

**Families and Addictions:
Interventions**

With

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Family Powerlessness / Unmanageability / Enabling

Attempts to Control	In the long run – Did it make a difference?	
<input type="checkbox"/> Silent treatment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Lying	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Making threats	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Accommodating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Canceling plans	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Assuming responsibility	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Pretending	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Lecturing	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Avoiding	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Relocating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Hiding or dumping (alcohol/drugs/food/sex paraphernalia/ etc.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Enabling
<input type="checkbox"/> Cover up
<input type="checkbox"/> Lie
<input type="checkbox"/> Make excuses
<input type="checkbox"/> Bribe
<input type="checkbox"/> Maintain Don't Talk Rule
<input type="checkbox"/> Not follow through on consequences
<input type="checkbox"/> Other (name) _____ _____ _____

Unmanageability
<input type="checkbox"/> Loss of sleep
<input type="checkbox"/> Headaches
<input type="checkbox"/> Stomach problems
<input type="checkbox"/> Destructive eating patterns
<input type="checkbox"/> Inappropriate expression of anger
<input type="checkbox"/> Silent rage
<input type="checkbox"/> Excessive crying
<input type="checkbox"/> Isolation
<input type="checkbox"/> Job impacted
<input type="checkbox"/> Martyrdom
<input type="checkbox"/> Mental impairment
<input type="checkbox"/> Total preoccupation
<input type="checkbox"/> Destructive behavior
<input type="checkbox"/> Alcohol or drug abuse
<input type="checkbox"/> Depression
<input type="checkbox"/> Walking on eggshells
<input type="checkbox"/> Other (name) _____ _____ _____

Claudia Black, Ph.D.

ENABLING EXERCISE

The addicted person always goes first

ADDICTED PERSON (list for each family member)

One way that you have enabled me is:

That enabling behavior tells me:

CO-DEPENDENT

One way that **I have enabled you** is: (directed toward addict)

My enabling behavior tells you and me:

I commit to:

Enabling process is any behavior that supports the addict's delusion that their drug or behavior is not the problem and aids them in avoiding responsibility for their behavior.

HO/Family Addiction/Enabling Exercise

Family Addiction

Addiction: *a compulsive behavior with something external to our self and a continuation of that behavior in spite of consequences to our self and/or others.*

Disease Symptoms	Disease Behaviors	Feelings
Preoccupation	Rationalizing	Frozen Feelings
Increased Tolerance	Minimizing	Anger
Loss of Control	Blaming	Loneliness
Denial	Euphoric Recall	Sadness
Blackouts	Sneaking / Lying	Disappointment
Craving	Hiding / Secrets	Guilt
Self Defeating Behavior	Isolation	Fear
Decreased Tolerance		Shame
Medical Problems		

