



THE FAMILY RECOVERY PROGRAM

A PROFESSIONAL'S GUIDE || SECOND EDITION

For Treating Families of Alcoholics
and Addicts

Joseph Nowinski, Ph.D.

Foreword by John MacDougall, D.Min., Director, Hazelden Family Program

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RECOVERY
PROGRAM

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A Professional's Guide

Second Edition

by Joseph Nowinski, Ph.D.

Hazelden®

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Whenever you see this icon  in this guide, this means the needed resource is on the CD-ROM.

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See page 230 for a list of the resources on the CD-ROM.

|| For Terri

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|| Foreword

Alcoholism is not a spectator sport. Everyone gets to play. It is possible for every symptom of addiction to be present in nonaddicted family members, without them ever swallowing a drink of alcohol or taking an illegal drug. Al-Anon came into existence partly because the wives of alcoholics noticed that while their husbands' lives were improving with the help of Alcoholics Anonymous (AA), their own lives were not. They thought if they practiced the Twelve Steps of AA themselves, their own lives might improve too. They were right.

An addiction treatment program or an addiction treatment process that only treats the substance abuser is treating less than half the problem. It is often said that addiction is a family disease. In the absence of true family recovery, the substance abuser is less likely to attain and maintain his or her own recovery.

Hazelden has operated a Family Program since 1966 that welcomes family members and friends of alcoholics and addicts for a short stay on campus. There they learn about the disease of addiction, about the effects of addiction on the family, and about important adaptations they can make themselves to promote and sustain family-wide recovery. At Hazelden they learn the concepts of acceptance, caring detachment, surrender to a Higher Power, and the adoption of an Al-Anon or Nar-Anon way of life.

These same life-changing principles compose the core of this book, providing readers with a road map to Twelve Step family recovery. Readers who have no background in this type of family recovery will discover enough about Al-Anon and Nar-Anon to introduce these fellowships to their clients. Those who are familiar with these programs will find the book a welcome refresher as well as a resource they can share with clients who seek to embark on a journey of family recovery.

This book has unswerving accuracy in portraying Al-Anon and Nar-Anon—so much so, that it is tempting to simply give it to the suffering family member and say, “Here it is; do this.” However, Al-Anon and Nar-Anon are much more than programs based on

a set of Twelve Steps to be memorized, a set of slogans, or even a twelve-week study group. They are programs for changing one's way of life to overcome the deleterious effects of a loved one's addiction. Families ultimately need to immerse themselves in the Al-Anon and Nar-Anon way of life, with meetings, speakers, and appropriate books; by working the Twelve Steps; and by learning to think from an Al-Anon or Nar-Anon perspective. This book will help them do so.

Moving from a state of confusion to a state of focused serenity often requires facilitation. In Al-Anon and Nar-Anon, this is provided by sponsors and trusted friends. This book outlines a plan for a trusted therapist to do the same kind of facilitation in a thorough and structured plan of twelve sessions, scheduled over a period of up to six months.

Dr. Nowinski provides addiction professionals (clinicians, social workers, clinical psychologists, family therapists, and substance abuse counselors) with theoretical background and specific advice so they can understand the process of Twelve Step family recovery well enough to incorporate it into their own practices and teach it to others. Session guidelines are included for easy reference, and the in-depth facilitator guide, along with helpful treatment notes and advice for troubleshooting challenging situations, provide facilitators with what they need to foster family recovery.

Ultimately, this book will have been successful when the family no longer needs professional guidance and instead finds its own recovery through Al-Anon or Nar-Anon, whether or not the identified addict or alcoholic has moved on in his or her recovery in Alcoholics Anonymous or Narcotics Anonymous.

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Preface to
|| the Second
Edition

Chronic substance abuse can have devastating effects on families. Although concerned others are often motivated to get help in persuading the substance abuser to seek treatment, they are often in dire need of help themselves. Numerous negative effects of ongoing substance abuse on family members have been documented. These negative effects include declines in psychological and social adjustment, deterioration in relationships, loss of family cohesion, and increased interpersonal conflict, including domestic violence.¹ Other experts have found family members of chronic substance abusers to be significantly stressed² and to experience greater degrees of depression and physical symptoms, as well as decreased self-confidence, as compared to matched control groups.³ It is generally recognized then that the emotional, spiritual, and physical health of significant others is seriously compromised by a loved one's addiction.⁴ These individuals have significant clinical needs that, unfortunately, may be overlooked in the effort to prompt the substance abuser to seek help. Considering that as many as 80 percent of individuals suffering from addiction may be in denial of the problem and or unmotivated to change,⁵ failure to address the very real needs of significant others poses an ongoing threat to the mental health of literally millions of individuals.

Given these realities, the clinician faces a twofold challenge: to respond to the significant other's desire for help in dealing with the substance abuser, and to tend to the mental and physical health of the significant other. In short, the implied therapeutic agenda is complex. The goal of the Family Recovery Program (FRP) as it is presented in this book, however, is clear: to help loved ones change in ways that will improve their own health and well-being. A secondary effect of those changes—a movement away from enabling toward caring detachment—could be that the substance abuser begins to contemplate his or her addiction problem and consider necessary life changes. This latter effect often emerges as a result of the restructured relationship between a significant other and the substance abuser.

