THE SOBER WORLD
AN AWARD WINNING NATIONAL MAGAZINE

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THE RISE OF DOMESTIC VIOLENCE
By Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.

CODEPENDENCY: IT MAY NOT BE WHAT YOU THINK
By Dr. KJ Foster, LMHC, CAP

KETAMINE: THE MANY FACES OF THE CHAMELEON DRUG
By Maxim W. Furek, MA, CADC, ICADC

SETTING BOUNDARIES: LOVING AN ADDICT, LOVING YOURSELF
By Candace Plattor, M.A.
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Dear Readers,

I welcome you to The Sober World magazine. The Sober World is an informative award winning global magazine that’s designed to help parents and families who have loved ones struggling with addiction. We are a FREE online e-magazine reaching people globally in their search for information about Drug and Alcohol Abuse.

Our monthly magazine is available for free on our website at www.thesoberworld.com or you can have it come to your inbox each month by signing up on our website.

Drug addiction has reached epidemic proportions throughout the country and is steadily increasing. It is being described as “the biggest man-made epidemic” in the United States. More people are dying from drug overdoses than from any other cause of injury death, including traffic accidents, falls or guns.

Many Petty thefts are drug related, as the addicts need for drugs causes them to take desperate measures in order to have the ability to buy their drugs. The availability of prescription narcotics is overwhelming; as parents our hands are tied.

Purdue Pharma, the company that manufactures Oxycontin generated $3.1 BILLION in revenue in 2010? Scary isn’t it?

Addiction is a disease but there is a terrible stigma attached to it. As family members affected by this disease, we are often too ashamed to speak to anyone about our loved ones addiction, feeling that we will be judged. We try to pass it off as a passing phase in their lives, and some people hide their head in the sand until it becomes very apparent such as through an arrest, getting thrown out of school or even worse an overdose, that we realize the true extent of their addiction.

If you are experiencing any of the above, this may be your opportunity to save your child or loved one’s life. They are more apt to listen to you now than they were before, when whatever you said may have fallen on deaf ears. This is the point where you know your loved one needs help, but you don’t know where to begin.

I have compiled this informative magazine to try to take that fear and anxiety away from you and let you know there are many options to choose from.

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help. There are detox centers that provide medical supervision to help them through the withdrawal process.

There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

Many times a Criminal Attorney will try to work out a deal with the court to allow your child or loved one to seek treatment as an alternative to jail. I know how overwhelming this period can be for you and I urge every parent or relative of an addict to get some help for yourself. There are many groups that can help you. There is Al-Anon, Alateen (for teenagers), Families Anonymous, Nar-Anon and more. This is a disease that affects the whole family, not just the parents.

Addiction knows no race or religion; it affects the wealthy as well as the poor, the highly educated, old, young—IT MAKES NO DIFFERENCE.

This magazine is dedicated to my son Steven who graduated with top honors from University of Central Florida. He graduated with a degree in Psychology, and was going for his Masters in Applied Behavioral Therapy. He was a highly intelligent, sensitive young man who helped many people get their lives on the right course. He could have accomplished whatever he set his mind out to do. Unfortunately, after graduating from college he tried a drug that was offered to him not realizing how addictive it was and the power it would have over him.

My son was 7 months clean when he relapsed and died of a drug overdose. I hope this magazine helps you find the right treatment for your loved one. They have a disease and like all diseases, you try to find the best care suited for their needs. They need help.

Deaths from prescription drug overdose have been called the “silent epidemic” for years. There is approximately one American dying every 17 minutes from an accidental prescription drug overdose. Please don’t allow your loved one to become a statistic. I hope you have found this magazine helpful.

Happy Birthday to my son in heaven. He would have been turning 38 on August 19th. He is deeply missed.

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Sincerely,

Publisher
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The pandemic’s mandatory lockdown has set in motion an array of economic, political and global instabilities. It has been the catalyst of political and civil unrest. It has created a massive burden on the tax payer. While it is understood that the lockdown was to prevent and to protect the global community at large; there has developed another crisis upon the horizon. The domestic violence crisis could be described as a tsunami forcing its way into the lives of many.

A mother of two reports to a 911 operator that “my husband is passed out on the floor” The operator asks the caller if she’s capable of leaving the house and getting to a place of safety. The caller informs the 911 operator that she’s in fear of her life and the lives of her children.

The COVID-19 crisis has fueled the rise of domestic violence. The abuser and the victims of abuse are now left alone, isolated and forced to spend more time together. The National Domestic Violence Hotline and other centers are now reporting an unprecedented increase in reports of domestic violence.

