



*A Survival Guide  
for Those Coping With a Loved  
One's Addiction*

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*“Offering Hope to a Seemingly  
Hopeless Situation”*

*“Spectacle After Storm”*

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## **Introduction**

Countless individuals globally are grappling with the ramifications of substance abuse. The pain is felt well beyond the lives of the individuals suffering from addiction. The ramifications associated with such self destructive, outwardly devastating conduct, cause immeasurable harm both individually and collectively. Taking into account the rippling negative impact of substance abuse, it becomes apparent the “disease” of alcoholism/addiction adversely affects communities more than any other illness known to humankind. The Big Book of Alcoholics Anonymous correlates the conduct of those acting out of his or her addiction similar to a tornado devastating all in its path.

This booklet is for those caught in the trail of this devastating storm. It is a common occurrence, in the midst of such turmoil, for loved ones to find themselves completely baffled with how to deal rationally with such an irrational situation. The following will offer concise suggestions on how to deal more effectively when a loved one’s addictive behavior has become challenging to cope with, if not unbearable. It is a common occurrence for others to arrive at a place of “enough is enough” long before the “qualifier,” to use an Al-Anon term, realizes the unmanageability of his or her life.

I met a young woman who had recently completed a brief period of treatment for her abuse of substances. She exclaimed to me that she had no intention to stay sober. She explained that she wasn’t finished using drugs. She bluntly stated, “I haven’t had enough.” I responded by telling her, “Perhaps you haven’t had enough of your own behavior. Ask your mother, ask your father, ask your brother, ask your sister, ask your spouse, and ask your friends whether they have had enough.”

I pray you have had enough to be inspired to take action and pursue a path of recovery beneficial to all involved. I pray the following words will “offer hope to a seemingly hopeless situation.”

### **Acknowledgements**

I wish to begin with a disclaimer. I abhor the use of “labels” to categorize individuals, especially in the health care field. Individuals are far more than his or her disease or diagnosis. Reluctantly, due to issues of practicality, I will utilize the term “addict” when referring to both “alcoholic” and “addict” as those suffering from the on-going abuse of alcohol and/or illicit drugs, despite a multitude of on-going negative consequences.

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To Allen Berger and Ed Storti, I present an additional heartfelt appreciation. I offer a very special note of gratitude for Dr. William and Carleen Glasser. I am eternally grateful for them being in my life. I hold, and will always hold, a very special place for them in my Quality World.

## **In Memory Of**

I recall a friend who is no longer with us. She possessed a childlike essence that exuded a contagious mix of innocence, wonder, and joy. She was like a hummingbird, joyfully bestowing blessings, fluttering from flower to flower, gathering a sweetness that fed her soul. Sadly, the nectar she sought was clouded by the poison of alcohol and drugs. She and I once shared a disease. Her life was taken, mine was spared. Perhaps, if I would have mentioned my concerns, she would still be here. I don't know. I grieve for her, her widower, her family and friends and all those involved in that tragic accident that took her life not too long ago.

My dear friend, I will always remember you. I will continue your legacy through the work I do.

Josanna Morningstar Reese  
August 14, 1982 – April 4, 2005

Ken was a visionary whose tenacity is still evident through the many agencies he helped initiate. The CLARE Foundation, the California Association of Addiction Recovery Resources, the Sober Living Network, the Venice Recovery Center and Los Angeles County Sober Living Coalition are organizations Ken was instrumental in creating. Many in need continue to receive necessary services initiated by him. Atta boy Ken!

F. Kenneth Schonlau  
March 22, 1929 – January 22, 2009

## Making Sense

*A father is called once again to pick up his daughter, who had just over-dosed on heroin; she was at a local hospital. After being gone for days, the father was somewhat relieved when he heard where she was. At least his daughter was still alive.*

*Of course, this offered little in the way of comfort. More times than he cares to recall, he had gone to a hospital or a jail to hear the same story over and over again. In his gut, he knew the story would not have a happy ending, unless something changed.*

For those of us dealing with addictive behavior, it can be a time of utter confusion. The problem is that loved ones have no adequate reference point to develop a compass to help them navigate the treacherous currents created in the wake of addiction. This inability to remain centered when dealing with an addict is a serious problem and is compounded by the fact many addicts are highly intelligent and manipulative individuals. Everyone who has had an opportunity to deal with an addict has been fooled by their craftiness. Their skills at manipulating situations and ability to articulate their cause can have us believing one plus one equals three.

It becomes hard for us to understand what they are doing to their life and the family. The problem here is similar to that of a person who has been raised to be a hard worker and therefore cannot comprehend another's ability to lounge around for days on end with very little accomplished in the way of setting and achieving personal goals. This is one of the reasons it becomes necessary for us to seek guidance from others who are more familiar with the tendencies of addictive

behavior. It is important to realize that this is a family disease and therefore the entire family needs help.

