

CONTENTS

INTRODUCTION

*ix*

CHAPTER ONE: The Tipping Point

*1*

CHAPTER TWO: Choosing the Right Treatment

*15*

CHAPTER THREE: Trusting the Process

*31*

CHAPTER FOUR: Playing the Victim Role

*41*

CHAPTER FIVE: Wearing a Mask

*53*

CHAPTER SIX: People-Pleasing

*63*

CHAPTER SEVEN: Avoiding Dangerous Comparisons

*75*

CHAPTER EIGHT: Managing Your Anger

*91*

CHAPTER NINE: Forgiving Yourself and Others

*107*

CHAPTER TEN: Dealing with Death

*121*

CHAPTER ELEVEN: The Issue with Cross-Addiction

*133*

CHAPTER TWELVE: Frequently Asked Questions

*145*

RESOURCES

*153*

## The Tipping Point

---

If you're reading this book, we are going to assume you have a lot of questions and are looking for some answers. For many of you, the most important questions might be: Do I have a problem? Does my loved one have a problem? These are big questions, and we are going to try to make it very easy for you to answer them.

The question of whether substance use is a “problem” for someone is a common one. This is especially true when the person using insists he or she does not have a problem. You know, she can *totally* stop using whenever she wants. Or, he uses by choice, not by necessity. For some, this might be true! Many people can drink a beer and not pick up another, or try a drug and not touch it again for a while—or ever again! But we are guessing this is not the case in your situation, especially if some of the issues you're facing match up with ones we will discuss in this chapter.

First, let's just say up front what we won't be talking about. We will not be telling you *why* people abuse drugs or drink excessively. If you are searching for this answer, we regret to say it is not one you will find easily. Many people might

offer ideas—genetics, peer pressure, low self-esteem, etc.—but while those things certainly can be *factors*, the reason someone uses will be entirely personal to that individual. Addiction is not the same for everyone, and it requires personal reflection and work for someone to figure out what drives his or her use. Worrying about the “why” can become a huge distraction for people in treatment. They become so focused on that question that they ignore the “what now” question.

This is especially common for people in early recovery. They believe that getting to the “root” of their addiction and figuring that out first will allow them to move forward. This isn’t necessarily the case. In fact, it is more typical for clients to discover those answers along the way rather than at the start. That’s why we’ve chosen to use this book to discuss many of the issues clients tend to experience throughout their recovery journey.

So now that we have that out of the way, let’s get started.

### **WHAT IS ADDICTION?**

Addiction, by definition, is being physically and mentally dependent on something. Very, very few people intentionally become addicted to substances. They begin using for whatever reason (again, not going there!), and then their brain changes. The substance begins to affect parts of their brain that are necessary for everyday functioning, and the brain adjusts to the presence of the substance. The brain then demands that substance in order to feel “normal,” and

mental and physical symptoms arise until the person reintroduces the substance to the body. This is why many people *want* to stop using but find it very difficult to do so.

For most, a life of active addiction shifts away from “I like this!” to “I need this in order to exist.” Although that’s not *entirely* true, that’s how it feels. Not only does the person feel he needs the substance to function physically, but he has begun to rely on it as a way to cope with everyday life. What’s more, while in active addiction, the individual develops certain behaviors and thought patterns that align with his addiction. These will look different for each person, but it’s important to acknowledge their development. In treatment, we help clients challenge these beliefs and actions in order to re-adapt to more productive ways of thinking and living.

That is a quick and simple explanation of addiction. It’s certainly not entirely comprehensive, but it is all you need to know right now to better understand yourself or support your loved one. Acknowledging the humanity present within addiction is absolutely necessary. Anyone can become addicted to substances and can go from use to abuse. Finding the line between the two is easier than you might think.

### **IS IT REALLY A PROBLEM?**

You can determine whether substance use is a problem with one question:

*Is your use, in any way, having a negative impact on any aspect of your life?*

Yep, it's really that simple. If substance use is causing harm to any area of your life, it's something you need to look at. "Casual" use does not cause problems. It does not destroy relationships and careers. It does not come with multiple legal issues. There's little point to debating what "casual" use is. Just ask yourself that question: "Is substance use having any kind of negative impact on any aspect of my life?"

If you answered "yes" to this question, or if it applies to your loved one, we really hope you continue reading.

Let's review how professionals in the field view substance use. When assessing substance abuse and determining whether it qualifies as a disorder, we turn to the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)*, more commonly known as the DSM 5. This book is essentially a manual of every mental illness and disorder, their symptoms, and other important information. The DSM 5 includes diagnostic information for all of the major categories of addictive substances and breaks down what could qualify the use as problematic.

