

Addiction is a “hole in the soul.” Everyone builds castles in the sky, only addicts move in. Addicts mistake intensity for intimacy. When their “pumped up” world begins to disintegrate, anger and resentment often lead to self-destruction. This has a huge impact on family members and other loved ones.

The goals of this presentation are to:

- Review some basics about addiction and substance abuse
- Review some components of the addictive family
- Discuss the impact on families and how, at times, loved ones can contribute to the problem
- Review some family counseling basics and techniques as they apply to addiction and substance abuse
- Review facts that school counselors need to know about methamphetamines
- Discuss together a specific case study

Addiction is a “dis-ease”

- Addictive Belief system
 - Possible to be perfect
 - World should be limitless
 - Image more important than who we really are
 - We are not enough
 - Externals hold the ‘magic’ solution
- Addictive Personality
 - Perfectionism
 - Emotional numbness
 - Approval-seeking
 - Hypersensitivity to criticism and rejection
 - Easily tapped reservoirs of shame
 - Mismanaged anger
 - Inability to tolerate frustration
 - Feelings of powerlessness
 - An inordinate need for control
 - A passive approach to problems
 - Self-neglect
 - Isolation
 - Tendency to live in self-delusion
- Inadequate Coping Skills
 - Society and families transmit faulty beliefs
 - Few role models for learning to tolerate ambiguity and frustration, evaluate options, communicate directly and honestly, cooperate, and take constructive action

- Unmet Emotional, Social, Spiritual Needs
 - Unconditional acceptance
 - Intimacy
 - Community
 - Security
 - Meaning and purpose
 - Autonomy
 - Fun and leisure

- Lack of Social Supports (family, extended family, community or other group – one reason why AA, GA and others are so successful)

All of the above together work together to bring on negative moods and feelings such as anxiety, anger, loneliness, and depression. The addict/abuser then seeks relief, comfort, or distraction in a substance or substances.

The Addictive Family

Rather than a safe, nurturing environment, the 'addictive' home typically was not a place to be refueled but a place where self-esteem came under attack. This can be overt (obvious dysfunction) or subtle (everything seems right on the surface).

- Addictive Family Rules
 - Be perfect
 - Play it safe
 - Don't be selfish
 - Stick to the script
 - Don't express your true feelings

- Addictive Family Traits
 - Dysfunctional Communication
 - Silent violence (moodiness)
 - Intimidation
 - Triangulation (communicating through rather than to)
 - No Models for Problem Solving
 - Deny that problems exist
 - Maintenance of 'image' precludes being real
 - No open discussion of problems
 - No instruction about dealing with stress or how to take constructive action
 - Trauma (a negative experience, or shock, that has a lasting psychological effect)
 - Parent is an addict
 - Serious illness or death in family
 - Physical abuse (direct or witnessing of)
 - Sexual Abuse

Trauma sets a child up for addiction because to cope with the shame, helplessness, and rage that trauma elicits, a person develops a natural inclination to want to numb feelings. This is readily accomplished through addictive substances.

Co-dependency

- Loved ones, especially families, can inadvertently enable the addictive behaviors, before, during or after the recovery process begins
- The cause of behavior becomes reaction to the addict rather than focusing on self
- In a sense, the codependent person is addicted to the addict
- Codependents usually suffer from low self-esteem
- Our culture rewards this type of 'helping' behavior (i.e. picking up the pieces of an addiction is rewarded with praise)
- Several forms of this type of behavior:
 - Shielding and protecting
 - Failing to set appropriate behaviors
 - Colluding with the user

Impact on the Family

- Guilt – feeling personally responsible; 'if only'
- Shame – source of deep anguish; there must be something wrong with our family
- Grief – the person that is known and loved is not available, even in recovery
- Anger – about manipulation and neglect by addict

Counselor Interventions

- Look for homeostasis – how does the family stay in balance; where are the strengths
- Look at boundaries, rules, roles:
 - Boundaries inside and outside the home
 - Rules about communication; cross-generational coalitions
 - Roles – understanding of self in the system; learning to make better choices; examine family of origin issues (roles and rules brought from childhood). Some experienced counselors have seen the following demonstrated:
 - Chemically dependent (addict)
 - Chief enabler (stabilizer)
 - Hero (saves family image)
 - Scapegoat (gets in to other trouble)
 - Lost (blends in)
 - Mascot (distracts/relieves through humor)
- In a climate of abstinence:
 - Joining – understanding of all members; reflecting strengths
 - Stabilization – abstinence contract, goals agreed upon by all, therapy regimen (including self-help groups)
 - Education – understanding addiction and recovery (cravings, time of recovery, self-help referrals, trust, re-building, relapse plans, warning signs for relapse)
 - Family systems – structural analysis (see above); what is working, what is not; alternative ways of functioning
 - Alternative Coping Strategies – talking about emotions in honest, respectable manner
 - Relapse Prevention – understanding recovery (see below)

As a school counselor, you have limited time. As you gather information on a family (if not with the family itself), understanding where a student fits in the family can provide the basis for individual counseling.

Understanding Recovery

- Abstinence is not synonymous with recovery
- If you are not moving away from a substance, you are moving toward it
- Relapse is a real threat, though it does not necessarily mean defeat. It can involve a series or chain of reactions:
 - Build up of stress
 - Emotional overreaction
 - Denial
 - Failure to get support
 - Little lies (excuses for not going to meetings or counseling)
 - Increased isolation
 - Problems grow worse
 - Hopelessness returns
 - Self-sabotage (putting self in high-risk situations)
 - Use
 - Defeatist reaction (intense feelings of failure, shame, despair, and frustration)
 - Full-blown relapse
- Addict must continually recommit to the process of recovery, including turning to support, accepting responsibility, and breaking problems into small steps.
- Family may or not be the main source of support

TIPS and HALT

Two straightforward techniques for use by addict and/or supporters:

TIPS

Truth – honest with self and others

Information – obtain facts rather than respond by assumptions or emotions

Priorities – staying sober, focus on the important

Support – turn to others

HALT (triggers)

Hungry
Angry
Lonely
Tired

Children and Methamphetamines in the home
Summary of Presentation by Dr. Cindy Brown at NCCAT

- In a survey of US County Law Enforcement Agencies in 2005, 58% reported that methamphetamines are the biggest drug problem in their jurisdiction (19% for cocaine)
- Cocaine high: 15 minutes; Meth high: 17 or more hours, sometimes days
- Meth affects the production of dopamine in the brain; first high is the best; subsequent use fails to duplicate first high

Dangers:

- Meth Labs are run by “uneducated” chemists - \$600 of ingredients can be “cooked” within 24 hours for a profit of about \$2000
- Toxic exposure (surfaces contaminated; often found on skin and clothing of those in the labs)
- Fire hazard
- Long term affect – decrease in dopamine production in brain; teeth loss; hallucinations; anxiety; paranoia; insomnia; confusion; weight loss
- 124 children found in NC labs in 2004
- 94 children found in NC labs in 2005
- 35% of children found in these labs test positive for methamphetamines

Specific Dangers for Children:

- Ingestion (oral, inhaled, dermal)
- Injuries (neglect, abuse)
- Inadequate medical care
- Education neglect
- Social-emotional dysfunction
- Neurobehavioral abnormalities
- Chaotic home life
- Energy focused on the next high, not nurturing child’s growth & development
- 3x risk of physical or sexual abuse
- 4x risk of neglect
- 3-4x likelier to become an addict

References

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