



Silkworth Lodge Family Programme

An information booklet from Silkworth Charity Group, the recognised leader in drug and alcohol treatment providers in the Channel Islands

For families struggling to cope with addiction, the situation can seem hopeless. But there is hope – and there is help at hand

Welcome to the Silkworth Lodge Family Programme

If you are reading this, then you have had first hand experience of having a loved one with the disease of addiction.

You know what it's like to worry, to want answers, to feel helpless and angry. You wonder if it's your fault. You wonder if you're doing enough. You wonder what else you could possibly do. You wonder how much longer you can live with the chaos that the disease of addiction brings with it.

You've tried many ways to adapt: you've tried to help and fix your loved one, you've controlled and managed the damage to their and others' lives, thus enabling them to continue drinking or using drugs without consequences. You walk on eggshells, hoping to not provoke another argument, which only leads to more drinking or drugs. You've covered up, cleaned up, made excuses, rescued, overlooked, written them off, and

kept quiet. You've distanced yourself from old friends, embarrassed to talk about it outside the family. You may be ready to leave altogether, in order to protect yourself and your children from more hurt, pain or conflict. You search for someone or something to blame: your loved one, yourself, their depression, or their lot in life, anything to explain what is causing the addiction.

“ I now have a life that I never thought would have been possible.”



When someone in the family struggles with addiction, it's natural to want to fix the problem. If your loved one decides to go to treatment, you feel relieved.

So, you may be thinking...

‘Once she gets better, things can get back to normal.’

‘He’s doing so well, everything should be fine once he gets back home.’

However, as your loved one gets closer to the end of their treatment, you may find the old anxiety rising again:

‘What do I need to do to make sure our home is safe for her?’

‘Suppose his old drinking/drug-taking friends won’t leave him alone?’

‘What about Christmas and birthdays, do we serve alcohol or not?’

‘Should I give up drinking too?’

There are changes we can make – changes we need to make – that can make the difference between having peace of mind or repeating the old crazy way of life. We begin to understand that we could not control our loved one’s drinking or drug use, and we can’t control their recovery either. We learn how to take the focus off of them, and put it back where we do have control: ourselves.

Where do we go from here?

You may be thinking, "I've tried everything to get her to stop."

Probably, everything means things such as reasoning, pleading, begging, rescuing, arguing, threatening, cajoling, bribing, ignoring, reprimanding, or punishing. You've spent time and energy using these strategies without results, because none of them work – at least not for very long.

We've never been taught how to deal with a loved one's drinking or using in a way that is truly effective.

First, understand that we speak different languages. The family member sees alcohol and drug use as the problem. The addict sees it as the solution – it eases the pain for life. The cycle of addiction looks like this:

Addict feels pain: either emotional, life stress, no money, lost job, lost relationship, or depressed: uses drugs or alcohol to ease the pain. Addict sees this as the solution; it works, for a while. Addict feels better, but the pain comes back, often worse than before – addict employs the solution and uses to ease the pain, and the cycle begins again.

As humans, we are hardwired to avoid pain and seek pleasure. This cycle continues for the addict until the pain of addiction is worse than the rewards.

As family members, we observe this cycle, but here's what we see:

Addict feels pain: emotional, stress of life, no money, lost job, lost relationship, or depressed: uses drugs or alcohol to ease the pain. Family sees this as the problem.

We believe if we fix the problem (the emotional pain, life stress, no money, lost job, depression) then the using will stop. So we try to fix the problem. It usually works for a while. We think we've done a good thing, and we feel relieved. As we repeat this cycle, relief equals pleasure.

This is the cycle of enabling.

Enabling is doing for others what they need to do for themselves.

Since we feel better after we've fixed the problem for our loved one, we mistakenly believe enabling works.

Eventually, though, our life, and our addicted friend's or loved one's life becomes unmanageable.

Ask any recovering addict and they will tell you:

'I had to suffer the consequences of my drinking and drug misuse in order to reach a place that I couldn't do it anymore, I realised I needed help, and wanted to change. My family, though they meant well, was helping to keep me sick. It wasn't till they let go that I realized I had to change.'

In other words, addicts don't change when they see the light, they change when they feel the heat.

