

# How to Support Recovery and Not Support Addiction

Dawn Farm Education Series  
November 24, 2015  
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For the next 75- 90 minutes:

1. Remember the title of the presentation is: "Support Recovery" - not create or cause it.
2. Put aside preconceived notions and ideas you may have about addiction and recovery.
3. Be open to new ways of thinking about how to respond to addiction and the addict.

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## Objectives

1. Learn about some of the ways we support addiction.
2. Learn about some of the ways we can support recovery
3. Learn what changes we need to make.

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|   |   |
|---|---|
| <p><b>Support Addiction by:</b></p> <p><u>Misunderstanding Addiction</u><br/>Believing use is a choice</p> <p>Enabling<br/>Trying to connect with the addict</p> <p>Trying to take care of things ourselves</p> | <p><b>Support Recovery by:</b></p> <p><u>Understanding Addiction</u><br/>Understand it is a disease</p> <p>Detaching<br/>Understand treatment</p> <p>Understand recovery<br/>Ask for help</p> |
|---|---|

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## Definition

Addiction: is a primary, chronic, relapsing, progressive disease of the brain's reward, memory, motivation, and related circuits which may be fatal.

Not related to:

- how much substance is used
- how often is substance used

Is related to:

- what happens when person uses drug/alc.

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## Definition

Codependency: is the tendency of one or more family members in an addicted family to become harmfully over-involved with the addicted family member which reduces the level of well-being of the codependent family member(s).

Promotes progression of addiction.

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## Support Addiction

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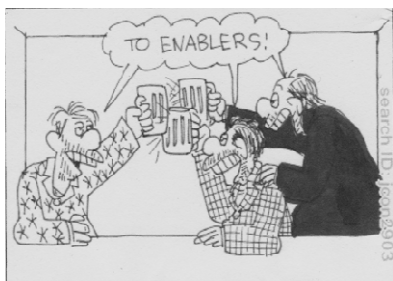
Support Addiction by:  
Believing use is a choice

- “I wish he would (choose).....”
- “Why doesnt she (choose)..... “
- “He should (choose)..... “
- “If only she would (choose).....”
- “Why cant he (choose).....”
- “Doesn't she see (choices) ....”

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Support Addiction by:  
Enabling



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## Enabling

Anything we do which gets between the addict/alcoholic and the consequences which result from their drug/alcohol use.

Nurtures the progress of the addiction.

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## Enabling why do we do it?

- Desire for stability and balance in our lives.
- Avoidance of pain - ours and the addicts`
- Believe it will help the addict get on their feet.
- Solve the problem – improve addict's circumstances - will improve the addiction.
- So: we respond to the behaviors (signs of the disease) - not the disease.

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## Enabling

- Rationalize the behaviors.
- Minimize the effects or consequences of behaviors.
- Covering for acts of omission or commission.

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## Enabling

(examples – partial list)

- Give or lend money/pay bills
- Buy or provide alcohol or drugs
- Bail out of jail
- Lie to cover up problems
- Rescue or fix problems
- Defend behaviors to others
- Take over responsibilities

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## Consequences of Enabling

Delays intervention

Delays treatment

Disease progresses –

consequences increase

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## Support addiction by:

Responding to the addict's alcoholic's behaviors

- We work to connect with the addict - to maintain a relationship – to communicate

|              |   |              |
|--------------|---|--------------|
| anger        | → | rage         |
| concern      | → | panic        |
| frustration  | → | retaliation  |
| authority    | → | dominance    |
| persuasion   | → | manipulation |
| disagreement | → | hostility    |

The intense anger response is motivated: Fear

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## Responding to behaviors

- Perfectionism: unable to control the addict - so keep everything else under control.
- Procrastination: everything tried to do ends in disaster – avoid calamity, so don't even try.
- Caretaking: takes care of everything - pay the rent, make excuses, lend the car, buy the beer, clean up all the messes.

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## Support Addiction by: Taking Care of Things Ourselves

\* Common misconception: addiction is the result of a bad decision(s) or an unfortunate turn of events.