According to the World Health Organization, studies have revealed that one of the greatest influences of domestic violence is addiction. Substance abuse, and only 54% of substance abuse programs have reported broaching the topic of domestic violence. The avoidance of merging these modalities may be fostered by the training or a particular school of thought. Either way, the lack of collaboration may be fueling the problems that occur within the home.

THE PANDEMIC

The pandemic is not to blame for this most egregious form of communication. Domestic abuse is a form of communication fueled by personal insecurities, temperament, economic, educational or lack therein, physical and psychological conditions. The pandemic should not be blamed for the rise in domestic violence, rather it has exposed the conditions of many familial environments.

According to the WHO, “almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. Globally, as many as 38% of all murders of women are committed by intimate partners.” These numbers are staggering and completely unacceptable. No life should endure the cruelty and harm that occurs through domestic violence.

While the pandemic may have proven the instigator revealing this familial crisis, we are ultimately responsible for ending it. We are in uncharted waters and we need to mitigate through them. In order to achieve lasting change, we need to advocate for those experiencing domestic violence and those who are perpetrating the abuse. There needs to be a more collaborative approach to therapy. In a number of countries, there remains an inequality amongst women and men. We must strive for true equality. There is never an excuse for abuse.

Whether you are struggling with an addiction, or you are experiencing an abusive relationship, it is of the utmost importance that you seek help. Do not delay seeking help today. It can be troublesome to know of someone who is struggling. If you do know someone, please report any suspicion of domestic violence. As the DHS slogan says, if you see something, say something. If you or someone you know is experiencing domestic violence, contact the National Domestic Violence Hotline via text, or call 1-800-799-7233, or contact through a safe computer at www.thehotline.org/help/

Dr. Asa Don Brown is a prolific author, an engaging speaker, human rights advocate, and clinical psychologist. He serves as first responder in New York and he has held university faculty positions teaching incoming freshmen to those completing their graduate work.asadonbrown.com
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Codependency is an issue that is often misunderstood. I know this to be true because of all the individuals and family members I’ve worked with over the years, and their responses when I present and discuss codependency. Many have told me that what I describe to them is not what they originally believed about codependency. I’ve found most people get stuck on the “dependent” part of the word codependent. They attribute it to someone who is a weak or dependent person themselves. The fact is the person who is suffering from codependency may or may not be a dependent personality type themselves. The more common characteristic is being in a relationship with someone else who is troubled, needy, or dependent. In fact, I would consider many of the individuals I’ve met who struggle with codependency to be some of the strongest people I know. It takes a very strong-willed person to take on the responsibilities of someone else’s life.

Yet, that’s not the whole of it. Codependency characteristics are comprised of thoughts, perceptions, feelings, and behaviors that exist on a spectrum. Just as substance use disorders are diagnosed on a spectrum of mild, moderate, and severe, I believe the same to be true for codependency. An individual can be on the low end of the codependent spectrum, with only a few characteristics. Or, one can be somewhere in the middle, with a moderate level of characteristics. And then there are those with severe codependency who will identify with the more progressive symptoms. Codependency can become more severe in response to the progression of the problems and issues of the people around us. As the people we are engaged with become more troubled, we may begin to react more intensely. Codependent behaviors are habits that can ultimately become self-destructive. In severe cases of codependency, we will frequently respond to people who are destroying themselves by acting out in unhealthy ways that can become self-destructive.

Melody Beattie defines codependency as “a person who has let another person’s behavior affect him or her and who is obsessed with controlling that person’s behavior.” This is definitely what happened with me. In retrospect, I realized I had been codependent most of my life, with my codependency escalating when I started trying to control my ex-husband’s drinking and culminating with trying to control my son’s drug addiction. I thought I could fix them. I took it on as my own personal responsibility to fix them. In the process, however, my helping became pathological. My codependency became so severe, I quite literally became addicted to meeting the needs of my loved ones (and others). In the process, I reached a point where I started to ignore and betray my own needs.

A main challenge, however, in addressing codependency, is that one doesn’t realize the nature of their own behavior. There’s an element of denial. Many who suffer from codependency often spend years having no awareness of their codependency. I, myself, spent a majority of my life having absolutely no clue. Unfortunately, it’s also a behavior that can contribute to keeping our loved ones sick. It wasn’t until I became aware of my codependency and began to focus on myself that life started to become more manageable. Paradoxically, it was by focusing on my own change that my son was finally able to recover.