Ask yourself the question, **"Am I ready to let my loved one feel the full effect of the consequences of their drinking or drug misuse, and not jump in to rescue them?"** Take your time before you answer. It may mean not paying their bills for them any longer, not providing a place to live when they can't pay the rent, not allowing them to put their children at risk by being around them while they are inebriated and a possible danger to themselves or others. It means making some hard decisions.

If you do decide you are ready to take those steps, you are going to need help. Changes like these are nearly impossible to accomplish without support and help because we are interrupting the pain-pleasure cycle for ourselves. When we remove the enabling, we will likely feel pain.

So, what's the solution?

The solution is learning how to detach with love and caring. Detach means to step back a little and try to see the bigger picture. It's caring without fixing. We can do this if we have help, the help of those who've gone through it themselves.

We set boundaries: we begin to tell our loved one, **"Because I love you, I will no longer support your addiction. I will support your recovery, when and if you decide to choose it."** By doing this, we are keeping the focus on our well-being and ourselves. We are giving love and support to our loved one, not to the addiction.

In the meantime, we learn how to take care of ourselves, set more boundaries, and carry on with hope.

Time to take action...

Let go with love

This is the action we take every day that says: *'For today, I am turning you over to your fate, higher power, God, the universe and I am going to now focus on me – the only person I can change.'* This is not abandonment, nor is it done out of fear, anger, or resentment. At first, it feels selfish. Actually, at first we're afraid that our loved one can't make it without our oversight. After while, we realize that our loved one's fate was not ours to manage. Their job in recovery is to reach out to the ones who can really help them – other people who are working a programme of recovery.

At the same time, we can refuse to enable or endorse addictive behaviours in our loved ones, and we can refuse to allow addiction to run our lives. Since we have likely made a career out of worrying about, taking care of and fixing our loved ones, this can be difficult at first. We find it becomes easier when we ask for help and begin to take care of ourselves. Letting go with love becomes the beginning of an honest and respectful relationship with us and with others.

Take time for reflection

Possibly the most important aspect of changing our lives for the better, we find that when we take some time each day for ourselves and connect with peaceful thoughts, we build our capacity for happiness. This is a spiritual connection, and it is up to each one of us to decide how we go about it. You are saying: *'I'm no good to anyone unless I take time out for peaceful self reflection, to contemplate what I'm grateful for each day'*.

This is an act of surrender. It's admitting that I can't do it alone, all on my own steam. It's admitting that I'm human and need help. Finally, it's essential for my health – physical, mental, emotional, and spiritual.

Let's talk about what addiction is

By now you've had many experiences with your loved one's drinking or drug use and you've likely drawn conclusions about why they do it.

Most often, families and friends of addicted people believe that there is a choice involved in drinking or drug taking, especially to excess. Especially when the consequences involve losing the respect of their loved ones and friends, loss of job, quality of life, health and happiness. Their actions just look like bad behaviour. Kevin McCauley, a medical doctor from the United States, initially found recovery from alcoholism by going to treatment. While he was there, he was told he had a chronic, progressive primary disease and that his recovery would depend on his acceptance and surrender to certain recovery principles – the first being that he was no longer able to control his drinking, nor the effects and consequences of his drinking. In effect, he had to surrender, and admit that he was powerless over alcohol, and that his life had become unmanageable. Most of us, as family members watching our loved one's life disintegrate in front of our eyes, have no argument with the *'unmanageability'* part of this idea. But powerless? Surely they had a choice to drink – in fact if they know it's no good for them and it's ruining their lives, why don't they just use the tools they've been told about and choose not to drink?

'One of the big reasons we have difficulty calling addiction a disease is our inability to grasp the true nature of craving. Craving is a very real mental suffering the addict endures when they come to the point in their addiction when they are using even when they do not want to.'

Kevin McCauley, MD
www.instituteforaddictionstudy.com

Addiction: A brain disease

McCauley wanted more evidence. As a physician, he wanted to know how and why this affliction qualified as a disease, and why it wasn't just a series of choices – bad ones.