This book will be useful to both experienced clinicians and those who are training to be clinical social workers, clinical psychologists, family therapists, and substance abuse counselors. The FRP has been used by all of these groups. Experienced clinicians will find it useful in extending their range of clinical competence with respect to the Twelve Step model of addiction as it pertains to working with family members and other loved ones of substance abusers. Those in training will find it a helpful guide, allowing them to focus treatment.

This second edition includes a new addition: Family Recovery Program Session Guidelines. These guidelines, which can be reproduced using the included CD-ROM, are designed to be a convenient way for therapists to implement the FRP in therapy sessions. Therapists have found such guidelines useful. A second use for the guidelines is as a tool for clinical supervision and for monitoring treatment fidelity. In this case, an observer uses the session guidelines to determine how well a therapist adheres to the treatment protocol.

This treatment program is highly structured and seeks to help the clinician achieve fairly specific and delineated goals. It has been field-tested in clinical trials with significant others of alcohol and drug abusers.⁶ Spouses and cohabiting partners, parents, siblings, and other loved ones of substance abusers—including grandparents and adult children—have all been treated using the program described here. It has not been used with minor children of substance abusers. The case examples presented are based on clinical cases drawn largely from these trials, supplemented by the author's own clinical experience.

It goes without saying that the family is a system of interdependent relationships. It is, therefore, reasonable to assume that any significant change in one member of a family will inevitably change his or her relationships with all others, affecting the entire family system. In the course of implementing the FRP, we have found this to be true. That is not to say that other approaches are not effective. The approach presented here, however, is most compatible with the Twelve Step model of recovery. It is intended to be implemented

in a relatively brief span of time (ten to twelve sessions). As such, it is particularly useful to those clinicians who must provide care in a managed-care environment. In that environment, allocation of services is closely monitored and contingent on setting specific therapeutic goals and objectives, and third-party payers advocate the use of self-help groups, such as Alcoholics Anonymous (AA) and Al-Anon, as adjuncts to formal treatment.

|| Acknowledgments

I would like to acknowledge a number of people whose support and input contributed substantially to this work. Bill Miller and Bob Meyers of the Center for Alcoholism, Substance Abuse, and Addictions of the University of New Mexico, offered me the opportunity to develop this treatment program for inclusion in their studies of unilateral intervention with significant others of substance abusers. I am grateful for that opportunity.

My first exposure to the Twelve Step approach to family recovery took place when I participated in the Family Program at the Hazelden Foundation as a Professional in Residence. It was in that context that I first witnessed the power of caring detachment in changing individuals and families.

Patricia Owen of the Hazelden Foundation was generous in reading a draft of the manuscript and provided very constructive feedback that was incorporated into the final draft. Lastly, thanks to my loyal editor, Richard Solly, for his unflagging support.

Part 1 || **Principles of
Twelve Step
Family Recovery**

Chapter 1 || How It Works

The fellowships of Al-Anon and Nar-Anon apply the principles and steps of Twelve Step recovery as developed originally by Alcoholics Anonymous (AA) and later adopted by Narcotics Anonymous (NA) to concerned significant others¹ of individuals with alcohol or other psychoactive substance use disorders. This includes spouses or cohabiting partners, parents, children, and other close relations and loved ones of substance abusers. The philosophical connection between Al-Anon and AA is reflected in the fact that the Twelve Steps that guide each fellowship are identical.

Addiction and codependence are viewed by AA and by Al-Anon (and NA and Nar-Anon) as parallel processes characterized by *progressive loss of control* over psychoactive substance use. For the addict or alcoholic, it is use of the actual substance over which she or he progressively loses control; for the codependent, it is the ability to influence the substance abuser's behavior (to get him or her to stop drinking or using other drugs) that one loses control over. (*Note: For brevity, I will at times use the term substance abuser to refer to alcoholics as well as those addicted to other psychoactive substances.*) For the substance abuser and the concerned significant other alike, life becomes increasingly unmanageable as a direct result of substance abuse. Moreover, addiction gradually erodes not just the substance abuser—physically, psychologically, and spiritually—but can have the very same effect on those closest to the substance abuser. Recovery for both the substance abuser and the codependent involves a process of healing in each of these three areas. Clinicians who are approached by significant others seeking help in convincing the substance abuser to seek treatment need to appreciate the codependent's need for healing as well.

The basic principles that guide the Twelve Step fellowships of Al-Anon and Nar-Anon are

- ▶ *acceptance* of the loss of control over the substance abuser,
- ▶ *surrender* to some Higher Power as an entity other than individual willpower in which to place one's hope and faith, and

- ▶ a *decision* to pursue the Twelve Step program of personal growth and renewal.