HO/Family Addiction/Family Addiction

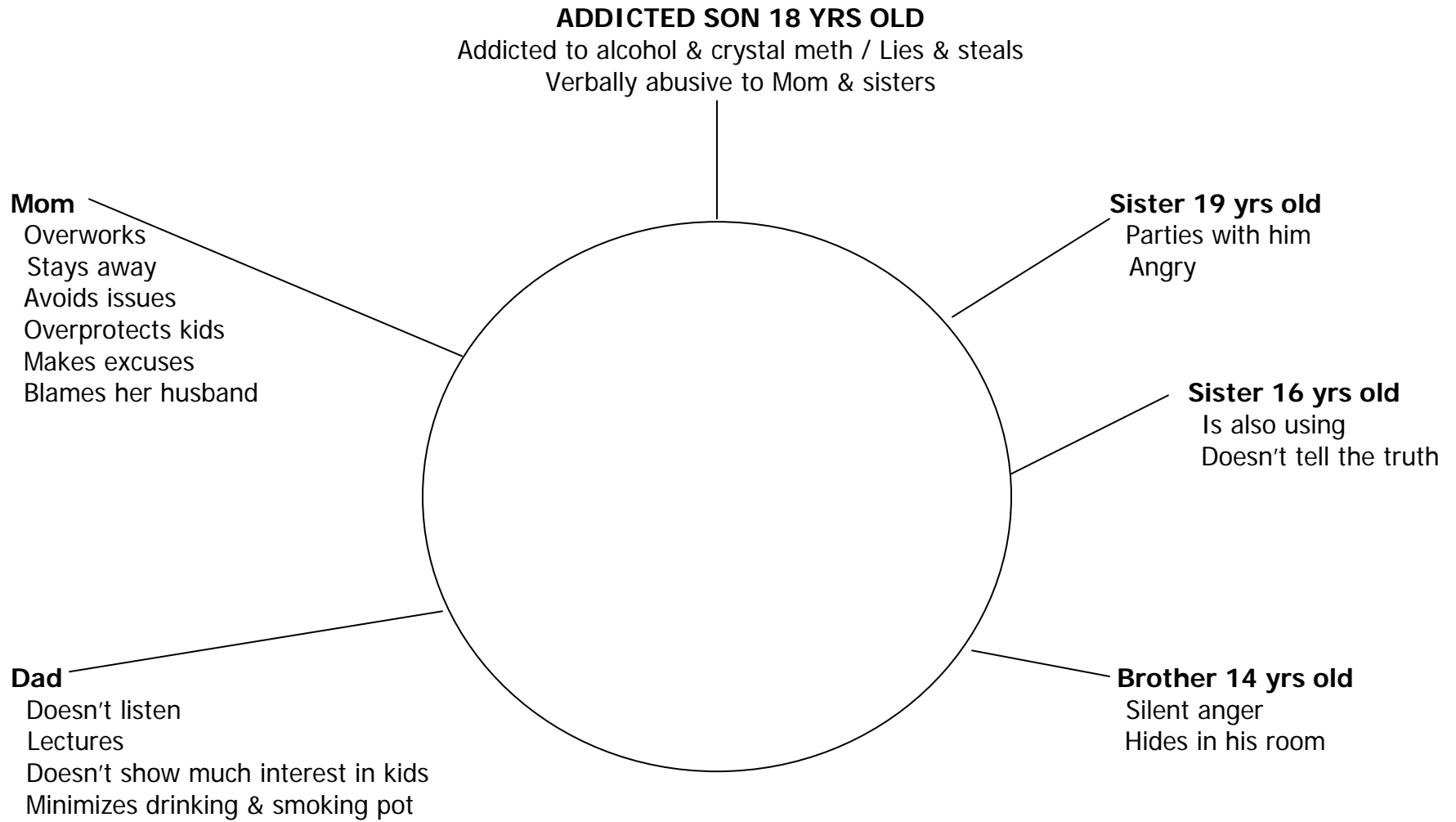
Sharing the Disease

Addict

- How long have you had the disease of (name the addiction)?
- How long have you been dealing with addiction generationally? (i.e. father was alcoholic, grandfather was workaholic, etc.)
- How and in what ways have you seen your addiction progress?
- What do you think is the biggest consequence that addiction and codependency has had on you and your family?
- Give two examples of defenses you've used that have kept you in denial.
- Share your recovery practice. (i.e. 12 Step involvement, therapy, meditation, etc.)

Codependent / Co-addict

- How long have you been codependent?
- How long have you been dealing with addiction generationally? (i.e. father was alcoholic, grandmother was compulsive overeater, etc.)
- How and in what ways have you seen your codependency progress?
- What do you think is the biggest consequence that addiction and codependency has had on you and your family?
- Give two examples of defenses you've used that have kept you in denial.
- Share your recovery practice. (i.e. 12 Step involvement, therapy, meditation, etc.)

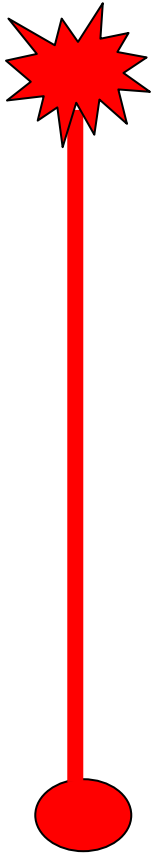


Feelings Meter

On the meters, mark the levels for the feelings listed as you experience them in your family.