He set out to research the disease of alcoholism, and produced his findings in a documentary film, 'Pleasure Unwoven'. He debunks the 'choice argument,' which assessed that addiction can't be a disease, because it is a behaviour, and behaviours are chosen. His example is this: if you hold a gun to an addict's head and tell him, 'If you take a drink, I'll put a bullet in your brain,' he'll choose, at that moment, not to drink. That's proof that the alcoholic can decide at any time not to drink.

So, what's the problem?

The problem is, addiction is a disease of the part of the brain that allows us to make proper decisions. Here's a little brain science in layman's terms.

The brain is 'an organ of places' – one area governs our vision, another our language, in the back is our memory, in the middle toward the rear is our survival instinct, and in front, housed in our forehead, is the large part of the brain called the pre-frontal cortex. This is where we make decisions. Choice resides here. So it stands to reason that if that part of the brain is affected, it's just an issue of making better choices. That's partially true, improved decision-making is part of recovery, but at the core of the addiction is something much more compelling. The part of the brain that has been hijacked by the drug of choice (or better said – the drug of no choice) is the same area that drives our pleasure, and thus our survival. The development of the mammal brain over millions of years has seen to it that the things most essential for the survival of the species are pleasurable – eating and sex especially. The brain tends to prefer cake to broccoli because if one is in the process of starvation, fats, sugar and protein will sustain a mammal much better than the fibre and complex carbohydrate of broccoli.

Mood-altering drugs – alcohol, opiates, amphetamines, benzodiazepines and more - all have the quality of releasing a chemical called dopamine in the brain. That's one of the feel-good neurotransmitters. When the drug, or the chocolate cake, hits the brain dopamine is released. It says, 'I want more of that.'

83% of patients completing treatment at Silkworth Lodge remain abstinent from alcohol.

For those people who are addicted, the pleasure is more than what the average person feels. Since the midbrain governs survival instinct, it exerts a stronger influence than that newer pre-frontal cortex that is supposed to control choices. The pleasure centre eventually gets 'hijacked', alcohol and drugs rearrange the order of importance for survival, and the desire for them translates in the addicted brain as 'I must have this to survive'.

By now, reason and choice are no longer possible. There are more chemicals involved – glutamate is released in the brain that reinforces the survival need for this intensely pleasurable experience, thus creating the phenomenon of craving. Craving for drugs and alcohol in an addicted brain supersedes what non-addicted people feel – it's an uncontrollable obsession that cannot be ignored. Drug pathways get stronger as the person continues to use. The addicted person now experiences total loss of control. They have no choice but to use.

'If you are in medical school and you write, addiction is not a disease on one of your exams you will flunk. In medicine, we now know that the addict's brain really is different than normal brains, and from a physiologic stand-point we now know how it is different.'

Kevin McCauley, MD

74% of patients completing treatment at Silkworth Lodge remain clean of drugs.

There are many other factors involved in addiction that science and medicine are just beginning to discover. Interestingly, the disease concept has been around for many years, without proof, but with good results for recovery when applied to the treatment of alcohol and drug addiction. We make new discoveries in the genetic component of addiction – we know that some are born with a predilection for addiction, some for a preference of one drug over another. It even appears that craving is hereditary. We know that the gene can be triggered by environmental factors and trauma, and that others are born with resilient genes where drugs and alcohol are concerned. The complexity of the disease was well articulated in 1937 in the book Alcoholics Anonymous: ‘Remember that we deal with alcohol: cunning, baffling, and powerful!’

And this is where the choice argument falls apart. In his film, Kevin McCauley says:

‘The gun to the head cannot and will not change or control the feeling of craving for the drug that the addicted person feels while thinking... “I wonder if I can get that alcohol in me and to my brain before the bullet hits.”’

Questions to reflect upon:

What is working well in my life right now?

This doesn’t have to be a big thing, just find something that brings you happiness, even joy.

What am I grateful for?

Making a list each day will change your mental attitude immensely.

What is happening in my life that is no longer tolerable?

What is happening in my life that I may not like much, but I can make peace with it for now?

How have I blamed myself?