I believe one of the reasons people resist the idea that they may be suffering from codependency, is because of the origin of the word and the associated stigma. There’s some debate as to its true beginnings, but it seems to have first appeared in the 1970’s at the same time private treatment centers began to emerge. Treatment providers began to realize the need and importance of a program for families. Originally, the term “codependent” was used to describe the person or persons whose lives were affected as a result of being involved with someone chemically dependent. People whose lives had become unmanageable as a result of living in a committed relationship with someone battling alcoholism or drug addiction. The definition has since expanded to include people who are not engaged in a relationship with someone suffering from chemical dependency or addiction issues. As you’ll note, nowhere in the definition by Melody Beattie does it mention substance use or addiction.

What we know to be evident and true about codependency has changed over the years. Just as what we know to be true about substance use disorders has changed over time. The problem is that the labels and associated stigma remain. I don’t particularly like labels, although I accept and understand they are a necessary evil. However, one of the problems with labels is that they put people in a box. A box that often leaves no room for movement. The implication in anything that comes after the words “a” or “an,” such as you are “a (insert the label)” drug addict, codependent, jerk or saint OR you are “an (insert the label)” alcoholic, ass, amazing person, is that this is who you are and always will be. Thus, making it more of a personal identity than a condition (set of behaviors) that can change. We make it difficult for people to break free from the box, the label, the identity of being “a (fill in the blank).”

So as not to further confuse the issue, it’s important to note that codependency is not an official disorder, in that it’s not currently included in the Diagnostic Manual of Mental Disorders (DSM-V), yet it’s a disorder none-the-less. A disorder (condition or dysfunction, if you prefer those words) that creates unmanageability in the life of the sufferer. Unfortunately, there’s presently no scientific research to support codependency, which is why it’s not currently categorized in the DSM-V. Yet, there are numerous personal lived experiences (including mine) that support it.

Listed below are some common characteristics of codependency:

A need to control and fix others; difficulty expressing true feelings or needs; weak or non-existent boundaries; wanting to be liked by others (if not, everyone); anger; caretaking; low self-worth; denial; dependency; poor communication; repression; obsession; lack of trust; sex problems.
WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

Listed below are some common progressive symptoms that represent more severe codependency:

Feeling lethargic or depressed; becoming withdrawn or isolating; a complete loss of daily routine or structure; abuse or neglect of children and/or responsibilities; feeling hopeless; feeling trapped in a relationship; beginning to plan your escape from a relationship; thoughts of suicide; becoming violent; becoming seriously emotionally, mentally or physically ill; experiencing an eating disorder (over or under eating); becoming addicted to alcohol and/or other drugs.

Keep in mind, this is not an exhaustive list of characteristics and certainly all the characteristics may not be present. However, if you identify with any of them, especially the more progressive characteristics, you’ll want to take action. Healing from codependency is a process and takes practicing new behaviors, such as detachment, not enabling, learning to respond rather than react, and focusing on you and your own recovery. (See next month for Part II of this Series)

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For Free Daily Recovery Support Meetings: https://drkjfoster.org/online-recovery-meetings

Dr. KJ Foster is Founder of Fostering Resilience, LLC, Co-Founder of the Center for Sobriety, Spirituality & Healing and Family Program Director at the Beachcomber Family Center for Addiction Recovery. She is a Mental Health Expert, Educator, Entrepreneur, Public Speaker, YouTube Creator, and Author of The Warrior’s Guide to Successful Sobriety, available at www.drkjfoster.org

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Because of its many faces, Ketamine has been called the “chameleon drug.” Now, this popular club drug has reappeared on the streets, as a tool for law enforcement.

Elijah McClain was a 23-year-old Black man apprehended by Colorado police for “suspicious behavior.” After being placed in a chokehold, paramedics injected him with ketamine, a powerful sedative. McClain was 5 feet, 6 inches tall and weighed 140 pounds. The standard dose of ketamine is 5 milligrams per each kilogram of a person’s weight. With those parameters, the correct dose given to McCain should have been 320 milligrams, but instead, he received 180 milligrams over the recommended limit.

A fire rescue medic injected 500 milligrams of ketamine into McCain’s right shoulder, enough to sedate a man twice his size. After seven minutes, McClain went into cardiac arrest. Although medics were able to revive him, he was later declared brain dead and taken off life support less than a week later.

**Dissociative Anesthetic**

Ketamine is a dissociative anesthetic. It is a short acting and less powerful derivative of PCP (phencyclidine). Ketamine was created in 1961 because PCP caused people to become violent and hallucinate. In Vietnam, ketamine was known as the “battlefield buddy drug.” Fellow soldiers were able to administer the anesthetic to each other on the battle field.

Ketamine currently is used for short-term surgical procedures in veterinary hospitals primarily on dogs and cats. It is marketed for human application as Ketalar, often used in conjunction with Valium or other sedatives that relax muscles during medical procedures.