As Al-Anon so eloquently states it, we did not “cause” the problem, nor can we “control it,” nor can we “cure it.” There is much debate whether addiction is a disease or a choice. Regardless of an individual’s stance on this, ultimately the addict is the one responsible for his or her recovery. Of course, when we are able to make more educated choices about how to address addictive behavior, there is a much greater likelihood for recovery for all parties.

It is important to understand that a symptom of addiction is the need to get that next fix, no matter what. This craving can be so intense, for the addict, it becomes a matter of life or death. The intensity of this struggle needs to be recognized by us to better understand why an addict will lie, cheat, and steal; basically do anything, in an attempt to satisfy this longing. Of course, that next fix only perpetuates the cycle of seeking more and more while at the same time they are in fact receiving less in return.

It is a common occurrence for an addict to build up a very high level of tolerance. It can get to the point where an addict will lose his or her ability to get high regardless of the amount of substance consumed. Full blown alcoholics have consumed vast amounts of alcohol with no significant signs of visible impairment. Of course, it takes years of “practice” to have the ability to register blood alcohol counts that would likely kill most people. In recovery, it becomes imperative for us to grasp fully the addict’s inability to make sound choices. As the addict gains some sober time the cobwebs will begin to slowly dissipate. To gauge the progress of recovery it is important to “listen” to actions, not words. This advice works for both loved ones and those in recovery.

## *Placing the Cart Before the Horse*

*A young woman by the name of Susan was recently hired at a new job. Her first week on the job was comprised of inconsistent and irresponsible conduct. Her behavior included showing up late for work, taking extended breaks, and being rude to customers. Exasperated, her boss called her into his office with the intent of expressing his expectations of her with the resolve to fire her if certain goals were not met. Being new to this supervisory position, he anxiously braced himself as she walked into his office. In his limited experience, he was unfamiliar with such insubordination. All his other employees had conducted their responsibilities within the parameters of company policy.*

*Boldly, Susan plopped down in the chair in front of her flustered boss. Impatiently Susan nodded her head in agreement as her boss recited ad lib lines that were well rehearsed. Abruptly, Susan interjected with an apparently sincere plea for leniency. If only she were compensated more fairly and given an increased degree of responsibility would it be possible for her to improve her behavior. How could he be so cruel to not realize she was under a great deal of stress caused by a life comprised of unfair and vindictive treatment by others? Her boss sat silently, mesmerized by this unexpected turn of events. Eloquently, with masterful precision, Susan defended her case.*

*Spellbound, her boss consented to all her “reasonable” demands, inwardly apologizing for placing such high expectations on her. After all, how could he be so insensitive to her situation? Silently, her boss promised himself to be*

*nicer to her in the future. Self-justified and feeling empowered by her stance, Susan left the office without a note of gratitude, nonchalantly promising to do better.*

*Needless to say, Susan was routinely called into her manager's office for increasingly pronounced misconduct. These occasions gave Susan opportunities to hone her eloquent manipulative skills. Unconsciously her boss avoided interacting with Susan, while making proactive vain attempts to appease her.*

Unwittingly, it is common for us to make repetitive, increasingly enabling attempts to control the ineffective behavior of addicts. Such vain attempts only contribute to the downward spiral of inwardly and outwardly destructive behavior. Increased amounts of frustration and toxic resentments build up in us whose protectively enabling choices encourage such behavior. Examples can include actions such as consenting to the demands of an addict wanting to be provided a car as a necessity to secure employment. Innocently, we can claim responsibility for car payments, insurance, registration fees, plus an allotment of cash hoping to see any kind of return on our investment. In many cases, such a concession is made despite a history of DUI citations and other traffic related incidents.

From the popular Charlie Brown episodes shown on television, insight is offered into the previous scenario between Susan and her boss. While in school the endearing cast of youngsters are shown attentively “listening” to the advice offered by teachers. What is actually “heard” by the seemingly attentive students is a muffled garble of incomprehensible gibberish. Similarly, a seemingly attentive addict does not comprehend the message being conveyed to him

or her. What the addict can “hear” are expectations that foster accountability. Consequences based on actions are not punishment; but need to be presented as realistic and just in nature. A student who studies diligently, turns in well written assignments in a timely manner, and is attentive in class earns a grade that reflects such efforts. Along similar lines, a student who is negligent in such matters has “earned” a grade that reflects a lack of effort.

In the case for example, of an addict who expresses the need for a vehicle, an ideal course of action would be to encourage the addict to utilize readily available resources such as mass transit. If such a resource is not available there will be a need to be more creative. Perhaps a sponsor from the program of Alcoholics Anonymous will provide transportation when convenient or a coworker that lives nearby will offer a ride having the addict, not us, chip in for gas money once paychecks have been earned.

In similar situations the most benefit, for all parties involved, is found in a scenario in which the addict is in a position to assume a greater degree of responsibility.