Just as AA states that alcoholics must let go of the illusion that they can successfully and reliably moderate drinking through willpower alone, Al-Anon and Nar-Anon assert that loved ones must also let go of any illusion that they can stop or control another person's drinking or drug use through their own willpower alone. Instead, these fellowships advocate that loved ones modify their own attitudes and behaviors in ways that promote their own physical, spiritual, and mental health. They believe that the substance abuser must come to make his or her own decision to change. The essence of the Al-Anon message, therefore, is that the best way to effect change in another is not to coerce, cajole, or threaten, but rather *to change one's own behavior in relation to that person*.

Al-Anon and Nar-Anon could be seen as taking a paradoxical position on change: That fewer efforts to *control* a problem drinker or drug user and more efforts to modify the dynamics of the substance abuser–codependent relationship in the direction of *caring detachment* as described herein is more likely in the long run to lead a substance abuser to come to terms with his or her problem. In its approach to addiction, the Twelve Step model does much to relieve loved ones of the chronic stress, guilt, and shame associated with feeling responsible for getting a substance abuser to change (and perhaps for having caused the problem in the first place).

In Al-Anon and Nar-Anon, concerned significant others are advised to *detach*: to cease engaging in all those behaviors that (often inadvertently) *enable* the substance abuser to continue using and, therefore, have the unintended effect of supporting the status quo. In part, detaching involves allowing the substance abuser to experience the natural consequences of addiction without the codependent attempting to mitigate or minimize them. A simple rule derives from this advice: By enabling the substance abuser, the codependent unwittingly undermines any motivation for change, whereas through detaching, the codependent may actually enhance motivation for change. Still, enhancing that motivation is not the main goal

of these fellowships; rather, it is to support the codependent's efforts to take care of himself or herself physically, psychologically, and spiritually.

Another way to look at detaching and its effects is in terms of the *transtheoretical* model of change.² According to this theory, behavioral change is dependent on circumstances becoming uncomfortable enough for the individual first to perceive cause-effect relationships (e.g., between drinking and negative consequences), then to make a decision to change, then to take specific action toward changing, and last, to maintain that change. Whereas enabling has the unintended effect of mitigating the consequences of addiction (and therefore allowing the substance abuser to remain in a “pre-contemplative” state of denial), detaching exposes the substance abuser to consequences that could lead him or her to “contemplate” having a problem and to possibly decide that action is needed.

In AA and NA, the substance abuser, by reflecting on the negative consequences of substance abuse on his or her own life (in part through listening to and identifying with others' stories and then telling his or her own), is helped to gradually move from *denial* of any problem toward *acceptance* that substance abuse has, in fact, rendered his or her life increasingly unmanageable. The next step, then, becomes one of *action*: The substance abuser recognizes the need to give up illusions of moderation as a viable goal and to *surrender* instead to abstinence from substance use as a long-term goal and to active participation in the fellowship of AA or NA (or both) as a means to that end.

Within Twelve Step fellowships, substance abusers are continually encouraged to turn to spirituality (faith and hope) to maintain motivation in the face of relapses (slips) or a history of failure and to use the resources within these fellowships for practical advice and support to maintain abstinence “one day at a time.” Although their shared goal is abstinence, Twelve Step fellowships are not so naïve as to expect recovery to be a single event; rather, recovery is regarded as a *process* that is often marked by slips. For that reason, a single day of sobriety—a decision to “not drink or use today”—is recognized, just as is an anniversary of sobriety.

This process is the core theme of the stories that make up the bulk of the “big books” and that are also a central focus of AA and NA meetings.³ By going to meetings, listening, and identifying, many substance abusers have found their way from addiction to recovery.

The process through which alcoholics move from denial to acceptance is succinctly summarized in chapter 8 of *Alcoholics Anonymous*.⁴ In principle, it applies to drug addicts just as well. Although somewhat dated in its language (and unfortunately titled “To Wives,” because few AA members were female at the time it was written), it nonetheless describes with remarkable clarity what is essentially a three-stage process that all substance abusers go through:

- ▶ Stage One: Your husband may be only a heavy drinker. . . . It may be slowing him up mentally and physically, but he does not see it. . . . He is positive he can handle his liquor . . .⁵
- ▶ Stage Two: Your husband is showing lack of control . . . He often gets entirely out of hand when drinking. He admits this is true, but is positive that he will do better.⁶
- ▶ Stage Three: His friends have slipped away, his home is a near-wreck and he cannot hold a position. . . . He admits he cannot drink like other people, but does not see why. He clings to the notion that he will yet find a way to do so. He may have come to the point where he desperately wants to stop but cannot.⁷

The last stage described—of wanting to stop but being unable to—is the point at which many substance abusers finally and reluctantly admit to themselves and others that they have a problem. It is only at this point that many make their first appearance at an AA or an NA meeting. This admission—of personal failure over the long run to control alcohol or drug use and the unmanageability that has been the result—is crucial, for it sets the stage for the alcoholic or addict to be open, first, to the need for abstinence and, second, to the advice of others on how to achieve it. The primary vehicle for this openness is the stories that the alcoholic or addict hears at meetings.

Note: The single term meeting is used here to refer to any Twelve Step fellowship meeting, including AA, NA, Al-Anon, and Nar-Anon.