Depending on the dosage, Ketamine has many faces. Ketamine is unique among anesthetics because it does not depress critical body vitals often used in procedures with burn victims. It is used for acute pain and depression in low doses and in higher doses as a medical sedative.

Ketamine’s sedating effects were highlighted during a 2018 rescue attempt in Thailand. The drug was instrumental in the survival of 12 boys and their soccer coach, trapped in a flooded underwater cave. Thailand’s Navy SEALS conducted the grueling 18-day ordeal that riveted people around the world. During the mission, the boys were injected with Ketamine to knock them unconscious for their protection and the protection of the divers. British divers said if they were to attempt this rescue, the sedation was non-negotiable.

The Ketamine injections assured that the boys would remain sedated and not harm themselves or the rescue divers. Guardian writer Susan Chenery believed that the drug was an important part of the successful rescue:

> The boys and their young coach were to be given Xanax and then ketamine shots to keep them unconscious as they travelled through the 2.6km of the caves, much of which were underwater. Too small a dose and the boy might wake up, panic and endanger everyone; too big a dose and he might not wake up at all.

The many faces of ketamine, a Schedule III drug, includes treatments for specific mental illnesses and neurological conditions including epilepsy and depression. Variations of ketamine have been approved by the Food and Drug Administration (FDA) to treat depression. The treatment appears to work immediately, while current antidepressants can take weeks to take effect. The Food and Drug Administration put the experimental drug esketamine on the fast track to official approval for use in treating major depression. This designated “breakthrough therapy” would offer psychiatrists a new method for treating patients with suicidal tendencies and would qualify as the first new treatment for major depressive disorder in about half a century.

Recreational Club Drug

Ketamine is still a popular recreational club drug. Because it only lasts 20-60 minutes and doesn’t induce hangovers, many young professionals feel it is a better option than LSD or ecstasy (MDMA).

Ketamine at higher doses, becomes a dissociative anesthetic, where the user feels a trance-like disconnection to their environment. The drug may produce pleasant dream-like states, vivid imagery, hallucinations and possibly extreme delirium.

The substance often leaves the user lost in a “K hole,” a state of massive sensory deprivation akin to a “bad trip.” Users are detached from their body and mind and unable to speak, move or experience pain.

Ketamine is less potent than PCP. The ketamine drug experience lasts only 30 to 60 minutes, while LSD and PCP trips typically last for several hours. 25 mg of PCP will produce a full psychedelic experience while it would require at least 100 mg of ketamine for a similar effect.

Possible Misuse

Ketamine is being successfully used to treat depression, acute pain, and PTSD. From the early 1990’s until 1998, ketamine was used in a controversial study conducted by the National Institute of Mental Health, Yale University and several other facilities. The study of some 100 volunteers attempted to unlock the mysteries of mental illness, including Alzheimer’s disease and schizophrenia by triggering symptoms of psychosis in healthy individuals. The volunteers participated in a one-time exposure that came under scrutiny from medical ethicists over its possible misuse.

In 2018, Minneapolis police allegedly directed EMTs to inject ketamine into dozens of suspects leading to an investigation that revealed suspects had been enrolled in a ketamine study by Hennepin Healthcare without their consent. Some medical and legal experts worry that ketamine, and other anesthetics, raises too many unknowns and that it should not be used to subdue someone in a police action.

While researchers develop additional faces for ketamine, authorities need to balance the legitimate applications of this drug against its abuse and not violate an individual’s rights. The coroner for the death of Elijah McClain did not rule out that the police chokehold, in addition to the ketamine, might have contributed to his unfortunate and unnecessary death.

Maxim W. Furek has a rich background that includes aspects of psychology, addictions, mental health and music journalism. His book The Death Proclamation of Generation X: A Self-Fulfilling Prophecy of Goth, Grunge and heroin explores the dark marriage between grunge music and the beginning of the opioid crisis. Contact him at jungle@epix.net
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CENAPS is now offering the materials individually or as a bundle for easy purchase. Visit us at gorskibooks.com for options.
As anyone who cares about an addict knows, these relationships can be very difficult. The basic challenge for loved ones of addicts of any kind is to continue to care without losing themselves in the process. One of the most important ways to do this is setting consistent, self-respecting boundaries with those you love.

AN ADDICT’S LEAST FAVORITE WORD

It’s been said that the word an addicted person least likes to hear is “No.” Even though it may seem to be that way because of an addict’s stubbornness and sense of entitlement, the reality is that most people who are struggling with addiction are very scared to let go of the substances and/or behaviors they are entrenched in—and will go to just about any lengths to hold on to them. Their unspoken question to themselves is “Who am I without this?”