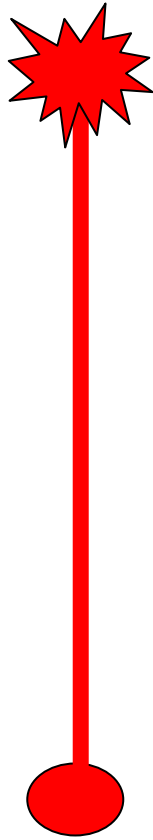
Fear Meter

Very Fearful
Fearful
Somewhat Fearful
Rarely Fearful
Never Fearful



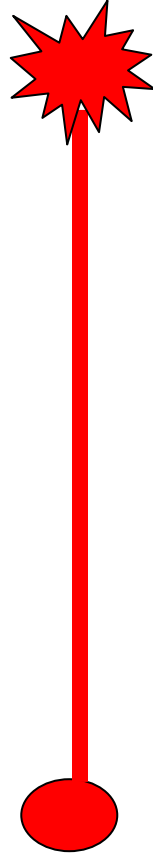
Loneliness Meter

Very Lonely
Lonely
Somewhat Lonely
Rarely Lonely
Never Lonely



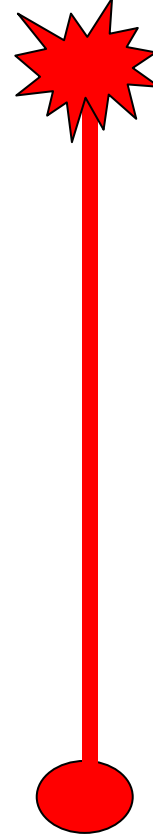
Guilt Meter

Very Guilty
Guilty
Somewhat Guilty
Rarely Guilty
Never Guilty



Sadness Meter

Very Sad
Sad
Somewhat Sad
Rarely Sad
Never Sad



Embarrassment Meter

Very Embarrassed
Embarrassed
Somewhat Embarrassed
Rarely Embarrassed
Never Embarrassed



Family Self Care Recovery Plan

Red Light Behaviors

Behaviors that need to be stopped. These are behaviors that are destructive to myself and to others. Examples: verbal rage, driving while angry or in tears, waiting up all night for the addicted person to come home.

Behaviors I need to change:

1. _____

2. _____

3. _____

How I can accomplish this change:

1. _____

2. _____

3. _____

What might interfere with changing my red light behaviors?

Yellow Light Behaviors

Behaviors that require caution. These are behaviors, people, places and/or things that trigger self-destructive or uncaring acts towards myself and that jeopardize recovery. For family members, triggers are behaviors and situations that can easily lead back into enabling or codependent behaviors. Examples: listening to the addicted person explain why you should loan him/her money; being in a social situation with people who have been part of the addicted person's acting out behavior; or while traveling you call home and no one answers. It is important to learn to assess for potential high-risk situations and triggers to unhealthy behavior. Triggers differ for each family member. This means knowing what triggers your yellow light behavior. One particularly strong trigger is euphoric recall. This is when past experiences or situations are romanticized and the negative consequences are forgotten. Social stressors present significant triggers. When you start to feel pressured and uncomfortable, the urge to return to codependent behavior can feel overwhelming.

Behaviors and/or situations I need to be cautious of:

1. _____

2. _____

3. _____

What I can do to prevent them:

1. _____

2. _____

3. _____

What might interfere with my awareness of yellow light behaviors/situations?

Who can I talk to if I find myself “running a yellow light?”

1. _____
2. _____
3. _____

Green Light Behaviors

Behaviors to take care of myself. These can be spiritual, physical, emotional, intellectual and/or sexual behaviors that characterize and support the recovery process. Examples: spiritual — read daily meditations in the morning; physical — eat breakfast, take a walk after work; emotional — make an emotional check in with self two times a day; intellectual — ask a question when it’s not clear what someone means; sexual — let your partner know when you want to be sexually intimate. One area that you may find particularly difficult is the amount of extra time you have in recovery. Often you spent hours or days each week engaging in preoccupation with the addicted person and his or her behavior. Now in recovery, it feels as though there is a void. It is important to identify and engage in positive activities to account for the extra time.

What I need to do to take care of myself:

1. _____

2. _____

3. _____

How I can accomplish this:

1. _____

2. _____

3. _____

What might interfere with my green light behaviors?

On this day (fill in date) _____ **I make a commitment to myself to stop my red light behaviors, be cautious and aware of my yellow light behaviors and follow through on my green light behaviors.**

(signature) _____

Two affirmations I can use daily to support myself and help me maintain this recovery plan are ...

CoDependent Checklist

In the past months, if you have identified with any of the following, describe the circumstances and the behavior.