### **The Key Holder**

*After numerous months of living in fear, finally both parents were able to get a good night's rest. After years of trying to solve the problem on their own they tried a different approach. Assisted by the guidance of a friend whose son remains sober, the mother and father reached out to others for support. Collectively a resolution was reached. Even the son, who had been in and out of treatment centers for years with limited success, seemed excited and committed to an agreed upon*

*course of action. Contrary to a history of leaving treatment centers early, he graduated from a 60 day treatment center that his parents were able to afford. Two months into a six month commitment to live at a reasonably priced sober living home, the son showed signs of progress. Both parents felt cautiously hopeful about the future. The fact they were doing as suggested, they gave the responsibility to their son to follow through on his end of the agreement, allowed them to find some much needed peace.*

*This optimism came to screeching halt when the manager of the sober living home called to say the son had relapsed and was now packing his belongings. The manager caringly comforted the mother, reminding her to stand strong and allow the son to be accountable for his actions. He reminded her that the son agreed to remain at the sober living home for six months. The son knew he would be on his own if he did not get a job and stay sober during his stay. The manager reminded her of the need to allow the son to be responsible for his actions. This was a good course of action for the son and the parents. The mother, with tears in her eyes, hung up the phone quietly looking at her husband for support.*

*He gently and lovingly held her whispering words of comfort. He too, reminded her of her commitment to allow the son to be accountable for his relapse. Timidly, the mother nodded her approval. This intimacy was short lived. Jolted by the sound of the phone the husband rushed to answer it. The son was on the other end of the line frantically pleading his case, making up excuses why he went out drinking with his friends. The father, gently and firmly explained to the son, “Your mother and I love you very much. We’re now going to allow you to live up to your end of the bargain.” There was a brief pause*

*followed by the father saying, “No son, we love you very much. Your mother and I need to take care of ourselves. You cannot come home. I love you, good bye.”*

*Before the husband had the time to hang up the phone the wife hastily grabbed it from his hand. Sobbing into the phone she told the son to come back home saying, “Yes honey, I know you’ll do better this time.”*

Jean Mackie, a well respected, highly skilled, trained, and certified interventionist introduced the writer to this term. Once this concept is fully grasped it can have a profoundly beneficial effect in the healing of addictive behavior. The key holder can be classified as an accomplice to the “crime.” The offense, in the case of addictive behavior, can be classified as one of mistaken identity. It’s a given that all addicts have misinterpreted the gravity of the predicament. If they hadn’t there would be no need for an intervention. A non-addict, who experiences an alcohol and/or drug related incident such as a DUI or losing a job, would quickly change his or her behavior and such actions would not be repeated. Those exhibiting addictive behavior would continue such actions despite repeated negative consequences.

Addicts have a tendency to exhibit the same behavior expecting different results. The tendency for the addict to be the last one to “get it” is partnered with the key holder who is the second to last person to grasp the reality of the situation. In numerous situations, the key holder is the one that will sabotage a path of recovery that is headed in the right direction.

The key holder is easy to spot. He or she is the one who shows continual efforts to “defend” addictive behavior. While an

addict continues his or her path of self destruction, individuals begin to distance themselves from such behavior. Associates, friends, co-workers, family members will cease relating to the addict who becomes increasingly lonely and unresponsive to others. The key holder can be found in the shadow of the addict even when everyone else has disappeared.

The influence the key holder has in such situations is immeasurable. On some level the addict knows who this person is. The addict knows that if all else fails, the key holder will come to his or her rescue. When the key holder finally “gets it”, and allows the addict to be fully responsible for his or her actions, the addict is led to an incredible fork in the road. To the right is a path of recovery that offers hope and the promise of a more fulfilling life. To the left is the continuation of a downward spiral that can be described as a seemingly bottomless pit. Ultimately the addict is the one who has the final say in the matter. The addict is being given the best chance of getting well by receiving the care he or she so desperately needs, when the key holder finally “gets it.”

## **Black and White**

*She was lying in her bed, completely baffled by the current chain of events. How could she be so naïve? After all the years, it's been like riding a roller coaster. This time she thought it was different. Just like all the other times she thought it was different. Her husband seemed so sincere this time around. He had a sponsor and was going to meetings of Alcoholics Anonymous, or so he said.*

*It was as if they were in love all over again. He courted her doing such romantic things as bringing her to the beach where they first met over 10 years ago. He even packed a picnic lunch that included her favorite cheeses and those sesame wheat crackers that she loves so dearly. The only thing missing, thank goodness, was his traditional bottle or two of wine. Then last night, after a romantic dinner that was free of alcohol, he dropped her off at home. After tenderly kissing her, he drove away telling her that he just had to quickly pick something up from the store.*

*Now, the following morning she found herself, like so many times before, waking up alone.*

It is important for us to recognize that addicts have many positive qualities. Many of these attributes are overshadowed when an individual is acting out of addictive behavior. While not acting out of addictive behavior such individuals are highly intelligent and reasonable people. It can be hard for non-addicts to comprehend such a shift in demeanor once the addict is actively using. The Big Book of Alcoholics Anonymous presents the case of Dr. Jekyll and Mr. Hyde to acknowledge the duality of addictive behavior. Even the addict recognizes such an irrational shift in behavior. Addicts would not be exhibiting such destructive behaviors if not for the abuse of substances.