In the DSM 5, substance abuse is assessed by the following factors:

1. The substance is either taken in larger amounts or for a longer period of time than initially planned.
2. The person has an inability to control or cut back their use despite his or her efforts.
3. The person spends a significant amount of time trying

- to obtain, use, and recover from the substance.
4. The person feels cravings for the substance.
  5. The person is unable to follow through on responsibilities at home, work, or school due to his or her use.
  6. The person continues to use despite experiencing problems with themselves and with their relationships due to the use.
  7. The person stops engaging in activities he or she used to enjoy due to the use.
  8. The person consistently places themselves in risky situations in order to use.
  9. The person keeps using despite physical and/or psychological problems caused or made worse by the use.
  10. The person has developed a tolerance to the substance and needs to use more in order to feel the effects.
  11. The person experiences withdrawal symptoms or uses in order to avoid withdrawal symptoms.

Here's the thing: The presence of only *two* symptoms can qualify someone for a diagnosis of substance-use disorder.

Keep in mind, though, professionals are looking for more than just a list of symptoms when rendering a diagnosis. That's why we want to make it clear that you should *not* diagnose yourself. However, if you can relate to any of the above symptoms, we encourage you to seek help. Even a "mild" use disorder is still something to address, and if ignored, it can progress into a more severe issue. How many people who

struggle with alcohol addiction began with “just” using on the weekends? How many people who are now using heroin began by smoking marijuana multiple times a day? The thing with addiction is that it can progress quickly.

We understand that some of this information might sound scary, and it might even be confusing. Basically, just remember this: If your use hinders your life in any way, or if your loved one’s use is hindering his or her life, don’t be afraid to seek help. In the next chapter, we will explore different treatment options available so you can begin thinking about what might work for you or your loved one.

Before jumping to treatment, though, there are a couple of other issues to think about and understand.

### **INTERVENTIONS: FACT OR FICTION?**

The concept of interventions has become popular over the years, thanks to TV shows and other media shining a light on them. They are usually presented as emotionally intense meetings, with the person being helped breaking down in tears and agreeing to go into treatment. This is a heavily edited and highly romanticized description of an intervention, but the positive is that it helped solidify the idea that family and friends can come together and encourage someone to better his or her life. Though each person’s addiction is different, it is not solely an individual issue. It’s more often a dynamic one that affects multiple people in a family or social circle.

Often people struggling with addiction might not



recognize the extent of their problem. Or they might not see how their addiction is affecting those around them. One common thinking error experienced by many in active addiction is the belief that their use hurts only themselves. Bringing people together to challenge those ideas and help a person see his or her value can help someone find the strength to seek treatment.

There is not much research on interventions because they are a difficult thing to study. Most of what we know about the effectiveness of interventions comes from case studies, real stories of people who utilized this tactic. Interventions can be effective if done right, but they are not guaranteed. We are talking about humans here, and they can be unpredictable, especially when substances are brought into the mix.

One thing we have found is that an intervention tends to be more effective if a professional is involved. That's because interventions can become emotional. Enlisting a professional to help guide the conversation can ensure that things remain on track and emotions do not run the show. Another thing to keep in mind is the importance of not yelling at or shaming the individual. Throwing blame or raising your voice might produce the opposite of the desired outcome, because the person might become defensive and not hear the message the group is trying to convey.

It's important to keep things specific. Make sure you are communicating your concerns in a way that provides

examples. It's difficult for someone to deny something like "We have been late on every bill the past several months because the majority of our money is going to drugs" as opposed to "Your addiction is causing money issues."

Now, no matter how you present things, the person still might become defensive or angry. It's important to support your loved one in those emotions and let him or her know it's okay to discuss them with you. In short, keeping the conversation as focused, specific, and supportive as possible can make for a successful intervention.

### **ISSUES WITH INTERVENTIONS**

If the intervention is not initially successful, it does not mean everything is ruined or you've failed. Sometimes it takes time for these things to sink in. We've had many clients say that they initially ignored their family and friends' concerns until the reality smacked them in the face somehow. With addiction (and with any hard thing, really), people truly have to want to deal with it. They have to want sobriety and have motivation within themselves to pursue it and embrace it. It might be easy for a person to agree to treatment when her loved ones are encouraging her, but once that addicted brain kicks in during treatment, she might abandon her promises.

One of the most important factors of a successful intervention is follow-through. This does not just mean for the subject of the intervention, but for the family members as well. For instance, if an ultimatum was given that the person

either needs to enter treatment or he will be kicked out of the house, then there needs to be real consequence. Either the person goes to treatment, or he has to leave. Setting and maintaining clear boundaries is very important for all relationships and can be beneficial when trying to help those in active addiction. You might be scratching your head—how does kicking someone out of a house *help* him? Let us explain!

### **ENABLING: LOVING SOMEONE TO DEATH**

Many loved ones of those struggling with addiction struggle with their own problematic behavior: enabling. Enabling means giving someone permission or ability to do something. When used in this context, it means allowing your person to continue doing what she has been doing without any real consequences. You are giving her permission and ability to continue with her addictive lifestyle by not setting boundaries that communicate it is not acceptable. You are making it easy for her to continue using because she is not having to perceive her use as an issue.