\* So fixing the "problem(s)" = fixing the addiction

- give him/her a fresh start
- provide an education
- provide means to start a business

\* Try to "shake some sense" into the addict

cycle of: threaten - punish – relent

\* Utilize responses which work with non addicts/alcs.

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## Support Recovery

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Support recovery by:  
Understanding addiction as a disease

- Definition of disease:
  1. a state of ill health
  2. definable set of Si/Sx
  3. predictable course and outcome
  4. cause(s)/predisposition known or unknown
  5. abnormal function of one or more organ

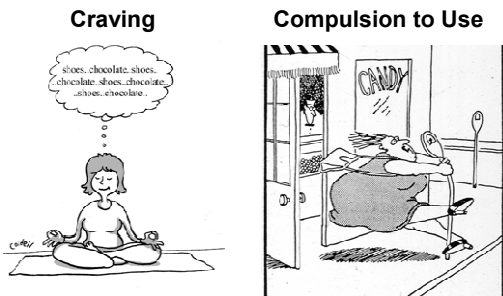
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2. Specific Signs and Symptoms

- a. Loss of control
- b. Continued use in spite of bad consequences
- c. Craving/Obsession
- d. Compulsion to use
- e. Chronicity (occur repeatedly)

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#2. Specific Signs and Symptoms



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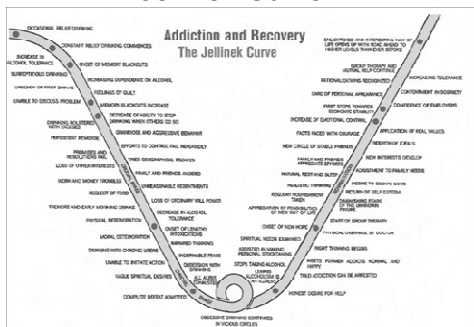
#3 Predictable Course and Outcome

Addiction's Progression

- |  |  |   |
|--|--|---|
| <b>Early Phase</b><br>no detectable effects of use → | <b>Middle Phase</b><br>use begins to have an effect on the addict's life → | <b>Late Phase</b><br>uses to prevent withdrawal and feel normal - without treatment consequences increase |
|--|--|---|

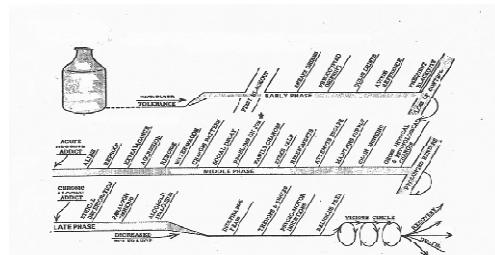
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Predictable Course and Outcome  
Jellinek Curve

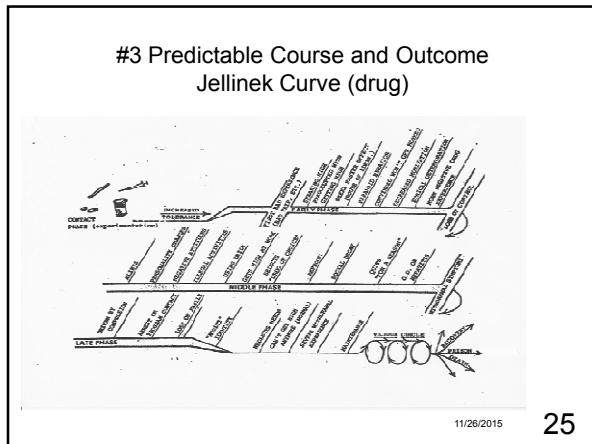


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#3. Predictable Course and Outcome  
Jellinek Curve (alcohol)