While many positive attributes, such as honesty and reasonability, are rendered nonexistent when using. Other traits, such as ingenuity, denial, and manipulation, are enhanced in such a state. Many addicts would make great defense attorneys by representing individuals that have committed crimes. Addicts have an uncanny ability to stack whatever evidence is compiled against them and manipulate the facts to bring into question previously, infallible evidence.

A diabetic who cannot resist the temptation of sneaking another slice of chocolate cake may be inclined to manipulate and justify eating such a treat if caught in the act. Similarly, an addict will make every effort to defend and not claim personal accountability for a similar lapse in behavior.

It is important for us to recognize an addict's tendency to fight to maintain such irrational and destructive behavior. Not only is the disease, in the words of Alcoholic Anonymous, "cunning, baffling, and powerful," the arguments used when a person defends his or her addictive use, both with oneself and others, are equally "cunning, baffling, and powerful." In many cases, after a team consensus has been agreed upon, the addict may defend and not maintain responsibility for not following through on an agreed upon course of action. For example, an individual going into treatment may have been promised ongoing financial support by loved ones upon graduation from such a program. This individual may end up leaving AMA, against medical advice, demanding additional financial support. It is wise for us footing the bill, to remind the addict of an earlier discussion that if you do not follow through on Plan A's course of action, we immediately expect you to do whatever was agreed upon.

The alternatives are numerous, and it is important various courses of action have been previously discussed with allies, including the addict. To counter a tendency to manipulate and wiggle out of such an agreement it is wise to have a written contract read by and signed by all parties. No need to have a lawyer's involvement in such a scenario. Keep such agreements simple and easy to understand. It is important the written agreement be specific, measurable, attainable, reasonable, and completed in a timely manner.

For example, “The addict will check into a 30 day treatment program at a predetermined location for at least 30 consecutive days. Upon graduation, recognized by the treatment center’s staff, the addict will immediately move into and maintain residence at a reputable sober living facility for at least 9 months. Once this happens, we (the investors) will continue to financially support you by paying for half the security deposit and half the rent for up to 6 months on an agreed upon rental property if the staff recommends moving out of the sober living home.” It is important to note the potential consequences if certain actions in this plan are not fulfilled. Wording, such as the following, are suitable alternatives to be included in such a contract. “If the addict leaves the treatment center earlier than expected, we (the investors) will consider paying for another month of treatment at this facility or another one of our (the investors) choice.”

On the other hand, you may have already shelled out plenty of money and have become frustrated with lack of results. You may consider including in the agreement, “If the addict leaves the treatment center without graduating, or leaves the sober living home early, we will refrain from financially supporting the addict. We love you very much and will encourage you to do what other men and women do your age, get a job and be financially self-supporting.” Such an example offers only one alternative for varied and complex situations too numerous to address here. Each agreement needs to be personalized for the individual being supported in his or her recovery. I like the idea of the investors, if financially feasible, paying for an affordable reputable sober living home if the addict relapses.

It is important to note the use of the word “investment.” When you are contributing financially to another’s well-being and recovery program there needs to be some kind of return on such an investment. After countless attempts at failed investments a point of diminishing returns may be reached, leading you to reevaluate your choices. If an addict continues to relapse, there is

a need to reassess the situation. Realistically speaking, financial matters need to be taken into consideration. There are great programs available regardless of economic restraints. A resource guide provided on the writer's website will be beneficial when seeking viable alternatives.

While compiling such a course of action, it is of the utmost importance for you to gather a team of allies to offer continual feedback and support throughout the duration of the recovery process. The addict's voice needs to be heard, but not necessarily trusted.

One of the tendencies of addictive behavior is a diminished amount of rational thinking leading to a diminished amount of rational action. If an addict shows any indication of choosing healthy alternatives to the current situation, this can be greeted with a note of cautious optimism. Keeping focused on follow through as exhibited in more effective behavior always needs to be observed. It is highly recommended that the axiom, "actions speak louder than words" would be the mantra of those supporting the recovery of another.