- I have raged... and that led to...
- I have not set limits that I needed to set... and that led to...
- I have used spending or other medicators at times of pain, fear or anger... and that led to...
- I have been overworking... and that led to...
- I have focused on my children's or partner's needs more than my own... and that led to...
- I have not been angry when I should have... and that led to...
- I have engaged in self-defeating behaviors such as... and that led to...
- I have engaged in self-defeating thinking such as... and that led to...
- Situations in which I minimized or rationalized are... and that led to...
- Times I did not ask for support when I needed it... and that led to...

Recovery Skills

In the past months, if you have identified with any of the following, describe the circumstances and the behavior.

- Stayed out of the Karpman Triangle (victim, offender, martyr) when in the past I would have jumped in... and that led to...
- Appropriately expressed my boundaries – name examples... and that led to...
- Appropriately expressed my anger, fear and sadness... and that led to...
- Asked for assistance/support... and that led to...
- Owned and took responsibility for coaddict behavior... and that led to...
- Consistently engaged in recovery practices... and that led to...
- Other... and that led to...

Recovery Questions

1. What does your co-addiction look like presently, and in the past?
2. What does your personal recovery look like?
3. What do you see yourself doing differently?
4. How would someone recognize it?
5. What practices support your recovery?

Read through all 22 choices below. Now go back and circle three (3) to five (5) statements that best describe what it was like in the family you grew up in. Then go back again and place a check mark next to three to five statements that describe you or your current family. You can use the space between statements to include any explanations you would like to make.

In my family drinking (drug use, gambling, etc.) was...

1. never mentioned, never discussed
2. fun, the way to celebrate
3. a tense subject with arguments about it
4. forbidden, considered a sin
5. something that made Mom or Dad unhappy
6. simply not done
7. very scary when one of my parents drank
8. done only on special occasions
9. something that was done almost every day
10. heavy at parties, picnics and family get-togethers
11. what I had to look forward to when I came home
12. one parent hiding how much he/she drank
13. an ordinary part of supper
14. the way Mom and Dad relaxed
15. started when Dad got home
16. what every grown person did
17. the sign of a "real man"
18. what I would never do
19. what took Dad or Mom away from us kids
20. what a proper lady didn't do
21. the cause of broken promises
22. not a cause of any problems or disappointments

FAMILY ROLES

In an addictive or depressed family system the disease becomes the organizing principle. The affected person becomes the central figure from which everyone else organizes their behaviors and reactions, usually in what is a slow insidious process. Typically family members do what they can to bring greater consistency, structure and safety into a family system that is becoming unpredictable, chaotic or frightening. To do this they often adopt certain roles or a mixture of roles.

Original work regarding family roles was by Virginia Satir, then adapted by Claudia Black and Sharon Wegscheider Cruse to fit the addictive family. Over the course of years the names vary, yet the descriptions fit. You are welcome to rename that which best describes you. ♦



FAMILY HERO ♦ RESPONSIBLE ONE

STRENGTHS

Successful
Organized
Leadership skills
Decisive
Initiator
Self disciplined
Goal oriented

DEFICITS

Perfectionist
Difficulty listening
Inability to follow
Inability to relax
Lack of spontaneity
Inflexible
Unwilling to ask for help
High fear of mistakes
Inability to play
Severe need to be in control

PLACATER ♦ PEOPLE PLEASER

STRENGTHS

Caring/ compassionate
Empathic
Good listener
Sensitive to others
Gives well
Nice smile

DEFICITS

Inability to receive
Denies personal needs
High tolerance for inappropriate behavior
Strong fear of anger or conflict
False guilt
Anxious
Highly fearful
Hypervigilant



SCAPEGOAT ♦ ACTING OUT ONE

STRENGTHS

Creative
Less denial, greater honesty
Sense of humor
Close to own feelings
Ability to lead
(just leads in wrong direction)

DEFICITS

Inappropriate expression of anger
Inability to follow direction
Self-destructive
Intrusive
Irresponsible
Social problems at young ages (i.e.)
truancy, teenage pregnancy,
high school dropout, addiction
Underachiever
Defiant / rebel

LOST CHILD ♦ ADJUSTER

STRENGTHS

Independent
Flexible
Ability to follow
Easy going attitude
Quiet

DEFICITS

Unable to initiate
Withdraws
Fearful of making decisions
Lack of direction
Ignored, forgotten
Follows without questioning
Difficulty perceiving choices and options

MASCOT

STRENGTHS

Sense of humor
Flexible
Able to relieve stress and pain

DEFICITS

Attention seeker
Distracting
Immature
Difficulty focusing
Poor decision making ability

