.

Once all family members have been positioned, have them go back and note the predominant feelings associated with each member. After all participants have finished, have each one share what they noted. The focus of this discussion can be centered on how they would like the connections to be different and what needs to occur for that to happen.

Examples:





Optional: This exercise can also be done using **The Stamp Game: A Game of Feelings** by Claudia Black.

Impaired Family

Family Objectives

To allow every family member to take ownership for his/her contribution to the impairment of the family.

To allow every family member to identify what he/she can do to contribute to the greater health of the family.

Materials Needed

Handout – Impaired Family
Board

Starting Point

To reinforce that the family system is the client, taking the focus off the identified addict as the source of dysfunction, the handout Impaired Family is an excellent exercise. Using the handout as an example, on a board draw a circle with spokes that represent the number of family members present in this session. Draw the example from the handout on another board, or give each participant a copy of the handout and explain. In the handout, family member's responses were noted in the order in which the family presented.

Example:

The eighteen-year-old son (the person in treatment) contributes to the family impairment with his addiction to alcohol and drugs. He lies, steals, and is verbally abusive toward his mother and younger brother.

The nineteen-year-old sister contributes by partying with her eighteen-year old brother, and in her anger she is sullen, sarcastic and she isolates.

The father does not listen well, he lectures to his wife and the kids. He was not involved in his children's social lives during their growing up. He also minimizes the drinking and pot smoking that he was aware of with his older son and older daughter.

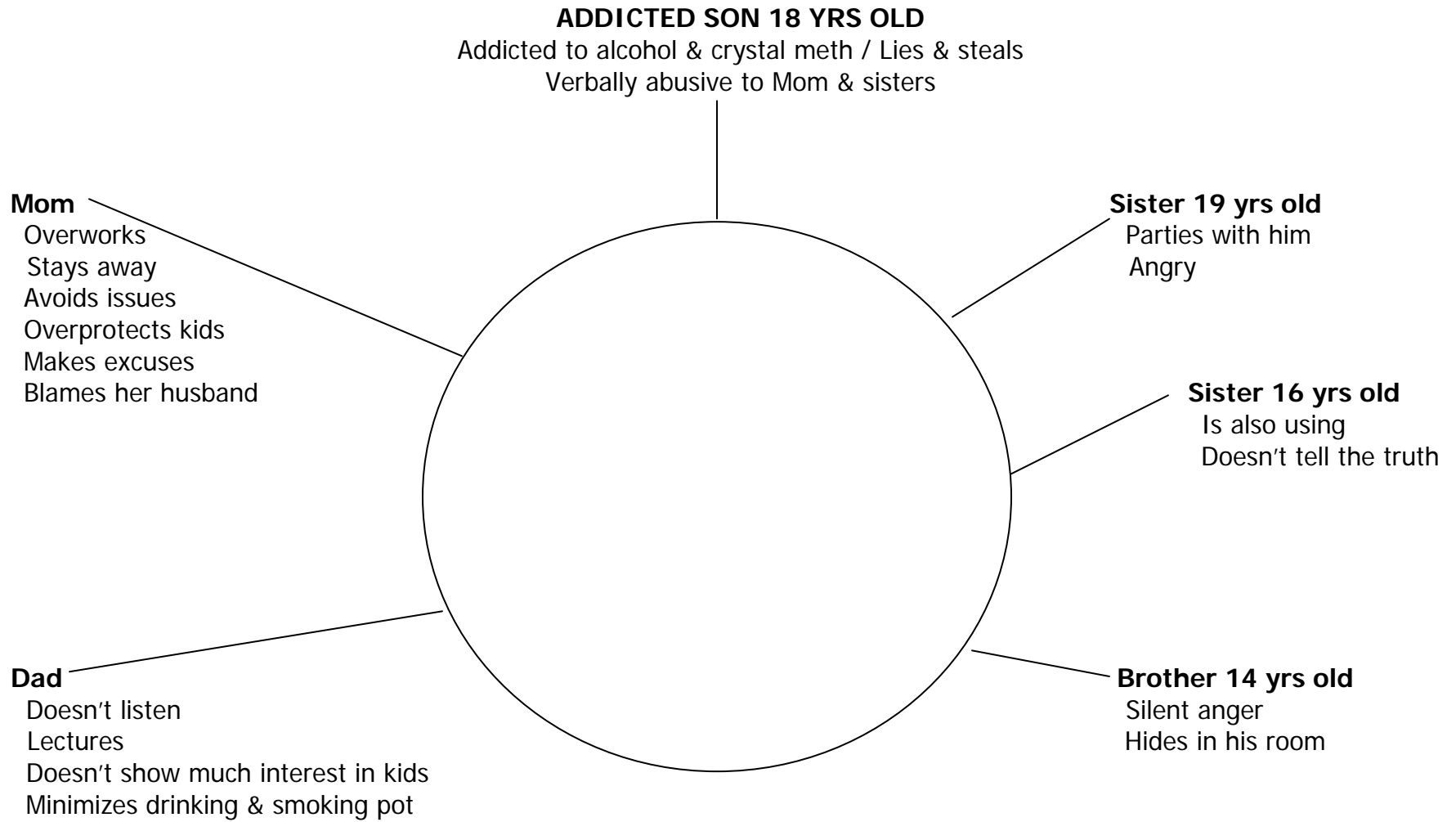
The mother stays away from the house deliberately, using work as her excuse. She works longer hours than her job requires. She avoids addressing issues with the kids if there is a conflict; and she makes excuses for the kids, overprotecting them, and blaming her husband for their problems.

The sixteen-year-old sister is also using pot and binge drinking. The fourteen-year-old brother isolates by hiding in his room. He knows he's angry, though he isn't sure about what, and knows his hiding is about his anger and uses Internet games to get out some of his anger.

Exercise:

Begin by asking the family member who is comfortable being first, to go to the board on which you have drawn a circle with spokes and write down the ways in which he/she contributes to the impairment in the family. Continue until all family members present have gone to the board and written the ways in which they, too, contribute to the family impairment.

There may be other behaviors that contribute to the impairment, but this exercise is designed for individual participants to identify the behaviors they are willing to own, and feel safe owning. This is a self-directed activity. Conclude the discussion with each participant identifying what he/she will commit to in order to begin rebuilding a healthier functioning family.



HO/Family Addiction/Impaired Family