### **A Matter of Perspective**

*In the beginning we sure had a lot of fun. There are so many fond memories of when we first met. Wow, it was as if my life was seen in black and white. Then, when you appeared, my world became Technicolor. Everything was more vibrant, more alive. I mean everything, including myself. It's as if I was living life for the very first time, that my life was kind of dead until we met. Oh, how I thought about you throughout the day and night. I was constantly thinking about the next time we'd be together. I wish we could return to that time, the "good old days." But, we know that's not possible.*

***The longer we stayed together, the more pain you brought into my life. Our relationship became progressively worse. It went from fun, to fun and problems, and now it's all problems. I lost jobs because of you. I lost my house, my family, my friends, and my dignity. And, worst of all, you took away my dreams. I have nothing else to live for. Being with you became a life sentence. Death lurks around every corner and follows me everywhere I go. It's all because I love you more than anything or anyone else, including myself.***

***I'm not sure how I can be without you. I need help. I'm not sure where to turn. What I do know is that I need to turn away from you. Good bye.***

***\* This is a letter written by an addict to his or her drug(s) of choice.***

There is a need for us to remind ourselves that, when faced with the prospect of not using alcohol and/or drugs ever again, an addict perceives this as matter of life and death. Such a threat can jeopardize the very “existence” of the addict from his or her perception. However tainted this view may appear to others, it is seen as an obvious truth to the addict.

To gain some understanding of such a perspective take a moment to reflect upon what is one thing you have intense cravings for. This can be a substance, an activity such as being with a loved one, or a hobby, such as creating artwork or listening to jazz. We'll use a moist, deliciously seductive slice of chocolate cake as an example. With eyes closed, take a few minutes to envision, with an imaginary fork in hand, a rich, delightfully fragrant chunk of chocolate cake patiently waiting to be plunged into. Allow yourself to feel the “rush” associated with ingesting such a substance. Now, silently tell yourself, I

cannot ever have this again for the rest of my life. Notice any reaction that may have been triggered by this terminal statement.

During this exercise you may have glimpsed what an addict feels when faced with the prospect of never having another drink and or illicit drug for the rest of his or her life. To such an individual, it is similar to being told that you will never again be with your “lover” for the rest of your life. To an addict, his or her drug of choice is similar to being in love. This “lover,” however abusive it has been, is very jealous and possessive. This “lover” will do whatever it has to do to maintain such a relationship.

In the earlier experiment, think about being told starting tomorrow, you will never have another slice of chocolate cake, or whatever substance or activity you chose, for the rest of your life. It will be tempting, if not unavoidable, to have one last farewell binge as a last hooray. It is a common occurrence, for an addict to go out on a major binge of substance abuse prior to checking into a treatment program.

Thank goodness, the founders of Alcoholics Anonymous had the foresight to recommend being sober “one day at a time.” They also had the wisdom to compare alcoholism/addiction with other diseases such as cancer and diabetes. For a diabetic, a slice of chocolate cake laced with sweetened frosting may send him or her into an unhealthy reaction. For an addict, abusing alcohol and/or illicit drugs has ramifications more far reaching and destructive, than a diabetic who sneaks a piece of chocolate cake every now and then.

## Team Approach

*A mother, who had been dealing with a daughter's addiction for longer than she can remember, took a moment to silently give herself credit. She just hung up the phone calmly after briefly speaking with her daughter. The mother gently and firmly told her daughter, "I'll get back to you in a couple of days. I need to talk this over with my friends."*

*The daughter was insisting she was ready to come back home. She had been working regularly for the past three weeks. This is the longest she had been able to hold down a job in years. The daughter wanted to return home to save some money and go back to school. The mother cringed, as she heard these words, reminding herself how much turmoil her daughter caused the last time she lived at home. Deep down inside the mother knew how hard it was to muster the courage to care for herself by not allowing her daughter to return home after being gone for days. When her daughter finally showed up on the doorstep, she looked extremely tired and high on something. The mother lovingly told her daughter, "I need to care for myself. Honey, you'll need to find another place to stay for awhile. I'm sure you have a friend who will help you."*

*Over the past couple of months the mother had attended Al-Anon meetings on a regular basis. She was working with a sponsor and had built a nice support network in the halls of Al-Anon. She also befriended a neighbor and a co-worker who are more experienced in such matters. The mother was able to follow through on a personal commitment to seek guidance from her trusted support group before making any decisions concerning her daughter.*

There are numerous reasons to be a part of collective efforts to offer healing to addicts. Frequently, with best intentions, we are consumed by the situation and limit ourselves by trying to solve the problem ourselves. Seeking the counsel of individuals removed from the situation and experienced in such matters is necessary. This offers a unique perspective that takes much of the pressure off of us. Other trusted individuals provide a broader context to gauge the situation. Often such individuals offer valuable resources beyond the scope of current, limited alternatives.