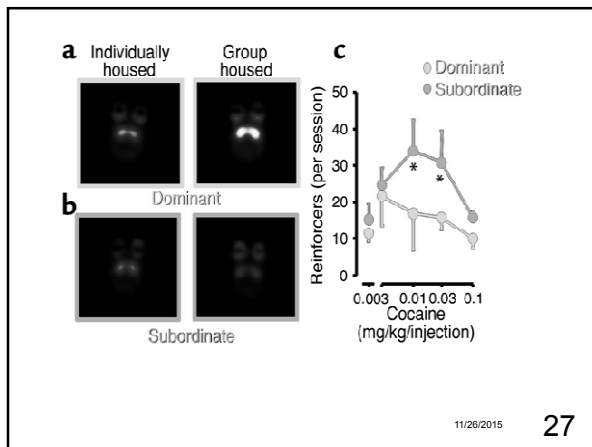
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### #4. Cause(s) may or may not be known:

- Three (3) factors identified contributing to addiction:
  - genetic –identical twins vs fraternal twins
  - diverse environmental factors
  - drug induced effects on gene expression
- However there are addicts who have no genetic factors identified.

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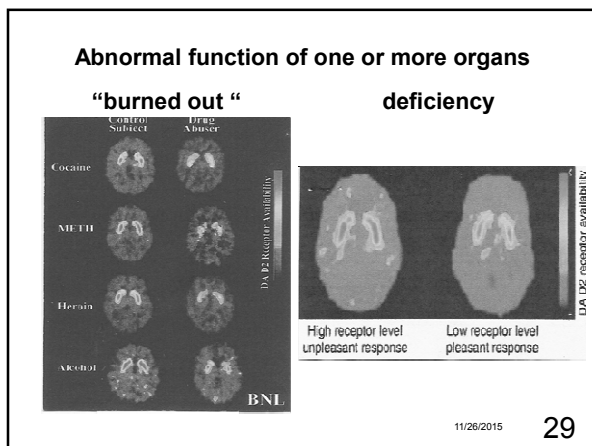


### #5 Abnormal function of one or more organs

Activation of the reward pathway by addictive drugs

- Is there an abnormality of the Reward Pathway?
- Do people with addiction have low dopamine because they have “burned out” their pleasure center?
  - or
- Do some people develop addiction because they have “reward deficiency syndrome” (decreased dopamine)?

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### Abnormal function of one or more organs

- Conclusion:
  - Those who “enjoyed” Ritalin (amphetamine) had LOWER levels of dopamine.
  - Those who found it “unpleasant” had NORMAL levels of dopamine.

addiction is an abnormal response to reward

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## Respond to behaviors

- Anger:
  1. Response to: hurts of the past  
                  fears of the future  
                  rage, hostility, retaliation, ready to fight
  2. Response to: the present - has three purposes  
                  instruct - protect - make emotional connection  
                  use the anger to: motivate change, learn

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## Support recovery by: Detaching

is the separation of ourselves emotionally  
from the addict and his/her behaviors.

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## Detachment

- Is not:
  - synonymous with inaction
  - waiting for the addict to be ready for treatment
  - minding our own business
  - ignoring the addict
  - discontinuing efforts to help the addict

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## Detachment

- Means:
  - we stop responding to the behaviors
  - we stop managing the addict's problems \
  - take the focus off the addict/alcoholic
  - put the focus on us – regain the ability to make meaningful decisions and choices
  - Done without: turmoil, being punitive

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## Detachment

- Results in:
  - fewer false assumptions
  - freedom from paralyzing fear
  - being able to act and not react i.e. make decisions
  - taking action even if we are uncertain about the outcome

*How do you do this?: Practice*

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## Support recovery by: Understanding Treatment

- Research shows:
  - The longer the period of treatment the better the outcome
- Two questions about treatment
  - What happens during the time someone is in treatment?
  - What happens when the patient comes home?