For instance, Mom, angry that her son is high, exclaims, “If you don’t stop what you’re doing, I’m kicking you out!” Mom, however, never actually kicks her son out. Son learns these are nothing but empty threats and ignores them, continuing to have a free and comfortable place to stay. Because he is not worried about shelter, he continues to spend his time and money on drugs. Now, if Mom actually followed through, Son would have some issues to resolve.

Where will he go? How will he pay for it? This is a major inconvenience!

That said, we are not implying that if Mom takes the hard line, Son will instantly embrace a life of sobriety. But here's the thing: Mom is no longer making it easy for him. She is no longer enabling his addiction by allowing him to engage in it around her. Mom communicated a boundary and followed through.

Here is where things can get messy: Son becomes very angry with Mom, and then Mom feels guilty. Mom, we totally hear you. We feel you. We promise we are not cold and heartless. Seeing your loved one struggle with addiction is a painful thing, and because you love that person, you want to help him. Enabling is not helping, though. It's slowly killing the person you love.

Enabling goes beyond allowing someone to live in your house. It also could mean giving him money despite knowing exactly where that money is going; allowing him to borrow your car despite the fact that he's wrecked several already while drunk; calling in sick to work for him even though he's really just too high to go in.

Can you identify with any of those actions? Have you ever tried to set boundaries and then backpedaled out of fear that you might lose the person you love?

One of the hardest things to accept is that, if you continue to enable your person, you will eventually lose him or her anyway. Addiction can kill. It can, and it will, destroy

everything in time. Being a pawn to your person's addiction will do nothing but destroy you as well. It is up to your person to recognize the need to embrace sobriety, and you cannot coddle someone into it. It might take him or her a long time to realize that, and that's the unfortunate truth of addiction. In the meantime, learn to take care of yourself. Seek help yourself for the turmoil this situation has put you through. Connect with people who have been through similar situations so you can support one another. Find healing in knowing you are not directly providing your loved one a means to his or her possible end. These are all easier said than done, but it is important for you to recognize that you still matter.

Many of our clients cite their loved ones' setting boundaries as the reason they decided to seek help. For instance, one woman told us her mother refused to pick her up one night and she had to sleep on the streets. She said the experience was so traumatic that she realized she needed to get help. Boundary-setting does work, and it will be more helpful to your person than enabling is.

### **SO NOW WHAT?**

In this chapter, we've discussed what addiction is and what classifies use as a problem. We've reviewed interventions and provided some tough love on enabling. We recognize that we threw a lot of information at you in this chapter, and some of it might have been intense or upsetting. To be honest, though, you need to get used to that. This book is

not going to sugarcoat things, because addiction doesn't do that. It's real, and it's raw. It takes away, and we are hoping to help you regain. So feel free to take your time with this book. Really soak it in. Revisit concepts that struck you or that didn't quite sit right. We cover a lot of ground in these pages, and we want you to get the most out of it.

If you're ready, though, keep going. We will review some treatment options with you and give you some ideas for how you or your loved one can begin pursuing a new life of sobriety.

---

••• **ALLIE'S STORY** •••

---

Allie entered treatment unsure if she “belonged” there. She was reluctant to open up to others because she did not feel she could connect with them. Allie was primarily in treatment for receiving her third DUI charge and was facing serious legal repercussions if she did not seek help. Allie struggled to identify her drinking as a problem because she was able to maintain a job and take care of her children during her use. Allie also described her use in the following way: “Only at night, after my kids go to bed. Then on weekends I like to have a little fun. It's what helps me unwind! I work hard, and I deserve it.”

During a group process we have in our program, Allie began to see the reality of her situation. She recounted how her daughters would often be the ones getting her up in the morning due to her waking up hungover. She recalled how she would look forward to her nightly drinking and

become irritated with her children when they didn't go to bed on her schedule. She acknowledged how she rarely spent time with her kids on the weekends because she was either out partying with friends or sleeping during the day. She admitted that she rarely put money into a savings account because all her extra funds went to buy alcohol.

Allie previously had believed her DUIs were just “bad luck,” but she came to realize that they were the results of a larger problem. Once Allie recognized that her use was causing her problems, she was able to begin doing real work to develop new and more effective coping skills.

**FOR REFLECTION**

- Return to the chapter's central question: *Is your use, in any way, having a negative impact on any aspect of your life?* How would you answer that for yourself?

---

---

---

---

- Reflect on what drew you to purchase this book. What questions are you hoping to answer? On what issues do you need guidance or resolution?

---

---

---

---

- Are you enabling your loved one's use? Is someone enabling your use? What boundaries or consequences might be needed as next steps?

---

---

---

---