The key to recovery, then, lies in a willingness to admit to the inadequacy of one's personal willpower in effectively controlling alcohol or drug use and to place one's faith instead in the collective wisdom and interpersonal resources of a Twelve Step fellowship. The format of the personal stories told at AA, NA, and other Twelve Step meetings—how it was, what happened, how it is now—represents what has been called a “core story” of personal transformation founded on spiritual faith and bonding to the fellowship.⁸ It stands as a stark counterpoint to what has been called “radical individualism”⁹ (or “self-will run riot” as Bill Wilson put it¹⁰) in which personal willpower is seen as being more potent than either faith or group support. The core story of AA is a heroic one in contrast to the story of gradual self-immolation that is the story of the addiction process. It is also a story that advocates the strength of fellowship over the strength of individual willpower as a means of achieving and sustaining change.

Storytelling as a tradition and ritual serves to keep the memory of addiction and its consequences from fading and repeatedly affirms each member's decision to surrender to the fellowship and to the Twelve Steps as a pathway to spiritual renewal and character growth.

Al-Anon and Nar-Anon

Al-Anon and Nar-Anon are based in a belief that “letting go” of the substance abuser—by learning to *detach* instead of *enable*—is the best way to heal the deleterious effects that addiction has on loved ones, *and* potentially to motivate the substance abuser to progress through the stages of awareness, decision, and action in the change process. By enabling the substance abuser, the codependent unwittingly supports the status quo. One common effect of enabling is to insulate the substance abuser from facing the true and natural consequences of his or her substance abuse. Enabling invariably moderates these consequences and thereby undermines the change process. In contrast, by learning to detach in a caring way, the codependent simultaneously takes care of himself or herself while

helping to expose the substance abuser to the true unmanageability that addiction creates, thereby promoting change.

Al-Anon can be described as a fellowship that exists for the benefit of the *affected*: for those significant others whose lives—whose mental, spiritual, and physical health—have been affected negatively as a consequence of being in a close relationship with an addict or alcoholic.¹¹ In addition to Al-Anon, which welcomes all those whose lives are affected by alcohol, Alateen is a fellowship specifically for the children of alcoholics. Similarly, Nar-Anon is a fellowship that is open to significant others of drug addicts.

Despite their implied belief that caring detachment will ultimately prove more successful than enabling to get alcoholics and addicts sober, all of these fellowships exist first and foremost not so much to motivate alcoholics or addicts as for the support and renewal of loved ones who have been negatively affected by addiction. Depression born of chronic frustration and failure (to get the alcoholic or addict to stop), compounded by feelings of shame or guilt (over possibly being responsible), and anxiety (over what might happen next) are some of the emotional and spiritual burdens that are commonly brought to Al-Anon and Nar-Anon. Families typically spiral downward into dysfunction as they unravel in the face of addiction. Al-Anon and Nar-Anon are fellowships in which such problems can be talked about openly, where emotional wounds can be healed, and where personal growth can be renewed. *This is so, regardless of whether or not the substance abuser chooses recovery over addiction.*

AA and NA were founded on the idea that alcoholics and drug addicts must eventually make the decision on their own to stop trying to control their drinking and drugging through willpower and, instead, accept the necessity to abstain (with the advice and support of fellow recovering substance abusers). Al-Anon and Nar-Anon represent the complement of this. These fellowships recognize that codependents often need help accepting their own powerlessness over the substance abuser and that they also need support in learning to detach (as opposed to enabling the substance abuser). Al-Anon and Nar-Anon's primary assumptions are as follows:

- ▶ *Loss of Control:* Just as the substance abuser becomes progressively more powerless to effectively moderate drinking or using other drugs as he or she moves from social use through habitual use toward eventual compulsive use, so is the codependent progressively more powerless with respect to getting the substance abuser to stop. The codependent cannot prevent the alcoholic from drinking or the addict from using, but it may take a long time to truly accept this fact.¹²
- ▶ *Faith:* Because the codependent is, in fact, powerless (over addiction), she or he needs to “turn over” the fate of the substance abuser to a Higher Power—in effect, to stop efforts to control the behavior of the substance abuser or shield him or her from negative consequences of use. Instead, according to Al-Anon, codependents need to begin attending to their own health and well-being.¹³ Just as the substance abuser can harbor despair about the chances for success, so can the codependent feel hopeless and helpless. The emphasis on faith within Twelve Step fellowships relates directly to this problem. Hopelessness undermines motivation to change. Substance abusers and codependents alike are repeatedly called on in Twelve Step fellowships to have faith and hope. This is the essence of the Second Step: *Came to believe that a Power greater than ourselves could restore us to sanity.*
- ▶ *Fellowship:* The fellowships of Al-Anon and Nar-Anon provide strong and constant sources of comfort, advice, and support to loved ones, as well as a vehicle for personal healing and growth through their Twelve Steps and Twelve Traditions.¹⁴
- ▶ *Detaching:* A common wisdom within Twelve Step fellowships goes like this: “Addicts are sick people, not bad people.” The underlying belief expressed here is that addicts typically do not get better by being criticized, punished, or rejected. At the same time that the codependent needs to refrain from condemning the substance abuser, she or he must also take concrete steps to stop acting in ways that have

the unintended effect of allowing the substance abuser to remain in denial regarding the truth of his or her problem.¹⁵