There are numerous professional resources that are easily accessible. Valuable tools to uncover such support are found in the resource section at [www.offeringhope.net](http://www.offeringhope.net)

One of the many values of joining support groups such as Al-Anon, Alcoholics Anonymous, and professionally sponsored groups is to receive recommendations from individuals experienced in such matters. We can also seek support from informal sources such as friends, co-workers, social gatherings, and churches. Word of mouth is one of the best ways to find appropriate parties to work with. We need to get beyond any discomfort about letting it be known there is a problem. A good approach is to use the utmost discernment when reaching out for assistance. It only takes a limited amount of information about the situation to find the right resources. There's no need to go into a long dissertation about why such guidance is being sought. A simple statement of, "My husband just received a DUI. I think he may have a problem. Do you know of anyone who can help us?" If the answer is no, take such a query further by asking, "Who do you know who knows someone who can help?"

It is important when a team is formed that such a group is consulted continually and is kept abreast of the current situation. It is also important these individuals have been made aware of the need to keep shared information confidential. Take full advantage of such a support group and learn to accept support graciously. It can be a common occurrence for us to not want to bother others with our problems. If the roles were reversed, we would gladly answer the call. If the addict becomes agitated by such an approach we can gently remind him or her that we're reaching out to others inspired by a deep concern for the addict.

### **Making a Wise Investment**

*A young man received some unexpected news from his mother. Normally she would call to inform him she just mailed him a check to pay for his monthly bills. This time was different. This time she called to say, "I love you honey. I hope you appreciate all that I've done for you. After much consideration I've decided to let you be financially responsible for yourself. Take good care of yourself." She then hung up the phone. His initial sense of shock was miraculously followed by a deep sense of peace. Amazingly, he exclaimed, "Wow, I'm ready to be responsible for myself."*

Rarely are such moments of clarity from financially responsible parties greeted with such enthusiasm and gratitude. More often, when parties that claim financial responsibilities for another take such a stand, it is greeted with resistance and disdain. Basically, what the addict is hearing is that you will no longer support my addictive lifestyle. This is followed by all the skills honed over the years to have others continue to enable and support such a path of destructive behavior. They will then do everything in their power to

attempt to persuade us into continuing to pay for a lifestyle that includes “business as usual.” The only problem is that this “business” is in financial, social, emotional, physical, intellectual and/or spiritual ruin. This business is bankrupt and is in need of restructuring.

As with any financial decisions, it is beneficial for those of us footing the bill to make a wise investment with their resources. Frequently, vast amounts of resources have been continually provided by others, leading to the point of diminishing returns. Eventually, those enabling need to reach a point when “enough is enough” concerning the behaviors associated with substance abuse. Similarly there needs to be a financial understanding when those footing the bill will say, “we’ve spent enough and we need a better return on our investment.”

In many situations, families will continue to pay for health insurance among other “essential” expenses. Ideally, upon further review, the list of paid for “necessities” decrease allowing those in recovery to be increasingly responsible for paying his or her own way. For example, cell phones are an important way to have the ability to contact us when necessary and a valuable tool for gaining employment. There are economic plans that will offer basic service, such as a no frills cell phone, without the luxury of unlimited text messaging and unlimited calling.

Please be reminded of the need to make calculated, conscious decisions relying on the expertise of a supportive, skillful team of individuals.

## Self-Care

*Anxiously, a man frantically runs to answer the phone, while his wife looks on disapprovingly from the living room. She mutters under her breath, “Will this ever stop?” Her husband, with a trembling hand, tightly grips the phone. With a voice strained from years of disappointing experiences he exclaims to his friend. “My daughter hasn’t called for days. I’m not sure how she’s doing. The last time we spoke she said she was looking for work and just needed some money to hold her over. The last time I saw her....” Abruptly, his friend offers a compassionate, heartfelt interjection. With slight confusion, the father is momentarily taken off guard. He then replies, “Oh, how am I doing?” There’s a momentary silence followed by another question from his friend. In response the father answers, “Does my daughter ever ask me how I’m doing? Wow, I cannot remember the last time she’s asked me that.”*

It is a common occurrence for us to be consumed with the unpredictable condition of the addict. So often, when we are asked how we’re doing, our response is directly related to the addict. Of course a concern for the addict, as with anyone who is dealing with health related issues, is appropriate. However, problems arise when we as a “caregiver” focus so much on the addict; our well-being is jeopardized. It is imperative for us to take measures to care for our spiritual, mental, physical, and emotional well-being.

A balanced self-care program is essential for the health of everyone. The need for such “selfishness” is especially important as we care for individuals in challenging situations. In such cases, essential personal energy can be terribly drained by over indulgence and excessive concern. Similarly, a person inspired to go to the aid of a drowning person can tragically risk his or her

life during a gallant effort to save the life of another. In alcohol and/or drug related cases, frequently we contribute much more effort to salvage the life of the responsible party- the addict.

A balanced self-care program incorporates all four dimensions of well-being. This includes the physical, emotional, mental, and spiritual aspects of health. Proper diet, exercise, appropriate time for relaxation and sleep, are key components of physical wellness. Treating ourselves to a massage, attending yoga classes, working out, participating in various outdoor activities, taking the time to cook a leisurely nutritious and delicious meal, turning the phone off and taking a warm bubble bath augmented by scented candles are just a few ways we can care for ourselves.