If you have an addict in your life, the most loving thing you can do for them is to challenge that way of thinking and behaving—and the best way to do that is to set healthy and appropriate boundaries with them, even if they don’t like them.

Addiction is a childish way of coping with life. Every time we reach for an addictive behavior, we are basically saying that we don’t want to deal with reality on its own terms, whether it’s a situation we don’t want to face or an emotion we don’t want to feel. Ultimately, we will either have to use more and more of the addiction or we will have to bite that bullet and deal with the discomfort of the reality we’ve been trying so hard to avoid.

SETTING BOUNDARIES: A LOVING ACT FOR YOURSELF AND OTHERS

As the loved one of an addict, you may be trying hard to avoid the anxiety you expect you’ll feel if you actually say “No” to your addicted friend, partner, parent, sibling, or child. If you’re used to being the peacekeeper in your relationships—never creating any waves because of your own fear of conflict—then doing something like setting boundaries with the addict in your life may feel very scary indeed. It’s important at times like these to ask yourself two questions:

1. What is the most loving thing I can do for the addicted person I care about?

2. What is the most self-respecting thing I can do for myself?

The way you respond to the above questions will tell you a lot about yourself, if you choose to take the time to explore this.

For example, do you understand that when you allow an addicted person to get away with unhealthy and inappropriate behaviors—toward you or anyone else—without holding them accountable in any way, that this is essentially not a loving act?

Also, how do you feel about yourself when you allow others to treat you in disrespectful ways? The reality is that no one can disrespect you without your permission. Do you see that each time you allow that kind of behavior from another person, your all-important self-respect takes a hit?

TO ENABLE OR TO HELP: WHICH DO YOU CHOOSE?

If you are the loved one of an addict, you’ll need to remember that nothing positive can come from allowing inappropriate behavior to continue. Not setting boundaries will enable your loved one’s addiction to continue. When we truly love an addict, we need to change our own behavior, so that we are helping the addiction—theirs and our own—to stop. A first step toward this vitally important goal is to recognize, establish, and maintain boundaries that hold everyone involved accountable for their own actions.

Perhaps you already know you’d like to give up your enabling ways, but you’re not sure how to start. If you would like some assistance about how to set healthy, clear boundaries, there are several options available to you. There are a number of 12-Step support groups you can attend, such as Al-Anon and Codependents Anonymous (CODA). As well, finding a skilled counsellor, such as myself who is knowledgeable in working with families struggling with addiction can also help you explore the types of boundaries you’re ready and willing to set.

TWO NOTES OF CAUTION

One—It’s imperative that you are willing and able to follow through on the boundaries you set. Addicts who are still fearful of giving up their favored ways of coping with life will very likely try to test your resolve when you first begin to draw your lines in the sand. You may have tried before to set a boundary, only to feel manipulated in some way to go back on it—in fact, you may have already taught the addict you love that all he or she needs to do is cry, threaten, or cajole and you will back down. If this is the case, you’ll need to start over again. Set another boundary—one that you believe is truly important—and stick to it! Each time you do this, you’ll find your own self-respect increasing and you’ll be acting in the most loving way toward your addicted loved one.

Two—Make sure that you are physically safe when setting boundaries. If you do fear for your own safety—or for the safety of others around you—you’ll need to take care of that situation before setting any lasting boundaries. If this is the case for you, instead of taking any unnecessary risks, find safety first—with a friend or relative, or perhaps in a temporary shelter. Only when that is done should you continue with the boundary setting that will need to happen at a later time. Don’t hesitate to seek out professional assistance if you need it—physical safety for yourself and others has to be your most important initial concern.

My book, Loving an Addict, Loving Yourself: The Top 10 Survival Tips for Loving Someone with an Addiction, can also be a great resource for you as you navigate the tricky waters of being in a relationship with an addicted person—including the how’s and why’s of boundary setting. If you are in this kind of relationship, you will see yourself reflected on many of the pages of this book.

I am also the loved one of an addict and I know how frustrating it can be to maintain these relationships. But most addicts were really good people before the addiction took hold and become that way again once the addiction is arrested, so many of these relationships are worth trying to salvage and improve. I wish you the best on your journey, as you learn how to assert yourself and speak your truth.

Candace Plattor is an Addictions Therapist in private practice, where she specializes in working with the families of people who are struggling with addiction, in her unique and signature Family Addiction Therapy Program.

If addiction is causing pain and suffering in your family, and you’re ready to do what it takes to reclaim your sanity and serenity so you can live your best life, visit Candace’s website and sign up for a free 30-minute telephone consultation. www.lovewithboundaries.com
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