- ▶ *Caring detachment* is consistent with the attitude toward addiction and recovery advocated by AA and NA, which states: “We are not responsible for our disease, but we are responsible for our recovery.”¹⁶

The guiding principles behind Al-Anon and Nar-Anon were set forth initially in chapter 8 of *Alcoholics Anonymous*.¹⁷ Written by the wife of a recovering alcoholic, it advocates an approach to dealing with the problem drinker that is reflected in the subsequent publications of Al-Anon and Nar-Anon. This includes admonishing codependents to abandon their efforts to change or shield the alcoholic or addict and to turn their attention instead toward their own spiritual, mental, physical, and social well-being.

The frustration of partners of alcoholics is captured poignantly in the following excerpt from chapter 8: “As animals on a treadmill, we have patiently and wearily climbed, falling back in exhaustion after each futile effort to reach solid ground.”¹⁸

By conceptualizing alcoholism as compulsive behavior that has defied all efforts at self-control, chapter 8 suggests that the only “sane” course of action for the codependent is to “let go,” to stop protecting the substance abuser: “We never, never try to arrange a man’s life so as to shield him from temptation.”¹⁹

It is apparent how shielding a person from temptation can be dysfunctional. First, it tends to make the codependent, as opposed to the substance abuser, responsible for getting the substance abuser clean and sober. Although some behavioral models of working with significant others do seek to intervene directly on this level,²⁰ by and large this is not the approach advocated within Twelve Step fellowships. For one thing, these fellowships assume that loved ones have already tried—numerous times and unsuccessfully—to get the alcoholic or addict to stop the addictive behavior.

A second reason not to shield someone from the temptation to use is that this can easily lead to shielding the addict from the negative consequences of use. If AA suggests a way for loved ones to

effectively motivate problem drinkers to change, that way could be described as indirect. Consider the following advice from *Alcoholics Anonymous*:

- ▶ “. . . lay the groundwork for a friendly talk about his alcoholic problem. . . . Be sure you are not critical during such a discussion.”²¹
- ▶ “Wait until repeated stumbling convinces him he must act, for the more you hurry him the longer his recovery may be delayed.”²²
- ▶ “. . . after his next binge, ask him if he would really like to get over drinking for good. Do not ask that he do it for you or anyone else. Just would he *like* to?”²³

Such advice is more consistent with subtly encouraging motivation for change through what Al-Anon calls “caring detachment” than it is with attempting to shape behavioral change through reward or punishment. Both philosophically and practically, AA and Al-Anon are much more compatible with the former than the latter approach.

AA and Al-Anon consistently advise loved ones to resist any temptation to shield the problem drinker or user from the natural consequences of drinking or drug use. Here is an example of the advice AA offers in this regard:

Frequently, you have felt obliged to tell your husband’s employer and his friends that he was sick, when as a matter of fact he was tight. Avoid answering these inquiries as much as you can. Whenever possible, let your husband explain.²⁴

The last reason is that Al-Anon and Nar-Anon, like AA, are strong proponents of spiritual renewal and character growth. In fact, some newcomers to Al-Anon or Nar-Anon may be initially dismayed by the *lack* of talk about alcoholics and addicts at some meetings. These meetings may simply have evolved to the point where the emphasis is decidedly on the growth and well-being of the members, as opposed to the status of their drinking or using partners, who are left to be responsible for themselves. As one

veteran Al-Anon member, whose husband had been in recovery for twenty years, put it:

I've always been a real controller. Al-Anon helped me learn how to let others be responsible for themselves. I really think that Al-Anon saved my life, because I was drained, spiritually and physically, from always trying to be in control. That's why I still go to meetings regularly—not because my husband drinks, because he doesn't, but just for me.

Al-Anon, Nar-Anon, and Family Therapy

Family therapy has evolved into a clinical specialty within the mental health professions. Different schools of family therapy view the causes of dysfunction differently; consequently, their approaches to intervention differ. It is important to understand that none of the Twelve Step fellowships, including Al-Anon and Nar-Anon, which are the main focus here, have any formal connection with family therapy as a discipline. Although one can superimpose a psychological “theory” on how they work, Twelve Step fellowships espouse no such theories themselves. Rather, they exist and have evolved as mutual-help groups, remaining intentionally nonprofessional.²⁵

All Twelve Step fellowships are based on the assumption that addiction is a *primary* dysfunction or diagnosis. In other words, they do not regard substance abuse and addiction as symptoms of some other family dysfunction or individual problem. Accordingly, the emphasis in Twelve Step meetings, whether AA or Al-Anon, is on addiction and even more specifically, on individual recovery from addiction, much more so than on any other issue. This means that staying sober will always be the main focus in AA and Al-Anon (although the latter interprets “sobriety” as that term applies to codependents). Once sober, the individual member of a Twelve Step fellowship is invited to pursue a program of spiritual renewal and character development by “working” the Twelve Steps in his or her day-to-day life.