A healthy emotional strategy includes becoming aware of our feelings and finding the time and support to process such feelings. Important to note is a need to avoid emotional “stagnation” and make continual efforts to honor and process “negative” feelings. Many of us can feel depressed at one time or another. Such feelings are healthy and appropriate. However, we can become imprisoned by negative symptoms associated with depressing and other potentially debilitating thoughts and feelings such as sadness, guilt, shame, anger, helplessness, envy, jealousy, resentments, and numerous others.

Appropriately, Choice Theory, founded by the late Dr William Glasser, encourages a person to make conscious efforts to “think and act” to get through feelings such as depressing. In this model, emotions are not acknowledged as a noun or label. A person is encouraged to view such labels as a verb. For example, getting out of bed, taking a walk, and calling a friend are ways to take action to move from a state of “depressing” to a more enjoyable means of interacting with the world.

For more information about Dr. Glasser’s work please visit [www.wglasserinternational.org](http://www.wglasserinternational.org) and [www.wglasserbooks.com](http://www.wglasserbooks.com)

Utilizing the breath is a powerful way to push unwanted emotions through the body quickly and effectively. In a safe environment, you can acknowledge such feelings and consciously and forcibly breathe out these feelings, taking care not to hyper ventilate. Following each exhale, continue by breathing in positive energy, filling and nourishing the body with each inhale. This exercise can become even more effective and powerful by allowing the breath to “create” bodily movement with each exhale and inhale. This technique can also be utilized to move stress and symptoms associated with illnesses such as the flu through the body to quicken the healing process. Have fun with this, even if someone else happens to catch you in the act of a somewhat theatrical form of self-care.

The Dalai Llama, the spiritual leader of Tibetan Buddhism was asked, “What is the most important thing you do each day? He answered with, “I watch what I think.” From a more secular source, words of wisdom are found on a popular bumper sticker that reads, “You don’t have to believe everything you think.”

Thoughts are powerfully healing or incapacitating, depending on the nature of our thoughts. The production “Water- the Great Mystery” distributed by V.O.I.C.E. Entertainment, documents the power human thoughts exert on the environment. Various studies show the powerful influence thoughts have while focused on containers of water. Molecules of water that were blessed with positive affirmations showed a visibly healthier and more vibrant cellular structure. Conversely, visibly darkened and crystallized water molecules resulted from the projection of negative thoughts. These findings show the extreme importance of gauging self-talk when taking into consideration, according to Wikipedia, typically the human body is composed of anywhere from 60% to 73% water.

Once negative thoughts are observed there are a number of techniques that can be utilized to replace negative self-talk with thoughts that are more positive in nature. The late Dr. Wayne Dyer, inspirational speaker and author, has suggested to silently say to oneself the word “next” to not allow such detrimental material cloud the mind. Another effective tool is to “breath out” negative thoughts and replace them immediately with positive affirmations that reinforce our inherent goodness.

When using affirmations, to increase its benefits, it is vitally important to state the wording concisely, in the positive, and in the present tense. For example “I am peaceful and completely relaxed” is a much more powerful tool than saying “I will try to be calm and will not get so stressed out about things.” It is wise to boldly state affirmations as positive intentions of goodness that have already become a reality. It’s one thing to think you’re in love. It’s a far more rewarding and passionate experience being in love. Similarly, become “in love” with your affirmations.

There are numerous meditative techniques that, when practiced regularly, will greatly enhance a person’s state of well-being. If necessary, feel free to experiment with various meditative/relaxation techniques until you find the practice that resonates with yourself. There are numerous meditation classes offered in most communities that are easy to access. Centering prayer is one popular form of meditation. Centering prayer is a contemplative form of meditation that has been in existence for centuries. It is simple and easy to learn. To discover more about this discipline please visit:

[www.centeringprayer.com](http://www.centeringprayer.com)

It is important to note the goal of meditation is not an absence of thoughts. Taking the time to be in silence can be greatly enhanced by simply “surrendering” to the process of being still. As human “doers” this can be a challenging undertaking because “I’m not doing anything.” Such periods of “stillness” are a daily reminder that we are human beings. As we surrender into regular intervals of “being” we are reminded of the realization “we are spiritual beings having a human experience.”

Depending upon personal preference, a daily practice of sending prayers and/or positive affirmations on behalf of ourselves and others is a powerful tool that can keep us from feeling completely helpless in the face of turmoil.

### **Sober Living Homes**

Creating a strong support system for the recovering addict is paramount to his or her well-being. Especially for those early in recovery, living in a secure, safe, sober environment is a necessity. The benefits found by living in such an environment are invaluable to regain a sober and productive existence. A quality living arrangement comprised of individuals focused on sobriety teaches the skills that support a sober lifestyle for all members of such a community. Such supportive environments strengthen an addict’s relationship skills by emphasizing daily the need for accountability, setting goals, creating a discipline that promotes sobriety, being a responsible member of a community, and being of service to others.