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## Treatment

Detoxification: if indicated

Addresses: acute medical or psychological problems

Evaluate and Diagnosis: any co-occurring illnesses

Initiate: medications as needed

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## Treatment

- **Education:** addiction as a disease  
relapse prevention (counseling)  
problem solving skills  
healthy living strategies  
about AA/NA
- **Discovery:** severity of their disease  
problems (medical, social, psych)  
impact on their family  
participation in AA/NA

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## Recovery Begins when Treatment Ends

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## Recovery

### Old Treatment Model : Acute Medical Illness Mgmt.

(ex. pneumonia, bleeding ulcer)

treatment → discharge with aftercare plan

Recovery Initiated: several follow up visits

Individual is on their own – return visit *pm*

### New Treatment Model : Ch. Medical Illness Mgmt.

(ex. diabetes, hpt., heart disease)

treatment → discharge with aftercare plan

f/u regularly with provider → Rx adjustment *pm*

regular f/u continues for extended time

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## Support Recovery by: Understanding Recovery

Abstinence ≠ Recovery - Treatment ≠ Recovery

### Recovery

- a voluntarily maintained life style characterized by sobriety, personal health, and citizenship. (Betty Ford Institute)
- a process of sustained action that addresses the biological, psychological, social, and spiritual disturbances inherent in addiction. (Am. Soc. Addiction Medicine)
- “is easy” – just quit drinking (*using*) and change the way you do everything in your life. (personal communication)

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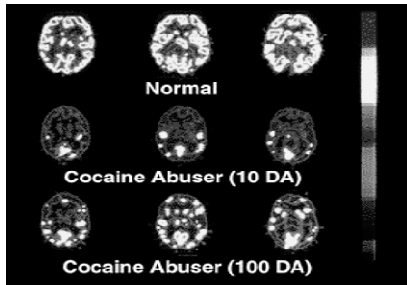
## Recovery for the addict/alcoholic

- Is difficult
- Takes lots of hard work
- Takes action
- Is about changing behaviors
- Is about changing thinking
- Is about changing the ability to deal with life.

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## Treatment



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## Recovery for family members

- Is difficult
- Takes lots of hard work
- Takes action
- Is about changing behaviors
- Is about changing thinking
- Is changing expectations about treatment

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## Get the Help and Assistance which Supports Recovery

- **First Step:** Ask "Is what I/we are doing working"?  
or "Does it just seem like it should work"?
  - **Second Step:** Be willing to admit I/we may be incorrect in our assumptions i.e. I/we are wrong/made a mistake!!
  - **Third Step:** Ask "Am I/we willing to endure the pain/discomfort of change"? (in attitude, focus)
- (These are not AA/NA/AIAnon/Naranon first three steps)

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## Support Recovery by: Being willing to get help and assistance

- **Education:** about addiction, treatment, codependency – books, conferences, people in recovery, open AA mtgs., pamphlets, videos
- **Therapy:** individual or family (use therapists familiar with addiction, recovery and codependency)
- **Mutual Support Groups:** Al-Anon, Nar-Anon, Alateen, Families Anonymous
- **Intervention & Structured Family Recovery:**  
March 29, 2016
- **Willingness to talk/ask about addiction**

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## Conclusions

1. You didn't cause it, can't control it, and can't cure it.
2. Taking care of yourself is one of the best ways to help someone else.
3. Supporting recovery is like planting seeds - it takes time to see results, you have to sow lots of seeds to get results and there can be a crop failure.
4. Get an education about addiction.
5. Ask for and accept help.
6. Set boundaries/limits you can and will enforce
7. Be certain the addict/alcoholic knows help and support is available.
8. Ask the addict/alcoholic, "How can I help to support your recovery"?

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## Resources

*\*Love First: A New Approach to Intervention for Alcoholism and Drug Addiction:* Hazelden, 2000, Jeff Jay and Debra Jay

*\*No More Letting Go:* Bantam Dell, 2006, Debra Jay

*\*It Takes a Family:* Hazelden, 2014, Debra Jay

*\*The Selfish Brain: Learning From Addiction:* Hazelden, 2000, Robt. DuPont MD

\*Nat' l Inst. On Alc. Abuse & Alc.: [www.niaa.nih.gov](http://www.niaa.nih.gov)

\*[www.lovefirst.net](http://www.lovefirst.net) (Intervention and Treatment resources)

\*Nat' l Inst. On Drug Abuse: [www.nida.nih.gov](http://www.nida.nih.gov)

\*google.com; Intervention

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