Remember: you have been doing your best to be helpful. No one reacts to having addiction in the family with total grace, much less a real clue as to what to do about it. If you are blaming yourself for not doing more, give yourself a break. The biggest mistake we make is when we believe that we can make someone quit drinking or taking drugs. Neither can we make them follow their recovery plan. But we can take that energy that we’ve invested in getting them well, and put it towards our own recovery.

Remember the 6 C’s

Adapted from Jerry Moe Vice President, National Director of Children’s Programs, Betty Ford Center

I didn’t cause it

I can’t control it

I can’t cure it

However:

I can take care of myself

I can communicate my feelings

And I can make healthy choices for me

Reflection

What are some of the ways I tried to be helpful, that did not work?

What are the old coping behaviours that I’m most likely to fall back into?

Find other people to talk to about your situation. Learn how to ask for help.

Do you usually try to sort out your problems alone, rather than bothering others with it? Asking for help is hard – we are used to being self-reliant. We have many reasons not to want to share what we feel – we’re embarrassed, we don’t like the feeling of not being able to solve it on our own, we don’t want to betray our loved ones. The stigma of addiction is powerful; but its power diminishes each time we bring it out of the dark and into the light by talking about it.

Reflection

Who do I know that I trust and can talk to?

What ‘baby steps’ can I take to begin to ask for help?

When we talk to others, we keep the focus on ourselves, our feelings and our actions and behaviours. Attend a Al-Anon meeting, a fellow-ship especially for friends and families of alcoholics and addicts.

Do things that make you feel better about yourself. Find your inner strength.

In the past, we have been hyper aware of everything our addicted loved one was doing (or not doing). We were on edge most of the time, worrying about what disaster would happen next. It requires a decision to do it differently, and then backing it up with action to get that ‘worry-monkey’ off our backs.

What can we do differently?

Instead of staying up late and fretting when our loved one is out, make a commitment to go to bed at a regular time that is right for you. Make bedtime a time of peace for yourself: read a meditation from a favourite book of meditations, read other recovery literature you find helpful. If sleep eludes you, try some simple relaxation techniques, perhaps some non-caffeinated tea, or plain water. Writing down your worries and concerns before you sleep and then offering up to a higher power can help. Some people use a ‘God Box’: writing down fears, worries, negative thoughts, anything that continues to ‘chase it’s tail in your head’ and putting it in the box as a way of turning it over to a power greater than me. When we find ourselves preoccupied with what our loved one is up to – are they at work?

Hanging out with old negative ‘influences?’ Instead of making calls to check up on them, make plans for yourself: meet some friends you can count on, catch up on work you need to do, spend some time in nature, take a long brisk walk.

Stop making excuses for your loved one.

Don’t bail them out any longer when they are short of money. Don’t change your family plans because of them.

Stop protecting them from the consequences of their disease.

How do I take the focus off my loved one and put it back on me?

Try choosing one change per week from each list below. If that is too much to manage, try one change only.

Physical health

Begin slowly. If you have not been exercising, add some dedicated walking into your schedule. Change an eating habit if needed. Consider quitting smoking. Get in for regular medical and dental check-ups.

Mental health

Take time to simplify your life. Plan your work and work your plan. Remember the words *'Live and let live'* when you find yourself wanting to engage in arguments or discussions that aim to disturb your serenity and peace of mind. Employing strategies for stress reduction regularly can help soothe a fretful mental state.

Self-image

Cultivate some outside interests you've thought about, but never acted upon: an art class, a new sport, listen to music, garden, take up reading, volunteer in your community.

Reflection

What things have happened today that I have no control over?

What things have happened that I can change?

What are my resources for help in accepting what I can change, and to find courage to change what I can?

Spirituality

This is highly personal but so important. Start by getting honest about what feeds your spirit. It's okay to listen to those promptings – *'To thine own Self be true'* is a good suggestion here. Community is a cornerstone of spirituality, so find places where you can engage with others and become actively involved.

Learn to live one day at a time

This phrase is the key to rebuilding our lives. We can do anything for 24 hours that would appall us if we thought we had to keep it up for a lifetime. It means forgiving ourselves and others for the past. It means being hopeful, yet realistic about the future. It means living life as fully as we possibly can, each day. It means taking time to enjoy what is beautiful each day, which is our birthright. It also means coping with the problems that do arise, but only as they arise.