Such facilities are available across the country. Depending on your location, such environments can be referred to as sober living homes or half way houses. Oxford houses are another specific type of sober living home.

Research has documented the effectiveness of sober living homes. To find out more please visit:

[www.soberhousing.net/PublicPolicy\\_home.html](http://www.soberhousing.net/PublicPolicy_home.html)

Be advised some sober living homes are “more sober” than others. It is wise to research the quality of sober living homes by enlisting the guidance from trusted sources. Visiting a few sober living homes is a valuable way to compare the quality of various homes. It is also important to pick a sober living home that is a good fit for the individual moving into such a facility.

In Southern California quality sober living homes can be found by visiting: [www.soberhousing.net](http://www.soberhousing.net)

This website is administered by the Sober Living Network. All the sober living homes listed here are held to a high level of standards. Operators of member homes are required to adhere to policies that include attending trainings specific to operating sober living homes, annual inspections of the houses, and being held accountable to treat residents and staff in an ethical manner.

To learn more about the emerging sober living home movement visit the website for the National Alliance for Recovery Residences: [www.narronline.org](http://www.narronline.org)

## Conclusion

It is hoped you have gained insights that will assist both addict and loved ones alike. Many, if not all of these suggestions, are very simple to grasp. Enacting such a course of action can be somewhat challenging. It is a common occurrence for parents to “suffer” from a terminal case of parenthood. This is one of the many reasons parents and loved ones of addicts need to align themselves with a support group. It is extremely beneficial to communicate with individuals that have dealt with similar situations.

Al-Anon is one of the most respected, well known, and easily accessible organizations to be utilized as such a resource. It is commonly acknowledged in the recovery field that it’s easier to have someone become involved in the program of Alcoholics Anonymous than to have a person become actively involved with Al-Anon. As a reminder, addiction is a family disease. To access invaluable information, please visit the following link: [www.al-anon.org](http://www.al-anon.org)

By following the suggestions found in this booklet, you are offering your loved one a better chance of getting well and living a happy and vibrant life.

Thanks and blessings,

Jim

Offering Hope LLC offers professional, personalized support for loved ones and addicts to promote the well-being of all involved parties.

### **Intervention**

Through a kind, gentle, loving and respectful process friends and families are guided to gather in support of each other and the one suffering from addiction. The intervention can best be described as a “living eulogy.” One of the many benefits of an intervention is that loved ones know they have done as much as they can to offer healing to the one they so dearly love.

### **Consultation**

On-going guidance is provided that helps all parties during the many stages of recovery. As a team, suggestions and alternatives will be explored to promote the healing of all involved parties. Initially, an assessment will be utilized to evaluate and chart a healthy course of action that will be regularly monitored and reevaluated during the journey of recovery.

### **Sober Escort**

Transportation is provided for safely escorting individuals checking into residential treatment and returning home to continue long term sobriety..

### **Recovery Aide**

Support for the person leaving treatment to integrate him or her into a personalized, supportive program of recovery. Loved ones are also supported in a similar way.

### **Sober Companion**

A step up from recovery aide; broader, personalized extended care is provided that offers additional assistance to promote the integration of a sober lifestyle.



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Recovery Specialist/Interventionist  
Internal Motivation Coach

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*This is one of the most useful books for the loved ones of an alcoholic/addict that we have come across. It is full of much needed information about the way the addictive mind and body function. It also gives the best advice for how to handle this behavior and keep your own sanity. It is full of what to say and what to do and what not to do for the addicted loved ones but also what to do and not do for yourself. It is simply a great little book and we highly recommend it!*

**Dr. William and Carleen Glasser of the William Glasser Institute**

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*If your daughter, son, or spouse is struggling with addiction Jim's pamphlet is a must read.*

*I have been helping families with this problem for almost four decades. Families are often left feeling lost and hopeless. They desperately seek a solution but often only have trial and error to aid in their goal of finding a more effective way to deal with their son or daughter's problem. Rarely are they successful without getting new information.*

*Addiction acts like a thief. It steals from us. It robs us of time, joy, trust and hope.*

*Eventually the addict becomes a different person, a person that we hardly recognize. But there is hope. You can learn how to better cope with this problem. This is the help Jim provides in his pamphlet. He helps you develop an understanding of addiction, he gives you useful perspectives to help you find your way, and he also offers solid advice and practical suggestions. You owe it to yourself and your family to read this pamphlet.*

**Allen Berger, Ph.D., Clinical Psychologist and Expert in the Science of Recovery**

*Author of 12 Stupid Things that Mess Up Recovery and 12 Smart Things to do When the Booze and Drugs are Gone*