Al-Anon and Nar-Anon do not regard substance abuse or addiction as symptoms of family dysfunction or personal psychopathology, in the sense that family dysfunction or psychopathology could be said to be *etiological* of substance abuse. On the contrary, they are much more inclined to regard substance abuse and addiction as etiological of other family dysfunctions, including marital conflict, spousal abuse, poor boundaries, childhood depression, and adolescent alienation. Moreover, once the recovery process has begun (but not before then), members of Twelve Step fellowships are apt to have faith that many of these other family problems may be able to be successfully resolved.

This perspective on substance abuse, addiction, and its sequelae can be uncomfortable to family therapists who have been trained to detect family dysfunction and to regard it as etiological of addiction. In a sense, the Twelve Step view challenges family therapists to let go of whatever preconceived notions of etiology they may have learned and to view families and family dysfunction through a different lens—in effect, to entertain the reverse hypothesis. Family therapists wishing to explore this route to family healing are invited to try the FRP methods described in this book. To do so successfully, however, they must be open to the idea that addiction is the *cause* of spiraling family dysfunction, not a result of it, and also that this spiral can begin to be reversed when even one significant other starts relating to the addicted family member through caring detachment.

From the point of view of Al-Anon and Nar-Anon, then, family recovery is a process that begins when one or more members of a family that has been affected by addiction begin the process of recovery. Specifically, that means taking the First Step, which is to acknowledge that one is powerless over another person's addiction (and consequently, not responsible for it). This begins to move the relationship from an enabling relationship with the substance abuser toward a relationship characterized by caring detachment. As simple as this may sound, it is no small feat. It also has profound implications for the individual, for the substance abuser–codependent relationship, and indeed, for the whole family. Some of these implications are explored in this text.

Goals and Objectives of the Family Recovery Program

The structured Family Recovery Program (FRP) that is described in detail in part 2 of this book has specific goals and objectives. These are described in the discussion to follow. The reader should be aware that this treatment protocol is highly focused. Consequently, the same issues are raised repeatedly, and progress toward achieving goals and objectives is monitored continuously. The same issue (e.g., caring detachment) may be approached many times, each time from a slightly different perspective, in an effort to find one or more such perspectives that the client can relate to.

Experience has taught us that it is very easy for even experienced therapists to drift away from the specific goals of the FRP. At times, it is client resistance that accounts for this drift, because some of the “recovery tasks” clients are asked to do between sessions may arouse discomfort or anxiety. Maximum benefit will be achieved when such drifting is minimized. Accordingly, practitioners are encouraged to review the format for sessions in advance and make every effort to cover all of the material.

Treatment Goal 1: Active Participation in the Al-Anon or Nar-Anon Fellowship

Specific Objectives:

- ▶ Attending *meetings*
- ▶ Getting and using member phone numbers or e-mail addresses, both in times of crisis and more generally so as to develop a *social network*
- ▶ Getting and establishing a relationship with a *sponsor*
- ▶ Reading and responding to suggested *readings* from fellowship literature

Treatment Goal 2: Caring Detachment

Specific Objectives:

- ▶ Decrease in self-reported enabling behaviors
- ▶ *Acceptance*: Self-reported acceptance of personal loss of

control (powerlessness) over the substance abuser's drinking or drug-using behavior and an expressed willingness to turn over the fate of the substance abuser to a Higher Power.

- ▶ *Surrender*: An expressed willingness to accept the support and advice of the Al-Anon or Nar-Anon fellowship in one's efforts to resist enabling and to detach, and an expressed faith in some Higher Power.
- ▶ Increased interest in and commitment to personal growth and development on the part of the significant other (e.g., making new friends, renewed interest in work or personal health, etc.)

Readings, Handouts, and Journaling

Concerned significant others who participate in this program are asked to read specific parts of the following publications: *Al-Anon Faces Alcoholism* and *Alcoholics Anonymous*.²⁶ Note: *Al-Anon Faces Alcoholism is out of print. Please visit Amazon.com or other used book-sellers to purchase a copy. If you are unable to find a copy, you may want to substitute other resources for the reading assignments. Al-Anon/Alateen (<http://www.al-anon.alateen.org/english.html>) has pamphlets and books available for purchase.* In the case of loved ones of drug users, selected readings from *Narcotics Anonymous* may be substituted.²⁷ Selected pamphlets are also included as reading assignments.

Handouts that link to the eight core topics described below and in more detail in part 2 are provided on an accompanying CD-ROM.

In addition to highlighting the reading assignment for each session, the handouts include “homework” or “recovery tasks” or exercises for the client that serve as a review of the material covered for a specific topic and an opportunity to explore this material on a deeper level.

Clients are also asked to maintain journals in which they record their reactions to readings and discussions, as well as their reactions to all Twelve Step meetings they attend. As much as possible, the practitioner should make specific efforts to incorporate journal entries and reactions to readings into the therapeutic dialogue.