The Serenity Prayer helps in living one day at a time:

God, grant me the serenity,
To accept the things I cannot change,
Courage to change the things I can,
And the wisdom to know the difference.

Some closing thoughts:

*Look to this day
For it is life
The very life of life.
In its brief course lies all
The realities and verities of existence,
The bliss of growth,
The splendour of action,
The glory of power -
For yesterday is but a dream
And tomorrow is only a vision.
But today, well lived
Makes every yesterday a dream of happiness
And every tomorrow a vision of hope.
Look well, therefore, to this day.
Sanskrit Proverb*

'Though nobody can go back and make a new beginning, anyone can start today and make a new ending'

Carl Bard, Courage to Change, Al-Anon Family Groups

Frequently asked questions

You mention spirituality – does recovery involve religious faith?

Religion and spirituality are often confused. Recovery does not require one to be part of a religious faith. There is no requirement to profess any religious belief in order to recover from addiction. In recovery, one begins to realize that spirituality is tending our relationship to ourselves and to others. The oft-talked about 'higher power' of recovery can be the support of the group of recovering addicts themselves.

What happens if my loved one recovers, but then has a relapse? How can I prevent them from relapsing?

In reality, our loved one may relapse, and it's not the end of the world. It doesn't mean the addicted person starts back at the beginning, or that they aren't motivated for recovery, or that treatment has been a failure, or a waste of time and money. Having a plan in place for the addicted person and the family, agreed upon by all before relapse occurs, reduces fear and anxiety because everyone knows what to do, and what not to do.

Also, the person who relapses and immediately admits it to others who can help, such as a sponsor, at a 12-step support meeting, an aftercare group, or a counselor is actually working a programme of recovery. It's important for family members to meet a relapse in their loved one with firm compassion; firm in their resolve to not support the addiction through shaming, scolding, rescuing, or enabling. When the loved one knows that if they use, they will be supported and not punished, the need to lie is reduced. Compassionate detachment, or detaching with love means that we separate the person from the disease; our loved one is not a bad person trying to be good, but an ill person trying to get well. Allow them to take responsibility for their recovery. When we return to our old behaviours of walking on eggshells, covering up, and checking up on them, then we have relapsed. The best thing we can do for our loved one's recovery, is to get help and find recovery for ourselves.

I can't understand how my loved one has got to this point. Is there anything I could have done earlier to prevent it?

In recovery, a great deal of emphasis is placed on managing life one day at a time. That means that what's done is done, what's past is past, and there is no changing the past. The only time anything can be changed is right now. It is also essential to remember that you didn't cause this disease, you can't control your loved one's drinking or using, and you are not the cure.

Is there anything I can do for my loved one other than just look after myself?

What should I be saying to encourage them throughout the recovery process? Self-care is not just something to occupy us while our loved one recovers. If there is addiction in the family, then the disease has been affecting our relationships for a while. We have to look at our part in the dysfunction in the family and take responsibility for our behaviours. If we expect them to change, the best encouragement we can give is to make changes ourselves. It's also helpful to notice when our loved one is making a change, even if it is very small. Catch them doing something good for their recovery and tell them how it makes you feel to know they are working hard. If we have been critical before, we can work on not criticising our loved one's behaviour, no matter how crazy it makes us feel. We can talk to a friend or better yet, go to our own support meeting, such as Al-Anon to hear how others handle such situations.

Some relatives feel ashamed that we have an addict in the family. What should I say to them?

Explain to them what you have learned, that addiction is a disease that causes people to behave in ways they would not otherwise choose if they were sober and in recovery. Encourage them to find out more about the disease, get support for themselves, and that again, nobody caused it and it's nobody's fault. Shame is a powerful feeling. It's enough for now. Start to let go of your own feelings of shame.

Does my loved one need to be resident in Silkworth Lodge for us to take part in the Family Programme?

Not at all. Call Silkworth Lodge and someone will speak with you individually, offering support and letting you know what options are available for you to participate in.



We help rebuild lives and family relationships devastated by substance misuse.

For further information

Visit www.silkworthlodge.co.uk

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