Program Overview

The Family Recovery Program (FRP) consists of *eight core topics* plus a *termination* session. These can be delivered through individual counseling sessions or they can be used as topics for a group. Working with groups has the advantage of providing a context in which participants can be encouraged to initially attend meetings together and otherwise network with one another, much the way they are encouraged to network within Al-Anon or Nar-Anon. The FRP treatment protocol typically allows a total of twelve outpatient sessions within a twenty-four-week period. An additional two emergency sessions may be held either within the twenty-four-week treatment period or up to six months following completion of treatment. These sessions, which are initiated by the client, should be reserved for situations in which some significant interaction has occurred between the client and the substance abuser. Other treatment parameters, however, may be used, depending on the treatment milieu. For example, in a concentrated program for significant others of substance abusers, sessions may be held daily.

In the context of the Family Recovery Program, it is the *significant other* of the substance abuser who is the client. FRP can be applied to partners, parents, grandparents, and even adult children of substance abusers. It is important, however, that this person (or persons) have frequent contact with the substance abuser. Clinically, we have found that those seeking treatment are, in general, family members or partners on whom the substance abuser is dependent in one way or another.

The eight core topics of the program are as follows:

Topic 1: Introduction and Assessment

Topic 2: The Principles of Twelve Step Fellowships

Topic 3: Al-Anon and Nar-Anon

Topic 4: Denial

Topic 5: Enabling

Topic 6: Acceptance

Topic 7: Caring Detachment

Topic 8: Surrender

Session Guidelines and Checklists

Easy-to-use session guidelines and checklists for facilitators are also included on the accompanying CD-ROM. These guidelines can be printed and used as a reference tool when conducting actual treatment sessions with an individual client or group. The guidelines highlight the important aspects of each core topic that should be covered in each session and provide a way for facilitators to simply check off whether these items were, indeed, discussed—allowing busy therapists to better track what “unfinished business” may still have to be covered in upcoming sessions.



Chapter 2 || Al-Anon,
Nar-Anon, and
Family Recovery

Family Recovery Program

The overall goal of the Family Recovery Program (FRP) is to help significant others of substance abusers alter their relationship with the substance abuser in such a way as to move from *enabling* toward *caring detachment*. As part of this process, the therapist seeks to facilitate the gradual involvement of the significant other in a Twelve Step fellowship such as Al-Anon or Nar-Anon. *Note: The term therapist is meant to include all professionals who work in the area of addiction and recovery, such as experienced clinicians and those who are training to be clinical social workers, clinical psychologists, family therapists, and substance abuse counselors.* The therapist also educates the significant other about the nature of addiction and recovery, and how enabling has the unintended effect of promoting addiction. Finally, the therapist explains the basic principles and “rules of the road” of fellowships such as Al-Anon and Nar-Anon. The role of the therapist, as well as the structure of treatment, is described in this chapter.

The FRP can be thought of as “unilateral family therapy” in the sense that it seeks to alter relational (and even family) dynamics by facilitating change in even a single family member. In other words, the FRP therapist believes that by helping significant others change, the stage is set for the substance abuser to also change.

In this treatment model, the primary agent of change is thought to be a Twelve Step fellowship (Al-Anon or Nar-Anon). Although the therapist can be a vital source of support, advice, and information, the therapist must also make sure that the client understands the importance of “getting active” in Al-Anon or Nar-Anon for the simple reason that, while therapy is time-limited, the support that can be found through fellowship is not. Through involvement in one of these fellowships, the loved one of a substance abuser can receive ongoing advice, comfort, and support. This perspective on the “agent of change” is not meant to diminish in any way the importance of the therapeutic relationship or to minimize the skills needed by the practitioner to successfully

implement this program; rather, the intention is to keep the focus clear as to the primary responsibility of the professional and what will be gained when a client successfully bonds to Al-Anon or Nar-Anon.

Role of the FRP Therapist

The therapist who follows the Family Recovery Program seeks to establish a *collaborative* relationship with the client. By approaching treatment as a collaborative venture, the therapist communicates confidence in the significant other—confidence that with some guidance and support, the significant other can successfully alter the nature of his or her relationship with the substance abuser. The FRP therapist is knowledgeable regarding the principles of Twelve Step recovery and is, therefore, in a position to educate the client with respect to Twelve Step recovery. The FRP therapist also uses his or her knowledge regarding the nature of recovery to confront the client in a respectful way regarding behavior and attitudes that may unwittingly promote addiction while simultaneously undermining the significant other’s own mental and physical health.

Specific descriptions of the role of the FRP therapist follow:

Education and Advocacy

The therapist acts as a resource and advocate of the Twelve Step approach to recovery in the following ways:

- ▶ Explains the AA and NA view of alcoholism or addiction as a chronic progressive disorder marked by loss of control and negative consequences associated with substance use (i.e., “unmanageability”).
- ▶ Helps the client assess the extent to which alcohol or other drug use (or both) has made the substance abuser’s life progressively more unmanageable.
- ▶ Helps the client assess the extent to which the substance abuser’s drinking or other drug use has made his or her own life progressively more unmanageable.

|| Suggested Reading

- Al-Anon Faces Alcoholism*. 2nd ed. New York: Al-Anon Family Group Headquarters, 1989.
- Alcoholics Anonymous*. 4th ed. New York: Alcoholics Anonymous World Services, 2001.
- Am I an Addict?* Van Nuys, CA: Narcotics Anonymous World Services, 1983.
- Narcotics Anonymous*. 6th ed. Van Nuys, CA: Narcotics Anonymous World Services, 2008.
- So You Love an Alcoholic*. Midtown Station, NY: Al-Anon Family Group Headquarters, n.d.
- Twelve Steps and Twelve Traditions*. New York: Alcoholics Anonymous World Services, 2002.
- Understanding Ourselves and Alcoholism*. New York: Al-Anon Family Group Headquarters, 1979.
- W., Carolyn. *Detaching with Love*. Revised ed. Center City, MN: Hazelden, 1994.

|| About the Author

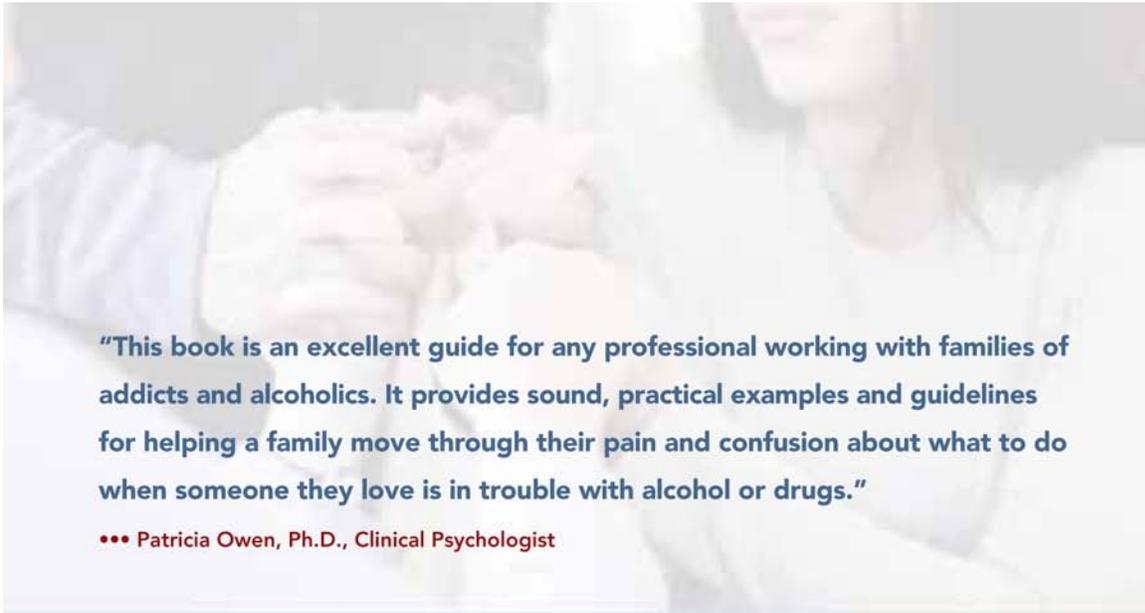
Joseph Nowinski, Ph.D., is an associate adjunct professor of psychology at the University of Connecticut and supervising psychologist with Correctional Managed Health Care Division, University of Connecticut Health Center. He has also consulted to substance abuse treatment and research centers at Yale University, the University of New Mexico, and the University of Miami. In addition to *The Twelve-Step Facilitation Handbook* and *The Twelve Step Facilitation Outpatient Program*, Dr. Nowinski is the author of *Substance Abuse in Adolescents and Young Adults: A Guide to Treatment*, and most recently, *Twelve Step Facilitation for the Dually Diagnosed Client*.

Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

For questions about Hazelden publications, please call **800-328-9000** or visit us online at **hazelden.org/bookstore**.



“This book is an excellent guide for any professional working with families of addicts and alcoholics. It provides sound, practical examples and guidelines for helping a family move through their pain and confusion about what to do when someone they love is in trouble with alcohol or drugs.”

••• Patricia Owen, Ph.D., Clinical Psychologist

The problems of substance abuse affect not only the abuser but also the people involved in his or her life. As a result, family members and significant others of substance abusers often turn to therapists for advice. Because the traditional attitude of therapists has been that the substance abuser cannot be helped until he or she is motivated, significant others are typically given little advice or guidance. *The Family Recovery Program*, however, provides clinicians with a research-based approach that improves the well-being of concerned significant others and teaches them how to restructure their relationship to the substance abuser to enhance that person’s motivation to change.

This second edition includes a CD-ROM that contains reproducible handouts and worksheets for clients, as well as new clinical checklists to guide therapists through each session, helping to standardize treatment and produce better outcomes. This guide will be especially useful to both experienced clinicians and those who are training to be clinical social workers, clinical psychologists, family therapists, and substance abuse counselors.

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